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At the Intersection of the Academy and Practice at Asbury Heights

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This chapter describes my experiences as an organization leader who uses scientific evidence to make both major and everyday decisions. My goal here is to provide practitioners and scholars with useful information regarding practices that have worked for our organization as well as some of the challenges we have faced in doing so. At the same time, I am not claiming that my ideas and their applications in our organization, Asbury Heights, can be generalized to other leaders, and their organizations. Yet through our efforts to use scholarly evidence to help our organization become better and better, I along with our staff, particularly those managers directly reporting to me, have learned a lot. To shed some light on what evidence-based management might look like “in the real world” and the factors that influenced our approach, this chapter is divided into three sections. First, I provide some background on myself and our organization and the circumstances that led up to our conscious adoption of evidence-based management practices. Second, I describe some of the particular processes, routines, and on-going practices that have contributed to creating an evidence-based culture at Asbury Heights. Last, I suggest some pointers and opportunities to future evidence-based managers. I hope that both scholars and practitioners will find these ideas useful as they consider approaches to evidence-based management.

BACKGROUND

To set the stage for the information that follows, let me first describe our organizational context as well as my experiential and academic background.

Since May, 1993, I have been the CEO of Asbury Heights, a continuing care retirement community located in Mt. Lebanon, Pennsylvania, which is a South Hills suburb of Pittsburgh, Pennsylvania.

Asbury provides care and services to a population of primarily frailer older adults in a variety of settings that include Independent Living, Assisted Living, Specialty Care for the cognitively impaired and Long Term and Rehabilitation Nursing Care.

These services are provided on a 28 acre park-like and multi building campus as well as one remote location about one mile from the main campus.

Asbury serves approximately 450 older adults and generates revenues of approximately \$30 million. Revenues are from a variety of sources including receipts from private charges, government sources and insurers.

Asbury has a complex debt structure made up of multiple tranches of tax exempt bonds some backed by commercial bank Letters of Credit.

Asbury is heavily regulated by the Centers for Medicare and Medicaid, the Pennsylvania State Department of Health and the Pennsylvania State Department of Welfare as well as the Pennsylvania State Department of Insurance.

Asbury provides over \$2 million in charitable services annually and all of its multi corporate entities qualify under IRS Section 501(c)3. Fundraising, therefore, is a major part of my duties.

We are governed by a nine member Board of Directors which includes me as an Ex Officio Member with vote. The parent corporation is organized under the Nonprofit Corporation laws of the Commonwealth of Pennsylvania and structured as a non stock, membership corporation. The sole corporate member is The Western Pennsylvania Annual Conference of The United Methodist Church.

Overall, there are 440 employees in classifications ranging from CEO to Dietary Aides.

Asbury has 42 managers of which there is an eight member Senior Management Team.

Of our Senior Management Team, excluding me, two have Associate Degrees, four have Bachelors Degrees that includes our Chief Financial Officer who is also a CPA, one has an MBA, and another has an MBA as well as a Masters in Healthcare Administration and is about to enter her senior year in night Law School.

When I arrived, I was the only senior manager who had both formal academic training in Management as well as significant experience in healthcare delivery organizations as a senior manager. Indeed, prior to my appointment, the organization's leaders were almost all Methodist Ministers.

I have a diverse educational and career background that includes a Bachelor's Degree in Education, a Masters Degree in Public Health, a Post Masters Certificate in

The Evaluation of Health Promotion and Health Education Programs, a Post Bachelors Certificate in Accounting, two Associate degrees, one in Liberal Arts and one in Accounting as well as certificates for the completion of two Executive Education Programs, one from The Harvard Business School and one from The Tepper School of Business at Carnegie Mellon University. My professional work experiences include serving as a Research Associate in the Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh; Executive Vice President and Senior Operations Officer, Oil City Hospital; Executive Vice President, Grane Healthcare; Administrator, Southwood Psychiatric Hospital; Executive Director, Allegheny Division, Presbyterian SeniorCare; and, since May, 1993, I have served as President and CEO of United Methodist Services for the Aging. I hold an adjunct appointment as Associate Professor within The Department of Behavioral and Community Health Sciences, Graduate School of Public, University of Pittsburgh, where I have served as Evaluation Fellow and also precepted a doctoral student in his field research.

BUILDING A QUALITY RELATIONSHIP WITH CARNEGIE MELLON

I came to be involved with management research and scholarship in the late 1990s when I participated in an Executive Education Program offered by Carnegie Mellon University's (CMU) Graduate School of Industrial Administration (now renamed to the Tepper School of Business). The program was titled Program for Executives (PFE) and was CMU's general management executive education program. As a participant in this month long program, I was introduced to scholars from disciplines

such as Organizational Behavior, Financial Economics, Marketing and Operations Research to name but a few.

Participation in the executive program was an eye-opener. I was exposed to research-informed frameworks and presented with approaches to the management and leadership challenges faced by a contemporary CEO. I immediately saw some pretty clear connections to the day-to-day issues I deal with at Asbury. I started doing some more systematic reading in the areas of Organizational Behavior, Executive Communications and Financial Economics and kept in touch with faculty who ultimately became my friends, colleagues, mentors and continued as my teachers. I began adding some new approaches to the decisions I faced based on my PFE experience. Two of the faculty members I met at CMU, Denise Rousseau and Laurie Weingart, both still tell a story about me: I am the only person they have ever met who went to the library to read what J. Stacy Adams had to say on equity theory while trying to decide how to deal with pay raises.

BEING AN EVIDENCE-BASED MANAGER, BEFORE IT HAD A NAME

In point of fact, I have been practicing evidence-based management, without that label, since I became Asbury's CEO. Two initiatives I led demonstrate some of the roots of what today, I believe, is an evidence-based management culture at Asbury Heights.

The first is our "systems approach" to improving organizational processes, a practice I introduced at Asbury in an effort to create the desired outputs and outcomes

we wished to achieve, and which is now widespread throughout our organization. With the goal to deliver desired results reliably and consistently, our systems approach relies upon regular measurement and feedback regarding intended goals and results. When those results do not meet our expectations, we go back and analyze both the inputs and processes that led to those results in order to identify the “root causes” of the problem. Upon discerning the root cause, countermeasures (i.e., interventions) are designed and introduced. Then the process proceeds again. By measuring the result, we can tell if the countermeasures were successful; then we continue to monitor results to determine if they can be achieved consistently.

In retrospect, I recognize that Asbury’s systems approach is an example of using systematic methods to obtain and make decisions on what Denise Rousseau has called “Little e” evidence, that is the organization’s own metrics and facts, in this case regarding whether we met our desired results. Although I used this “systems approach” independently of any notion of evidenced based management, it isn’t something we just did by chance. It is most likely attributable to me as CEO and my desire to create an all encompassing organizational performance model, a sort of algorithm that consistently delivers valid and reliable results.

A second initiative I introduced very early in my tenure as organizational CEO was a collaboration with Academic Geriatricians from the University of Pittsburgh. These board certified, fellowship-trained geriatricians brought with them clinical approaches to care for our residents that had been vetted by the latest and best science.

It is the fellowship training that makes these physicians so uniquely qualified to take care of older adults. A fellowship is a two to three year educational and experiential training program that one goes through after achieving the training and board certification of an Internist (Internal Medicine). Most physicians who complete a fellowship in geriatrics also acquire another advanced degree during the fellowship, in many cases the Master in Public Health degree with a concentration in epidemiology. Additionally, fellowship-trained geriatricians tend to reside within an academic medical center, are involved in research personally and are also well aware of the latest research findings of the issues of older adults. In brief, they are highly informed and facile with empirical evidence.

I saw this link with academic geriatricians as a means to promote improved care as well as a way to differentiate our organization from others providing similar services. These fellowship-trained geriatricians have been serving our resident population since 1996. It is readily apparent to our residents, their family members and friends and those employees with whom they interact, that the approaches used by these fellowship-trained geriatricians are steeped in research-based practices. From my personal interactions with these physicians, and those with family, friends and staff that I have observed, when these physicians suggest an approach to a problem, it is usually preceded by them saying "The research suggests that this approach is likely the best," or alternative, what the best evidence at this time suggests..." They link their approach to those vetted by science and they express that fact in their interactions with patients, families and staff. Additionally, the research that motivated the approach, what that

Comment [DR1]: Could you give an example of how all these folks can tell that the practice of geriatricians is evidence based? This is a nice point.

theory suggested in the clinical setting, and the rigorous measurement of outcome variables are topics of regular discussion among our geriatricians and those staff with whom they interact.

As in both these initiatives, I began working to establish a culture of science (evidence) in the clinical setting from the beginning of my tenure as Asbury CEO.. This approach is now part of the knowledge base of a large portion of the Asbury Heights stakeholders. We characterize it as "science-informed care delivered in a heartfelt way," connecting the head and the heart. It was not much of a leap from using clinical practices informed by evidence to adopting a more systematic evidence-based approach to management decisions and organizational practices.

BECOMING AN EVIDENCED-BASED MANAGER

My goals in becoming an evidence based manager were essentially to be a successful organizational leader and to build a successful organization in a **valid** and reliable way; validity referring to working on the "right things" and reliable referring to "doing it right" and getting consistent results. Of course, all leaders and managers want to be successful. Success can be defined as the achievement of whatever goals and objectives one has set out to accomplish. It is how they go about this task of attaining organizational goals and objectives that sets apart practitioners who are evidence-driven from those who aren't even evidence-guided. So other than the observation that evidence-based managers and those who are not act differently, what might be the reasons for the difference in their managerial approach?

Comment [DR2]: what does valid mean here? U used it before, but now I am really curious!

For a leader and manager to practice the art and science of management in a way that utilizes evidence, the first hurdle is to understand what constitutes evidence, where it is found, and how then to apply this evidence in the pursuit of organizational objectives and goals. My hypothesis is that this is not something that managers are trained in, nor is it an intuitively obvious approach.

My background and graduate training is in Public Health; I do not have an MBA. Public Health is an offshoot of the field of medicine whose general purpose is to study disease in populations with the ultimate hope of constructing and developing interventions whose purposes are to eliminate disease states in these populations. Public Health is grounded in science and uses the scientific method to advance the field's body of knowledge. Statistics and research designs are very much a part of the training of a public health practitioner. Understanding the desired end state which is disease elimination, and the process to achieve such a state, one must use a structure, process and outcomes method, all guided by some 'Theory of Change' Theory of Change is meant to explain the connecting logic, or evidence base, between inputs and outputs. It is the premise or science upon which the program is based. Ultimately there is always some theory upon which one premises an approach to changing something. Managerial evidence and a theory of change can be thought of as describing the same thing; the knowledge upon which your actions are grounded. This is how I was trained. When I participated with organizational scholars in preliminary discussions concerning evidence and its use in management, it was therefore easy to

relate scholarly evidence and its use in management to my training and experiences working in the field of Public Health.

What Works for Us at Asbury Heights

Reporting to me directly are three Senior Administrative Directors, of which one is the Chief of Staff, one is the Chief Financial Officer, one is the Senior Operations Director and one is responsible for Sales and our Continuous Quality Improvement Program. We are all located in the same suite of offices thereby allowing the sociologic Law of Propinquity to operate freely! Being in such close physical proximity allows us all to readily interact, both frequently and informally.

A regularly standing Senior Management Team meeting occurs each Thursday morning. We use a formal Critical Measures Dashboard System to track key upstream drivers and lagging downstream performance metrics in the three performance domains we emphasize; Economic Performance, Quality and Customer Satisfaction. Our measures include both quantitative and qualitative elements.

At these meetings and during other interactions I have with my closest colleagues I constantly refer to our "Three E's". These are Evidence, Execution, and Evaluation. Evidence, at the highest level available which informs all of our organizational actions, and refers to having facts, metrics and scientific findings that guide our decisions. Execution means that we use a well delineated process map to guide our actions and analysis. This process map connects inputs, process and

outputs/outcomes. Last, Evaluation means that we are constantly measuring our outcomes against our expectations and then feeding this information back in order to create and monitor countermeasures, if warranted, to adjust for those results not up to our expectations.

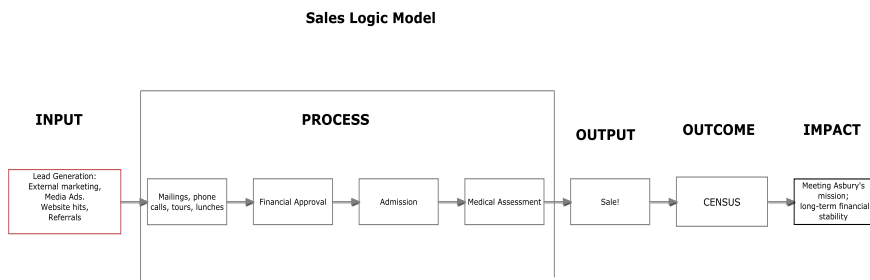
By valuing on-going learning, I encourage all our managers and most certainly my direct reports to participate in continuing education in areas they can use on the job and to develop their career potential. I also model and involve them in a robust reading program. In this regard, we have utilized the faculty from The Tepper School of Business, Carnegie Mellon University, in the domains of Financial Economics, Organizational Behavior and Marketing to name a few, to conduct custom education programs for members of our management team.

A framework that I have found most useful in helping our staff base actions at Asbury on a thoughtful theory of change is the Logic Model. In an advanced academic training program in organizational program evaluation, I was introduced to the Logic Model approach described by the Kellogg Foundation. It was developed to guide the implementation of organizational programs and then the evaluation of program performance. In this approach to program evaluation, those programs deemed to have efficacy, that is, they have been shown to work using the scientific method under controlled conditions, were then implemented in organizations. They were then evaluated to determine if indeed the desired effect was achieved.

The Sales Logic Model, Exhibit 1 below, depicts and describes a logic model one of my direct reports developed for Asbury's sales process. It includes the evidence upon

which it is based. Although “expert opinion” is not considered by scholars as valid evidence upon which managerial actions should be based, in practice it is often the most readily available and accessible information. In this particular situation, this manager constructed the logic model informed by data an expert on direct sales provided, and ran what amounts to an experiment. Given that the results achieved were more reliable than in the past, validity was inferred. Those trained in science know that such a leap cannot be made without first, among other things, ruling out other causes of the effect. In practice, however, this example demonstrates how it can be done and, in my opinion, it is a good first step on the path to becoming an evidence-based manager.

Exhibit 1.



This logic model is based on evidence gathered from several marketing consultants that have worked in the non-profit CCRC business for over 30 years in larger metropolitan areas including Pittsburgh.

To illustrate, we learned that qualified inquiries (age and income appropriate) should lead to tours of the CCRC campus. These tours should lead to sales, unless there are serious issues with product and pricing, which is expressed as "not enough value" by the prospect, or the sales staff is ineffective.

For every 100 new inquiries, at least 30% should be converted to tours. Out of this 30% that toured, 10 to 15% should convert to sales. We also learned that the sales cycle time from the new inquiry's first contact to occupancy can be anywhere from 6 months to a year and a half.

I have found that in my work as a leader and manager, my colleagues who were otherwise untrained in the scientific method readily grasped the essence of evidence-oriented approaches through use of a logic model. It may be that the logic model helps people understand why a particular scientific finding works, but it also helps them see how to apply it. In some respects, the logic model framework allows people to have the sort of “aha” moment that scientists experience!

I have come to believe that organizational culture or “what is normative and how it is done here” is the greatest driver of the actions by organizational participants. Further, organizational actions premised upon the highest form of available evidence will only be successful to the extent that the organization’s participants are helped to understand the evidence and how to apply it in practice.

CLOSE RELATIONSHIPS WITH ACADEMIA AND ACADEMICS

The management scholars I met at Carnegie Mellon used their research to motivate the class sessions that we had. Utilizing the model that had worked so effectively in our clinical settings (relationships with fellowship trained geriatricians), I began to develop closer relationships with some of these scholars with the idea of developing mutual beneficial relationships between the academy and Asbury Heights.

Over the last ten to twelve years, many successful collaborations have arisen; some of my professors have served on our Board and have trained us in their discipline’s evidenced motivated approach. One advised us on an intervention to reduce conflict and create a shared frame of reference among members of our top

management team. Laurie Weingart helped us develop a shadowing process that was used to reduce misunderstandings (i.e., perceptual gaps) between various staff members by opening their eyes to their colleagues' world views, thereby creating more harmonious working relationships. Some faculty have conducted Executive Education classes and others have conducted organizational research utilizing Asbury as the site for that research. In all, I believe our collaborations have been incredibly and mutually beneficial.

CHALLENGES

To be sure there have been and will continue to be challenges to using evidence to inform leaders' and managers' organizational actions. One of the first challenges is getting managers to understand, at a well-informed but accessible level, what is meant by "evidence" and how this knowledge might be used in solving organizational problems more reliably. I've found, you have to start with a simple approach. Merely asking our managers to think about what information they are basing their actions upon can be a good first step.

It is often challenging and may be near impossible to find quality evidence. By quality evidence I mean that which has been vetted scientifically and addresses organizational problems that are multifaceted, while being written in an accessible format. Organizational leaders are pressed for time. We are not trained as scholars and are looking for reasonable solutions for day-to-day organizational problems. In our organization, and I would surmise in others as well, leaders and managers often rise

from the ranks and given limited if any training. Doing “what comes naturally” and/or makes “common sense” is often the default approach. Their constraints of time and training make it challenging to introduce the concept of serious (meaning reliable and valid) evidence that could be used in practice and better achieve the desired outcome.

Practical Advice for Getting Started and Seeing It Through

I have described an approach to evidence-based management which worked in my organization. Whether my approach at Asbury regarding evidence-informed practice can work in other organizations, I do not know.

It’s tough for most organization leaders to act on evidence. Most leaders that I am aware of lack the kinds of foundational knowledge about evidence relevant to the problems they face. They are unfamiliar with the scientific facts associated with some of the routine decisions they make like team building or problem solving. They tend to lack basic understandings regarding what constitutes “scientific evidence.” .

In education, there is taxonomy of knowledge known as Bloom’s Taxonomy (cite) that is used to guide teachers. Its underlying premise is that there must be some basic understanding of the material before students are asked to act on it. I believe this foundation is missing in most organizational leaders and managers with whom I am familiar.

Identifying relevant and valid evidence is relatively easier for academics and those who understand scholarship and its creation. It is not so easy for a practitioner who doesn’t understand exactly what constitutes reliable and valid information in the

Comment [DR3]: WHAT HAS IT BEEN LIKE JOHN FOR YOU TO INNOVATE OR COME UP WITH WAYS OF USING EVIDENCE AND ACADEMICS? HARD, EASIER ...EASIER OVER TIME? HOW MIGHT YOU ADVISE SOMEBODY WHO WANTS TO GET STARTED AS AN EBMGER???? This would be a good ending I think...practical advice ☺

first place. That is why much of the readily available “crap,” as labeled by Bob Sutton of Stanford University, is so appealing to today’s leaders and managers. So what exactly is “crap” and how does a practitioner know it when he or she sees it? Crap, in my view, is the leadership and management information distributed every day in books, magazines, classrooms and other distribution modes of knowledge to practitioners by those that basically say “do this (fill in the blank here .. these seven steps, these ten things, these approaches, etc.) and your outcome will be success!” Usually these suggestions for success are based upon someone having tried this approach with apparently the desired results having been achieved. Without the use of any scientific method, these suggestions are then generalized to a larger population. To those not trained in science, especially busy organizational leaders, the 10 suggestions might appear to be just what they are looking for. At last, the answer to all my problems! Whether it is valid and reliably works or not will most likely never be known, of course, because these purported ‘theories of change’ were never subjected to a rigorous scientific test. As Professor “Dutch” Leonard of Harvard’s Business School once described them, they are the writers’ “Cherished Theories!”

Without endorsing any book or journal article at the expense of others, I would suggest that a good first reading, in my opinion, is Jeff Pfeffer and Bob Sutton’s book entitled “Half Truths.” Denise Rousseau and colleagues have also written extensively on The Evidence Based Management movement. And if there is such a thing as one thoroughly researched management book that should be read by anyone seeking to become an evidence-based manager it is Edwin A. Locke’s and Gary P. Latham’s “Goal

Setting." It truly is a motivational technique that works from my experience and this book describes effective ways to set goals.

I'd also reference Denise Rousseau's journal article, from the Academy of Management Executive, "Changing the Deal While Keeping the People." This article had interventions listed for each of the various stages of the process which we have used with success and continue to use. It is an excellent piece of accessible high quality scholarship that can be then be acted upon.

The overarching purpose of management is to see to it that the collective activities of the people who make up our organization achieve desired results. It would seem logical then for those occupying the managerial roles within the organization to premise their actions upon the best evidence available that would inform their actions. In this way, there is a better chance that the desired outcome might be achieved.

In this chapter, I have described one approach to defining and using evidence as well as ways to inculcate this practice within an organization's culture. This is merely one approach that a manager wanting to become evidence based might wish to consider. I've also suggested some readings that you might wish to consider that will undoubtedly be beneficial.

I can guarantee you one thing, and that is once you become facile in finding and using quality evidence to inform your managerial actions, you will be profoundly

changing and will understand clearly Pfeffer's and Sutton's admonishment that the preponderance of business books are indeed "crap."