HEALTH CARE MANAGEMENT
Four man army
It is not an assembly where there are no elders. They are not elders if they do not teach Dharma. It is not Dharma if it does not contain truth. It is not truth at all if it is charged with deceit.
WE ARE INTO A WAR

ON POVERTY, DISEASE AND IGNORANCE
WAR CRY

No man shall want for what Medicine can readily do.
MANAGEMENT
In Traditional Management, the Top Management provides strategy, guidance & direction for implementation. In Contemporary Management, Managers and employees contribute to the Company's growth and Top Management provides support and guidance.
SERVICE COMPONENTS OF HEALTH CARE

1. Maintenance and promotion of Health
2. Prevention of disease
3. Cure of Disease
4. Rehabilitation to social usefulness
PREREQUISITES

• Health Education for maintenance of Health and Prevention of illness
• Social Security to ensure minimum standard of living
• Housing
• Adequate Nutrition
• Community Centres to provide adequate mental, social and physical recreation.
Medical Care in Developing Countries

Provides a major challenge.
Has a very distinctive quality.

1) That medical care in developing countries differs sharply from medical care in industrial ones.
2) That its main determinant is poverty rather than a warm climate.
3) That it is a subject of the greatest importance.
4) That it is possible to gather together a certain body of knowledge as to how this challenge is best met.
MAJOR AXIOMS OF MEDICAL CARE IN DEVELOPING COUNTRIES

1. The medical care of the common man is immensely worthwhile.

2. Medical care must be approached with an objective attitude of mind which is free as far as possible from preconceived notions exported from industrial countries.

3. The maximum return in human welfare must be obtained from the limited money and skill available:
   a. In estimating this return means must not be confused with ends.
   b. Medical care must be adapted to the needs of an intermediate technology.
THE PATTERN OF A MEDICAL SERVICE

A medical service must be organized to provide for steady growth in both the quantity and the quality of medical care.

Patients should be treated as close to their homes as possible in the smallest, cheapest, most humbly staffed and most simply equipped unit that is capable of looking after them adequately.
Some form of medical care should be supplied to all the people all the time.

In respect of most of the common conditions there is little relationship between the cost and size of a medical unit and its therapeutic efficiency.

Medical care can be effective without being comprehensive.
Medical services should be organized from the bottom up and not from the top down.

The health needs of a community must be related to their wants.
THE ROLE OF THE DOCTOR AND THOSE WHO HELP HIM

The role a doctor has to play in a developing country differs in many important respects from that he plays in a developed one.

The role played by auxiliaries is both different and more important in developing countries than in developed ones.
THE ROLE OF THE DOCTOR AND THOSE WHO HELP HIM (contd.)

All medical workers have an educational role which is closely linked to their therapeutic one.

a) Skilled staff members have a duty to teach the less skilled ones.

b) All medical staff have a teaching vocation in the community they serve.
THE ADAPTATION OF MEDICAL CARE TO LOCAL CONDITIONS

In developing countries medical care requires the adaptation and development of its own particular methodology.

Medical care and the local culture are closely linked—
1. Medical care must be carefully adapted to the opportunities and limitations of the local culture.
2. Where possible medical services should do what they can to improve the non-medical aspects of a culture in the promotion of a ‘better life’ for the people.
ART OF MANAGEMENT

The technique of establishing goals, detailed plans and then insuring those plans are met.

Preparation in concert with all those concerned by a detailed plan for activity and then a month-to-month measurement of performance against that plan.

G T Scharffenberger.
RAISON E’TRE FOR MANAGEMENT

WITHOUT KNOWLEDGE ACTION IS USELESS.

ABU BARR SODIQUE

IQUOTEPICS.COM
“There can be no knowledge without emotion. We may be aware of a truth, yet until we have felt its force, it is not ours. To the cognition of the brain must be added the experience of the soul.”

Arnold Bennett
Rigorous effort must be directed to documenting and measuring consequences of investment in Health Care. Results are compared with those forthcoming from all other expenditure alternatives.
An acronym representing the functional responsibilities of a chief executive officer, as formulated by Luther Gulick and Lyndall Urwick in their 1937 paper on administrative management theory. The acronym stands for Planning, Organizing, Staffing, Directing, Coordinating, Reporting, and Budgeting.
Division of Work

Specialization allows the individual to build up experience, and to continuously improve his skills. Thereby he can be more productive.
Authority.

The right to issue commands, along with which must go the balanced responsibility for its function.
Discipline.

Employees must obey, but this is two-sided: employees will only obey orders if management play their part by providing good leadership.
Unity of Command.

Each worker should have only one boss with no other conflicting lines of command.
Unity of Direction.

People engaged in the same kind of activities must have the same objectives in a single plan. This is essential to ensure unity and coordination in the enterprise. Unity of command does not exist without unity of direction but does not necessarily flows from it.
Subordination of individual interest

Subordination of individual interest to the general interest.
Management must see that the goals of the firms are always paramount.
Remuneration.

Payment is an important motivator although by analyzing a number of possibilities, Fayol points out that there is no such thing as a perfect system.
Centralization or Decentralization

This is a matter of degree depending on the condition of the business and the quality of its personnel.
Without decentralizing and liberalizing administration, Community Development Programmes will inevitably be hindered or frustrated completely.
Scalar chain (Line of Authority).

A hierarchy is necessary for unity of direction. But lateral communication is also fundamental, as long as superiors know that such communication is taking place. Scalar chain refers to the number of levels in the hierarchy from the ultimate authority to the lowest level in the organization. It should not be over-stretched and consist of too-many levels.
Both material order and social order are necessary. The former minimizes lost time and useless handling of materials. The latter is achieved through organization and selection.
Equity.

In running a business a ‘combination of kindliness and justice’ is needed. Treating employees well is important to achieve equity.
Stability of Tenure of Personnel.

Employees work better if job security and career progress are assured to them. An insecure tenure and a high rate of employee
Allowing all personnel to show their initiative in some way is a source of strength for the organization. Even though it may well involve a sacrifice of ‘personal vanity’ on the part of many managers.
Esprit de Corps.

Management must foster the morale of its employees. He further suggests that: “real talent is needed to coordinate effort, encourage keenness, use each person’s abilities, and reward each one’s merit without arousing possible jealousies and disturbing harmonious relations.”
HEALTH CARE AND MEDICAL SERVICES

1. Personnel and facilities
2. Administrative Organization
3. Financial resources regulating quality and quantity of first two.
PRAGMATIC APPROACH

Improved use of present day personnel, facilities and Health Care Resources

One Possible solution: Integrated Health Unit
ORGANIZATIONAL FOCUS FOR INTEGRATED HEALTH UNIT

1. Hospital beds
2. Ambulatory care facilities
3. Facilities for preventive services
4. Welfare services
HOSPITAL

• An Institution which provides Welfare, preventive, ambulatory services, home care as well as PATIENT CARE
The levels of health achieved by populations are seriously below what could be obtained
Neither managers nor public health professionals appear to be doing a good job in improving the public’s health.
Substantive health gains for the population can indeed be achieved through new approaches to health promotion and disease prevention.
More attention has been devoted to analysing problems rather than to action addressing them.
health care almost always wins out in the competition for resources – even when governments proclaim their commitment to health and prevention they often fail to back it up by shifting resources
Health is not core despite the political rhetoric that surrounds it.
Healthy communities tend to attract investment and unhealthy ones do not. But Governments in general, are unaware of these issues.
The public health function in many countries suffers from marginalization in terms of national and local policy and from lack of leadership.
Key issues for PHM at a strategic policy level

1. Vision
2. Political leadership for health
3. Central government policy-making approaches that support the vision and provide leadership
4. Delivery mechanisms through regions, localities and communities that serve as instruments for implementation.
Health care systems tend to suffer from a dysfunctional intermingling of politics and management so that structures and systems emerge which are less than optimal.
INTEGRATION OF SERVICES

Integration of Primary Care and Public Health (Position Paper)

http://www.aafp.org/about/policies/all/integprimarycareandpublichealth.html/accessed on 46/4/2017
HORIZONTAL AND VERTICAL INTEGRATION

Effective delivery requires cross-service and cross-agency approaches with horizontal integration at the local, regional, national and international levels and vertical integration of these levels.
PREREQUISITES FOR IMPROVING QUALITY OF PRACTICE

• **Information** – evidence of what works and good practice that is tailored to local needs

• **Communication** – helping local agencies to see the links between their activity and the national public health framework

• **Training and capacity development** – taking account of the diversity of organisations, disciplines and professional cultures involved in the new public health

• The *development of evidence-based standards*
NEW ZEALAND MODEL OF DISTRICT HEALTH SYSTEM

The hospital is intended to become a resource facility – a supply of resources upon which to draw.

Primary care is the driver of the delivery system.

Services – primary, secondary (including public health) – are all population based.
Distinguishing features of public health management

1. is multi-sectoral and professional
2. combines knowledge and action
3. has epidemiology at its core
4. is influential across all health determinants
5. involves public health reporting, leading to health strategy development
6. communicates with politicians, professionals and the public
7. is influential organisationally and financially
8. lies at the heart of the civic society.
MANAGEMENT TECHNIQUE AT different levels

<table>
<thead>
<tr>
<th>Level of Management</th>
<th>Activeness of Management</th>
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<tbody>
<tr>
<td>Passive: Regulatory</td>
<td>Service-providing</td>
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<tr>
<td>Lower: Functioning</td>
<td>Network analysis</td>
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<tr>
<td>Short-term</td>
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<tr>
<td>Middle: Structural</td>
<td>Information systems and record linkage</td>
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<td>Medium-term</td>
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<tr>
<td>Higher: Organization</td>
<td>Technological forecasting</td>
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<tr>
<td>Long-term</td>
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STATISTICAL TRENDS
EXAMPLE OF NETWORK ANALYSIS
LEADERSHIP AND MANAGEMENT IN HEALTH SYSTEMS
Talents differ; all is well and wisely put;
If I cannot carry forests on my back,
Neither can you crack a nut.

(Ralph Waldo Emerson)