



**USAID**  
FROM THE AMERICAN PEOPLE

# TECHNICAL SUPPORT FOR HOSPITAL GOVERNANCE/ STANDARDS OF CARE TECHNICAL REPORT

October 23<sup>rd</sup>, 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by David E. Gagnon for the Enabling Equitable Health Reforms Project

**Recommended Citation: Recommended Citation:** Gagnon, David. October 2012. *Technical Support for Hospital Governance and Standards of Care*, Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.

**Contract No.:** 182-C-00-10-00104-00  
**Submitted to:** Dr. Agim Koçiraj  
Health Specialist  
EEHR Contracting Officer's Technical Representative  
USAID/Albania

# TECHNICAL SUPPORT FOR HOSPITAL GOVERNANCE/ STANDARDS OF CARE

## TECHNICAL REPORT

### **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government



# CONTENTS

<b>Acronyms</b> .....	<b>v</b>
<b>Executive Summary</b> .....	<b>vii</b>
<b>1. Background</b> .....	<b>1</b>
<b>2. Objectives</b> .....	<b>1</b>
<b>3. Activities</b> .....	<b>1</b>
<b>4. Findings</b> .....	<b>2</b>
4.1 Board of Directors .....	2
4.2 Hospital Organization.....	3
4.3 Quality and Standards of Care .....	3
4.4 Information Services .....	4
<b>5. REcommendations</b> .....	<b>4</b>
5.1 Hospital Board of Directors .....	4
5.2 Medical Committee.....	4
5.3 Organizational Structure.....	5
5.4 Quality of Care.....	5
5.5 Information Services .....	5
<b>Annex A</b> .....	<b>7</b>
<b>Annex B</b> .....	<b>15</b>
<b>Annex C</b> .....	<b>17</b>



# ACRONYMS

<b>BOD</b>	Board of Directors
<b>CoM</b>	Council of Ministers
<b>EEHR</b>	Enabling Equity Health Reform Project in Albania
<b>HUCT</b>	Hospital University Center of Tirana
<b>HMU</b>	Hospital Management Units
<b>HII</b>	Health Insurance Institute
<b>MOH</b>	Ministry of Health
<b>MOF</b>	Ministry of Finance
<b>USAID</b>	United States Agency for International Development



# EXECUTIVE SUMMARY

USAID/Albania's Enabling Equitable Health Reforms (EEHR) project is a five-year project (2010-2015) to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. EEHR is organized around three strategies to meet the goal of the project:

1. Improve capacities to implement a set of health reform interventions in selected sites;
2. Improve health reform policy and planning; and
3. Enhance non-state actors' participation and oversight of health systems performance.

This consultancy was requested by USAID, through the contractor, Abt Associates Inc. and supports the EEHR strategy for improving hospital governance and standards of care. Among the three pilot hospital sites, the Queen Geraldine Maternity Hospital was selected for participation due to the strong interest of the management on the development of hospital board by-laws and medical staff by-laws as a first case to move forward with these areas of technical support for hospital level health reforms. The intent of this consultancy was to establish a model for the hospital board structure to be applied as part of health reform to the hospital system in Albania. During the on-site consultation, the emphasis was placed on the development of the board and medical staff by-laws. The development and enactment of medical staff by-laws is to be the beginning of the initiation for standards of care related to physician-patient relationships. Also, incorporated into this consultancy was a review of the implementations of standards of care in the maternity hospital. There was a meeting with representation from the nursing and physician staff to begin the assessment of gaps and shortfalls in the provision of quality patient care. After extensive review, the proposed hospital board and medical staff structure will be presented to those government agencies involved in the health and education sector of Albania.



# I. BACKGROUND

USAID/Albania's Enabling Equitable Health Reforms (EEHR) project is a five-year project (2010-2015) to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. EEHR is organized around three strategies to meet the goal of the project:

1. Improve capacities to implement a set of health reform interventions in selected sites;
2. Improve health reform policy and planning; and
3. Enhance non-state actors' participation and oversight of health systems performance.

EEHR is working with the Queen Geraldine Maternity Hospital #1 in Tirana, Albania as well as in two regional hospitals – Lezha and Korca - on implementation of a set of interventions falling under various health systems strengthening building blocks, one of which is governance. When implemented together, the interventions will test a holistic model for improving the organization and delivery of hospital services as a key component in improving overall health system performance and expanding access to health care services in the long term. The interventions will prepare the pilot hospitals to be autonomous and test increased levels of hospital autonomy.

The Queen Geraldine Maternity Hospital was selected for participation in initial technical support for increased management autonomy and compliance with standards of care due to the strong interest of the management on the development of hospital board by-laws and medical staff by-laws as a first case to move forward with these areas of technical support for hospital level health reforms. One of the prerequisites to effective hospital autonomy is the establishment of a Board of Directors (BOD) as a critical step toward effective hospital governance, hospital management autonomy, and management accountability. Another important aspect of improving performance is managing human resources and service delivery and thereby ensuring performance and increasing efficiency in delivery of care through improving compliance with standards of care. This consultancy is the initial step in EEHR support for efforts to review the implementation of standards of care, develop tools and processes to monitor staff performance in complying with standards of care, and incorporate this aspect of performance into annual staff performance reviews.

## 2. OBJECTIVES

The objectives of this consultancy are to work with the management of the Queen Geraldine Maternity Hospital to facilitate the development of a Board of Directors; improve compliance against standards of care; and integrate quality of care standards into human resource management.

## 3. ACTIVITIES

The activities of the consultant included the following:

- Two field consultations to Tirana – one in July and the second in September 2012;
- Provided orientation to the director and the rest of the management team of the maternity

hospital on the steps involved in building a strong, technically competent, committed, and functioning board of directors;

- Assisted the leadership of the maternity hospital to determine an optimal structure of the BOD and its roles and responsibilities, including profiles of potential board members;
- Worked with the lawyer of the hospital to draft the by-laws of the BOD taking into account international experience and local regulations, customs and practices;
- Reviewed implementation of standards of care at the hospital and defined gaps and shortfalls and recommend, if necessary, additions and/or changes; and
- Developed tools and processes to monitor staff performance against standards of care.

## 4. FINDINGS

### 4.1 BOARD OF DIRECTORS

The central focus of this consultation was creation of a board of directors' bylaws as a step in providing a new level of autonomy See Annex A. This was to be done in the context of the existing government structure. To accomplish this, the hospital established an internal working group to shepherd the process during the early days of this consultancy. The group, working with a document template for a board of directors provided by the consultant, developed a final revision of bylaws for the maternity hospital, which would allow the hospital a level of autonomy to manage its staff and budget. To achieve this, the working group responsible for this activity in the hospital used the Durres Hospital pilot as a starting point to integrate the bylaws into the structure Of the Ministry of Health and the Ministry of Education and the University. The Durres Hospital has worked under a waiver allowing a significant degree of autonomy for over 12 years. During that time frame, it has negotiated an annual budget with the Institute of Health Insurance and managed its own budget and staff. This is a level of autonomy, similar to hospitals in the West and can be a beginning prototype for hospital autonomy in Albania using the legal precedent established by the Durres Hospital, the maternity hospital's legal counsel worked on the language of the revised bylaws to allow the newly constituted board to be integrated into this existing government structure for the delivery of hospital services and be consistent with the provisions of the law on higher education.

The intent of this bylaws structure for the hospital and the resulting autonomy is to create a board with members drawn from the community to provide oversight on the financial, administrative and clinical activity of the hospital.

It was also the intent of the working group and the administration of the hospital to develop a level of autonomy for the hospital director, such that the director may conduct activities of the hospital under Board direction and thereby achieve greater autonomy and efficiency in hospital operations.

The working group presented the final revision of the Board of Directors bylaws to a variety of staff members to achieve feedback and provide understanding of the direction the hospital would take when these were implemented.

As a parallel to the creation of bylaws for a hospital board of directors, the working group also focused on developing bylaws for medical staff. These bylaws would be incorporated into the hospital Board of Directors bylaws. After much discussion, the working group and representatives from the medical staff decided to incorporate the existing Medical Committee which was designated by the Ministry of Health in all Albanian hospitals as the basis for the medical staff committee in the Maternity Hospital.

Since the Medical Committee was already constituted, the group decided to make it an active medical staff committee for the hospital. It was decided that this committee would report to the Hospital Director and the Hospital Board of Directors on patient care and assist the Hospital

Director in the creation of hospital plans and budgets. Since all these activities were now incorporated in the existing Medical Committee, it was decided that the medical committee could commence operations prior to the more complicated process needed to create a new Board of Directors for the maternity hospital.

## **4.2 HOSPITAL ORGANIZATION**

With technical support from the consultant and input from the hospital clinical and administrative leadership, the Human Resources Department of the hospital developed the organizational structure of the Queen Geraldine Maternity Hospital and the template for the job descriptions of key positions in the clinical and administrative staff. Assisting in this effort was another consultant from the Women and Infants Hospital of Rhode Island who is funded by a local NGO. This consultant, a nursing administrator, worked with the Hospital Nursing Department to review the job descriptions for nursing positions.

As a result of these efforts, the Human Resources Department is now developing detailed job descriptions for all key personnel in the hospital. In doing so, this will clarify the duties and responsibilities of respective staff members and accountability up to the newly created Hospital Board of Directors.

## **4.3 QUALITY AND STANDARDS OF CARE**

The consultant set the stage for the discussion on the quality of care, through the use of PowerPoint presentations that emphasized the need to change hospital culture and provide greater focus on the patient and teamwork in providing patient care. These presentations were made first to the staff of the maternity hospital and then to the staffs of all three hospitals involved in the project (See Annex C). The Queen Geraldine Maternity Hospital has made significant structural changes through the renovation of the hospital and the improvement in the physical environment of the patient rooms in recent years. Most importantly, the hospital has established protocols and facilities to improve hand washing and sterilization to reduce infections within the hospital. As a result of these efforts, staff can prepare at new facilities prior to any operation or obstetrical delivery. There is also the availability of hand sterilization sites outside each patient room to provide the ability for cleaning hands prior to each patient visit.

The consultant and the nursing consultant from the United States stressed the need for continual staff training and monitoring of hand sterilization techniques. They also emphasized the efforts required to prevent cross infection within the hospital. The consultant met with the leadership of the hospital's infection control team and outlined an approach for monitoring the effectiveness of the training effort of staff in the hand sanitation process. This study could identify the improvement in hand washing technique as measured by reduction of hospital-borne infections and wound infections resulting from obstetrical delivery and/or surgical interventions.

The consultant also emphasized the need to focus on patient outcomes through implementation of patient protocols and care maps. The hospital Deputy Director for Quality outlined the work done in developing patient protocols for a series of obstetrical interventions. These needed to be incorporated into the quality initiative for the maternity hospital. At this time the hospital is working to improve the outcomes of high-risk neonates in the neonatal intensive care unit through protocols that were provided from neonatologists who consult with the hospital from the Czech Republic.

The hospital has also acquired a patient simulation laboratory that includes mannequins for maternal delivery and neonatal high-risk interventions. The approach simulates problems that arise in the delivery of high-risk obstetrical and neonatal care. These models are used in hospitals in the West to develop teamwork during emergencies. The development of simulation training sessions using these computerized manikin models requires commitment of the nursing and physician leadership in the hospital to make greater use of the simulation lab in training for all physicians and nurses. Appropriate use of the laboratory could potentially create greater teamwork and thereby improve the quality of the delivery of care.

## 4.4 INFORMATION SERVICES

Finally, all quality programs require constant feedback to assess improvement of outcomes over time. This requires a database with hundred percent inputs on key clinical activity in the hospital. The data input and output needs to be user friendly. There is also a need for accurate reporting and use of reports to improve specific elements of patient care.

The existing information gathering in the Queen Geraldine Maternity Hospital is unable to meet these needs in its present configuration. Like many systems developed in the past, it was tailored for a specific function, namely reporting on ultrasounds. The software company Astraia, working with the hospital management and staff, has developed additional software in an incremental fashion, without what seems to be a unifying function. The system developed by this company has provided electronic transfer of ultrasound reports in the hospital. This became possible because EEHR procured a software license for the hospital that established the connection between the ultrasound machine and Astraia. Working with this company, the hospital has developed an admitting database filled out by the admitting nurse at the time of patient admission. It also allowed clinicians to order laboratory tests. Unfortunately, the utilization of this limited order entry system is sporadic and depends upon the willingness of the physician to enter the data. As a result any output from the database will be flawed. There is a need to create a discharge database with a minimum data set and an input process for every patient discharge from the hospital. This would allow for consistent reporting on clinical activities and relate these two patient outcomes. This will require that all patient discharge data be inputted into a unified file and report generation created.

Then the hospital, with or without the company, will need to develop software for specific clinical activity throughout the patient's stay in the hospital. There are many models for the hospital to choose from for such a program. These all assume, however, universal adherence to data input by all providers of care in the hospital.

In any hospital, this is a massive undertaking, usually at significant cost. The piecemeal approach, although cheaper in the long run, usually results in a disjointed database that fails to respond to the needs of providing information on patients and the quality of their care. Since the output for the existing database is significantly flawed it will be discarded when providers give up inputting data into a useless system.

# 5. RECOMMENDATIONS

## 5.1 HOSPITAL BOARD OF DIRECTORS

Using the final revision of the Hospital Bylaws, develop a well thought-out approach to present to various government agencies required to review and approve the concept of an autonomous Board of Directors.

Once the approval is obtained to develop the legal structure, at that point incorporate the board, recruit the members from the community, and inaugurate the Board meetings to carry out the activities as stated in the bylaws. Successful implementation of this model and the resulting reform that allows hospital autonomy for the Queen Geraldine Hospital can be transferred to the other university hospitals.

## 5.2 MEDICAL COMMITTEE

Since the medical committee is now legally constituted in the maternity hospital, implement what was a paper committee to one that has a real role in the review of physician performance and improvement of patient care in the hospital. This committee, working with the Deputy Director for Quality, will be able to develop patient care protocols and review the standards of patient care. The

bylaws created by the working group and reviewed by the medical staff can now be the structure of the newly constituted Medical Committee.

### **5.3 ORGANIZATIONAL STRUCTURE**

Using the organizational chart as now constituted, develop job descriptions for all key hospital positions. In this effort, require all respective staff to meet the duties and responsibilities detailed in the job descriptions for each position. By clarifying the role of each staff physician, administrators and nurses, administration can create a climate for greater accountability through annual staff reviews.

### **5.4 QUALITY OF CARE**

The hospital administration has done much to improve the quality of care in the hospital. Since quality improvement is a continual process, the hospital should strengthen many of the initiatives that it has already inaugurated. By reconstituting the infection control committee, the hospital has the means to review adherence to hand washing technique and sterilization procedures in the delivery and operating theaters. The improvement of these processes can be measured by reduction of hospital infection rates and reduction of post-wound infections. This can be done by constant monitoring through studies of infection rate associated with these clinical interventions.

The Deputy Director for Quality has developed on the national level, a series of patient protocols. These include protocols for: antenatal care, premature rupture of membranes, multiple pregnancies, late pregnancy hemorrhaging, preeclampsia, and neonatal postpartum hemorrhaging. These protocols are based upon international standards of patient care. It is important to adapt these and incorporate them into the care provided at the Queen Geraldine Maternity Hospital. The newly constituted Medical Committee could be instrumental in the introduction of these protocols as models for patient care in the hospital.

The Hospital has invested significant amount of money in the development of a simulation laboratory that uses maternal and neonatal manikins for team training. The Chiefs of Obstetrics and Neonatology should commit a respective staff member to train in the techniques required to use the simulations that are available in the computer models that are attached to the maternal and neonatal manikins. They should then assign physician and nurse teams to go through the training process. The models for this effort were shared with them during the consultation. Descriptions of the process are available on the web. It will take investment of time to learn the use of the computer programs associated with the manikins. It will also take a commitment by the respective departments to assign staff to the training teams and enable them to do repeat training in the simulation lab.

### **5.5 INFORMATION SERVICES**

The hospital has installed a sufficient number of computer stations for inputting data and printing reports. Much of this has been done with support from the EEHR Project. A software company with EEHR support has implemented a program to provide reporting of clinical ultrasounds to key departments in the hospital. The hospital has developed, with the company's assistance, a program for admitting patients and requesting laboratory tests. Although the admitting function always occurs with a nurse inputting data, the order entry system depends upon the physician using the computer to enter the data. There is a need to create some basic systems to allow input of patient data at points along the hospital continuum. It is especially necessary to capture basic discharge data using a minimum data set to be able to document patient outcomes. This assumes that someone is designated to input the discharge data for all patients when they are discharged from the hospital. The minimum data set attached to this report could be used as a template for designing the software necessary to create a discharge summary. See Annex B. Parallel to this initiative is the necessity to develop software for a report on the discharge of all patients in obstetrics, gynecology, and neonatal departments. This report should be able to provide aggregate information to each of the respective

departments for review of clinical care and outcomes. Although this is a very basic report, it is an essential first step for improving quality of care. A similar report can be derived from the current admitting data that is captured by the admitting nurse. After these reports are successfully developed and used as tools in clinical quality improvement initiatives, renewed emphasis should be placed upon developing software for inputting data on the continuum of patient care throughout their hospital stay. These new reports can focus on pharmacy requests, lab order entry, obstetrical delivery and surgery metrics, and neonatal intensive care processes.

Before initiating any of these new software programs, physicians and nurses need to be trained in their utilization. Monitoring needs to be done to assure that these programs are universally used for data input. This rather long and rather arduous process will require an investment of time and money by the hospital to assure compliance of all providers of care and the use of computerized data inputs. The hospital will also need to develop and test appropriate reports that will both assist the physicians and nurses in patient care and provide baselines for quality assessment.

# ANNEX A

**Bylaws  
Of the  
Queen Geraldine Hospital Board  
Article I  
General**

Section 1.01. Status. The Queen Geraldine Hospital is a public self financed nonprofit oriented health institution which carries out its activity in accordance with Albanian Healthcare Law, the Constitution, and makes use of the premise and equipment belonging to the Ministry of Health. Regulation of the technical activity of the hospital is approved by the Ministry of Health

Section 1.02. Scope: the following are the bylaws of the Queen Geraldine Hospital Board ( the” hospital board”) as amended from time to time, which contain provisions for the regulation and management of the affairs of the hospital.

Section 1.03. Purpose and Role: the fundamental purpose of the hospital board is to support the Queen Geraldine Hospital and the hospital’s role providing women and infant’s health in Tirana and Albania.

Section 1.04: Powers: Regulation of the hospital’s economic and financial activity is developed and approved by the legally constituted hospital board. Furthermore, the hospital board will regulate all consumable material, food, salaries and wages as developed by the hospital and approved by the Administrative Council of the Institute of Health Insurance

Section 1.05. Academic status. As a University Affiliated Hospital, all clinical faculty and academic chiefs are approved by the Administrative Council, with advice and consent of the Hospital Director and will receive remuneration for this educational service from the Ministry of Education. The hospital board will coordinate with the Director of the Hospital, the educational mission of the Hospital.

Section 1.06. Accountability. The hospital board is accountable to the Ministry of Health for the patient activity in the hospital and the Ministry of Education for the academic activity of the hospital

**Article II  
Membership**

Section 2.01. Members. The hospital board will be composed of members drawn from the community it serves.

Section 2.02. Powers: Board members shall have the right to exercise those rights as provided under the laws of Albania and the waiver as provided by this Administrative Law cited above.

Section 2.03. Membership Number: The hospital board will consist of no more than 15 members drawn from the community.

Section 2.04. Selection. The initial selection of board membership will be done through recruitment and an application process for potential members. These applicants will be reviewed by the Hospital Director who will submit them to a committee comprised of representatives from the hospital and those government agencies involved in the health and well-being of the population the hospital serves. This committee will be chaired by the Hospital Director. The membership of the newly constituted board will be approved by...? after the initial selection process, the hospital board will continue as a self sustaining entity in the future.

Section 2.05. Resignation: A board member of the hospital board may resign at any time by giving a written notice to the Chair of the hospital board. The resignation of the board member shall take effect at the time specified and the acceptance of such resignation shall make it effective.

Section 2.06. Removal. Any elected board member or board officer may be removed from the board either with or without cause at any time at any regular meeting or special meeting called and held for set purpose. Any board member elected to the board may be removed from the board for any violation of the bylaws, the rules and regulations of the hospital or for any action not in the best interest to the hospital board or the hospital. Such removal shall be by the hospital board by an affirmative vote of a majority of the board at any regular meeting or special meeting called for this purpose by the hospital board. Prior to the adoption of such a finding, the affected individual shall have the right to address the hospital board and request reasons for dismissal. Any member of the hospital board or board officer, guilty of a criminal offense shall be removed immediately from the hospital board without appeal.

Section 2.07. Vacancies. All vacancies of the elected membership of the hospital board occurring by reason of death, resignation, failure to elect or other causes, except expiration of term, may be filled for the unexpired term of the hospital board member in question by an affirmative vote of a majority of the hospital board members.

### **Article III**

#### **Duties and Responsibilities**

Section 3.01. Duties and Powers: The hospital board shall have and may exercise all the powers conferred by this waiver by the Ministry of Health and the Council of Ministers. These shall include the following:

- a. supervise the management of the hospital;
- b. implement and monitor all health policies proposed by the Ministry of Health;
- c. approve the draft contract as completed between the Hospital and the Institute of Health Insurance;
- d. approve the annual report, all accounting and budgets, as well, as the midterm three year strategies as presented by the Hospital Director;
- e. approve the structure and number of hospital employees and the level of their wages;
- f. regulate all financial activity of the hospital, as cited in Article I, Section 1.04;
- g. screen all hospital regulations on material, combustibles, medical staff and support staff to assure that they meet all the qualifications required by the Ministry of health. The hospital board shall submit approval of these regulations to the Minister of Health;
- h. approve the way that hospital income is administered;
- i. propose to the Healthcare Institute's Administrative Board, any changes in wages and especially any wage increases.

Section 3.02. The hospital board will have the power to appoint and remove the Hospital Director and Hospital Deputy Director with the approval of the Minister of Health.

Section 3.03. Committees: the hospital board may from time to time establish and delegate a committee with such powers and duties as specified by the hospital board and be accountable to the hospital board for their activity.

Section 3.04. Election of officers. The hospital board will have the power to elect all officers to the board from its membership.

### **Article IV**

#### **Meetings**

Section 4.01. Place of Meetings: All meetings of the hospital board shall be held at the hospital or other place designated by the hospital board.

Section 4.02. Regular Meetings: The hospital board will hold regular meetings at a time and place determined by the Board. Special meetings may be called at any time by the Chair of the hospital board, the Hospital Director or upon request by members of the board. Any business required or permitted to be conducted at any regular meeting of the hospital board may be conducted at this special meeting.

Section 4.03. Annual Meetings: The annual meeting will take place on...? Election of officers will take place at the annual meeting of the hospital board.

Section 4.03. Notice of Meetings: Written notice of each regular and special meeting stating the place, day, and hour of that meeting shall be delivered by mail, not less than seven days before the date of that meeting or at the direction of the Secretary.

Section 4.04. Quorum and Voting: For regular or special meetings of the hospital board two thirds of the board members present shall constitute a quorum. A majority vote of all hospital board members shall be sufficient for the transaction of any business at a meeting. In the absence of a quorum, a majority of the members present may adjourn the meeting until such quorum is present.

Section 4.05. Attendance in Support: Hospital Board members are expected to demonstrate a commitment to advancing the mission of the hospital and to attend and participate in board and committee meetings unless there is a valid excuse for absence. Attendance and participation will be considered when evaluating the performance of board members and making nominations for reelection to the board.

Section 4.06. Remuneration. All board members will receive remuneration as determined by the Hospital Director and approved by the Chair of the hospital board.

## **Article V**

### **Committees**

Section 5.01. Standing and Special Committees: The committees of the Board shall be the following: executive committee, finance committee, planning committee, quality committee, governance/nominating committee, and such other standing committees as the Chair of the hospital board or the hospital board may authorize. Special committees may be created from time to time for special purposes not requiring permanent existence of the committee for such duration as it is deemed appropriate. The action taken by committee must in all cases be approved by a majority of the hospital board, who are members of such committee.

Section 5.02. Members of Committees: members of the standing committees shall be appointed by the hospital board for a term co-terminus with that of the hospital board. After the committee is created the hospital board will approve the appointment of committee members and such appointments should be made after receiving a recommendation from the governance/nominating committee acting in consultation with the chairman of the hospital board. The chair of the committee will also be appointed by the chair of the hospital board. Persons who are not members of the hospital board may be members of committees.

Section 5.03. Meetings and Notice: Committees may meet as required by the call of their respective chairs and shall meet as often as necessary and appropriate to perform their duties. Notice of the date, time and place of a meeting shall be given in such a manner as to provide reasonable notice to committee members of the meeting. Each committee shall keep minutes of its proceedings and present these to the board secretary to document all their activities.

Section 5.04. Quorum: Except as otherwise provided by these bylaws, a committee quorum is constituted when one third of the members are present, and the vote of the majority of the members present shall be necessary to transact business.

Section 5.05. Resignations and Removal: A member of the committee may resign at any time submitting a written resignation to the chair of the committee, or the chair of the hospital board. Any member of any committee may be removed by the chair of the board whenever in his or her judgment the best interests of the hospital would be thereby served.

Section 5.06 Vacancies: A vacancy on the committee shall be filled by the chair of the hospital board, in consultation with the board at the next meeting. During any vacancy the remaining committee members may continue to act with the power and authority of the filled committee.

Section 5.07: Rules: Each committee may adopt rules as necessary for its governance, if consistent with the bylaws of the board of the hospital. Committee attendance shall be determined by the chair of the committee, unless otherwise specified.

Section 5.08. Committee Reports: Committee reports to the hospital board shall be made by the chair of each committee or the chair's designee as needed or requested by the chair of the hospital board.

Section 5.09. Executive Committee .The officers of the hospital board will serve as members of this committee. The executive committee will act and react on key policy questions during intervals between the meetings of the Board. All actions by the executive committee shall be reported to the board at its next meeting and shall be subject to withdrawal or alteration by the board.

Membership will include the Chair, Vice Chair, Secretary and Treasurer

Section 5.10. Finance committee: This committee will participate with executive management in the formulation of long-term capital and operating budgets needed to operate the hospital. Membership will include the treasurer, and at least two other board members. The ex officio members of the committee will be the hospital director, and the director of economics in the hospital.

Section 5.11. Planning Committee: This committee will oversee the development of all planning .of hospital programs and facilities and make recommendations for updating the strategic plan of the hospital to ensure that the plan is consistent with the hospitals mission and vision. Members will include a chair appointed by the chair of the hospital board and two members from the hospital board with representation from the hospital of at least two staff members assigned by the hospital director.

Section 5.12. Quality Committee : This committee will ensure that appropriate processes and mechanisms are in place for monitoring and improving the quality of care and service delivered by the hospital. It will also monitor various quality indicators and interventions designed to improve the delivery and outcomes of patient care; review peer review of the medical staff and work with the administration and the medical staff in ensuring that the hospital meets or exceeds quality of care standards. Membership will include a chair appointed by the chair of the hospital board and two board members with representation by the hospital director, the medical director, and a medical chief, the nursing chief and a representative from the medical staff committee.

Section 5.13. Governance/Nominating Committee: The members of the governance/nominating committee shall be appointed by the hospital board and shall assist the board in: identifying individuals qualified to be members of the governing board of the hospital: identify and nominate individuals to serve as members of the committees of the board; and monitor and review any matters which the Board may refer to the committee from time to time. Members will include a chair and two members from the hospital board selected by a majority vote of the hospital board.

## **Article VI**

### **Officers of the Hospital**

Section 6.01.Officers: the following shall be officers of the hospital board: Chair, Treasurer, Vice Chair, Secretary and Treasurer

Section 6.02. Election in Terms: Except as provided below, elected officers shall be elected annually by the board at the annual meeting. Each officer shall serve a term of three years. The Board may extend such terms in circumstances in which the current continuity and leadership would serve the best interests of the hospital. Each officer shall hold office until his or her successor is legally elected and qualified. Any officer may be removed by a majority vote of the board at a regular our annual meeting with or without cause whenever it is in the best interest of the hospital. Any vacancies occurring in said offices by reason of death, resignation, failure to elect or appoint any officer or other cause may be filled by the board at the next regular meeting.

Section 6.03. Duties and Authority:

Chair – Shall preside over all meetings of the hospital board and the executive committee except as otherwise provided. The chair of the hospital board shall have the power of designating the chairperson and appointing members of all committees with the approval of the board of the hospital. The chair of the board, when not an official member, shall be an ex officio member of all committees..

Secretary – Shall make and preserve complete records of the meetings of the members of the hospital board and shall give all notices required by these bylaws to notify officers, members of the hospital board and individual members of their election or appointment. The Secretary shall also conduct such official correspondence and make any other announcements as directed by the hospital board

Treasurer – Shall chair the finance committee of the Board and will work with the hospital director on the annual budget proposal, adherence to budget, the annual report and financial statements. The Treasurer will also render a statement of the condition of the finances of the hospital at all regular meetings of the hospital board and provide a full financial report at the annual meeting of the board, and if called upon to do so render further statements as requested by the hospital board. The treasurer will report back to the hospital board on the contract between the hospital and the Directorate of Health Care Insurance, and any other contract entered into by the hospital.

## **Article VII**

### **Hospital Director**

Section 7.01. General: The Hospital Director shall have the necessary authority and responsibility to operate the hospital in all its activities and departments, subject to such policies as may be adopted and such directions as may be issued by the Hospital Board or any of its committees, to which it has delegated power for such action. The Hospital Director shall act as the duly authorized representative of the hospital board in all matters and by law is the legal representative of the hospital and as such is entitled to exercise control on the hospital's activity. He or she shall also serve as an ex officio member of all committees of the hospital board.

Section 7.02. Duties and Authority: The authority and duties of the Hospital Director shall include the following:

Carry out all policies and directions established by the hospital board;

Develop and submit to the hospital board for approval, the organizational plan for personnel and other issues concerned with the operation of the hospital. He should include the responsibility and accountability within departments and between departments and services in the hospital;

Prepare annual capital and operating budgets as required by the hospital board and all government agencies;

Implement quality assessment and improvement programs and monitor such activities;

Oversee election, employment, control, supervision and discharge of employees. Oversee maintenance of personnel policies and practices for the hospital, including processes for performance evaluations for persons who provide patient care or support services;

Maintain the physical property of the hospital and assure the operating condition of the hospital and its equipment.

Supervise the business affairs such as records of financial transactions collections of account purchase and issue of supplies and services and ensure that funds are collected and expanded to the best possible advantage to the hospital.

Act as an agent of the hospital board in matters relating to the medical staff and all those who render professional services. In this capacity, oversee that the above maintain high quality care and services rendered to the patients.

Present to the hospital board or its authorized committees, periodic reports on the professional service and financial activities of the hospital.

Attend all meetings of the hospital board and the standing committees

Serve as an agent and channel of communication for all official communications between the hospital board and its committees and the medical staff.

Designate the deputy director or a competent person to act during his or her absence from hospital.

Section 7.03. Hospital Administration: The hospital director may appoint from among employees of the hospital such directors of services, as he or she deems necessary for the proper administration, operation and management of the hospital. The hospital director shall report any such appointments at the next regularly scheduled meeting of the board.

Section 7.04. Insurance: The hospital director shall conclude all contracts between the hospital and the Directorate of Health Care Insurance.

Section 7.05. Contracts: The hospital director shall sign all bylaws and contracts on behalf of a hospital with third parties in compliance with legislation in force at that time. Validity of all bylaws contracts and public procurement procedures are subject to state audit.

Section 7.06. Accountability: The hospital director is accountable to the hospital board, The Ministry of Education and the Ministry of Health.

Section 7.07. Training: The hospital Director is responsible for all training and qualifications of staff in accordance with the hospital's needs and requirements.

Section 7.08. Report: After his or her appointment or dismissal the hospital director is obliged to submit a record in writing to the hospital board and all government agencies involved in the administrative activity of the hospital.

Section 7.09. Authority: The hospital director may perform such other duties and have such other authority as has made from time to time be assigned and confirmed by the hospital board. Hospital director may delegate such duties and powers as he or she may deem advisable, without however, delegating the responsibility for the action performed in accordance with such delegation.

## **Article VIII**

### **Medical Committee**

Section 8.01: Organization: The medical committee is a consultation group that makes recommendations on key issues of the hospital. It is constituted by the University Hospital regulations of the Ministry of Health. It will represent the medical staff with the hospital director, and will respond to the board through the hospital director.

Section 8.02. Membership: the membership of the medical committee will consist of elected representatives from the medical staff in accordance with the number of physicians on the medical staff of the hospital. 50% of the members will be department heads and 50% will be elected from the general medical staff. The total membership of the medical committee will be no more than 12 members.

Section 8.03. Roles and Responsibilities: the hospital medical committee will be responsible for the following:

- a. Review initial applications for membership on the hospital board.
- b. Review applications to fill physician staff vacancies and refer shortlisted candidates to the hospital director.
- c. After receiving a recommendation from the hospital director, the hospital medical committee will evaluate physician practice utilizing peer review standards.
- d. Evaluate medical staff compliance with the maintenance of medical records, hospital policy, patient care guidelines, and hospital drug policies. In this review process, the hospital medical committee will make recommendations to the hospital director for action.
- e. Develop a quality committee of the hospital medical committee to promote the delivery of safe quality care and to consider patient safety as a priority for the hospital. This committee should report to the hospital director and through the hospital director to the hospital board quality committee.
- f. Develop an ethical committee with the purpose of establishing guidelines for patient's

confidentiality and adherence of the medical, nursing, and administrative staff to these guidelines. The ethical committee will also provide guidelines and adherence to the same for the appropriate behavior of physicians and nurses to the patient. Individual failure to adhere to these guidelines will be provided to the committee and referred to the respective chiefs of services and to the hospital director for action.

- g. Together with the hospital director, the medical committee will report the reviews of medical staff activity to the hospital board.
- h. Assists the hospital director in preparing long-term plans for the hospital.
- i. Assists the hospital director in organizing the hospital's medical and pharmaceutical activity.
- j. Assists the hospital director in the development of the hospital budget.

Section 8.04. Officers: the officers of the medical committee will be as follows:

Chair, Vice Chair, and Secretary.

Duties:

Chair will convene and share all the meetings of the medical committee.

Vice Chair will assume the role of the chair for meetings in the absence of the chair.

Secretary will maintain and submit minutes for all committee meetings for approval.

Section 8.05. Terms of Office: The terms of office for the officers of the medical committee are as follows:

The chair will serve for a term of two years

The vice chair will serve for a term of two years and then assumes the position of the chair for an additional two years.

The secretary will serve a term of two years.

Section 8.06. Election: the medical staff of the hospital will elect the officers of the medical committee and additional committee membership drawn from department heads and the medical staff to serve for a term of two years. This election shall be by secret ballot and occur at the meeting of the entire medical staff. Vacancies that open will be filled by an election called by the chair of the medical committee when needed.

Section 8.07. Subcommittees: The medical committee will have the following subcommittees:

The quality subcommittee will review the quality of care in the hospital as stated in the sections of the bylaws related to quality as described above.

The ethical subcommittee will review the hospital staff behavior to patients as well as the individual behavior of physicians and nurses in the conduct of their duties as described above.

The credential subcommittee will review the credentials of applicants for medical staff vacancies and make recommendations to the hospital director for filling such vacancies.

Section 8.08. Subcommittee Membership: the subcommittees as cited above should include a chair appointed by the chair of the medical committee and additional members of the committee chosen from the medical staff and approved by the members of the medical committee.

Section 8.09. Medical Committee Bylaws. The medical committee will create its own bylaws for the conduct of meetings, general governance and its role overseeing the provision of medical care in the hospital. The chair of the medical committee will submit the bylaws to the hospital director for approval. These bylaws are subject to the approval of the hospital board. . When adopted the bylaws of the medical staff shall be considered as part of the rules and regulations of the hospital.

The medical committee bylaws shall include at least the following:

1. Only a member of the medical staff with admitting privileges shall admit patients to the hospital
2. Only an appropriate licensed practitioner with clinical privileges shall be directly responsible for a patient's diagnosis and treatment within the area of his or her privileges

3. Each new patient's general medical condition shall be the responsibility of the physician member of the medical staff
4. Each patient admitted to the hospital shall receive a timely baseline history and physical examination by a physician who is a member of the medical staff
5. Other direct medical care of the patient's shall be provided by a resident or other specified professional personnel under the appropriate degree of supervision by a licensed practitioner with clinical privileges in the hospital.

As a matter of course, the medical bylaws shall be reviewed... annually? With the recommended changes referred to the medical staff Association.

#### **Article IX**

##### **Technical Administrative Board**

The technical administrative board will operate in the hospital in compliance with the regulations on secondary health as approved by the Ministry of Health. It will operate in compliance with all said regulations.

#### **Article X**

##### **Conflict of Interest**

The policy of the hospital shall be that, in all cases where a hospital board member, officer, employee or member of the medical staff of the hospital has a conflict of interest or an interest in any contract or transaction with the hospital, either directly or indirectly through an interest in or employment by any legal entity, which has an interest in any such contract or transaction, said board member, officer, employee or member of the medical staff shall disclose such conflict of interest and refrain from taking any action to authorize, approve or ratify said transaction or contract. All the above are required to disclose any conflict of interest to the hospital director and through him or her to the hospital board. Such disclosure shall include any relevant and material facts known to said person about the contract or the transaction, which might be construed to be adverse to the hospital's interests.

#### **Article XI**

##### **Miscellaneous**

Any issues not defined in them bylaws as stated above, shall be regulated by the hospital board in compliance with those legal and legislative provisions and competencies granted to the board..

# ANNEX B

Data Elements	UHDDS (Uniform Hospital Discharge Data Set )
Personal Identifier	A unique number identifying the patient, applicable to the individual –this could be a government identification number.
Date of Birth	4 digits for year of birth but 3 digits are adequate to capture the century
Sex	Male/Female
Race Ethnicity	<b>Race : Ethnicity :</b>
Residence	Usual residence, full address
Hospital Identification	A unique institutional number across data systems, to allow for tracking and linkage of multiple records; preferably hospital identification should be unique for each patient and used each time the patient is admitted to the same hospital. When a mother gives birth in the hospital, the babies identification number should be linked to the mothers.
Admission Date	Month , day, and year. Clarification is added to this data item to note that for emergency and observation type patients, the time of admission is guided by the time that the physician gives the order to admit the patient as an inpatient.
Type of Admission	Scheduled : defined as an arrangement with the admissions office at least 24 hours prior to admission. Unscheduled: all other admissions
Discharge Date	Month , day and year.
Physician Identification: Attending	Each physician should have a unique identification number across all hospitals and data systems. The database should be able to link the physician to the patient each time a physician provides care to that patient.
Physician Identification: Operating	As above
Principal Diagnosis	<b>The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. (use ICD-10-CM for all diagnosis and treatment events) Qualifier : All substantiated diagnoses that affect the current hospital stay. Code to the highest degree of certainty.</b>
Other Diagnoses	<b>All conditions that coexist at the time of admission, or develop subsequently, which affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded. Qualifier : All substantiated diagnoses that affect the current hospital stay. Code to the highest degree of certainty.</b>
Qualifier for other	A qualifier is given for each diagnosis coded under " other diagnoses " to

diagnoses	indicate whether the onset of the diagnosis preceded or followed admission to the hospital. The option "uncertain" is permitted
External Cause of Injury Code	The ICD-10-CM code for the external cause of injury, poisoning, or adverse effect. Hospitals should complete this item whenever there is a diagnosis of an injury, poisoning or adverse effect.

# ANNEX C



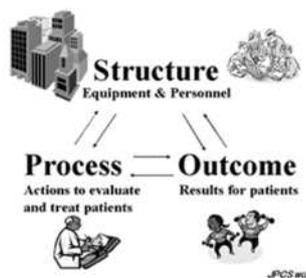
## Quality Initiative



## Evolution of Quality



### Donabedian's model of quality assessment for PCS (3).



Teshima T Jpn. J. Clin. Oncol. 2005;35:497-506

© 2005 Foundation for Promotion of Cancer Research

Japanese Journal of Clinical Oncology

### Quality Improvement Sequence

- Trigger – A Wake-Up Call
- Organizational Structural Change – Establishment of quality committees with the power to create change in the delivery of patient care.
- Problem Identification – Identify underlying problem and develop an action plan.
- Practice Change – Develop New Patient Care Protocols Based on Evidence-based Medicine
- Improve Outcomes - Change clinical staff culture by providing feedback on improved outcomes



### Organizational Change

- Create a quality committee to monitor quality of care
- Elevate quality improvement initiatives in all departments
- Initiate policies to encourage staff feedback on patient care
- Develop better teamwork and physician/nurse teams
- Encourage clinical "champions" to encourage peers in the pursuit of quality
- Use clinical reports to identify problems, improve outcomes, and patient satisfaction



### **Practice Change**

- Clinical guidelines, protocols, or "care maps" for specific conditions or procedures;
- Department-specific quality plans, with short- and long-term goals;
- Improved educational and training materials for clinical staff on error reduction, hand-washing, and infection prevention;
- Strategies for overall patient satisfaction;
- Educational materials for patients to help them participate in their care; and
- Information technology with improved data collection, uniform reporting, and appropriate feedback.



### **Improve Outcomes**

- Improve clinical operations
- Improve patient flow, faster test results, and better data
- Reduce complications and clinical errors
- Improve work environment, and thereby patient satisfaction
- Create overall better patient outcomes



### **Quality Struggles**

- Resistance to change is great
- Resources are frequently limited
- Staff complacency frequently prevails



### **Changing Culture**

- Establish short term goals and encourage success
- Keep staff involved in problem identification and solutions
- Nurture clinical champions
- Provide constant feedback in the form of reports on improvements in care and patient satisfaction



## **INGREDIENTS FOR HOSPITAL QUALITY**



### **Changing Hospital Culture**

- Clear mission, goals & targets
- Strong QI emphasis from CEO & Board, leading by example
- Standing and ad hoc quality committees
- Regular QI reporting
- Dept. chiefs buy into QI and direct staff, accountable for performance
- Safe environment for reporting errors



### People: Staffing & Roles

- Attract & retain high quality physicians & nurses; selective hiring/credentialing/re-credentialing
- Nurses respected & empowered to play key role, adequate staffing, positive work conditions, growth opportunities
- Multidisciplinary teams for QI and patient care management



### External Forces & Resources

- Standards, reviews (International Joint Commission, WHO)
- Best Practices (Oxford, Cochrane, WHO )
- Demonstration projects (EU clinical trials, US/NIH)
- Competition among hospitals



### Investment in/Adoption of IT Tools

- Customized to meet needs & culture of hospital
- Involve MDs, enhance buy-in
- Real-time access
- Management tools to monitor/compare & performance  
(e.g., e-medical records progress notes, CPOE, barcoding, alerts regarding drug reactions, online X-ray & test results, e-medical literature reviews)

### Processes

- QI Process: Constant measuring and comparing performance indicators, etc.
- Team-based care management

## RESULTS

High-Quality Care,

Improvements in Quality Indicators

Adoption of QI Mission Across Institution

### Performance Measurement

- Selection of a reasonable number of measurable quality indicators
- Constant measuring and comparing of quality indicators



Identification of Outliers and Variations

### **Problem Solving Process**

- Selection of multidisciplinary team with appropriate members, QI facilitator
- Presentation of internal data and comparisons, benchmarks
- Allow team to question and drill down data
- Root-cause analysis
- Develop & implement action plan with timetables and goals



### **Develop Protocols& Critical Paths**

- Based on internal experience and expertise, and best practices/medical literature

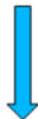
#### **Enhance Efficiencies**

- Improve patient flow, reduce waiting times
- Speed up test results
- Increase speed and safety of patient transport

#### **Standardize Supply Chain**

- Reduce variation in medical devices &supplies
- Reduce errors, save space, reduce cost

### **Monitor Results, Hold Individuals/Teams Accountable**



### Action Steps

- Improve patient flow, reduce waiting times
  - Speed up test results
  - Increase speed and safety of patient transport
- Develop a clear mission statement that incorporates quality and back up that mission with structures and resources.
- Develop and use performance-related criteria for hiring, credentialing, and retaining physicians and nurses.
- Establish team-based case management
- Emphasize QI in new staff orientations

### Action Steps

- Incorporate QI into strategic planning
- Use a participatory process
- Establish periodic regular reporting
- Establish achievable quality goals
- Identify leaders in each Department
- Establish working committees
- Monitor quality indicators and compare across departments