Measurable Goals, Accountability, and Delegation

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Executive Summary

• Managing a department is a team effort, not a solo one.
• Your team must be engaged and feel a sense of ownership in day-to-day operations, not just patient care.
• Goals must be both attainable and measurable in order to be effective.
• Team members are, and should, be held accountable for achieving goals.
• The manager must lead the way and keep the team inspired.

The radiology business, like the world around us, continues to evolve. The challenge of doing more with less, along with a work ethic that has changed over the years, is common to many businesses today. The workforce pattern over the years has continued to raise expectations along with the accountability of managers and team members alike. Often this is done without adding more people to help pick up the extra workload. The demands continue to grow but not the workforce. Technology has forever altered expectations in our culture. Service needs to be almost instantaneous and customer service has become paramount in the so called “me” generation. As radiology leaders, how do you manage multiple responsibilities and initiatives that generally require more hours than are available in a day? How do you engage your team in attaining goals? How do you inspire your team to be involved in the day-to-day operations of their department beyond patient care? Nagging only goes so far, team resources frown upon violence, and walking the halls talking to yourself will not help. By no means did I create the concept of measurable goals and delegation, but I have needed to use it for survival.

Team members face the same challenges that we as leaders share in needing to do more work with less support. Any additional tasks placed upon the team can take away from patient care time. This may be viewed as performing tasks that generally are a manager’s responsibilities. The organizational, departmental, and personal goals must align. Vision of the organization must be well articulated first to the team members before introducing the goals. You may find ways to motivate team members differently depending on their role, past history and willingness to be part of the team, as each
employee’s behavior requires a different approach. For example, the staff’s cooperativeness to participate with the organizational goals might depend on the employee’s motivation and recognition, rewards, or perhaps a fear of negative repercussions. The goals need to fit well into the daily work schedule, create little disruption to patient care, and not require excessive measures to attain. As a manager, you need to know the behaviors of the team you lead. What are their strengths, weaknesses, and aspirations? Truly knowing your team will be a tremendous help to inspiring ownership and accountability with measurable goals. Assigning a goal to the wrong person and expecting positive results can be an exercise in futility.

Listen to each team member during meetings and as you walk through the department and watch for the informal leaders. Take note of what strikes interest in each person. You will find some who naturally take to organizing and stocking rooms, some will comment on patient delays, and others about errors that cause rework and wasted time. This information is the beginning step of aligning the proper goal with the person. How do you engage the team? How do you align each team member toward achieving the departmental goals? How do you assign accountability? The first step is to communicate your objective. During department meetings, review the organization’s goals and what role your department plays in achieving them. Break it down further by giving examples of how each team member has an impact on achieving the goals. Give scenarios that can be related to your team showing how business processes can affect outcomes in associated departments such as admitting. An example may be identifying the patient flow from scheduling to pre-registration, check-in to performing the study and how each of these processes and departments have an impact on growing CT volumes. It could even be basic as the design or lack of an ordering form for your referring physicians making it more difficult to use your services. For example explain how improving the availability of supplies in the CT department can more efficiently treat patients resulting in improved customer service and additional volumes. Allow the time to digest and adjust to the idea of their jobs taking on more responsibility than just patient interaction, and allow time for feedback. Repetition is the key to learning so repeat the plan at each team meeting for a few months prior to the inception date. The team should understand that everyone will share the department’s goals. Breaking down the goals into bite-size pieces will make it more palatable to digest and bonds your team toward a common end. Ask the team to prepare 5 to 6 goals they would like to present for the upcoming year. The goals could include things like: continue schooling towards a higher degree, join a hospital committee, improve team member interactions, or learn a new modality. The manager should prepare 5 to 6 goals for each team member based on job title, ability, professional growth, and passion. (With annual evaluations, this can support justification for reward.)

Now it is time to delegate. During your one-on-one meetings, the list of goals (about 10 combined) needs to be negotiated and reduced down to about 5 to 7. Begin assessing the goals by importance, difficulty, and effectiveness in achieving the departmental goals. How does it support the department goal? How difficult is the goal? Can the team member be...
afforded time to complete the goal? Will it take more than one person or department? Once you come to a mutual list, prioritize the goals based on strategic importance and difficulty. Determine how they will be measured, reported, and how often you expect updates. Remember your team members success is your success. You are the leader and are responsible for helping your team members achieve their goals. Make sure you are available to help each team member remove barriers. Using the supply example above, you may need to intervene if materials management has a practice that may be preventing a process change in CT from being more efficient. As a leader you may need to facilitate a meeting to help clear the way. Another common barrier is time. The leader needs to allow each team member the time to achieve their goals. This may mean some staffing fluctuations or providing a working lunch so the teams can work towards their goals (buy the lunch for the team it goes a long way), and acknowledge their efforts along the way. At the end of your meeting, the team member should have a hard copy of the information agreed upon during the meeting. The information is to include their goals ranked by importance, difficulty, information expected, and when the next meeting will take place. Schedule the next meeting right then. Do not wait to schedule the follow up meeting or it may never happen.

**Scenario/Examples**

There are a number of ways to achieve the desired outcome. Described below is one method that I have used in the past. This is not an exact science—your own style and team dynamics are important factors to consider in developing your own process. The outcome needs to remain a structured and well communicated plan with measurable goals that support both the department and organizational goals.

**Measurable Goals, Accountability, and Delegation**

- Radiology departmental goal (manager): Grow outpatient volume by 5%
- Modality goal (CT): Grow outpatient volume by 5%
- Reduce patient exam time durations, adding more appointment times resulting in increased volume.
- Improve customer service resulting in increased OP volume.
- Create new marketing efforts to the referral doctors to enhance their office/patient experience.
- Create a new schedule extending hours to add more appointment space.
- Improve workflow to expand the schedule.

A team member can choose any one these approaches or develop new ones. Set the expectation to meet quarterly to discuss any progress. The first follow up meeting may

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include the plan or strategy to implement. Follow-up meetings should include documentation and examples of progress for review. The team member should come prepared to present data to demonstrate (measure) progress of the outpatient volumes. The meeting time is generally short and mainly to review statistical information and assess progress, and determine the need to make any adjustments. The team member may need your support to engage other teams. The goal may involve the scheduling team or patient access services team (PAS) for success. Each team that has a potential area that can be involved in order to ensure a complete and thorough solution. Often departments interact in ways that can be easily overlooked and will cause the best efforts to have limited success. These teams by default share the goal for outpatient growth. The support teams need to include goals that facilitate the overall effort. Each technologist or support person will own a goal that is supportive and is measurable. See examples below.

Individual Team Member Goal (Technologist)
CT technologist needs to provide one process improvement that can be demonstrated improving volumes. (Measurable: The process change and the number of additional outpatient CTs as a result.)

Individual Team Member Goal (Technologist)
Cross training a second or third shift diagnostic technologist to perform basic CT exams to expand the schedule a few evenings a week. (Measurable: Evidence of training along with proof of exams performed in additional time slots.)

Modality Goal (PAS)
Grow out patient volume by 5%.

Individual Team Member Goal (PAS Team)
The scheduling team or registration team goal is to increase the efficacy of answering phones and scheduling appointments to reduce hang up rates. (Measurable: Reduce the % of calls not answered.)

Individual Team Member Goal (PAS Team)
The PAS team support of the goal may be to increase the number of pre-authorizations completed prior to appointment or reduce the number of times patients need to be rescheduled due to no authorization. (Measurable: Reduce the % of patients rescheduled due to no authorization.)

A team member has ownership to actualizing the departmental goal, which supports your goals and those of the organization. The team has helped in selecting their goals and agreed upon the objectives during your initial meeting. Your team knows how and when the goals are reviewed. (Some goals can change or disappear throughout the year as our environment is ever changing.)

Keep in mind the object is not necessarily to achieve every goal set; they are goals, not mandates. Some will carry into next year, others may never get started. The number of goals achieved, along with consideration for difficulty, can help guide team member evaluation and distribution of merit raises. As a leader, this takes a commitment to communication, consistency, and follow through. When follow up meetings do not take place, progress reports are absent. The result is a lack of accountability and effectiveness is lost. Commit, communicate, coach, and conquer. Good luck . . .

Kenneth Fazzino has been in radiology for over 25 years and has worked in various capacities from performing patient care, administration, and working most recently in medical imaging sales. Ken has been an active member of the AHRA over the last ten years serving on Design teams, a presenter at the annual meetings, as well as 2 terms on the Board of Directors. Ken plans to remain active in the organization.