

boss, the director of patient care services, had emphasized the importance of getting her employees to improve productivity at any cost. Susan had heard that while her new direct reports were nice to one's face, they had a tendency to complain and scapegoat, and this had led to the sudden departure of the previous manager of patient accounts. She was particularly nervous about being younger than all of her new employees. To quell her fears, Susan decided to list what she wanted to accomplish in her first days and weeks on the job.

### Case Questions

1. As a friend of Susan's considering a similar position, what would you recommend that she put on the list?
2. How would you suggest that she prioritize her goals?

## Short Case 5 Mid-Career Change

By Jacob Victory

With a toothy smile on his face, Josh Webber, a young executive in his early 30s, was ready. He walked confidently into his boss's office for his formal performance evaluation after working for five years as the "right hand" of the major healthcare system's president and CEO. Before Webber was even able to sit down, the CEO surprised him by stating, "I think it is time for you to move into operations." Webber was flattered. After 11 years of staff positions in healthcare management, Webber was being promoted to director of operations for a large ancillary service department within the billion-dollar community-based healthcare system. Taking the operational reins of a \$100 million business within the 150-year-old health system would be a welcome change.

Though mild-mannered and soft-spoken, Webber had an unquenchable desire to achieve. He had been an English literature major in college, and had then worked full time in two consecutive hospital management residencies while completing his graduate degree in healthcare finance and management at one of the nation's preeminent programs in health administration. After graduation, his primary work experiences over the next decade had been in corporate strategic planning for community-based and academic hospital systems. He had held different positions, including planning associate and acting director of planning, but he had not had a formal management role. Webber had accumulated a broad variety of experiences including staffing

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Webber's next position was serving as aide-de-camp to the CEO of a major home healthcare organization. In this role he assisted the CEO in developing and monitoring the corporation's strategic objectives and business and clinical outcome targets, writing and researching the CEO's myriad presentations, and serving as chief liaison to the CEO's 20-member executive staff and the organization's board of trustees. While Webber had no staff directly reporting to him, he kept plenty busy. He regularly spent long hours ensuring that the deliverables produced by the executive office were timely and complete. Because Webber dealt with different personalities—all with varying agendas—and because he was under immense pressure to meet deadlines, he utilized every ounce of political savvy and deferential humor he could muster to get his work done. Executive management valued Webber as a skillful diplomat who used a calm, determined demeanor when “working with” senior staff. Webber secretly relished the perks of the president's office as his phone calls were immediately returned and many sought his advice given the tremendous political capital he yielded. Publicly, however, he modestly described his role as helping management complete their projects. At this point in his career, Webber was chiefly responsible for maintaining the management structure and working behind the scenes to ensure that the CEO's own initiatives ran like clockwork.

### **The New Job**

Webber knew that to rise within the industry he needed operational experience. Thus, Webber's promotion to director of operations for one of the organization's ancillary departments had been a welcome opportunity for him to run a major, profitable product line within the organization. More important, he was now an independent decision maker with deliverables of his own. In his new position Webber reported to the program's new administrator (a clinician), and he had seven clinical directors reporting directly to him. Ultimately Webber was responsible for program operations and the productivity of two dozen management and administrative staff—most of whom had been with the organization for 15 years or more—and hundreds of clinicians.

After 60 days on the job, however, Webber observed the following challenges:

1. Executive administration's mandated programmatic growth and profit targets were going to be difficult to meet. The program was currently 15 percent below growth targets.
2. There were few business or quality metrics in place to permit adequate monitoring of the business.
3. No overall management accountability was readily apparent within the program.
4. All of the clinical directors resisted change.
5. Webber's new position was still largely undefined with no formal job description.
6. Comments from members of the program's long-standing management team implied that Webber didn't have "enough gray hairs" for the job he now held.

Clearly, Webber was not in the president's office anymore.

### Case Questions

1. How does Webber's new role differ from positions he has previously held?
2. Did Webber do the right thing in accepting the promotion?
3. What should Webber's management priorities be?
4. What skill sets will Webber need to use to implement these priorities?
5. When should Webber look for his next job? What would you recommend he look for in his next job?