



IMPROVING HOSPITAL PERFORMANCE & ACCESS TO QUALITY CARE

It is a challenge for any government to turn policy into real change and address the “implementation gap” between what is intended to be happening and the reality of day-to-day facility management. The USAID-funded Enabling Equitable Health Reform in Albania (EEHR) project has worked closely with health institutions and civil society at the facility level to strengthen hospital management and operations through targeted pilot interventions, thereby informing and supporting reform implementation with the ultimate goal of increasing equitable access to quality health care.



THE CHALLENGES

In 2010 at the outset of the EEHR project, health sector reforms including hospital accreditation standards, increased operational autonomy, improved and institutionalized monitoring and evaluation systems, and a new hospital payment system existed mainly on paper, in the form of recently enacted strategies, laws and regulations including newly established roles and responsibilities for national and regional health institutions. In preparation for greater operational autonomy and a payment system based on performance, and to achieve the accreditation standards required for Health Insurance Institute payments against services, hospitals would need to make specific changes and improvements as well as to focus on efficiency, effectiveness, access and the quality of services offered.

THE APPROACH

The EEHR strategy relies on participatory processes for its implementation. EEHR staff and international consultants provided capacity building and technical support for working groups of hospital staff working to develop tools, systems, and mechanisms for reform implementation. Early buy-in from hospital staff was ensured through their active participation and leadership in the development and implementation of hospital strengthening initiatives every step of the way. This work process supports stakeholder buy-in, provides a mechanism for staff feedback and inputs, establishes mutual accountability, on and off-the job learning, team work and teambuilding. Areas in the hospitals were refurbished in order to allow implementation of new policies, such as visitor control. Results of tools and mechanisms piloted were analyzed and findings presented to the Health Reform Implementation Support Group for consideration and policy recommendations for EEHR-developed tools, systems and mechanisms to be rolled out nationwide.

THE RESULTS

The innovations can be categorized according to six health system building blocks.

1. Hospital governance

By-laws for Boards of Directors of hospitals have been developed and presented to HRSIG and the MOH for use when and if the MOH should decide to pursue greater autonomy for hospitals. The project supported hospital working groups have proven to be an effective mechanism for problem identification, priority setting for performance improvement, and developing and enacting new initiatives within the hospital. This mutual accountability tool will be a legacy of the project’s work.

Lastly, the Community Advisory Councils established in Lezhe and Korce Regions is a mechanism that allows for community and civil society to receive updates from hospital management and to provide inputs and feedback on needed improvements and services.

2. Health Finance

Procedures and rules to support a new performance based hospital payment system have been introduced and tested and hospital finance staff is trained on applying the new hospital payment method. Cost accounting studies were conducted at three pilot hospitals, demonstrating cost-allocation techniques for advanced hospital management. Staff of the hospitals is trained on step-down cost accounting approaches and understands how to use it to support hospital management decision-making. Finance and statistics staff has the tools and methods to apply / use step-down cost accounting in their work. A benefit package of hospital services to be provided to insured population was proposed and methods for adding and removing package services, using cost analysis, were introduced.

3. Service delivery

Hospitals have adopted numerous policies, practices and procedures to improve the quality of services, patient comfort and safety, efficiency and infection control. These include incident reporting policies which encourage staff to report when accidents and mishaps occur so that steps can be taken to minimize such cases in the future. Visitor control policies and outsourcing of non-clinical services (such as laundry and food services) contribute to infection control. The pilot hospitals have created a separate department for environmental services, which professionalizes the function, provides it with standards of performance. As a result of expert analysis, the hospital management has made some changes in space utilization in order to improve efficiency. The pilot hospitals have refurbished entry areas for improved visitor control and patient registration.

4. Human resources

The project developed a set of tools, manuals, policies, training programs, and strengthened capacities of health professionals working at pilot hospital Human Resource Departments that support the implementation of at least 12 Human Resource Components such as: job descriptions, new employee orientation, performance monitoring and planning, training needs assessment and training plans, employee transfer and promotion etc.

5. Health Information Systems

Two EEHR pilot hospitals operating the Astraia OB/GYN software (Queen Geraldine and Korca Regional Hospital) have procedures, equipment and staff trained enabling them to run more efficient operations with higher software utilization levels. Staff of pilot hospitals have well-designed color-coded ID badges that enable visitors and patients to identify easily hospital employees by their name and position. The regional hospital in Lezha has telemedicine equipment and a furnished telemedicine room enabling the hospital to be a part of the telemedicine/teleconsultation network in Albania.

6. Pharmaceutical and medical supply management

The hospitals now have Pharmacy and Therapeutics Committees that monitor the adherence to an approved formulary and are responsible for the proper planning and forecasting of pharmaceutical needs. There are procedures in place that guide drug dispensing. At Lezhe Regional Hospital the refurbished pharmaceutical warehouse is now the central location for storage which allows for greater control and accountability over the management of drug disbursement and reordering.



The numbers of visitors per patient at any one time, and visiting hours are limited at pilot hospitals. This is enforced by requiring identification submission and visitor passes (see above). Newly established visitor policies give patients time to rest, and hospital staff space to perform their duties without visitor interference.

WHERE DO WE GO FROM HERE?

In the long term, one of the most important achievements among the hospitals is that they now have the systems in place for continuous improvement and the capacity to use the tools listed above. Most training courses have been certified for Continuing Medical Education, so there may be ample opportunity for trained professionals to train others using the EEHR materials. EEHR pilot hospitals have teams that know how to work together and what it takes to design, develop and deliver a hospital improvement project. Hospital teams are capable of interacting and supporting each other in a way that breaks internal/vertical silos and advances hospital improvement through collaboration and integration. Soft Skills such as presentation, team building, and leadership skills have been improved and made a part of the toolset available to hospital human resources.