

Health Care Administration

BASIC DEFINITIONS

1. Utilization: It expresses what people actually “consume” of the health care services. Coverage rates or utilization rates are used to express utilization of a given item of services in quantitative terms. For example, the coverage rate (utilization rate) of BCG immunization for a given population at a given time is calculated as according to the following formula:

$$\text{Coverage rate} = \frac{\text{Number of babies immunized}}{\text{Total number of live births}} \times 100$$

Sometimes, we use the number of events of utilization (e.g., number of visits to outpatient clinics, number of admissions to a hospital) instead of the number of service users (persons who use outpatient care or persons admitted to a hospital) in the numerator of utilization rates. The level of utilization of health care services is variable and is determined by extent of illness, distance, income, sociodemographic, sociocultural and organizational factors. Utilization is very useful indicator of interaction between services and population that assists health policy makers to rectify and improve services availability and delivery. A high utilization rate suggests a high level of morbidity and/ or a good accessibility to available health care services. A low utilization rate may suggest a relatively high standard of population health, inaccessible health care services (due to high cost, complicated administrative rules) or very low level of service supply.

2. Resources: Personnel, facilities, supplies, equipment, money and time that can be used in attaining specific goals or objectives.

3. Objective: planned end point of all activities.

4. Goal: it is the ultimate desired state to which objectives and resources are directed.

5. Plan: it is a blue print for taking action. The elements of a plan are objectives, policies, programmes, schedules, budget, ect...

6. Programme: Step to step sequence of activities so as to achieve the predetermined objectives.

7. Schedule: Time sequence of the work to be done.

8. Procedure: set of rules for carrying out work.

9. Policies: guiding principles to achieve a goal which if followed may lead to the ultimate desired state.

10. Priority: A ranking of problems, needs or solutions in order of preference based on views derived from data and intelligent judgment. Factors that are taken into consideration when ranking problems, needs or solutions are:

- a. Prevalence of the problem.
- b. Seriousness of the problem.
- c. Availability of effective measures to solve the problem.
- d. Community concern.

Prioritization is resorted to when resources are not adequate (as the situation is in almost all countries) to deal simultaneously with problems, needs or solutions in a given community.

Health Care Administration

Definition:

Health care administration is the process by which knowledge, energies and social structures are systematically utilized to achieve specific objectives.

Functions:

1. Planning function. What do we need to do to improve health? Anticipated action for tomorrow
2. Management function. What to do and how to do it? Action for today
3. Evaluation function. Do what we plan work?

1- Planning function:

Definition: planning is a team work involving an organized, intelligent attempt to select the best alternative(s) to achieve specific objectives in efficient manner.

The purpose of planning:

1. To match limited recourses with unlimited problems
2. To use resources effectively and efficiently. Minimize or eliminate wasteful use of resources.
3. To develop the best course of action to accomplish pre-defined objectives.

Stages of planning process:

A. Plan formulation

1. Environmental examination and situational analysis.
2. Decision on priorities. What is first?
3. Formulation of objectives. Where to be at the end?
4. Exploration of various means to achieve objectives.
5. Budgeting

B. Plan execution

6. Choice of best programme (solution).
7. Implementation of programme.

C. Plan evaluation

8. Monitoring and Evaluation.

General principles in planning: planning must be:

1. Realistic
2. Comprehensive
3. Balanced with respect to central and peripheral partners.
4. Coordinated with other sectors.
5. Continuous.
6. Able to ensure commitment and flexibility.

Population-based planning (need oriented planning):

The following steps are carried out in population based planning of health care services.

1- The first step in the population –based planning is the scientific comprehensive situational analysis and environmental examination:

- a. Population size, age and sex composition
- b. epidemiological analysis of morbidity and mortality. Define the types of problems, extent, severity, causes and impact on the community as a whole.
- c. identify financial, manpower, legal, ethical and other constraints.
- d. Identify complaints and expectations of the population.
- e. Available health care facilities (for training and services delivery).

2- The second step is to decide on priorities. To decide on which problem to deal with first, when we have limited resources and we face more than one problem. The usual criteria used in this context are:

- Extent of the problem.
- Severity of the problem.
- Manageability of the problem.
- Community concern about the problem.

3- The third step is to state clearly the short-term and long-term objectives or goals to be achieved. These are the desirable end results of an action. It is preferable that objectives are phrased in quantitative and measurable terms.

4. The fourth step is to explore and formulate alternative strategies to be adopted: their feasibility, operational choice and the likely outcome and cost of each alternative is carefully studied.

5. The fifth step. Once these alternative strategies are fully explored, an operational plan or programming is selected. The allocation of resources, authority, time - tabling and monitoring system is decided upon.

6. The sixth step. The selected programme or plan is then implemented and the collection of monitoring data is initiated.

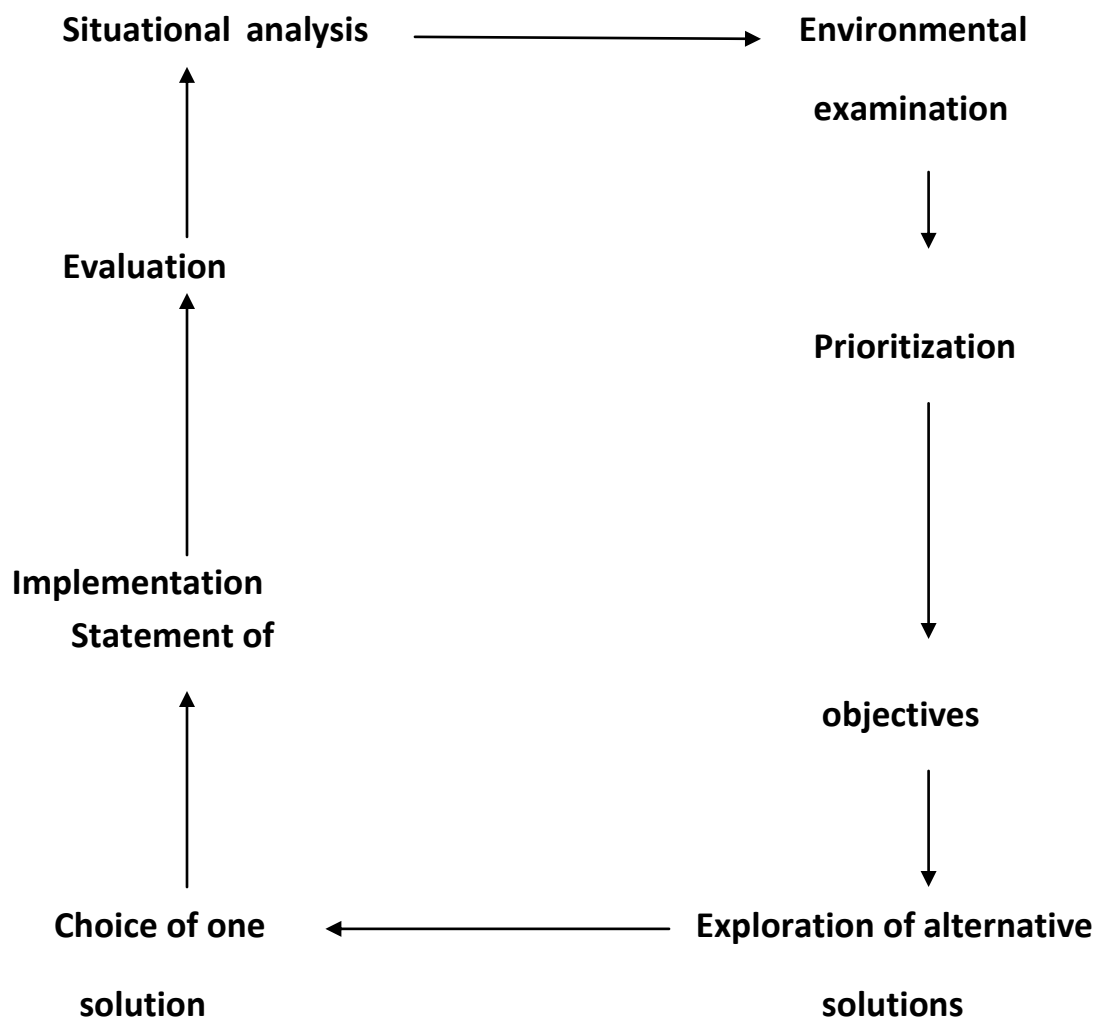
Any deviation from the planned activities is sorted out and corrective measures are undertaken. Implementation requires effective organization and adequate resources.

7. The seventh step. The last step in the planning process is evaluation, which might be applied at three stages of the planning process:

a. Prior to plan implementation: evaluation of the plan itself. Is it going to work and achieve the stated objectives?

b. During implementation (monitoring). Day to day follow up of activities. Is the plan achieving the stated objectives?

c. At the end of the implementation: Final evaluation. Has the plan achieved the stated objectives?



2- Management function:

Definition: Management is the process of planning, organizing, motivating and controlling various activities of an organization for the purpose of achieving objectives.

3- Evaluation function:

Definition: Evaluation is defined as the systematic attempt to determine the degree to which means (programmes) achieve intended (predefined) objectives and the factors that contribute to or hinder this achievement.

What to evaluate?

- -Structure or preconditions of the care process (Adequacy): The relation between recognized need and allocated resources.
- Process to be carried out to deliver care.
- - Outcome
 - Intermediate indicators.
 - Ultimate indicators.

The main approaches to evaluation:

A. Structure approach (structure analysis)

Structure refers to the conditions that surround process of care including such factors as:

- Number and qualification of staff.
- Characteristics of resource inputs (buildings, equipment, drugs... etc. Organizational and environmental framework.

The question is how adequate the structure is in a given institution?

The available structure in any institution is compared with a standard checklist containing the ideal structure to be available in such institution.

The assumption is that if the structure is available in adequate and functioning state, then process of care is expected to be optimal and objectives are achievable.

B. Process approach (process analysis)

Process is the combination of procedures and activities that are carried out and intended to produce the desired ends or outcomes.

* A comparison is made between an ideal list of what is required for a given disease or situation (usually this list represents the consensus of medical experts) and what is actually done.

* The deficient procedures and activities are identified and action to overcome these is undertaken.

C. Outcome approach (outcome analysis)

Outcome refers to what is expected from a programme, a therapy, an educational activity or any other measure that is intended to improve individual or population health.

* In this approach the status of individuals or population after the application of “treatment” is compared to the status before the treatment.

In general, a good quality care is expected to lead to reduction in the following indicators of ill- health (7D’s):

- Disease incidence.
- Death rate.
- Discomfort.
- Dependency on family and on the health care system.
- Disruption.
- Dissatisfaction.
- Disability.