

looking to strengthen their PI teams, including proven frameworks and best practices to enhance PI recruitment, development, and retention—all critical for achieving long-term organizational success.

Intervention Detail: A structured approach was developed to recruit, develop, and retain PI professionals by implementing competency frameworks, career ladders, and targeted professional development initiatives. The intervention leveraged behavioral and scenario-based interview processes; rigorous, structured onboarding; and an in-house-developed competency framework focused on both technical and soft skills. Mastermind groups and feedback tool kits were introduced to enhance team engagement and continuous learning. Measuring the impact of this work continues to be a challenge. Potential measures of success include staff retention, employee engagement scores, and more effective collaboration across clinical and operational teams. Real-time data on PI project outcomes, workforce development metrics, and feedback from multidisciplinary teams were analyzed to refine recruitment and leadership strategies. Over time, the initiative expanded to include structured professional development programs, norming and alignment sessions, and enhanced internal collaboration structures. These refinements have strengthened team cohesion and long-term career progression within PI roles at Cedars-Sinai.

Outcomes and Impact: By defining structured career pathways and competency frameworks, this initiative sets a precedent for developing PI teams within health care organizations. The approach has been shared as a best practice across multiple institutions. Clinicians, administrators, and PI professionals reported greater alignment and collaboration. Increased retention and professional development opportunities enhanced organizational culture, fostering a more engaged and high-performing workforce. As the initiative continues, future efforts will focus on expanding certification programs, refining learning pod structures, and further embedding PI professionals into high-impact clinical areas.

Unlocking Team Potential: A Matrix Management Approach

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Background: A challenge facing many small health care organizations is maximizing operational efficiency while developing team capabilities and maintaining service quality. At Cottage Caregivers, we recognized that

traditional hierarchical structures weren't optimal for our 6-person office team managing over 100 caregiving professionals. Our solution emerged from the "Get it, Want it, Capable" framework from the Traction model, focusing particularly on the often-overlooked "Capable" aspect.¹ We discovered that team members possessed significant untapped potential that could be developed through strategic cross-training and matrix management. Under the leadership of Manish Deopura, chief executive officer, as well as Karen Carroll, president and chief operating officer, and the enhanced leadership capabilities of our entire management team, we implemented a matrix structure. Within this structure, each core function (hiring, scheduling, client management, caregiver management, marketing, and sales) has both a manager and task doers, ensuring accountability while fostering skill development. This abstract demonstrates how small health care organizations can achieve operational excellence through innovative team structures and talent development, which is particularly relevant as health care organizations seek efficient scaling solutions.

Intervention Detail: Our matrix management implementation focused on 6 critical operational functions, each assigned a primary manager and a cross-trained support team. We structured the intervention around 3 key principles:

1. **Responsibility matrix:** We established clear ownership for each function while ensuring backup coverage through cross-training. For example, caregiver hiring and onboarding is managed by 1 team member but supported by 2 others, creating redundancy without confusion.
2. **Skill development program:** We implemented a systematic cross-training approach in which team members rotate through different responsibilities, allowing them to develop comprehensive understanding of all operations while maintaining primary accountabilities.
3. **Leadership enhancement:** We focused on developing leadership capabilities at all levels, encouraging team members to take ownership of their assigned areas while contributing to others' success. This approach transformed general management roles into specialized leadership positions with broader capabilities.

The intervention evolved through regular team feedback and performance monitoring, allowing us to refine the matrix structure based on operational needs and team member growth.

Outcomes and Impact: The implementation of our matrix management approach yielded significant measurable improvements:

Operational efficiency:

- Achieved seamless coverage for all critical functions through cross-training.
- Reduced response time to client and caregiver needs through distributed responsibility.
- Enhanced decision-making efficiency through clear ownership and backup structures.

Team development:

- Elevated 3 team members to expanded leadership roles.
- Increased team member satisfaction through broader skill development.
- Improved problem-solving capabilities across all operational areas.

Business impact:

- Maintained sustainable growth while operating with a lean office team.
- Enhanced service delivery through more efficient task distribution.
- Strengthened organizational resilience through redundant capabilities.

Looking ahead, we continue to refine this model, focusing on expanding caregiver capabilities beyond the office team and further developing leadership competencies at all levels. Our experience demonstrates that small health care organizations can achieve significant operational improvements through strategic team development and innovative management structures.

1. Wickman G. *Traction: Get a Grip on Your Business*. Dallas, Texas: BenBella Books; 2011.

The Hybrid Way: Building Centralized Procurement in Decentralized Organizations

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Background: This project tackled the challenges of inefficient procurement processes and a lack of visibility across a decentralized organization. After several attempts to address these issues with varying degrees of success, Devereux honed its operations to fit the needs of the organization while partnering with Vizient as its primary group purchasing organization partner. This partnership allowed Devereux to focus more on value creation and strategic sourcing, with the backing of Vizient contracts. The accountability structure involved a central-led implementation with local ownership, overseen by senior leadership. The voice of the customer was integrated through regular feedback and involvement in planning. This abstract showcases a successful model for

procurement optimization, offering valuable insights and practical takeaways.

Intervention Detail: We addressed the issues through a 3-pronged method: (1) partnering with a trusted external consultant, (2) improving structural accountability to the chief operating officer, and (3) leveraging the vast Vizient contracted network. By approaching this project methodically, we were able to implement key but underutilized tactics, including implementing standardized request for proposal templates involving project-specific affinity teams and standardizing contract language. Metrics such as cost savings, compliance reporting, and organizational key performance indicators were used to measure success. Data-driven approaches guided our strategy, with continuous monitoring and adjustments based on feedback.

Outcomes and Impact: Quantitative outcomes include significant cost savings (estimated at \$800 000 in year 1 for our \$600 million organization) and improved compliance rates. Qualitative outcomes involve enhanced collaboration and strategic value creation. Our work demonstrates the benefits of a centralized procurement approach in decentralized organizations. Our stakeholders, including employees and individuals served, benefited from these operational efficiencies, cost reductions, and optimized supply chains. Ongoing efforts focus on further refining processes and expanding the initiative's impact. This project highlights leading practices and offers a replicable model for other organizations seeking to optimize their procurement functions in a hybrid model.

Integrating an Advanced Practice Provider Practice and Privilege Committee

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Background: Medical staff governance plays a pivotal role in ensuring patient safety, quality outcomes, and professional accountability. Traditionally, these structures have been designed to oversee physician practice, with limited integration of advanced practice providers (APPs). However, as the APP workforce expands and is impacted by evolving nationwide legislative updates, health systems face increasing pressure to modernize governance models to reflect evolving practice standards. At one large academic health system, APPs represent 41% of the medical staff, and this workforce is growing at a rate of 11.1% annually. While formal APP leadership structures had been in place for over a decade, health care system expansion identified opportunities for APP privileging consistency, scope of practice optimization, and