

Main issues in hospital management in the EMR

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Outline

- Major challenges facing hospital managers
- Situation of hospital management in the EMR
- Plans to improve hospital management & way forward

Major challenges

- **Increasing complexity** of hospitals (use of sophisticated health & bio-medical technology)
- Important & diversified **workforce** (among major employers)
- Most **important cost centers** in health systems(50-70 % of public budgets)
- Old & outdated **managerial rules**

Major challenges

- Pressures to use **hospital care** (non functioning referral system, weak primary care level)
- Increasing **population expectations** (screening, medical care)
- Concerns over **quality & patient safety**
- **Political pressures** (elected representatives)
- **Limited resources** for hospitals (cost containment strategies)

Situation analysis

- **Managerial processes & business rules**
- **Productivity & efficiency**
- **Performance assessment**

Situation analysis

- **Managerial processes & business rules:**
 - difficulties to manage important number of users
 - limited automation (HMIS, patient records, billing system)
 - limited flexibility in human resource management (centralized pay roll)
 - lack of culture of costing & cost analysis
 - limited business rules & standard operating procedures

Situation analysis

- **Managerial processes & business rules:**
 - limited involvement of technical staff in hospital management
 - Limited use of IT and ICD 10 in record management
 - non well functioning boards of management
 - limited **community participation** in hospital management (role of local government)

Situation analysis

- **Managerial processes & business rules:**
- Limited use of costing & cost analysis (negative impact on financial management, program budgeting, priority setting & cost containment)
- Costing elements are important to improve efficiency & competitiveness (in case of purchasing services outside the government sector)
- command & control management

Situation analysis

- **Productivity & efficiency:**
 - limited **performance** of small hospitals (bed occupancy rate less than 50 %, high average length of stay, low bed rotation)
 - impact on unit costs of hospital services
 - limited incentives to increase productivity (health professionals)

Performance assessment

- **No clear framework for hospital performance assessment:**
 - focus on hotel services (productivity indicators : BOR, ALS BR)
 - limited interest paid to outpatient services (emergency & specialized services) & to investigations services
 - no link with PHC facilities (referral system)

Performance assessment

- **Missing elements :**
 - contribution to training of health professionals
 - contribution to clinical, public health & health services research
 - contribution to patient safety, population & provider satisfaction

Performance assessment

- Limited use of national standards for quality assurance & improvement
- Weak accreditation system
- Insufficient accreditation experience at national & regional levels.
- Limited accountability of hospital managers

Some planned reforms

- Decentralized management: hospital autonomy (financial sustainability, flexibility in resource management)
- Improved management (boards of directors) including better role for health professionals
- Better participation of communities and CSO
- Involvement of local government in hospital management

Some planned reforms

- Promotion of use of IT in hospital management
- Promotion of costing & cost analysis in public hospitals
- Development of national norms & standards for accreditation system
- Promotion of a culture of hospital & health facility accreditation systems

Some planned reforms

- Promotion of patient safety & security inside hospitals (PS Friendly hospitals)
- Increasing interest on accountability & efficiency
- Hospital management should remain high on the agenda of the reform process



- **THANK YOU**