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Oct. - Dec. 1977

REPORT FOR THE QUARTER
ENDING DECEMBER 31 1977

Technical Assistance : Hospital Administration

REFERENCES : Contract No. AID/NE-C-1441.
Project Numbers: 251-0001

WITH I.D.
Reference Center
Room 1609, NE

Completed By : GEORGE H. JAMIESON

OUTLINE

REPORT FOR THE QUARTER ENDING
DECEMBER 31, 1977

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REPORT FOR THE QUARTER ENDING
DECEMBER 31, 1977.

References : Contract Number - AID/NF-C-1441 BAHRAIN
: Project Number - 231-0001

INTRODUCTION:

The following report is the first one prepared under the terms of the above referenced contract. Because it is the first one, the contents of this report will include base-line data in terms of the organizational setting within which the project is to be implemented.

I. THE ORGANIZATIONAL SETTING:

A. Ministry of Health - State of Bahrain -
Administrative Organization Chart.

Attached as Appendix I is an administrative organization chart for the Ministry of Health. It is organized along conventional lines though presently lacking in an Under Secretary's position. Once a suitable candidate is identified for the post it is planned that it will be filled.

1. The American University of Beirut Services
Corporation (AUB)

(a) The Policy Level:

Reference to the organization chart for the Ministry depicts the role of AUB in the Ministry at both the policy level and the operational level.

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AUB has the greatest policy impact through its Steering Committee which meets each four to six weeks with the Minister of Health. This committee is composed of Dr. Jack Thaddeus, the on-site Project Director for AUB Service Corporation plus a number of Officers of the American University of Beirut, which regularly attend these steering committee meetings. Management priorities and strategies are mapped out and forwarded for implementation to AUB's Offices of Professional Standards and System Analysis (OPSSA) and Office Management Planning and Analysis (OMPA). Both of these advisory offices work in conjunction with the two Assistant Under Secretaries for Health.

(b) The Operational Level.

AUB also staffs three Operational posts at this point in time: The Chief of Staff for Salmaniya Hospital, the Director of the College of Health Sciences and the Director of the Medical Equipment Maintenance Department. In summary, AUB has a pervasive impact on the conduct of affairs throughout the Ministry of Health and constitutes a vortex of organizational activity which is fully in line with American methods and standards.

B. Ministry of Health Interface with Salmaniya Hospital.

1. The Policy Level; The Governing Body.

Effective with the assignment of the writer to the post of Chief Executive Officer - Salmaniya Hospital (See Appendix I: Administrative Notice) the Minister of Health activated the Governing Body. The Minister of Health serves as its Chairman. All policies emanate from this body. Its role at this point in time, while clear on paper, is not clear in function

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It is anticipated that its role and function will be clarified during the upcoming report periods.

2. The Operational Level.

Relationships between hospital officials and Ministry Staff have remained virtually unchanged even with the advent of the implementation of the Governing Body. Operationally I still must obtain personnel through the Ministry located Director of Personnel, Engineering Services from the Ministry located Chief Engineer, Materials from the Ministry located Director of Materials Management and approval for expenditure through the Director of Finance. Normally these duties and responsibilities are vested in the hospital administration staff. I have proposed and received Governing Body approval for preparing a policy statement which will incorporate these functions into the hospital Management context.

3. The Assistant Under Secretary for Administration and Planning.

Mr. Mohammad Rhama Al-Tajir serves in this post. Under his administrative jurisdiction he has: Nursing, Training (the College of Health Sciences) General Services (Engineering), Material Management (Logistics) and both Personnel and Finance.

4. The Assistant Under Secretary for Technical Affairs.

Dr. Ibrahim Yacoub fills this post. Dr. Yacoub is an American trained (UCLA) Pediatrician, who has been in his Ministry post for six years. Dr. Yacoub is responsible for personnel in technical positions which covers the range from technicians through physicians.

5, The Director General for Curative Medicine:

This position is filled by an Egyptian Physician Dr. A. Abu Zaid. As noted on the Ministry Organization chart, he reports to the Assistant Under Secretary. Both the Chief of Staff and Chief Executive Officer of Salmaniya report to the Director General of Curative Medicine for day-to-day matters.

The Director General also is administratively responsible for the twelve existing health centers and state-wide drug control activities.

II. ACUTE GENERAL CARE HEALTH STATISTICS :

A. The Existing Hospital

The capacity of the existing hospital is 431 beds. The facilities are those typically found in a Western Hospital in terms of laboratory and radiology equipment. The most significant difference lies in the number of ward accommodations. All but 25 private rooms are ward accommodations with four beds to a unit. A ward is normally composed of eight such four bed units. Maternity Services are handled at a separate Maternity Hospital, as are chest and psychiatric cases. There are currently an estimated 1,149 hospital employees. Maintenance of equipment represents a continuing problem due to lack of skilled staff. Inpatients served during 1974 totalled 11,763; outpatient visits numbered over 20,000.

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B. The New Hospital

The bed capacity for the new hospital is 628. It is not now sufficient to meet Bahrain's current needs due to the high number of expatriate personnel which have been brought here during the past three years and is continuing without let-up. At this time an additional 500 bed hospital is in the talking stage and funding is being discussed at the Council of Ministers level.

The new hospital when opened will provide for psychiatric in-patients though chest and maternity cases will continue to use the hospitals now serving these specially needs.

III. OBJECTIVES OBTAINED DURING THE REPORT PERIOD:
OCTOBER THROUGH DECEMBER 1977.

A. Development and Implementation of an Administrative Organization.

1. Implementation of a Medical Staff Organization.

Effective with the arrival of the writer, the AUS Chief of Staff and I commenced our organizational activities by organizing a Cholera Situation Committee due to the threat of Cholera in this immediate area during October. The threat was caused for the most part by pilgrims going to Mecca in Saudi Arabia and commencing their return during November and December 1977. Many of the pilgrims were slated to pass through Bahrain as well as nearby countries. Following this familiarization and orientation exercise the

Chief of Staff and I implemented the New Medical Staff administrative organization. Procedurally: we selected our nominees for Chairman of the speciality medical departments (Surgery, Medicine, pediatrics, etc.) from those physicians participating on the Cholera Committee and presented their names to the Minister in the first Governing Body Meeting. As members of the Governing Body we effected their appointment. Once these nominees were confirmed we then had the membership for the Medical Board which is the master hospital policy committee. Once the membership was confirmed by the Governing Body we called a meeting of the newly appointed members and distributed our previously prepared Medical Staff Rules and Regulations to the twelve member Board. Our first action taken in this Board was that of appointing various members to Chairman of speciality Medical Staff Committees (Infection Control, Operating Room Committee, Quality Assurance Committee, Credentials Committee and Treatment Abroad Committee). We then established meeting times and frequencies. Upon completion of these activities we had completed the organizational format for the Medical Staff.

The objective then became that of sitting with these committees for purposes of keeping them within the perimeters established for them and aiding them with devising actionable plans for meeting their designated objectives. These particular activities are still being carried out and will continue throughout the period of the writer's assignment.

2. Implementation of the Hospital Administration Organization.

Following completion of the Medical Organisation the writer established and implemented the hospital administrative organization (chart) included here as Appendix III. This organizational format is unique for the hospital. At no previous time has there been an administrative assignment of responsibility to the administrative staff. The concept of departmental organization was a wholly new one for them. Because it was a new concept, staff were skeptical that it would work. Secondly, they were concerned because the new administrative organization assigned responsibility and accountability to each member of the administrative staff. For the first time they realized they would be held accountable for their action or inaction. On the ministry level however, the publishing of the organization chart was immediately welcomed because it did identify who was responsible for various hospital activities. Again, the reorganization was welcomed by hospital department heads for it designated for the first time who was responsible to them for administrative actions and support. At the writing of this report the administrative staff have had an opportunity of almost two months to work within the new structure. They are learning to work effectively within this new context and are taking to it rapidly for they now realize they can come to grips with a delimited area of concern rather than any and all problems as in the past. In addition, now that they are being held accountable for certain departmental activities they in turn are holding their departmental Supervisors accountable for the operation of these departments. Briefly stated, the mood is a good one and the results thus far are good.

3. Development of Channels of Administrative Authority
Responsibility and Communication.

(a) The Chief Executive Officer.

Reference to Appendix III and the accompanying memorandum delineates the specific departmental responsibility assigned to members of the hospital administrative staff. As Chief Executive Officer, I have responsibility for implementation of Governing Board policies.

My interface with the hospital medical staff occurs principally through participation as the Secretary of the Medical Board as well as a member of its specialized committees.

The Hospital Administrative Staff, comprised of the Hospital Administrator, The Associate Administrator and Assistant Administrator along with the Principal Nursing Officer (the U.S. equivalent of the Director of Nursing) report administratively to me.

(b) The Hospital Administrator.

The Hospital Administrator, Mr. Abdul Rahman Bu-Ali, holds a Master's degree in Hospital Administration from the American University of Beirut and has been the administrator of Salmaniya hospital for over five years. His departmental activities include all newly commissioned hospital departments which now include Dietary and Central Sterile Supply. As new departments are brought on line they will be assigned to him. Mr. Bu-Ali also is responsible for finance, personnel and public relations.

(c) The Associate Hospital Administrator.

This position is held by Mr. Sadiq Shehabi. He holds a B.A. degree from England in Medical records. I am working toward having him take a one year Diploma Course in Hospital Administration in the U.K. commencing September 1978. Currently he is responsible for all major departments in the existing hospital; Laboratory, Radiology, Medical Records, Medical Equipment Center, Pharmacy, Physiotherapy and Prosthetics and Orthotics.

(d) The Assistant Hospital Administrator.

This position is held by Mr. Faisal Maskate. Mr. Maskate has completed all of his Academic Work toward his Master's in Hospital Administration but has failed to pass his English language Examination. Until he successfully completes this his degree will not be granted. Mr. Maskate is responsible for the following departments; General Services (Guards, Gardening, Information and Reception, Mail and Messenger Service, Telephones and Transportation) Housekeeping, Laundry, Social Services and Stores.

4. Functioning of the New Administrative Organisation.

Prior to the implementation of this new organisational arrangement hospital Administrative Staff functioned more as conduits for decisions taken at the Ministry. Functionally, hospital department heads would take issues to the Ministry for policy interpretation and the decision would come back either directly to the officer or would be channeled through a member of the Hospital Administrative Staff. Now all intra-hospital communications must be directed initially to the Administrator in charge who is held responsible for effecting a policy or procedure interpretation i.e. he is the only person to initiate contact with the Ministry. This situation is referred to by Ministry Staff as "Salmaniya's New Autonomy".

While it is not an autonomy at this point in time it nevertheless does represent the necessary conditions for a real autonomy as development of hospital administrative capabilities take place. To this end I have budgeted for both a Personnel Administrator, a Controller and a Materials Management Administrator which will be brought on board during the second half of 1978. As these positions are filled and we commence consolidating these activities a real autonomy will develop. In the meantime, however, it is necessary to rigorously enforce the newly developed channels of communication and authority and develop a capability on the part of administrative staff to anticipate problematic areas rather than simply await their arrival. Stated briefly, I am very pleased with the progress already made in this respect and look forward to its continuation as we prepare to move to the new medical Center during the latter part of 1978.

5. Development and Organization of Hospital Department Heads Infrastructure.

Paralleling the organization of the Medical Staff and Hospital Administrative Staff I have initiated a Hospital Department Heads Meeting. This group meets each two weeks for purposes of surfacing inter-departmental administrative problems. Throughout the history of the hospital there has been no such mechanism for identifying such problems or working toward their resolution. The first three meetings were just this side of open warfare with various supervisors taking other supervisors to task for poor or non-performance of their assigned duties and responsibilities.

A great deal of improvement in the job performance of departmental Supervisors and staff has resulted directly from these meetings and will continue as each supervisor is now aware that shortcoming in his department will be subject to open review by his peers and that he will have to answer for the activities of his department. Briefly stated, this bi-monthly meeting is extremely effective and will be the vehicle through which administrative innovations will be implemented during future time periods.

IV. OBJECTIVES PLANNED FOR IMPLEMENTATION DURING THE UPCOMING REPORT PERIOD.

A. Preparation of Hospital Operational policies:

Currently underway is the preparation of department by department operating policies designed to delineate the operating objectives of each hospital department. Once these are completed and discussed with each department supervisor, I will ask Governing Body approval. Design of procedures to implement the policies will be the next step but in all likelihood will not be commenced during the upcoming report period. My time tabling calls for this to be completed during the June to December 1978 report periods.

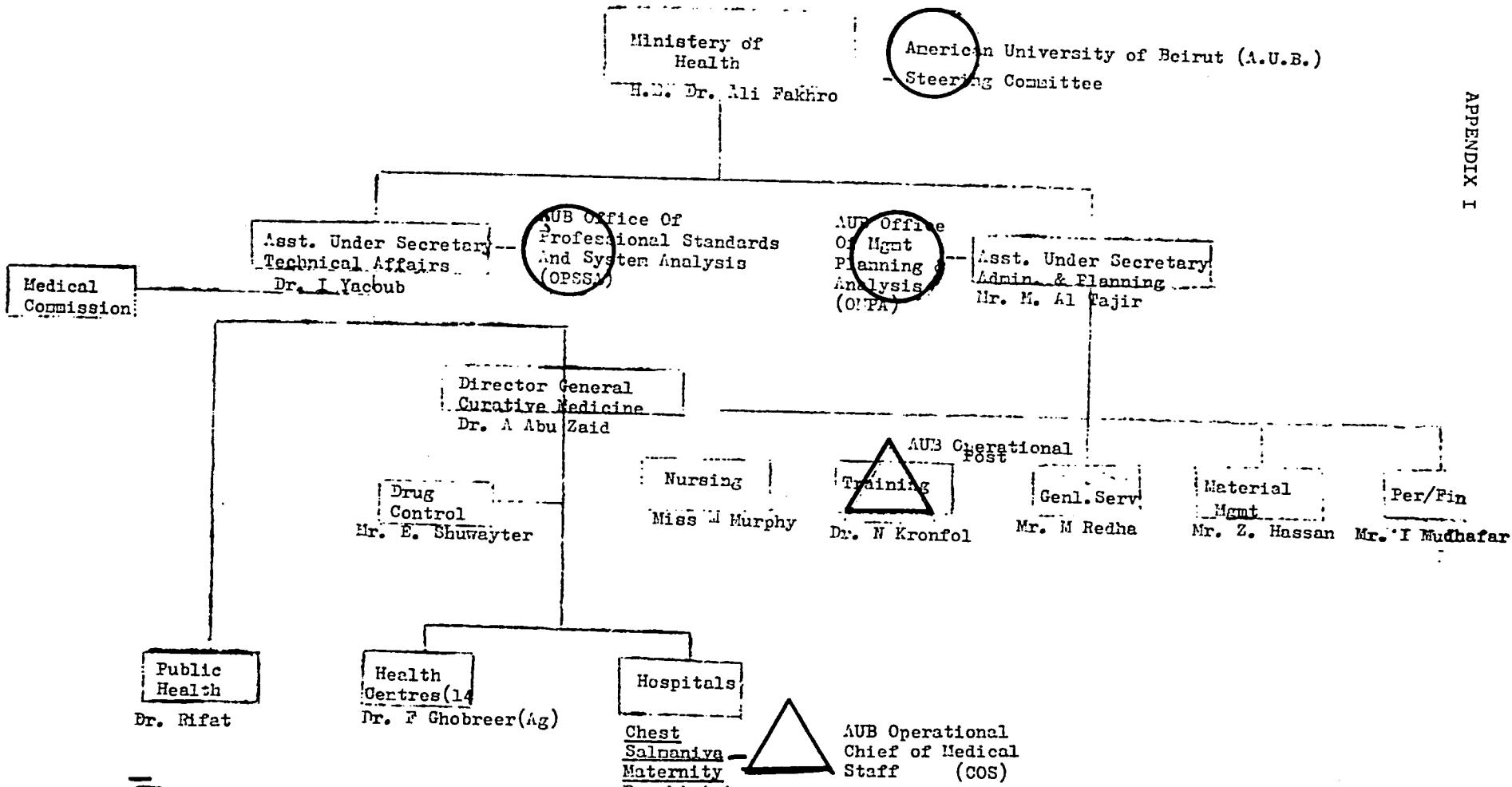
B. Development of a Patient Information System:

Management information regarding patients is currently unavailable. A number of discrete statistics exist through the Medical Records department but are virtually unusable for management purposes. My existing proposal, to be reported on more fully in the next quarterly report, depends on obtaining Ministry of Finance computer time. If I am successful in

developing this report it will be a real first in terms of obtaining patient information for management purposes. During 1979, following the arrival of the previously mentioned personnel in finance, materials management and personnel, I expect to develop a further elaboration of the above referenced management information system directed toward hospital staffing and revenue and expense statistics which will be used for purposes of establishing a hospital budget and effecting continuing improvements in hospital management.

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MINISTRY OF HEALTH : THE STATE OF BAHRAIN - JANUARY 1978.



APPENDIX I

APPENDIX II

وزارة الصحة

قرار اداري

يسرني أن اعلن بأنني قد تم تعيين السيد /
جورج جيمسون في وظيفة المدير التنفيذي لمستشفى
السلمانية وذلك اعتباراً من ٨ أكتوبر ١٩٧٧، وسيكون
مسؤولاً عن إدارة هذا المستشفى .

الدكتور علي فخر
وزير الصحة .

حرف في ١٦ / ١٠ / ١٩٧٧ .

MINISTRY OF HEALTH
ADMINISTRATIVE NOTICE

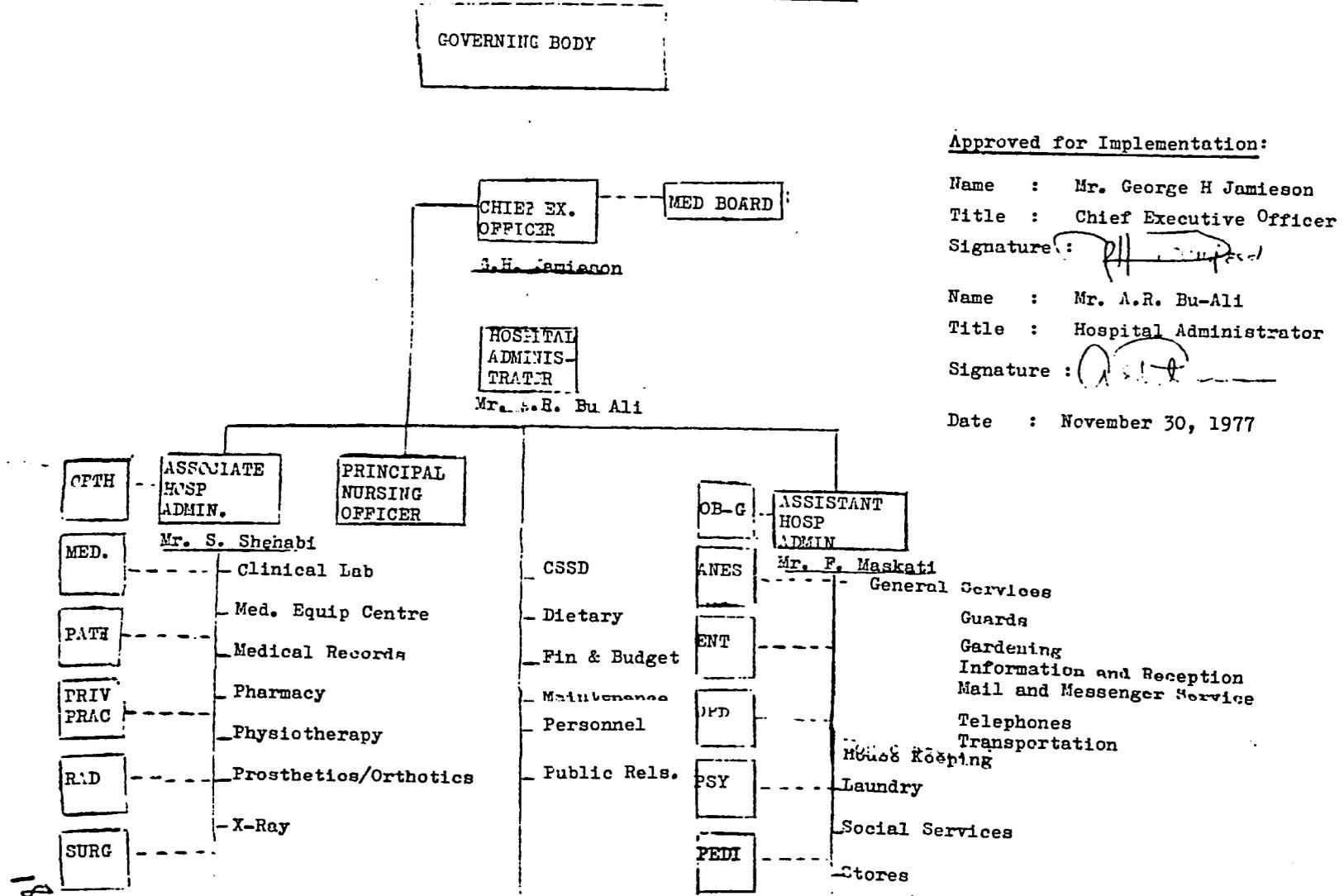
I am glad to announce that Mr. George Jamieson was appointed as Chief Executive Officer of Salmaniya Hospital with effect from 8th October, 1977.

He will be responsible for the administration of the hospital.

Dated: 16 October 1977.

Ali M. Fakhro M.D.
Minister of Health.

SALMANIYA HOSPITAL : ADMINISTRATIVE ORGANISATION CHART.



Approved for Implementation:

Name : Mr. George H Jamieson

Title : Chief Executive Officer

Signature : *[Signature]*

Name : Mr. A.R. Bu-Ali

Title : Hospital Administrator

Signature : *[Signature]*

Date : November 30, 1977

APPENDIX III

APPENDIX III

SALMANIYA HOSPITAL.

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To:

All Heads of Hospital Departments and Supervisors.

From:

Mr. George H Jamieson
Chief Executive Officer

Mr. A R Bu-Ali
Hospital Administrator

Sub: Reorganisation of Departments within the Hospital.

I am attaching herewith for your information a new hospital organisational structure clarifying the relationships and roles of departments within the hospital.

Please note that effective immediately the hospital functions will be administratively divided as follows :-

I Mr. George H Jamieson: Chief Executive Officer, will be administratively in charge of :

- (a) Salmaniya Nursing Department.
- (b) Will provide liaison between Hospital Administration and the Hospital Medical Staff.
- (c) Will provide liaison between Hospital Administration and the Governing Body.

II The Hospital Administrator; Mr. A R Bu-Ali, will be Administratively in charge of :

- (a) CSSD
- (b) Dietary Department
- (c) Finance and budget
- (d) Maintenance
- (e) Personnel
- (f) Public Relations.

All matters related to these functions should be reported directly to him.

III The Assoc. Administrator; Mr. S A Shehabi, will be administratively in charge of the following hospital departments :

- (a) Clinical Laboratory
- (b) Medical Equipment Centre
- (c) Medical Records
- (d) Pharmacy
- (e) Physiotherapy
- (f) Prosthetics and Orthotics
- (g) X-Ray

All matters related to the above hospital departments should be reported directly to him.

IV The Asst. Administrator; Mr. F. Maskati, will be administratively responsible for the following hospital departments :

- (a) General Services, comprizing :
 - Guard Service
 - Gardening
 - Information and Reception
 - Mail and Messenger Service
 - Telephones
 - Transportation
- (b) House Keeping
- (c) Laundry
- (d) Social Services
- (e) Stores

All matters related to the above functions should be reported directly to him.

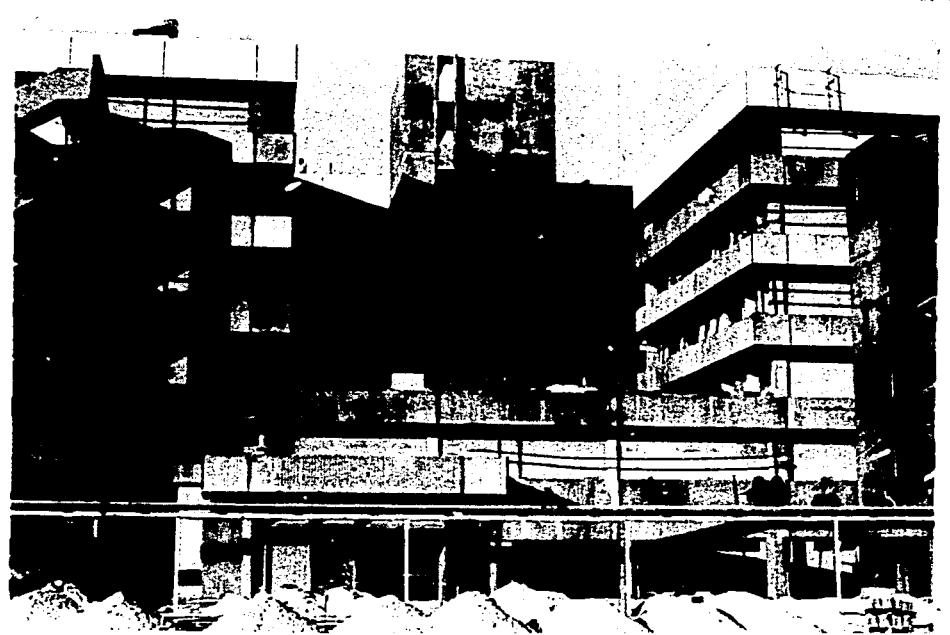
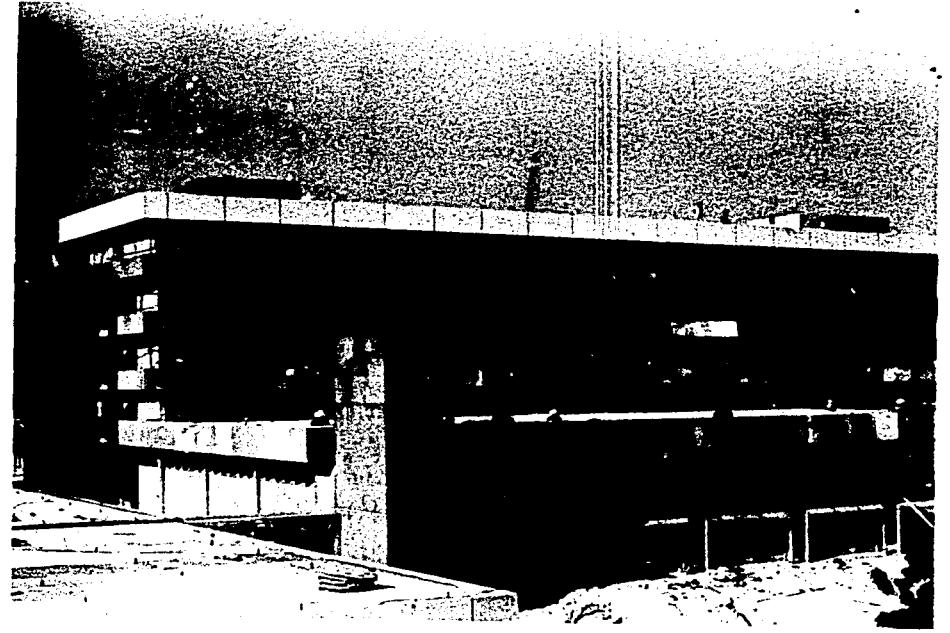
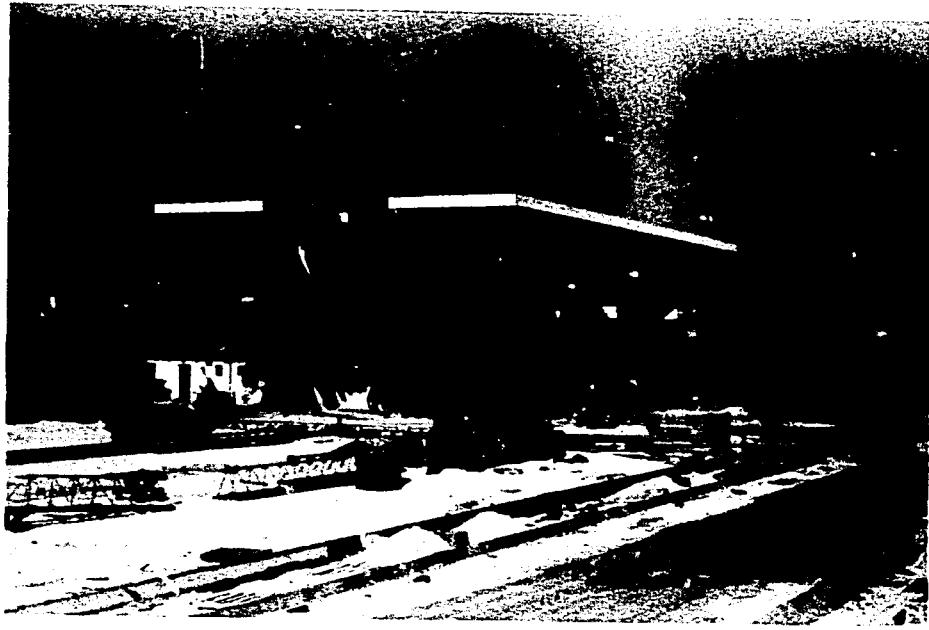
Your co-operation in implementing this new organizational structure will be appreciated.

George H Jamieson
Chief Executive Officer

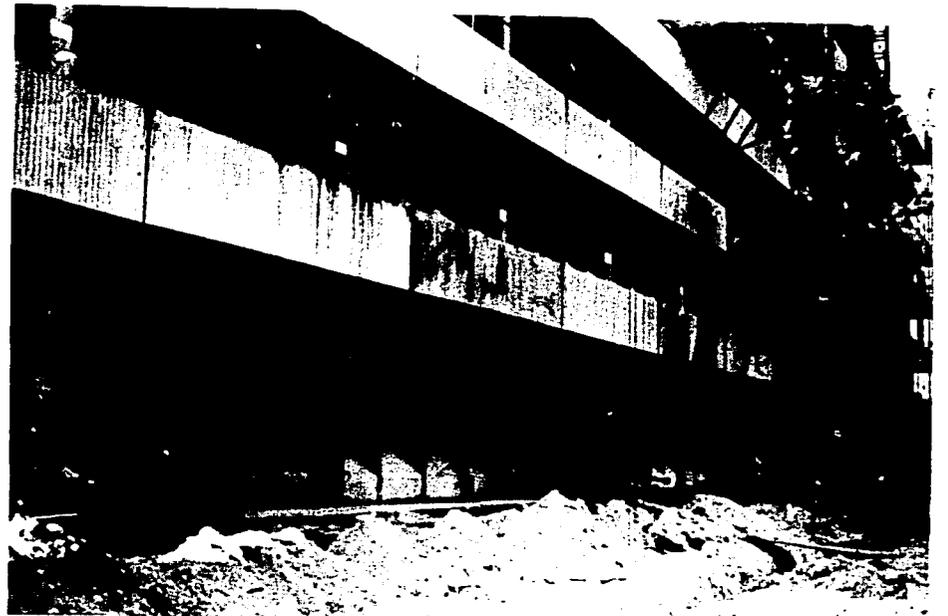
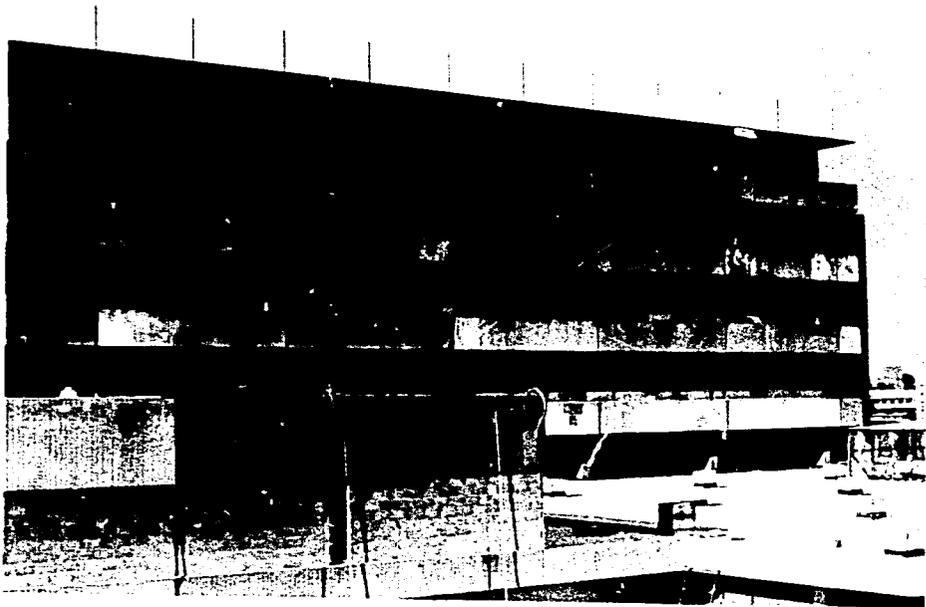
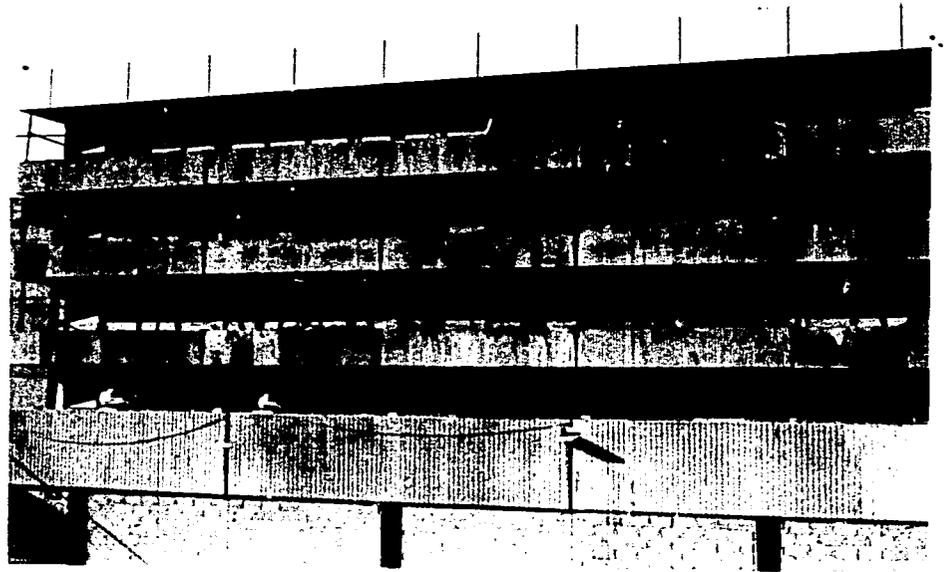
Mr. A R Bu-Ali
Hospital Administrator.

cc: H.E. The Minister of Health
Dr. F Fuleihan
Dr. A Abu Zaid
Mr. Mohammed Rahma Al Tajir
Dr. Ibrahim Yacoub
Dr. Fyzia Gabriel
Dr. B Hoda
Dr. N. Kronfol

SALMANIYA MEDICAL CENTER
December 25, 1977



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