



## Intended learning outcomes

**By the** end of this subject the student will be able to:

1. discuss the **structure** of the health care system (HCS).
2. explain the **goals** of HCS.
3. **define health care administration & goals** of health care administration.
4. explain steps of health care administrant (**management , planning & evaluation**).
5. define situation analysis and problem **priorities**.
6. identify the quick **steps for strategic planning** and know how to start a health program.
7. discuss **factors affecting** health care administration.
8. have an idea about **causes of failure** of health care administration.

# Health care system

- ❖ The totality of organized **efforts and activities** at the community, state or national level to **deliver health care** to **achieve predetermined health-related goals** (to improve, promote, protect, restore or maintain health).
- ❖ The World Health Organization (WHO) defines health systems as “**all the organizations, institutions, and resources that are devoted to producing health actions.**”
- ❖ **This definition includes the full range of individuals involved in the provision and financing of health services** including the **public, nonprofit, and for-profit private sectors**, as well as international and voluntary organizations.



- ❖ A health care system implies organized activities to **achieve an optimal level of health** for a defined population.
- ❖ It includes, patients, families, communities, health ministries, health providers, health service organizations, pharmaceutical companies, health financing bodies, and other organizations.
- ❖ It is **set of interconnected parts** that have to **function together to be effective**.
- ❖ **These functions include:**
  1. **Policy making**, regulations,
  2. **Health service provision**;
    - health **promotion**
    - **preventive** services
    - **curative** and rehabilitative services.
  3. **Financing and managing resources**; pharmaceutical, medical, equipment, information.
  4. **Health information system** , on which to base decisions and policies

# Health Care Administration: Definition and functions

**Health care administration defined as** the process by which **knowledge and social structures** are systematically utilized to **achieve specific objectives**.

## Functions

- 1. Management function:** **What** to do and **how** to do it? **Action for today**.
- 2. Planning function :** What do we **need** to do to improve health? **Anticipated (Expected) action for tomorrow**.
- 3. Evaluation function:** Does what we have planed **work**?



Since health is the most valuable thing we have, health care programs must be administrated in such away that:

- Users or consumers must **accept** them (**acceptable**) .
- They must **achieve their objectives**.
- They are linked to **socioeconomic development**.
- They work **efficiently**.



**Failures in administrative functions may be due to:**

- **Unqualified** administrators.
- The **complexity** of health and health care.

## The management function

**Healthcare management** is the practice of providing **leadership, management, and direction** to organizations that provide healthcare services and to different units within those organizations.



Healthcare management is centered around three main concepts:

- effectiveness,
- efficiency, and
- equity.

**Efficiency of health services:** Means **optimal use & application** of available resources.

**Effectiveness of health services:** Means to what **extent the defined objectives are achieved.**

**Equity:** the state in which everyone has a **fair and just** opportunity to attain their **highest level of health.**

# MANAGEMENT DEFINITION

• **A continuous** dynamic process to **effectively achieving** the identified **objectives** in right way, right time with the least available resources (Manpower, Money, Material .....etc.)



## MANAGEMENT VS ADMINISTRATION

### ADMINISTRATION

- **Frames** the **policies** & **goals** of an organization.

- The **top level** with the **decisive (key) functions**.

### MANAGEMENT

- **Implements** these policies & goals.

- A **middle level** activity with supervisory function.



# The management function

## Aims of health management

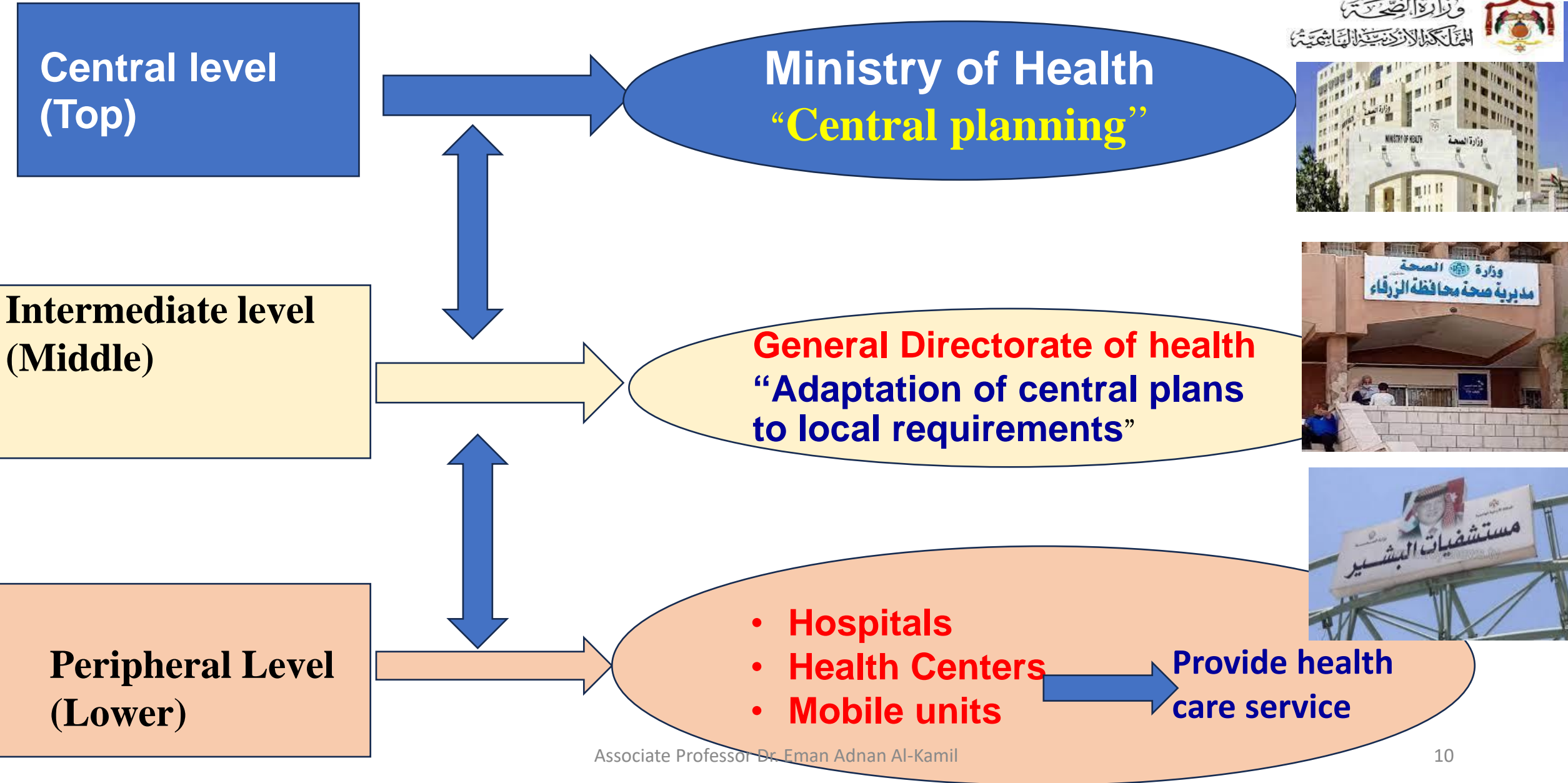


Improve population health.



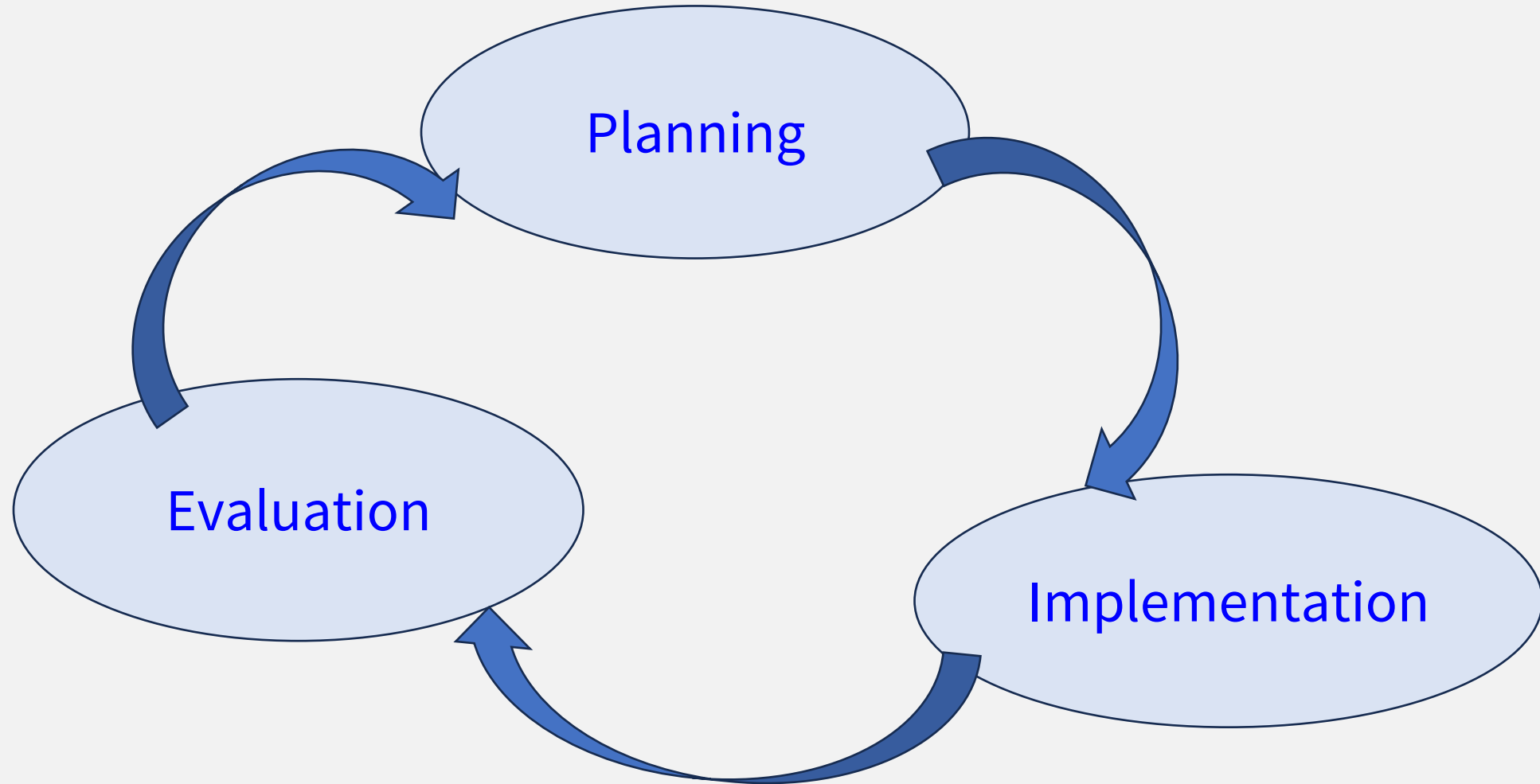
Scaling (Grading) up the quantity and quality of health services according to the perceived needs and demands of the community.

# The health care system represented in the following diagram:



# Management Cycle

**Sequence of steps** that must be followed to reach the identified goals.

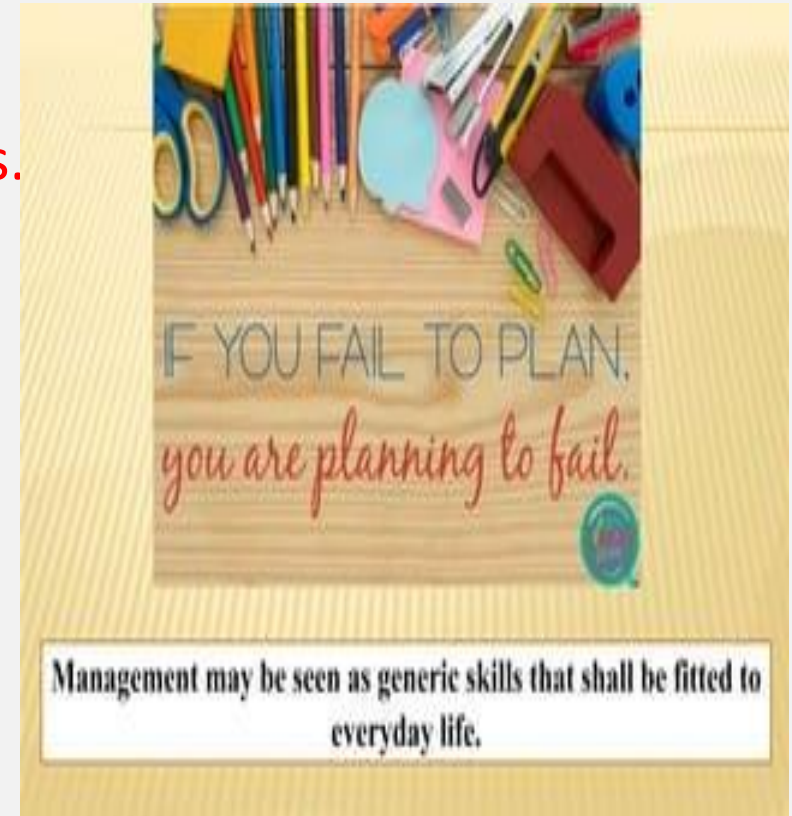


# The planning function

**Definition:** planning is a teamwork involving an organized, intelligent attempt to select the best alternative(s) to achieve specific objectives in efficient manner.

## The purpose of planning

1. To match limited resources with unlimited problems.
2. To use resources effectively and efficiently.  
Minimize or eliminate wasteful use of resources.
3. To develop the best course of action to accomplish pre-defined objectives.



## Planning in broad sense include:

1. Plan formulation
2. Implementation
3. Evaluation



## The plan is a document containing:

1. Objectives
2. Policies
3. Programs
4. Schedules and
5. Budget

## A. Plan formulation

1. Environmental examination and situational analysis.
2. Decision on priorities. What to do first?
3. Formulation of objectives. Where to be at the end?
4. Exploration of various means to achieve objectives.
5. Budgeting

## B. Plan implementation

6. Choice of best programs (solution).
7. Implementation of programs.

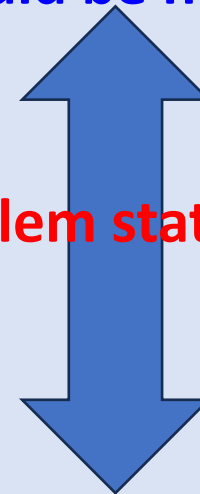
## C. Plan evaluation

8. Monitoring and Evaluation.

Formulate problem statement



What should be happen?



The problem statement

What is actually happening?

## Factors that may disturb health care planning:

- Political **instability**.
- Economic **crises**.
- Administrative **inefficiency**.
- Complexity** of health care determinants.
- Conflicts** between (among) **decision making groups**.
- Natural **disasters**.
- Haphazard** (random) population distribution.

There are 2 types of planning:

1. Population-based planning (**need -oriented planning**)
2. Resource-based planning (**crises-oriented planning**)

## Population-based planning (need oriented planning).

1. **The first step** in the population –based planning model is the **scientific comprehensive situational analysis** and **environmental examination** :

a. **Demography** :Population size, age and sex composition.

b. **Epidemiological analysis of morbidity and mortality**. Define the **types of problems, extent, severity, causes and impact** on the community as a whole.

c. Identify **financial, manpower, legal, ethical** and other **constraints**.

d. Identify **complaints** and expectations of the population.

e. Available health care **facilities** (for training and services delivery).

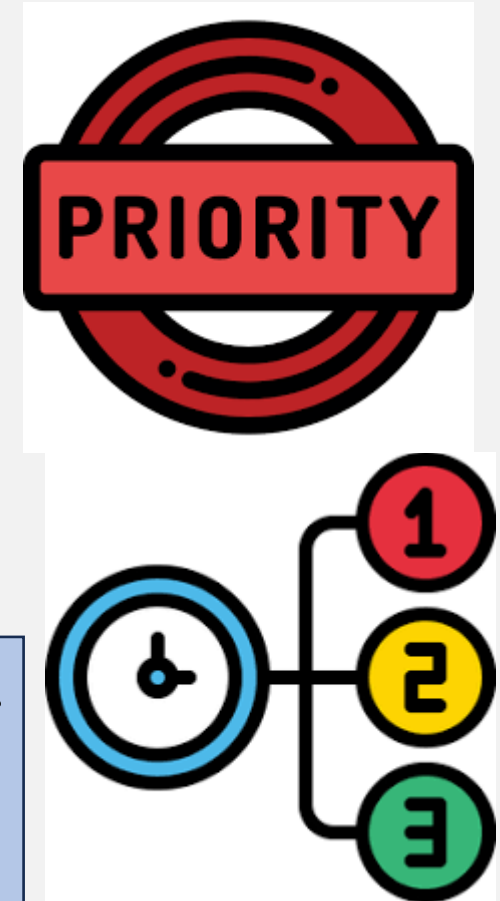


## 2. The second step is to decide on priorities.

To decide on which problem to deal with **first**, when we have **limited resources**, and we face **more than one problem**. The usual criteria used in this context are:

- A. **Extent (size)** of the problem.
- B. **Severity** of the problem.
- C. **Manageability** of the problem.
- D. **Community concern** about the problem.

**Priority:** A ranking of **problems, needs or solutions** in order of **importance & preference** based on views derived from data and intelligent judgment.



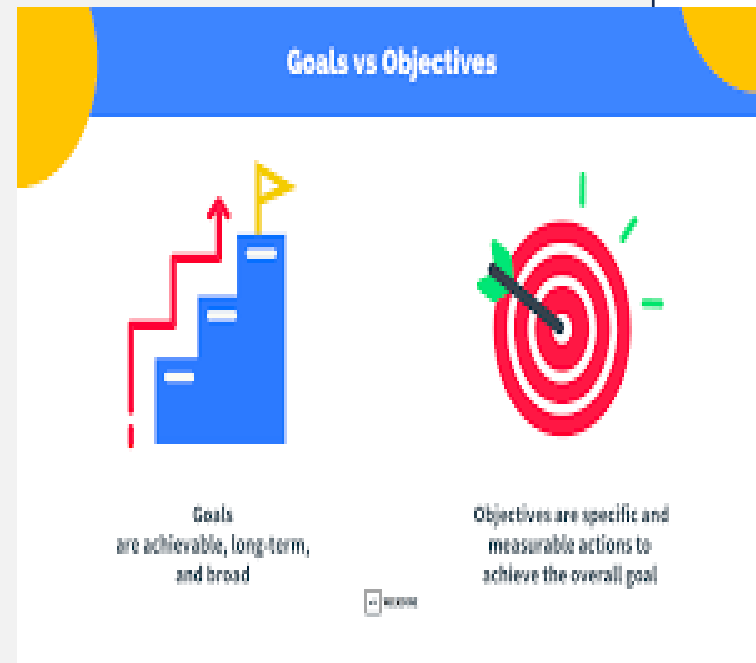
### 3. The third step is to :

- Define clearly **the short-term and long-term objectives or goals** to be achieved.
- These are the **desirable end results** of an action.
- They are **the guide to action** and the standard to **measure work** after it is done.
- It is preferable that **objectives** are phrased in **quantitative and measurable terms**.



Goals are achievable,  
long term and broad

Objectives are specific  
and measurable actions to  
achieve the overall goal



**4. The fourth step** is to explore and formulate **alternative strategies** to be adopted:

- their **feasibility**,
- operational choice**
- the likely **outcome**
- cost** of each alternative is carefully studied.

## 5. The fifth step: Once these alternative strategies are fully explored:

- ✓ An **operational plan** or programming is selected.
  - ✓ The **allocation of resources**,
  - ✓ **Authority**,
  - ✓ **Time - tabling** and
  - ✓ **Monitoring system**
- are decided upon.



## 6. The sixth step:

■ The selected program or plan is then implemented, and the collection of monitoring data is initiated.

■ Any deviation from the planned activities is sorted out and corrective measures are undertaken.

■ Implementation requires effective organization and adequate resources.



## 7. The seventh step: The control function

### Evaluation and monitoring

Evaluation is defined as the systematic attempt to determine the degree to which means (programs) achieve intended (predefined) objectives and the factors that contribute to or delay this achievement.

It is applied at three stages of the planning process:

a. **Prior to plan implementation:** The question is “Will the program or plan achieve intended objectives or desired results? (preliminary evaluation).”

b. **During implementation.** Day to day follow up of activities .  
It is called here monitoring or concurrent evaluation). Is the plan achieving the stated objectives?

c. **At the end of the implementation: Final evaluation.** Has the plan achieved the stated objectives?



# The process of evaluation involves :

## 1. **What to evaluate?**

**A. Structure** or preconditions of the care process.

**B. Process** to be carried out to deliver care.

### **C. Outcome**

➤ **Intermediate** indicators.

➤ **Ultimate** indicators.

**D. Impact** on the specific target and adjacent targets or areas.

**E. Opinion** of consumers and providers.



Take into account the following elements of evaluation:

**Relevance:** Is the health care needed?

**Adequacy:** The relation **between recognized need and allocated resources**

**Accessibility:** The **easiness** with which people can use services when they are in need to do so

**Acceptability:** The **degree of adjustment** between client and provider characteristics

**Effectiveness:** The extent to which planned **objectives are attained**

**Efficiency:** The extent to which **given resources are utilized to maximize achievable objectives (benefits)**. A comparison of costs and benefits.

**Impact:** The overall **effect of a program on targeted** and adjacent systems or components of the socioeconomic sectors.





## 2. Why to evaluate?

Three areas of interest may be identified and related to the purpose of evaluation

- A. Research.
- B. Diagnosis.
- C. Administrative control.

## 3. At what level?

International, national, local, single program or multiple programs.

4. **Who does the evaluation?** Evaluation may be carried out by any of the following:

a. **External experts**, These may have the technical and scientific capabilities but usually, they are ignorant in local situations.

b. **University academics**. They are competent in carrying out such tasks, but they tend to be slow and careful and therefore, may take longer time than health authorities can wait.

c. **Health policy makers**. They are the people who can make changes in the light of evaluation results, but they are in a threatening position and distort the spirit of evaluation by punishing or rewarding people.

d. **Program administration and staff**. These are the people who are much familiar with their own situation. They may be biased however to or against the program justifications and continuation.

This depends on whether they like the program (they may exaggerate its achievement) or dislike it (they undermine the merits of the program).

e. **The community or consumers**. The opinion of consumers is of vital importance, but lay people generally lack the technical abilities to judge the merits and limitations of many health actions or program.

It is useful, however, to listen to their views and to know how they think about the health care services.

**5. For whom?** This depends on the purpose of the evaluation.

**6. Where?** Place and institutions to be covered

**7. When?** At what stage of the program? I.e., preliminary, monitoring or feedback

Thus, the process of evaluation involve basic steps:

1. Determining **what to evaluate**
2. Establish **standards and criteria** (The use of checklists)
3. Plan the **methodology** to be used
4. Gather **information**
5. **Analyze** the results
6. **Take an action**
7. **Re-evaluate**

## Approaches to evaluation

### Structure approach (structure analysis)

Structure refers to the conditions that surround process of care including such factors as:

a. Number and qualification of staff.

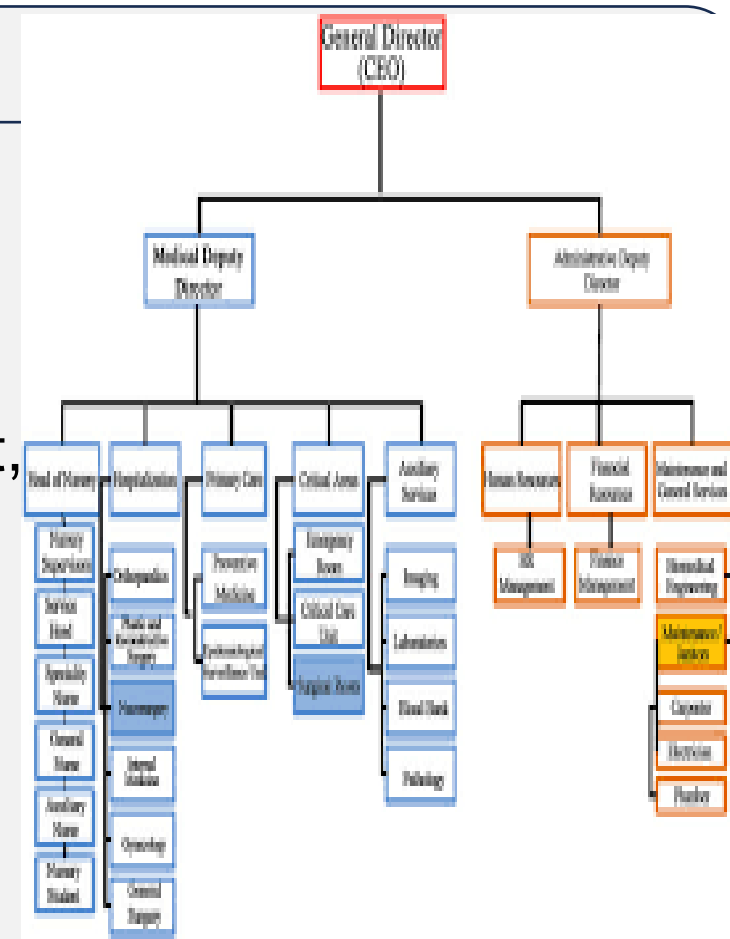
Characteristics of resource inputs (buildings, equipment, drugs... etc.

b. Organizational and environmental framework.

- The question is how adequate the structure is in a given institution, town, area?

- The available structure in any institution is compared with a standard check-list containing the ideal structure to be available in such institution.

- The assumption is that if the structure is available in adequate and functioning state, then process of care is expected to be optimal, and objectives are achieved.



For example, a **chest x-ray** indicated for a given patient might **not have been done** either because :

- the provider (doctor) did not make a request to do it or
- the **x-ray machine was not operating** at the time that patient was seen by the provider.

Anyhow, this is a necessary process item, which was missing and represented a **deficient process of care**.

Adequate structure  Adequate process  Desired objectives

## C. Outcome approach (outcome analysis)

Outcome refers to what is expected from a program, a therapy, an educational activity or any other measure that is intended to improve individual or population health.

In this approach the status of individuals or population after the application of “treatment” is compared to the status before the treatment.

A successful treatment is expected to produce desired results (outcomes) which can be measured by:

- intermediate indicators → coverage rate

-ultimate indicators → reduction in indicators of ill health such as reduction in infant mortality rate.

- In general, a **good quality care** is expected to lead to **reduction in the following indicators of ill-health (7 Ds )**:

1. **Disease incidence.**
2. **Death rate.**
3. **Discomfort.**
4. **Dependency on family and on the health cares system.**
5. **Disruption.**
6. **Dissatisfaction.**
7. **Disability.**

# Population-based planning is faced by two major obstacles:

a. The **type of data required**, which encompasses a variety of aspects, is **difficult to acquire adequately**.



b. The **social orientation** of the approach. It helps to **uncover underlying social and environmental causes of ill health**.



## Planning steps

