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**SWAZILAND HEALTH MANPOWER  
TRAINING PROJECT**

**CONTRACT NO. AID/afr-C-1396**

**HOSPITAL ADMINISTRATOR  
FINAL REPORT**

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**SWAZI HEALTH MANPOWER TRAINING PROJECT****FINAL REPORT****HOSPITAL ADMINISTRATION SECTION****I. OVERVIEW**

Over all the entire project is considered to be a success. The project goals were either completed or are in the process of completion. Basically the project was to improve three main areas: nurse training at the Institute of Health Sciences, Hospital and Rural Health Administration, and statistical data collection and analysis. The Institute is completed and the nursing education programs have been implemented. Hospital and Rural Health Administration is still not quite complete. Though a decentralized system has been designed, the Ministry of Health is still formulating an overall decentralization policy. In the area of health statistics, new forms were designed, distributed, and are now in use.

**II. HOSPITAL ADMINISTRATION**

The project goals of the hospital administration portion of the project were three fold. They were:

- institution building;
- implementing various management systems;
- training counterparts.

It was also important to establish the concept of the

hospital administrator, primarily responsible for all non-medical functions of the hospital. These goals were accomplished as far as possible under the constraints of official Swazi government policy. All of the detailed objectives itemized in the December, 1983, work plan have been completed. A brief discussion of the three major goals follows.

A. Institution Building

Institution building was a goal emphasized throughout this USAID project. To achieve this goal the hospital had to become a separate entity, responsible for a specific function, with a separate financial status, managed by a function specific manager. This has been achieved. The hospitals have evolved into institutions in the full sense of the word. The basic goals itemized in the project paper either have been, or are in the process of completion.

One critical part of this first goal was an administrative manual. This manual delineated the philosophy of hospital administration as well as setting down the approved management systems. It will be used as a guideline for the newly trained hospital administrator. In writing this manual, the MOH held several meetings to discuss approved policy decisions.

A second required part was job descriptions. These were

prepared for some 109 hospital jobs.

## B. Management Systems

The installation of management systems is critical to the operation of any organization that either consumes or dispenses resources. A brief description of the system installed follows.

### Hospital Statistics

A system was installed to collect data, process the data, and present it to health managers in useable form to facilitate decisions. Various formulas were applied to the data to give an indication of hospital performance. Among the indicators provided were:

- average length of stay
- birth rate
- death rate
- Cesarean section rate
- ratios of male/female
- medical/surgical
- adults/children
- patients/lodgers
- general/private outpatients

The dental facility was also included in this analysis.

Hospital personnel were trained to collect, analyze, and present this data on a monthly basis. This was to be

continued on a monthly basis by the new Swazi hospital administrator. Besides local circulation within the hospital the monthly analysis was distributed throughout the MOH, Swaziland University, USAID, and private and missionary hospitals.

#### Food Control and Preparation

This function was completely reorganized. Classes were held in food preparation, a dietician was assigned, and a master menu was prepared. The staff tea function which has cost the hospital E 30,000 per year was placed on an individual paying basis.

Swaziland College of Technology (SCOT), which ran a food catering course; conducted a course at the hospital. Food preparation, as well as food management, was presented. This was very important as the hospital had no trained cooks. A dietician was added to the staff and given responsibility for the kitchen; analysis of patients needs, and preparation of special diets. A master menu was prepared and the staff trained in its proper use. This menu, supplemented by a portion size chart, enabled the staff to order the precise quantity of food required. It also served as a check on food usage and theft. In addition it made daily food preparation easier and provided a medically approved diet.

### Equipment Procurement

A plan was formulated to govern the procurement of equipment. This was essentially a checklist which covered the following areas:

- Is the item now obsolete?
- Is it standard?
- Future repairs?
- Parts?

Once all the questions were answered the decision to purchase or not to purchase was clear. The plan also covered equipment purchased in the context of an overall master plan of future hospital utilization.

### Basic Budgeting Procedures

It was determined that the Swazi hospitals would use a very basic budgeting system more effectively than more sophisticated techniques. The system covered such questions as:

- What is the cost of a patient per day?
- What is the cost of cleaning the hospital per day?
- How does a department (e.g. lab, x-ray, pharmacy) calculate its yearly costs?

This provided the MOH with information to determine how much it costs to run the hospital for a year.

A budget sequence was also provided. It covered such

areas as how to collect information to justify a request to the MOH for a certain amount of money. The approved master menu illustrated this concept as it served to justify money for food. All hospital areas for a simple, basic system were covered.

#### Master Maintenance Plan

Maintenance was always a major problem in Swaziland as it was handled as a crisis, emergency type operation. To help change this condition a master maintenance plan for the hospital was prepared. Meetings were held with PWD officials to discuss the plan. The plan gave a listing of maintenance according to priority and a suggested time schedule. This did not solve but greatly improved the problem. PWD was happy that they could schedule known maintenance requirements and the MOH used the schedule for their budgeting.

#### Transport

This area also proved to be a continuing hospital problem--especially routine servicing and repair. To help solve the problem, scheduling charts were designed and transport personnel instructed in their use. Certain trips were scheduled each week at the same time and all hospital personnel were given the schedule. This had the effect of reducing the number of required trips by 25-30%. This in turn helped improve maintenance. A system to analyze usage

on a monthly basis was installed. This system provided information on vehicle utilization, driver utilization, petrol used, and kilometers traveled by vehicle. This was very useful as it revealed several glaring discrepancies that were resolved.

#### Area Maintenance Plan

The area surrounding the hospital was divided and personnel assigned to each area. In this way responsibility for maintenance tasks could be determined. This greatly improved the appearance of the hospital. Special attention was given to improving security and appearance by repaving the entrance and installing fences where needed.

#### Inventory Control

A system of inventory control covering both consumable and non-consumable supplies was instituted. This included ordering, receiving, storage, and issuing. A training outline was drawn up and lectures given to all supply personnel. This training covered economical quantities to order, when to order, cost of supply storage, and various issue strategies. This resulted in a substantial reduction in the cost of supplies.

#### Waste Management

This system involved the calculation of waste generated by department and the separation of hazardous from routine waste. As a result of this analysis it was known how many

containers were needed so that the Town Council pick-up could be rescheduled, and hazardous waste properly disposed.

### Emergency Services

Emergency supplies were identified and stocked, ambulance drivers given a first aid course, and a triage system installed for outpatients. Doctors were placed on 24 hour call in the hospital. Radio contact was established between driver and hospital.

### Counterpart Training

Prior to the counterparts coming to the U.S. for formal training they spent a number of months in training at the hospital. A training outline was formulated, approved by the MOH, and lectures given to students. All aspects of the hospital were covered from basic organization to computers.

### Hospital Administrator

Perhaps the most valuable accomplishment was the implementation of the concept of the hospital administrator. Prior to this time, hospitals were run by the physician in charge. By placing an administrator in the system, a more efficient and effective use of hospital resources was implemented. The MOH is now committed to this concept of hospital management. A U.S. trained hospital administrator is in place in Mbabane and it is planned that more will be trained.

### III. PROBLEM AREAS.

The project was not without its problems. Discussions were held among the MOH, USAID, and MSCI to address these issues. In many cases no clear cut solutions were effected as the MOH had to make decisions on a new or revised policy. The major problems are discussed below.

#### Lack of a Hospital Organizational Chart

An organizational chart for the hospital was never approved. One was submitted to the MOH by the administrator, however it was never approved or distributed. This resulted in no definite chain of command and responsibilities. Decisions were often made without consultation among top managers. Many of the decisions would later have to be retracted causing confusion among the staff and workers. The need for an approved hospital organization chart is still an issue.

#### Hospital Policy

A hospital policy was outlined in the manual described above. However, there is still some uncertainty in several areas. Revisions will be needed to define the hospital role within the system and to clarify intra hospital relationships. This will be critical to the institutionalization of the project goals.

### Counterparts

For the first three years no counterparts were provided. When they were finally identified, sufficient time was not left in the project for proper training. Though they received the planned U.S. training, a year of on the job training was to follow. This was not implemented.

In addition the counterparts were selected by Establishments and Training. Random selection was used rather than determining who was interested in hospital work resulting in some inappropriate candidates for hospital administrator.

### Budget Problems

Government financial laws precluded the installation of proper, efficient, budget procedures. In fact, within the MOH itself no budget procedures were in existence. An effort was made to install budget procedures in the hospitals as discussed above. However the almost total lack of money (e.g. no drugs, gasses, or supplies) hindered the implementation of the budget process. This is a continuing problem.

### Personnel

There are two major problems concerning the personnel. One, personnel at the Ministry level are not familiar with

hospital operations and administrative procedures. Often a major problem could not be understood by those who must make the policy or decision. Secondly, far too many people at the hospital were totally unproductive. However, due to Swazi government regulations it was often impossible to institute changes. This will most probably continue to present problems as no workable solution can be implemented.

#### IV. FUTURE RECOMMENDATIONS

1. Insure that what has been agreed to does not run counter to the host countries existing laws.
2. Insist on the host country fulfilling its agreement within a reasonable time frame.
3. Extend the project until the goals in the project paper are completed. In this case the project ended approximately one year short of project paper completion of goals.