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POLICY BRIEF (#1)

ON NATIONAL POLICY ACTION TOWARD IMPROVED HOSPITAL MANAGEMENT AND ADMINISTRATION

Recommendations to the Minister of Health Drawn from the Health Reform Implementation Support Group (HRISG) Meeting Held on September 27, 2012

INTRODUCTION

In February 2012 the HRISG approved the Enabling Equitable Health Reform (EEHR) Project's proposal to start piloting a set of management and administration improvement interventions in three hospitals – Korca and Lezha regional hospitals and Tirana Maternity Hospital #1. Hospital teams and EEHR staff and consultants have been working to implement various interventions such as: hospital visitor control policy and procedures, human resources management (employee orientation, job descriptions, employee performance assessment and planning), incident reporting, medication administration, space utilization, outsourcing of non-clinical services, community engagement, and hospital autonomy.

Lessons learned from the implementation of interventions and bottlenecks observed and experienced in the process support the conclusion that the following four areas require a national level policy action to back an improved hospital management and administration effort at the national level: medical administration recording; incident reporting; hospital autonomy; and a package of hospital services.

MEDICAL ADMINISTRATION RECORD:

Problem Statement: Current practice in hospitals is the recording of physician medication order times. The actual time that the patient receives the medication is not currently a part of the patient medical record. This is a critical data element for assuring that patients have received medication as prescribed. It is the missing link between a multimillion drug procurement state program and its designated beneficiary. This effort has a major impact on staff accountability, patient safety, transparency of operations and responsiveness to public concerns of medication errors.

Results of Intervention Implementation: EEHR, working with the regional pilot hospitals, has provided training and sample medication administration records and guidelines for improving medication administration recording procedures. Teams on medication administration have revised the patient record to add the missing link between procurement of drugs and patient drug intake. The link was established by adding columns to the patient administration record for recording the time of intake and the signature of the hospital staff person who has administered the drug. The medical administration record is already instituted in the hospital in Korca and is to be instituted in the hospital of Lezha this fall.

Recommended Policy Action: Medication Administration Record should be incorporated in each patient medical record following the example from the Regional hospital in Korca. Proper documentation of medication administration should become a part of the hospital staff routine as any other key procedure that is followed and documented in the medical record. The institutionalization of the medication administration record would not require additional investment and the needs of staff training to secure implementation are minimal.

INCIDENT REPORTING:

Problem Statement: Incident Reporting System for any unusual occurrence that involves any patient, staff member or visitor can provide hospital management with important quality improvement data. An Incident Reporting system, while difficult to implement, is a significant tool for beginning to change the culture of a healthcare institution from one that hides errors or accidents to one that uses information about such occurrences to address areas where patterns of problems exist. It is recognized that medical errors and hospital acquired infections are not reported for follow-up. The introduction of a required Incident Reporting System for any unusual occurrence that involves any patient, staff member or visitor will begin to provide hospital management with quality improvement data.

Results of Intervention Implementation: EEHR has been assisting the three pilot hospitals in the introduction of an Incident Reporting System. Incident reporting forms and policies and procedures have been developed by hospital working groups. They have begun to capture information on hospital incidents. Such incidents may include medication errors, patient falls, surgical complications, including hospital acquired infections, delayed treatments, staff needle punctures and multiple other events for identification of systems weaknesses and priority points of intervention for management and quality improvement. Hospitals have been developing processes and systems for effective and rapid review and analysis of data and information from reported incidents and action planning for effective follow-up. Proper implementation of incident reporting is essential to secure long-term success and sustainability. A particularly important accent in implementing incident reporting is ensuring that persons reporting the accident are not penalized even when they are those responsible for the accident. The international experience on successful implementation of incident reporting dictates that the focus of follow up is on positive remedial action. Such action is not aimed at penalizing but rather on identifying the action(s) required to ensure that such accidents do not reoccur or that the likelihood of reoccurrence is minimized.

Recommended Policy Action: Incident reporting should be required from all hospitals from (January 2014). This will help reinforce the capabilities of hospitals to adhere to safety standards approved by the Ministry of Health. The Ministry of Health will review the experience from the three pilot hospitals and will prepare, with the support of the EEHR, guidelines on incident reporting to help direct hospitals in preparing policies and systems for reporting incidents, analyzing their root causes and decision-making addressing effectively the causes of reported incidents without penalizing hospital staff.

HOSPITAL AUTONOMY

Problem Statement: Hospitals in Albania are explicitly allowed by law to have independent budgets and function with independence. The legal base, however, provides no clarity to the meaning and methods of implementation of independence, and many of the mechanisms envisioned in the legal base to enable such independence are lacking. Lack of hospital autonomy is a key reason for the inability of hospitals to improve their performance efficiency, service quality, and customer and staff satisfaction. It also contributes to the mismatch between the type of services for which hospitals are required to deliver by law or HII contract and the type of services they can actually offer. The net effect is that hospitals have insufficient freedom to manage themselves in a manner that maximizes their operational performance by allocating resources when and where hospitals need them most. Future hospital autonomy is called upon to increase the efficiency and responsiveness of hospitals to their customers and to their contractual obligations with the payer for their services, the HII.

Recommended Action: Establish inter-institutional working group which to propose approaches, schedule, and needed regulatory documents for extending the experience with hospital autonomy from Durres to other regional hospitals and to propose an model for autonomy for university hospitals and to prepare drafts of legal documents to support the process leading to expansion of hospital autonomy. The working group will rely on technical/consultative support from the EEHR.

PACKAGE OF HOSPITAL SERVICES

Problem Statement: Hospitals in Albania are contracted annually by HII to deliver a broadly defined set of health care services to the insured population. The new health insurance law coming into

force in March 2013 requires that health insurance benefit packages are designed with consideration for contextual social, economic and medical factors, in addition to organizational factors within the hospitals that include human resource capacities, supplies, equipment, and information systems. The proper definition of the package of hospital services is essential to define the scope of preparedness that hospitals need to possess in terms of staff, capabilities, equipment and other resources to deliver the services they are contracted for. The preparation of a sound package requires sophisticated technical input.

Recommended Action: Establish a Ministry of Health-lead expert working group from MOH, HII, and experts from other institutions to develop a package of hospital services using clear and objective criteria aligned with: the requirements of the new law on compulsory health insurance and other laws and regulations in Albania, lessons learned from international experience, the actual needs of the targeted patient population, and the situation in pilot hospitals related to staffing levels, clinical and other skill sets, and equipment needed to provide the services. Such action will be consistent with article 10 of the new law No. 10383, “On Compulsory Health Care Insurance” providing that the package of services will be drafted by a technical commission of experts. The output of the working group will be a benefit package that will be field tested in EEHR’s two pilot regional hospitals in Korca and Lezha.