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ORGANIZATIONAL ASSESSMENT OF ADMINISTRATIVE SERVICES: KORÇA AND LEZHA REGIONAL HOSPITALS IN ALBANIA

TECHNICAL REPORT

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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.

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ABBREVIATIONS

EEHR	Enabling Equitable Health Reforms Project in Albania
HII	Health Insurance Institute
HR	Human Resources
MOH	Ministry of Health

TABLES AND FIGURES

Figure 1: Proposed organizational chart for Lezha and Korça Regional Hospitals

Table 1: Profile of Lezha and Korça Regional Hospitals

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EXECUTIVE SUMMARY

The Albanian hospital system has undergone significant reforms since the election of the Socialist Party in 1991, including a reduction in the number of hospitals, changes in primary health care, and the introduction of the Health Insurance Institute. One area that the reforms have not successfully addressed is the governance structures within the hospitals themselves. At the request of the Minister of Health, the scope of this report is to analyze the administrative functions in Korça and Lezha regional hospitals and propose an organizational chart. Findings presented are based on in-depth interviews held between March 2, 2014 and March 14, 2014 in Tirana, Korça and Lezha. A total of 35 representatives from the Ministry of Health, Korça and Lezha Regional Hospitals participated.

The administration and management of Albanian regional hospitals is both centralized and bureaucratic in nature, leaving their management and performance subject to the rapid turnover of political and ministry leaders. Previous reviews of the current hospitals link administrative challenges – opaque decision-making, lack of clarity of roles and responsibilities, and administrative and fiscal inefficiency – to hospital inefficiency and productivity¹. The fragmented nature of the decision-making authority of hospital management contributes to performance issues at the facility level, and has an impact on quality of and access to care. This is true across a range of areas including human resource decisions, maintenance, procurement, logistics, and financial decisions outside of the centrally allocated budget.

A proposed organizational chart and composition of each unit and department can be found in Section 8: Recommendations. Further analysis is presented in the Findings section of this report. However, the organizational model does not address the authorities needed for the regional hospitals' administrators to provide effective services relating to personnel management, administrative records management, property and refurbishment, hospitality, and facility security.

Key findings:

Hospital inefficiencies are a direct result of opaque functions, structure, processes, and management.

- Units/departments are not performing their intended function; establishing and clarifying the business functions of each unit is critical.
- Because units within the structure are disorganized, realignment of the units and clarification of reporting is required.
- Units are not properly staffed in terms of qualifications and skill sets; staff need to be assigned based on minimum qualifications and human resource standards, and staff reductions are needed.
- Process and business reengineering should be undertaken to address the lack of coordination between units.

¹ Bonilla-Chacin, ME. Health and poverty in Albania: Background paper for the Albania Poverty Assessment. Washington, DC: World Bank.; Cashin, C, July 15, 2011. The Albania Health Sector Monitoring and Evaluation Function, Technical Report. Bethesda, MD. Enabling Equitable Health Reform Project in Albania. Abt Associates.

Function and structure

- There is an urgent need to strengthen the overall governance structures of the hospitals, including creating a governance board to allow hospitals additional decision-making authority under the purview of the government.
- Hospital management capacity needs greater autonomy, to ensure the success of the regional hospitals.
- As key decisions are made at the central level, the existing numbers of staff are not needed to fulfill the hospitals' functions. The number of administrative staff can be reduced substantially so that it is based on actual health care utilization and workload.
- Security and laundry are outsourced; additional outsourcing of support functions (kitchen and sanitation/cleaning) will increase efficiency and reduce administrative burdens on the hospital.
- Job functions have been diluted and the functions of administrative units are not aligned to achieve interdepartmental collaboration and efficiencies.

Processes and management

- The main inefficiencies are a result of decision-making being centralized at the Ministry of Health (MOH); this is especially true for decisions about budget allocation and staffing structures.
- Hospital managers have very little real authority to manage their institutions. Staffing, budgeting, and dismissal are outside their control, and numerous operational decisions have to be referred central government, resulting in administrative paralysis.
- Administrative staff are serving primarily as implementers rather than planners, accountability for their decisions appears weak, and are not held to hospital performance outcomes.
- Many of the senior managers in hospitals lack the experience or skills required to coordinate complex operations, and this results in deficient management systems and deficient human resources (HR), financial, procurement and logistical functions.
- Staff morale is compromised: a lack of transparency in hiring procedures impacts morale as do uneven management decisions, frequent staffing changes due to political appointments and a general inability to influence central budget decisions. This is despite recent improvements of human resource management made in the two EEHR pilot hospitals.

The findings and recommendations contained within this report should be viewed within the larger context of the changing role of hospitals within Albanians' health system - primary health care, referrals, and links with the tertiary system. As health care costs continue to rise and citizens demand more from their health system, structural changes are needed in the way that these services are delivered, managed and operated. This includes transitioning from the historical budgeting process and the legacy of the hospital as a social employer to a lean management system – responsive to the changing service needs of the community, and adaptive to technological improvements. For example, international lessons learned show that payment mechanisms that are linked to performance and facility-level management autonomy have been found to have a direct impact on hospital performance. Without this flexibility, hospitals will retain their rigid and inflexible structures, ultimately jeopardizing services and ability to meet the needs of the community in which they serve.

Many of the recommendations in this report require significant change management, not only in terms of establishing new functions and processes, but also in hospital culture. Making flat and blunt changes to the administrative structure will not remove many of the historical problems deeply embedded and ingrained in the hospitals. Thus implementing the recommendations will be a long term and multi-faceted process which ultimately should result in improvements in hospital level performance and quality of care.

BACKGROUND

USAID/Albania's Enabling Equitable Health Reforms (EEHR) project (2010-2014) addresses identified barriers and obstacles to more-effective health policy and health reform in order to increase access to health services, particularly for the poor. EEHR is organized according to an overarching results framework with three strategies to meet the goal of the project:

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

The EEHR project in Albania supports pilot activities of reform implementation in two regional hospitals (Lezha and Korça). These efforts are designed to institutionalize tools and mechanisms for improved hospital management and administration.

In Albania, hospitals provide the second level of health care. Public hospitals still provide the majority of hospital services in Albania, which has a health budget (9.8% of Gross Domestic Product in 2012), of which hospitals take nearly one half.² There are over 40 public hospitals in the country – 22 District Hospitals and 11 Regional Hospitals, as well as specialty and tertiary hospitals. Hospitals in Albania are not currently accredited, although the government has begun monitoring them against Joint Commission standards.

Hospitals are financed based on historical budgeting. In 2010, Albania introduced a financing contract between the Health Insurance Institute (HII) and the hospitals. The HII is the primary payer for services – with the Ministry of Health (MOH) providing an annual budget for capital investments and improvements.

Public hospitals have complex lines of authority that involve reporting to different superior institutions such as the Council of Ministers, the MOH, and the Ministry of Finance's Treasury System. Decision-making for a number of management functions, such as decisions on capital investments, is centralized and slow. But centralization serves to counterbalance the influence of hospital directors, who are frequently changed and who may not yet possess the technical and leadership competencies and skills to be effective hospital managers.

The 1993 Health Policy implemented shortly after the election of the Socialist Party outlined several goals for hospitals specifically. This included the continuation of government ownership and financing, setting up three tiers of government hospitals – district, regional, and national. National priorities also included reducing the number of beds and closing smaller hospitals, as well as rationalizing staffing and improving staff qualifications. In addition, the inadequately enforced formal system of referrals leads to patients' bypassing the district and regional hospitals. As a result, the tertiary-level hospitals provide relatively simple services that could instead be managed adequately at the district or regional level at less cost. Another indirect result of such bypassing is that a large part of the budget for the district and regional hospitals is used to "maintain" greatly under-used facilities.

² Nuri B, Healy J. *Health Care Systems in Transition: Albania*. Copenhagen: European Observatory on Health Care Systems, 1999.

Advancements in specialization, volume, service mix, technology, consumerism and the role of the hospital within the larger health system continue to impact Albanian hospitals. Business process re-engineering has provided managers with tools to improve productivity and reduce system costs. These changes create incentives to rely less on buildings and other high-cost assets. Such changes have begun within the Albanian health system, with the MOH reporting that in 2014, operating theatres will be consolidated and located within a smaller number of facilities that have the appropriate human and physical resources. More changes should be expected, which will ultimately result in the need to again reposition staffing assignments within regional hospitals.

I. OBJECTIVE

This report aims to review and analyze the existing hospital administration structure and identify inefficiencies within the current administrative system. It also recommends an organizational model that allows hospital administration the flexibility to structure its internal management support units in a manner deemed more efficient and effective for the hospital's organization and operation, providing a successful hospital governance model that may be replicated by the MOH and other hospitals in additional sites. Finally, the report proposes additional recommendations that support a revised administrative structure to enable the public hospital system to fulfill its mandate.

Previous reviews of the current hospitals link administrative challenges – opaque decision-making, lack of clarity of roles and responsibilities, and administrative and fiscal inefficiency – to hospital inefficiency and productivity. Fragmented decision-making powers and authority of hospital management in terms of human resource decisions, maintenance, procurement, logistics, and financial decisions outside of the centrally allocated budget contribute to performance issues at the facility level, and impact quality of care and access to care.

As a result of the administrative and operational inefficiencies, the MOH requested a comprehensive review of the organizational and administrative models of regional hospitals currently in place (also referred to as the “administrative services”). At the request of the Minister of Health, USAID, through the EEHR project, undertook this review for the regional hospitals of Lezha and Korça.

This comprehensive review of the organizational and administrative structures of the regional hospitals informed a proposed organizational model for the administrative services (Section 8: Recommendations).

2. METHODOLOGY

EEHR/Albania requested the support of a hospital management and governance expert (Jean Margaritis) to review the current organizational and administrative functions within Lezha and Korça Regional Hospitals. The analysis and recommendations contained in this report are based on a comprehensive review of Albania health reform and hospital assessments, policies, and other technical documents; review of regional hospital organization charts and MOH-approved

administrative structures, site visits to Lezha, Korce, and Durres Regional hospitals and interviews with stakeholders from the MOH, HII, and Lezha and Korça Regional Hospitals. See Annex I for a list of documents reviewed. Hospital-level counterparts were engaged in this review, including the hospital director, hospital managers and department heads, statisticians, and budget and finance departments, as well as support staff from each hospital.

Conclusions and recommendations for the improvement of the hospital administrative structures were based on a structured analysis, as well as the experiences of Korça and Lezha Regional Hospitals (gathered through interviews). Site visits took place March 3 through March 14, 2014 and involved the following activities:

1. Meetings with the Ministry of Health and Health Insurance Institute
2. Multi-day detailed operational reviews of the selected regional hospitals
 - Korça Regional Hospital
 - Lezha Regional Hospital
3. A visit to Durres Regional Hospital for additional perspective on the hospital sector organization and management

See Annex 2 for a complete list of interviewees that participated in this review.

3. FINDINGS: STRUCTURE AND FUNCTION OF HOSPITAL ADMINISTRATION IN KORÇA AND LEZHA HOSPITALS

Both Lezha and Korça Regional Hospitals have participated as pilot hospitals as part of the USAID-funded EEHR project. Extensive work has been done at both hospitals to strengthen human resource management, environmental management, HIS, and infection control, and to provide support with outsourcing. The findings below indicate that both hospitals have benefited from the extensive interventions supported by EEHR, and that the situation in both hospitals is likely better than in other regional hospitals.

TABLE 1: PROFILE OF LEZHA AND KORÇA REGIONAL HOSPITALS

At a Glance	Lezha	Korça
Total staff	279	589
Total staff in directorate	8	5
Total staff in administration	17	44 ³
Total support staff	72	158
Total beds	162	510
Average bed occupancy	57.1% ⁴	43.9%
Total population served	215,000	220, 438
Beds per person based on population	1,327	432

3.1 OVERVIEW OF THE STRUCTURE OF HOSPITAL ADMINISTRATION SERVICES

The organizational structure of each regional hospital is determined annually upon approval of the Ministry of Health. Article 23 of the hospital law provides that the Minister of Health defines the organization, approving the organizational structure of the hospital and with it the staffing positions across various departments/units.⁵ The hospital director submits a structure to the MOH (see Annex 3 for Lezha and Korça Regional Hospitals' 2013 approved structures). Upon approval of this

³ Includes all heads of departments as well as cost, planning, HR, finance, internal audit, statistics and directorate.

⁴ These numbers may be higher than the actual demand for bed occupancy, due to the perceived incentives to admit patients when unnecessary, to bolster utilization numbers.

⁵ Law No. 9106 dated 17.07.2003, "On Hospital Service in the Republic of Albania."

structure, the hospitals then submit for approval the staffing assignments that were based on the previously approved structure.

The hospital director is appointed by the Minister of Health; this position is considered a political appointment and the decision generally depends on which political party is in power and/or part of the coalition in power. Additionally, both the deputy director of economy and the deputy technical director are considered politically appointed positions, and usually change with the appointment of the new hospital director.⁶

Reporting structures varied between the two regional hospitals. According to the formal organizational structure, the hospital director is the person ultimately responsible for the overall administrative, financial, and clinical performance of the hospital. It is not required that the hospital director be a clinician; the hospital director in Korça is a business administrator, while the hospital director in Lezha is a surgeon. In both hospitals, the directorate includes the deputy technical director, deputy director of economy, head nurse, lawyer, and statistics officer. Current hospital organization charts can be found in Annex 4.

The deputy director of economy is responsible for the day-to-day administrative and financial functions, including accounting, physical maintenance, and human resources. The deputy technical director is responsible for the day-to-day management of clinical services. The head nurse has overall responsibility for all nursing functions, including assigning nurses among the different wards, overseeing patient admissions, and managing shifts.

Changes to the structure or staffing outside of this annual process must be made on a case-by-case basis and with approval by the MOH. Hospital administration is not able to independently reallocate staff internally without approval from the MOH. Despite these controls, there are indications that within hospitals, new positions are created without workload justification and jobs provided for (occasionally unqualified) individuals that have political connections.

The development of new positions within the structure is problematic. Staffing assignments are done without a clear workload assessment. Both Korça and Lezha Regional Hospital interviewees said that this has led to overstaffing in the administrative positions, as positions were filled without evidence of the workload needs in each department. Concerns that the hospital administrative staff do not have the right mix of skills and experience was shared in both hospitals.

3.2 FUNCTIONAL RELATIONSHIPS BETWEEN UNITS

The organizational structure of hospitals is fragmented into parallel and separate silos of managerial authority. Thus, nurses are managed within a nursing silo, doctors are managed within a silo of clinicians, and support workers are managed by a web of separate silos for cleaners, clerks and porters. This means that no unit of the hospital can be managed as a distinctive service unit. However, even within the administrative units, the functions and responsibilities assigned to each unit were unclear. Table 8 in Section 8: Recommendations proposes the realignment of functions and responsibilities for each unit discussed below. There is overstaffing of administrative functions, partially due to the lack of clarity of functions – with fragmentation of roles and responsibilities, which are divided without evidence of workload needs.

To manage the hospitals effectively, it is essential to identify the individuals who have the responsibility for each function. This requires a clear and well-defined organizational structure, and both hospitals urgently need to review all the functional areas that are poorly organized and poorly supervised as discussed below. Determining and standardizing the functions of each administrative unit is critical. This includes an assessment of the purpose and goal of each unit, particularly in the environment of the Albanian health care system, where administrative units function as mere

⁶ There is, however, no evidence in the laws and regulations that such approval is required. Kongoli, Zyhrada, October 9, 2012. *Analysis of Legal and Regulatory Framework for Health Facility/Hospital Autonomy in Albania*. Bethesda, MD: Enabling Equitable Health Reforms Project in Albania, Abt Associates.

“implementers” rather than truly performing their intended functions within an independent, autonomous hospital. For example, significant work has been done in the past two years to clarify the roles of the human resource department within both hospitals; functions typically (i.e., in other countries) assigned to this department were previously missing. Within the past two years, the human resource department has begun to implement key functions that include staff performance assessments and the development of job descriptions. This is a positive step in the right direction. Neither hospital have financial and operational reports designed to meet the specific needs of individual managers or to provide performance measurement. The costing system in place is a contractual requirement by the Health Insurance Institute, and is not linked to other service statistics although significant work has been done by EEHR to build a strong costing framework. Hospital managers report that they do not have a reporting system in places to inform strategic and operational decisions. In addition, the units need to be linked to ensure they are delivering key hospital operations statistics needed to efficiently manage the hospital. Currently, reporting of hospital statistics is based on templates provided by the MOH and HII which meet the needs of these institutions but are not sufficient for operational management decision making. Hospital management discussed the need for this data to be compiled and distributed in a way that enhances hospital performance, such as a scorecard for management and planning.

Recommendations:

- Determine and institutionalize standard functions assigned to each administrative unit (see Table 2 below for recommended functions).
- Apply standard job descriptions with minimum qualifications for staff assigned to each unit.
- Link the functions of each unit to the larger business needs of the hospitals.
- The hospital administration should monitor the performance of the units against standard functional criteria as part of the performance monitoring system.

3.3 CLARIFYING THE ROLE AND FUNCTION OF ADMINISTRATIVE SERVICES

Table 2 outlines the key functions that should be standardized and institutionalized for each administrative unit with the hospitals. This should be done in collaboration with a processes reengineering approach, to optimize productivity and ensure that the functions of units are aligned to meet the hospitals’ needs.

TABLE 2: KEY FUNCTIONS OF ADMINISTRATIVE UNITS

• Unit	• Function
• Administration Services	<ul style="list-style-type: none"> • Identify and evaluate business functions of individual departments. • Identify key functions and processes of each department. • Establish performance standards and targets for departments by assigning responsibility and accountability for structure, process and outcomes. • Establish a communication system based upon the organizational chart reporting relationship. • Formulate, introduce, and review policies and procedures. • Monitor compliance with policies and procedures.
• Human Resources	<ul style="list-style-type: none"> • Develop job descriptions, which are reviewed periodically.

	<ul style="list-style-type: none"> • Develop and implement a new employee orientation program. • Conduct periodic performance evaluation through heads of department. • Maintain a record and conduct 90-day probationary evaluation (performance appraisal). • Perform credentialing by way of contacting the individuals, authorities and institutions in order to be able to ensure the authenticity of the submitted certificates and testimonials. • Ensure that all the medical nursing staff are properly licensed to practice their duties. • Maintain confidentiality of the employees' personnel data. • Prepare and maintain salary tables.
<ul style="list-style-type: none"> • Finance 	<ul style="list-style-type: none"> • Provide oversight for contracts, stores/ inventory management, purchasing, accounts payable, cash book, general ledger, budget and fixed assets modules. • Establish comprehensive and well-defined accounting practices to ensure proper recording of all transactions of business. • Provide a full and fair picture of the transactions. • Ensure that the accounting transactions are performed in line with Albanian accounting standards. • Submit reports to the directorate. • Ensure each function of finance, primarily payroll, inventory management, revenue capturing and pricing applications, receivables and payables control, and general ledger accounting process. • Serve as liaison with external auditors for completion of audit. • Maintain the payroll system • Streamline ordering process of supplies. • Provide all units with the necessary materials to assure continuity of quality care. • Assist in the procurement of all necessary materials to meet the operational needs of the hospital. • Planning <ul style="list-style-type: none"> • Prepare budgets at unit level. • Participate in analysis of use of resources. • Provide a process for inventory evaluation and control. • Costing <ul style="list-style-type: none"> • Determine costs for services. • Act as liaison with the Health Insurance Institute to meet contractual requirements. • Coordinate with planning and finance functions to provide operational statistics and data.
<ul style="list-style-type: none"> • Facility Management 	<ul style="list-style-type: none"> • Identify, assess, reduce and control environmental hazards and risks, including planning, educating and monitoring. • Create a safe and healthy environment and facility. • Handle, store and transport linen according to proper protocols to minimize contamination from surface contact or airborne deposits. • Provide the best nutrition care to patients. • Educate patients about nutrition; promote nutrition awareness.

4. FINDINGS: ANALYSIS OF ADMINISTRATION SERVICES AT LEZHA AND KORÇA HOSPITALS

The discussion below centers on the detailed findings for each unit and department at Lezha and Korça Regional Hospitals. A summary of recommendations for unit/department composition as well as the proposed organizational chart can be found in Section 8: Recommendations.

4.1.1 THE DIRECTORATE

The hospital directorate functions as a senior leadership management team in both hospitals. Representatives in both directorates include the hospital director, deputy director of economy, deputy technical director, head nurse, and lawyer. As outlined in the approved structure, the Lezha directorate is larger and not all positions are senior leadership positions. The directorate meets daily at the hospital to respond to any management issues of the day. Indicative of the practice of political appointment of senior staffing, the membership of the hospital directorate can change often. In Korça, for example, all staff assigned to the directorate are new; some have been in their positions for only two months. This creates instability in the overall senior leadership, and can disrupt continuity of initiatives.

Recommendation: Define the role and scope of the hospital directorate, institutionalizing its role in hospital management. Streamline the directorate’s composition and standardize this.

TABLE 3: COMPOSITION OF THE HOSPITAL DIRECTORATES

Hospital	Lezha	Korça	Recommended Composition
Structure	Directorate	Directorate	Directorate
Report	Hospital director/MOH	Hospital director/MOH	Hospital director/MOH
Staff Composition	<ul style="list-style-type: none"> • Director • Deputy technical director • Deputy director of economy • General head nurse (senior) • Secretary/stenographer (mid/senior level) • Responsible for the archive and protocol (senior) • Lawyer • Specialist/statistic nurse • Responsible for human resources 	<ul style="list-style-type: none"> • Director • Deputy technical director • Deputy director of economy • General head nurse • Lawyer 	<ul style="list-style-type: none"> • Hospital director • Deputy of clinical services • Director of administrative services • Head nurse • General council

4.1.2 GENERAL COUNSEL (LAW)

In Lezha, the sole lawyer, who reports to the hospital director, is responsible for facilitating procurement (approximately 50 orders per year, peaking during the period of January-March). In Korça, there are two lawyers. The lawyer assigned to procurement reports to the HR department and reviews the procurement contracts for materials and services, as well as the contracts for the outsourcing. The other lawyer, who handles the legal proceedings for the hospital, reports directly to the hospital director, and has represented the hospital in 12 legal proceedings during the past year. Ten of these were HR-related, and two related to procurement contracts. Cases that are related to medical malpractice are handled by an external panel and not by the internal lawyers. The anticorruption task force in Korça is led by the lawyer, but no such cases have been pursued.

Recommendation: Both Lezha and Korça Hospital should have one legal representative, belonging to the directorate and housed in the General Counsel.

TABLE 4: COMPOSITION OF GENERAL COUNCIL

Hospital	Lezha	Korça	Recommended Composition
Structure	Unit	Embedded in numerous units	General council
Report	Hospital director	Variety of reports	Hospital director
Staffing	<ul style="list-style-type: none"> Responsible for procurement and contracts 	<ul style="list-style-type: none"> Procurement specialist (lawyer) HR specialist (lawyer) General counsel (lawyer) 	<ul style="list-style-type: none"> Lawyer

4.2 FINANCE DEPARTMENT

Both hospitals have established finance departments, with the primary function of reporting the financial health of the hospital to the director, HII and MOH. The finance department maintains appropriate inventory and financial registries. Note that the term “accountant” is used frequently in the structure but seems to translate more appropriately to “bookkeeper” than to “certified accountant.” Currently this department is a standalone department and is not integrated with cost or planning departments, and this creates a significant inefficiency.

Korça Hospital has an internal audit unit. This function historically has been performed by an external body housed within the Ministry of Health. It isn’t clear that the amount of work justifies the large number (three) of staff.

Recommendation: Planning and cost units should report directly to the finance department, ensuring that the finance department is able to perform its key functions efficiently. These are primarily payroll, inventory management, revenue capturing and pricing applications, receivables and payables control, and the general ledger accounting process. The internal audit unit should be removed from the structure; hospitals should collaborate with both the HII and MOH to receive an external audit, or else to establish an external audit committee to perform this function annually.

TABLE 5: COMPOSITION OF THE FINANCE DEPARTMENT

Hospital	Lezha	Korça	Recommended Composition
Structure	Department	Department	Department
Report	Deputy director of economy	Deputy director of economy	Director of administrative services

Staffing	<ul style="list-style-type: none"> • Head of department • Chief accountant (senior accountant) • Accountant-cashier (mid/senior accountant) • Payroll accountant (mid/senior level) • Pharmacy accountant 	<ul style="list-style-type: none"> • Head of department (senior finance accountant) • Specialist (senior accountant) • First accountant (senior finance accountant) • Inventory accountant (mid-level accountant) (2) • Accountant-cashier (5) 	<ul style="list-style-type: none"> • Head of finance • Senior accountant (certified) • Payroll bookkeeper • Bookkeeper*
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4.2.1 COSTING

The costing unit was introduced in 2010 as part of the HII contractual requirements. This unit is the primary liaison between the regional and national HII offices. The costing department in Lezha includes the cost department head, an accountant and an operator who is responsible for entering the data. Cost data per patient is first manually calculated from the inpatient files by the head nurse before being sent to the cost unit, which enters the data in the HII system. The cost unit staff enter service and financial data into the electronic HII system per the contractual agreement with HII. Data is also shared with the statistics unit.

Recommendation: The cost unit should report directly to the finance department, ensuring that the finance department is able to report on service delivery and costs to the director of administrative services.

TABLE 6: COMPOSITION OF THE COST UNIT

Hospital	Lezha	Korça	Recommended Composition
Structure	Department	Department	Unit
Report	Deputy director of economy	Deputy director of economy	Department of finance
Staffing	<ul style="list-style-type: none"> • Head of department • Cost accountant • Cost operator 	<ul style="list-style-type: none"> • Head of department (senior accountant) • Costing accountant (senior accountant) (3) • Costing operator (senior nurse) 	<ul style="list-style-type: none"> • Cost accountant (senior) • Data clerk(s)

4.2.2 PLANNING

A planning unit in a hospital is a critical component to provide the appropriate data for leadership to make decisions; however, the unit at Korça (Lezha has none) apparently does not perform its function. The primary responsibilities are limited to payroll. This includes monthly entering of the salaries into a register and submitting to the bank the request for payment.

Recommendation: A planning unit should be established in Lezha Hospital. Planning units should report directly to the finance department, ensuring that the finance department is able to report on planning needs and inventory to the head of finance.

TABLE 7: COMPOSITION OF THE PLANNING UNIT

Hospital	Lezha	Korça	Recommended Composition
Structure	None	Department	Unit

Report	None	Deputy director of economy	Head of finance
Staffing	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Head of department (senior accountant) Specialist of wages evidence (senior planning accountant) (3) 	<ul style="list-style-type: none"> Planning specialist Inventory specialist

4.2.3 STATISTICS/ ARCHIVES

The statistics unit maintains registers of patient service statistics, and performs an archive function for medical records. Using data from the cost unit as well as the patient files, the statistics unit reports to the MOH based on a standardized template. There is a critical need for systems reengineering to streamline data collection and data entry within the hospitals.

Recommendation: The statistics unit should report directly to the finance department, ensuring that the finance department is able to report on service delivery statistics to the planning unit. Additional strengthening of this unit is needed to ensure that appropriate data is being shared across all administrative units.

TABLE 8: COMPOSITION OF THE STATISTICS AND ARCHIVES UNIT

Hospital	Lezha	Korça	Recommended Composition
Structure	Unit	Unit	Unit
Report	Head nurse	Hospital director	Planning unit
Staffing	<ul style="list-style-type: none"> Responsible for the archive and protocol (senior) Specialist/statistic nurse 	<ul style="list-style-type: none"> Head of office Statistics nurse (4) 	<ul style="list-style-type: none"> Statistics and archives specialist Data clerk(s)

4.3 HUMAN RESOURCE DEPARTMENT

The human resource unit in Lezha Hospital consists of one person. There is a need to look at adding a position in this unit, as the hospital now undertakes comprehensive performance-based assessments and employee orientation.

In comparison, the HR department in Korça includes four people. Notably, the procurement lawyer is included in this department, as well as the secretary to the hospital director. Both of these positions should be reassigned to their appropriate units (lawyer to the law office and secretary to the customer care/reception unit). In addition, there is room here for reduction, particularly as the majority of hiring of new positions is done by committees and the HR function is, rather, to maintain HR files for staff.

The perception of the Albanian public about public hospitals is extremely negative⁷. Both hospitals have developed an institutionalized mechanism to communicate effectively and in a timely manner, internally and externally (i.e., to the public) and to be customer-centered. USAID/EEHR supported the operationalization of hospitals' annual communications plans and hospital-specific patient care standards, as well as renovating the reception area in both hospitals. Two nurses in Lezha Hospital have been assigned as receptionists to manage the reception area. While this function does not require a trained nurse, the positions are critical. The reporting mechanism for this function is currently unclear in the organizational structure.

⁷ IDRA Research and Consulting, May 08, 2013. Health Care System in Albania: A Formative Research with Consumers to Increase Non-State Actors Engagement in Health System Governance. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt. Associates Inc.

Recommendation: Expand the function of HR to also include customer care and oversight of the reception area. The HR department should report directly to the director of administrative services; this includes the receptionist and staff responsible for customer care.

TABLE 9: COMPOSITION OF THE HUMAN RESOURCE DEPARTMENT

Hospital	Lezha	Korça	Recommended Composition
Structure	Unit	Department	Department
Report	Hospital director	Hospital director	Director of administrative services
Staffing	<ul style="list-style-type: none"> Responsible for human resources 	<ul style="list-style-type: none"> Head of department Office manager Senior specialists Senior specialists Specialist (lawyer) 	<ul style="list-style-type: none"> Human resource specialist Human resource specialist⁸ Receptionist(s)

4.4 FACILITY MANAGEMENT DEPARTMENT

Outsourcing of non-clinical services is a popular practice among hospital systems in Western Europe and North American countries. Outsourcing could include such services as laundry, food service, grounds and equipment maintenance, security, and transport services. As a concept and practice, outsourcing of capabilities or activities to an external organization is intended to result in the outsourcing organization obtaining a better quality of service than the one they currently produce, while controlling the cost of the service.

4.4.1 TECHNICAL DEPARTMENT

The technical departments in both hospitals oversee the grounds, maintenance and equipment as well as the drivers and cars. Staff at both hospitals expressed concern that there were a lot of “extra positions” within the technical department.

Recommendation: Reduce staffing to key full-time positions; outsource additional services such as electricity, plumbing, and car maintenance, as needed.

TABLE 10: COMPOSITION OF TECHNICAL DEPARTMENT

Hospital	Lezha	Korça	Recommended Composition
Structure	Department	Department	Unit
Report	Deputy director of economy	Deputy director of economy	Facility management department
Staffing	<ul style="list-style-type: none"> Head of department Device technician Oxygen/boiler technician (6) Plumber Electrician Cleaner Drivers (5) 	<ul style="list-style-type: none"> Head of department (engineer) IT specialist Device technician Oxygen specialists (3) Boiler specialist (2) Gardener Territory cleaner Loading and unloading staff 	<ul style="list-style-type: none"> IT specialist Biomedical technician Technician specialists* General mechanic Gardener Driver*

⁸Responsible for staff performance and continuing education.

		(2) <ul style="list-style-type: none"> • Maintenance staff • Drivers (10) • Operators (2) • Restoration staff (2) 	
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4.4.2 HOSPITALITY

Hospitality services (kitchen and laundry) could benefit from being outsourced, not only to improve cost effectiveness, but also to reduce the administrative burden on the hospitals. In addition, as laundry has already been outsourced, the laundry positions within Lezha are redundant.

Recommendation: To improve efficiency, combine kitchen at the main hospitals in both Korça and Lezha Regional Hospitals, rather than operating two full kitchens.

TABLE 11: COMPOSITION OF THE HOSPITALITY UNIT

Hospital	Lezha	Korça	Recommended Composition
Structure	Unit	Department	Unit
Report	Technical department	Technical department	Hospitality services unit
Staffing	<ul style="list-style-type: none"> • Head of kitchen • Chefs (5) • Stewarding (2) • Head of laundry • Laundry staff (3) 	<ul style="list-style-type: none"> • Head of kitchen • chefs (8) • Sous-chefs (2) • Dishwashers (13) • Storekeepers (2) • Tailor (1) 	<ul style="list-style-type: none"> • Kitchen supervisor • Assistant chef *

4.4.3 ENVIRONMENTAL SERVICES

Current practice at Albanian hospitals is to place responsibility for hospital cleaning within separate departments under the general supervision of the nursing function. Professionalizing environmental services, assigning the appropriate supervision and budget, would enable workers within this department to focus on and improve infection control and sanitizing techniques.

The introduction of an environment service department in both Lezha and Korça Regional Hospitals as a result of EEHR/Albania initiatives has been successful. Supported by EEHR/Albania, hospitals have created and delivered internal trainings on environmental services; prepared hospital standards for environmental services; and drafted environmental services inspection standards. The Minister approved the departmentalization of environmental services and all related documents in the package in 2013.

Lezha Hospital has a total of 41 cleaners (29 assigned to the main hospital building; 12 assigned to the maternity ward, which is a separate compound). Three supervisors under the newly established environmental services department oversee their performance and assignment. Similarly, Korça has a total of 96 cleaners supervised by three part-time supervisors.

Recommendation: Ensure appropriate supervisory support and budget allocation to the newly formed environment service units.

TABLE 12: COMPOSITION OF ENVIRONMENTAL SERVICES

Hospital	Lezha	Korça	Recommended Composition
Structure	Department	Department (not yet approved)	Unit

Report	Deputy director of economy	Deputy director of economy	Hospitality unit
Staffing	<ul style="list-style-type: none"> • Head of department • Shift supervisor (3) • Cleaning staff (41) 	<ul style="list-style-type: none"> • Shift supervisors – volunteer (3) • Cleaning staff (96) 	<ul style="list-style-type: none"> • Senior supervisor (1) • Shift supervisor (3) • Cleaner(s) • Chief of material(s)

4.4.3.1 SECURITY AND TRANSPORT

Hospital security is outsourced at both hospitals. During site visits, security staff were present and monitoring the flow of traffic. With the newly implemented visitor control procures developed with support from EEHR/USAID, additional support is needed from all hospital staff to adhere to these guidelines and coordinate with security.

Transport is managed by both hospitals, increasing the amount of oversight and management needed to ensure efficiencies. The hospital could benefit from outsourcing some transportation functions, including the regular and planned patient transport process for dialysis, for example.

Recommendation: Outsourcing of regularly planned transportation services, including the management of the vehicle fleet, will reduce the administrative strain on the hospital.

4.4.3.2 INFORMATION TECHNOLOGY AND COMMUNICATION

Since the Ministry of Health’s goal is to increase the role of health medical information systems throughout the country, each hospital will need to plan for the human resources to help manage these electronic systems, as well as provide training and support to staff. Korça Regional Hospital has an information technology specialist in its approved structure, while Lezha Regional Hospital has identified this as a critical need.

5. FINDINGS: PROCESSES AND MANAGEMENT RELATED TO HOSPITAL ADMINISTRATION

Management in the Albanian hospital context needs to acknowledge the complexity of the hospital's position as a multi-service provider that functions both as an independent entity and as an arm of the government. A variety of players have an interest – and influence – in the management processes, including the Council of Ministers, MOH, the Ministry of Finance's Treasury System, and the Health Insurance Institute. Hospital administration – efficiency, equity, revenue mobilization, public accountability, and patient satisfaction – are dependent on the interactions of power holders that impact the provision, delivery and financing of hospital services.

Thus, the importance of managing processes and procedures between the different units of the hospital and the various arms of government cannot be understated. The analysis below must be viewed in the larger context within which the hospital operates, including the variety of power holders.

Hospital management systems are what hold the various components together in a uniform, collective manner.⁹ These systems consist of the policies and procedures that control inter-departmental relationships. Establishing effective management systems is not something that can be done within a few weeks or even months, but will instead require significant leadership and change management, as well as collaboration with the superior powers that govern the inner workings of the hospital.

The following section explores process and management issues related to administering hospitals and addressing inefficiencies. These include: appointment of senior leadership, human resource management, budget and financial management, procurement management, and data management.

5.1 APPOINTMENT OF SENIOR LEADERSHIP

Nomination and dismissal of the hospital directors is exercised by the Minister of Health. Within recent years, the staffing of these positions has frequently changed. Korça Regional Hospital, as an example, has seen four directors in the past two years. The frequent changes of the director and deputy directors has proven to be problematic for maintaining consistent management of the hospital and ensuring continuity of initiatives and services. Frequent changes in personnel have not only been disruptive to the management of the facilities, but have also significantly damaged morale and staff performance. Reports of hospital directors with no previous administrative and/or hospital management experience (generally in Albania, not only in Korça and Lezha) are common. Interviewees reported feeling that their positions were a direct result of their political party membership rather than competence.

⁹ Hospitals globally are moving towards a discipline-based organizational structure, rather than the function model currently employed in Albania. For Albania, such a change would require an entire restructuring of both the administrative and clinical services. The shift to a service-based model management system would ultimately make each service more accountable and autonomous for quality-improvement initiatives, optimizing the results of future efforts. However, in the absence of autonomy and in the current environment where key management decisions are made at the central level, this would be impossible.

Recommendations:

- Establish core competencies and qualifications for senior leadership roles within the hospital.
- Remove the positions from the purview of political appointment.
- Institute an annual transparent performance assessment for senior leaders.

5.2 HUMAN RESOURCE MANAGEMENT

Employment in the public health service, including hospitals, and recruitment of hospital personnel is based on MOH Order No. 511, dated December 13, 2011, “On the criteria of employment in the public health service.” According to this order, the recruitment of hospital personnel has to be led by the hospital director, who establishes an ad hoc commission to carry out the selection procedures among job applicants, and employs the candidate selected by the commission. However, in practice, decisions are based on institutional staffing norms that are not related to the actual workload. The results are low levels of efficiency and underuse of many current staff.

The largest percentage of hospital costs are attributed to salaries and benefits.¹⁰ Improving hospital efficiency requires that a critical analysis of the human resource needs within the administration be conducted, particularly in determining the staffing support needed to effectively conduct hospital operations. The inability to make management decisions with regard to HR and budgets has a serious impact on hospital performance. In fact, the hospitals are not managing, but rather implementing, and are unable to make key adjustments to improve their performance.

Part of the effective management of human resources includes the ability to transfer staff temporarily from one hospital department to another to meet unexpected surges of demand. While the hospital directors legally have the right to transfer personnel between hospital departments to meet such needs, this is not done in practice, and hospital directors feel disempowered to do so.

EEHR, together with hospital HR working groups, engaged in implementation of various HR tools such as training needs assessments, workforce staff planning tools, and procedures for fair and objective hiring, transfer, and promotion of staff. Staff identification policies, tools, and procedures were also established in pilot hospitals with positive preliminary results.

Recommendations:

- Undertake recruitment reforms, based on job descriptions as well as a standardized list of the essential criteria to select the most appropriate candidate, encompassing knowledge, qualifications, and other determinants.
- Continue to institutionalize the internal performance appraisal, instituting a 360-style review for senior leadership.
- Integrate performance management systems, to include continued professional development, external peer review, and external recertification.

¹⁰ Kongoli, Zyhrada, October 9, 2012. Analysis of Legal and Regulatory Framework for Health Facility/Hospital Autonomy in Albania. Bethesda, MD: Enabling Equitable Health Reforms Project in Albania, Abt Associates.

5.3 RESOURCE MANAGEMENT

The ability of the hospital administration to address operational needs is extremely limited. Both Lezha and Korça Regional Hospitals receive funding from two primary resources: the MOH for hospital improvements and the HII for operating funds. The HII provides a budget based on historical figures; budgets, however, were cut between 2013 and 2014, placing additional stress on the hospitals' management of funds. The HII contract stipulates the percentages that are allocated for staff and social insurance benefits, leaving a very small percentage for operational expenses. It is unclear whether staffing reductions would take place if the funds could be transferred to operating expenses, which are underfunded.

Hospital administrations report providing feedback to the central Health Insurance Institution in line with contractual requirements; however, hospitals receive little feedback, and when they get feedback it tends to arrive too late for them to act on it, other than adding it to a statistical compilation. Due to the nature of historical budgeting, the data provided also does not translate into budget modifications.

Interviewees at both hospitals expressed concern with the procurement process. Procurement takes place during a set cycle annually, with little to no flexibility to procure out of cycle. In order for such a procurement process to be effective, the planning and forecasting of needs must be exact, as a result of collaborative planning between units. Neither the planning unit nor the cost unit in the hospitals provide timely data across administrative units, which makes this type of precise planning impossible.

When procuring goods and services, including medicines, each regional hospital is subject to Law No. 9643, dated November 20, 2006, "On Public Procurement," as amended in 2007 and 2009. Structurally, the procurement law requires that both a procurement unit, led by a lawyer, and a procurement committee be in place. While during the procurement peak (January–March annually) there is a need for contracts and administrative support, there is little need for such a unit to exist during the whole year. In Korça, the procurement unit works on an ad hoc basis only; however, there is a full-time procurement lawyer on staff to meet the legal requirements of the procurement law. Outside of the procurement cycle this lawyer could be allocated to other judicial assignments.

Recommendations:

- Increase ability of hospital administration and management to allocate resources (including investments and human resources) to improve their performance efficiency, service quality, and patient and staff satisfaction.
- Allow greater managerial autonomy, including the ability to make decisions on staffing, compensation, services offered, resource allocation, and investments to increase the efficiency and responsiveness of hospitals.

6. CONCLUSIONS

Leadership turnover in the hospitals due to the frequent replacement of hospital directors has had a major impact on the continuity of hospital management and operational improvements. In addition, the inability of hospital managers to make decisions on resource allocation (including investments and human resources) and on services impacts hospital performance efficiency, service quality, and patient and staff satisfaction. Greater managerial autonomy is needed, including the ability to make decisions on staffing, compensation, services offered, resource allocation and investments. This autonomy is expected to increase the efficiency and responsiveness of hospitals.

Both Lezha and Korça Regional Hospitals suffer from inefficiencies that are a direct result of opaque function and structure, as well as processes and management. In both hospitals, units/departments are not performing their intended function. A business re-engineering process should be implemented to establish the roles and function of each unit, as well as clarifying the reporting relationships.

Units and departments are poorly staffed; staff assignments based on minimum qualifications and human resource standards, as well as staff reductions, are a priority. There is a need to implement transparent, merit-based selection for all hospital staff, against a defined set of qualifications; and a clear process for dismissal, based on documented failure to achieve performance objectives, is necessary in order to advance hospital care. This applies to all levels of administrative services. Roll out of USAID/EEHR supported HR policies, mechanisms and tools is recommended.

7. RECOMMENDATIONS

Both Lezha and Korça Regional Hospitals will benefit from a revision to their organizational chart, clarifying reporting relationships and aligning business functions to meet the needs of the hospital and improve management efficiencies. Linking functions of each unit to the larger business needs of the hospitals will also allow for the monitoring of unit/department performance against standard functional criteria. This will require that business functions and processes also be realigned using a business reengineering process. Staffing of support services (such as those provided by data clerks, cleaners, drivers, etc.) will require a workload assessment to ensure appropriate staffing of administrative and support staff. A functional organization chart is provided below as a proposed standard structure for the regional hospitals.

FIGURE I: PROPOSED ORGANIZATIONAL CHART FOR LEZHA AND KORÇA REGIONAL HOSPITALS

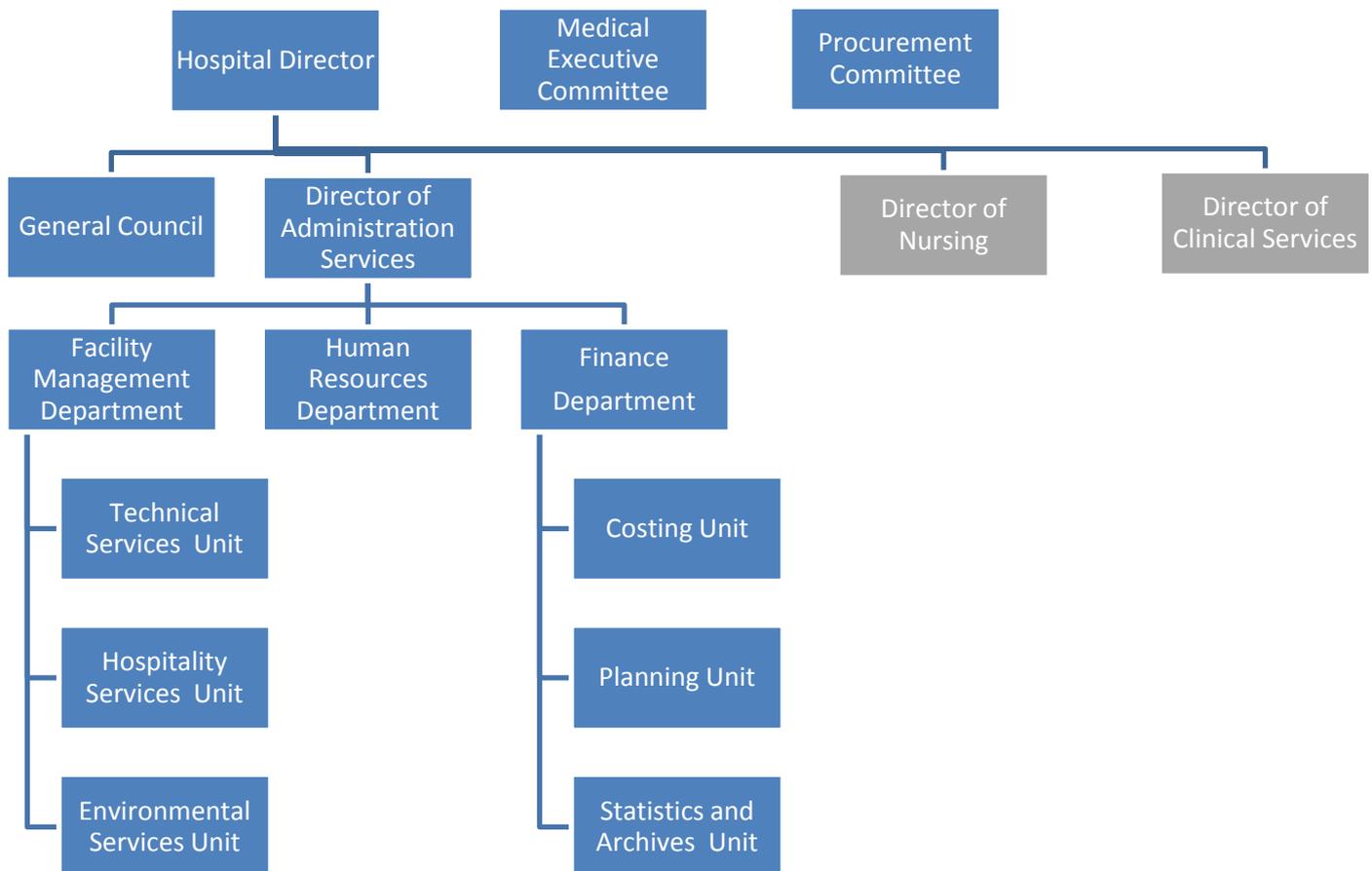


Table 13 recommends a functional realignment of staffing structures and roles based on the proposed organizational chart provided above. The (*) indicates where multiple positions may be needed based on a workload assessment; this will vary dependent on hospital size and utilization.

TABLE 13: PROPOSED COMPOSITION OF DEPARTMENT AND UNITS WITHIN KORÇA AND LEZHA REGIONAL HOSPITALS

Function	Reports to:	Recommended Composition
Directorate	Hospital director/MOH	<ul style="list-style-type: none"> • Director • Director of clinical services • Director of administrative services • Head nurse • General council
Department of finance	Director of administrative services	<ul style="list-style-type: none"> • Head of finance • Senior accountant (certified) • Payroll bookkeeper • Bookkeeper*
Cost unit	Head of finance	<ul style="list-style-type: none"> • Cost accountant (senior) • Data clerk*
Planning unit	Head of finance	<ul style="list-style-type: none"> • Planning specialist • Inventory specialist
Statistics/archives unit	Head of finance	<ul style="list-style-type: none"> • Statistics and archives specialist • Data clerk*
Department of human resources	Director of administrative services	<ul style="list-style-type: none"> • Human resource specialist • Human resource specialist¹¹ • Receptionist*
Department of facility management	Director of administrative services	<ul style="list-style-type: none"> • Head of facility management
Technical unit	Head of facility management	<ul style="list-style-type: none"> • Information technology specialist • Biomedical technician • Technician specialists* • General mechanic • Gardener • Driver*
Hospitality unit	Head of facility management	<ul style="list-style-type: none"> • Kitchen supervisor • Assistant chef *
Environment services unit	Head of facility management	<ul style="list-style-type: none"> • Senior supervisor (1) • Shift supervisor (3) • Cleaner* • Chief of materials *

¹¹Focused on staff performance and continuing education.

ANNEX I

LAWS

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Law No. 9106 of 17.7.2003, Hospital Service in the Republic of Albania

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ANNEX 2

The table lists the interviews conducted as part of this assessment during the period of March 3 through 14, 2014.

Person	Role	Date of meeting	Location of meeting
Naun Sinani	Head of Hospital Sector, HII	March 4, 2014	HII
Leonora Horralliu	Head of Budget Sector, HII	March 4, 2014	HII
Klodian Rjepaj	Deputy Minister – MOH	March 4, 2014	Ministry of Health
Milva Ekonomi	Deputy Minister – MOH	March 7, 2014	Ministry of Health
Silva Novi	Head of Hospital Standards Sector	March 7, 2014	Ministry of Health
Alma Tedeschini	Deputy Director of Durres Hospital	March 7, 2014	Durres Hospital
Person	Role	Date of meeting	Location of meeting
Nevruz Bara	Director	March 5, 2014	Lezha Hospital
Valentina Nikolli	Deputy Technical Director	March 5, 2014	Lezha Hospital
Brunilda Hoxha	Head Nurse	March 5, 2014	Lezha Hospital
Silva Nikolli	Department of HR	March 6, 2014	Lezha Hospital
Ardiana Barbullushi	Lawyer	March 5, 2014	Lezha Hospital
Ardian Preli	Deputy Director of Economy	March 5, 2014	Lezha Hospital
Teuta Marku	Director of Finance	March 6, 2014	Lezha Hospital
Erjona Brunga	Direct of Cost Department	March 5, 2014	Lezha Hospital
Tonin Bushi	Director of Environmental Services	March 5, 2014	Lezha Hospital
Ervin Hoxha	Director of Technical Department (Hospitality)	March 5, 2014	Lezha Hospital
Person	Role	Date of meeting	Location of meeting
Pandi Papando	Director	March 10, 2014	Korça Hospital
Artan Loci	Deputy Director of Economy	March 11, 2014	Korça Hospital

Genci Niço	Head Nurse	March 11, 2014	Korça Hospital
Vasilika Çuti Stela Guçi	Department of HR	March 11, 2014	Korça Hospital
Bledar Hoxhallari Saimir Venxha	Lawyers	March 11, 2014	Korça Hospital
Entela Bardhi	Director of Statistics	March 11, 2014	Korça Hospital
Anila Dishnica	Director of Finance	March 12, 2014	Korça Hospital
Violeta Toska	Director of Planning	March 12, 2014	Korça Hospital
Edmond Rëmaçka Entela Madhi	Director of Technical Department (Hospitality)	March 12, 2014	Korça Hospital
Ermira Kurro	Direct of Cost Department	March 12, 2014	Korça Hospital
Agron Kurro	Deputy Technical Director	March 12, 2014	Korça Hospital
Rezarta Korançe Mirela Dhëmbi	Director of Environmental Services	March 12, 2014	Korça Hospital

ANNEX 3

REPUBLIC OF ALBANIA
MINISTRY OF HEALTH
DIRECTORATE OF HUMAN RESOURCES MANAGEMENT
AND CONTINUOUS EDUCATION

Boulevard "Bajram Curri", Tirana, Albania. Phone: +355 4 364 632 www.moh.gov.al

Prot. No.: 3179

Tirana, on 27.06.2013

APPROVED

HALIM KOSOVA
MINISTER OF HEALTH

STRUCTURE OF THE DIRECTORATE OF KORÇA REGIONAL HOSPITAL 2013

DIRECTORATE

Director	1
Deputy Technical Director	1
Deputy Director of Economy	1
General Head Nurse	1
Lawyer	1

OFFICE OF STATISTICS

Head of Office	1
Statistics Nurses	4

DEPARTMENT OF HUMAN RESOURCES AND PUBLIC RELATIONS

Head of Department	1
Office Manager	1
Senior Specialists	2
Specialist (lawyer)	1

DEPARTMENT OF INTERNAL AUDIT

Head of Department	(Senior Accountant)	1
Specialist Accountant		1

FINANCE DEPARTMENT

Head of Department	(Senior finance accountant)	1
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Specialist (Senior accountant)	2
First Accountant (Senior finance accountant)	1
Inventory Accountant (mid-level accountant)	2
Accountant – Cashier	5

PLANNING DEPARTMENT

Head of Department (Senior accountant)	1
Specialist of wages evidence (Senior planning accountant)	3

COSTING DEPARTMENT

Head of Department (Senior Accountant)	1
Costing accountant (Senior Accountant)	3
Costing operator (Senior nurse)	1

TECHNICAL AND HOSPITALITY DEPARTMENT

Head of Department (engineer)	1
IT Specialist	1
Device Technician	1
Oxygen specialists	3
Boiler specialist	2
Electrician	
Carpenter	
Gardener	1
Territory cleaner	1
Loading and unloading staff	2
Maintenance staff	1
Drivers	10
Operators	2
Restoration staff	2

HOSPITALITY OFFICE

Head of Office	1
Storekeepers	2
Staff in charge of materials	18
Tailor	1
Kitchen	
Head of Kitchen	1
Chefs	8
Sous Chefs	2
Stewarding	13

STRUCTURE OF THE DIRECTORATE OF LEZHA REGIONAL HOSPITAL 2013

DIRECTORATE	Approved
Director	1
Deputy Technical Director (performed by hospital physician)	0
Deputy Director of Economy	1
General Head Nurse (Senior)	1
Secretary/Stenographer (mid/senior level)	0
Responsible for the archive and protocol (senior)	1
Lawyer	1
Specialist/statistic nurse	1
Responsible of Human Resources	1

FINANCE DEPARTMENT

Head of Department	1
Chief Accountant (Senior accountant)	1
Accountant-cashier (mid/senior accountant)	1
Payroll accountant (mid/senior level)	1
Pharmacy accountant	1

COSTING DEPARTMENT

Head of Department	1
Cost accountant	1
Cost operator	1

TECHNICAL DEPARTMENT AND HOSPITALITY

Head of Department (mechanical/electrical engineer)	1
---	---

TECHNICAL OFFICE

Device technician	1
Oxygen – boiler technician	6
Plumber	1
Electrician	1
Cleaner	1
Drivers	5

HOSPITALITY OFFICE

Head of Hospitality	0
Storekeeper	2

Kitchen	
Head of Kitchen	1
Chefs	5
Stewarding	2

LAUNDRY

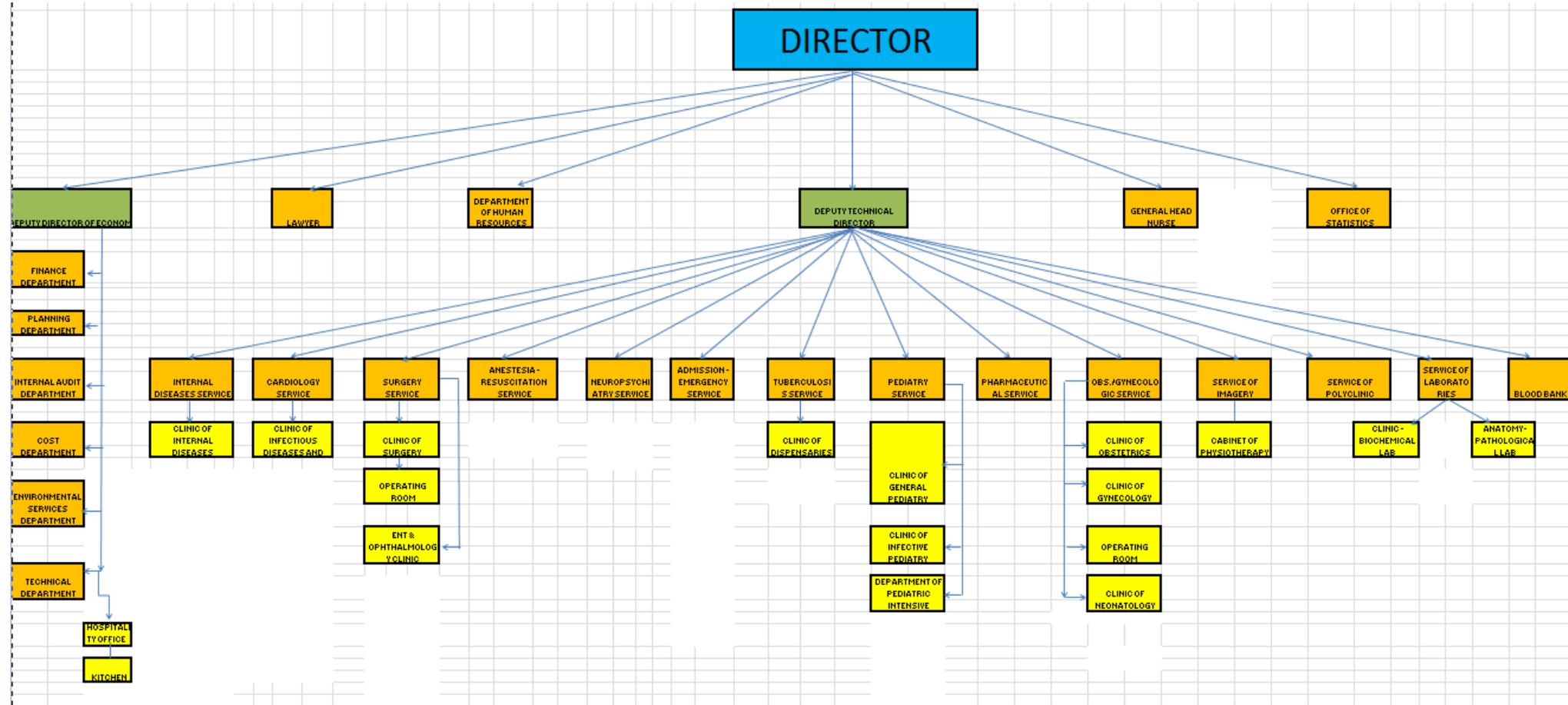
Head of Laundry	1
Laundry Staff	3

ENVIRONMENTAL MAINTENANCE DEPARTMENT

Head of Department	1
Shift supervisor	3
Cleaning staff	41

ANNEX 4

KORÇA REGIONAL HOSPITAL CURRENT ORGANIZATIONAL STRUCTURE



LEZHA REGIONAL HOSPITAL CURRENT ORGANIZATIONAL STRUCTURE

