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WORKSHOP ON HEALTH SERVICES ADMINISTRATION

Athens, 20-24 June 1983

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 COURSE

A. Introduction

The purpose of the visit was to conduct a Workshop on Health Services Administration, organized by the Central Health Council, Ministry of Health and Welfare, in collaboration with the WHO Regional Office for Europe. The objectives of the Workshop were:

- to elaborate a situation analysis of the present status of hospital/health services administration in Greece; and
- to develop a short- and medium-term set of recommendations for improving the existing situation taking into account the present policies of the Greek Government.

It quickly became apparent that few of the participants in the Workshop were fluent in English. All contributed to the discussions in Greek, whilst the consultants spoke English. This arrangement made great demands on the translators, but they did a magnificent job. We are satisfied that, as a result of their efforts, linguistic communication between the consultants and the participants was excellent.

The consultants believe that the Workshop was successful, and this view was confirmed by the warm comments of the participants during the closing session. The latter were hopeful that a number of the initiatives proposed during the Workshop would be pursued vigorously.

B. Methods and approach

The participants had no experience of the workshop approach. At first, they showed reluctance to work in subgroups, and during the first day we were pointedly asked when we would begin to teach. From the second day onwards, however, a method of working was evolved which proved satisfactory to both consultants and participants. Each day two subgroups would debate questions suggested by the consultants and then present their reports in plenary session; the consultants took an active part in these plenary discussions. Each subgroup report was immediately translated into English and typed by our hardworking and efficient secretariat, so that the Workshop had a day-to-day record of progress. Between each of these sessions one of the consultants made a short presentation on a topic previously requested by the participants or agreed by them to be relevant. These presentations - on aspects of the British and Canadian health care systems and on approaches to information, planning and evaluation - were always followed by lively and prolonged discussion.

C. Report by Workshop participants

The following presentation of the report prepared by Workshop participants and agreed at the final session includes some comments added at the time by the consultants, with the knowledge of the Workshop participants.

1. Aims of the health care system, with special reference to hospitals

1.1 Issues

The Workshop felt it important to stress that it is the responsibility of the State to see that all citizens, independent of their financial, social and residency conditions, have access to hospital care of acceptable quality according to their particular needs.

1.2 Recommendations

The Workshop agreed with the proposal promoting the idea of a gradual decentralization of hospital services so that local needs are met. The major issue here is the problem of accessibility, both socioeconomic and geographical. There exist considerable discrepancies between occupational and socioeconomic groups as far as health insurance coverage is concerned. Thus, the recommendation for the creation of a unique national insurance system is aimed at eliminating the socioeconomic inequalities.

Geographic accessibility problems result from the uneven distribution of resources. The Workshop welcomed the idea that hospitals will have to play an important role here, since they will have to coordinate primary care (health centres) as well as hospital care on a geographical basis. This community "responsibility", added to the traditional role of the hospital, will require that the administration accept and understand this new function, and also that the structure of the hospital be adapted to these community services.

2. Management structures

2.1 Issues

The Workshop welcomed the general direction of the changes currently being planned by the Government, including the establishment of regional health councils (PESY) and boards of governors with the membership suggested in the new Health Bill. At some points in the Workshop, different views were expressed on the long-term implications of these proposals for some health service roles.

In the short term, it will be necessary to define accurately the responsibilities attached to each level of administration. Later, the improvements in health care that result from the proposed changes must be carefully evaluated.

2.2 Recommendations

(a) Board of governors

Role: to prepare plans and ensure the implementation of these plans.

Membership: hospitals with up to 300 beds should have five member boards; hospitals with more than 300 beds should have seven member boards.

Boards with five members should include:

- two members appointed by the ministry;
- one member appointed by local government;
- one physician elected by the medical staff;
- one member of nonmedical staff, elected by the nonmedical staff.

Boards with seven members should include:

- three members appointed by the ministry;
- two members appointed by local government;
- one physician elected by the medical staff;
- one member of the nonmedical staff, elected by the nonmedical staff.

Chairmen: In five member boards, the chairman should be full-time; in seven member boards, the chairman and vice-chairman should be full-time.

Chairmen should be responsible for:

- policy and planning issues;
- representing the board in dealing with the other bodies;
- major administrative and financial matters.

Chairmen must therefore be able to fulfil the following requirements:

- be able to understand and control health service finances;
- be able to collaborate with all personnel, and particularly medical staff;
- have the capacity to analyse and synthesize information about the procedures and performance of the hospital and its associated health centres.

Vice-chairmen: The vice-chairman should with the agreement of the chairman of the board, assume some of the responsibilities of the chairman and deputize for him in his absence.

(b) Administrative directors

The duties of the administrative director should be clearly defined. In the first instance, the post should be filled for a limited period.

(c) Executive committees

Executive committees should be established in each hospital, with the following approximate composition:

- administrative director (chairman);
- chairman, scientific committee (see below);
- finance department supervisor;
- technical services supervisor;
- housekeeping supervisor;
- matron;
- maintenance supervisor.

The executive committee would manage the implementation of plans agreed by the board and propose alternative approaches where necessary.

(d) Scientific committees

Scientific committees should each consist of five to seven members elected by the medical staff of the hospital and its associated health centres.

Their responsibilities would be to review, coordinate and evaluate work in the medical area (surgical, medical, laboratory and psychiatric) and general medical policies. They would be expected to report regularly to their boards and to make suggestions to the boards for improvements in care.

The long-term aim behind this proposal is to secure a more active participation by doctors in health service planning and decision-making.

(e) Advisory committees

With the prospect of socialization of various organizations (according to government policy), and to secure more active participation by health service staff, the following advisory committees are proposed:

- finance committee;
- committee on working conditions;
- committee on social matters.

Elected representatives of medical, administrative, nursing and other staff would serve on these committees.

The long-term aim is to create an improved climate of personnel relations in the health services.

(f) General and long-term recommendation

There should be further study of management arrangements with particular reference to two interrelated and problematic issues:

- the administrative relationship between the chairman and the administrative director;
- the future status and responsibilities of the administrative director.

2.3 Consultants' comments

There are three general issues that need urgent consideration and are illustrated in the specific proposals above:

(a) The need to clarify the respective functions of boards of governors and administrators. It may be helpful if we distinguish between the essentially policy-making role of the former and the essentially executive role of the latter. (We recognize that these processes are to some extent interdependent, but the distinction may be a useful way of illuminating the functional differences between the two groups.)

(b) The need to find new ways of involving doctors in management, as exemplified by the above comments on the enhanced role of the scientific committee.

(c) The need to devolve some executive decisions to middle and junior levels of management, thereby freeing senior staff for strategic planning and decision-making.

Finally, in our view, it is possible to attach too much importance to structural change as a means of obtaining improvements in health care. We advocate an evolutionary approach in which organizational changes are accompanied by efforts to encourage key individuals to act as agents of change and improvement. This may be particularly relevant to the part that doctors might play in health service management.

3. Planning, information and evaluation

3.1 Issues

Workshop members unanimously agreed with the view that there are great deficiencies in the information available in hospitals, both in terms of quantity and quality, and that this certainly constitutes a major obstacle preventing the administration from fulfilling its functions of planning and evaluation.

3.2 Recommendations

The long-term aim should be for hospitals to develop a computerized system for information and recruit specialized personnel in this area; it would probably be justified to consider the creation of a service responsible for the setting-up and functioning of this system.

In the short term, the Workshop's recommendations concerned the following.

(a) The type of information needed for increasing the efficiency of management:

- data concerning the inputs (i.e. the resources): human resources (number of personnel by category, by unit of care, etc.); physical resources (supplies, storage, equipment); financial data;
- data concerning the utilization of resources: bed occupancy ratio; length of stay by diagnosis; laboratory tests, X-rays and drugs.

(b) Means of implementing information systems:

- the establishment of organized and well staffed services of archives for compiling information extracted from medical records;
- technical services and aids by computers, reports, etc.;
- operations research and analysis using administrative data on resources and utilization to assess performance.

(c) Characteristics of such systems:

- reliability: checks will have to be done systematically to test the reliability of the information;
- diffusion: information will need to be available to the personnel who need it to accomplish their function, and not kept by a few people to maintain their power;
- standardization: standard methods for collecting the information and analysing it should be required from all hospitals so that comparisons between hospitals can be possible.

3.3 Consultants' comments

(a) We suggest that an important preliminary step would be to assess the actual situation with regard to the information that is collected in hospitals and the way it is used.

(b) Information is a prerequisite to planning and evaluation activities. For the progressive implementation of a hospital information system, it is wise to begin with the easiest steps and then to build on this base. Our suggestion would be to start with resources (financial, physical and manpower), then move to processes (utilization data) and finally to outcomes.

(c) Concerning evaluation, some recommendations should be made for evaluation of the quality of care through peer review and medical audit. This is also consistent with the idea of involving physicians in hospital administration. A short-term recommendation would be to send some people abroad to see how this type of evaluation could be done and to what extent it could be adopted in Greece. A longer term objective would, of course, be the implementation of such a system.

(d) A final recommendation: the computer is only one component of an information system. It provides powerful technical support for stocking and analysing a large mass of data. However, it is important that a great deal of thinking be given to what type of information is needed to fulfil efficiently the managerial functions before implementing the system.

4. Manpower

4.1 Issues

(a) With respect to doctors, the total number is largely sufficient. The problems are:

- the high proportion of specialists compared to general practitioners;
- their uneven distribution, mainly the discrepancy between urban and rural areas.

(b) The number of fully trained nurses is very low compared to other countries. This may have an impact on the quality and the productivity of caring services because of the lack of coordination of care provided in hospitals. In general, the qualifications of the auxiliary personnel providing nursing care are deficient.

(c) Administrative personnel are deficient both in quantity and the quality of their training.

(d) For other categories of personnel, the number is sufficient and perhaps too numerous, but there are problems with regard to their qualifications and age.

4.2 Recommendations

The Workshop's short-term recommendations are to:

- implement "on the job" training programmes for auxiliary nursing personnel;
- increase the number of nursing students entering nursing schools;
- ensure that nursing personnel perform only nursing tasks, i.e. that they are appropriately utilized;

- promote the important social role of nurses and upgrade their professional status and image;
- introduce special postgraduate training programmes in primary care for specialists who would like to change their specialty;
- in the short run, hire university degree holders in economics and administrative related disciplines (selection should be done by the boards of governors, and not the ministry, so that local needs can be better met; these posts should be open, in addition to existing ones).

The Workshop's long-term recommendations are to:

- develop nursing programmes and add resources in that sector by opening new nursing schools, especially in remote areas);
- improve the long-term planning of manpower needs in hospitals so as to ensure that personnel are selected for specific tasks according to the needs of the hospital;
- develop evaluation procedures to increase productivity of personnel.

4.3 Consultants' comments

(a) One of the most important problems is the lack of qualified nursing personnel.

(b) Most of the manpower problems are related to management deficiencies. Selection of personnel must be by objective criteria based on task requirements.

(c) Improving the qualifications of administrative staff and the supervision of personnel is likely to solve a great part of the problems related to manpower.

5. Management education and development

The Workshop attached high priority to the continuing education of all health service personnel with management responsibilities.

As an early step, an intensive seminar programme for selected staff is recommended. There is a particular need to encourage a broader appreciation than exists at present of economic, statistical and computer science techniques and applications.

One short-term problem is that some of those currently occupying senior posts need special training, in particular in modern concepts and methods, and priority should be given to those in this category.

Another suggestion is that a seminar be planned at which key policy-makers in the health service are helped to explore certain critical issues, e.g.:

- the significance for the health services as a whole of developments in primary health care;
- the board member/administrator relationship;
- health service information, performance and evaluation;
- the role of the physician in management;
- teamwork and interprofessional relations in health services.

Such a seminar would require careful preparation by both tutors and participants. It could draw on both overseas and Greek academic resources. International comparisons would be used to illuminate Greek issues. Whilst key theoretical concepts relevant to health service management would be used (including ideas from the economic, social, quantitative and epidemiological sciences), the basic approach would be to explore issues currently relevant to the Greek health services, rather than academic subjects per se.

An important secondary aim of such a seminar would be to identify and develop local academic staff able to make a lasting contribution to health service management education and development in Greece.

There are two important long-term issues:

- (1) to strengthen the basic professional education of health service administrators;
- (2) to develop an effective management education programme for health service staff.

Under the first heading, the Workshop noted that throughout Europe the education of health service administrators is becoming more rigorous and linked to professional qualifications.

Under the second heading, the Workshop recognized that, in the long term, effective management education and development depends on sound management practices within the employing organization. Courses and seminars, as suggested above, should represent a conscious and selective building on that foundation.

We therefore recommend that action be taken to establish a management development strategy that includes coaching of junior staff by the seniors, staff development and performance reviews, exchange visits, participation in special projects, etc., as useful and economical complements to the more traditional methods such as courses and seminars.

Postscript

(The following additional recommendation was drafted and agreed by Workshop participants during the final session)

There is a necessity to develop a scheme for studying the various problems of the hospitals, in groups on a continuous basis and coordinating various attempts and efforts for more efficient and effective solutions. In order to achieve this the Workshop thought that various interhospital committees should be established. The issues that these committees could cover are:

- financial;
- supplies;
- administrative;
- technical;
- organizational;
- educational;
- social.

The benefits gained from such cooperation are considered important, as difficulties related to bureaucratic, financial and organizational matters will be overcome jointly rather than individually.

D. Consultants' conclusions and recommendations

1. The relationship of the Greek hospital administration with the rest of the health care system

Our impression was that hospital administration in Greece is isolated in three important respects, as follows.

(a) From a clear view of the total health care system: workshop participants tended to discuss the hospital sector as a system in itself rather than as an element of the total health care system. They found it difficult, for example, to understand the social and financial implications, real and potential, of the primary care/hospital relationship.

(b) From understanding of practice in other countries: participants in the Workshop knew little of other health care systems, but were most anxious to learn about relevant aspects: primary care provision; organizational arrangements, with particular reference to the role of the doctor in management; approaches to planning, information and evaluation; methods of funding.

(c) From an understanding of basic concepts in health service management and public administration: they knew little, but were again keen to learn, about ideas pertaining to the policy-making and executive processes, planning models, the distinction between power and authority, etc.

We will cite one major example to show how hospital/health service administration in Greece is handicapped by these cognitive limitations. A central issue at the Workshop was the relationship between the role of the chairman of the board of governors and that of the administrative director. Participants passionately and repeatedly debated whether or not chairmen should hold full-time appointments and, if so, whether the post of administrative director should be abolished. We are sure that one of the reasons why little progress was made on this issue was that none of the participants had a clear grasp of the underlying organizational and administrative choices. An associated contributory factor is that Greek public administration has certain political characteristics that make it unwise to assume the prevalence of some bureaucratic/structural features that are largely taken for granted in most countries in North America and north-western Europe, e.g. that the primary criterion for appointment or promotion to an administrative position is technical competence.

2. Recommendations for collaboration with WHO

(a) A comprehensive emphasis. The interdependence of the four elements on the Greek/WHO collaboration programme should be stressed, and they should be pursued in a coordinated manner. Both the Greek participants and the WHO consultants involved in each element should be informed of what is being done in the other components.

(b) A continuing rather than episodic emphasis. Short interventions by different WHO consultants are, in our view, likely to have little impact. The cumulative benefits of a continuing relationship between particular consultants and key figures in the Greek health service administration should

be considered. A secondary advantage of this approach would be that it would become easier to identify, involve in the learning process and develop local academic resources.

(c) An approach which pays particular attention to certain critical features of the Greek health care system. There are three features - interdependent in our view - that merit particular attention:

- the relationship between primary and hospital care;
- productivity, cost effectiveness and cost control in hospitals;
- the role of administrator.

(d) Short-term recommendations

- Visits: a number of those involved in Greek health service administration should be encouraged to observe and understand health care systems in other countries (we hope that section D.1. above makes clear the purpose of such visits and possible areas for investigation);
- Seminar: we endorse the specific proposal by the Workshop participants that there should be a seminar to explore selected issues (their detailed recommendations are set out in section C.5. above).

3. Community medicine and hospitals

According to the Government's proposals, Greek hospitals are to play a major role in coordinating all health provision, including primary care and public health services, on a geographic basis. Furthermore - although this was not fully discussed at the Workshop - departments of social medicine, to be created in each hospital, will probably assume this coordinating responsibility. One of their major tasks will be to ensure that all services provided by the hospital meet the needs of the community.

We believe that more thought should be given to the role and status of this department within the hospital structure. Although we did not have the time to form a clear view of the situation prevailing in Greece with regard to public health and community medicine, we understand that the School of Public Health in Athens has somewhat traditional programmes and that departments of community medicine in medical schools are not well developed.

The creation and development of departments of social medicine within hospitals will create demands upon teaching institutions. Given the limited resources of Greece in this area, and the requirement to integrate public health in hospitals and primary care, some thought should be given to the integration of public health training programmes in medical schools rather than maintaining them in schools of public health.

E. Acknowledgements

We should like to express our sincere thanks to the excellent translators and the very efficient secretariat, whose work greatly assisted the running of the Workshop.

The atmosphere at the Workshop was happy, relaxed and industrious. We worked long hours, and in the evenings we were comprehensively entertained by the Workshop participants, which we very much appreciated.

Annex 1

PARTICIPANTS IN THE WORKSHOP

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Annex 2

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Hospital/Health Services AdministrationIndex: PHA
COURSE

Greece - June 1984 - Pineault/Williams

WORKSHOP ON HEALTH SERVICES ADMINISTRATION

Recommendation	Action by	Comments
1 <u>Hospitals:</u> Hospital services should gradually be decentralized, so that local needs are met (C.1.2).	Ministry of Health	
2 <u>Management structures:</u> (1) Define accurately the responsibilities of each level of administration. (2) Evaluate the improvements in health care that result from the proposed changes (C.2.1, C.2.2).	" " " " " "	
Consultant's comments: (1) Clarify the respective functions of boards of governors and administrators. (2) Find new ways to involve doctors in management. (3) Devolve some executive decisions to middle and junior levels of management, to free senior staff for strategic planning and decision-making (C.2.3).	" " "	
3 <u>Planning, information and evaluation:</u> Hospitals should develop a computerized system for information and recruit specialized personnel in this area (C.3.2).	Ministry of Health/ EIS/EURO	
The consultants recommend assessing the current situation and aiming at progressive implementation of a hospital information system, building it up gradually. The quality of care should be evaluated through peer review and medical audit. This should be studied abroad (C.3.3).	PHC/EURO	

Recommendation	Action by	Comments
<p>4 <u>Manpower:</u> <u>Auxiliary nurses:</u> improve training programmes. <u>Nurses:</u> develop nursing programmes; increase the number of student nurses; create more nursing schools; ensure appropriate utilization of nurses; promote the important social role of nurses and upgrade their professional status and image. <u>Doctors:</u> introduce special postgraduate training programmes in primary care for specialists who would like to change their specialty; <u>Administrators:</u> in the short-term hire holders of degrees in economics and administrative related disciplines. (C.4.2)</p>	<p>Ministry of Health/ NURS/EURO</p> <p>MPM/EURO</p> <p>Ministry of Health</p>	
<p>Consultants' comments: (1) Most of the manpower problems are related to management deficiencies. Selection of personnel must be by objective criteria based on task requirements. (2) Improving the qualifications of administrative staff and the supervision of personnel is likely to solve many of the manpower problems. (C.4.3).</p>		
<p>5 <u>Management education and development:</u> The Workshop attached high priority to the continuing education of all health service personnel with management responsibilities. An intensive seminar for selected staff is recommended. There are two important long-term issues: (1) to strengthen the basic professional education of health service administrators; (2) to develop an effective management education programme for health service staff. (C.5)</p>	<p>Ministry of Health/ EURO (CHP, MPM)</p>	

Recommendation	Action by	Comments
6 <u>Recommendations for collaboration with WHO:</u>	EURO (DDH, PLA)	
(1) <u>A comprehensive emphasis.</u> The interdependence of the four elements of the Greek/WHO collaboration programme should be stressed, and they should be pursued in a coordinated manner (D.2).		
(2) <u>A continuing rather than episodic emphasis.</u> The cumulative benefits of a continuing relationship between particular consultants and key figures in the Greek health service administration should be considered. A secondary advantage of this approach would be that it would become easier to identify, involve in the learning process and develop local academic resources (D.2).		
(3) <u>An approach which pays particular attention to certain critical features of the Greek health care system.</u> - The relationship between primary and hospital care; - productivity, cost effectiveness and cost control in hospitals; - the role of administrator. (D.2)		
(4) <u>Short-term recommendations</u> <u>Visits:</u> e.g., as in recommendation 3 above. <u>Seminar:</u> we endorse the specific proposal by the Workshop participants (recommendation 5 above)		
7 <u>Community medicine and hospitals</u> The creation and development of departments of social medicine within hospitals will create demands upon teaching institutions. Some thought should be given to the integration of public health training programmes in medical schools rather than maintaining them in schools of public health (D.3).	EURO (MPM, PHC)	