At the Intersection of the Academy and Practice at Asbury Heights

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Abstract

As a practicing evidence-based manager over the past two decades, I describe how my use of evidence has been shaped by my professional education and the nature of our organization, a residential care facility for the elderly. Practices I have found particularly valuable in promoting evidence use and good decision making include on-going management development, regular readings by myself and direct reports of books and articles based on scientific evidence, use of logic models to lay out the critical information and assumptions relevant to managerial decisions, and quality relationships with local universities and their faculty. I also discuss the challenges of making decisions that are evidence-based.

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             Evidence-based management culture
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This chapter describes my experiences as an organization leader who uses scientific evidence to make both major and everyday decisions. It provides practitioners and scholars with information regarding evidence-based 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 cannot claim that my ideas and their applications in our organization, Asbury Heights, will work everywhere. 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 background on myself and our organization. Then, I describe the circumstances that led to our conscious adoption of evidence-based management practices. Next, 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 for future evidence-based managers.

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 almost 500 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 in an industry that is heavily regulated by government agencies including the U.S. Centers for Medicare and Medicaid and three State of Pennsylvania Departments: Health, Welfare, and Insurance. Asbury provides over $2 million in charitable services annually and all of its multi corporate entities qualify as tax exempt nonprofits (under IRS Section 501(c)3). Fundraising, therefore, is a major part of my duties. The parent corporation is organized under the Nonprofit Corporation Law of 1988 of the Commonwealth of Pennsylvania and structured as a non-profit, non-stock corporation with no members. The parent corporation is managed by a board of directors.

Asbury Heights is governed by a fifteen member Board of Directors, excluding myself and a representative of The United Methodist Church, as voting Ex Officio members. Overall, there are 465 employees in classifications ranging from CEO to Dietary Aides. Asbury has 48 managers of which there is an seven member Senior Management Team. Of our Senior Management Team, excluding

myself, two have Associate Degrees, four have Bachelors Degrees that includes our Chief Financial Officer who is also a CPA, and one has an MBA.

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 CMU's Tepper School of Business. My professional work experiences include serving as a Research Associate in the 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; and Executive Director, Allegheny Division, Presbyterian SeniorCare. 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 at the University of Pittsburgh.

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 the Program for Executives (PFE) offered by Carnegie Mellon University's (CMU) Graduate School of Industrial Administration (now renamed to the Tepper School of Business). 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-based frameworks and presented with approaches to the management and leadership challenges contemporary CEOs face. 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 I thought would be most relevant to the challenges I face as Asbury's CEO: Organizational Behavior, Executive Communications and Financial Economics. I also kept in touch with faculty who ultimately became my friends, colleagues, mentors, and continue to be my teachers. I began adding some new approaches to the decisions I faced based on my PFE experience. Over time CMU faculty have served as informal consultants to Asbury Heights, as well as instructors providing management training, board members and research collaborators. Faculty members have been knowledge brokers, providing me, and at times my staff, with leads on useful research and interesting peer-reviewed articles.

Faculty members I met at CMU tell a story about me. Apparently, I am the only person they have ever met who went to the library to read what J. Stacy Adams (1964) had to say on equity theory while trying to decide how to deal with pay raises. It's true.

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 repeats. 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 Rousseau (2006) 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 this 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 well aware of the latest research findings concerning the issues of older adults. In brief, they are highly informed and facile with scientific evidence.

I saw this link with academic geriatricians as a means to promote improved care at Asbury as well as a way to differentiate it from other organizations providing similar services. These fellowship-trained geriatricians

have served 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 these fellowship-trained geriatricians used approaches steeped in research-based practices. From my personal observation, 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 alternatively, "what the best evidence at this time suggests is…" They link the care they give patients to those practices vetted by science and they express that fact in their interactions with patients, families and staff. Along the same lines, the research that motivated the approach these geriatricians advise, what that theory suggested in the clinical setting, and the rigorous measurement of outcome variables are all topics of regular discussion between our geriatricians and the staff with whom they interact.

As in both these initiatives, I began working to establish a culture of science (by which I mean 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 from our staff to the Board. We characterize it in our discussions, newcomer orientations, and documents as "science-informed care delivered in a heartfelt way." 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.

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 sets 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?

For a leader and manager to practice 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. Understanding what evidence is and finding and using it are not things that managers are trained in. It is not at all obvious at first how to go about finding and using evidence.

My background, along with the fact that I do not have an MBA, has undoubtedly influenced both my becoming an evidence-based manager and the way I practice it. My background and graduate training is in Public Health. 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. These features in themselves are relevant to the emphasis I have placed on evidence and systematic gathering of organizational facts. But other practices I have used to apply evidence in making managerial decisions are also tied to my training in Public Health.

Public Health practitioners are trained in a process for solving problems and getting things done. Basically, to understanding the desired end state which is disease elimination, and the process to achieve such a state, Public Health practitioners are trained to use a structure, process and outcomes method, all guided by some "theory of change". That theory of change is the connecting logic, or evidence base, that specifies the mechanisms through which inputs are transformed into outputs. It is the premise or science upon which an intervention, managerial decision or public health program is based. Ultimately there is always some theory upon which one bases the approach used to change something. Managerial evidence and a theory of change can be thought of as describing the same thing. Both represent the knowledge upon which your actions are grounded. This is how I was trained. When I participated with CMU's faculty in discussions concerning research findings and their use in management, it was easy to connect using scholarly evidence in making management decisions with my training and experiences working in the field of Public Health.

What Works for us at Asbury Heights

At Asbury, reporting to me directly are four Senior Administrative Directors, the Chief of Staff, the Chief Financial Officer, the Senior Operations Director and a

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person responsible for Sales and our Continuous Quality Improvement Program. We are all located in the same suite of offices thereby allowing Newcomb's (1961) 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. Often for the first half of the meeting we discuss a book or research article that I thought my staff might find informative. Then we spend time on critical strategic issues. 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 other interactions with my closest colleagues we constantly refer to our "Three E's". These are Evidence, Execution, and Evaluation. Evidence 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.

A framework that I have found most useful in helping our staff base actions at Asbury on a thoughtful theory of change is a 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 (2004). 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. Subsequently they were evaluated to determine if indeed the desired effect was achieved. I regular use this logic model and have worked with my direct reports to apply it in their own as well as our joint decisions.

Here is one application we made at Asbury of the logic model. The Sales Logic Model (Exhibit 1) was developed by our manager of sales, Art Barbus, to figure out how to solve the problem of low sales in our independent living facility. It includes the evidence upon which it is based. Although "expert opinion" is not always considered to be valid evidence by scholars, in practice it is often the most readily available and accessible information. In this particular situation, the expert was an experienced consultant in the area of direct sales—consistent with Herbert Simon's (1991) notion that if a person has 10 or more years of focused experience in a specific area from plumbing to chess, they can indeed have developed valid expert knowledge. Art constructed the logic model based on the expert's data on direct sales, and then ran what amounts to an experiment to see if the model could be used to improve sales. As Art describes it:

"The experiment was conducted in December 2005 when the Asbury Heights Independent Living census was 78.5% against a budget of 91%. Prior to the development of the logic model, the low census was blamed on burned out light bulbs, dirty elevator tracks, and the condition of the front lobby. We even went so far as to hire a cleaning company to clean the elevator tracks on a weekly basis at a cost of several thousand dollars per month. Sales did not increase as a result of clean elevator tracks or all light bulbs illuminated.

Using the logic model I found that the [sales] process can only be as good as the weakest link. Measuring the new inquiries, tours, and sales was the best way to determine where to apply the countermeasures. The numbers pointed me toward the tours. There were over thirty new inquiries every month. This was a sufficient number to generate sufficient sales to meet the budget.

After meeting with the sales person, I discovered that she needed training on the "follow-up", the action taken after the first initial contact by a new prospect. Sometimes the follow-up call was several days, other times it was several weeks, and if the inquiry was forgotten no follow-up call was made at all. A follow-up protocol was developed and the number of tours increased, which increased sales. At the end of 2006, the Independent Living census reached 91.1%. Through 2007, the Independent Living

census continued to track above the 91% budget consistently

month after month."

Given that the results achieved were better than in the past, the model's

validity was inferred. Those trained in science know that such a leap cannot be

made without first, among other things, ruling out other possible causes of

increased sales. In practice, however, this example demonstrates how it can be

done and, in my opinion, it is a good step on the path to becoming an evidence-

based manager.

---------- Insert Exhibit 1 about here ----------

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 same sort of "aha" moment that scientists

experience!

On-going learning is essential to managing based on evidence. I encourage

all our managers 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 CMU faculty in Financial

Economics, Organizational Behavior and Marketing to name a few, to conduct

custom education programs for our management team.

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 CMU used their research to motivate their

class sessions. Utilizing the model that had worked so effectively in our clinical

settings (i.e., 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

resulted; some of my professors have served on our Board and have trained us in

their discipline's evidenced-motivated approach. For example, Laurie Weingart

advised us on an intervention to reduce conflict and create a shared frame of

reference among members of our top management team. Using her research

(Cronin & Weingart, 2007), she 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' worldviews. The result was

more harmonious working relationships among our team. Some faculty

conducted executive education classes on site and others have done research with

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Asbury as a field site. In all, I believe our collaborations have been incredibly

mutually beneficial.

Challenges

To be sure, there have been and will continue to be challenges to using evidence

to inform leaders' and managers' decisions. 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.

Asking our managers to think about the kind of information they actually are

basing their actions upon can be a good step in itself. Another is to prompt their

awareness of evidence by providing them with articles or books that describe

management evidence in an interesting readable way. Chapters from Locke's

(2009) book with many brief articles on various research findings relevant to

practice can be useful here. Getting people used to reading about research to

improve their action as managers requires persistence. At Asbury it helps that

continuing education is part of our culture. I use our regular management team

meetings in part as management development sessions.

It is often challenging when decisions need to be made quickly. In such

cases, it may be nearly impossible to find quality evidence in time. By quality

evidence I mean that which as 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. Instead, we are looking for reasonable solutions for day- to-day

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organizational problems. In our organization, and I would surmise in others as well, leaders and managers often rise from the ranks. Doing "what comes naturally" and/or makes "common sense" is often the default approach. 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. Because of these constraints it helps to make evidence use part of everyday life, and not something that is done when a really important decision needs to be made and quickly. On-going employee development is also important formally through courses and degree programs as well as in-house with managers as coaches and mentors for learning. It is easier to make good decisions quickly if managers are educated and evidence-savvy.

Conclusion

I have described an approach to evidence-based management that has worked in my organization. Whether my approach at Asbury can work in other organizations, I cannot say. 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 conceptualization of knowledge known as Bloom's (1956) Taxonomy. 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

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foundation is missing in most organizational leaders and managers with whom I am familiar. Identifying relevant and valid evidence is relatively easy 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 first place. That is why readily available pop-management books, what Bob Sutton of Pfeffer and Sutton has labeled "crap," 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 scrutiny. My advice to my fellow managers is pay attention to the logic behind ideas that are proposed to you. Get used to laying out a logic model for your decisions and help your direct reports to do the same. Keep reading and learning so that critical thinking starts to come naturally. And

you will have more knowledge of what the evidence says when the need to use it arises. 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.

I would suggest that a good first EBMgt reading is Jeff Pfeffer and Bob Sutton's (2006) book entitled "Hard facts, half-truths, and total nonsense." 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. This book describes effective ways to set goals.

In this chapter, I have described my approach to 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. 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 and your organization will be profoundly changed.

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Intersections features the work of Henry Spencer Moore (1898 – 1986), displayed with models from the Science Museum and modern scientific imagery. The exhibition is in joint London venues: the Science Museum's Mathematics Gallery and the Royal Society's President's Gallery, both under the auspices of the Isaac Newton Institute for Mathematical Sciences. Surrealist photographer and painter Man Ray produced a series of photographs in 1936 of mathematical models housed at the Poincaré Institute in Paris, while the Constructivist Naum Gabo began to draw direct inspiration from the forms of mathematical models in the early 1930s.