

Managing Health Care Institute Professionally in New Era

Dr. Sharad Hari Gajuryal

MBBS, MD (Hospital Administration)

Department of Hospital Administration, Annapurna Neurological Institute & Allied Sciences, Maitighar, Kathmandu

Email : sharad2005@hotmail.com

According to WHO, hospital is an integral part of social and medical organization, the function of which is to provide for the population complete healthcare, both curative and preventive, and whose out-patient services reach out to the family in its home environment; the hospital is also a center for the training of health care workers and for bio-social research.¹ This was postulated in the year 1956 where hospital were not only defined as a place for clinical management but also as a public health oriented institute, academic institute as well as research Institute. Before that Hospital had been undergone through trusteeship period (till 1920), physician period (1920-1950)² and gradually grown to administrative/ team period and finally grown to corporate sector.

The hospitals have travelled a long journey from a time when they were used to be synonym to temples or home and where people go to take complete rest and wait till death. The shift is from care of sick and treating the patient as an agent of god to treating patient as customer and providing quality care. Today hospital are a hi-tech organizations and If a patient recalls his hospital stay he will have memory of being surrounded by electronic gadgets, hi-tech equipment's, doctors, nurses with computer, notebook, pen drives and everything being processed with computers. In context of Nepal, with the ever increasing population and health care needs, there has been a mushrooming of health care institute in recent decades, simultaneously there has been a need of professional management of the health care institute for the quality care of patient as well as professional growth of the Institute.

Challenges and way forward

Cost containment in Healthcare: Cost containment is any activities, policies, processes and norms adapted by health care organisation for reducing the cost without compromising the outcome and quality of care. In context of country like Nepal where the cost of Health care is rising day by day and majority of people having burden of out of pocket expenditure, various managerial tools and techniques including operational research, efficiency measurement, unit cost analysis, break even analysis, operational audit, cost -benefit analysis can aid in cost containment as well as efficient allocation of scarce resources.

Competent & Trained Manpower: There has been a trend with brain drain among healthcare professionals in recent decades. The push factors among the competent human resource for health includes low salary, low job opportunities, unsatisfactory working conditions, lack of professional development and specialist training, and political instability. Similarly, pull factors include high employment opportunities due to shortage of health staff, higher salary, better working conditions, and in destination countries.³ These factors should be addresses strategically through micro and macro level so as to retain these manpower and provide quality of care to the patient.

Health care Professional Security: Insecure job environment as well as workplace violence among the health care institute is one of the major buring issue in today's context. Though various demands have been forwarded to Govenment of Nepal in the past, security of healthcare professionals have not been officially endorsed in the constitution of Nepal. Meanwhile Health care Institute can establish an inter-institutional policy so that stakeholders involving clinicians, hospital administration, patient and patient party and hospital administration to mimimize the workplace violence.

Quality & Accreditation: The seven pillar of healthcare quality including efficacy, effectiveness, efficiency, optimality, acceptability, equity and legitimacy ensuring "First Do No harm" to the patient shall be adopted in the present context. Similarly, to acheive a set of standard by health care institute, accreditation of various services as well as whole institute is necessary to sutain the quality ensuring mechanism.

Leadership in Healthcare: A complex and dynamic health care delivery system of this era should merge the best of administrative and clinical practices often called clinico-administrative approach to provide a new model of Leadership. An strategic activities that focus on framing a shared vision through participation of all stakeholders to acheive an organisational goal with a competent professional is a need of hour to run the Institute professionally.

Public Health Approach : Healthcare Institute should not

be confined among its Infrastructure premises only. Institute should approach the near and far community for the holistic approach, quality service delivery, rational community-based methods, innovative public health interventions, and effective partnership programs. Community screening, survey, awareness campaign, community health insurance, corporate social responsibility and engagement of stakeholder of community into the public health activities shall definitely give a proper goodwill, brand and impression of the Institute.

Research and Academics: In the era of evidence based practice, every Institute must have research and academic pillar which not only provides academic and scientific growth for the Institutional professionals but also provides aid in quality patient care, national and international networking of the Institute as well as policy making activities.

Doctor Patient Relationship (DPR): In the past, DPR was viewed as one between a healer and a sick person. However, in the modern era, it is seen as an interaction between a care provider and a service user. Various factors involving sophisticated equipment, information technology, pre and well informed patients, need of respect and dignity by patient, doctor's attitude, rising expectation of patient etc have been influencing DPR.^{4,5} Health care Institute should make a strategic framework to meet the expectation of patient in a ethical and transparent environment.

Green & Smart Hospital: Sustainability and green thinking in architecture have gained importance. Integrating technology into this understanding has become possible to design green and smart buildings. Green buildings are environmentally friendly structures that use natural resources efficiently and minimize waste while providing healthy environmental conditions to their users. They not only provide healthy indoor quality but also aids in reducing sick building syndrome.⁶ On the other hand, smart buildings are structures designed with automation systems using technology, saving labour and resource consumption while providing user comfort.

Medical Tourism: Various hospitals in our context are being upgraded by technology and skilled human resource for health. Along with the rise in tourism industry after covid-19 pandemic, institution can adopt the scheme for inbound and outbound medical tourism which not only attract the patient from various regions but also can aid in branding the institute through seamless integration of healthcare delivery with tourism and travel related facilities in the country.

In our scenario pretending to leapfrogging to a new era in healthcare delivery system, traditional management style should be omitted or shall be upgraded to modern managerial techniques, innovations with involvement of competent human resource for health as well as incorporating various pillars including Clinico-administrative, public health, evidence based research, academic and trainings. Further more application of new managerial techniques and quality improvement method including lean enterprise, six sigma, operational research can be adopted for the better managerial experience, productive and efficient health care Institute.

REFERENCES

1. World Health Organisation. Expert Committee on Health Statistics. Who.int. 1963.
2. Joshi DC, Joshi M. Hospital administration. New Delhi: Jaypee Bros. Medical Publishers; 2009.
3. Nair M, Webster P. Health professionals' migration in emerging market economies: patterns, causes and possible solutions. J Public Health (Oxf). 2013 Mar;35(1):157-63.
4. Harbishettar V, Krishna K, Srinivasa P. The enigma of doctor-patient relationship. Indian Journal of Psychiatry 61(Suppl 4):p S776-S781, April 2019.
5. World Health Organisation. Strengthening the doctor-patient relationship A framework for action. Who.int. 2013.
6. Novada IR, Maria U. Sick building syndrome on healthcare workers in hospital buildings. Gal Int J health Sci Res. 2022; 7(4): 41-51.