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REPORT FOR THE QUARTER ENDING

June 30, 1978

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## INTRODUCTION

This report includes highlights of activities initiated during earlier report periods as well as a review of activities during the present report period: April through June 1978.

In Salmaniya Hospital there was an organizational thrust in the development of plans to move to the new hospital. In large measure this thrust was caused by the replacement of the American University of Beirut Services Corporation (AUBSCO) by MADGE, a newly formed organizational entity developed by Dr. Nadim Haddad, previous AUBSCO Board of Directors member, who recently resigned his AUBSCO post in Lebanon. The re-organization of these consultant services was crystallized during the June 1978, Ministry of Health and AUBSCO quarterly Steering Committee meeting.

### 1.0 SALMANIYA HOSPITAL: STATUS OF ACTIVITIES PREVIOUSLY INITIATED

- 1.1 Intensive Care Unit (I.C.U.) : The new I.C.U. has been in full operation subsequent to the arrival of its director, Dr. Adel Gehshan, in April. He is actively involved in the training of nurses as well as the medical residents assigned to this new service.

During earlier time periods the Ministry of Health and Salmaniya Hospital sent staff to the American University of Beirut for specialized training in various medical and paramedical specialties. With the escalation of hostilities in Beirut however, we have been placed in a position where we now must seek alternative training institutions. In accordance with this policy I have requested the First Secretary at the American Embassy here in Bahrain to establish the interest, cost, and capability of American training centers to provide short term (3 to 4 months) specialty training courses in I.C.U. nursing, operating room supervision, nurse anesthetists, inhalation therapy and emergency resuscitation techniques. As a result of previous favourable utilization of the U.S. Army medical service corps school at Fort San Houston, I was particularly interested in learning their response to provide this training. The Ministry is fully prepared to pay for this service on a full cost reimbursement basis.

Briefly stated, what is sought here is a brief but intensive training course providing an emphasis of hands-on-experience, not a degree programme.

- 1.2 Day Surgical Ward: The construction and equipping of a two-room day surgical ward was completed during June. It is located in the old section of the hospital, on the same level as the operating rooms, and will be used to accommodate day surgical cases on both a preoperative and postoperative basis.
- 1.3 Department of Surgery: This department represents our weakest link in the medical care chain. Public confidence in this department's capabilities is remarkably low. Accordingly, the Minister has authorized active recruitment for a highly qualified surgeon to chair and build this department. Authorization to recruit an Orthopaedic Surgeon was also included in his authorization. Efforts to recruit these two surgeons are now underway.
- 1.4 Staffing the New Medical Center: Hospital Administration staff and hospital department supervisors are actively involved in staffing the newly approved positions for the new medical center. Some cause for concern is the Civil Service Bureau's recent efforts to place manpower ceilings on all Ministries for budgetary purposes. Their initial ceiling for the Ministry of Health would have necessitated a cutback of 351 positions, the bulk of which were new positions for the medical center. This matter is currently being negotiated between the Bureau and my office and I believe the outcome will be a satisfactory one.
- 1.5 Accident and Emergency Services: On assignment to Salmaniya Hospital this service entity was the weakest link in the hospital service structure. Critical newspaper articles at one time were appearing daily. Efforts at reorganization of this service since January 1978, i.e. preparation of a news release policy, internal reorganization of the department and continuing conferences with newspaper editors and staff in Bahrain, have impacted favourably. There have been no complaints directed to my office by patients nor have any adverse or critical news items appeared in the press throughout the previous report period.
- 1.6 Housekeeping Department: The new supervisor of this department arrived for duty June 26, 1978 from the United Kingdom. My thrust in this department will be that of automating it as fully as possible in terms of automated cleaning and waxing equipment. I believe this is essential as the work production norms of the employees in this department are noticeable low.

As 195 staff are allocated to this department, I am currently exploring the feasibility of obtaining a housekeeping contractor service in which fewer staff would be utilized. Current costs for salaries, allowances, benefits and (expatriate) housing exceed 21,000 B.D. monthly. I believe that by utilizing automated equipment and obtaining staff with higher production norms that this cost can be considerably reduced and the quality of work improved. Twenty percent of this work force will be Bahrainis occupying training positions. Bahrainization is scheduled at the end of five years.

1.7

Central Appointments Department: My proposal to the Minister of Health during the current report period to establish a central appointments department at the new medical center has been approved and funding for test radio equipment identified.

As there is insufficient telephonic contact between our fourteen outlying health centers and the central hospital, resulting from a combination of unavailability of phones and long time delays in penetrating the hospital switchboard, patients seen at any of these health centers who need to be referred to the hospital for a more detailed workup or treatment must travel to the hospital for purposes of making a follow-on appointment. Public transportation facilities are not adequate to meet these needs, particularly in the outlying areas. Accordingly, I have proposed the use of low cost C.B. radios to link up the clinics with the hospital for purposes of making appointments thereby negating their need to physically visit the hospital to make their appointments.

The permanent Telecommunications Committee and Ministry of Interior have approved the use of these radios for this purpose.

This system tests should be completed near the end of the next report period given timely delivery of the equipment.

2.0 PROBLEMS ENCOUNTERED DURING THE REPORT PERIOD

2.1 The Principal Nursing Officer (PNO): The singularly most important problem characterizing this report period is the arrival from the United Kingdom of Miss J.E. Sturton, the Principal Nursing Officer.

Not only does Miss Sturton believe that her role and function should be that of a British Matron, but utilization, by Ministry of Health representatives, of an outdated contractual job description have seriously complicated matters further.

The newly instituted hospital administrative organization, passed by the Ministry/AUBSCC Steering Committee during July 1977, calls for the writer (Chief Executive Officer) to serve as the main liaison between the hospital and the Ministry of Health, and as head of the hospital to have three immediate subordinates: the Chief of Medical Staff, the Hospital Administrator and the Chief Nurse.

The outdated job description provided to the Principal Nursing Officer states that she will report administratively to the Ministry located Director of Nursing for all hospital operational policy matters and to the Medical Director (a now non-existent post subsequent to the previously noted Ministry/AUBSCO meeting) for day-to-day matters.

H.E. the Minister of Health has recently reaffirmed his position in the Governing Body that the Chief Executive Officer's role and function, as noted above, will not change. Accordingly, efforts by members of the Governing Body, particularly the Minister, the Director General, the Chief of Staff and myself, have been directed toward getting the Principal Nursing Officer to accept the error which was made and assume the position as designed by the AUBSCO consultants and adopted as policy by the Minister of Health.

Briefly stated, these proposals are being rejected by her; she is claiming contract violation and remains adamant in refusing to accept altered contractual conditions of employment.

As an outcome of her firmness on this matter, the Governing Body requested that I prepare a list of reporting responsibilities for the PNO. The list of duties was prepared and accepted by the Governing Body. Discussions were held with the Principal Nursing Officer regarding its content and meaning.

These meetings, stretching over the course of five days, were attended during the first two days by the Director-General, The Director of Nurses, the Chief of Staff, the PNO, and the writer. Subsequent meetings took place between the Chief of Staff, the PNO, and myself. A copy of this document is attached as Appendix one.

The PNO used these meetings as a platform to assert her claims of contract violation, and that she would not accept decisions taken by the Governing Body regarding her duties and responsibilities because she did not participate in the decision making herself.

I would comment here that her rejection of the authority of the Governing Body is a tactical error on her part and will probably play a fundamental role in decisions regarding her continued incumbency.

The PNO, against the wishes of the administrator in charge of commissioning the new medical center, has appointed herself as nursing service representative for commissioning. This means that both the administrator and the PNO will have to work in a close and continuing relationship over the course of the ensuing five months. As a result of this, I am very concerned at this point in time that if the PNO continues in this self assigned role that the existing conflict between them will precipitate the administrator's resignation of his commissioning post. My prediction is based on previous unsatisfactory meetings between them as well as recent statements he has made to me.

As the Minister of Health is now off the island, and will not return until mid-August, no action on re-defining her role is under-way. The Minister, prior to his departure, assured me that further action regarding her status would be forthcoming on his return. At this moment it is not readily clear what action he is free to take. Clearly the Minister's political sensitivities regarding this matter have been aroused. Having gone through a previous situation in which a British doctor had to be denied medical practice privileges, resulting in a rush by the British Ambassador to defend the doctor, the Minister must now also assess the impact of his decision in the political arena. The entire situation is a fully problematic one for which there is no easy solution.

2.2. Commissioning of the New Medical Center: As noted in the introduction, there has been a major shift in consultants. The Minister has terminated AUBSCO; MADGE is in.

AUBSCO, previously in charge of commissioning activities yielded few practical accomplishments thereby retarding commissioning progress.

Dr. Nadim Haddad, the previous AUBSCO Board of Directors representative, resigned his post in Beirut and has started up MADGE, an international project management firm.

Dr. Haddad's approach is a practical one: get a team into the new building and make it come alive. This is a refreshing approach following the paper drill characterizing the AUBSCO's efforts.

I am including this portion of the report under Problems Encountered, as commissioning activities, while started, nevertheless remain on a low level of implementation. This will soon change as Dr. Haddad's new staff arrive on or about mid-August.

In the meantime we are targeting a late November transfer of patients to the new medical center for a December 16, (State Day) grand opening.

The time table effected by Dr. Haddad can be accomplished given a willingness to occupy the new building with the strong possibility of insufficient air-conditioning capability (cooling tower capability was 50% under design requirements) and insufficient desalinated water (during 1977 government priorities were shifted from completion of a desalination plant to construction of an electrical plant). While the water situation can be solved through purchase of a new mobile plant the air-conditioning problem is probably not resolvable in less than seven to eight months.

2.3 Termination of Peace Corps Volunteers at Salmaniya Hospital:

The termination of the five Peace Corps volunteers at Salmaniya Hospital weakens my efforts to develop broad based concepts of team responsibility and team management between and among members of the hospital community.

The volunteers were effective in stimulating grass roots efforts among hospital personnel with whom they were in continuing contact. While their official functions were primarily those of teaching English and nursing techniques, their democratic approach to problem solving, in which members of their groups were tasked with effecting decisions, was a refreshing one and differs substantially from the ex-colonial approach of reliance on strong central direction. There is clearly no way to fill the vacuum their absence has created. My hope is that this programme will be restored at an early time.

2.4

Hospital Equipment and Supplies: Resulting from Bahrain's close ties with Britain and the large number of expatriate British staff in Bahrain the disposition of the Bahrainis is to purchase British made equipment and consumable supplies. Many times the key factor tipping these decisions into the British camp is the abundance of technical and professional journals containing advertising materials provided free of charge to hospital supervisors.

Opening a new medical center will entail the need to obtain some further equipment items but more importantly, a vast supply of consumables will be continuously required. A number of these purchases could and, I believe, would be made from state-side sources given greater access to hospital-doctor-nursing oriented technical, professional, advertising media. I would welcome any assistance available in arranging for such material to be sent to me for distribution within the hospital system.

3.0

OBJECTIVES PLANNED FOR THE UPCOMING REPORT PERIOD

3.1

Commissioning activities: Efforts to bring the new medical center into a full operational capability will receive full priority efforts during the upcoming report period. A brief review of these tasks follows:

3.2

Development of a Hospital Financial System (Budget): The detailed design of the proposed system is currently underway and due for completion by the end of June. Pricing of consumables is currently underway and training of personnel in operation of the system is to commence September 1978.

Phase two of this project is to expand it on a ministry-wide basis.

- 3.3 Hospital Staffing: Activities in this sector will continue in order to have all approved personnel on-board by October 1, 1978 for the anticipated later November occupancy of the medical center.
- 3.4 Development of Operational Procedures: Policy statements per the previous report, have now been developed and development of operational procedures will receive top priority during the upcoming report period.
- 3.5 Space Allocation: All departments have been made aware of the details of the space they will occupy in the new medical center but additional space requirements are needed by some departments as they have increased operational capabilities subsequent to 1968 when the initial design of the center was completed.
- 3.6 Equipment Installation: Ordered equipment is now 95% available and is being installed in designated areas. I am overseeing this function and will continue to do so throughout the upcoming report period.
- 3.7 Telephone and paging system: The existing telephone system provided by Bahrain Telephones (a British owned company) is wholly inadequate to our needs. I have obtained authorization from the Minister to obtain cost proposals on an American Antrix system. Obtaining this system will substantially increase efficiency of communications and reduce costs.
- As a paging system was not designed into the original plans, I am working toward adapting the existing equipment to accommodate a paging override capability.
- 3.8 Hospital Signs: 50,000 B.D. has been allocated to this project and it is progressing. Currently I am working on internal signs and will direct attention next to external directional signs.
- 3.9 Traffic Control: The flow of traffic outside the hospital has been finalized with the Ministry of Roads and Transportation. Attention will now be directed to internal traffic patterns now that certain external routes have been agreed to.

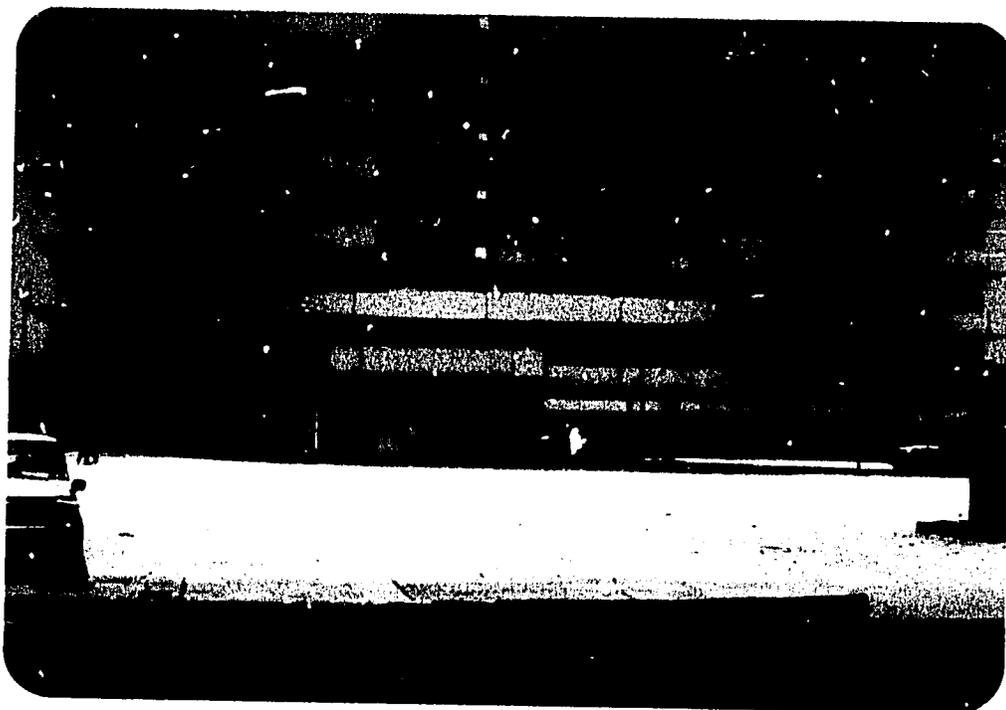
3.10 Key Control: The procedure for this has been drafted and implemented. Further refinements on key distribution must now be specified and this will be done during the upcoming report period.

3.11 40 Hour Week: My efforts to promote a change to a five-day-forty-hour-week are continuing for purposes of maximizing patient care requirements. The Civil Service Bureau has recently supported this matter and is now trying, through the Council of Ministers, to promote the shift to this work schedule for the entire government rather than just Salmaniya Hospital. The outcome of these efforts at this time is equivocal.

4.0 PHOTOS OF THE MEDICAL CENTER TAKEN June 30, 1978



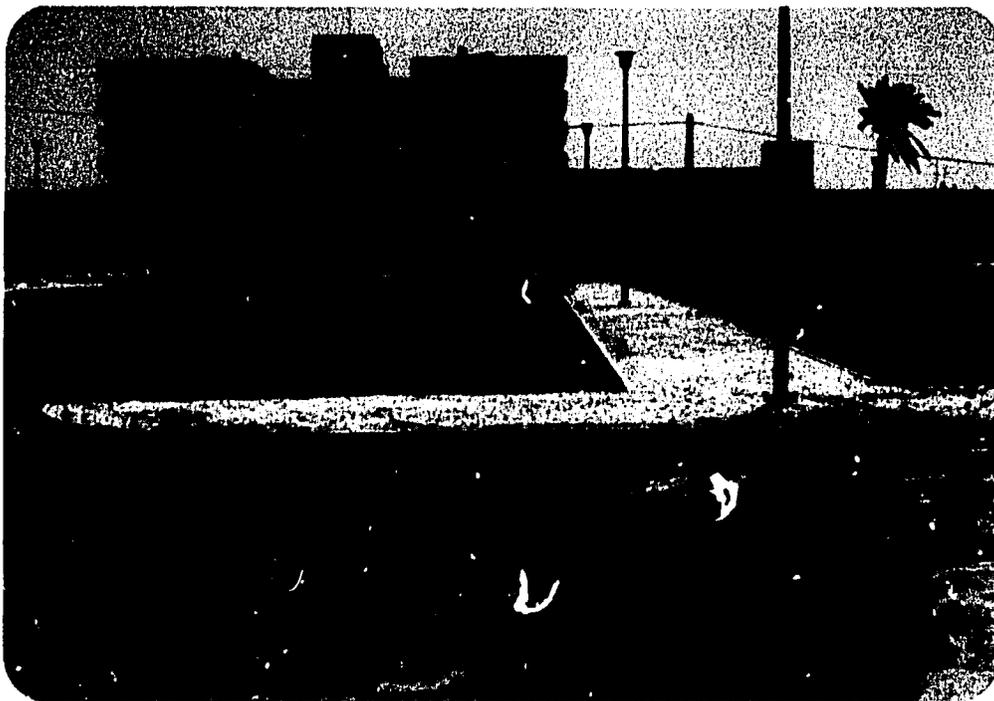
SIDE EXPOSURE SHOWING ACCIDENT & EMERGENCY DEPARTMENT ENTRANCE



BACK OF HOSPITAL WITH STAFF AND SERVICE ENTRANCE. THIS PORTION OF THE MEDICAL CENTER FACES EAST.



FRONT EXPOSURE OF THE NEW SALEM, NY MEDICAL CENTER



CENTER FRONT EXPOSURE OF THE NEW MEDICAL CENTER SHOWING THE MAIN ENTRANCE. MEDICAL CENTER FACES NORTH.