

PD-ABN-668

HEI HEALTHCARE ENTERPRISE INTERNATIONAL, INC.

**FINAL DRAFT
MISSION REPORT TO SLOVAKIA-SEMINAR AT BANSKA BYSTRICA
OCTOBER 8 to 14, 1995.**

BY

Fred H. Strobel, CHE
Technical Director
Healthcare Enterprise International, Inc.

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November 30, 1995

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2. Banska Bystrica Seminar Agenda (Draft is Final Version)
3. Letter to Conference Attendees from MUDr. Eduard Kovac (Health Ministry)
4. Memo to USAID Bratislava

EXECUTIVE SUMMARY-MISSION REPORT
Banska Bystrica Seminar, Slovakia: October 8-14, 1995.

I. BACKGROUND

Since the start of the pilot hospital improvement demonstration activity at Trnava, several HEI consultant teams have visited the facility to provide assistance. A conference was held in Trnava in October 1994, co-sponsored by USAID/HEI, Trnava Hospital and the National Center for Health Promotion. Over 100 people attended this conference to discuss the health care sector and to receive an update on the two USAID-sponsored activities in Slovakia (Trnava and Roosevelt Hospital). For various reasons, activities at Roosevelt Hospital were canceled in February 1995, and the activities at Trnava were in jeopardy to a change in national and local health care leadership, to include the director of Trnava Hospital and Polyclinic. A trip was undertaken by HEI Technical Director Fred H. Strobel, CHE, from April 22-29, 1995, to gain assurance of project activities in Trnava, and to make any adjustments to the course of technical assistance provided. (A trip report summary is at Attachment 1.) Consequently, mid-course corrections were accomplished, and the final results of the Trnava activities were to be presented to Slovak health care managers at a final conference/seminar. Roosevelt Hospital in Banska Bystrica volunteered to organize this seminar, since it is geographically well situated to encourage maximum participation from throughout Slovakia.

The Trnava Hospital and Polyclinic demonstration activity is a key component of the collaborative program affiliated with the National Center for Health Promotion (NCHP) in Bratislava. The responsibilities of the NCHP as originally agreed to by cooperating organizations include the following:

- (a) Provide overall "Project Director" to administer this project of cooperation;
- (b) Design, collect, process and store data from the project in ways that help Trnava Hospital, and eventually other Slovak hospitals, to become better at "operations and quality improvement";
- © Help coordinate and harmonize the contributions and communications among all groups that participate in this project;
- (d) Provide monthly memo report to USAID and Ministry of Health about the

progress to this project;

(e) Use its best efforts to plan for the eventual expansion of this demonstration project into an active and fully funded "Center for Operations and Quality Improvement."

The Project Director responsibilities at the NCHP were initially carried out by Dr. Martin Rusnak, the current HEI Resident Office Manager in Slovakia. His functions were later assumed by Dr. Bohumil Chmelik and Dr. Miki Popper, both from the NCHP.

The initial, broad-based goal was to support Trnava Hospital as a demonstration site for operations and quality improvements in order to:

- (a) organizing management more effectively;
- (b) reducing average length of stay;
- (c) increasing quality;
- (d) reduce cost per admission;

During 1994, Slovakian health care reform changes, or in some cases the absence of these changes, did not provide the health care system developments that would best have supported attainment of the initial established goals. However, in the evolution of technical assistance provided to the Trnava Hospital and Polyclinic, several processes were instituted and developed at the facility, which are currently evolving to become a basis for more efficient and cost effective management. Among these processes are:

- (a) patient satisfaction survey techniques;
- (b) problem identification, determining their cause and prioritizing for resolution;
- (c) involvement of nursing personnel in patient treatment protocols;
- (d) flow charting techniques;
- (e) need for, and uses of, budget projections.

Installation of the above processes have provided motivation and impetus for continued improvement at the Trnava Hospital and Polyclinic.

II. CHRONOLOGY and OBSERVATIONS

After arrival in Slovakia on October 9, 1995, Mr. Strobel met with Ms. Proehl and Mr. Wenzler to discuss their participation in the upcoming seminar. Each was to be a "back-up" to their Slovak counterpart, and to make a short presentation as to their respective roles. This was in fact accomplished, and details will be provided in separate reports by Mr. Wenzler and Ms. Proehl. A summary report is also to be provided by Dr. Martin Rusnak, HEI Resident Office Manager in Slovakia, to include seminar evaluations, news media coverage and other information pertinent to the USAID/HEI activity in Slovakia not available at this writing.

The following day, Wednesday, October 10, 1995, all parties traveled to Banska Bystrica, where they were met by Drs. Gemes, Findo, Rusnak and Chmelik. Last minute details pertaining to administrative and financial aspects of the conference were discussed and finalized through the afternoon and evening. Registration for the seminar was to start at 0800 on Wednesday, October 11, 1995, and continue through Thursday afternoon.

For this final seminar, attendance was estimated to be 30-40 people for the first day, and probably half that the second day. Actual attendance exceeded all expectations, with 89 attendees from government, insurance and various healthcare organizations. Attendance remained at almost the same level during the second day. This was a much better result than at the Papiernicka conference in 1994. Lively discussion and participation by attendees added greatly to the overall success of the seminar. A great interest was also shown to the Nurse Staffing by Acuity software developed in the Czech Republic (Boskovice Hospital) through USAID/HEI technical assistance. Instructions and copies of the software (spreadsheets) was provided to eight participants who had expressed a desire to develop the methodology at their own facilities. A copy of the Seminar Agenda is at Attachment 2, and a letter from the Ministry of Health (Dr. Kovacs) is at Attachment 3.

During the reception held the evening of October 11, 1995, numerous individuals expressed their support for the activities, as well as their desire to be involved in similar activities through further assistance and/or continuation of the current activities with the inclusion of other facilities.

On Friday, October 13, 1995, Dr. Rusnak, HEI Resident Office Manager in Slovakia, and Mr. Strobel out briefed with USAID Bratislava (Mr. Grohs, Ms. Stermer and Ms. Mociarikova). Due to funding and travel constraints, USAID had no representatives at the seminar, although a formal greeting was sent and read to seminar attendees. Thus, it was important to provide a good update to the USAID staff. It was very apparent, that OAR was pleased with the accomplishments at Trnava, as well as the excellent response to the seminar. The HEI Technical Director was asked to provide a quick memo as soon as possible with

accomplishments, which needed to be incorporated in a local report. This was in fact done. (See Attachment 4, Memo dated October 19, 1995.)

III. ACCOMPLISHMENTS and RECOMMENDATIONS

1. The following are considered positive accomplishments of the USAID/HEI assistance efforts in Slovakia:

a. Trnava Hospital staff and senior management developed a Mission Statement, a Strategic Information Systems Plan, which to our knowledge, is the first such effort in Slovakia. These planning processes were previously not known, nor used, in planning any hospital operations activities.

b. The current hospital director, Dr. Jozef Polak (replacement for Dr. Bohumil Chmelik, the "recalled" director involved at the start of the project), was initially a somewhat reluctant participant and supporter of USAID activities at the hospital. During the final conference at Banska Bystrica, he not only showed support for what has been done at the hospital, but formally presented the cost finding and budgeting processes HEI consultant had been trying to get him to accept for his hospital. (The hospital economic director, Dr. Klockner, was ill and could not attend, allowing Dr. Polak the opportunity to learn what has been done at his facility and "showcase" this to other hospital directors. Specifically, he explained the worth of identifying indirect costs, and allocating those costs to cost centers, as well as emphasizing the need for determining cost centers and cost for services in the financial planning and budgeting and reimbursement processes. This was a major breakthrough. Further, at the conclusion of the seminar, he personally thanked the HEI Technical Director for the valuable American technical assistance received, and expressed a desire to continue what has been learned, and that he would welcome further future assistance. Another hospital presented their cost finding methodology, which was learned from, and similar to, what HEI consultants have been teaching at Trnava. It is very likely, that this process will be sustained in continuing hospital financial operations, at least under the current director. Hospital and insurance representatives alike, were very much interested in this "new" methodology.

c. A team of nurses on their own, have continued the quality improvement team methodology taught to them by HEI consultants. They feel this is a valuable tool in increasing the awareness of patient care and increasing the quality of the services delivered. It appears this will be a self-sustaining activity as well, but should be nurtured with more assistance and training in the future. The patient satisfaction surveys instituted with HEI consultants' technical assistance are also continuing, and have resulted in changes in everyday practice. This is being done by nurses, with the support and assistance of the hospital deputy director, Dr. Hafner, along with several physicians.

d. The Information Systems Strategic Plan was developed by the hospital informatics

staff in conjunction with the hospital director and senior management staff. The practice of participative management, as opposed to centralized, directive management technique, is also a first for this hospital, and probably for all Slovak hospitals. The director was instrumental in the selection of Traumatology as a pilot site for computer and medical records integration and is expected to serve as a model for other departments with the Trnava organization, as well as for other Slovak hospitals. During the seminar, there was a definite interest in this area.

e. An evaluation survey of the seminar and Trnava project was conducted at the conclusion of the seminar. Responses were very positive, and reflected an interest in continuing the project, along with a desire to be part of any future similar USAID projects.

f. Presentations on Quality Assurance by former Banska Bystrica Hospital Deputy Director, Dr. Findo, demonstrated a remarkable knowledge of QA concepts, methodologies, history and development, which was well received by participants, resulting in poignant discussions of QA concepts as applicable to the Slovak healthcare system. Also discussed was the case manager system, again resulting in interesting discussions. The concepts of case management and QA were part of the technical assistance provided to F.D.R. Hospital during the hospital mentor ship period provided by HEI consultants.

In summary and in accordance with the original goals of this project, I believe that the above successes have/will result in the following:

a. an acute awareness that limited resources must be managed more effectively in order to provide quality healthcare services;

b. planning is an integral factor in making the best use of available resources;

c. being fiscally more responsible will bring the opportunity to provide better quality care with available resources;

d. implemented quality improvement measures and continuing patient satisfaction surveys have, and will continue to result in delivering better healthcare services;

e. lengths of stay may be reduced in order to conserve scarce resources, but this will also require a change in the current reimbursement policy, which is based on length of stay, before dramatic results may be more evident.

2. Recommendations for future activities/actions:

a. Continue the MIS hardware, software and training activities as originally scheduled;

b. Consider minimum of two weeks for future technical assistance visits, whether in

Slovakia, or in any other country;

c. Whenever possible, for continuity, do not make changes in consultant teams, unless new areas out of the realm of the current consultants are being considered;

d. Involve Technical Director/Project Director in all aspects of the assistance activities, and insure at least one site visit every few months;

e. Identify and pursue activities for assistance that are focused at the local level, and that can be accomplished irrespective of national political changes and turmoil;

f. Continue technical assistance visits with a follow-up to Trnava activities, and consider inclusion of other hospitals in Slovakia, especially those who have expressed a strong interest in receiving assistance. Allow health care consultants to do their jobs in their expertise areas under guidance of the contractor. However, coordinate efforts between consultant technical directors and USAID project managers;

g. Further assistance can be provided through small group sessions of health care operations and financial management training;

h. When considering facilities as candidates for receiving technical assistance, develop selection criteria and make on-site visit to view facilities and meet the staff prior to making firm decisions on final candidates.

ATTACHMENTS

- 1. Slovakia Trip Report Summary April 22-29, 1995 by Fred H. Strobel, CHE, HEI
Technical Director**
- 2. Banska Bystrica Seminar Agenda (Draft is Final Version)**
- 3. Letter to Conference Attendees from MUdr. Eduard Kovac (Health Ministry)**
- 4. Memo to USAID Bratislava**

ATTACHMENT 1

EXECUTIVE SUMMARY
MISSION TO SLOVAKIA - April 22 - 29, 1995.

By Fred H. Strobel, CHE, HEI Technical Director

The purpose of this HEI mission to Slovakia was to determine the level and focus of technical assistance that USAID/HEI may provide to Trnava Hospital and Policlinic following appointment of a new hospital director was appointed in late February - early March 1995.

A visit was made to the new director of the Trnava Hospital, Dr. Polak, on April 24, 1995, by a USAID/HEI team of Hana Mociarikova, Project Officer USAID Slovakia; Fred H. Strobel, HEI Technical Director, and John Merenna, HEI Deputy Director for Information and Management Systems. The visitors were received by the director in his office, with several members of the Trnava staff attending as well.

After lengthy briefings on the content and goal of the hospital operations improvement demonstration, the director expressed his desire to continue these activities. He did indicate, however, that due to severe time constraints in his personal schedule, he may be unable to be a regular and direct participant, but that his staff will do so to the best of their abilities. Dr. Polak was very cordial, and on subsequent visits to Trnava, he again repeated his support for the activities.

Mr. Strobel participated in portions of the technical discussion of the information systems work with Mr. Merenna, and met with Dr. Hafner, the Deputy Director; Mr. Klockner, Deputy Director for Economics, and Ms. Horska, Informatics Director.

The informatics portion is proceeding well, and will be discussed in Mr. Merenna's separate report. The Quality Improvement portion seems to be stalled, since the person formerly in-charge, the Policlinic director, has been "recalled" from his position. A subsequent visit by HEI Consultant Mr. Don Wenzler will be needed to determine the extent of progress, as well as chances for further achievements in this activity.

Mr. Klockner very much desires to continue receiving assistance, especially in certain areas of cost determination for services, since the hospital has no way for determining such

figures with any accuracy. A return trip by HEI Consultant Sheila Proehl is indicated, as well. Mr. Strobel prepared a draft scope of work for a joint visit by Mr. Wenzler and Ms. Proehl while in Slovakia. A final draft scope of work was submitted to USAID on May 5, 1995, for fielding of the next team from May 29 - June 13, 1995.

A visit was also made to Roosevelt Hospital in Banska Bystrica on April 26, 1995, with Ms. Mociarikova, Mr. Strobel and Mr. Merenna participating. The purpose was to advise the director, Dr. Gemes, why the technical assistance in drug utilization program was halted. Dr. Gemes fully understood the reasoning, indicating that he realized it was due to the possibility of him being "recalled" from the director's position. Although he remains the director, it still is uncertain for how long. Dr. Gemes stated that he has (1) reduced the number of beds; (2) has an improved financial position; (3) has reduced staffing; and (4) is developing an information system to improve cost controls. He has also taken steps in drug utilization procedures and would like some written advice on their plans. Mr. Strobel requested a copy of this plan for a review and comment by an HEI consultant. Dr. Gemes further indicated that he intends for Roosevelt hospital to sponsor the seminar/workshop in September, is preparing a conference in collaboration with Dr. Rusnak at the National Center for Health Promotion.

Consideration should be given to providing technical assistance in the information system area, by asking Mr. Merenna to review and comment on the system being developed at Roosevelt Hospital. No commitment has been made, but HEI will submit a scope of work for approval, to provide for two to three days of consulting in information systems planning and development by Mr. Merenna during his next trip to Slovakia.

ATTACHMENT 2

DRAFT
AGENDA for the SEMINAR
Performance, quality of services and information technologies in Slovak health care
institutions
translation from Slovak

Date: October 11th to 12th, 1995

October 11th, 1995

- 9.00-9.30 **WILLCOME**
J. Gemeš, T. Cleland, P. Lerner, H. Močariková, J. Polák, F. Strobel
- INTRODUCTORY PRESENTATIONS**
- 9.30-10.00 **Overview of US AID activities related to Slovak Health Care**
T. Cleland, P. Lerner, H. Močariková
- 10.00-10.30 **Project "Improvement of performance and quality of services in Hospital with Polyclinics in Trnava" and conditions of it's application in health care facilities in Slovak Republic**
J. Polák, B. Chmelik, F. Strobel, M. Rusnák
- 10.30-11.00 **Discussion**
- 11.00-11.30 **Project "Improvement of performance and quality of services in Hospital with Polyclinics in Banská Bystrica" and conditions of it's application in health care facilities in Slovak Republic**
J. Gemeš, P. Findo, F. Strobel,
- 11.30-12.00 **Discussion**
- 12.00-14.00 **LUNCH**
- MISSION, STRATEGIC PLANNING, TOTAL QUALITY MANAGEMENT, PATIENTS RIGHTS**
chairmen: F. Strobel, J. Gemeš
- 14.00-14.30 **On the mission of the Trnava Hospital with Polyclinics**
J. Polák, V. Hafner
- 14.30-15.00 **Total Quality Management, aims and tasks of case managers**
J. Gemeš, P. Findo
- 15.00-15.30 **Application of Discrete Events Simulation for strategic plan development in a health care institution**
M. Popper, M. Guregová,
- 15.30-16.00 **Patient rights and patient satisfaction surveys in inpatient care**
B. Chmelik, M. Rusnák
- 16.00-16.30 **BREAK**
- ORGANIZATION of MANAGEMENT of HwP, COST CENTERS, DRUG POLICIES**
chairmen: J. Polák, M. Papcún
- 16.30-17.00 **Cost managers in Trnava hospital**
J. Polák, V. Hafner, M. Klokner
- 17.00-17.30 **Cost management in Levoca Hospital**
M. Papcún, J. Naščák

- 17.30-18.00 Management of the Faculty Hospital in Bratislava
Mazanec, S.Hlavačka
- 18.00-18.30 Use of spreadsheets for development and follow up of hospital budget
M. Guregová, M. Rusnák
- 18.30-19.00 EVALUATION of the DAY
- 20.00 DINNER

October 12th, 1995

ROLE of HEALTH INSURANCE COMPANIES in INCREASING QUALITY and PERFORMANCE of SLOVAK HOSPITALS
Chairmen: H. Močariková, M. Popper

- 9.00 - 9.30 Health insurance in Slovakia: history and present status
E. Hostýn
- 9.30-10.00 Role and aims of Association of Health Insurance Companies
E. Kováč
- 10.00-10.30 BREAK
- INFORMATION TECHNOLOGIES in HOSPITALS**
chairmen: E.Kováč, E.Hostýn
- 10.30-11.00 Project of information systemu in HwP Trnava
Horská, J. Merenna
- 11.00-11.30 INTERNET - how to profit from connectivity in hospitals
M. Rusnák, V.Pánik, K. Hamala
- EDUCATION in MANAGEMENT of HEALTH CARE INSTITUTIONS**
chairmen: E.Kováč, J.Gemeš
- 11.30-12.00 Experiences with health management education in state independent institution
V. Rusnáková, S. Hlavačka
- 12.00-12.30 Education of health care managers in the Department of health management in Banska Bystrica
J.Gemeš, P.Finďo
- 12.30-14.00 LUNCH
- 14.00-16.00 DISCUSSION on the DECLARATION
moderator: F. Strobel, J. Gemeš, J. Polák
- 16.00 SUMMARY of the SEMINAR

PREDBEŽNÝ PROGRAM SEMINÁRA

Činnosť, kvalita služieb a informačné technológie v zdravotníckych zariadeniach SR

Termín	11.-12. október, 1995
	11. októbra 1995
9.00-9.30	OTVORENIE: <i>J. Gemeš, T. Cleland, P. Lerner, H. Močiarikova, J. Polák, F. Strobel</i>
	ÚVODNÉ PREDNÁŠKY
9.30-10.00	Prehľad činnosti US AID v oblasti slovenského zdravotníctva <i>T. Cleland, P. Lerner, H. Močiarikova</i>
10.00-10.30	Projekt "Zlepšenie činnosti a kvality služieb v NsP Trnava" a podmienky jeho aplikácie v zdravotníckych zariadeniach Slovenska <i>J. Polák, B. Chmelík, F. Strobel, M. Rusnák</i>
10.30-11.00	Diskusia
11.00-11.30	Projekt "Zlepšenie činnosti a kvality služieb v NsP Banská Bystrica" a podmienky jeho aplikácie v zdravotníckych zariadeniach Slovenska <i>J. Gemeš, P. Fíndó, F. Strobel</i>
11.30-12.00	Diskusia
12.00-14.00	OBIED POSILANIE NSP, STRATEGICKÉ PLANOVANIE, CELKOVÝ MANAŽEMENT KVALITY, PRÁVA PACIENTOV <i>predseda sekcie: F. Strobel, J. Gemeš</i>
14.00-14.30	K poslaním Nemocnice s poliklinikou v Trnave <i>J. Polák, V. Hafner</i>
14.30-15.00	Celkový manažement kvality, úlohy a ciele zavedenia prípadových manažérov <i>J. Gemeš, P. Fíndó</i>
15.00-15.30	Možnosti využitia diskretného modelovania pre prípravu strategického plánu zdravotníckeho zariadenia <i>M. Popper, M. Guregová</i>
15.30-16.00	Práva pacienta a zisťovanie spokojnosti pacienta v podmienkach lôžkového zariadenia <i>B. Chmelík, M. Rusnák</i>
16.00-16.30	PRESTÁVKA
	ORGANIZÁCIA MANAŽEMENTU NSP, NÁKLADOVÉ STREDKA, LIH KOVÁ POLITIKA <i>predseda sekcie: J. Polák, M. Papcun</i>
16.30-17.00	Nákladoví manažéri v NsP Trnava <i>J. Polák, V. Hafner, M. Klokner</i>
17.00-17.30	Sledovanie nákladov v NsP Levoča <i>M. Papcun, J. Naščík</i>
17.30-18.00	Manažement Fakultnej nemocnice v Bratislave <i>Mazanec, S. Hlaváčka</i>

18.00-18.30 Využitie tabuľkových editorov pre tvorbu a sledovanie rozpočtu nemocnice
M. Gregová, M. Rusnák

18.30-19.00 ZHODNOTENIE A ZÁVEREČNÁ

20.00 SLAVNOSŤNÁ VEČERA

12.októbra 1995

ULOHY ZDRAVOTNICKÝCH POISŤOVNÍ VO ZVYŠOVANÍ KVALITY ČINNOSTI
ZDRAVOTNICKÝCH ZARIADENÍ
predseda sekcie: H. Močiariková, M. Popper

9.00 - 9.30 Zdravotnícke poisťovníctvo na Slovensku v minulosti a dnes
E. Hostyn

9.30-10.00 Úlohy a ciele Asociácie zdravotníckych poisťovní
E. Kovač

10.00-10.30 PRÍSLAVKA

INFORMAČNÉ TECHNOLÓGIE V NE MOCNICIACH
predseda sekcie: E. Kovač, E. Hostyn

10.30-11.00 Projekt informačného systému NsP Trnava
Horská, J. Meremná

11.00-11.30 K možnostiam využitia prepojenia na INTERNET
M. Rusnák, V. Pátek, K. Hamala

PRÍPRAVA V MANAŽEMENTE ZDRAVOTNICKÝCH ZARIADENÍ
predseda sekcie: E. Kovač, J. Gemes

11.30-12.00 Skúsenosti s prípravou zdravotníckeho manažementu v podmienkach nezávislej inštitúcie
V. Rusnaková, S. Hlaváčka

12.00-12.30 Príprava zdravotníckych manažerov na Katedre zdravotníckeho manažementu v Banskej Bystrici
J. Gemes, P. Pardo

12.30-14.00 OBED

14.00-16.00 DISKUSIA K ZÁVEREČNEJ DEKLARACII
moderátor: *E. Strobel, J. Gemes, J. Polák*

16.00 UKONČENIE

ATTACHMENT 3

Vážené predsedníctvo, vážené dámy,
vážení páni,

dovoľte mi vyjadriť úprimnú ľútosť, že sa nemôžem osobne vášho významného rokovania zúčastniť. Mrzí ma to o to viac, že zabezpečovanie kvality v zdravotníckych zariadeniach a komplex managementu zdravotníckych zariadení sú mi veľmi blízke.

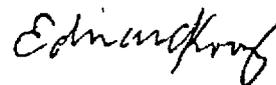
V dňoch 11.-13.10.1995 sa ako prezident Združenia zdravotných poisťovní Slovenskej republiky zúčastňujem na výročnom rokovaní Rady guvernérov Medzinárodnej asociácie poisťovní v Maastrichte.

Pred Radou guvernérov prezentujem doterajšiu činnosť Združenia zdravotných poisťovní SR (ZP SR). Zároveň však aj snaženia, návrhy a požiadavky ZP SR v medzinárodnom kontexte.

Vážené dámy, vážení páni,

verím, že moje ospravedlnenie prijmete s pochopením. Dovoľujem si Vám popriať úspešné rokovanie a zároveň mi dovoľte, aby príspevok ZP SR - o jeho úlohách a cieľoch predniesol v mojom zastúpení MUDr. Alexander Paluch - riaditeľ pobočky PMV SR v Banskej Bystrici.

S hlbokou úctou



MUDr. Eduard Kováč

ATTACHMENT 4

MEMORANDUM

TO: Hana Mociarikova
cc: Pat Lerner
Roy Grohs
Kathy Stermer

FROM: Fred H. Strobel, CHE

DATE: October 19, 1995

SUBJECT: Successes at Trnava activity.

1. As requested during my out brief with USAID-Slovakia, I am providing you with a list of successes with the Trnava Hospital and Polyclinic activity.

a. Trnava Hospital staff and senior management developed a Mission Statement, a Strategic Information Systems Plan, which to our knowledge, is the first such effort in Slovakia. These planning processes were previously not known, nor used, in planning any hospital operations activities.

b. The current hospital director, Dr. Jozef Polak (replacement for Dr. Bohumil Chmelik, the "recalled" director involved at the start of the project), was initially a somewhat reluctant participant and supporter of USAID activities at the hospital. During the final

conference at Banska Bystrica, he not only showed support for what has been done at the hospital, but formally presented the cost finding and budgeting processes HEI consultant had been trying to get him to accept for his hospital. (The hospital economic director, Dr. Klockner, was ill and could not attend, allowing Dr. Polak the opportunity to learn what has been done at his facility and "showcase" this to other hospital directors. Specifically, he explained the worth of identifying indirect costs, and allocating those costs to cost centers, as well as emphasizing the need for determining cost centers and cost for services in the financial planning and budgeting and reimbursement processes. This was a major breakthrough. Further, at the conclusion of the seminar, he personally thanked the HEI Technical Director for the valuable American technical assistance received, and expressed a desire to continue what has been learned, and that he would welcome further future assistance. Another hospital presented their cost finding methodology, which was learned from, and similar to, what HEI consultants have been teaching at Trnava. It is very likely, that this process will be sustained in continuing hospital financial operations, at least under the current director. Hospital and insurance representatives alike, were very much interested in this "new" methodology.

c. On their own, a team of nurses have continued the quality improvement team methodology taught to them by HEI consultants. They feel this is a valuable tool in increasing the awareness of patient care and increasing the quality of the services delivered. It appears this will be a self-sustaining activity as well, but should be nurtured with more assistance and training in the future. The patient satisfaction surveys instituted with HEI consultants' technical assistance are also continuing, and have resulted in changes in everyday practice. This is being done by nurses, with the support and assistance of the hospital deputy director, Dr. Hafner, along with several physicians.

d. The Information Systems Strategic Plan was developed by the hospital informatics staff in conjunction with the hospital director and senior management staff. The practice of participative management, as opposed to centralized, directive management technique, is also a first for this hospital, and probably for all Slovak hospitals. The director was instrumental in

the selection of Traumatology as a pilot site for computer and medical records integration and is expected to serve as a model for other departments with the Trnava organization, as well as for other Slovak hospitals. During the seminar, there was a definite interest in this area.

e. An evaluation survey of the seminar and Trnava project was conducted at the conclusion of the seminar. Responses were very positive, and reflected an interest in continuing the project, along with a desire to be part of any future similar USAID projects.

f. Presentations on Quality Assurance by former Banska Bystrica Hospital Deputy Director, Dr. Findo, demonstrated a remarkable knowledge of QA concepts, methodologies, history and development, which was well received by participants, resulting in poignant discussions of QA concepts as applicable to the Slovak healthcare system. Also discussed was the case manager system, again resulting in interesting discussions. The concepts of case management and QA were part of the technical assistance provided to F.D.R. Hospital during the hospital mentor ship period provided by HEI consultants.

g. For the final seminar, attendance was estimated to be 30-40 people for the first day, and probably half that the second day. Attendance exceeded all expectations, with 89 attendees from government, insurance and various healthcare organizations. Attendance remained at almost the same level during the second day. This was a much better result than at the Papiernicka conference in 1994. Lively discussion and participation by attendees added greatly to the overall success of the seminar.

3. In accordance with the original goals of this project, I believe that the above successes has/will result in the following:

a. an acute awareness that limited resources must be managed more effectively in order to provide quality healthcare services;

b. planning is an integral factor in making the best use of available resources;

c. being fiscally more responsible will bring the opportunity to provide better quality care with available resources;

d. implemented quality improvement measures and continuing patient satisfaction surveys have, and will continue to result in delivering better healthcare services;

e. lengths of stay may be reduced in order to conserve scarce resources, but this will also require a change in the current reimbursement policy, which is based on length of stay, before dramatic results may be more evident.

4. HEI feels that this has been a successful, albeit sometimes rocky, journey. I hope the above will give you sufficient information for inclusion in your report. Once the evaluation forms are translated and a final report rendered, more points may surface for your future use. We certainly are grateful for the opportunity to have been a part of the USAID efforts in Slovakia, and would welcome the opportunity to continue working with you in the future.