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Report on the

Expert consultation on regional hospital strategy development and capacity-building of hospital managers

Cairo, Egypt
6–7 April 2015



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

Hospitals are a resource heavy, politically apparent, important and costly component of the health system. Hospital management involves a set of processes that actively coordinate and promote teamwork and its complex and sustainable functions, complementing those provided by other primary health care facilities. The recommendations of the 56th session of the World Health Organization (WHO) Regional Committee and of the 65th session of the World Health Assembly on WHO reform highlighted the importance of hospital management. The resolutions of the 60th and 61st sessions of the Regional Committee also addressed health system strengthening and moving towards universal health coverage through strengthening service provision, including hospital management.

To provide a roadmap for hospital improvement in the Region, a situation analysis was conducted by the Hospital Care Management unit in the WHO Regional Office for the Eastern Mediterranean, based on the collection of data from various resources. The first expert consultation on regional hospital strategy development and capacity building of hospital managers was held in Cairo from 6 to 7 April 2015. The meeting programme is given in Annex 1. The objectives of the meeting were to:

- present a situation analysis of public hospitals in the Region;
- share the experiences in the area of hospital management from within and outside the Region;
- identify the key challenges and priorities in the area of hospital management in the Region;
- present experiences on hospital management training from outside the Region;
- share the results of the training needs assessment of hospital managers in the Region and consensus on the outline of a training programme.

The expected outcomes of the meeting were to:

- Identify key challenges and priorities in the area of hospital management for the countries of the Region.
- Refine the outline of the training programme for hospital managers in the Region.
- Identify future actions to strengthen hospital management in the Region.
- Develop a network of experts on hospital care management.

The participants were professionals and experts in the area of hospital management and training from different countries inside and outside the Region as well as relevant WHO technical professional staff, who shared their insights and experiences. The full list of participants is given in Annex 2.

In his opening address, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, emphasized the importance of health system strengthening and particularly service provision challenges in the Region. The Region is heterogeneous and WHO is focusing on what is common among the countries as well as the specific needs of each country. He noted that public sector hospitals consume 50–80% of the government's health budget, and

emphasized WHO's commitment to this area of work, which has not been paid enough attention during recent years. Dr Alwan stressed the need for more work and scrutiny to refine and update information on different aspects of hospital care and management. He expressed the hope that the consultation would identify major challenges and priorities that would be important for the development of a regional strategy for hospital care and management.

2. HOSPITAL CARE AND MANAGEMENT

2.1 Situation analysis of public sector hospitals in the Region

The results of the situation analysis of the different components of hospital care and management in Region were presented. According to this study, the lack of comprehensive information on hospitals in the Region is evident. There are 9386 hospitals and the total number of hospital beds is estimated at 739 599, the majority of which (80%) are in the public sector. The average bed occupancy rate in public sector hospitals is 60.7% and the average length of stay was reported to be 4.12 days. Only a few countries have developed a hospital strategic plan and an essential hospital services package. The roles of public and private hospitals in service provision have not been explicitly defined and there is a lack of a well-functioning referral system and an effective hospital services network.

There is a mix of funding patterns for public hospitals but adequate or valid information on hospital financing is lacking. Hospital efficiency in most countries is poor, with shortages in hospital staff. The hospital accreditation system in the three groups of countries and the status of medical errors and patient safety initiatives to reduce those errors were presented. A weak health information system, underutilization of information for decision-making and the lack of an optimal medical record system in hospitals of most countries were also among the challenges in hospital care management in the Region.

The Eastern Mediterranean Region is one of the most disaster-prone regions in the world; however there is no well-functioning disaster management plan in most of the countries and inadequate staff training is apparent. Few countries have assessed the hospital safety index against disasters.

Participants were requested to formulate WHO priorities of work based on the existing situation analysis report. It was suggested that issues should be categorized into two sub-groups: policy issues and hospital management issues, each of which needed a different approach. All types of public hospitals, not just ministry of health ones, should be taken into consideration. More focus on the enrichment of data was emphasized, although some participants believed that the current data could be adequate to develop a hospital strategic plan. There was consensus that the contextual situation of the countries needs to be considered while targeting hospital governance and autonomy. Better regulation for both public and private hospitals was urged. Also, the relative roles of these two sectors in service provision should be clearly defined. The issue of (re)licensing for hospitals and hospital staff was highlighted by many of the participants. Population-based needs assessment for hospital services should be conducted while planning for the development of hospital services at national and sub-national levels should also be given priority. Besides hospital inpatient services, there should be a focus

on the role of the hospitals in providing diagnostic and outpatient services along with a functioning referral system between primary health care and hospitals.

A number of opinions and suggestions were highlighted during the discussions. A range of indicators should be defined for better hospital care and comparison of performance; hospital readmissions should be taken into consideration when assessing average length of stay; there is considerable underutilization of hospital services and also great inefficiency, in particular in small cities and rural areas; the budgetary portion of country resources spent on hospitals should be considered from a political economy outlook; the level of health insurance coverage is an important issue when the hospital sector is analysed.

Other important issues that must be considered are the credentials of the health work force, remuneration of human resources in the public hospital sector, the dual practice issue and the loss of highly competent professionals to rich countries. Greater emphasis should be placed on the role of hospital managers, their required capacities and eligibility to manage hospitals (clinicians or management experts). Evidence-based management was also considered to be deficient in hospitals in the Region; WHO needs to play a more interactive role in hospital information management and in particular in providing advice to the countries on coding in accordance with the International Classification of Diseases (ICD) in hospitals. In terms of disaster management, there should be differentiation between the national disaster plan and the hospital disaster preparedness plan. It was recommended that health system strengthening focal points in each WHO Country Office should have good communications with health ministry curative or hospital facilities to expedite data gathering, communications and the sharing of experiences.

3. CHALLENGES, PRIORITIES AND EXPERIENCES IN IMPROVING HOSPITAL PERFORMANCE AND MANAGEMENT IN THE REGION

3.1 Autonomy and regulation

Dr Hamid Ravaghi, WHO Regional Office for the Eastern Mediterranean

Three issues focusing on hospital governance were discussed: whether hospital autonomy was a good solution for the Region's hospitals, regulation of the private sector and licensing/relicensing of the private sector, and defining the relative roles of public and private hospitals in service provision. Hospital autonomy has not been successfully implemented in many countries. Autonomy, specifically functional autonomy, and the level of financial and administrative authority need to be defined. The implementation of hospital autonomy in a complex health system needs further studies and operational research. The issue of accountability mechanisms was also highlighted and these should precede the hospital autonomy process. Additionally, the level of decentralization in the government needs to be included as part of this assessment. Autonomy requires strong monitoring and evaluation, ideally by an independent regulatory body, and strong stewardship is needed from government. The governance of hospital management should also be considered at macro-, meso- and micro- levels. Clear roles, responsibilities and orientation of the board of trustees are critical to ensure a functioning board that will serve an autonomous hospital. It is important to monitor the outcomes of hospital autonomy initiatives and WHO should support

countries to develop policies for their hospital sectors and prepare them for hospital autonomy.

Attention should be given to the public–private relationship, especially combined with the rapid and huge expansion of the private hospital sector. Both public and private sector hospitals should be regulated, and the regulatory body should therefore be independent, not part of the ministry of health. A study should be conducted on the existing regulatory mechanisms for private sector hospitals. It is important to focus on the contractual arrangements and to regulate the type of information that private hospitals must provide to the government. Responsive regulation should be considered, and the private sector needs to be involved according to a regulatory framework. Political economy and the politics of countries that lead to the development of the private sector should be an area of study.

3.2 Quality and safety of in-hospital care

Dr Mondher Letaief, WHO Regional Office for the Eastern Mediterranean

The quality and safety of hospital services are serious issues in the Region. In a study conducted in seven countries, the rate of adverse events among hospitalized patients was 8.2%, of which 83% were preventable. The Patient Safety Friendly Hospital Initiative has been endorsed by some countries, for example the Islamic Republic of Iran and Palestine, and by private hospitals in Qatar, however it should be seriously considered by more countries. Only four countries in the Region have operational accreditation programmes, three of which have been accredited by the International Society for Quality in Health Care (ISQua). Other countries have started with the establishment of an accreditation programme. Three international accreditation agencies are active in the Region, in particular in Group 1 countries.

Lack of national policies and legislation, limited financial resources and expertise in various areas of quality and safety, inadequate sustainability of quality improvement programmes, inadequate quality and safety culture and resistance to change were important challenges countries face in improving quality of care. Dr Letaief indicated that further discussion was needed on the kind of measures that should be adopted to institutionalize quality and safety at different levels, specific quality improvement strategies for low-income countries and the value of accreditation/assessment, internal or external, and improved quality of care.

The participants pointed out that quality improvement is continuous, and standards continue to improve throughout the Region, therefore there should be a quality assurance department in ministries of health and a similar unit at hospital level. In fact, the introduction of standards alone and the announcement of this to hospitals can affect the quality of care. There is a need to raise awareness on good standards of care among hospital staff, and more attention should be given to quality of care by policy-makers. People's perceptions and the voices of patients should be seriously considered as integral to the quality and safety programme. It was stressed that a proper model of quality improvement for the Region and an accreditation model for each country should be defined, although some participants pointed out that accreditation is a process measure and there is no research showing that it leads to better outcomes. It is important to decide whether there should be an independent body for

accreditation or whether it should be an integral part of ministry of health infrastructure. Revalidation of licenses for health care facilities and professionals needs to be rigorously taken into consideration. Countries should be supported to identify challenges, opportunities and partners to assess and improve patient safety and quality of care at the national and district level. A “no blame” culture as opposed to increasing liability/jurisdiction of health care has to be considered, and hospital processes have to ensure the protection of all parties.

3.3 Financing of public sector hospitals

Dr Awad Mataria, WHO Regional Office for the Eastern Mediterranean

A significant variation in total per capita health expenditure is observed among the three country groups in the Region. General government expenditure on inpatient care as a proportion of government expenditure on health varies from 30% to 80% among selected countries. In most countries a mixed system exists for the financing of public hospitals. Various hospital payment methods, focusing on the “line item budget” and “diagnosis-related groups”, and their advantages and disadvantages were discussed.

The most popular payment method in the Region was the line item budget, but this was not considered effective. There have been no financial risk assessment and no well-defined budget allocation among hospitals in most of the countries. Other payment methods can be used although the limitation and technical issues involved should be considered prior to the introduction of new financing models. The Islamic Republic of Iran, Lebanon and Tunisia have tried to start planning and implementing the diagnosis-related groups system. Lebanon has both flat rate and diagnosis-related group payment methods.

Cost containment and hospital efficiency issues, inadequate information on financing of public hospitals, inadequate financial risk for hospitals and the lack of accountability for results were important issues raised. It was suggested that a review of the hospital financing set-up in the public and private sectors in the Region should be conducted. Mapping and piloting appropriate hospital payment methods and their impact on efficiency, equity and sustainability are needed. Establishing cost containment strategies, improving hospital efficiency and building the capacities of hospital managers in financial management were also recommended.

The main issues faced by hospital managers include the increasing costs of running a hospital as well as contractual arrangements with the government and insurance companies. Most hospitals in the Region lack a cost accounting and utilization review. Cost accounting is a key step, and greater focus on hospital efficiency is critical. There is insufficient information on financing of hospitals and costs of the range of services provided. It is important to know if hospital managers receive an appropriate budget to operate their hospitals; some costs are not adequately addressed in hospital budgets, such as the cost for training of clinical students or for responding to disasters/emergencies. Generally, there is a lack of hospital financial management in public hospitals and many hospital leaders are not aware of their hospital expenditure.

3.4 Hospital information and performance monitoring

Dr Hedi Achuri, Tunisia

The hospital information system includes two subsystems, management information and medical and care information. Integration of these into a single comprehensive system to attain the assigned objectives is challenging. To have an effective management information system, a written manual on management procedures and IT support are needed. The standardization and collection of medical information are difficult, but crucial to modulate the allocation of resources and negotiate care funding with funding bodies, especially new modes of payment. Dr Achuri emphasized that information on hospital performance should be relevant, valid and attributable and developed with rigorous attention from experts, managers and politicians.

The concept of performance has different meanings and applications that determine the tools and methods used to measure it. Hospital performance can be assessed in seven domains: access, utilization, efficiency, quality, equity, learning and stability. All functions within the hospital should be followed to monitor care production, operating system, financial resources consumed and revenues raised.

The key information hospital managers need to monitor hospital care management (micro-level) as well as the information policy-makers need to plan and support the hospital care management (macro-level) should be clear. Underutilization of available information in the health system is a major issue, mostly due to the existence of either unreliable data or lack of proper training on informed policy- and decision-making processes. Many countries collect large amounts of data, but a very limited number of managers use the information in their decision-making process. The level of accountability and the use of data for decision-making are very much interrelated. It was argued that combining the clinical system and the management information system is challenging, and proper software needs to be identified. Most software systems are closed and are very expensive for the public sector, thus, there is a need to focus on developing proper open software systems. There is a lack of inter-operability of the health information system due to the fact that of different information systems may be in use within a country. Some technical issues at the hospital level such as poor medical records, limited capacity to implement and use the ICD for coding and the use of various ICDs are challenges faced by hospitals related to integrating the information system. Participants emphasized that laws and regulations on electronic medical records along with the use of ICD coding should also be considered. Additionally, e-Health applications should be taken into account for improving hospital performance and management.

Many countries in the Region ask WHO to provide a list of key performance indicators to measure and monitor hospital performance at national and sub-national levels. A number of hospitals have started to use the balanced scorecards and key performance indicators; it is, nevertheless, difficult to compare the performance of hospitals in the absence of a defined integrated system.

3.5 Hospital disaster management

Dr Qudsia Huda, WHO Regional Office for the Eastern Mediterranean

In the Eastern Mediterranean Region, there is an absence of well-functioning, comprehensive, national emergency preparedness plans. Participants discussed national and hospital disaster plans, and felt that the differences between them should be clarified. Disaster planning should also be included in the architectural structure of the hospital, for example, the Japan Hospital Association advocated linking hospitals in the country for “surge capacity”. Advocacy and political commitment are necessary to ensure functional disaster plans. The lack of public awareness and the absence of an institutional approach to making hospitals resilient should also be considered. There is inadequate capacity in hospitals to deal with disasters: disaster management is a low priority for hospital managers and staff training on disaster management has been inadequate. Disasters scenarios need to be defined and the management of disasters (and importantly, the ability to mobilize resources) practised. Generally, there is a lack of hospital risk assessment.

3.6 Macro- and micro-level challenges: discussion

The key challenges were classified at macro- (policy) and micro- (management) levels. Table 1 illustrates the important components of hospital care and management at the two levels.

Table 1 Macro- and micro-level challenges to improving hospital performance in the Eastern Mediterranean Region

Macro (policy) level	Micro (management) level
<i>Hospitals beds and utilization</i>	
<ul style="list-style-type: none"> • Inadequate definition of hospital types and their function • Insufficient evidence-informed policies for hospital development and distribution • Inadequate bed density in some countries and unequal distribution of beds • Underutilization of hospital beds at district and sub-district levels 	<ul style="list-style-type: none"> • Inappropriate use of hospital beds • Weak bed management
<i>Governance</i>	
<ul style="list-style-type: none"> • Lack of accountability is a major issue • Highly centralized hospital management • Unclear position of most governments on hospital autonomy • Rapid and excessive expansion of private hospital sector • Inadequate regulation of public and private hospitals • Low level of community voice and involvement • Lack of professionalization of hospital management 	<ul style="list-style-type: none"> • Lack of leadership capacity among governing boards and hospital managers • Inadequate attention to selection and development of hospital managers

Macro (policy) level**Micro (management) level***Hospital planning*

- No systematic analysis of population needs/expectations
 - National hospital strategic planning not well established
 - Political decisions influence needs-based planning
 - Lack of well-defined essential hospital service package
 - No explicit definition of the roles of public and private hospitals in service provision
- Lack of strategic planning at hospital level
 - Lack of the role of the hospital in outpatient and diagnostic services

Referral system

- No defined catchment area
- No well-functioning referral system
- Lack of hospital networks
- Lack of management of primary health care and linkage with hospitals

Financing

- Insufficient information on financing of hospitals and cost of hospital services
 - No financial risk for hospitals in most current payment methods
 - No well-defined budget allocation among hospitals
 - Poor hospital efficiency
- Lack of capacity of hospital managers in financial management
 - Weak cost analysis and utilization review culture
 - No cost accounting system in hospitals
 - Potential corruption and misuse of hospital care

Hospital workforce

- Lack of health workforce strategic planning
 - Shortage of staff and unequal distribution
 - Limited information on hospital workforce
 - Inadequate attention to nursing management
 - High level of dual practice
- Poor human resources management
 - Lack of evidence-based management

Quality and safety

- Quality and safety as serious issues
 - Inadequate attention to quality and safety of care
 - Lack of people-centred service provision
 - Inadequate sustainability of quality and safety interventions
 - No revalidation of licenses for health care facilities and professionals
- Inadequate senior management involvement
 - Culture of blaming and shaming with no culture of learning from errors

Information management

- Gaps in valid and reliable information on hospital sector
 - Generally weak information system in terms of coverage, quality and timeliness
 - Lack of nationwide e-Health plans or strategies
 - Lack of interoperability of the health information system
 - Lack of hospital performance measurement
- Underutilization of information produced by hospital managers
 - Lack of optimal medical record system
 - Little application of the ICD in hospitals
 - Confidentiality of data as an important issue

Macro (policy) level	Micro (management) level
<i>Disaster management</i>	
<ul style="list-style-type: none"> • Lack of well-functioning comprehensive national emergency preparedness plans • Lack of public awareness • Low political commitment and communication • lack of institutional approach to make hospitals resilient 	<ul style="list-style-type: none"> • Disaster management as a low priority for hospital managers • Inadequate capacity of hospitals • Lack of hospital risk assessment • Inadequate staff training on disaster management
<i>Equipment and technologies</i>	
<ul style="list-style-type: none"> • Low capacity and commitment to rational use of health technologies in terms of assessment, regulation and management 	<ul style="list-style-type: none"> • Intermittent preventive and correct maintenance of hospital equipment

4. GOOD NATIONAL AND LOCAL PRACTICES IN STRENGTHENING HOSPITALS

4.1 Good practice on hospital management: experience of Indus Hospital

Dr Abdul Bari Khan, Indus Hospital, Karachi, Pakistan

Indus Hospital is a totally free-of-charge, high performing, 100-bed, charity hospital in Karachi, Pakistan (where out-of-pocket expenditure on health is very high). The hospital's vision is excellence in health care for all. There is no cash counter – the model is self-sustainable (from zakat and waqf). Other important features include: good governance and empowerment (system driven), a totally paperless environment, high quality services, use of new technologies for greater accessibility, a focus on research, public–private partnerships and international collaboration.

The Indus Hospital is regarded as a good example of a self-sustainable organization that has been developed using non-governmental resources. The approach can be used as a model in providing hospital and outreach services in developing countries. It can be replicated in the other countries if there is committed leadership and appropriate partnership for resource mobilization.

4.2 European experiences on the Performance Assessment Tool for Quality Improvement in hospitals

Dr Ann-Lise Guisset, WHO Tunisia

Dr Guisset introduced the Performance Assessment Tool for Quality Improvement (PATH) and its development and implementation processes in selected European countries. The tool covers six interrelated dimensions of hospital performance. It is not only for measurement and supporting actions from measurement to quality improvement: PATH can develop a culture of measurement, accountability and transparency, rather than just implementing a “one size fits all” technology. Hospitals in the selected countries reported that PATH had stimulated quality improvement activities and almost all countries indicated that prophylactic antibiotic use had been one of the indicators which had the greatest impact. Key orientations for PATH and challenges in its implementing were presented.

It was suggested that a range of indicators be defined for better hospital care and comparison of performance and that WHO should develop a set of key indicators and support their implementation within the Region. A limited number of indicators should be used to start with to measure hospital performance. The contextual situation and capacities of countries should be taken into account when hospital performance assessment system is being targeted.

5. HOSPITAL MANAGEMENT TRAINING PROGRAMME

5.1 Introduction of competency framework for hospital managers

Dr Eric de Roodenbeke, International Hospital Federation, Switzerland

Dr de Roodenbeke introduced the Global Healthcare Management Competency Directory, which has been developed through three years of broad collaborative international work. The framework helps to promote health care management professionalization and to enhance training for health care leaders. The competency directory has five key domains (leadership, communications and relationship management, professional and social responsibility, health and health care environment and business) and 27 sub-domains. It can be used for assessment of leadership and management capabilities, as a guiding tool for curriculum adaptation and development and as a template for credentialing health care managers.

The issue of the professionalization of hospital management was stressed and the impact of effective management on health care outcomes needs to be assessed. Global experiences of high-quality hospital management (and the best examples of such) should be studied and competency-based hospital management training introduced.

5.2 Hospital management training course: Indonesian experience

Dr Laksono Trisnantoro, Ministry of Health, Indonesia

Dr Trisnantoro introduced the Indonesian experience of the development of a patient-centred hospital management course over a number of years. The curriculum combined both business and clinical management issues in 5–6 blocks (putting the patient first; improving clinical performance; creating a well-functioning hospital; linking hospitals to the health care system; leading change toward improvement; design, measurement and improvement) during 3–4 semesters taught by faculty of medicine and business staff. He explained that the duration of sessions, the intervals between them and the teaching style had undergone progressive changes in response to the specific geographical and organizational characteristics and circumstances of the local area. The development of this curriculum showed the importance of the learning process in understanding patient-to-business strategy and leadership.

5.3 Hospital management training course for countries in crisis in the Region: joint collaboration between Agha Khan University and WHO

Dr Fauzia Rabbani, Agha Khan University, Karachi [via Skype]

Dr Rabbani highlighted the need for strengthening management capacity within hospitals in the Region. The joint 8-day WHO and Agha Khan University training course on hospital care management focused on hospital management challenges within the context of

disaster and complex emergencies faced by countries of the Region and covered six important areas, the role of governance in hospital management, hospital human resource management, hospital financial management, hospital quality and patient safety, hospital information systems, hospital emergency preparedness and management.

5.4 Hospital management training need assessment and outline of a proposed hospital care management training programme

Dr Hamid Ravaghi, WHO Regional Office for the Eastern Mediterranean

The great need and demand for training of hospital managers in the countries of the Region through both short- and long-term courses was highlighted. Dr Ravaghi presented the results of an on-line training needs assessment of 49 hospital managers from 10 different countries using a piloted questionnaire based on pre-defined, required, core competencies classified into five domains. The highest perceived value for training was put on financial management, operations management, linkage of hospital to the health care system, strategic planning and risk management. The lowest scores were for training in marketing, supply-chain management, knowledge of basic epidemiology, contracting out and problem-solving. According to the results of the assessment, a review of 18 hospital management training courses in various countries, a review of academic peer-reviewed articles and reports and consultation with five experts from both developing and developed countries, the outline of a 10-day training course was presented. The participants will be experienced hospital managers and qualified academic experts and the lecturing approach will be interactive.

A thorough discussion on the content and duration of the hospital management course took place. Most of the participants felt that the duration of the course should be shortened and that the content was onerous. It was suggested that greater emphasis be paid to issues related to hospital governance and leadership, and that virtual facilities could be employed to conduct courses. More collaborative work with academic institutions to plan and conduct the course was also suggested. Training of trainers could be useful to build capacities at country level and enable rapid expansion of the training course across the Region. Some participants suggested that the training needs of hospital managers in the three groups of countries were different, and a more tailor-made approach should be applied.

6. RECOMMENDATIONS

To Member States

1. Develop/strengthen the national hospital strategic plan by the formation of a task force and membership of highly qualified experts, and integrate it in the national health system policy and plan. The national hospital strategic plan should be in synergy with the regional hospital care management strategy.
2. A high-level task force should be assigned to develop an essential hospital service package based on capacity, infrastructure and needs of the country and oversee/monitor and support improving hospital care management at national level.

3. Define and ensure essential levels of service delivery for all country hospitals through involvement of all relevant actors and community representatives.
4. Ensure the availability and accessibility of hospital beds and services based on the population needs assessment.
5. Develop hospital service delivery profiles that are culturally appropriate and acceptable and technically feasible based on the country capacity and health system infrastructure.
6. Allocate resources, including funds, human resources and technology, for all hospitals on the basis of defined service levels.
7. Create a responsive hospital networking mechanism, interconnected to primary health care service delivery on the basis of defined services levels.
8. Promote and build the capacities of policy-makers and managers on hospital governance.
9. Support the development of an effective national plan for human resources management at the hospital level.
10. Regulate public and private hospitals through an independent body.
11. Improve hospital financial planning and management and hospital efficiency using macro- and micro-level strategies.
12. Revise the selection criteria and qualifications needed for hospital managers and organize condensed managerial courses to ensure hospital effectiveness and efficiency.
13. Institutionalize quality and safety and scaling-up of people-centred health care services using the WHO Patient Safety Friendly Hospital Initiative assessment tool.
14. Provide resources to seek out, identify and document evidence-based practices.
15. Improve the hospital information system, particularly the medical records system, through the development of relevant tools and guidelines, providing the required supplies and equipment, and capacity-building activities related to data collection, recording, analysis, reporting and feedback.
16. Develop or scale up the national hospital disaster management plan (in particular the hospital preparedness plan).
17. Use the Hospital Safety Index to assess safety and capacity to respond to disasters.
18. Develop strategies for including the voice of patients in quality and safety of care using relevant WHO guidelines and regional experience.
19. Develop a set of core indicators to assess the performance of hospitals.

Proposed priority areas of work for WHO

20. Create a task force/network of experts for hospital care and management.
21. Continue to enrich hospital situation analysis in the Region.
22. Develop and organize a short capacity development course for hospital managers.

23. Develop better working collaboration among the Regional Office, WHO country offices, and national focal points for hospital care and management.
24. Develop an evidence-informed regional hospital strategy, present it in an intercountry meeting, and have it endorsed by the Regional Committee.
25. Develop tools and undertake an in-depth review of selected public sector hospitals in countries and help develop hospital strategic plans.
26. Develop a set of hospital performance indicators and pilot it in selected countries.
27. Develop policy briefs in key areas such as hospital autonomy, hospital financing and financial management, rational use of technologies in hospitals, etc.
28. Promote more applied research on hospital care and management.

Annex 1**PROGRAMME****Monday, 6 April 2015***Inauguration and Technical session 1: Hospital care and management*

08:00–08:30	Registration	
08:30–09:00	Remarks by Dr Ala Alwan, Regional Director, WHO Eastern Mediterranean Regional Office Objectives and expected outcomes Introduction of participants	<i>Dr Mohammad Assai, WHO</i>
09:00–09:20	Situation analysis of public sector hospitals in the Eastern Mediterranean Region	<i>Dr Hamid Ravaghi, WHO</i>
09:20–10:30	Discussion	

*Technical session 2: Challenges, priorities and experiences on improving hospital performance and management in the Region**Chair: Dr Sameen Siddiqi, Director Health System Development, WHO*

11:00–12:00	Hospital governance	<i>Presenter: Dr Hamid Ravaghi; Discussant: Dr Mohammed Abuhabsha</i>
12:00–13:00	Quality and safety of in-hospital care	<i>Presenter: Dr Mondher Letaif; Discussant: Dr Qasem Ahmed Al Salmi</i>
14:00–14:45	Financing of public sector hospitals	<i>Presenter: Dr Awad Mataria; Discussant: Dr Edward Chappy</i>
14:45–15:30	Hospital information and performance monitoring	<i>Presenter: Dr Hedi Achouri; Discussant: Dr Kalthoum Albalochi</i>
15:45–16:30	Hospital disaster management	<i>Presenter: Dr Qudsia Huda; Discussant: Dr Jane Shaw</i>
16:30–17:30	Challenges and priorities for improving hospital performance in the Region Panel/open discussion	<i>Dr Sameen Siddiqi, Dr Hedi Achouri, Dr Edward Chappy, Dr Eric de Roodenbeke</i>

Wednesday, 22 April 2015*Technical session 3: Good national and local practices in strengthening hospitals**Chair: Mr Antoine Romanos, Section Head, Public Hospitals, Lebanon*

08:30–08:45	Recap of Day 1	
08:45–09:00	Good practice on hospital management: experience of Indus Hospital, Pakistan	<i>Dr Abdul Bari Khan, Indus Hospital, Karachi</i>
09:00–09:15	European experiences on performance assessment tool for quality improvement in hospitals	<i>Dr Ann-Lise Guisset, WHO Tunisia</i>
09:15–10:00	Discussion	

*Technical session 4: Hospital management training programme**Chair: Dr Thomas Dessoify, Leeds University*

10:30–10:45	Introduction of competency framework for hospital managers	<i>Dr Eric de Roodenbeke, International Hospital Federation, Switzerland</i>
10:45–11:00	Hospital management training course: Indonesian experience	<i>Dr Laksono Trisnantoro, Ministry of Health, Indonesia</i>
11:00–11:30	Discussion	
11:30–12:00	Hospital management training course for countries in crisis in the Region: joint collaboration between Agha Khan University and WHO	<i>Dr Fauzia Rabbani [via skype], Agha Khan University</i>
12:00–12:15	Hospital management training needs assessment and outline of a proposed hospital care management training programme	<i>Dr Hamid Ravaghi, WHO</i>
12:15–13:00	Discussion	
14:00–15:00	Summary of discussions Challenges, priorities and strategic directions for hospitals in the Region Consensus on content and outline of training programme for hospital managers	<i>Dr Mohammad Assai, WHO; Dr Hamid Ravaghi, WHO</i>
15:00–15:30	Future actions and commitment Closing remarks	<i>Dr Sameen Siddiqi, WHO</i>

Annex 2

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