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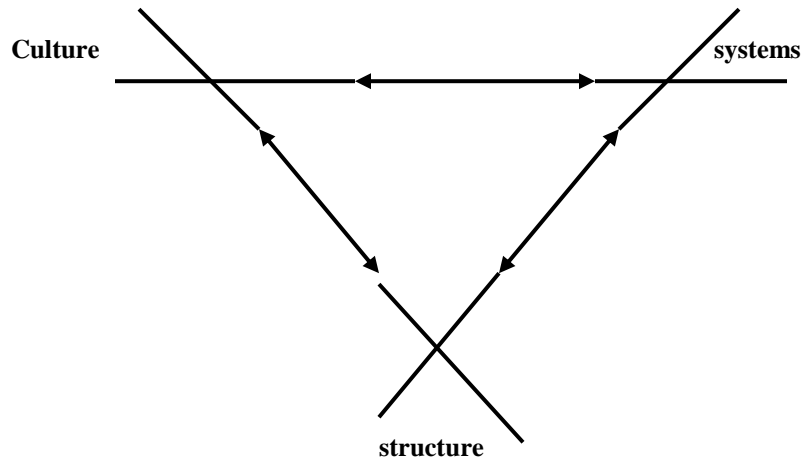
Empowering Healthcare Systems

Edition **3**
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Mental Health

-a taboo

DEVELOPING HOSPITAL ORGANIZATIONS



Organizations have three interrelated concepts-culture, systems, and structure-and all these need to be changed.

1. **Culture:** It is necessary to change the culture. Good leadership can change it. Chief executive can create a culture of a genuine learning organization. Leaders must constantly *show* the desired directions of change and they mean what they say. Organizational policies and actions must reinforce what is communicated. Behavior must match the rhetoric. They should articulate and commit to the desired end state or vision of the changed organization and procure support from important external organizations. They should also keep the vision through the difficult times of resistance to change.
2. **Systems:** Promotion of evidence-based decision-making, the knowledge management system and development of a new approach to quality management are very important for the system desirous of change. Clinician, who has to bear the whole responsibility, should be provided with the best current knowledge and guidelines. Furthermore, patients also need access to best health education / current knowledge. This means that we require a focused approach to knowledge management so that the organization is clear about the knowledge it takes in, how that knowledge is used within the organization, and what knowledge, and the quality of the knowledge, is provided for patients.
3. **Structure:** Usually there is little need for a structural change. But one approach, that is now increasingly becoming popular, is summarized by the acronym "get REAL" i.e., *integrate*

Research, Education, Audit, and Libraries. These four different types of activities often take place in different departments of the health organization with different leaders. In many organizations all such activities are kept under the leadership of one person. A reasonable title for him can be the chief knowledge officer. Knowledge is to be the dominant commodity of the 21st century and the main source of wealth. So, any organization that has a chief finance officer should also consider appointing a chief knowledge officer.

The above changes are seen in the context of organization wide transformation.

Successful organizations are those, which value and empower their staff and seek to develop them. Later work is built on this and studies of successful companies have drawn out features like leadership, customer focus, and culture also. Recently, emphasis has also been on the importance of working style and organizational restructuring in creating excellent organizations. So it is clear without any doubt that successful clinical governance largely depends upon creating the right sort of organization. A hospital will have enhanced quality if it has an open culture, supports evaluative practice and education, and uses blame exceptionally. Similarly, a health organization with strong management systems to support clinical processes and with aligned individual and organizational goals is likely to be a better one. It is important to train and develop staff but linking this to serve the goals of good clinical governance means taking steps towards integration and organizational coherence and this has not yet happened anywhere in our country.

IN SHORT...

1. Hospitals must get "organized for quality" i.e., invest in quality improvement, bring quality to center stage in the managerial agenda, and create flexible project teams
2. Invest in the process-action plans, project plans. Project management skills are used to close the gap between the current state and the desired future state. A plan for managing this transition is needed.
3. Momentum has to be maintained throughout the process of change. Momentum diminishes as the project life cycle advances.
4. Continuous alignment of the project with the vision of where you are going, and wider organization's vision.

5. Appoint a project team with members from different levels of the organization to advise in the process.
6. Allow time and make use of the maximum time available.
7. Transitional funding source should be available-to providing incentives for change-from physical restructuring to redundancy or early retirement payment and development and training money for staff. Need for such investments should be anticipated.

There will always be a need for organizational change and the improvement of services to patients. This change needs managing. Organizational change theory shows that theory and common sense collide in the areas of process, systems, quality improvement and the management of change. Leaders intuitively practice these principles. In addition to this intuitive wisdom, we need to recognize important behavioral aspects of change and process steps necessary to implement successful changes.

Quality improvement in every healthcare organization in the country can be done with clinical governance. Goals of quality achievement can be reached by creating the kinds of organizations in which clinical teams are supported with enough knowledge resources and information in an excellent culture.

Hospital Cost Function Estimation

In the early Seventies, hospital cost estimations were not much more than curve fitting exercises intended to forecast costs; since then, research has taken pains to use microeconomic theory as a basis for the specifications of cost functions. The tact adopted here is to cull the issues as presented by the surveys and to provide a sense of what other issues have to be considered to improve future research efforts. The estimation and interpretation of hospital cost, functions constitute an attempt to study," under a set of behavioral assumptions," the structure, of costs and production of a set of hospitals.

The questions addressed by such exercises are:

- *How does average cost behave?*
- *Does cost per unit output rise or decline as a hospital produces more output?*
- *What is the level of output at which cost per unit o/output is at its lowest level?*
- *Are hospitals producing at this level of output?*

Since costs are necessarily affected by the technology of the production process, hospitals cost functions also afford another angle from which production-related issues can be examined. Some questions entertained along this line of inquiry arc:

- *What is the optimal size of a hospital?*
- *How many beds should a hospital maintain?*
- *Relative to current output levels, do hospitals have too much capital equipment?*
- *Are hospitals technically efficient? (That is, do they obtain the maximum levels of output from their inputs?)*
- *Are they allocatively efficient? (That is, are they choosing the right combinations and levels of inputs, given their outputs?)*
- *On tile basis of the patterns of their costs and production alone, should hospitals offer a wide range of medical services, or should they specialize?*
- *Are there hospital departments which are cheaper to operate jointly than if their services were otherwise provided separately in different, more specialized hospitals*

Hospitals, however, do not fit the economist's standard notion of a firm, and this gives rise to a host of challenges in properly estimating the cost function of hospitals. As a starting point, consider that it is difficult to even pin down what it is that constitutes a hospital's output. If it is

allowed that, in general, people avail of hospital services because their health stocks have fallen below some critical level, then perhaps the restoration of the health stock of its patients ought to be regarded as the outputs of a hospital.

Meetings & there happening fatal blunders:



Many of the times we plan meetings, we have agenda was not that fruitful that we had expected. There are 1 are considered, effective outcome & immediate solut be available.

1. Unclear Agenda

As many of the times agendas are vague so meeting is driven on another direction which leads to wastage of time. Sometimes we lack chairperson in meetings which may direct the meeting.

2. Absence of end time

We generally mention the meeting starting time, but end time is hardly ever pre-decided. It is question of punctuality, how many reach the venue on fix time? Mentioning end time may help to conclude the agendas and move to next one.

3. Emergency Patient

Sometimes it happens in hospitals that chairperson or few major attendees of meeting can nit attend the meeting due to arrival of emergency patient, which leads to postponing the meeting. The importance of agendas to be discussed will determine the next date & time of meeting.

4. Intrusion of technology

We can request all attendees to silent their cell phones or can develop a place where all mobiles can be collected so as to minimize distractions.

5. One way communication

Generally meetings are driven by only person who speaks and others just listen, who are not interested in attending meeting due to various personal & professional reasons. So it is chairperson's duty to make each attendee to speak and give their view point on each agenda.

6. Disrespect for co-participants

It happens that multiple people start speaking at a time, which should be avoided. Each attendee should be listening all other attendees respectfully & patiently and let others complete their view point.

1. **The gift of trust** - lack of control over one's own work is number one on the top 10 stress list. It poses a risk to the cardiac health of workers as great as that of smoking. The gift of trust gives employees the freedom to make decisions about the tasks before them, fusing a pledge between employer and employee to trust each other in order to do good work and receive the benefits of it.
2. **The principle of inclusion at work** - isolation at work such as not getting information, not being invited to meetings, feeling shelved, your work going unnoticed, your suggestions going unanswered, the boss playing favorites, is number two. Isolation breeds unhealthy insecurity, a loss of self-esteem and even depression. Replace isolation with inclusion, information and a sense of belonging to the team.
3. **Time and space** - help employees get off the treadmill at work. Many people are getting ill not from too much to do but from their sense that they have too much to do all at once, all the time.
4. **Convey what is expected** - give employees a clear picture of what is expected of them; what, fundamentally their job is; what priorities they are being asked to observe from one day to the next.
5. **Job fulfillment** - money is not the only reward people work for. Give them something just as valuable in the long-term - appreciation for doing good work, the boss saying thank you for the extra effort, helping them realize that what they do contributes to the organization's success.
6. **Sharing success at work** - help employees to see that success is something to share, not own. This requires leadership by example in the management ranks. Share the credit.
7. **Email and voicemail ceasefires** - email overload is a huge source of frustration and anxiety in the workplace. Casualties are mounting daily. Liberate employees from the enslavement of email where possible and try and make this the year you have a real person at the end of a phone line - at least sometimes.
8. **The gift of clarity** - in setting a future direction for the company. Productive employees need this sense of direction. Without it, bad management practices produce confusion, frustration and reduced output. This generates stress on a large scale. Weak leadership is bad for your health.
9. **Listening to others at work** - is an art form, hearing not only what others say but understanding how they feel and what they need to do their job. Body language means a lot in communication between people and we can't read body language by email.
10. **Redistributing workloads wisely** - heavy workloads are one of the major stressors in the workplace today. Employees are worried their workload is preventing them from doing what they perceive to be a good job. They are worried about quality, and about making mistakes. Supervisors and managers must hear those concerns, and interpret them wisely.