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1.0 STATUS OF ACTIVITIES PREVIOUSLY INITIATED: COMMISSIONING OF SALMANIYA MEDICAL CENTER

1.1 Development of an Intra-Medical Center Financial System (Budget)

The detailed design of this new system was completed during early August. An Accountant has now been recruited to implement it and coordinate its operation. The Accountant is currently undergoing training by Arthur Anderson and Co. in the structure and function of the system. This system is the first of its kind in the Bahrain Government and promises to be extremely valuable as an administrative/management tool. One of the greatest values to be derived is that its formulation will require comprehensive planning efforts by all administrative department heads; implementation will also rest with them. Briefly stated, the new budgeting process represents a reversal of the customary procedure wherein Ministry staff prepared the budget and were responsible for its implementation. The entire process has now been brought to the user level.

1.2 Development of an Intra-Medical Center Personnel Management System

The continuing absence of a Personnel Officer at the hospital level has caused continuing difficulties in effecting the uniform and timely execution of personnel actions for our more than 1,500 staff members. Previously each member of my staff implemented personnel actions for those departments for which he was administratively responsible. This led to a great deal of variation in actions taken depending upon the amount of information available to the administrator initiating the action. As a large number of personnel procedures are in fact unwritten practices, the variation between and among various hospital administrative staff was apt to be considerable. Throughout the past year I have put a number of these practices into a written procedure format thereby increasing the timeliness and uniformity of effecting promotions, the award of pay increments for exceptional service, and car and telephone allowances. Now that these activities will be centralized in a Personnel Officer, I anticipate continuing improvements in both the timeliness and uniformity of the wide-range of personnel actions with which we are dealing.

1.3 Development of an Intra-Medical Center Materials Management System

Heretofore materials management activities, like personnel and finance activities, were centralized at the Ministry located directorate level. Requisition requests for stock or non-stock items would come to members of my staff in precisely the same manner as personnel actions. I have recently obtained Civil Service Bureau approval for a Materials Management Officer who will coordinate material activities on a hospital-wide basis. The Materials Management Officer will be responsible for pre-planning materials usage with hospital department heads in the same manner the Personnel Officer will specify personnel requirements. Again, the area of materials management is poorly structured in terms of written procedures; it can take as long to obtain a box of matches through existing supply channels as it can to obtain a microscope.

1.4 Development and Elaboration of an Intra-Medical Center Administrative/Management System

Development of new systems planned for this period included a new position for a Public Relations Officer whose main activities included consolidation of the news release function, making available patient status information to relatives, meeting newly arriving staff and getting them situated and dealing with Ministry of Health guests who desire to visit the hospital. This position was not approved by the Civil Bureau for 1978 but will be approved in the 1979 budget. Likewise, my request for an additional assistant administrator to coordinate professional matters was delayed until 1979. I envisaged the incumbent of this position attending all medical-staff committees and implementing action based on decisions emanating from these committees.

While I had anticipated implementation of these objectives during the report period under consideration they will, of necessity, have to be delayed until the 1979 personnel budget is approved.

1.5 Medical Center Space Allocation

During the report period all clinical and administrative departments were made aware of the details of space available to them.

Bed distribution throughout the Medical Center has now been finalized.

A controversy over including a psychiatric in-patient service in the center has been settled by the Minister: Psychiatric patients, as originally proposed, will be provided for in the new Medical Center.

1.6 Equipment Installation

Approximately 95% of all equipment items have now been installed and are undergoing testing. Hospital departments heads are now receiving this equipment in conjunction with Medical Equipment Center specialists who are simultaneously testing the equipment and instructing in its proper usage.

1.7 Training in Use of New Equipment Items

Subsequent to the installation of the new equipment items a number of technicians have been sent to instructional courses conducted by the equipment manufacturers. These activities will continue during the upcoming report period.

There appears to be a very gray area surrounding the availability of consummable supplies required for the operation of a number of pieces of medical equipment. In some cases consummables were purchased with a piece of apparatus and in other cases only a start-up supply was arranged for. This area requires considerably more clarification. Until the technicians return from their training courses we are not in a position to know precisely what consummables are required and in what quantities.

Unavailability of consummables for new equipment items in the existing hospital, EKG electrodes and pressure cups and fluids for a renal dialysis machine, has already caused near critical patient outcomes. Efforts to specify these requirements will continue throughout the upcoming report period.

1.8 Staff Training

1.8 Resulting from the civil strife in Beirut, the American University of Beirut has become unavailable as a training center for hospital staff. As a result of this the new four-bed cardiac care unit cannot be opened; only four of the eight intensive care unit beds may be operated, and the hospital is without a resuscitation team (crash-cart).

1.9 Electronic Security System

Due to continuing efforts of the Civil Service to contain personnel expansion throughout the government, the Minister has requested that I obtain proposals for an electronic security system throughout the Medical Center. He is particularly interested in using closed circuit T.V. to monitor access-egress points, pharmacy, operating rooms and business office. Thus far I have obtained bids from both Motorola and I.T.T. At this point in time I need a neutral expert to advise me regarding which system is the most viable and will require the least maintenance.

1.10 Telephone System

Existing switchboard equipment is not capable of meeting the new demands which will soon be placed on it. Plans call for the existing hospital to be renovated and brought back into operation during mid-1980. The existing switchboard capability will meet operating requirements for the existing hospital but not the new one and certainly not both. I am currently working with two advisors to the Government of Bahrain brought here from Southern Bell Telephone Company. We are currently planning a Ministry-wide telephone system. We hope to have budget approval for purchase of the equipment during the first half of 1980.

1.11 Movement of Patients to the Medical Center

December 16, 1978 is State Day in Bahrain and the Minister has selected this date to hold the grand opening of the New Medical Center. The Amir will be invited to inaugurate the center.

Effective mid-November limitations on elective patient admissions will commence in order to reduce patient census from 431 to 250, thereby enabling a one-day shift of patients from the existing hospital to the new center. This move is scheduled to take place during the first week of December.

2.0 PROBLEMS ENCOUNTERED DURING THE REPORT PERIOD

2.1 Cholera Epidemic

During the night of Friday, August 11, 1978, I was notified by Accident & Emergency Room staff that what appeared to be two probable cholera patients had presented themselves for treatment; that guidance was required regarding their hospitalization.

I initiated the plan referenced in a previous report (Report for the quarter ending December 31, 1977). We are now 61 days into this epidemic and a total of 722 patients have been hospitalized for an average length of stay of three days. Peak admissions for a one-day period reached 42; average number of daily admissions throughout the period has been 11. We are now at this average figure and it has been holding for well over two weeks.

The plan, designed during October 1977, proved viable. Because of the large number of presenting gastro-enteritis cases however, I established a separate gastro-enteritis reception center apart from the Accident and Emergency Department. Separating all gastro-enteritis cases simplified effecting an immediate treatment capability for the seriously ill and reduced contamination and infection of routine, non-gastro-enteritis cases in the Accident & Emergency Department. The peak number of gastro-enteritis cases seen in this specially arranged reception area in a twenty-four hour period was 210; the least, to date 113.

At the peak of the epidemic Dr. Robert Gunn, WHO epidemiologist arrived in Bahrain. The Minister of Health had requested WHO assistance several days earlier and WHO responded by sending Dr. Gunn who is a fulltime Public Health Service physician who serves with WHO as a consultant on an as needed basis.

The entire episode indicated to all of us who participated, and are continuing to participate in the management of this epidemic, the fundamental importance of having an articulate plan of action, shared by cognizant levels of hospital staff, which can be expanded to meet operating requirements. We also learned to respect the need to invoke treatment strategies which may appear somewhat unorthodox.

2.2 The Principal Nursing Officer (PNO)

The day that the Minister of Health had scheduled a meeting to resolve the matter of the PNO's reporting relationship (The Minister was prepared to instruct her to follow the Ministry approved hospital administrative organization-or accept her resignation) cholera alarm had reached the Amiry Court and the news media was exacerbating the situation further. Accordingly, we agreed to hold the matter in abeyance until the epidemic was under control.

While my relationship vis-a-vis the PNO has definitely improved during the period covered by the report, she has effectively alienated the newly appointed Bahraini Chief of Medical Staff. The Chief of Staff informs me she provides only vague answers to his questions and provides assurances for action but fails to follow through. She has also recently engaged in open argument in the Medical Board with the Chairman of the Department of Medicine, Dr. Hassan Fakhro (The Minister's brother). In this latter instance she adamantly refused to allow or to consider training of qualified staff nurses to start I.V.'s on patients requiring resuscitation. The majority of the members of the Medical Board expressed their opposition to her on this matter primarily because of her refusal to even consider or discuss their training. Whether or not she is right or wrong is not at issue; that she mishandled the matter by refusing to discuss it appears to be the central issue in the doctor's minds at this time. A number of the board members are also prepared to force the issue to the point where she will either train the nurse members of the resuscitation team or they refuse to develop a resuscitation team response capability for the new medical center. This situation is bad and can be expected to worsen within the near term future.

2.3 Commissioning of the New Medical Center

Whereas the American University of Beirut Services Company (AUBSCO) previously had the consultancy contract to the Minister of Health their lack of results caused the Minister to bring in MADGE, headed by Dr. Nadim Haddad, a previous AUBSCO board member.

MADGE has brought on a new group of consultants. These consultants became familiar with the new building throughout the present report period and are now endeavoring, through the Governing Body, to effect needed changes/modifications. The single most important physical problem is the lack of sufficient air-conditioning and air-movement equipment. There are a number of areas throughout the new hospital where there is virtually no air movement.

This problem is going to be quadrupled in magnitude when heat emitting equipment gets turned on and hospital staff, patients and visitors enter these areas of low or no air movement. Additional air conditioning equipment and air movement equipment is on order but will not reach Bahrain until February or March of 1979. There seems to be no immediate solution to this and if equipment orders are delayed or lost or whatever, the consequences could be critical.

Continued unavailability of a sufficient quantity of desalinated water also continues as a problem area. While the consequences are not immediate, the problems could start about twelve months from opening as the existing pipes commence to build up a scale lining. At best, this build-up could take eighteen months, but its effect will be that of having to re-pipe the entire medical center. Ministry of Health Engineering Services and the Public Works Directorate state the desalinization equipment is on order and should be here at about the time the Medical Center is opened.

2.3.1 Supplies Situation

As noted above (1.7) supplies of consummables to operate the new equipment may not exist in sufficient number to permit sustained hospital operation. All new apparatus appears to be in start-up condition but there does not appear to be any significant amount of back-up supplies. At the writing of this report I have learned that the Radiology Department has just recently submitted its film requirements to the Director of Materials Management. The Director of Materials Management informs me however, that it will be June 1978 before these supplies are in Bahrain.

2.3.2 Staff Training

Resulting from the continued escalation of conflict in Beirut the American University of Beirut has been unavailable as a training center for hospital staff for purposes of specialized training.

At this time we have insufficient trained staff to operate our four bed cardiac care unit and can operate only four of eight bed intensive care unit. The hospital is without a resuscitation team (crash-cart). Unless the Minister opts in favour of the short term intensive training course available through the Fort-Sam Houston Medical Training Center, we will continue to go without these necessary patient care capabilities. The continuing lack of direction at Ministry level regarding these problems constitutes a continuing concern for those of us with operational responsibilities.

2.4 New Chief of Staff

Subsequent to effecting the reorganization of Salmaniya Hospital (see report for the quarter ending December 31, 1977) we now have our first Bahraini serving as Chief of Staff. Previously there was a rotational system in which American University of Beirut clinicians served for ten week periods in the position for purposes of getting the new organization started. The A.U.B. rotational system was in effect for fifty weeks and was discontinued by the Minister upon his substituting MADGE for AUBSCO. The new Chief of Staff, Dr. Ahmad Abdulla Ahmad, was Chairman of the Department of Ophthalmology. He, like all his predecessors in this position is American educated (Moffitt Hospital, San Francisco) and is a board certified specialist.

Dr. Ahmad is now in a position of occupying the key medical administrative post in the hospital and is having to cope with some expressions of envy on the part of other Bahraini Chairmen of Departments who were passed over in the selection process. Many of us feel, and my immediate staff have confirmed to me, that the Bahraini is more willing to follow someone they perceive as neutral, i.e., an outsider, than someone from among their own ranks. These distinctions regarding perceptions of outsider neutrality go right to the core of the sunnite/sheite division permeating the society and in terms of which a good deal of attitude formation and conduct is organized and executed.

A change in Chief of Staff is a time-consuming task in terms of orientating him on policy and procedural matters as well as the method for getting things accomplished administratively.

3.0 OBJECTIVES PLANNED FOR THE UPCOMING REPORT PERIOD

3.1 Commissioning Activities:

All hospital staff will be directing attention to bringing the new center on line as an operating entity. Some of the more central matters which will be addressed consist of the following items:

3.2 Staff Training

With the American University of Beirut unavailable as a training center staff training is at a standstill. I am currently working with the Minister toward his selection of the Fort Sam Houston Medical Training Center so that we can have a fully trained and competent staff to man our cardiac care unit, intensive care unit and resuscitation team. Efforts to obtain training in these categories of specialization will be carried out throughout the upcoming report period.

3.3 Consummables Supply Situation

As noted above (1.7 and 2.3.2) efforts are now being made to learn what consummables are available and in what quantities. It appears at this time that the entire supplies management area was poorly handled from the time the equipment orders were made during 1976. Efforts to specify existing levels of supplies and immediate requirements will continue during the period of the upcoming report.

3.4 Nursing Administration

Efforts to realign this situation will be made early in this period in order to head off escalation of the conflict taking place between nursing administration and medical administration.

3.5 Hospital Paging System

Currently the medical center, a vast building of almost catacomb complexity, is without a central paging capability. Efforts will continue to effect this capability. Unfortunately the building was not designed to incorporate this capability yet it is essential for purposes of locating key members of staff for emergencies, alerting resuscitation staff for cardiac arrests and mobilizing staff for fires and mass casualty situations.

3.6 Hospital Signs/Traffic Control/Key Control

Satisfactory progress on each of these detailed areas is progressing smoothly. The internal signing program is 60% complete; current road construction should be completed within the next six weeks thereby providing a reasonable network of internal roads. Key control appears to be satisfactory.

3.7 Test Radio Equipment

All Ministry of Interior forms have been approved for bringing this equipment on board to serve as a central appointments system between the hospital and the outlying health centers. It is anticipated that I will be in a position to place the order for this equipment during the upcoming report period. On its arrival development of the system will get underway.