**United Republic of Tanzania**

**Ministry of Health, Community Development, Gender, Elderly and Children**
**President's Office- Regional Administration and Local Governments**

# Basic Hospital Management Training
## for Regional Referral Hospitals

## The Participants' manual

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# Table of contents

# Foreword

In November 2017 The President of the United Republic officially instructed all RRHs to be administratively and technically manned by the MoHCDGEC. In this change, Honorable President clearly stated that his decisions are meant to improve and ensure smooth management of the RRHs as their day to day undertakings will be overseen by the responsible ministry. As a matter of fact, this announcement by the President came at an opportune time when MoHCDGEC through Regional Referral Hospital Management Project (RRHMP) has already completed first round of capacitating Regional Referral Hospital Management Teams in Basic Hospital Management skills; the objective being the same as that of the President - of improving and strengthening management of the RRHs to deliver quality services.

The need for the Basic Hospital Management Training (BHMT) to RRHMTs is a result of the Baseline survey that was conducted in 2015 before the commencement of RRHMP to set out Benchmarks for the project outputs. According to the findings of the survey, managerial capacity of the Hospital Management Teams which is composed of clinical and non-clinical support service staff is limited. Majority of them are assigned to manage very crucial positions in the hospital but with little opportunity to acquire basic knowledge and skills on management.

With this situation, MoHCDGEC through RRHMP in support of JICA, organized and conducted first round of BHM trainings that covered six (6) RRHMT members from all 28 RRHs in the country by May 2017. Second round of the same involved five (5) RRHMT members who were not trained before from the same 28 RRHs; making a total of 11 Hospital Management Team members trained on Basic Hospital Management in every RRH by April 2018. Both rounds of trainings were conducted using Basic Hospital Management Training Manual and training slides that were continuously improved every after each batch of training using inputs and comments from participants and facilitators. With a total of eleven (11) members trained in every Hospital and keeping in mind that there will always be un-trained members and new recruits to RRH as well as transfer of staff to and from the RRH, the necessity to sustain the BHMT became inevitable. This Facilitators guide not only reflects the efforts made by the MoHCDGEC through its JICA supported RRHMP in strengthening HMTs of the RRH in Managerial endeavors but also sustainability of the capacity building investments injected by the government through the RRHMP to RRHs. The Facilitators Guide is basically a road map for the institutions to carry on and sustain the BHM training to the RRHMT. It is intended to guide institution for Human Resource for Health development and other high learning institutions on Basic Hospital Management training specifically to Hospital Management Teams.

Both Participant Manual and Facilitators' Guide are tailor-made to ensure that the guidance and materials reflect the real situation of the RRHs in Tanzania. The provided guidelines will enable organizers to maintain the quality and consistence of the subjects needed for training of hospital management. By doing so, the learning and acquisition of skills necessary for proper management of the RRHs will be controlled regardless of when the training is conducted, who deliver the training and where the training is offered. Participants will understand RRH system, structures and management processes. Furthermore, participants are expected to acquire the intended adequate skills to innovate and produce competences required to improve and maintain the quality of healthcare services delivered at the RRHs. The ministry expects the Health Institutions and other universities selected and instructed to organize and conduct the BHMTs, to fully understand the contents of both documents and adhere to the guidelines provided therein. It is my wish the documents be indeed instrumental in running and sustaining the BHMTs towards improving management and quality of services rendered by our RRHs.

**Prof. Mohamed Bakari Kambi**
Chief Medical Officer
Ministry of Health, Community Development, Gender, Elderly and Children

# Acknowledgement

*Edward Mbanga*
Ag. Director, Policy and Planning
Ministry of Health, Community Development, Gender, Elderly and Children

# Acronyms

| | |
|---|---|
| ADB | African Development Bank |
| BHMT | Basic Hospital Management Training |
| CCHP | Comprehensive Council Health Plan |
| CHMT | Council Health Management Team |
| CHOP | Comprehensive Hospital Operation Plan |
| CMSS | Central Management Supportive Supervision |
| CQI | Continuous Quality Improvement |
| DMO | District Medical Officer |
| DPG-H | Development Partners Group for Health |
| EHPA | External Hospital Performance Assessment |
| HAB | Hospital Advisory Board |
| HMT | Hospital Management Team |
| HRH | Human Resource for Health |
| HRHIS | Human Resource for Health Information System |
| HRM | Human Resource Management |
| HSSP | Health Sector Strategic Plan |
| IMF | International Monetary Fund |
| ISS | Internal Supportive Supervision |
| JICA | Japan International Cooperation Agency |
| KPIs | Key Performance Indicators |
| MSD | Medical Store Department |
| MoHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| NGOs | Non-Governmental Organization |
| NHIF | National Health Insurance Fund |
| OPRAS | Open Performance Review and Appraisal System |
| PORALG | President Office, Regional Administration and Local Government |
| QA | Quality Assurance |
| QC | Quality Control |
| QI | Quality Improvement |
| QIT | Quality Improvement Team |
| QIU | Quality Improvement Unit |
| QM | Quality Management |
| RAS | Regional Administrative Secretary |
| RHMT | Regional Health Management Team |
| RMO | Regional Medical Officer |
| RMSS-C | Regional Management Supportive Supervision for Council |
| RMSS-H | Regional Management Supportive Supervision for Hospital |
| RRHAB | Regional Referral Hospital Advisory Board |
| RRHMP | Regional Referral Hospital Management Project |
| RRHMT | Regional Referral Hospital Management Team |
| RRHs | Regional Referral Hospitals |
| TQM | Total Quality Management |
| WB | World Bank |
| WIT | Work Improvement Team |
| ZHRCs | Zonal Health Resource Centers |

## Background

Hospitals are the largest expenditure category of the health system in most developed and developing countries. Despite shifts in attention and emphasis toward primary care as a first point of contact for patients, in most countries, hospitals remain a critical link to health care, providing both advanced and basic care for the population. Often, they are the providers "of last resort" for the poor and critically ill. Hospitals are the first point of contact by patients for diagnosis and care and a designation for patients to receive specialized and inpatient care. Regional Referral Hospitals are expected to provide a high standard of care for our country's growing population and ageing population - but demand is rising and services are under pressure. On the other hand, hospital environment is one amongst the busiest and is full of challenging encounters. Hospital staff needs to be prepared for anything from treating life-threatening diseases or the common cold, to aiding in emergency situations and disaster relief. With several departments, all providing life-saving care, operating complex equipment, and handling Hospital issues like policy development and compliance, hospitals need top-notch management to help them run efficiently. That's why good management is very important, not only for the patients, but also for medical professionals and the healthcare system as a whole. Good hospital management can often be the difference between a well-maintained and operated hospital and a disorganized chaotic environment where the quality of patient care suffers.

## Why this course is needed?

For many years, Tanzania has been implementing health sector reform in order to strengthen health services. The features of health sector reform included strengthening of district health systems to enable them plan and implement health services in a decentralized context. However, the paces into which reforms have been implemented differ between the regions. This discrepancy was realized by MOHCDGEC and development partners, Japan International Cooperation Agency (JICA) inclusive. Since 2008 Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with JICA has been working to strengthening health systems focusing on Quality improvement, Human Resource Information and the Regional Health Management Teams (RHMT). From the experience of strengthening RHMTs, projects Phase 1 and 2, it was further realized that despite their key role in the health system, and despite the fact that majority of national health expenditure is spent on hospitals, performance of hospitals has been neglected, with more attention being paid to the strengthening of primary health care as well as to disease specific programs.

According to the survey conducted by JICA's Project for Capacity Development in Regional Health Management Phase 2 (2011–2014), in RRHs, personnel expenditure occupied up to 89% of hospital expenditure, which indicates severe shortage of operational expenses including budget for medical supplies. Also, managerial capacity of the Hospital Management Teams (hereinafter referred to as "HMTs") is limited. In RRHs, HMT is composed of clinical and clinical support service staff. Majority of HMT members are assigned to manage hospitals with little opportunity to acquire basic knowledge and skills on management.

Although there is a growing consensus internationally on the importance of hospitals as a major point of care, it is still unclear exactly how hospital challenges can be addressed. For example, options for addressing hospital problems include issues such as increased autonomy, corporatization, and even privatization, are being considered and applied to improve performance of publicly run health services. In Tanzania, currently there are mixed efforts to improving hospitals performance. For example, for Regional Referral Hospitals, MOHCDGEC has considered interventions such as strengthening of hospital planning through training RRHs on the development of Comprehensive Hospital Plans (CHOP), granting of considerable autonomy for hospitals to innovate ways of improving efficiency in revenue collection. Use of electronic systems to manage the revenue collection is becoming one of the popular mechanisms. There are several examples in which hospitals have initiated electronic systems for revenue collection and recording. Unfortunately, these initiatives are happening in a fragmented manner. There are experiences of using electronic system in Tumbi Regional Referral Hospital, Dodoma Regional Referral, Mbeya Regional Referral to mention few.

Although there were initiatives of strengthening management capacities of RRHs, the delivery has been less comprehensive and have been implemented a few RRHs. The government of Tanzania thus, requested JICA's technical cooperation project to further strengthen the management of Regional Referral Hospitals. The request includes

strengthening the managerial capacity of RRHMTs, improving hospital performance through KAIZEN approach, and improving governance through strengthening of Hospital Advisory Boards. Hence, the onset of the Regional Referral Hospital Management strengthening project (RRHMP).

# Envisaged Improvement

The project through this training is expecting to realize the following changes in Regional Referral Hospitals:

**Outputs**
- Management capacity of HMTs is improved.
- Planning and reporting capacity of RRHs is improved
- M&E capacity of RRHs is strengthened.
- Resource management and quality improvement activities are strengthened through KAIZEN approach

**Outcomes**
- Indicator 1 Total hospital revenue is increased
- Indicator 2 Number of outpatient and inpatient per hospital staff is increased
- Indicator 3 Proportion of personnel expenditure to total hospital expenditure is improved

# Competence Areas to be developed for RRHMTs

The project conducted a baseline survey and training need assessment to establish existing managerial challenges and skill gaps that need training interventions. Key areas identified as important to be considered in building managerial skills for Regional Referral Hospital Management Teams included:

Table:  Gaps needing training intervention

| Key Areas | Existing gaps |
|---|---|
| Human resources management | • Understanding of the recruitment process<br>• Developing training plans<br>• Retention mechanisms (?) |
| Financial Management | • Limited innovative skills to increase revenues<br>• Limited mechanisms to counter act leakages in revenue collections<br>• Filling insurance forms<br>• Allocation of revenues<br>• Assessment of products that bring more money |
| Information management | • Weak data collection and management<br>• Analysis and utilization |
| Oversight | • Limited understanding of RRHMTs roles |
| Planning | • How Regional Referral Hospitals planning is guided, i.e.: Sending information of budget ceilings late leading to frequent revision of the plan<br>• There is no budget that is set for developing CHOP |

To address the existing competence gaps, five modules have been prepared to orient participants on key management skills for hospital management teams

There are five modules in this document. Those are:
- Understanding RRHs settings
- Basic Management
- Human Resources Management
- Basics of Financial, Commodity and Information Management
- Quality and Safety

# Module 1: Understanding the RRHs settings

## Introduction

Regional Referral Hospital Management Team is charged with the responsibilities of operationalization and management of the RRHs. The need to understand the setting and placement of the RRHs in the overall Government Organization, therefore, becomes inevitable. It is important for RRHMTs to understand the RRH settings to guide their operations including HRH management, recruitment, financing structures, and roles of the relevant bodies to ensure that RRHs deliver the expected services in an acceptable standard.

This therefore needs RRHMT to:
- Have knowledge about the roles and how RRHs are organized;
- A clear understanding of the context;
- A clear understanding of Key challenges ahead that need serious consideration of the RRHMTs; and other relevant bodies;
- Provide practical local solutions to address RRHs problems.

> This module is the foundation of the RRHMT's roles and responsibilities. Module one is designed to create an understanding of the RRH settings for better performance of <u>RRHMT functions, especially function No. 1: "Planning", No.2: "Monitoring and Evaluation", No.7: "Referral system", and No. 8: "Supportive Supervision".</u> so as to improve efficiency, effectiveness and quality of health care services and meet clients/community needs.

It focuses on bringing the attention of RRHMTs to various structures existing at national, regional and council level, their functions, roles and linkages. In addition, the module is envisaged to improve the understanding of the RRHMTs on chain of command within and between various structures at national, regional and council level.

As managers RRHMTs have to know what policies, strategies and regulations govern their operations. The Module also orients RRHMTs with various policies, guidelines, strategies and regulations important for their day to day operations. It stresses what RRHMTs are expected to do in translating the existing policies into actions and strategies into action, as well as the importance of adhering to the existing regulations. In addition, the module provides the RRHMTs with an insight of roles and functions of RRHAB, RRHMTs and RRHs; referral systems and their linkages.

## Objectives

At the end of this module RRHMTs will be able to:
a) Understand relevant structures and their linkages
b) Understand roles and functions of relevant structure at national, regional and council levels
c) Understand important policies and strategic frameworks guiding their operations
d) Understand the framework of RRHs

## Session 1: The roles and functions of various structures at regional level

This session is meant to bring the attention of RRHMTs members on the structures they interact with. Key important structures relevant for RRHMTs include: National and Specialized Hospitals, Zonal Referral Hospitals and Regional Referral Hospitals under the Ministry of Health, Community Development, Gender, Elderly and Children. Others are Regional Secretariat, Regional Health Management Teams and Local Government Authorities under the President's Office, Regional Administration and Local Government.

### 1.1.1. Background of MoHCDEC and PORALG

Ministry of Health, Community, Development, Gender, Elderly and Children / President's Office, Regional Administration and Local Government established and function under Presidential Instruments which are handed to the respective Minister. National, Specialized Hospitals, Zonal Referral Hospitals and Regional Referral Hospitals operate under the MoHCDGEC. These institutions exist by Acts and directives by the President. Before November 2017 RRHs were operating under PORALG and overseen by Regional Secretariat.

### 1.1.2. Background of the Regional Secretariat

The Regional Administrations were renamed Regional Secretariats (RSs) under the provision of the Regional Administration Act 1977. The regional secretariat is led by Regional Administrative Secretary (RAS) who is appointed by the President. RAS also act as the principal advisor to the Regional Commissioner. The RS performs its role through sections and units and each section is headed by an Assistant Administrative Secretary. One of the section is health and social welfare headed by Regional Medical Officer and supported by Regional Health Management Team (RHMT).

### 1.1.3. Roles of MOHCDGEC

It is very important for RRHMT members to understand the implementation arrangement and where the RRHs belong in the entire structure. This enables the managers (RRHMT) to perform their duties in line with the policies and under chain of command laid down by the Government and that shows the roles of each level of implementation. The role of the MoHCDGEC as regard to RRH include;

- Policies formulation that gives direction of the services to be delivered by all levels of Health facilities RRH inclusive.
- Administrative and technical oversight of National, Specialized, Zonal and Regional Referral Hospitals
- Supportive supervision and monitoring of implementation
- Coordinating stakeholders
- Building capacity on administrative and technical issues i.e. provision of quality health services

### 1.1.4. Roles of PORALG

PORALG oversees implementation directed by all Ministries at Regional and Local Government Authority. In this aspect it ensures implementation not only policies from all other sectors but also coordination of activities planned for Regions and Local Government Authorities. PORALG has a division that oversees implementation and delivery of health services in local Government authorities. For efficient and effective achievements of this arrangement PORALG has the following roles;

- Work with Regional Secretariat to enable them to carry out their health service responsibilities through RHMT.
- In collaboration with MoCDGEC coordinate stakeholders at national level
- Building capacity on administrative issues e.g. Leadership and Governance

### 1.1.5. Roles of Regional Secretariat

Tanzania is implementing decentralization by devolution (D by D) that empowers the regions and local authorities in terms of administrative decision-making authority (autonomy) on matters pertaining to their respective regions and councils. Administratively and technically the RRHs operate under the MoHCDGEC, Nevertheless, the RRHs are geographically under the regions and therefore their referral role starts from the primary level health services rendered by councils.
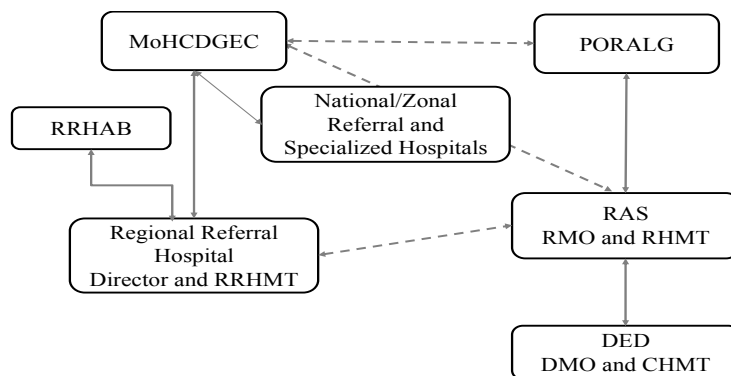


Figure 1-1: Structure and linkage with MoHCDGEC, PORALG and LGA

# 1.1.6. Introduction of Management committee and Technical committee

RHMT ensures that health and social welfare interventions are conducted within the overall framework of national policies, guidelines, set standards and within the context of the health sector's role. For the purpose of realizing these roles and responsibilities, in each RHMT shall comprise of Management committee and Technical committee. The new staffing level guideline 2014 – 2019 has thus concluded the formation and composition of the governance and technical committees.

## 1.1.6.1. Composition of RHMT

RHMT is composed of eight (8) Management committee members as "Core" member and Twenty-five (25) Technical committee members. Some Technical committee members were drawn from the existing vertical projects and interventions to facilitate services delivery at Regional and local government authority level. The team is chaired by Medical officer in charge, or Epidemiologist. The key focus of the Health Sector Reforms has been to build capacity of the core members of the RHMT, despite the fact that the key role of health service delivery is implemented by Technical committee teams.

**Composition of RHMTs**

1. The Regional Medical Officer
2. The Regional Health Secretary
3. The Regional Health Officer
4. The Regional Dental Officer
5. The Regional Nursing Officer
6. The Regional Pharmacist
7. The Regional Lab-Technologist
8. The Regional Social Welfare Officer
9. The Regional Nutrition Officer

**Co-opted members RHMT (not exhaustive)**
1. Regional Cold Chain Operator (Regional Immunization and Vaccination Officer)
2. Regional Reproductive and Child Health Officer
3. Regional AIDS Coordinator
4. Regional Radiographer Coordinator
5. Regional Monitoring and Evaluation Officer (Information Officer)
6. Health Education Officer
7. Community Mobilization Officer
8. Regional Public Private Partnership coordinator
9. Regional Malaria coordinator
10. Regional Integrated Management of Child Illness (IMCI) coordinator
11. Regional TB and Leprosy Coordinator (RTLC)
12. Regional Non-Communicable Disease Coordinator
13. Regional Eye coordinator
14. Regional Mental Health Coordinator

### 1.1.6.2. Functions of Management committee and Technical committee

The following functions are given to Management committee and Technical committee.

Table 1-1: Functions are given to Management committee and Technical committee

| Management committee | Technical committee |
|---|---|
| 1. Plan and Report for RHMT *activities* | 1. Surveillance and Data Management |
| 2. Promote dissemination of Policies, Regulations, Guidelines and Circulars | 2. Emergency and Routine Response Preparedness |
| 3. Promote an appropriate technical environment for private sector | 3. Technical services Coordination |
| 4. Coordinate Health and Social Welfare Services in the region *(=> among councils)* | 4. Managerial role |
| 5. Support Human Resources for Health and Social Welfare | 5. Supervision, Monitoring, Evaluation and Mentorship: |
| 6. Promote provision of quality services in all councils *(=> including CCHP and CCHP reports supports)* | 6. Planning (for the emergence or routine response. Planning for disease-specific activities, other specific interventions and QI activities will be incorporated in annual plans) |
| 7. Facilitate emergency and disaster preparedness and response | 7. Ensure Availability of trained staff and Medicines, and other health commodities |
| 8. Enhance Regional Referral Hospital management capacity *(=> including RMSS-H)* | 8. Disease Outbreak Investigations |
| 9. Develop inter-regional networking | 9. Research and Development (offer technical support to the region in conducting operational research on health events.) |
| 10. Conduct Supportive Supervision to CHMTs | |

### 1.1.6.3. Roles of Management committee

The following roles are given to Management committee;

- Advise the Regional Secretariat on health-related interventions in order to improve and sustain the health status of the population within the region;
- Ensure policy goals are translated into health plans and are implemented
- Ensure equitable coverage of health interventions and equitable distribution of health services and resources across the region
- Promoting good relationship between health and other sectors to increase synergy in approaching development agenda
- Strengthen the bond between Public and Private providers, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) and the community
- Deliver issues, needs, and any other voices from the regions to the central government to improve health care provision within the region

# Session 2: Policies and Strategic Frameworks

Existing policies and strategic frameworks govern the work of RRHs. There are several policies and strategies that need consideration by RRHMTs and other management at sub national levels.

## 1.2.1.   Basic definitions used in Policy documents

There are some basic definitions need to be understood for adoption of different documents used in management of health systems and health facilities.

Table 1-5: Level and definitions of different documents

| | Definition | Examples |
|---|---|---|
| Vision statement | A vision statement is a country's' or organization's declaration of its mid-term and long-term goals | • Tanzania Development Vision 2015<br>• MOHCDGEC's vision and mission |
| Mission statement | A mission statement is a communication of an organization's purpose, usually expressed with public relations or marketing in mind. | MOHCDGEC's vision and mission |
| Policy | "A statement of intention followed by an actor or set of actors in dealing with a problem or matter of concern"<br>(Anderson, 1973) | • National Health Policy |
| Strategy | An action that health managers take to attain one or more of the organizational goals or a desired future state | • Health Sector Strategic Plan VI<br>• HRH Strategic plan 2014-2019<br>• MMAM 2007-2017 |
| Guideline | Recommended practice that allows some discretion or leeway in its interpretation, implementation, or use. | • Implementation guideline on 5S-KAIZEN-TQM approaches in Tanzania<br>• Standard Treatment Guideline and the essential medicine list<br>• National guideline for diagnosis and treatment of Malaria<br>• Staffing guideline |
| Regulation | 'A rule of order having a force of law prescribed by superior or competent authority, relating to the actions to those under the authority's control' | • Insurance regulation<br>• The private hospitals regulation |

Source http://whatis.techtarget.com/definition/vision-statement and http://www.moh.go.tz
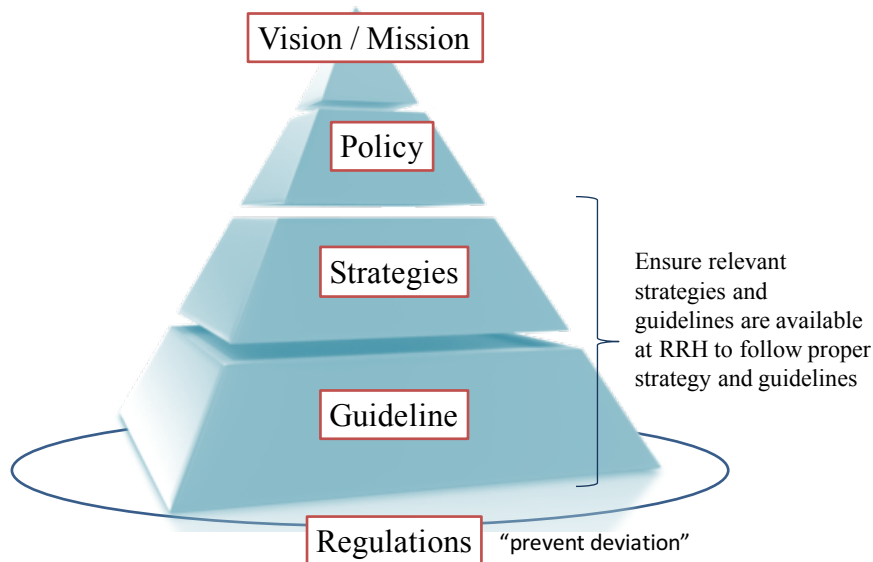


Figure 1-2: Pyramid of relation among different type of documents

It is important to know health policy and health sector strategies, and align with your hospital plan. However, guidelines and regulations are more important for day to day operation of hospital and provision of safe and quality services. Therefore, RRHMT should ensure all national guidelines for proper services provision at RRH are in place in all service areas,

## 1.2.2. Existing Policies and Strategic Frameworks

**1) Tanzania Development Vision 2025**

Tanzania Development Vision 2025 (Vision 2025) is a Policy document that provides direction and philosophy for National long-term development. It states, "By 2025, Tanzania wants to achieve a high quality of livelihood for its citizens, peace, stability and unity, good governance, a well-educated society, and a competitive economy capable of producing sustainable growth and shared benefits by 2025". The Vision 2025 document identifies health as one of the priority sectors contributing to a higher-quality livelihood for all Tanzanians. This will be attained through strategies, which will ensure realization of the following health service goals:

- Access to quality primary health care for all
- Access to quality reproductive health services for all individuals of appropriate ages
- Reduction in infant and maternal mortality rates by three-quarters of levels in 1998
- Universal access to clean and safe water and sanitation
- Life expectancy comparable to the level attained by typical middle-income countries
- Food self-sufficiency and food security; and
- Gender equality and empowerment of women

Thus, each RRH has a role to play to contribute in the attainment of the Vision 2025 National aspired goals. Hence, RRHMTs should ensure that during preparation and implementation of the Five-year Strategic Plan for the RRH and its Annual Comprehensive Hospital Operational Plans, have effective and efficient interventions that reflects the attainment of the health service goals.

**2) MKUKUTA and Five Years' Development Plan 2011/12-2015/16**

The fact that the government has its own commitments, also it has international commitments like Millennium Development Goals (MGDs). The National Strategy for Growth and Reduction of Poverty (NSGRP), known in Kiswahili as the MKUKUTA, represents Tanzania's commitment to the achievement of the MDGs, which have currently been replaced by the Sustainable Development Goals (SDGs). MKUKUTA II covers the period 2010/11 – 2014/15. It addresses improvement of the quality of life and social well-being. It is a framework for all government development efforts and for mobilizing resources.

The Strategy aims to foster greater collaboration among all sectors and stakeholders. It advocates use of a greater proportion of the health budget to target cost effective interventions such as immunization of children under 3 years of age, Reproductive and Child Health, control of Malaria, HIV & AIDS, TB and leprosy etc. All sectors were involved in a collaborative effort rather than segmented into separate activities. Although MKUKUTA II has been replaced by the Five-Year Development Plan, this document is of crucial importance for the RRHMTs to understand the reason for MOHCDGEC to advocate for more resources from stakeholders, community and development partners, at the same time to assist the team to reorient their RRHs services to be more responsive to the needs of their population.

**3) The Five Years' Development Plan (FYDP I) 2011/12 – 2015/16**

This plan aims to mobilize Tanzania's resource potential in order to fast-track the provision of the basic conditions for broad based and pro-poor growth. The FYDP I set as goals for the health sector:
Increase accessibility to health services, based on equity and gender-balanced needs

a) Improve quality of health services
b) Strengthen management of the health system
c) Strengthen management of policies and regulations of health services
d) Enhance human resource development for health and social welfare

Big Results Now Initiative in 2014, the National Key Result Area (NKRA) in health care was introduced in the Big Results Now approach, to join other NKRAs that were adopted by the Government of Tanzania (GOT) in 2013, in order to enhance the implementation of the Five Years' Development Plan 2011/12 – 2015/16 and the Vision 2025. The health care NKRA is the eighth NKRA under the Big Results Now program. The BRN approach or methodology

emphasizes prioritization, focused planning, and efficient resource management. The BRN approach aims to instill a sense of accountability, and discipline in implementation through focused monitoring and evaluation.

**4) National Health Policy 2007**

The National Health Policy aims at implementing national and international commitments. Predominately, the policy outlines the national intents and directives that are yearned to be implemented in the health sector. The aim is to improve the health of all Tanzanians, especially those at risk, and to increase the life expectancy, by providing health services that meet the needs of the population. In summary, its' main objectives are to:

- Reduce morbidity and mortality in order to increase the life expectancy of all Tanzanians by providing quality health care as needed
- Ensure that basic health services are available and accessible for all people; 3. Prevent and control communicable diseases, especially AIDS, Malaria, Tuberculosis, and non-communicable diseases resulting from mismanagement of chemicals, poor nutrition, and environmental and working conditions.
- Sensitize the citizens about preventable diseases and measure to improve health
- Create awareness on the part of the individual citizen to his/her responsibility on his/her health and the health of their family
- Build partnership between public sector MDAs, private sector (including traditional and alternative medicine providers) actors, religious institutions, civil society and community-based organizations in the provision of health services
- Plan, train, and increase the number of competent health staff for all levels of health care
- Identify needs for health services in communities; construct and maintain health infrastructure and medical equipment; and 9. Review, evaluate and produce health policy, guidelines, laws and standards for provision of health services
- The National Health Policy is therefore, living document that guides delivery of health care services within the entire nation and ensures is in line with the policy directives and objectives provided by the state. It is therefore, necessary for RRHMT to ensure is in place in RRH and well-read and comprehended by Health providers.

**5) Primary Health Care Services Development Program (PHSDP)-*Mpango Wa Maendeleo Wa Afya Ya Msingi* (MMAM)**

In 2007, the MOHCDGEC developed the Primary Health Care Services Development Program, better known as the MMAM 2007–2017 (MOHCDGEC 2007). The objective of MMAM is to accelerate the provision of primary health care services for all by 2017, while the remaining five years of the program would focus on consolidation of achievements. The main areas are strengthening the health systems, rehabilitation, human resource development, the referral system, increasing health sector financing and improving the provision of medicines, health care waste management, sanitation, equipment and supplies. Primary health services are managed and administered by Local Government authorities. MMAM aims at strengthening primary Health Care Services at Council Level. Within this context, the PHC facilities are strengthened impacting on the improvement of the referral system in the region which is one of the major concerns and role of the RRHMTs. The document is therefore of great value to the team. In addition, RRHMTs are the ones who are expected to show examples in adhering to regulations and also supporting others to adhere through mentorship and provision of appropriate oversight. RRHs are the implementing units of national policies and strategic frameworks. The work of RRHs accomplishes policy and strategic objectives of the national level. Therefore, it is very important to understand existing policies, strategies and regulations for smooth operation

**6) Health Sector Strategic Plan (HSSP) IV 2015 – 2020**

The overall objective of HSSP IV is to reach all households with essential health and social welfare services, meeting, as much as possible, the expectations of the population, adhering to objective quality standards, and applying evidence-informed interventions through efficient channels of service delivery[1].

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1    MoHCDGEC: HSSP 4, 2016 - 2020

HSSP 4 has five strategic objectives under the plan:

- **Strategic Objective 1**: The health and social services sector will achieve objectively measurable quality improvement of primary health care services, delivering a package of essential services in communities and health facilities.
- **Strategic Objective 2**: The health and social welfare sector will improve equitable access to services in the country by focusing on geographic areas with higher disease burdens and by focusing on vulnerable groups in the population with higher risks.
- **Strategic Objective 3**: The health and social welfare sector will achieve active community partnership through intensified interactions with the population for improvement of health and social wellbeing.
- **Strategic Objective 4**: The health and social welfare sector will achieve a higher rate of return on investment by applying modern management methods and engaging in innovative partnerships.
- **Strategic Objective 5**: To address the social determinants of health, the health and social welfare sector will collaborate with other sectors, and advocate for the inclusion of health promoting and health protecting measures in other sectors' policies and strategies.

**Key Points**

Polices, strategies and Guidelines are important in;

- Aligning country's priority with actual health needs of the population
- Allow integration of government and development partners hence make better use of all available resources
- Provision of quality health care

# Session 3: The framework of RRHs

RRH is the highest referral point in the region receiving patients from Primary level facilities (District Hospitals, Health Centers, and Dispensaries) from both public and private. Health services delivery at the RRH is governed by RRHAB endorsed by the Ministry to ensure interests of the community on health issues are met. RRHAB advises and oversees the performance of RRH through RRHMT. Among members of the RRHAB are Regional Medical Officer and Hospital Director (previously known as Medical Office In charge). RRHMT are the implementers of the policies, guidelines and strategies from the national and regional level with the advises provided by the RRHAB.

RRHMTs have to make sure that hospitals have organization structures that are current and follow the MOHCDGEC format. In the baseline survey (2015) conducted by RRHMT management strengthening project that is supported by JICA- Majority of RRHs were found to have organization structures that differed a lot from each other and did not reflect the actual realities of how the RRHs should be structured.

## 1.3.1.    Regional Referral Hospital Advisory Board (RRHAB)

### 1.3.1.1.    What is RRHAB?

RRHAB is defined, as "the group of skill mixed people who have been recommended and appointed by the relevant authority to oversee the health service delivery at the RRHs". The National Health Policy 2007 clearly stipulates the need for establishment of boards in the referral hospitals at regional in order to instill sense of ownership to the community, and enhance positive relationships and transparency in service provision and work relations. RRHAB is established with the following objectives:

To instill and strengthen good governance for service provision at RRH and ensure participation of the community in ownership and delivery of quality services within the region

**Membership and representation of RRHAB**

RRHAB members are drawn from a wide spectrum of public figures within the region whose qualities are, among others, having a personnel interest and commitment to voluntarily to serve in the HAB, giving advises for improving hospital service delivery. Suggested member of HAB is listed in the table below;

Table 1-2: Suggested members of RRHAB

| SQ# | Suggested member of RRHAB |
|---|---|
| 1 | Representative from the Private sector |
| 2 | Legal Officer Advocate |
| 3 | Prominent retired health /Social welfare personnel |
| 4 | Representative from recognized women Organization |
| 5 | Representative from CSOs |
| 6 | Prominent financial Management Expert |
| 7 | Regional Assistant Administrative Secretary-Health (RMO) |
| 8 | Representative from Health Workers Union |
| 9 | Representative from Districts- (Council/District Medical Officer In charge) |
| 10 | Representative from lower level health facilities in the vicinity |
| 11 | Representatives from the community representing users from the community representing users of the facility (1) |
| 12 | Representatives from the community representing users from the community representing users of the facility (2) |
| 13 | The Medical Officer In charge of the Hospital will be the Secretary to the Board. |
| 14 | Members from Faith based organization (1) |
| 15 | Members from Faith based organization (2) |

### 1.3.1.2. Roles and responsibility of RRHAB

For more details of RRHAB, please refer to *"Guideline for Regional Referral Hospital Advisory Board (RRHAB), - Establishment, Operation and Management of RRHAB"* (MoHCDGEC, PORALG, June 2016, ISBN No. 978-9987-737-50-5)"

## 1.3.2. Functions of Regional Referral Hospitals

One outcome of the health sector reform in Tanzania has been upgrading the Regional Hospitals to Regional Referral Hospitals (RRHs). The purpose is to enhance capacity of the RRHs to provide quality health care services and perform referral roles of handling cases requiring specialized care. The functions of RRHs are (according to "standards for Health Facilities per Levels in Tanzania Vol. 3):

1) To support health services and provide general health care in the region;
2) To provide wide ranging technical and administrative support and education and training for lower levels of health facilities;
3) To provide an effective, affordable health care service for a denied population, with full participation, in collaboration with agencies in the region

## 1.3.3. Roles and Functions of RRHMTs

To manage RRHs effectively and efficiently, it is important to have capable and knowledgeable team that is composed by committed members. Composition of Regional Referral Hospital Management Team (RRHMT) is as follows:
- The Medical Officer in charge of the Hospital
- The Hospital (Health) Secretary
- The Hospital Matron/Patron
- The Hospital Pharmacist
- The Hospital Laboratory Technician in charge
- The Radiological Officer and All Hospital Clinical Departments in charges:
- The Hospital Social Welfare Officer - Internal Medicine
- The Hospital Information (Data Management) Officer
- The Hospital Health Care Technical Services
- The Hospital Accounts Unit
- The Hospital Supply Officer

## 1.3.4.    Functions of Regional Referral Hospital Management Teams

The Regional Referral Hospital Management Team) is a managerial body to execute core functions in the hospital operation in line with MOHCDGEC/PORALG Policies, strategies and guidelines. The following are the functions of RRMHTs. This table is very important for RRHMT members to understand and perform to manage RRHs in effective and efficient ways.

Table 1-3: Function of RRHMT

| Function | Responsibilities |
|---|---|
| **Function 1:** Planning | • To prepare a 5-year strategic plan and submit it to RMO on time<br><br>• To review the strategic plan at the mid-term and update if necessary<br><br>• To prepare participatory and evidence based Comprehensive Hospital Operation Plan (CHOP) based on the data collected at the hospital, and submit to RMO on time<br><br>• To share the strategic plan and CHOP with stakeholders including the Hospital Advisory board and all hospital staff<br><br>• To ensure availability of health services to all, particularly vulnerable groups according to the policies |
| **Function 2:** Monitoring and reporting | • To prepare a quarterly and annual reports (financial and technical) and submit it to the Hospital Advisory Board and the RHMT<br><br>• To coordinate and monitor implementation of planned activities<br><br>• To conduct monthly monitoring meetings and keep record of results<br><br>• To monitor performance of a Quality Improvement Team (QIT) and Work Improvement Teams (WITs)<br><br>• To regularly monitor implementation of exemption and waiver procedures<br><br>• To track clients' complaints and suggestions to take necessary action for Improving services |
| **Function 3:** Human resource management | • To conduct overall analysis of human resource in the hospital, through utilization of HRHIS that is regularly updated<br><br>• To ensure sufficient staff are allocated to the hospital<br><br>• To improve Staff performance in each working place through implementation of Open Performance Review and Appraisal System (OPRAS)<br><br>• To develop task descriptions for all staff and regularly oversee them –<br><br>• To ensure all staff understands their job and task description<br><br>• To conduct training needs assessment<br><br>• To identify, plan and carry out innovative retention schemes (e.g., housing, P4P, rewards, continuous education, etc.)<br><br>• To manage conflicts and disciplinary measures<br><br>• To coordinate training opportunities between the hospital and training institutes |

| Function | Responsibilities |
|---|---|
| **Function 4:** Financial management | • To monitor monthly, quarterly and annual financial reports including all resources and share them with relevant stakeholders and submit to the RHMT<br><br>• To analyze and evaluate monthly income/expenditure<br><br>• To improve hospital revenue collection (e.g. NHIF, cost sharing,) –<br><br>• To improve resource mobilization from stakeholders (e.g. fund-raising activities, donations)<br><br>• To respond on time to the audit recommendations<br><br>• To review user-charge regulations and propose revised regulations to the hospital advisory board for approval<br><br>• To establish and maintain electronic revenue collection system |
| **Function 5:** Material Resource Management | • To ensure implementation of quality improvement approaches (e.g. 5S- KAIZEN and Infection Prevention Control, etc.)<br><br>• To ensure Therapeutic Committee is functional<br><br>• To procure and distribute medicines and medical supplies within the hospital<br><br>• To maintain medical stock and equipment regularly and ensure rational use within the hospital<br><br>• To manage the infrastructure, motor fleet and estate in the hospital.<br><br>• To implement PPM practice on equipment, ambulances, other vehicles, and infrastructure<br><br>• To ensure proper record keeping of resources (e.g., ledges, tally/bin cards, issue vouchers etc.) is in place in each department |
| **Function 6:** Information management and Research | • To ensure each department and ward keeps record of OPD / IPD Health Management Information System (HMIS) books<br><br>• To prepare HMIS reports and submit to RHMT and other relevant stakeholders<br><br>• To discuss and utilize HMIS data for improving service delivery -Encourage hospital staff to conduct operational research and utilize results for improvement of services |
| **Function 7:** Referral system | • To ensure that the referral system operates properly by maintaining good communication and the means of transportation (including laboratory services)<br><br>• To ensure provision of emergency care<br><br>• To keep record of the received and referred patients<br><br>• To keep record of patients returned from the upper levels<br><br>• To ensure RRH has the capacity to their respective duties as referral hospitals |

| Function | Responsibilities |
|---|---|
| **Function 8:** Supportive Supervision | • To plan and implement managerial and clinical SS to all departments, wards and non-clinical services in the hospital and feedback the results to staff and relevant stakeholders<br><br>• To plan and arrange clinical Supportive Supervision (mentoring and coaching) to district hospitals in the region<br><br>• To provide supportive supervision feedback both written and oral to RHMT and CHMT<br><br>• To provide supportive supervision to district hospitals on technical issues |
| **Function 9:** Health Promotion and Disease prevention | • To provide health information / education on disease prevention to clients visiting the hospital<br><br>• To ensure that Infection Prevention Control (IPC) system is in place and functional<br><br>• To ensure proper hospital waste management is in place and functional<br><br>• To ensure effective disease surveillance mechanism is in place and functional |
| **Function 10:** Emergency Preparedness and Responses | • To prepare the hospital emergency preparedness plan based on the National guide/manual<br><br>• To ensure the implementation of the hospital emergency preparedness plan -To establish Standard Operation Procedures (SOPs for emergency preparedness)<br><br>• To establish an emergency response team<br><br>• To ensure medicines and supplies for emergency responses are in place at all times |

*Exercise:*
*In groups, identify the areas of challenges in fulfilling your roles and responsibility as RRHMT*

## 1.3.5. The Referral systems

One of the important things for RRHMTs to consider is the primary role of RRHs. RRHs are referral points at regional level. Being a referral point makes sense if the capacity to handle referral cases exists. The baseline results have indicated that some of RRHs are somehow similar to district hospitals in terms of infrastructures and skills. One of the key roles of RRHs is to continuously improve the capacities of RRHs in referrals. This means RRHMTs have the role of guiding RRHs to incrementally build their capacity so that they are able to assume the referral roles.  Any patient sent to receiving facility is an additional cost. It is as well very important to ensure that all cases that are referred to RRHs are really referral cases and not unnecessary by pass or deliberate shift of work load.  This is because in most cases, a high proportion of clients seen at the outpatient clinics at secondary facilities could be appropriately looked after at primary health care centers.

Ideally cases referred to tertiary levels need to be those really needing attention of that level. The Tanzanian health service structure is organized in a pyramidal way. This is set deliberately to ensure that referral is not done in ad hoc manner but rather happens in a systematic way and cases are attended by appropriate levels.  The referral System (structure) is hierarchical starting from the community level (village) up to the treatment abroad. The following pyramid shows Health Service System (Structure) in Tanzania - figure 1-2.
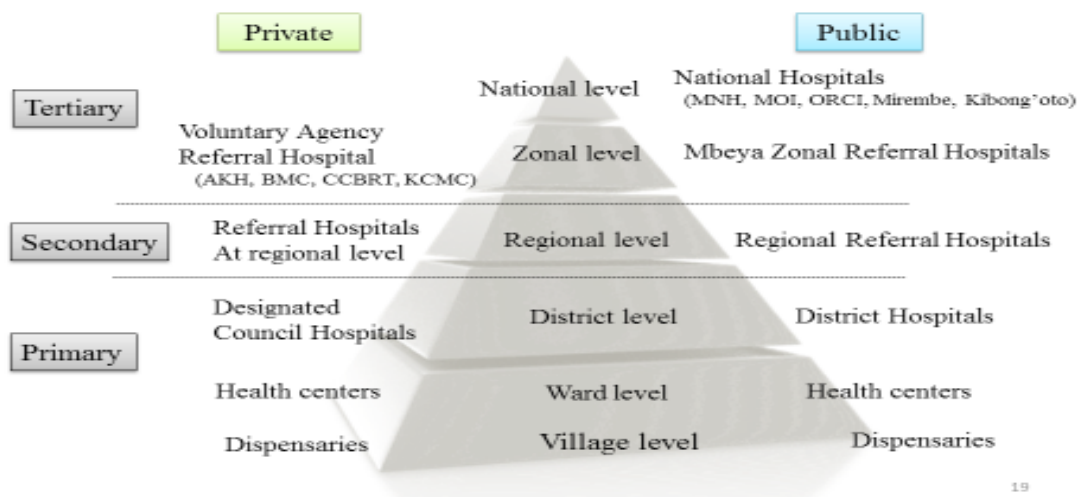
Figure 1-2: Referral System (Source: MoHCDGEC)

**Exercise:**
I*n groups, discuss what roles should RRHMT play to improve management of referral sy*stem?

## 1.3.6. Advantages of a well-functioning referral system

- An effective referral system has the following advantages:
- It ensures continuum of care by setting close relationship between all levels of the health system
- People receive the best possible care closest to home.
- Ensures that clients receive optimal care at the appropriate level
- Hospital facilities are used optimally and cost-effectively
- Clients who most need specialist services can access them on time
- Primary health services are well utilized and their reputation is enhanced- Avoids unnecessary "By pass"

## 1.3.7. Description of components of the referral system

Any referral is rewarding if the intended level of care is able to do what it is expected to do to save lives. Referrals become nightmares to health workers if the skills needed do not exist or if the right commodities and space are not available. No health worker loves to see their patients lying on the floors of referral hospital because of shortage of beds. Therefore, the role of RRHMTs is to make sure that they uplift their hospital to reach a level where it can afford to handle referred cases logistically, technically and in terms of infrastructure. Being a system, examination of a referral system requires consideration of all components of the referral. These include:

## 1.3.8. Health System Issues

*Existence of appropriate equipment, medicines, supplies and technology*
For a referral system to work at its best relationships between service providers are formalized and referral procedures agreed. All levels of the health system, including primary health care services, need to be functioning appropriately. The availability of medicines, supplies, equipment and other important facilities is important. In most cases referrals are made not because health workers in the referring facilities technically could not handle the case. Health workers refer patients because there is no right equipment or appropriate infrastructures for handling the case.

*Existing HR and their skills to manage referral processes*

A referral system will function effectively if all service providers are expected to adhere to the referral discipline, to refer appropriately, and to follow the agreed protocols of care. Protocols need to include likely circumstances for referral and details of the information and documents that should be sent with the client. It is the role of the supervising facilities to ensure that this happens. This will happen if all facilities are appropriately staffed in terms of numbers and right skills. Further it is important that higher facilities to mentor and support lower facilities for promoting adherence to protocol.

*Functioning Feedback mechanisms*

When the client's care is finished at the higher-level facility, back referral to the original facility is important. Facility supervisors are expected to monitor referral statistics and to provide feedback to lower level facilities. The receiving facility can also give feedback to the initiating facility on the appropriateness of referral. RRHMTs have to ensure that the teams in different units do so

## 1.3.9. Operation Plan of Regional Referral Hospitals

Issues mentioned in the above must be well designed and planned for effective and efficient operation.
Operation of RRHs has been changed from the financial year 2017-2018. MoHCDGEC introduced new planning tool called **"Comprehensive Hospital Operation Plan (CHOP)"** to strengthen planning capacity of RRHs. CHOP designed to plan based on evidences, Key Performance Indicators and financial status of the previous financial year.

Development method and monitoring mechanism of CHOP is explained the guideline "*Guideline for Developing Comprehensive Hospital Operation Plan (CHOP) for Regional Referral Hospitals*", produced by MoHCDGEC in 2016.

Table 1-4: Basic process of CHOP development

| S/No | Activity | Responsible | Completion Deadlines |
|------|----------|-------------|----------------------|
| Step 1 | Collect all necessary data and information on incomes, expenditures, and key performance indicators from previous fiscal year for evidence-based planning and analyse them. | RRHMT | By the end of September |
| Step 2 | Hospital departments/sections/units, and all stakeholders identify priorities and needs to include in the annual plans | RRHMT | October |
| Step 3 | Gap analysis between actual results from previous fiscal year data and requirement from previous year. | RRHMT | October |
| Step 4 | Pre-planning meeting should take place with all stakeholders before the planning process so as to take into account all recommendations. | RRHMT | October |
| Step 5 | RRHMT collect priorities/ needs from Hospital departments and other stakeholders to accommodate them in the CHOP | RRHMT | Early November |
| Step 6 | RRHMT notified or collect information of resources available for Health Block Grant, Health Basket Funds, User fee, NHIF and other sources from partners, for the next financial year | PO-RALG, MoHCDGEC, RAS, Partners | End of November |
| Step 7 | The RRHMT develop its CHOP and submit it to Regional Hospital Advisory Board(RRHAB) for inputs and endorsement | RRHMT | December to Middle of January |
| Step 8 | RRHMT receive CHOP with written endorsement from RRHAB | RRHAB | End of January |
| Step 9 | Endorsed CHOP Submitted to MoHCDGEC for assessment and checks for conformity with national guidelines | RRHMT | Middle of February |
| Step 10 | Assessed CHOP which do not Qualify are sent to RRHMTs for correction by RRHMT and re-submitted to MoHCDGEC | CRHS-MoHCDGEC | End of February |
| Step 11 | Final electronic CHOP submitted to MoHCDGEC with a hard copy to RAS-RHMT | RRHMT | –1st Week of March |
| Step 12 | CHOPs are Aligned with MoHCDGEC MTEF and Sealing given to RRHMT | CRHS/RRHMT Representatives | Middle of March |

| S/No | Activity | Responsible | Completion Deadlines |
|------|----------|-------------|----------------------|
| Step 13 | CHOP aligned with MoHCDGEC MTEF Budget sealing re-submitted to MoHCDGEC for re-assessment and consolidation of reports for funding | RRHMT | End of March |
| Step 14 | Distribution of papers and recommendations for funding approval based on CHOP and quarterly financial and performance progress report for current financial year | MoHCDGEC-CRHS | Middle of April |
| Step 15 | Final summary and analysis of CHOPs report presented at JAHSR | MoHCDGEC | End of May |
| Step 16 | RRHMT should provide feedback to RRHAB and Hospital staff on the approved plans and budget according to cost centre. | RRHMT | June |

## 1.3.10.  Quality assurance/improvement of Regional Referral Health Services

To ensure the quality and safety of regional referral health services, planned activities in CHOP must be monitored periodically by RRHMT, and the performance of the RRHs is also need to be assessed by external bodies. Therefore, MoHCDGEC introduced internal monitoring tool called "Internal Supportive Supervision(ISS)" and external assessment tool called "External Hospital Performance Assessment (EHPA)"

ISS tool is composed of eight areas to monitor departmental services. ISS is conducted by RRHMT and QIT quarterly and reported together with CHOP quarterly progress report. On the other hand, EHPA tool is composed of twelve areas to assess the performance of administration, resource management, service provision and quality. It is conducted by MoHCDGEC and relevant authorities at least once a year. The results of EHPA is analyzed and feedback is giving to RRHMT to understand the bottlenecks and strong points so that RRHMT can take necessary action for improvement of their performances.

How to conduct ISS and EHPA is explained the guideline *"Guideline for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA) for Regional Referral Hospitals"*, produced by MoHCDGEC in 2018.
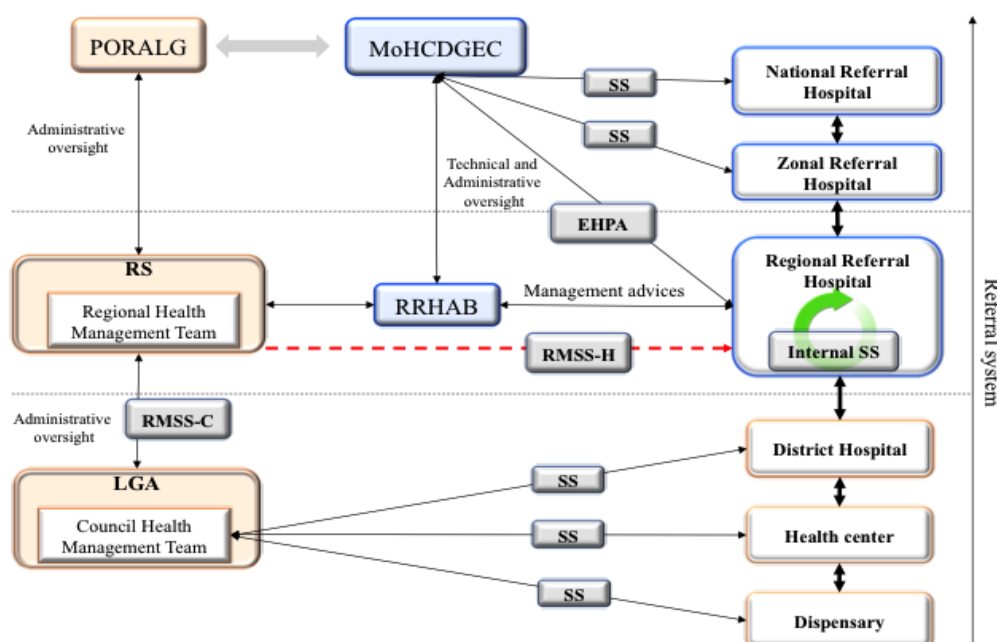


Figure 1-3: Linkage among relevant structures

*Exercise:*
In groups discuss strengths, challenges of your hospital in revenue collection and strategies to address them

# Module 2: Basic Management

## Introduction

The hospital is the largest expenditure category of the health system in most developed and developing countries. Despite shifts in attention and emphasis toward primary care as a first point of contact for patients, in most countries, hospitals remain a critical link to health care, providing both advanced and basic care for the population. Often, they are the provider "of last resort" for the poor and critically ill. Hospitals are a point of contact by patients for diagnosis and care and a designation for patients to receive specialized and inpatient care. Regional Referral Hospitals are expected to provide a high standard of care for our country's rapidly growing population but demand is rising and services are under pressure. On the other hand, hospital environment is one amongst the busiest and full of challenging encounters. Hospital staff need to be prepared for anything from treating life-threatening conditions or the common cold, to aiding in emergency situations and disaster relief. With several departments, all providing life-saving care, operating complex equipment, and handling Hospital issues like policy development and compliance, hospitals need top-notch management to help them run efficiently. That's why good management is very important, not only for the patients, but also for medical professionals and the healthcare system as a whole.

In many cases, people would talk of the importance of having managerial skills as one of the key factors for success. In the health systems context, management is considered vital even though the sector consist of highly specialized skills. This is because for the specialists to conduct their work well they need a favorable environment where every facilitate factor is well attended. Good hospital management can often be the difference between a well-maintained and operated hospital and a chaotic environment where the quality of patient care suffers. This session is meant to set a scene. Therefore, before embarking into details of the management training it has been thought important to consider putting attention to things that people might take for granted such as basic concepts and their descriptions.

> This module is intended to provide RRHMTs with basic knowledge and skills required to perform RRHMT functions, especially function No. 1: "Planning" and No.8: "Supportive Supervision" so as to improve efficiency, effectiveness and quality of health care services and meet clients/community needs through the management of the day to day activities in a hospital setting and in programs. This module is also intended to explains overview of Basic Hospital management, and share different kinds of management concepts, which helps to strengthen the hospital management.

### Objectives

By the end of this module participants will be able to:

- Describe the hospital systems
- Define important aspects of management and administration
- Outline ways of introducing and managing change
- Understand importance of effective leadership, delegation, team building and team work
- Understand importance of communication and managing meetings in an organization
- Understand conflict, conflict Resolution and discipline in an organization

## Session 1: Hospital Systems

This session is meant to provide the RRHMTs with an opportunity to reflect on the regional referral hospital as a system. Such reflections will enable the teams to consider all units as important and that they all touch patients directly. In hospital settings, all units are considered to have direct relationship with the patients. Patients consider each encounter within the health facility as important and it matters

### 2.1.1. Definition of Hospital

World Health Organization define hospital as "a health care institution that have an organized medical and other professional staff, and inpatient facilities, and deliver medical, nursing and related services 24 hours per day, 7 days per week"[1].

## 2.1.2. What is Hospital systems?

Hospitals are considered as "systems" because hospitals mobilize the skills and efforts of widely divergent group of professionals, semiprofessionals and non-professionals in the provision of services to patients. The different components need to come together in a unified manner to achieve the objective of service delivery. This brings in a systemic functioning of hospital as an institution[2].

"Hospital systems" is <u>NOT a computerized information system</u>. It is how a hospital is organized and operationalized to achieve the set goals in a systematic way. First of all, it is necessary to understand that a Hospital system is composed of many sub-systems. A Hospital system is often compared to human body. Organs in human body can be compared to each function of hospital such as brain is hospital management team, heart is clinical services as core of the hospital function, and lung and liver are diagnostic services and so on. This means all sub-systems are playing important roles to operate hospital organization. Therefore, as a hospital manager, it is necessary to recognize the importance of all departments and sections and all of them are connected each other.



Figure 2-1: Hospital system is like a human body

**Process of work in hospital organization**

Unfortunately, process of work in hospital organization is often ignored, especially; clinical departments look down backyard services. Head of each department in hospital organization consider themselves first and forget that there are the next processes and many people are involved to save patient's life. Therefore, it is very important to understand the process and flow of work, and coordination of departments and sections for smooth and efficient management of hospital organization. Therefore, it is important to understand the following points to operate and manage a hospital organization;

- All work in health facility has some process to complete given tasks.
- "Process of work" is the "chain of departments or people"
- High quality health services are realized through teamwork of all members including doctors, nurses, pharmacists, nutritionists, laboratory technicians and clerical workers.
- The next process is "receiving the output of my work". If you are careless and making mistake, the department or person in the next process will get problem, which may affect our patients' life ".
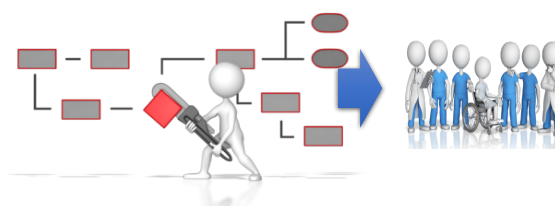
It is necessary to strengthen the work process and reduce mistakes or prevent mistakes. Therefore, process improvement is very important for improving patient satisfaction.
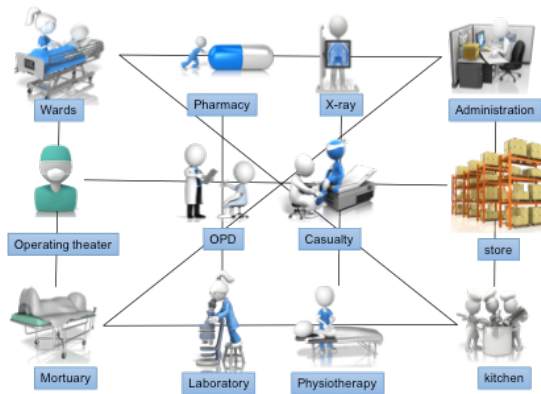


Figure 2-2: Relations of departments and sections in a hospital

## 2.1.3. Components of Hospital system

It is also important to know that the system is made up of the five components to achieve goal and objectives of the hospital organization. Those components are; 1) inputs, 2) process, 3) outputs and 4) outcomes, 5) Impact.

Table 2-1: Components of hospital systems

| Components | Brief explanation of components | Example |
|---|---|---|
| Inputs (Parts and staff) | Inputs are considered as resources which going to be transformed into desired outputs | Trained staff<br>Buildings<br>Equipment<br>Furniture<br>Consumables<br>Drugs and such items<br>Support services<br>Guidelines |
| Process | Processes/activities: are actions taken to carry out priority interventions and activities in support of these interventions | QA puts special emphasis on the process.<br>A series of steps used to perform a task or accomplish a goal. |
| Outputs | immediate results of a process | Example:<br>Number of clients who received ARVs in the Hospital |
| Outcomes | relation of output to the objective of activity | Example:<br>No. of bed ridden patients who have resumed normal life of activity; reduced number of death due to HIV/AIDS) |
| Impact | A long-term effect of the outcomes | Quality of life of people in the community |
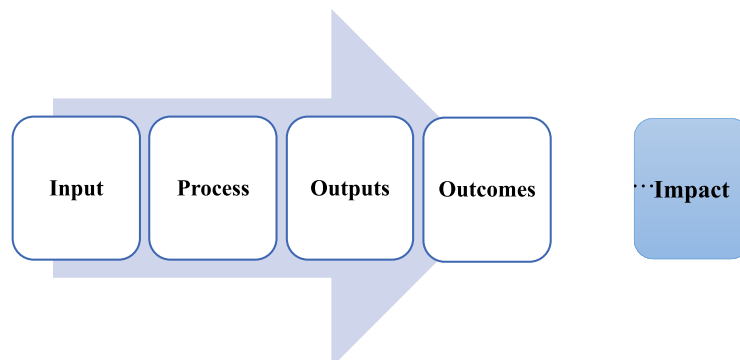


Figure 2-3: Flow of the components

In the process, the following things need to be understood for the hospital system:

- In order to improve quality, providers must understand the services that are being provided and the processes used to provide them.
- To understand this principle, it's important to first understand what is meant by the terms "process" and "system."
- Processes can be simple or complex, involve few or many steps, and involve few or many people.
- Within the healthcare profession, various types of processes exist and those processes are used to make clinical decisions, manage treatment, and manage supplies

**Note** that processes can be well described by use of Flow Charts or Process Mapping. It gives a pictorial representation of current situation. Moreover, flow chart and Process mapping can be used for improvement of a process.
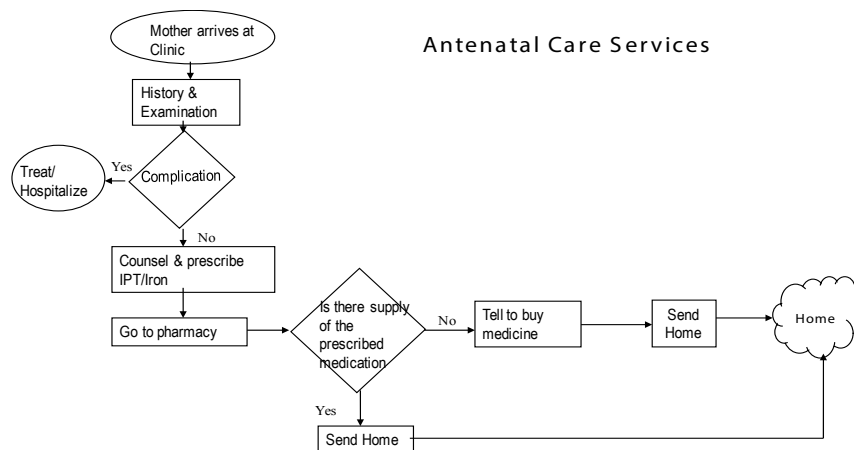


Figure 2-4: Example of flow chart

## 2.1.4. What is Hospital structure?

### 2.1.4.1. The Organization structures

The organization structure is a set of relationships among divisions, departments and managers in the organizations including the responsibilities of each unit. Organizations are set up in specific ways to accomplish certain goals. The departments/units and relationships between them is what is forming the organization structure. Organization structure refers to the levels of management in a hospital. In most cases, organizational structures are sometimes used interchangeably with Organogram. Although RRHs differ in how they present their organization structure, important thing to note in this session is that structures are not something to ignore and have to be developed, communicated and displayed. The RRHs are organized according to type of service or roles.

How organization structure is designed are as follows;
- Functions: Grouping people who perform similar or closely related tasks e.g. People in the maternal and child health
- Purpose: Organizing people who are responsible for achieving a single purpose
- Numbers: This means a certain number of people under one manager. This has lost popularity as currently departments rely more on skills, and technology

The purposes of organization structure are:

- Right people taking right decisions at the right time,
- Accountability,
- Flow of information within and outside organization,

- Encourages efficiency and the acceptance of change,
- Integrate and coordinate organization activities

It is important to know that there are concepts of "formal organization" and "informal organization". "Formal origination" is defined as set forth in the official documents, rules, and procedures of the organization, and roles, authority and responsibilities of each member of the organization are clearly defined. On the other hand, "Informal organization" is primarily a social creature - made up of the sum total of social norms, relationships, and interactions that affect how an organization works (it is a network of personal and social relationships, alliances, clique, friendships that arise as people associated with other people in a work environment). Informal organization can work in concurrence with the formal organizational structure, parallel with it, or against it
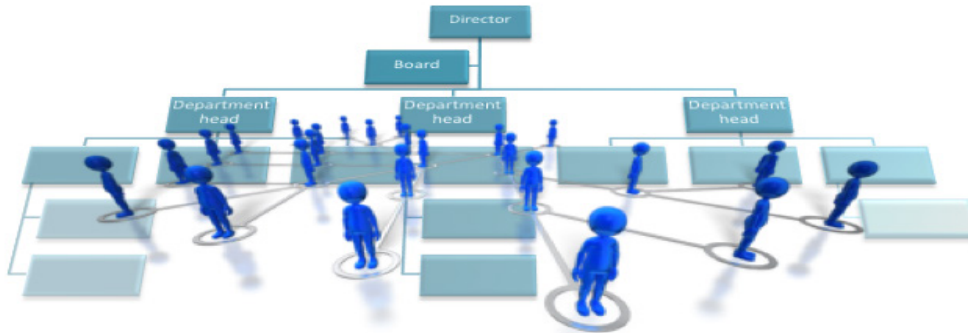


Figure 2-5: Behind formal organization, there is information interaction

### 2.1.4.2.  Hospital Structure

Like any other organizations hospitals are organized into departments with different roles. Hospitals are organized in terms of functions or groupings of people who perform similar or closely related tasks e.g. People in the maternal and child health. Organization structures of hospitals provide the patterns in which:

- assignment of tasks and responsibilities to individuals and departments are structured;
- formal reporting relationships and the span of control of each communication, coordination and integration of efforts among departments and cross levels of the organization take place;
- It identifies the grouping of individuals into departments

The groupings of departments may be done by function, purpose or numbers.
Structure of organization helps managers to:

- Determine cadres and skills need;
- Define accountability patterns -for what and who reports to whom
- Communicate through appropriate channels
- Increase efficiency
- Integrate and coordinate the activities

The structure of an organization can help or hinder progress towards accomplishing organization's goals. Therefore, it is very important for RRHMT members to understand the levels, roles and functions in enhancing smooth operations of hospitals and also provide right oversight at the right time and levels to promote accountability.

Table 2-2: RRHs Hospital services

| Category of Service | Sub category of Services | Services provided |
| --- | --- | --- |
| **Clinical services** | Care and Treatment | • Outpatient service<br>• Inpatient service<br>• Casualty<br>• Emergency services<br>• Diagnostic services; (Laboratory, radiology and imaging<br>• Pharmaceutical supply service<br>• Internal medicine<br>• Surgery<br>• Obstetrics and Gynecology<br>• Pediatrics<br>• Orthopedic,<br>• Physiotherapy,<br>• Ophthalmology)<br>• Mental,<br>• Oral health,<br>• Otolaryngology, and Dermatology |
| | Health promotion and disease | • Health education<br>• Environmental Health |
| | Rehabilitation and Maintenance of patients with chronic illnesses | • Rehabilitation and Maintenance of patients with chronic illnesses |
| **Support service within the hospital** | Support service within the hospital | • Mortuary services<br>• Periodic preventive maintenance (PPM)<br>• Administration, Accounts and stores<br>• Medical record and hospital information system<br>• Information and Communication Technology (ICT)<br>• Public relations and customer services<br>• Transport<br>• Catering services<br>• Laundry<br>• Security<br>• Social Welfare |
| | Support services outside the hospital in collaboration with RHMTs and CHMTs | • Clinical mentoring<br>• Supportive supervision of districts hospitals<br>• Mobile and Outreach clinical service<br>• Social Welfare |
| **Research and Training** | | • Operational research in collaboration with RHMT, CHMTs with support from Zonal Health Resource Centers (ZHRCs)<br>• Field research in collaboration with academic institutions<br>• Advocacy of appropriate use of research results<br>• Support training to health institutions within the region by receiving student's to practice in the hospital and by RRH experts to teach in respective institutions in collaboration with RHMT |

*Developed based on: https://managementmania.com/en/organizational-architecture*
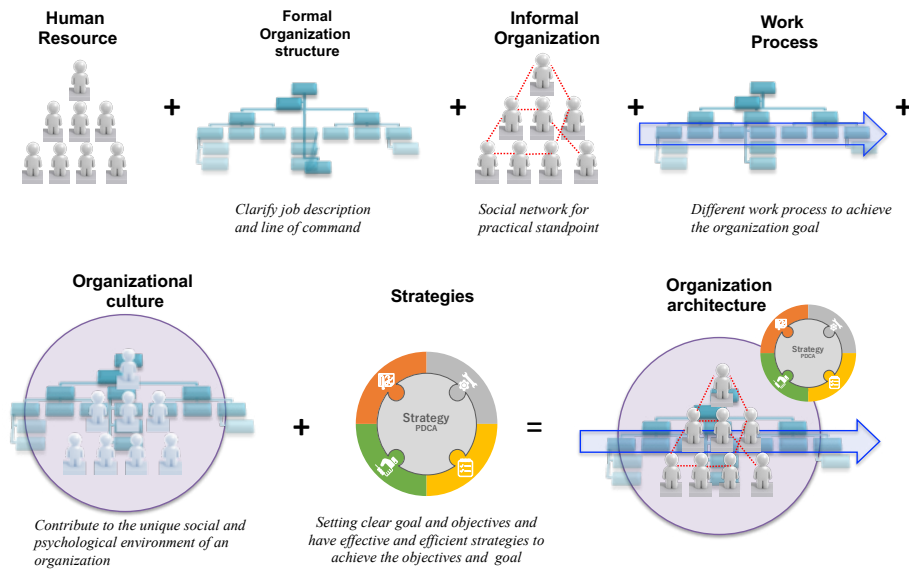
Figure 2-6: Composition of organization architecture

# Session 2: Basic concept of Management

This unit intends to prepare the hospital management team to be able to manage the hospital in a more efficient and effective way that ensures quality services to patients and sustained growth. Management skills are necessary for effective and efficient management of any organization. Therefore, hospital managers need to comprehensively and adequately understand management concepts in order to be able to manage the RRHs effectively and efficiently.

## 2.2.1.  Objectives of the session

At the end of this session participants will be able to:

- Define a concept of management
- Describe the differences and linkages between management and administration
- Describe management functions
- Describe roles of managers

## 2.2.2.  What is management?

It is difficult to define management in a sentence or two but it suffices to know what it includes. Although management is seen as an obvious word in most cases people normally define it differently. 'Management is a process which exists to get results by making the best use of human, financial and material resources available to the organization and individual managers' (Longest et al 1996). A process means: Utilization of available resources to arrive at intended results, therefore it involves

- accomplishing organizational objectives
- achieving objectives through use of resources

Management is about organization and coordination of organizations' activities in order to achieve defined objectives. Peter Drucker one of the management gurus considers management as a factor of production like machines, materials and money. Most organizations fail to achieve the defined goals not only because of lack of materials and right tools but rather due to poor management. Management is the process of reaching organizational goals by working with and through people and other organizational resources. Management has the following 3 characteristics:

- It is a process or series of continuing and related activities.
- It involves and concentrates on reaching organizational goals.
- It reaches these goals by working with and through people and other organizational resources.

**What are the results in Hospital setting?**

- Satisfaction of Patients treatment
- Buildings, medical equipment and vehicles well-functioning
- Skilled Human resource available and motivated
- Information collected, processed and stored (Hospital reports)
- Availability of relevant medicines that are well stored and used

## 2.2.3.1.  Management and Administration

Administration refers to the bureaucratic or operational performance of routine office tasks; usually internally oriented it involves motivating, communicating and controlling resources. Management involves deciding what should be done and getting other people to do it, objective setting planning and organizing to the development of the organization. However, it should be noted that both management and administration contribute to organizational functions and development. Here are the examples of differences between administration and management:

Table 2-3: Difference between management and administration

| Management | Administration |
|---|---|
| Management is a systematic way of managing people and things within the organization | The administration is defined as an act of administering the whole organization by a group of people |
| Management plays an executive role in the organization | Unlike administration, whose role is decisive in nature |
| Management can be seen in the profit-making organization like business enterprises | Conversely, the Administration is found in government and military offices, clubs, hospitals, religious organizations and all the nonprofit making enterprises. |
| Management is all about plans and actions | administration is concerned with framing policies and setting objectives |

Source : http://keydifferences.com/difference-between-management-and-administration.html#Definition

Management and Administration can be differentiated theoretically, however, in practice, they are more or less same.

## 2.2.3.2.  Management functions

Management functions emanated from what managers do in day to day activities; these include: planning, organizing, staffing, directing and controlling.

**Planning**

Planning can be defined as; a continuous process which involves decisions or choices, about alternative ways of using available resources with the aim of achieving particular objectives at some time in future. Therefore, in hospital setting managers use the planning function to identify needs and problems, allocate and utilize resources to meet needs and problems effectively and efficiently for the purpose of providing quality services to patients.

**Organizing**

Organizing; the process of establishing a formal structure of an organization through which work is subdivided, arranged, defined and coordinated in the whole organization.  It elaborates how staffs in the hospital are divided into various departments and units, how they relate to each other both technically as well as in terms of responsibilities. This function is reflected in the organogram

**Why organize?**
- To determine individual positions in an organization basing on functions of the organization;
- Appropriate distribution of authority and responsibilities in the organization;
- To ensure high level of integration and coordination to achieve common goals and objectives among specialized staff;
- To ensure effective delegation of responsibilities to various departments in the organization.

**Staffing**

Is a process of recruiting, orienting, assigning, deploying, training, retaining and motivating staff so as to maintain favourable conditions for the staff to perform?  It helps to ensure that the organization has adequate staff with relevant skills and skill mix, right attitude, well-motivated, at a right place and the right pay package to enable the organization to perform its functions smoothly.

**Directing / leading**

An average reasonable manager is expected to be a leader. As a leader manager has to provide directives in terms of clarifying, vision, mission, objectives and strategies to staff. There are various ways by which managers could provide such directions, these include, meetings, letters, memos and coaching. Directing /leading are social behavioral functions of management that aim at:

- motivating and inspiring staff to perform better and more productively
- involves effective communication of organizational vision and mission to subordinates
- Imparting patient focused culture

**Controlling**

It is the regulation of activities and performance in accordance to plans, standards, norms and legal requirement. It aims at keeping those to whom the organization is responsible informed to what is going on through records, inspection, budgeting, financial planning, accounting and supportive supervision. This may be done through research, monitoring and evaluation. These functions ensure positive organizational image to both internal and external stakeholders. The diagram elaborates how management functions are a continuum of activities that are interrelated to achieve organizational objectives.



Figure 2-7: Management functions

## 2.2.3.3.   Roles of Managers

Managers play a number of roles in evolving organization such as leader, liaison and disseminator, disseminator and so on. Therefore, people appointed to be managers need to understand what kind of roles to play in the organization. Examples of the roles of managers are listed below:

Table 2-4: Roles of Managers

| Roles | Explanation of roles |
|---|---|
| Interpersonal Figure head | Symbolic head: obliged to perform routine duties of a legal or social nature |
| Leader | Responsible for motivation and activation of subordinates, responsible for staffing, training and associated duties |
| Liaison | Maintains self-developed network of outside contacts and informs who provide favors' and information |

| Roles | Explanation of roles |
|---|---|
| Informational Monitor | Seeks and receive wide variety of special information (much of it current) to develop thorough understanding of organization and environment; emerges as nerve center of internal and external information of the organization |
| Disseminator | Transmits information received from outsider or from other subordinates to members of the organization, some information factual, some involving interpretation and integration of diverse value positions of organizational influences |
| Spokesperson | Transmits information to outsiders on organization's plans, policies, action, results, etc. serves as expert on organization's industry |
| Decisional Entrepreneur | Searches organization and its environment for opportunities and initiates "improvement projects" to bring about change, supervises design of certain projects as well. |
| Disturbance handler | Responsible for corrective action when organization of faces important, unexpected disturbances |
| Resource allocator | Responsible for the allocation of organizational resources of all kinds – in fact the making or approval of all significant organizational decisions |
| Negotiator | Responsible for representing the organization at major negotiations. |

Source: Lloyds Baird, James E. Post, John F. Mahon, Management:  Functions and responsibilities Harper & Row, Publishers, New York @ 1990

## 2.2.3.  Strategic Management

Healthcare organizations today are facing a lot of problems due to number of factors such as:

• Increasing difficulty in satisfying a progressively more 'aware' and demanding user, and

• Need to change their internal organization to keep pace with the very rapid changes taking place in technology and approach

Strategic management is the management of an organization's resources to achieve its goals and objectives[2]. Strategic management provides the necessary processes for hospitals to cope with the vast changes that have been occurring.

Strategic Management:

• involves the formulation and implementation of the major goals and initiatives taken by a company's top management on behalf of owners, based on consideration of resources and an assessment of the internal and external environments in which the organization competes

• strategic management is ongoing process, and need to monitor effectiveness of strategies

• If strategies are not effective- it is necessary to modify strategies for next planning cycle.

Strategic management process is based on the very basic management cycle called Plan-Do-Check-Act (PDCA) cycle. Every organization needs to have **vision and mission as the core of organization**. Then, organization need consider how vision and mission can be achieved strategically. The process of Strategic management is composed of four stages:

*1)  Strategic planning*

It is a process in which organizational leaders determine their vision for the future as well as identify their goals and objectives for the organization. The process also includes establishing the sequence in which those goals should fall so that the organization is enabled to reach its stated vision[3].

*2)  Strategic implementation*

The activities that implemented according to the plan developed in the above in order to achieve the set organizational goal.

*3)  Strategic Evaluation*

It is the process of determining the effectiveness of given strategy in achieving the organizational objectives and taking corrective action wherever needed.

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2    http://www.investopedia.com/terms/s/strategic-management.asp
3    http://searchcio.techtarget.com/definition/strategic-planning

### 4) *Learning from evaluation results and improvement*

It is the process of taking countermeasures to identified issues or gaps learnt from the evaluation. If this process is not executed, there will be no improvement in the organization.
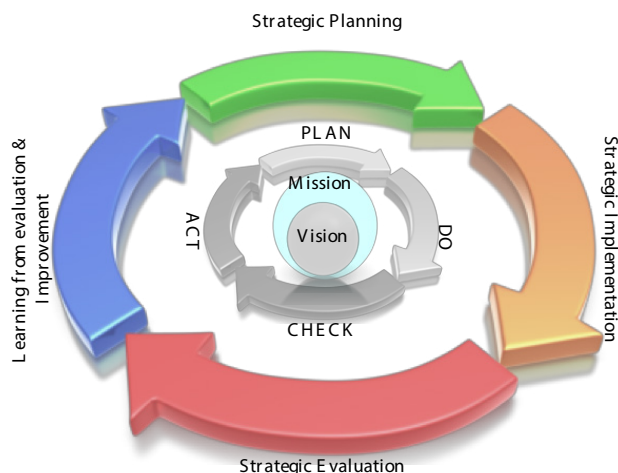


Figure 2-8: Strategic Management Process

There are several **steps** need to be carried out to complete all process in a cycle of the Strategic management. However, "Strategic management" is defined in different ways by different people and it is difficult to mention all models here. Therefore, David model, which is often described in many research papers, will be explained as typical model of "Strategic management" in this book;

1) Develop Vision and Mission statements for the hospital
2) External Environment analysis
3) Internal Environment Analysis
4) Establish Long-term objectives
5) Generate, evaluate and select strategies
6) Implement strategies
7) Measure and evaluate performance
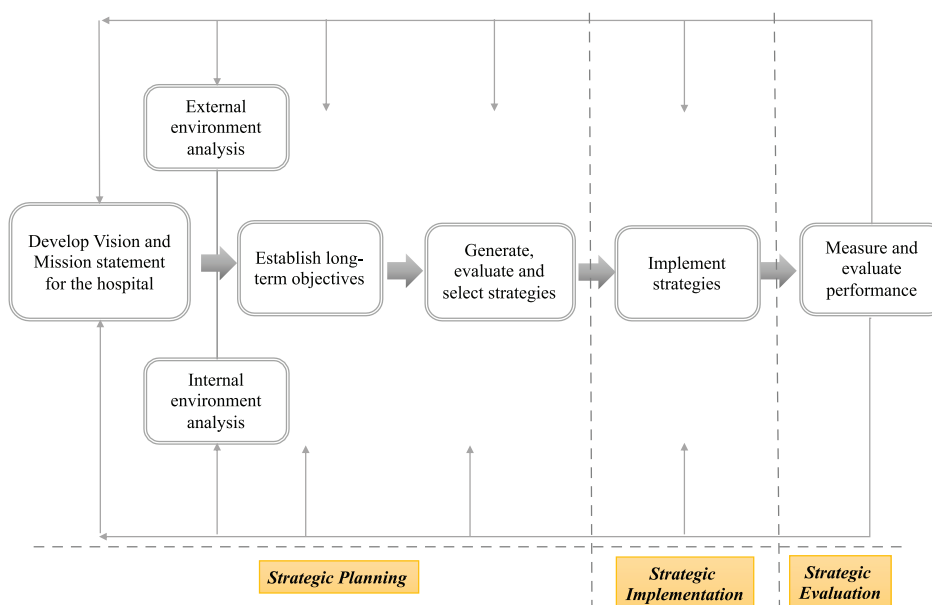


Figure 2-9: David's Strategic Management Model

Therefore, most important thing is to have a clear institutional visions, mission, and goals. Otherwise, strategy cannot be formulated without direction. Once hospital management has clear institutional mission, visions, and goals, simply translate into actions to achieve set goals.

| | **Frederick Winslow Taylor** (March 20, 1856 – March 21, 1915) was an American mechanical engineer | *90% of problems in business are caused by management, 10% by the workman* |
|---|---|---|

## 2.2.4. Lean Management

Lean is a set of operating philosophies and methods **that help create a maximum value for patients by reducing waste and waits**. It emphasizes the consideration of the customer's needs, employee involvement and continuous improvement. Research on the application and implementation of lean principles in health care has been limited[4]. Lean management is a management approach, originated Toyota Production System in Japan. The basic principle lean is to:

- Deliver value from your patient's perspective (Response to needs and expectation of patients)
- Eliminate wastes around your working environment
- Continuously improve your process of work

The environment surrounding us is in difficult situation, especially in Africa, health resources are scattered and insufficient. Thus, it is necessary to reduce wastes, mentioned in the 2.2.4.1., and improve efficiency through lean management.

### 2.2.5.1. Seven wastes

This concept was identified by Mr. Taiichi Ono, the Vice President of Toyota Motor Corporation, who systematized Toyota Production System. Seven wastes are considered as not adding any value to our client and process of work. Therefore, it is necessary to identify waste in our workplace, and carefully remove them from our current work process.
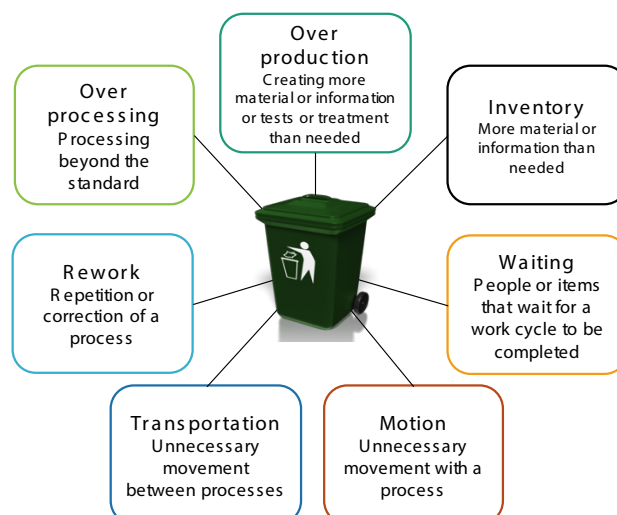


Figure 2-10: Seven wastes around workplace

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4          https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171573/

### 2.2.5.2.   Lean principles

To maximize patient's core value and efficient usage of resources, it is necessary to understand "Lean principles" very well and take actions according to the principles as listed below:

Table 2-5: Basic lean principle

| Lean principles | Brief explanation |
|---|---|
| Define Value | Specify what creates value from the customer's perspective |
| Map Value Stream | Identify all steps across the whole value stream |
| Create one-piece Flow | Create Flow: Make those actions that create value flow |
| Establish Pull System | Only make what is pulled by the customer just-in-time |
| Pursuit Perfection | Strive for perfection by continually removing successive layers of waste |

Table 2-6: Lean principle in healthcare settings

| | Lean principles | What should be done |
|---|---|---|
| 1 | Define Value | Define value from a patient's perspective.<br><br>Try to understand their health and non-health expectations. How patients' experience could be improved. |
| 2 | Map Value Stream | Evaluate how all the steps of a process or procedure to provide services in the health facility. Then, eliminate any steps that do not contribute to performance, productivity or safety of the health facility. |
| 3 | Create Flow | Eliminate waste between steps of a process and create smooth workflow for high efficiency |
| 4 | Establish Pull system | Allow the patient to receive or request services if and when need. |
| 5 | Pursuit Perfection | Continuously adapt to an ever-changing environment and patients' needs in order to deliver high quality of health services. |

Application of lean management is not difficult as you are already introducing it as "5S-KAIZEN-TQM approach at your hospital. You just need to add few more things on 5S and possible implement Lean management.

# Session 3: Effective Leadership

This session introduces participants to leadership and management as the important components in human relations. The unit also explains about the relationship between human behavior and human relations in the work environment and thus creates a need for practicing good leadership and engaging on effective management for harmonious accomplishment of organizational objectives. Management and leadership are very similar but yet they are different. Management is about application, implementation, skills, processes, resources and gradual improvement. Leadership is about vision, passion, and creativity, creating an environment where people can excel towards achievement of an organizational goals and objectives. In this era of Health Sector Strategic Plan IV in Tanzania, the need for leadership at all levels with appropriate approaches that serve both the need of the society and organization is important.

## 2.3.1.   Objectives

At the end of this session participants will be able to:

• Define the concept of leadership and its related aspects
• Describe the qualities of a good leader
• Describe leadership strategies
• Describe principles of leadership

## 2.3.2.   What is leadership?

Leadership is A PROCESS of influencing people to achieve intended results.
The central focus of leadership is PEOPLE, not things or systems. See the quotes below:

> *"Take away my people, but leave my factories, and soon grass will grow on the factory floors. But if you take away my factories but leave my people, soon we will have a new and better factory."*
> Andrew Carnegie

> *"A successful manager is not a person who can do the work better than his people; a successful manager is a person who can get his people to do the work better than he can."*
> Fred Smith

Leadership is about:

- People and not things or systems
- Change
- Promoting new ideas
- Gaining better results
- Creating harmonious relationship between employees
- Gaining full engagement of people in the organization
- Creating relationships, partnership and collaboration with the society within which the organization works

The following table is describing the differences between "manager" and "leader".

Table 2-7: Differences between "manager" and "leader".

| A leader | A manager |
|---|---|
| • Do the right things | • Do things right |
| • See people as great assets | • See people as liabilities |
| • Seek commitment | • Seek control, create and follow the rules |
| • Focus on outcomes | • Focus on how things should be done |
| • See what and why things could be done | • Seek compliance |
| • Share information | • Value secrecy; and |
| • Promote networks | • Use formal authority (hierarchy) |

## 2.3.4.    What are the qualities of a good leader?

Before going to the explanation on the qualities of a good leader, let's have internal discussion on "Good leaders". The below are examples of qualities of a good leader:

> *Exercise:*
> *Think of a good leader that you have worked with or heard about him/ her. List qualities that make you think she/he is a good leader.*

**Self-confidence**

Staff needs to be able to trust leaders to take decisions, which will ensure the team's/department's/organization's success. As a leader one need to be confident and should not waver when under pressure. Even when there are disasters, outbreaks and pressure from superiors. Leaders need to withstand pressures and advocate changes they made with facts and reasons for better achievement of goals and objectives of the organizations they serve. Staffs are unlikely to trust a leader who is seen to panic in crisis.

**Integrity and Fairness**
A leader must be truthful. Failure to do so rapidly creates a climate where everything is questioned.

**Trust to others**

Trust is mutual. Staff are unlike to trust leaders who clearly do not trust them. Good leaders see good things in others and give credit where credit is due without being worried. They genuinely want others to succeed.

## 2.3.5. Why leadership is important?

The reasons why good leadership matters are because of its impact in three main areas:

**Because people are important**

People spend most of their lives at work. Therefore, the role of a leader is to create an environment for opportunities and personal development so as to enable them to:

- Build relationships and express their feelings about the organization
- Share different skills and experiences
- Get opportunities to develop, grow and achieve things they did not feel possible.

**Because organization is important**

Organizations are important in any society. Good results of any organization come from good leadership.

**Because society is important**

Leaders of organization must portray good images by being effectives, efficient and avoiding corruption. Society will be motivated to partner and cooperate with the organization that values them, their needs and their contributions in terms money, ideas and thinking.

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*Exercise:*
*Use the attached tool to conduct self-assessment of leadership for identification weakness and strength on leadership skills.*

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**The Leadership Motivation Assessment**

To use this tool, show the extent to which you agree with each of these statements, on a scale running from Strongly Disagree to Strongly Agree.

Please visithttps://www.mindtools.com/pages/article/newLDR_01.htm for your own leadership check.

Table 2-8: Example format of assessment

| | Questions | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Agree Strongly |
|---|---|---|---|---|---|---|
| 1 | I am energized when people count on me for idea | | | | | |
| 2 | As a practice, I ask people challenging questions when we are working on projects together | | | | | |
| 3 | I take delight in complimenting people I work with when progress is made | | | | | |
| 4 | I find it easy to be the cheerleader for others, when times are good and when times are bad | | | | | |
| 5 | Team accomplishment is more important to me than my own personal accomplishments | | | | | |
| 6 | People often take my ideas and run with them | | | | | |
| 7 | When involved in group projects, it is important to me to help the team stick together | | | | | |

| | Questions | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Agree Strongly |
|---|---|---|---|---|---|---|
| 8 | When involved in group projects, coaching others is an activity that I gravitate toward | | | | | |
| 9 | I find pleasure in recognizing and celebrating the accomplishments of others | | | | | |
| 10 | When involved in group projects, my team members' problems are my problems | | | | | |
| 11 | Resolving interpersonal conflict is an activity that I enjoy | | | | | |
| 12 | When involved in group projects, I frequently find myself to be an "idea generator" | | | | | |
| 13 | When involved in group projects, I am inclined to let my ideas be known | | | | | |
| 14 | I find pleasure in being a convincing person | | | | | |

Source : https://www.mindtools.com/pages/article/newLDR_01.htm

## 2.3.6.    Leadership Strategies

There are some strategies to show strong leadership. Those are 1) Task focus, 2) Team focus,
3) Individual focus; Details are as follows;

**Task focus**

A leader is concentrating on tasks and forgets who do the tasks
This situation can result to 1) Low achievement, 2) Low morale, 3) High staff turnover.
This type is ideal for managing outbreaks is not sustainable for a long time.

**Team focus**

A leader is highly focused on team. This is vital for attaining synergy. This type of leader concentrates on making the team happy- Sometimes at the expense of results- this will de-motivate people as nobody feels happy in a team which, consistently fail

**Individual focus**

Attention is paid to personal skills and need in the job. This is so because people differ and need different approaches to lead them. The leader should do this with caution bearing in mind that other team members need his/her attention too.  Ideal leader focus and balance on all issues mentioned above. Additionally, the following means are required to be good leader;

- Know the problem
- Assess capacity
- Defines objectives
- Give a proper briefing
- Monitor/support
- Be part of the process
- Evaluate results

## 2.3.7.    Important behaviors in Team Leadership

Team leading involves thinking carefully about the effect of the leader's approach and behavior on the team members' performance. There have been many attempts to define styles of leadership. One useful example comes from P J Sadler and R Lickert. They suggest the following:

Table 2-9: Leadership behaviors

| Behaviors | Summary |
|---|---|
| Autocratic | The leader says what to do and expects the team to do it. This style is common in military teams in times of conflict. It is also very useful in some sports, in emergency services teams and other fast-moving situations. |
| Persuasive | The leader decides what to do and then 'sells' the idea to the rest of the team. This is common in large sales teams spread out over large parts of the country. It is also suitable in situations when change is slow and there are large numbers of people involved. |
| Consultative | The leader decides, but then discusses the decision and is genuinely prepared to accept suggestions for modifications, and sometimes alternatives. This is reasonably easy to operate in small teams. When there are large numbers of people involved it necessitates the establishment of smaller sub-teams. |
| Participative | The leader gets members of the team actively involved in the decision-making process. This depends upon effective allocation of roles and use of specialization. |
| Accommodative | The leader basically passes on the decisions of more senior decision-makers, but may negotiate on behalf of team members. |
| Situational | • Leader taking account of the context in leading.<br>• Apply different style<br>    o Democratic when fit<br>    o Authoritarian when fit<br>    o Autocratic/ dictator when fit |
| Liberate | • A leader who<br>    o Let people who are close to the job do their own decision<br>    o Avoid blame cultures<br>    o Listening and developing ideas<br>    o Encouraging full and open communication<br>    o Operating system based on trust not on suspicion<br>    o Encourage staff to develop new ideas |

The above is not intended to suggest that there is a 'correct' style of leadership. It is simply a list of styles that do exist and are used by different people in different situations. It helps to be aware of the different styles in order to select the most appropriate in a given situation.

## 2.3.7.1. A continuum of leadership style[5]

Tannenbaum and Schmidt have suggested that a leader who adopts a fixed style of leadership is ignoring the reality that they operate with different people, in different situations, in varying environments, with budget constraints, and that styles cannot be fixed it will require different responses. All those factors should determine the level of authority used by the leader and the amount of freedom given to those working to the manager. The higher the authority given to subordinates the higher the freedom

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5  http://blog.readytomanage.com/are-leaders-born-or-made/
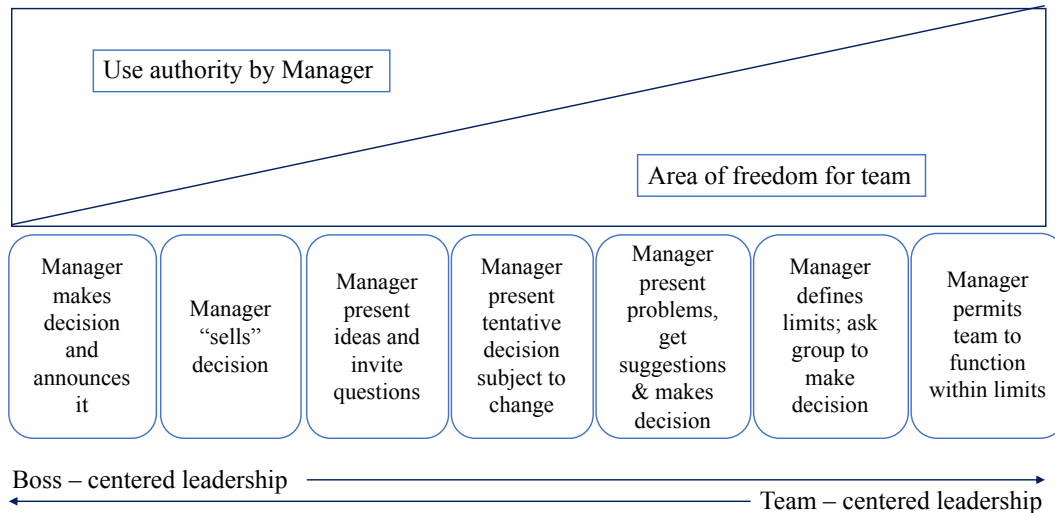
Figure 2-9: Continuum of leadership behavior

## 2.3.8. Measuring leadership

Leadership is about the qualities that define a leader, it can be measured. Measuring it involves three things which will tell whether a leader is good or not- Achievement, The method, Continuity of best practices:

**Achievement**

Leaders are measured by achieving results, what was achieved by their decisions, creativity, inquiry and how best they are in resolving conflicts both internally and externally

**The method**

Results are not only things that matters. The method of achieving result is equally important. The leader is supposed to qualify results achieved against ethical, quality, inputs used to achieve results, adherence to policy and recognition of the society within which organization operate.
Ask these questions to verify the methods

- Have we achieved results in an ethical way?
- Have we been true to our people and our principles?
- Have we been effective and efficient?
- What have we learned from our efforts?

**Continuity of best practices**

Leaders can be judged by sustainability of what they have been doing after leaving the organization. The legacy which they leave behind to support the organization growth in their absence:

- Have changes introduced by the leader lasted?
- Have they proved beneficial?
- Have the leaders' successors taken things forward or has the whole organization crumbled?

## 2.3.9. Principles of Leadership

As a leader, you are mirrored by your followers so it is important to have certain principles that make you comparatively good to be followed and accepted. A leader must know him/her in terms of strengths and weaknesses. Table 2-7 highlights principles of leadership. These principles are important to a leader

Table 2-10: principles of leadership[6]

| Principles of leadership. | Explanation |
|---|---|
| Know yourself and seek self-improvement | In order to know yourself, you have to understand your "be", "know", and "do" attributes. This is possible by continually strengthening your attributes by reading and self-study. |
| Be technically proficient | As a leader, you must know your job and have a solid familiarity with your employees' jobs. |
| Seek responsibility and take responsibility for your actions | Search for ways to guide your organization to new heights. And when things go wrong, do not blame others. |
| Make sound and timely decisions | Use good problem solving, decision-making, and planning tools |
| Set the example | Be a good role model for you employees. They will believe what they see - not what they hear. |
| Know your people and look out for their well-being | Know human nature and the importance of sincerely caring for your workers. |
| Keep your people informed | Know how to communicate with your people, seniors, and other key people within the organization. |
| Develop a sense of accountability, ownership and responsibility in your people | These traits will help them carry out their professional responsibilities. |
| Ensure tasks are understood, supervised, and accomplished | Communication is the key to this responsibility. |
| Train your people as a team | By developing team spirit, you will be able to employ your organization, department, section, etc. to its fullest capabilities. |

# Session 4: Principles of Delegation

Hospital managers are overwhelmed by several activities which demand their complete attention. Such workload sometimes affects the concentration of managers and lead to errors or delayed implementation. Management practices offer solutions to managers. This is delegation. As a manager, you do not have to do everything. You need to mentor and coach your subordinates about what you do so that you can delegate some of your tasks to them.

## 2.4.1.    Objective

At the end of this session participants will be able to:

a) Describe the meaning of delegation
b) Understand differences between" Delegation" and "Handing over"
c) Understand characteristics and steps for effective delegation
d) Understand challenges in delegation

## 2.4.2.    What is delegation?

Delegation is assigning of responsibility or authority to another person (normally from a manager to a subordinate) to carry out specific activities.[7]

**Why delegate?**
There are lots of benefits to both leaders and subordinates[8].
Benefits to the leaders are: 1) Eased work pressures - not dominated by minor details, 2) Increased time for core (broader) responsibilities, and 3) Increased time for self-development. Benefits to the subordinates are: 1) Challenge and interest, 2) Increased motivation, and 3) Increased opportunities to learn and grow.

Why some managers do not want to delegate?

• Lack of trust/confidence on subordinates
• Feeling of insecurity (Position of manager threaten)
• Subordinates lack skills
• Power consciousness/intoxication (for newly promoted managers
• Have excessive concern with status
• Have excessive concern with seniority

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6   http://www.actioncoach.com/julesradich/promo/leadership
7   https://en.wikipedia.org/wiki/Delegation
8   http://www.vtaide.com/gleanings/delegation.htm

- Fear of loss of control and remuneration
- Avoiding decision-making
- Lack of knowledge

Why subordinates feel uncomfortable to accept delegated tasks:

- Lack of technical skills and competence
- Fear of criticism from superiors
- Fear of punishment for failure
- Lack of proper briefing
- Lack of recognition for extra responsibility
- Lack of initiative

Leaders and subordinates both should know that there are some rules for delegation. Task with enough authority and resources to perform can be delegated. However, when the person who delegate the task is still accountable for the delegated task, cannot be delegated. Moreover, <u>delegated task cannot be delegated further down to another staff.</u>

Some may confuse between delegation and task shifting. The World Health Organization defines task shifting as a, "process of delegation whereby tasks are moved, where appropriate, to less specialized health workers." Task shifting may take two forms:

- The shifting of tasks from one type of health care worker to an existing lower-level cadre
- The shifting of tasks to a newly created cadre

### 2.4.3.    How to delegate

The following steps to be followed in delegation:

- Defining the task
- Selecting capable person who can delegate the task
- Explaining the reasons as to why you have delegated the work to them
- Stating required results
- Considering resources required
- Granting enough authority to perform the delegated function
- Agreeing on deadlines
- Supporting and communicating so at track progress
- Giving and receiving feedback on results

Note that "Delegation" is not dumping and abdication of authority and the responsibility

## Session 5: Change management

### 2.5.1.    Objective

At the end of this session participants will be able to:

- Define change and Describe relevant concepts in change management
- Understanding factors influencing organizational change
- Understand reasons for change resistance and strategies that will minimize it

### 2.5.2.    Managing change

Managing change is about handling the complexity of the process. It is about evaluating, planning and implementing operations, tactics, and strategies and making sure that the change is worthwhile and relevant[9]. Managing change is a complex, dynamic and challenging process[10]. It is never a choice between technological or people-oriented solutions but a combination of all[11]. Changes in healthcare practice are welcome if they improve quality and safety, or save money. However, it is important to tailor health care delivery to the needs of the local population and create awareness program and clear communication between the public and organization is essential and highly required[12]. Managing

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9   Umiker W. Management Skills for the New Health Care Supervisor. 3rd ed. An Aspen Publication, 1998.
10  Mabey C. Mayon-White. Managing change. 2nd ed. The Open University: Paul Chapman Publishing Ltd, 1993.
11  Davies C, Finlay L, Bullman A. Changing Practice in health and social care. The Open University: SAGE Publication, 2000.
12  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3294155/#r3

change in hospital is about making change worthwhile and relevant through evaluation, planning and implementation. It involves operations, tactics and strategies.

## 2.5.3. What is change?

Change can be defined in many ways. Change is for the better or for the worst, depending on how you view it. It involves;

- *Changes in procedures*: Change in Standard Operating Procedures, methodology changes and technology are often seen in health care
- *Change in Size*: Change in catchment area, bed numbers, sudden increase of patient's number due to outbreak etc. are often seen in health care
- *Change in structure and relationships*: Change in hospital management team, organization structure etc. are often seen in health care

## 2.5.4. Causes of changes

Change is inevitable for an organizational development, sustainability and growth. There are various signals that provoke change in an organization. *Change can be influenced by:*

- *Factors from external environment:* example political, social, technological, and economic stimuli outside of the organization that cause changes.
- *Factors from internal environment*: example organization's management policies and styles, systems, and procedures, as well as employee attitudes.

The following lists internal and external environmental factors that can encourage organizational changes[13]:

Table 2-11: Internal and external influencers of change

| Internal | External |
|---|---|
| Substantial cuts in funding | Need for dramatic increases in services |
| Need for addressing major new client's requirements | Need to respond to policy requirements |
| The stage an organization is in, in its life cycle | Need improving processes and procedures for quality services |
| Transition from old leadership to a new leadership | Need to adopt new technology |

Change may involve changes in:

- Decentralization [decentralization of authority] (external force)
- Reduced division of labor- multi-skilling (internal force)
- Wider span of control (internal force)
- Cross functional teams- cross-pollination (internal force)
- Job enrichment – more responsibility/variety (internal force)
- From Narrow to flatter/wide structures (internal and external force)

Therefore, it is very important for managers to understand situation and contend with all causes or factors of changes.

## 2.5.5. Initiating change

Change can be planned or emergent

- Planned Change: involves specific objectives and time frame. Common with technical change at the operational level [stable environment]
- Emergent Change: is open – ended. This is common with attitude and behaviour change. Requiring flexibility and action research [Turbulent environment]

### 2.5.4.1. Planned change[14]

Planned change is what most senior managers and change leaders like to talk about (and often feel most comfortable with). It is controlled change with fairly clean boundaries - there will be a clear imperative (most likely even a good Hospital case) with definable benefits, a vision for the future and maybe even some stages along the way. There are a

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13  http://www.cliffsnotes.com/study-guides/principles-of-management/managing-change/causes-of-organizational-change
14  http://www.emergent-change.co.uk/resources/5-types-of-change.html

lot of known with relatively few unknowns that can be packaged into a Risk Register and Issue Log. Often it will be approaches in a 'top down' manner but that certainly doesn't have to be the case.

### 2.5.4.2. Emergent change[15]

Emergent change is all a bit more chaotic and less controlled. The leaders of the organization have a clear role to lead, direct and make hospital critical decisions - ultimately that are still responsible for the organization. One great thing about emergent change is 'everyone' is usually involved and doing so certainly aids success. This is because, as things 'emerge' it might be in a frontline service area, in feedback from a client/stakeholder, and a competitor' response - almost anywhere. The leaders might not even know or notice. For making emergent change to work well, everyone has to be involved and great communication processes need to be in place so that what is emerging is known and understood by everyone.

## 2.5.6.    Resistance to change

Resistance to change is always happening. This is the spontaneous reaction of human being. However, as manager, resistance to change should not take you by surprise. If resistance to change is expected, it is better plan to deal with it so that it is possible to manage those challenges before they're even raised. To do so, it is better understanding why people resist change.

Typical reasons for resistant to change are as follows[16]:

Table 2-12: reasons for resistant to change

| | Reasons for resistance | Why resistance | Possible solution |
|---|---|---|---|
| 1 | Fear of change | This includes fears of not being able to perform or not being "good Enough". People also fear uncertainty and the unknown | Address the fears people might have and provide people with role models or mentors |
| 2 | Not being consulted | If people are able to feel that they are a part of the change, there is often less resistance | Involve people in the change as early as possible |
| 3 | Poor communication | Under estimate the importance of communication and looking subordinate lower | Say it strategically, but don't remain silent. |
| 4 | Changes to routines | Change requires us to do things differently | Show people how it will work and demonstrate the need for change |
| 5 | Low trust | When people don't believe that they, or the company, can competently manage the change there is likely to be resistance | Communication. Lots of it. And evidence that top management support the change process. |
| 6 | Misunderstanding about the need for change | If staffs do not understand the need for change you can expect resistance. Especially from those who strongly believe the current way of doing things works well...and has done for twenty years! | Involve people in the change as early as possible |
| 7 | Exhaustion/Saturation | People who are overwhelmed by continuous change resign themselves to it and go along with the flow. You have them in body, but you do not have their hearts. Motivation is low | Answer the all-important 'What's in It for Me?' question. Show them how they can benefit from the change - and maybe provide some incentives along the way |
| 8 | Change in the status quo | Resistance can also stem from perceptions of the change that people hold | Lots of focus groups. Listen carefully for emotions and provide support. This may be in the form of counseling or coaching |

## 2.5.7.    How to avoid resistance to change?

Resistance to change can be avoided doing the following;

• Plan the change carefully (identify problems and their underlying courses and formulate alternative action to remove problems.

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15  http://www.emergent-change.co.uk/resources/5-types-of-change.html
16  http://www.change-management-coach.com/resistance_to_change.html

- Select the most feasible action, establish an implementation plan)
- Explain the benefits both for organization and the people also indicate disadvantage that are likely arise.
- Introduce change gradually, in the case of major change
- Be patient and tolerant during the change. Give change support and help
- Provide any training which may be needed
- Monitor the change
- Be firm about the end results, but flexible in getting there.

## 2.5.8. Follow-Up during change management

After changes were made, it is necessary to conduct follow-up activities. If it was planned change, there was an expectation for betterment. Therefore, it is necessary to see the results whether it have been achieved or not. Not only outcomes but also process need to be monitored whether it has been correctly and successfully implemented. Moreover, it is necessary to monitor staff feeling to the new situation and those changes are helping people around.

For purposes of self-protection as well as for good records, you should document every change to the organization. There are several things you should make note of:

- Who is requesting that the change be made?
- What exactly, and in detail are they asking to be changed?
- What, in their opinion, is the priority of making the change? How important is it?
- What, in YOUR opinion, is the impact that making the change is likely to have on the project?
- What exactly, and in detail is going to happen to the existing plans as a result of the change? What additional resources will be required? How much additional time will be required? Will it affect either the timing or the content of the delivery?
- Who needs to be notified about the change?
- Who is authorizing the change?

That last one, "Who is authorizing the change?" is the key. If you are in a position to authorize the additional resources, the additional time required, or the change in output, great. You can do it. If, on the other hand, you are not in a position to authorize it, your job is to get the information into the hands of whoever is in a position to authorize it. Write it up and get a signature.

## 2.5.9. Common mistakes when managing change

There are some common mistakes organizations make when undergoing change management process. Those are as follows:
- Becoming disconnected from the change – e.g. not visibly supporting the change throughout the entire process
- Abdicating responsibility or delegating down
- Failing to build a coalition or critical mass of supporter
- Moving to the next change before the current one is in place
- Underestimating resistance to change and the need to manage the people –side of the process

# Session 6:  Team Building

Although RRHMTs have been working together for long, this may not necessarily mean they work as a team. This session intends to enable the RRHMTs to think as a team and practically demonstrate team work. This involves building the team spirit

## 2.6.1. Objectives

At the end of session participants will be able to:

- Define the following terms "team, team work, team building"
- Describe stages of team development
- Explain what makes a good team
- Identify characteristics of a well-functioning team
- Describe the reasons that influence team to fail.

## 2.6.2. What is a team?

In the Tanzania Quality Improvement Framework 2011-2016, it is defined as "A team is a group of professionals working together towards achieving a common goal. In health care, service deliveries are too many and complex for one health care provider to work individually. Teamwork is a process involving health workers of various disciplines or professionals to accomplish a task. Collaboration and assisting each other is necessary for effective teamwork"[17]

## 2.6.3. Stages of Team Development

Each stage of team development has its own recognizable feelings and behaviors; understanding *why* things are happening in certain ways on your team can be an important part of the self-evaluation process. The four stages are a helpful framework for recognizing a team's behavioral patterns; they are most useful as a basis for team conversation, rather than boxing the team into a "diagnosis." And just as human development is not always linear (think of the five-year old child who reverts to thumb-sucking when a new sibling is born) team development is not always a linear process. Having a way to identify and understand causes for changes in the team behaviors can help the team maximize its process and its productivity[18]

Table 2-13: Stages of Team Development[19]

| | Feelings | Behaviors | Team Tasks |
|---|---|---|---|
| **Forming** | During the Forming stage of team development, team members are usually excited to be part of the team and eager about the work ahead. Members often have high positive expectations for the team experience. At the same time, they may also feel some anxiety, wondering how they will fit in to the team and if their performance will measure up. | Behaviors observed during the Forming stage may include lots of questions from team members, reflecting both their excitement about the new team and the uncertainty or anxiety they might be feeling about their place on the team. | The principal work for the team during the Forming stage is to create a team with clear structure, goals, direction and roles so that members begin to build trust. A good orientation/kick-off process can help to ground the members in terms of the team's mission and goals and can establish team expectations about both the team's product and, more importantly, the team's process. |
| **Storming** | As the team begins to move towards its goals, members discover that the team can't live up to all of their early excitement and expectations. Their focus may shift from the tasks at hand to feelings of frustration or anger with the team's progress or process. Members may express concerns about being unable to meet the team's goals. During the Storming stage, members are trying to see how the team will respond to differences and how it will handle conflict. | Behaviors during the Storming stage may be less polite than during the Forming stage, with frustration or disagreements about goals, expectations, roles and responsibilities being openly expressed. Members may express frustration about constraints that slow their individual or the team's progress; this frustration might be directed towards other members of the team, the team leadership or the team's sponsor. | Team Tasks during the Storming stage of development call for the team to refocus on its goals, perhaps breaking larger goals down into smaller, achievable steps. The team may need to develop both task-related skills and group process and conflict management skills. A redefinition of the team's goals, roles and tasks can help team members past the frustration or confusion they experience during the Storming stage. |

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17 Tanzania Quality Improvement Framework 201-2016 (MoHSW-Tanzania, 2011)
18 http://hrweb.mit.edu/learning-development/learning-topics/teams/articles/stages-development
19 http://hrweb.mit.edu/learning-development/learning-topics/teams/articles/stages-development

|  | **Feelings** | **Behaviors** | **Team Tasks** |
|---|---|---|---|
| **Norming** | During the Norming stage of team development, team members begin to resolve the discrepancy they felt between their individual expectations and the reality of the team's experience. If the team is successful in setting more flexible and inclusive norms and expectations, members should experience an increased sense of comfort in expressing their "real" ideas and feelings. Team members feel an increasing acceptance of others on the team., Members start to feel part of a team and can take pleasure from the increased group cohesion. | Behaviors during the Norming stage may include members making a conscious effort to resolve problems and achieve group harmony. There might be more frequent and more meaningful communication among team members, and an increased willingness to share ideas or ask teammates for help. Team members refocus on established team ground rules and practices and return their focus to the team's tasks. | During the Norming stage, members shift their energy to the team's goals and show an increase in productivity, in both individual and collective work. The team may find that this is an appropriate time for an evaluation of team processes and productivity. |
| **Performing** | In the Performing stage of team development, members feel satisfaction in the team's progress. They share insights into personal and group process and are aware of their own (and each other's) strengths and weaknesses. Members feel attached to the team as something "greater than the sum of its parts" and feel satisfaction in the team's effectiveness. Members feel confident in their individual abilities and those of their teammates. | Team members are able to prevent or solve problems in the team's process or in the team's progress. A "can do" attitude is visible as are offers to assist one another. Roles on the team may have become more fluid, with members taking on various roles and responsibilities as needed. Differences among members are appreciated and used to enhance the team's performance. | In the Performing stage, the team makes significant progress towards its goals. Commitment to the team's mission is high and the competence of team members is also high. Team members should continue to deepen their knowledge and skills, including working to continuously improving team development. Accomplishments in team process or progress are measured and celebrated. |

## 2.6.4. What is team building?

Team building is an effort in which a team studies its own process of working together and acts to create a climate that encourages and values the contributions of team members. Their energies are directed toward problem solving, task effectiveness, and maximizing the use of all members' resources to achieve the team's purpose. Sound team building recognizes that it is not possible to fully separate one's performance from those of others. *'Team Building is the process of enabling a group of people to reach their goal.* It is therefore a management issue.

## 2.6.5. How do you build a team?

The following points are key points to build a team in effective manner:

- Develop goals through interaction process
- Enhance participation
- Provision of feedback
- Collective decision making
- Solve problem immediately as they are reported
- Effective use team members' skills

Team member, talents, skills, knowledge, and experiences have to be identified, recognized, and used whenever appropriate. This will motivate, empower, and create sense of recognition of team members. Risk taking and creativity are encouraged. When mistakes are made, they are treated as a source of learning rather than reasons for punishment.

## 2.6.6. What Makes a Good Team?

- Teams that are well supported and trusted will produce the best results
- Knowledgeable people from all relevant departments
- Teams should have clear responsibilities and authority to make decisions alone
- Teams should be given time to develop together into a productive unit

- If the members are between 6 and 10
- A clear, documented purpose
- An open, pleasant environment
- Well planned and structured meetings
- The support of superiors i.e. well managed teams is more likely to produce the required results

## 2.6.7. Importance of Team work

Teamwork is needed for the following reasons:

- Increasing efficiency
- Sharing experiences
- Enhancing maximum use of various skills
- Keeping everybody informed of what is happening in the cascade
- Avoiding duplication of efforts

## 2.6.8. Characteristics of a well-functioning team

There are several characteristics that often observed in well-functioning team. Those characteristics are as follows:

- High level of interdependence among team members
- Team leader has good people skills and is committed to team approach
- Each team member is willing to contribute
- Team develops a relaxed climate for communication
- Team members develop a mutual trust
- Team and individuals are prepared to take risks
- Team is clear about goals and establishes targets
- Team member 's roles are defined
- Team members know how to examine team and individual errors without personal attacks
- Team has capacity to create new ideas
- Each team member knows he can influence the team agenda

## 2.6.9. Why do Teams Fail?

Establishment of teams and make them as functional teams is not easy task. Team members are chosen based on individual expertise, experience, knowledge and the ability to plan strategically. Putting together the perfect team does not automatically ensure success. Teams fail for a variety of reasons, though a little forethought can prevent it.[20]There top five reasons that cause the team fail:

Table 2-15: Reasons for team fail

| | Reasons | Explanation |
|---|---|---|
| 1 | **Undefined Roles** | It is important to clearly define the role of each team member, and to lay out the expectations for each role, along with the responsibility each role has to the task. Without clearly defined roles, a team member may take on a task that does not suit his expertise. This sets up him, and the team, for failure. It is also important to define leadership roles. A team needs to understand who to approach when there are questions or decisions that need to be made. Without a clearly defined leader, poor decisions can be made that will contribute to the demise of the project. |
| 2 | **Poor Dynamics** | Team members need to interact in a productive way. Though each member may be an expert in his field, he also needs to be an expert in communicating with fellow team members. Mutual respect is mandatory for a team to maintain cohesion and achieve results. If team members butt heads due to mistrust of each other's capability, results cannot be achieved. Team members must feel a loyalty to the team as well as to each other. |
| 3 | **Lack of Vision** | To achieve success, a team needs to know its goal. The team needs a clearly defined mission statement that is easily understood by every member. Without understanding the purpose for the team, members will quickly lose enthusiasm and motivation. Sometimes a team starts out with a vision, but because team members interpret it differently, the vision gets muddied. Team members with different visions will work differently and cohesion is lost. To counteract this problem, be sure that goals and visions are clearly stated to the entire team at once. During the course of the project, regroup to discuss the continuing validity of the vision. If the goal needs to be adjusted, make the corrections together so everyone is on board and can progress. |

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20  http://smallHospital.chron.com/five-reasons-Hospital-teams-fail-19120.html

| | Reasons | Explanation |
|---|---|---|
| 4 | **Time Management** | A team may have the perfect plan to reach its goal, but unless it can manage the time needed to put the plan into action, failure will occur. Work on special teams is often conducted in addition to regular job duties and responsibilities. Scheduling time for an extra project needs to be methodical and reasonable. Team members must also make the time commitment needed to complete the responsibilities assigned. When working on the project, interruptions need to be minimized so that team members can focus on the task at hand. |
| 5 | **Incorrect Analysis** | A strategic plan based on market data or other analysis is only as good as that data or analysis. The original vision may be based on certain market conditions or criteria, but if the market changes during the process, the data is no longer valid. The team will fail in its mission not because team members are inefficient, but because the processes are no longer based on the correct data. |

## 2.6.10.  Team Medicine

It is a term used to describe a treatment planning approach or **team** that includes a number of doctors and other health care professionals who are experts in different specialties.

For example, in the operating theater, there are number of staff involved for an operation of patient. Surgeons to operate patient, theater nurse to support surgeons, anesthesiologist to keeps a patient comfortable, safe and pain-free during surgery, medical engineer to operate heart-lung machine etc. Surgeons will not be able to do everything. Therefore, it is necessary to work as a "team" to utilize everyone's expertise to perform an operation safely and comfortably to save lives. This concept should be applied in all departments within a hospital to strengthen quality, safety and performance of each department and section.



# Session 7: Office communication

Most of failures in the organizations are caused by ineffective communications. This session aims at enabling participants to communicate effectively.

## 2.7.1.    Session objectives

At the end of the session participants will be able to:

* Describe different types of communication
* Identify skills for effective communication
* Define the following terms; Communication, communication skills and communication in an organization

## 2.7.2.    What is office communication?

Office communication is a system of communication used by office bearers and in line with employer's directives. Similar to other communication is a way of passing message from one actor (sender) to the other (receiver) through various channels of communication like writing in files, telephone conversation, email messages, fax messages, TVs messages, meetings etc.   Through communication is where staff shares organizational objectives to facilitate implementation of set goals, vision and mission of a given policy.

In offices, we usually communicate in three directions as explained briefly below:

* Top down communication: This is the communication from higher levels in a form of directives to lower levels (subordinates) for implementation.
* Horizontal communication: This is the type of communication practiced by pier group or officers of the same level in a form of consultation to each other.
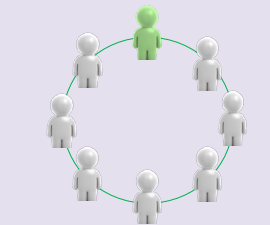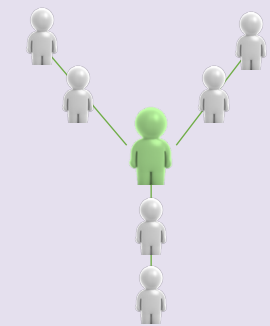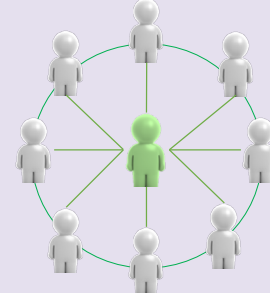
- Down up communication: This is the communication from subordinates to seniors for requests, suggestions or complaints on various issues pertaining to their rights or working environment.

Managers and leaders should be flexible and use all direction depending on situations for organizational improvement. Although there are several ways of communicating such as verbal, written and signs or non-verbal like nodding heads, smiling, raising thumb, shaking heads, the most recommendable communication is written communication. Written communication keeps records for future references. Note; sometimes be careful with attachment memo that does not have records in future.

## 2.7.3. Patterns of communication

Communication can be defined as transferring messages from one to another and it has several forms such as intra-personal, inter-personal, group and mass communication; while it comes to group communication, there some patterns formulated in different organization. The following patterns are popular in mainstream communication studied[21].

Table 2-16: Communication patterns

| Pattern | | Character of the pattern | Problem of communication |
|---|---|---|---|
| Circle pattern |  | Group Leader can communicate with the group members who presents next to him/her. | The sender messages travels all over the group through sharing by its members will take time to reach sender again. |
| Chain pattern |  | | • The worst part in the pattern is the last member receives the modified messages from the leader<br>• no feedback to identify the message distortion |
| Y pattern |  | The group is separated into three and the group members can communicate with the other group members through leader only. | **Not recommended!**<br>communication problem which appears in both circle and chain pattern |
| Network pattern |  | One of the best pattern while compare to other three. The leader has direct contact with all the group members | **Recommended!** |

Source:
- http://communicationtheory.org/patterns-of-communication/
- http://zhantingwei.blogspot.com/2012/10/communication-networks-we-have-learnt.html
- https://managementmania.com/en/communication-patterns

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21 (http://communicationtheory.org/patterns-of-communication/)

## 2.7.4.    Reasons for communication

Communication has several advantages:
- Promotes a sense of ownership
- Promotes partnership and networking
- Avoid duplication of efforts
- Strengthening adherence, enforcement and oversight of rules and regulation

## 2.7.5.    What to communicate in the organization?

In office communication, there are a number of things to communicate to staff and to clients. These include:

### Organizational plan

Organizations plan should be communicated to various parties who are taking part in implementation. This create sense of ownership especially when all actors know what to do, when to do and how to do. It is recommended that communication of an organization plan starts from its development. All relevant stakeholders have to take part in the planning process.

### Government /Organizational directives

Usually government, private organizations, NGOs etc. gives various directives in a form of policy, circulars, guidelines, rules and regulations. For promoting adherence and ensuring that appropriate oversight exists, managers have to effective communication is important. The experience shows that directives are distributed and not communicated as a result they are not enforced and adhered to for many reasons. One is clarity. The directives are for the intention of showing procedure of doing things to meet the expected results Examples of directives include Acts, Procedures, Rules and regulations

### Staff matters

Various employment authorities have to communicate to their staff on several issues. Once staff left uninformed they become insecure and this may lead to chaos in organizations. Staff need to know about salaries, promotions, training, NSSF contribution and benefits, Insurance issues, retirement issues. Also, they need to know about changes in their organization. Communication is motivating if done effectively.

## 2.7.6.    Components of a communication process

Communication skill is the ability to communicate effectively.
For communication to happen the following have to exist:

### A sender

There must be someone who sending the information. This person must
- Be conversant of the message
- Reputable – someone with authority or entrusted to do so
- Must be able to transmit that information

### A message

For communication to exist there must a be a planned message to be communicated to the intended recipients. The message must be clear, concise, and relevant to a receiver

### Channel

There must be a media for communication that is familiar to audience

### Receiver

The receiver is someone meant to receive the message. The message should be sent to those intended in a manner that is easy to understand

### Response

Since communication is not a one-way process – therefore the sender must wait for response. There are several ways in which listener's response are learnt as mentioned below:

- Verbal responses
- Paraphrasing
- Perfecting messages
- Writing further contribution
- Non-verbal (body language where speakers read from the listener either on active or non-active listening.

### 2.7.7.    Effective communication

Communication becomes effective if the communicator is able to:

- Convey the message effectively- concise, clear and complete. Example All staff are asked to bring their letters of appointment tomorrow (20th May 2016) and give to Mr Juma Hamisi (HR Officer) – office number 2 second floor- MOH headquarters, for individual records update. This communication tells, what, who, when, where and why
- Seek to be understood: A communicator should ask questions to ensure that the message is clear to the receiver
- Seek to understand: The communicator should also be a good listener – this will help him or her to understand whether the receiver got the message as intended
- Observer: The sender should be a good observer. Observations help the receiver to listen to what is not said by the receiver, but it is communicated through body language and gestures: Smiling, whispering, yawning etc.
- Use proper channels – matching the channel with the receiver
- Appropriate timing: Convey messages when you see that there is a greater possibility for the receiver to listen carefully

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**Exercise:**

*Identify main challenges you are facing in communication among/within the departments and administration in your hospital and propose ways to overcome those challenges*

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### 2.7.8.    Barriers to communication

There are several things that can impede communication

- Physical distance
- Incredibility of the source
- Use of inappropriate channel
- Ambiguous message
- ineffecting communicator
- Bias
- Personal attitudes

Ways to overcome those barriers to communication are as follows; [22]

- Encourage people to take note of what is said
- Slowdown the instruction giving process
- Use appropriate channel
- Use credible communicators
- Seek feedback
- Appropriate follow up

## Session 8: Managing Meetings

Meetings are a crucial element in working environment on day-to-day basis. Managers at all levels should keep on planning to have meetings with their fellow workers.

In normal situation, staff does meet both formal and informal. Before conducting meetings, you need to plan, prepare meeting agenda, choose venue, and arrange seating and resources planning those which will be used.

Managers should know meeting objectives, size of the meeting in terms of number of participants and their requirements, type of a meeting to be held as there are many types of meetings like board meeting, standing committee, one off committee, public meeting etc. Meetings would be prepared in advance things to be considered here are issues like meeting agenda, Dates & meeting schedule, selecting and inviting participants, identification of meeting resources to be used like past meeting minutes, venue identification, stationeries, money, accommodation and other necessary services etc.

## 2.8.2. Objectives

At the end of this session all participants will be able to:

- Define the term meeting
- Explain the purpose of meetings
- Describe the types of meetings
- Describe the process of conducting meetings

## 2.8.3. Definition

A Meeting is an assembly of more than one person for a particular reason like solving problems, sharing information, giving directives etc.

## 2.8.4. Category of meeting

Meeting can be categorized in to two; 1) Routine meetings, and 2) Ad-hoc meetings. Schedule of routine meeting is fixed and selected members are spare their time to participate the meeting. On the other hand, ad-hoc meetings are scheduled suddenly, participants are selected according to the topics to discuss and make decisions.

Table 2-17: Differences between routine and ad-hoc meetings

| | Routine meetings | Ad-hoc meetings |
|---|---|---|
| Membership | Usually fixed | Select members according to the agendas to be discussed |
| Frequency | Fixed (e.g. weekly, monthly, quarterly.) | Unknown |
| Schedule of the meeting | Fixed date and time (e.g. Wednesday, 1st week of the month, at 13:00) | Negotiate with invitees and it is decided by organizer |
| Agenda of meeting | Usually fixed. Updated and shared among members. If any things need to be discussed, ask as "Any Other Business (AOB)" | Specific agenda is set to inform, discuss and make decision to move forward. |
| Record of the meetings | Minutes of meeting is recorded, endorsed by chairperson and filed at secretariat | Minutes of meeting is recorded, endorsed by chairperson and shared to the attendants |

There are several types of meetings are conducted at RRHs such as Hospital Management Team Meeting, Quality Improvement Team meeting, Clinical meeting, Hospital Advisory Board Meeting. It is important to categorize those meetings for proper preparation, conducting and recording of those meeting for effective management of work and solutions of problems

## 2.8.5. Purpose for meetings

There are a number of reasons on why have meetings to our working areas as mentioned below:

- Solving identified gaps or problems
- Planning
- Sharing information
- Issuing instructions
- Taping creative ideas
- Presenting proposals for and getting solutions

Meeting sizes ranges from one to one meeting to more than one senior manager and his subordinates or public.

## 2.8.6.    Meeting preparation

Meeting preparation covers a number of issues like:
- Preparing meeting agenda
- Preparing meeting dates and schedule
- Selecting and Inviting participants
- Budget of resources to be used like materials, past minutes, funds, transport, accommodation, entertainment, etc.
- Venue for meeting and seating arrangement

Few questions can guide a manager when preparing the meeting like what is the purpose of the meeting? What is the number of attendance, any other better alternative of addressing the conflict or problem, what are the meeting benefits?

## 2.8.7.    Conducting a meeting

Below are few summarized hints among many which will guide a manager when conducting a meeting:

- Welcoming participants
- Registering participants
- Providing key instructions or guidelines to participants and introducing them
- Opening remarks by guest of honor
- Conducting a meeting
- Reading the past minutes, discussing matters arising
- Discuss new agendas as planned or as agreed and recommending or directing what to be done and setting next meeting date
- Closing the meeting by the chairperson to stress on key issues and appreciating to participant's contributions

NB. The secretary should write minutes

- Chair person should involve all members and control the meeting as planned
- If there is farewell or closing party should be done at the end

*Why People do not want to attend meetings*

- Poor leadership
- Unclear goals
- Lack of commitment to assignments
- Group recommendations ignores
- Waste of time
- Domination
- Lack of preparation (Members and leaders)
- No action taken
- Hidden agenda

*Things People like to see in meetings*

- Clear role definition
- Time control
- Members sensitive to each other's need
- Informal and relaxed atmosphere
- Good preparation
- Good records
- Group discussions/analysis
- Members appraised
- Accepted work

# Session 9  Conflict and Conflict Management

People have different point of view as they look at a problem. In most cases conflict is an outcome of organizational complexities, interactions and disagreements. It can be settled by identifying and neutralizing the factors necessitating conflict. Once conflict is concluded it can provoke a positive change in the organization. When we recognize the potential for conflict, we implicitly indicate that there is already a conflict of direction, even though it may not have yet manifested itself as a clash

## 2.9.1.    Objectives

At the end of session participants will be able to

(a)        Define the following terms; conflict, conflict resolution
(b)        Explain different reasons of conflicts in RRH
(c)        Explain ways of conflict resolution among RRHMTs
(d)        Describe strategies for managing conflict

## 2.9.2.    What is confliction?

Confliction is the process of setting up, promoting, encouraging or designing conflict. It is a willful process and refers to the real effort put into generating and instituting conflict.

## 2.9.3.    What is conflict?

Conflict is defined as disagreement between individuals. It can vary from a mild disagreement to a win-or-lose, emotion-packed, confrontation (Kirchoff and Adams, 1982). Conflict is a clash of interests, values, actions, views or directions (De Bono, 1985). Conflict refers to the existence of that clash. Conflict lead to instant clash occurs.

## 2.9.4.    What is De-confliction?

De-confliction is the annihilation of conflict. It does not refer to negotiation or bargaining, or even to resolution of conflict: it is the effort required to eliminate the conflict.

## 2.9.5.    Why conflicts arise

Conflicts emanate from more than one source, and so their true origin may be hard to identify. In most organizations, conflicts increase as employees assert their demands for an increased share in organizational rewards, such as position, acknowledgment, appreciation, monetary benefits and independence. Even management faces conflict with many forces from outside the organization, such as government, unions and other coercive groups which may impose restrictions on managerial activities. Important initiators of conflict situations include:

**Disagreement**

Conflicts arise when two groups or individuals interacting in the same situation see the situation differently because of different sets of settings, information pertaining to the universe, awareness, background, disposition, reason or outlook. In a particular mood, individuals think and perceive in a certain manner. For example, the half-full glass of one individual can be half-empty to another. Obviously both individuals convey the same thing, but they do so differently owing to contrasting perceptions and dispositions. People disagree for a number of reasons (De Bono, 1985).

- They see things differently because of differences in understanding and viewpoint. Most of these differences are usually not important. Personality differences or clashes in emotional needs may cause conflicts.
- People have different styles, principles, values, beliefs and slogans which determine their choices and objectives. When choices contradict, people want different things and that can create conflict situations. For example, a risk-taking manager would be in conflict with a risk-minimizing supervisor who believes in firm control and a well-kept routine.
- People have different ideological and philosophical outlooks, as in the case of different political parties. Their concepts, objectives and ways of reacting to various situations are different. This often creates conflicts among them.
- Conflict situations can arise because people have different status. When people at higher levels in the organization feel indignant about suggestions for change put forward from their subordinates or associates, it provokes conflict. By tolerating and allowing such suggestions, potential conflict can be prevented.
- People have different thinking styles, which encourage them to disagree, leading to conflict situations. Certain thinking styles may be useful for certain purposes, but ineffectual or even perilous in other situations. See the table below: (Fears, Force, Fairness or funds (De Bono, 1985).

Table 2-18: Reasons for conflicts

| Fear | Relates to imaginary concern about something which might happen in the future. One may fear setbacks, disgrace, reprisal or hindrances, which can lead to conflict situations. |
|---|---|
| Force | Force is a necessary ingredient of any conflict situation. Force may be ethical or emotional. It could be withdrawal of cooperation or approval. These forces are instrumental in generating, strengthening and terminating conflicts. |
| Fairness | Refers to an individual's sense of what is right and what is not right, a fundamental factor learnt in early childhood. This sense of fairness determines the moral values of an individual. People have different moral values and accordingly appreciate a situation in different ways, creating conflict situations |
| Funds or costs | Can cause conflict, but can also force a conclusion through acceptable to the conflicting parties. The cost of being in conflict may be measurable (in money terms) or immeasurable, being expressed in terms of human lives, suffering, diversion of skilled labor, neglect or loss of morale and self-esteem. (De Bono, 1985). |

## 2.9.6. Reasons for creating conflict situations

According to Kick off and Adams (1982), there are four distinct conflict conditions these are:

- High stress environments
- Ambiguous roles and responsibilities
- Multiple boss situations, and
- Prevalence of advanced technology.
- Use of health resources

Filley (1975) identified eight main conditions which could lead to conflict situations in an organization. These are:

1) *Ambiguous jurisdiction,* which occurs when two individuals have responsibilities which are interdependent but whose work boundaries and role definitions are not clearly specified.

2) *Goal incompatibility and conflict of interest* refer to accomplishment of different but mutually conflicting goals by two individuals working together in an organization. Obstructions in accomplishing goals and lack of clarity on how to do a job may initiate conflicts. Barriers to goal accomplishment arise when goal attainment by an individual or group is seen as preventing another party achieving their goal.

3) *Communication barriers,* as difficulties in communicating can cause misunderstanding, which can then create conflict situations.

4) *Dependence on one party* by another group or individual.

5) *Differentiation in organization,* where, within an organization, sub-units are made responsible for different, specialized tasks. This creates separation and introduces differentiation. Conflict situations could arise when actions of sub-units are not properly coordinated and integrated.

6) *Associating the parties and specialization.* When individuals specialized in different areas work in a group, they may disagree amongst themselves because they have different goals, views and methodologies owing to their various backgrounds, training and experiences.

7) *Behavior regulation.* Organizations have to have firm regulations for individual behavior to ensure protection and safety. Individuals may perceive these regulations differently, which can cause conflict and negatively affect output.

8) *Unresolved prior conflicts* which remain unsettled over time create anxiety and stress, which can further intensify existing conflicts. A manager's most important function is to avoid potential harmful results of conflict by regulating and directing it into areas beneficial for the organization.

## 2.9.7. Stages involved in the conflict process

Conflict is a dynamic process. In any organization, a modest amount of conflict can be useful in increasing organizational effectiveness. Tosi, Rizzo and Carroll (1986) consider the stages involved in the conflict process, from inception to end, as sequential in nature, namely:

- the conflict situation
- awareness of the situation
- realization
- manifestation of conflict
- resolution or suppression of conflict, and
- After-effects of a conflict situation.

## 2.9.8. Effects of conflicts

Conflict situations should be either resolved or used beneficially. Conflicts can have positive or negative effects for the organization, depending upon the environment created by the manager as she or he manages and regulates the conflict situation.

### 2.9.8.1. Positive effects of conflicts

Some of the positive effects of conflict situations are (Filley, 1975):

- *Diffusion of more serious conflicts.* Games can be used to moderate the attitudes of people by providing a competitive situation which can liberate tension in the conflicting parties, as well as having some entertainment value. In organizations where members participate in decision making, disputes are usually minor and not acute as the closeness of members moderates belligerent and assertive behavior into minor disagreements, which minimizes the likelihood of major fights.

- *Stimulation of a search for new facts or resolutions.* When two parties who respect each other face a conflict situation, the conflict resolution process may help in clarifying the facts and stimulating a search for mutually acceptable solutions.

- *Increase in group cohesion and performance.* When two or more parties are in conflict, the performance and cohesion of each party is likely to improve. In a conflict situation, an opponent›s position is evaluated negatively, and group allegiance is strongly reinforced, leading to increased group effort and cohesion.

- *Assessment of power or ability.* In a conflict situation, the relative ability or power of the parties involved can be identified and measured.

### 2.9.8.2. Negative effects of conflicts

Destructive effects of conflicts include:
- *Diffusion of more serious conflicts.* Games can be used to moderate the attitudes of people by providing a competitive situation which can liberate tension in the conflicting parties, as well as having some entertainment value. In organizations where members participate in decision making, disputes are usually minor and not acute as the closeness of members moderates belligerent and assertive behavior into minor disagreements, which minimizes the likelihood of major fights. Impediments to smooth working;

- diminishing output;
- obstructions in the decision-making process; and
- Formation of competing affiliations within the organization.

The overall result of such negative effects is to reduce employees' commitment to organizational goals and organizational efficiency (Kirchoff and Adams, 1982).

## 2.9.9.   Elements of a conflict

Organizational conflicts usually involve three elements, which have to be appropriately matched through necessary organizational arrangements in order to resolve the conflict (Turner and Weed, 1983).

**_Power_** is the capacities and means that people have at their disposal to get work done. Power includes budgetary discretion, personal influence, information, time, space, staff size and dependence on others. If used efficiently, power creates an atmosphere of cooperation, but can generate conflicts when misused, withheld or amassed.

**_Organizational demands_** are the people›s expectations regarding a person›s job performance. Usually such expectations are high, and making them rather unrealistic. When these expectations are not fulfilled, people feel disheartened, angry, let down or cheated. Consequently, conflict situations can arise.

**_Worth_** refers to a person›s self-esteem. People want to prove their worth in the organization. Superiors control employees› pay, performance rating, performance and appraisal, etc. How much of these are received by a person reflects their worth. An individual may also feel loss of worth if some basic needs are not fulfilled. Generally, conflicts arise from mismatches between power, organizational demands and feelings of personal worth.

## 2.9.10.   Theory of conflict management

There are two theories of conflict management; 1) *The traditional theory*, and 2) *Contemporary theory*.

1)   *The traditional theory* is based on the assumption that conflicts are bad, are caused by trouble makers, and should be subdued.
2)   *Contemporary theory* recognizes that conflicts between human beings are unavoidable. They emerge as a natural result of change and can be beneficial to the organization, if managed efficiently. Current theory (Kirchoff and Adams, 1982) considers innovation as a mechanism for bringing together various ideas and viewpoints into a new and different fusion. An atmosphere of tension, and hence conflict, is thus essential in any organization committed to developing or working with new ideas.

## 2.9.11.   Response styles

People may appreciate the same situation in different ways, and so respond differently. It is therefore necessary to understand the response styles of the people involved so as to manage conflicts properly. According to Turner and Weed (1983), responses can be classified as follows:

Table: 2-19: Styles of responses

| Responses | Explanation |
|---|---|
| **Addressers** | Are the people who are willing to take initiatives and risk to resolve conflicts by getting their opponents to agree with them on some issues. Addressers can either be first-steppers or confronters: |
| **First-steppers** | Are those who believe that some trust has to be established to settle conflicts. They offer to make a gesture of affability, agreeableness or sympathy with the other person's views in exchange for a similar response. |
| **Confronters** | Think that things are so bad that they have nothing to lose by a confrontation. They might be confronting because they have authority and a safe position, which reduces their vulnerability to any loss. |
| **Concealers maskers** | Take no risk and so say nothing. They conceal their views and feelings. Concealers can be of three kinds: |
| **Feeling-swallowers** | Swallow their feelings. They smile even if the situation is causing them pain and distress. They behave thus because they consider the approval of other people important and feel that it would be dangerous to affront them by revealing their true feelings. |

| Responses | Explanation |
|---|---|
| **Subject-changers** | Find the real issue too difficult to handle. They change the topic by finding something on which there can be some agreement with the conflicting party. This response style usually does not solve the problem. Instead, it can create problems for the people who use this and for the organization in which such people are working. |
| **Avoiders** | Often go out of their way to avoid conflicts. |
| **Attackers** | Cannot keep their feelings to themselves. They are angry for one or another reason, even though it may not be anyone's fault. They express their feelings by attacking whatever they can even, though that may not be the cause of their distress. Attackers may be up-front or behind-the-back: |
| **Up-front attackers** | Are the angry people who attack openly; they make work more pleasant for the person who is the target, since their attack usually generates sympathy, support and agreement for the target. |
| **Behind-the-back attackers** | Are difficult to handle because the target person is not sure of the source of any criticism, nor even always sure that there is criticism. |

## 2.9.12. Dealing with conflict

Conflicts are inescapable in an organization. However, conflicts can be used as motivators for healthy change. In today's environment, several factors create competition; they may be differing departmental objectives, individual objectives, and competition for use of resources or differing viewpoints. These have to be integrated and exploited efficiently to achieve organizational objectives.

A manager should be able to see emerging conflicts and take appropriate pre-emptive action. The manager should understand the causes creating conflict, the outcome of conflict, and various methods by which conflict can be managed in the organization. When two groups or individuals face a conflict situation, they can react in four ways (De Bono, 1985) as listed below:

Table 2- 20: Types of resolving conflicts

| Types | Explanation |
|---|---|
| **Fight** | Which is not a beneficial, sound or gratifying approach to dealing with a conflict situation as it involves 'tactics, strategies, offensive and defensive positions, losing and winning grounds, and exposure of weak points.' |
| **Negotiate,** | Towards a settlement with the other party. Negotiations take place within the prevailing situation and do not involve problem solving or designing. Third-party roles are very important in bringing the conflicting parties together on some common ground for negotiations. |
| **Problem solving** | Involves; identifying and removing the cause of the conflict so as to make the situation normal again. However, this may not be easy. |
| **Design** | This is an attempt, towards creativity in making the conflict situation normal. It considers conflicts as situations rather than problems. Designing is not confined to what is already there, but attempts to reach what might be created given a proper understanding of the views and situations of the conflicting parties. |

## 2.9.13. Conflict-resolution behavior

Depending on their intentions in a given situation, the behavior of conflicting parties can range from full cooperation to complete confrontation. Two intentions determining the type of conflict-handling behavior are *assertion* and *cooperation:* assertion refers to an attempt to confront the other party; and cooperation refers to an attempt to find an agreeable solution.

Depending upon the degree of each intention involved, there can be five types of conflict handling behavior (Thomas and Kilman, 1976) as listed below:

Table 2-21: Types of conflict-resolution behavior

| Types | Explanation |
|---|---|
| Competition | Is a win-or-lose style of handling conflicts? It is asserting one's one viewpoint at the potential expense of another. Competing or forcing has high concern for personal goals and low concern for relationships. It is appropriate in dealing with conflicts which have no disagreements. |
| Collaboration | Aims at finding some solution that can satisfy the conflicting parties. It is based on a willingness to accept as valid the interests of the other party whilst protecting one's own interests. Disagreement is addressed openly and alternatives are discussed to arrive at the best solution. Collaboration is applicable when both parties desire to solve the problem and are willing to work together toward a mutually acceptable solution. Collaboration is the best method of handling conflicts, as it strives to satisfy the needs of both parties. |
| Compromise | Is a common way of dealing with conflicts, particularly when the conflicting parties have relatively equal power and mutually independent goals? It is based on the belief that a middle route should be found to resolve the conflict situation, with concern for personal goals as well as relationships. In the process of compromise, there are gains and losses for each conflicting party. |
| Avoidance | Is based on the belief that conflict is evil, unwanted or boorish. It should be delayed or ignored. Avoidance strategy has low cooperation and low confrontation. It is useful either when conflicts are insignificant or when the other party is unyielding because of rigid attitudes. By avoiding direct confrontation, parties in conflict get time to cool down. |
| Accommodation | Involves high cooperation and low confrontation. It plays down differences and stresses commonalities. Accommodating can be a good strategy when one party accepts that it is wrong and has a lot to lose and little to gain. Consequently, they are willing to accommodate the wishes of the other party. |

## 2.9.14. Strategies for managing conflicts

Tosi, Rizzo, and Carroll (1986) suggested four (4) ways of managing conflicts, namely through:

***Styles*** Conflict handling behavior styles (such as competition, collaboration, compromise, avoidance or accommodation) may be suitably encouraged, depending upon the situation

***Improving organizational practices*** After identifying the reason for the conflict situation, suitable organizational practices can be used to resolve conflicts, including:

*   establishing superordinate goals
*   reducing vagueness
*   minimizing authority- and domain-related disputes
*   improving policies, procedures and rules
*   re-apportioning existing resources or adding new
*   altering communications
*   movement of personnel, and
*   Changing reward systems.

***Special roles and structure*** A manager has to:
*   initiate structural changes needed, including re-location or merging of specialized units
*   shoulder liaison functions, and
*   Act as an integrator to resolve conflicts. ***A person with problem-solving skills*** and respected by the conflicting parties can be designated to de-fuse conflicts.

***Confrontation techniques*** Confrontation techniques aim at finding a mutually acceptable and enduring solution through collaboration and compromise. It is done in the hope that conflicting parties are ready to face each other amicably, and entails intercession, bargaining, negotiation, mediation, attribution and application of the integrative decision method, which is a collaborative style based on the premise that there is a solution which can be accepted by both parties. It involves a process of defining the problem, searching for alternatives and their evaluation, and deciding by consensus.

## 2.9.15. Summing up

Conflicts are inevitable in any organization. A modest level of conflict can be useful in generating better ideas and methods, inspiring concern and ingenuity, and stimulating the emergence of long-suppressed problems.

Conflict management strategies should aim at keeping conflict at a level at which different ideas and viewpoints are fully voiced but unproductive conflicts are deterred.

Basic problems in inter-group behavior are conflict of goals and communication failures, A basic tactic in resolving conflicts, therefore, is to find goals upon which scientists or groups can agree, and to ensure proper communication and interaction. Some conflicts arise because of simple misconceptions, which can be overcome by improved communication.

A manager should manage conflicts effectively rather than suppress or avoid them. To manage them, a manager needs to ask 'What?' and 'Why?' - and not 'Who?' - to get at the root of a problem. In the process of resolving conflicts, many problems can be identified and solved by removing obstacles and creating a new environment of individual growth. If conflicts are not managed properly, they can be damaging, as they waste a lot of energy and time, and invoke tension, which reduces the productivity and creativity of those involved.

# Module 3: Human Resource Management

## Introduction

Effective health services especially at hospital level to a large extent depend on proper management of available health resources. Human resource being an important resource to manage other resources, if not properly identified may result into ineffectiveness, inefficient and result to poor quality which in turn will affect the entire community who demand for the services. It may also result into low staff morale. This unit clarifies the issues involved in HRM for the success of quality services. Understanding and dealing with a variety of functions including implementing and interpreting legal policy and procedure, administering benefits and compensation programs and dealing with HR complaints is an important element in HRM. Today, HR managers are faced with a lot of challenges in meeting the staffing needs and changing the organization in the era of a highly competitive labor market. This ranges from strategic planning to cost benefit analysis.

The module defines and gives an overview of human resource management, outlines the human resource planning process and human resource policy issues and describes the process of staffing with emphasis on recruitment and selection and the process of inducing new comers. It also covers the area of performance management such as motivation, performance appraisal and supportive supervision which are very crucial for quality services

> This module is designed to provide necessary knowledge and skills to perform RRHMT <u>function, especially, function No.3: "Human resource management"</u> so as to improve efficiency, effectiveness and quality of health care services and meet clients/community needs.

## Objectives:

At the end of this module participants should be able to:

- Explain the basic concepts of human resource management
- Describe human resource policy and procedures
- Explain the basic concept of planning and describe the planning process
- Explain the Staffing process
- Describe performance management process and supportive supervision
- Outline various ways of motivating staff
- Describe Training and development functions in human resource

## Session 1:  Basic Concepts of Human Resource Management

There are several concepts that are used when one describes Human Resources Management. These concepts may confuse especially to individuals who are not experts in this field. Since in most cases we come across such concepts it is important to understand in a nutshell what they mean.

### 3.1.1.    Objectives

At the end of this session participants will be able to:

- Define the terms: Human Resource for Health Management, Human Resource for Health, Human Resource Management System
- Explain the key components of Human Resource Management
- Identify importance of HRH management
- Describe ideal structure of HRH management System
- Describe challenges resulting from poorly designed HRMS

### 3.1.2.    Basic concepts of HR management

Human Resource Management (HRM) is the function within an organization that focuses on the recruitment of, management of, and providing direction for the people who work in an organization. In general, the HRM department members provide the knowledge, necessary tools, training, administrative services, coaching, legal and management advice, and talent management oversight that the rest of the organization needs for successful operation[23].

23  http://humanresources.about.com/od/glossaryh/f/hr_management.htm

Human resource management involves the following components:

- HRM capacity of an organization
- Human resource planning
- Personnel policy and practices
- Human resource information systems
- Performance Management
- Training

Note that some organization uses the word "capital" instead of "resource". Human Capital Management (HCM) is viewed as a comprehensive Hospital management strategy that is integrated with every aspect of the organization and takes a more people-centered and strategic approach to Hospital than human resources management[24]
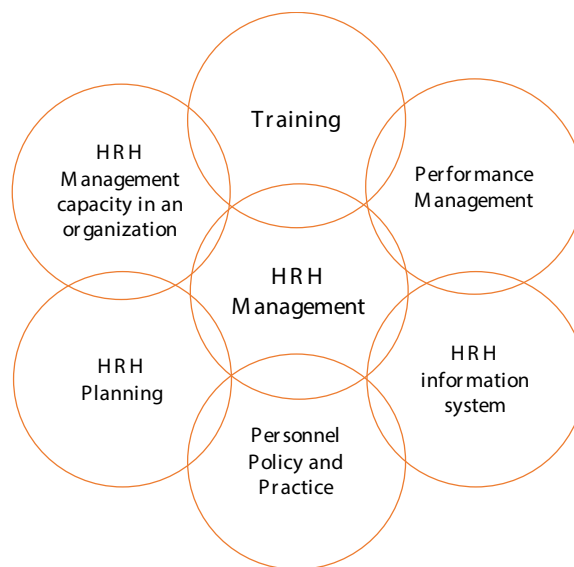


Figure 3-1: HR management components

## 3.1.3. Define Human Resource and Human Capital

Increasingly, companies are investing in human capital and elevating the role of the human capital professional to a seat at the board room table. Why is this? Well, let's first start with a look at the terms human resources and human capital to better understand. As defined, resources are the total means available or an available supply that can be drawn on when needed. Resources, quite simply, can be drawn on until exhausted. Capital, however, is defined as any form of wealth employed or capable of being employed in the production of more wealth. Capital can grow with investment to produce more capital[25].

Table 3-1: Expectation of employees and Employers

| Employers expectation | Employee's expectations |
|---|---|
| Good performance to meet targets | To be treated as human being |
| To be health, safety, follow routine schedules | To be valued as an employee and to be allowed to work in a secure and safe work environment |
| A good team builder, cooperate efficiently with other employees, maintain a positive attitude | To be allowed to grow and develop as an employee |
| Aware of and can articulate organization goals | To be paid and rewarded fairly |

24  http://www.hrreporter.com/blog/hr-policies-practices/archive/2014/07/22/human-resources-versus-human-capital-management
25  http://www.informationexperts.com/human-resources-human-capital-the-differences-and-interdependencies-and-why-companies-need-both/

### 3.1.4. Human Resource for Health (HRH)

According to the World Health organization, HRH is defined as "all people engaged in actions whose primary intent is to enhance health". This means, HRH is including both clinical staff and non-clinical staff that are working in the hospital to operate and functionalize the hospital. In developing countries, physicians and nurses are often considered as very important HRH for the hospital. However, there are a lot of departments and units in the hospital and 70% of them are categorized as backyard services.

### 3.1.5. HRH Management is important?

Within many health care systems worldwide, increased attention is being focused on Human Resources Management (HRM). Specifically, human resources are one of three principle health system inputs, with the other two major inputs being physical capital and consumables[26].

Management of HRH is bit different from the Hospital sector. Majority of the objects of management such as physicians, nurses, pharmacists etc. are highly trained health professionals and specific tasks are given by laws and regulations. Therefore, specific professional development plan is needed for each carder. Moreover, hospital needs to employ wide variety of clinical and non-clinical carders. This means, management team of hospital need to consider about balance of each hospital functions, staffing guideline, and quality of healthcare services.

The reasons for necessity of proper HRM for the hospital are as follows:

- Changing roles and responsibilities
- Capacity to treat illness has increased dramatically
- Cost of care are moving beyond government or private capacity to pay
- Public expectations and health knowledge are rising
- Public belief in their health rights is increasing
- Professional roles and responsibilities of health professionals are changing
- General belief that public health sector is not efficient, effective and not offering value for money
- Central operational control not seen as effective vehicle for efficient service

### 3.1.6. Establishment of effective HRM systems

Effective HRM system is defined as follows:
- It develops a skilled, motivated and correctly directed workforce
- It aligns work with organizational objectives
- It has partnership with senior management and staff
- It supports organizational efficiency
- It coordinates procedures for managing staff performance

Establishment of effective HRM system requires leadership and special attention from hospital management team. Hospital management needs to have clear vision of HRM to achieve organizational goal. To do so, it is necessary to train administrators on HR management and have proper budget allocation for recruitment and manage employees. The budget allocation needs to have clear linkage to hospital strategy and operational plan. If internal and external changes occur, refinement needs to be taken by HR managers and hospital management team. Therefore, HRM should be able to:

- Assists the management to address HR issues more strategically
- Helps the workforce to deliver the high-quality health services
- Help manager to foresees the external and internal challenges
- Helps the organization to prioritize their organizational and health service strategies
- Help Manages to changes
- Help the organization to attract and retains competent staff
- Assist employees in adapting to change and facilitate use of technology to determine how and where work is done

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26  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1552082/#B1

Figure 3-2: Ideal structure of HRH Management System

**Exercise:**
What are the challenges facing HRMS at your respective RRHs and how to overcome those challenges?

## 3.1.7. Effects of poor human resource management

If HRM system is poorly designed, the following problems may occur, Difficulties in:

- getting staff where they are needed
- staff training appropriate to the work they will do
- getting a proper balance between different types of staff
- retaining staff particularly well qualified staff
- delivering the right mixture of health services
- improving the quality of care
- raising morale and motivation

# Session 2: Human Resources Planning

The RRHs are serving a larger population. To date RRHs plays an important role in the provision of health care services to the needy population and yet the demand is increasing. Supply of staff need to match with the demand and the upgraded role of RRHs. Therefore, significant investment and initiatives is necessary for achieving right number with right qualification of HRH to serve population in the region. To achieve this condition, HRH Planning is important for RRHs.

## 3.2.1. Objectives

At the end of this session RRHs will be able to:
- Define the following terms; HR Planning and HR development plan
- Describe steps in HR Planning
- Understand the importance of HR Planning
- Describe the goals for HRH development

## 3.2.2. Definition of HR Planning

Human resource planning is a component of HRM. It is the process of ensuring that the organization is having the right number of people with the right skills at the right place, at the right time and at affordable cost. It is concerned with identifying the organization's demand for human resources and devising the means to ensure that sufficient supply of workforce is available to meet that demand.HR planning can have implications for hiring, retention, and the training and development of existing staff.
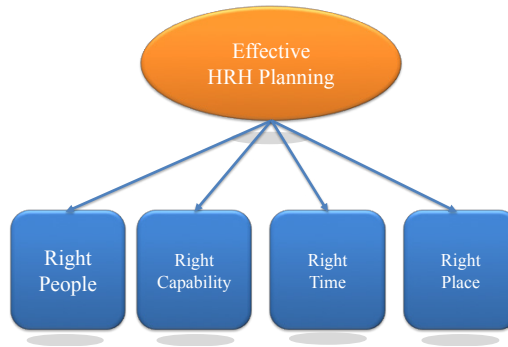
Figure 3-3: Definition of HRH planning

## 3.2.2.1.  Elements of HR Planning

What do you need to achieve HR Planning elements?

- Make choices taking into consideration the qualified staff are limited
- Allocate staff equitably (proper distribution)
- To achieve the goals, consider input, output of activities and process
- Forecast and scheduling staff
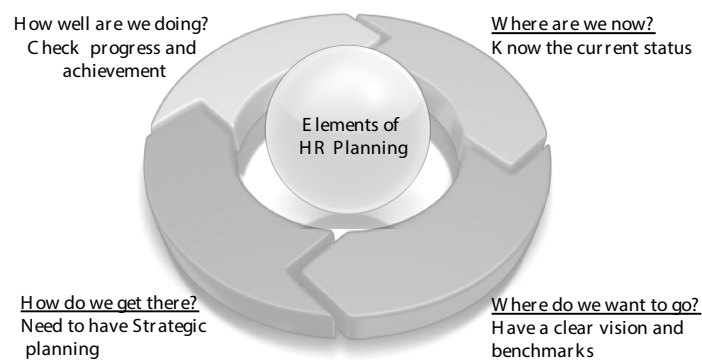


Figure 3-4: Elements of HR Planning
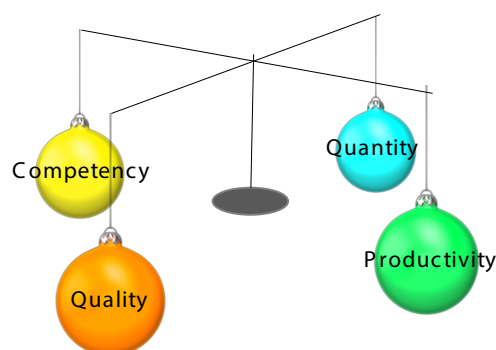


Figure 3-5: Balance of four key components on HR Planning

**Exercise**
Are the RRHMT involved in HR Planning process?
If Yes, How?,   If No, Why?

## 3.2.2.2.　　Steps in HR Planning

There are six steps to develop proper HR planning as stated in the table 3-1 as shown below.
In the actual setting, available HRH information are collected and updated through the process of CHOP development and implementation. CHOP quarterly progress report will tell the current status of HRH available in the hospital. It is also important to activate and utilize Human Resource for Health Information System (HRHIS) for evidence-based HR Planning.

Required staff number by carder for RRH is clearly stated in the Staffing guideline[27].
If this kind of HR information are regularly collected and up dated by the HMT, it is not difficult to go through the six steps for HR planning. Therefore, it is strongly recommended to use HRHIS for HR information management at RRH.

Table 3-2: Steps in the HR planning

| Steps | | Activities by step |
|---|---|---|
| Step 1 | Situation analysis and problem identification | • Organization need of human resource in terms of number and qualification<br>• Review existing workforce<br>• Review the standard establishment |
| Step 2 | Establish the human resource need | • Assess human resource supply<br>• Setting objectives and targets- decide what you want to achieve.<br>• Formulating interventions- recruitments, redundancies, change goals, training, change mode of service and service delivery. Finally, you determine resource requirement and prepare budgets, action plan and monitoring process and there after write the report. |
| Step 3 | Assessing the demand for workforce: | Three questions can be raised at this stage<br>• Should we train our own staff for selected key posts?<br>• Should we recruit from outside?<br>• How much time is required to staff this operation? |
| Step 4 | Estimating personnel requirement | • By exercising managerial judgment<br>• By using work load study technique<br>• By using statistical techniques |
| Step 5 | Assessing the supply of workforce | • The existing workforce<br>• The supply of potential employees. |
| Step 6 | Implement | • Recruit<br>• From within by promotion and effective deployment<br>• Recruit from outside<br>• Training<br>• Contracting out e.g. Flying doctors, visiting accountants, partnership with public services etc.<br>• Overtimes and shifts |

What to do to get support for the above strategies:
• Create enabling environment for HRH stakeholders to address key HRH issues
• Advocate and sensitize planners, managers, trainers, employers and employees on HR issues
• Ensure reviewing of staffing levels regularly according to requirements, monitor its applicability at all levels
• Establish a comprehensive data base system at all levels

Develop system to trace HR inputs as opposed to attrition rate through monitoring and tracking.

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27 Staffing levels for Ministry of Health and Social Welfare departments, Health service facilities, health training institutions and agencies 2014-2018

### 3.2.3. HR Development Plan

Human Resource Development Planning is a part of HR planning that usually focuses on skill development of existing workforces[28]. To ensure there is a systematic human resource development plan, which will address training needs, recruitment, placement and retention in working environment.

#### 3.2.3.1. Vision for HR Development plan

As mentioned in the above, HR development plan usually focuses on skill development. Therefore, it is necessary to have clear vision to have HR development plan as follows:

*"An optimally competent and committed well-motivated staff compliments witnessing Christ's love and compassion delivering quality health care"*

#### 3.2.3.2. Why concerned with Human Resource Development Plan?

It is the fact that most of health facilities in the country do face challenges on recruitment, deployment and management of health workforces. It is believed that proper HR Planning is very important to assist RRHs to overcome these difficulties. Ideal planning for HRH is to ensure the following points:

- Right number of human resources
- In the right places
- In the right combination
- At the right time
- With the right attitudes
- Providing the right quality health
- In the right quantity
- And at the right cost

## Session 3: Staffing

The most critical component of any health or human service organization is not its physical facilities, buildings, equipment or location, nor is it the sophistication of computer services, high tech machines or streamlined procedures. The most important component is the staff. Without quality staffing to ensure qualified personnel; equipment is misused, software is flawed and processes go awry. Only by obtaining and retaining qualified staff; organization can develop efficient and effective system. This unit introduces one of the prime responsibilities of human service management which is staffing for success. Others include planning, organizing, leading and evaluating.

## 3.3.1. What is staffing

Staffing is the process of placing employees to the right position according to their skills and knowledge they have for that particular job. It is the HRM activity that brings people to an organization to fulfill its mission through strategic human resource planning. Simply it involves implementing the planned programs.

Steps in the staffing process are as follows:

- Recruitment to ensure filling of positions
- Staff selection for competent candidates
- Orientation
- Supervision
- Training and development
- Appraisal and placements

## 3.3.2. What is recruitment?

Recruitment can be defined as the process of seeking out and attracting individuals from the labor market who are capable of and interested in filling employment vacancies. Recruitment not only involves identifying qualified

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28  http://work911.com/planningmaster/faq/hrplanning.htm

candidate and advertising positions but also is concerned with analyzing the future staffing requirements. We cannot recruit and select employees without going through a process that is stipulated in government systems. The key actors in the recruitment process are employers the immediate supervisors of the hiring departments/section/agencies and government ministries departments. The recruitment of RRHS see figure3-6.
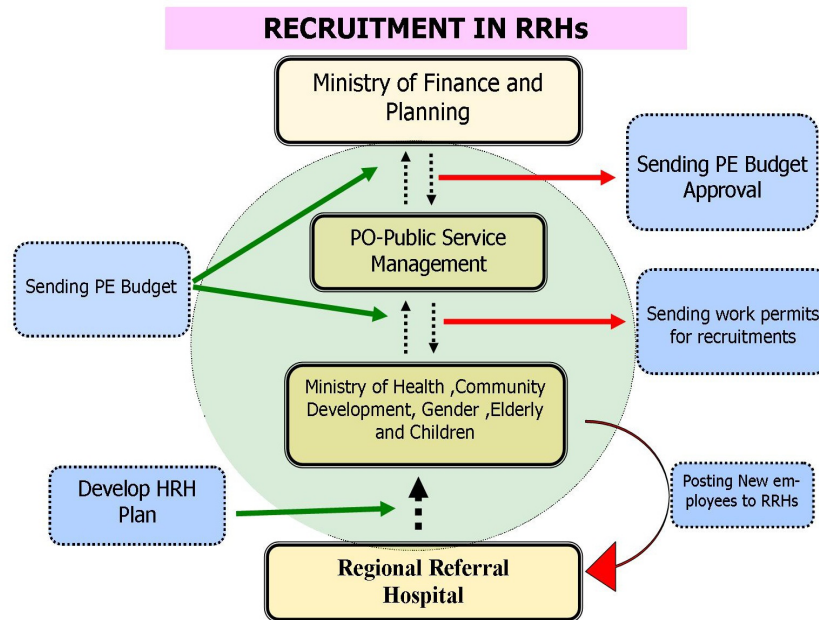


Figure 3-6: Recruitment process for RRH

Table 3-3: Recruitment Process for Staff under Regional Referral Hospitals

| Step # | Process |
|---|---|
| Step 1: | Regional Hospital initiates request and sends it to Regional Administrative Secretary's Office |
| Step 2: | RAS Office sends request for recruitment of HRH for Regional Hospital based on Regional MTEF send to POPSM |
| Step 3: | President's Office Public Service Management (POPSM) scrutinizes the sectors request and forward it to Ministry of finance for financing the posts- the list that is sent adheres to the MOF ceilings (PE) sent to POPSM |
| Step 4: | Ministry of finance reviews the request in relations to the ceilings set for personnel emoluments – MOF send the list of the funded posts back to POPSM who send to sector ministries in form employment permits in this case MOHCDGEC |
| Step 5: | President's Office Public Service Management (POPSM) Receives the Approved posts from MOF and sends this to MOHCDGEC |
| Step 6: | MOHCDGEC receives the approved posts from POPSM and Recruit and post them to RAS |

This means that the RRHMTs need to keep records of HRH to know who is retiring and plan for replacements considering the lengthy process.

# Session 4:  Staff induction

In the previous session, we have discussed the processes and also appreciated the fact that a lot of hard work goes into filling the vacancy or a new role, so it is worth working just as hard to make the new recruit feel welcome, ready to contribute fully and want to stay. This session aims at providing the RRHMTs with an overview of steps on how to conduct induction.

## 3.4.1. Objectives of the session

At the end of this session participants will be able to:
• Understand the concept of staff induction
• Describe the importance of conducting of staff induction
• Understand steps involved in induction

## 3.4.2. What is Staff induction

Staff induction is a process used in organization to provide orientation and training to prepare them to take new roles and responsibilities in the organization. The aims of induction are:

• To smoothen the preliminary stages for better start up.
• To establish a favourable attitude to the company.
• To obtain effective output as early as possible.

## 3.4.3. Who is meant for induction?

New staff should be inducted following recruitment, but we need to conduct induction to internal staff changing roles or returning to work after training. Treatment guidelines and procedures of job involved can determine how much an organization invests in the process. For example, if you buy MRI you need to do something to your staff. But, it is good practice - and likely to provide the best long-term benefit – to invest as much time and effort in an induction as the role requires.

It is important to prepare thoroughly for the arrival of new employees. As we all know the hospitals are set in varied areas and that their attraction to new recruits differs. It is easy to attract an employee in one of the Dar es Salaam hospitals and little bit difficult to do the same for Kigoma. Failure to do this well can create a poor impression and undo much of the good work which attracted and secured the new recruit. They will turn up on their first day excited and eager to impress, but the kind of start they get off to is the key to shaping their attitude to the organization and the job.

## 3.4.4. Conducting Induction step by step[29]

Recruits may arrive individually, but sometimes join an organization in numbers. Depending on the size of the group, and the individuals and roles involved, it can often be beneficial to co-ordinate sessions so recruits can be trained together wherever possible – this also makes best use of trainers' time.

Where reasonable, try to:

• Induct employees on the same date
• Make sure employees in the same roles follow the same timetable
• Make sure employees in different roles join up for the same training where relevant
• Build in some flexibility so minor absences don't disrupt plans
• Have contingencies in mind to handle longer-term absences.

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29  http://www.acas.org.uk/media/pdf/3/0/Starting-staff-induction.pdf

**Step 1: Before the new employee starts**
- Send the employee useful information about the organization
- Plan the employee's induction, including who will meet them on their first day, who will mentor them and get their workspace ready

**Step 2: First day**
- Show them around, introducing colleagues, managers and mentors
- Deal with important documents, but don't make day 1 overwhelming
- Health and safety must be outlined

**Step 3: First week**
- Explain a full who's who, how the organization's works, its rules, how any facilities work, the new employee's role and how they fit in
- Explain how performance is assessed and let them try some tasks

**Step 4: First month**
- Informally establish how the employee is setting in, if any further training or coaching in needed, and if there are any other concerns,
- Give necessary but realistic feedbacks on how they are doing

**Step 5: Three months**
- Check the employee's performance. What's good? What must improve?
- Agree any further supports as a program with timed goals

**Step 6: Six months/end of probation period**
- Decided if a probationary employee is to be kept on, fairly dismissed or offered extended probation where the contract permits
- Review their performance and establish goals for the next six months

**Step 7: Twelve months**
- Hold a full performance management review or appraisal
- Ask the employee for feedback on the effectiveness of their induction

**Step 8: What happens next?**
- Continue to support development of employee in ways that benefit the organization and increase their and loyalty

Figure 3-7: Steps for induction course

| | |
|---|---|
| **Avoid** - bombarding a new employee with too much new information, paperwork and too many new people. | **Instead** – work out what is essential for day one and spread the rest of the information and introductions across the induction. |
| **Avoid** – leaving a new employee to a lonely break or extended periods of time with nothing to do. | **Instead** – make sure there's company available at breaks if it's wanted, and plan so any downtime can be used productively. |
| **Avoid** – throwing a new employee straight into the job without the confidence and understanding an induction will give them. | **Instead** – gradually introduce the job through the induction, making time for the new employee to try tasks in a supportive environment. |
| **Avoid** – delaying the induction for even a few days, as new employees may start to pick up bits of information –possibly misinformation – but then not listen properly to the knowledge they should be retaining at the induction. | **Instead** – see if other less time-sensitive tasks can be shuffled around. Or, see if the induction day's start and finish times can be adjusted. |
| **Avoid** – skipping any type of induction altogether. | **Instead** – find the type of induction that fits in best for the hospital and the new employee; it's important to begin promptly, but it might then be split into manageable portions. |

After the induction process, managers are expected to obtain the followings

- Create a sense of belonging.
- Encourage commitment.
- Obtain effective output.
- Familiarize with organizations environment.
- Smoothen the preliminary stage for better start up.
- Learning organizational culture and values.
- Establish favourable attitude to the company.

## 3.4.5. Providing job description

Appointments to any vacant posts must be accompanied by a letter of appointment, job description and terms of employment. A job description will contain the following:

Table 3-4: Job description

| Items | Information to be filed in the job description |
|---|---|
| Job Title: | title of the person doing the job e.g. nurse |
| Date: | the date when the job description was given |
| Job summary: | a summary of main responsibilities |
| Duties: | a recognizable part of job |
| Relations | title of the person to whom the holder is   accountable |

Exercise
Does your organization conduct induction course?
If yes, How? If no, Why?

## 3.4.6. Individual analysis

It involves performance appraisal in order to compare individual knowledge, skills and competence requirements in relation to job objectives and possible potentials for development. There after interviewing process and selection must follow.

# Session 5: Performance Appraisal

As a Human Resource Management (HRM) concept performance appraisal embraces a multitude of techniques which are used to determine whether the amount and quality of a person's effort, contribution or results meet the standards laid down in some prior analysis of work and its purposes.

## 3.5.1. Objective

At the end of this session RRHs will be able to:

• Define the following terms; HR Planning and HR development plan
• Describe steps in HR Planning
• Describe the importance of HR Planning

## 3.5.2. Definition of performance appraisal

Performance appraisal is defined as "A structured formal interaction between a subordinate and superior (supervisor and supervisee) that usually takes the form of a periodic interview (annual or semiannual), in which the work performance is examined and discussed, with a view to identify weaknesses and strengths as well as opportunities for improvement and skill development" (ANA, 2003)It is seen as a crucial aspect of organizational life since it has a strong impact on the general performance of the entire organization.

## 3.5.3. Why performance appraisal?

Objectives of Performance appraisal is as follows:

• To identify individual's current level of job performance
• To identify employee's strengths and weaknesses
• To enable employees to improve their performance
• To provide a basis for rewarding employees in relation to their contribution to organizational goals
• To motivate individuals
• To identify training and development needs
• To identify potential performance
• To provide information for succession plan
• Upholding the principle of accountability
• Effective communication
• Assess the employee's level of contribution as a basis for determining salary/wage increments and other rewards.

## 3.5.4. Appraisal process:

There are five steps to conduct performance appraisal.
Step 1: Decide what aspect of performance to appraise
Step 2: Establish the standards/norms for appraisal
Step 3: Design and agree on the appraisal tools/checklists performance procedure manual

Step 4:   Collect the information needed to measure performance

Step 5:   Compare the results with norms, standards and measures.

Table 3-5: Principles of performance appraisal

| | |
|---|---|
| **People Centered** | Be connected  with people who are expected to make a change and encourage staff to achieve the goal and support them |
| **Principle Led** | Performance reflect good management skills and leadership. Take time to understand any difference and understand where you or the process itself needs to improve |
| **Perspective Aware** | Explore each other's perspectives to create greater mutual understanding. Look for alternative view truth and reality |
| **Problem Solving** | Working together to resolve problems will create solutions that you both believe will work and that you both will strive to achieve. |
| **Positively Progressive** | The outcome of the discussion must be to create change and progression. |

**Exercise:**

*What are the reasons for Performance Appraisal?*

*How do you carry out Performance appraisal currently at your RRHs?*

*What are the challenges in relation with Performance Appraisal process in your hospital?*

## 3.5.5. Importance of Performance Appraisal

There are several reasons that performance appraisal of the workers need to be introduced and implemented annually for management of HRH

Table 3-6: Importance of Performance Appraisal

| Why PA is needed | Brief explanation |
|---|---|
| Accountability | Performance appraisal serves to uphold the principle of accountability. This implies that people to whom responsibilities are given are required to give account of their stewardship |
| Performance improvement | Through the process of appraisal shortfalls in expected individual performances are identified and appropriate corrections taken.  This leads to improved performance |
| Effective communication | The interactive nature of performance appraisal makes improves communication between the management of an organization and the employee |
| Reward and incentives | Appraisal results are used directly in the determination of reward outcomes.  Used for carrot and stick.  Best performers i.e. pay increases, promotion, and bonuses |
| Training and development | Appraisal helps to identify the individual employee level of performance in order to provide a basis for informing, counseling, training and developing staff in line with organizational goals. |
| Management control | Performance at work is always subject to evaluation as some strategy of management control over labor, achieved by objective setting and feedback mechanism |
| Manpower succession plan | Though appraisal there is the identification of the potentials of individual for future promotion, secondment, transfers, retention, dismissal, demotion |
| Evaluation of recruitment process | Performance appraisal mechanism also helps to monitor an organization's initial selection procedures by providing an assessment of actual performance against the expectations from the recruitment exercise**,** |
| Alignment of employees with organizational goal: | This is an important management principle and is achieved through the process of goal setting and feedback within the appraisal system. |

# Session 6: Motivation

The ability to motivate others (and yourself) is crucial for top performance. At times, it can seem like balancing on a tight rope. You get it right and the rewards benefits everyone; get it wrong and you can end up with low morale, poor performance and a badly disaffected workforce

## 3.6.1. Objectives

By the end of session RRHMTs will be able to:
- Define the term 'Motivation'
- Describe the nature/characteristics of motivation
- Describe factors for motivation and de-motivation
- Describe the outcome of motivation

## 3.6.2. What is Motivation?

Koontz and Weihrich (2009) highlights that motivation is not a simple concept; rather it pertains to various drives, desires, needs, wishes, and other forces. Managers motivate by providing an environment that induces organization members to contribute[30]. This means it involves issues that make an individual to choose a certain cause of behavior in order to achieve personal goals. The portrayed may influence level of staff commitment and efforts they put in their work".

## 3.6.3. Characters of motivation

- People get rewards out of interesting and challenging work.
- Most theories of motivation have concentrated on identifying individual goals, needs and wants.
- To motivate an individual means creating an environment in which his /her goals can be satisfied while at the same time the goals of an organization are met.
- Motivation is mainly influenced by individual's behavior
- People cannot be motivated to do something if there is nothing in it for them.
- Managers and institutions have different approaches in motivating their staff in whatever method is used the aim is to provide environment, support and resources that impact on motivation of individuals.
- Motivation is mainly in the form of rewards, working condition, systems and processes, learning opportunities, encouragement.
- Motivation is an inner impulse that induces a person to act in a certain way.
- It is a series of drives within a person at different levels:

    a) To obtain necessities of life such as food, shelter, clothing, rest, and safety
    b) To satisfy social needs such as companionship, love and respect
    c) To ensure some degree of satisfaction and to pursue ideas. People need to feel reasonably satisfied with the work they do, with themselves, they need to meet their expectations and abilities

## 3.6.4. What are motivation/De-motivation factors

There are several factors that identified to motivate and de-motivate people.

Table 3-7: Factors for motivation and de-motivation

| Motivation factors | | De-motivation factors | |
|---|---|---|---|
| Achievement | as managers helps people to achieve work objectives | The pay | Low pay<br>Allowance not paid |
| Recognition | as managers give praise when it is due | Company policy | Poor leadership qualities |
| The work itself | explain the value of work | Administration | Insufficient administration<br>Weak management support |
| Responsibility | help others take opportunities | Personnel relations | • Poor personnel relations<br>• Weak office communication<br>• No information sharing |
| Advancement/ growth | help others train for promotion and advancement | Status | • Bad working condition<br>• Incompetent supervision<br>• Disorganized working environment |

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30  Koontz and Weihrich (2009) Essentials of Management, International Perspective 8th Edition

| Self- improvement | provide opportunities for personal development | Security | ✓ Un safe practice |
| | | | ✓ Deployed to unsafe place |
| | | | ✓ No protection gear provided |

**Exercise:**
- *Think of the situation of your RRH, in a group of 4, write a few sentences on what motivates and de motivates you as a worker in RRH*
- *What should be done to improve motivation of staff at RRHs?*

### 3.6.3.1. What happens when people are motivated?

If people are motivated, the following actions will be taken by motivated people:

a) Shorter time is used to accomplish objectives and there is always success in plans.
b) There is an increase in quality of service
c) Costs are decreased
d) Personnel will have a positive experience which serve as stimulus for motivation

In general, as motivation increases, time and costs decrease while quality and satisfaction increases. Personnel have needs, want, and drive within them that prompt behaviour. People also differ and needs differ from one individual to another and all need to be fulfilled. Once the need is satisfied it decreases the motive strengths and the need next in priority receives its attention.

Individuals hope for something after doing a good job. Like rewards, incentives, they also present certain behaviour, which can be observed and measurable.

# Session 7: Supportive Supervision

For quality health care delivery supervision is vital. Managers, head of sections or programs should have knowledge and skills on supervision in their areas of work Organizing, monitoring, supervising, and evaluation are regarded generally as the backbone of quality assurance of health care services

## 3.7.1. Objectives

At the end of session, the RRHMTs will be able to:

- Define the term 'Supportive Supervision
- Describe the importance of Supervision
- Describe key important features of Supervisory process
- Understand Coaching, Modeling and mentor relationship
- Describe methods of giving supervision feedback
- Explain effective communication in supervision

## 3.7.2. Definition of Supportive supervision

*Supervision* is a way of ensuring staff competence, effectiveness and efficiency through observation, discussion, support and guidance (Rose et al. 1987) defines supervision as management responsibility, for the work of others. It is a predominant form of control. The supervisor's role is to transmit the standards or norms of behavior expected by the organization.

*Supportive supervision* is referred to as a process which promotes quality of outcomes by strengthening communication, identifying and solving problems, promoting team work, and providing leadership for supporting to empower health providers to be able to monitor and improve their own performance[31].

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31 National Supportive Supervision Guideline for Quality Healthcare services 2010

W.H.O defines *Supportive supervision*s a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff[32].

In the Health Sector, Supportive supervision (SS) at regional and council levels is conducted and indeed the responsibility of RHMT. The aim of the SS is to ensure the deployment of health policies and guidelines to RRHMT and CHMTs. Supportive Supervision to RRHMT is referred as RMSS-H and to CHMT is referred as RMSS-C. Usually, SS is done quarterly. Nevertheless RMSS-H has not been sufficient to improve the performance of RRHs because the tool used to conduct RMSS-H oversees managerial functions of hospital management teams and does not cover the overall functions of RRHs. Thus, for effective provision of services, it is necessary for RRHMTs to improve their management capacity in adequate data collection[33], developing CHOP, monitoring activities and financial status, through conducting SS to their RRHs respective departments. This process is what is known as Internal Supportive Supervision (ISS) and is now emphasized to enhance self-assessment of RRH performance.

ISS should be conducted by RRHMT under systematic process. As a system, proper planning and preparation are important. Before actual commencement, RRHMT needs to consider timing, composition of supervision team, competencies of the team members, documentation, and record keeping and so on. During and after ISS, RRHMTs should provide feedback to their hospital staff and results are filled in a self-assessment tool and reported to RHMTs quarterly. Based on the results of self-assessment by RRHMT, RHMT supportive supervision team visits RRH and checks the validity of self-assessment through observation, data review and interviews as External Hospital Performance Assessment (EHPA). EHPA is tool to measure the performances of RRHs that are recently developed by MoHCDGEC and endorsed by PORALG. EHPA is conducted annually. (For detailed process on ISS see ISS HPA Guideline, MoHCDGEC/PORALG, Chapter II)

> **Note:**
> - The supervision plan should be included in your hospital comprehensive health plans for resource allocation and smooth implementation
> - Supervisors should have a checklist of what are to be supervised for the supervision to be comprehensive.

## 3.7.3. Why is supervision important?

Supervision need to be conducted regularly with the following reasons:

- Assist health workers to improve their performance through on the job training
- It identifies and contribute to the solution of problems
- Creates a better working environment for health workers thus improving human relations
- Identifies health worker's training needs
- Identifies initiatives and resources available or required
- Assists evaluation and management, policy implementation
- Assess whether health workers training serves the community needs

NB: Supportive Supervision is a continuous process and the communication between the supervisor and supervisee does not end after a supervision visit

## 3.7.4. Key important features of supervision process

It is important to know the following issues before conducting supportive supervision.

- It should have agreed agenda and focusing areas
- Allow personnel to work out problems and find out solutions for themselves.
- Using knowledge and skills and relating them into practice
- Empowerment of workers so that people can act to change their environment, avoid pointing fingers or looking for problems and encourage creativity
- Have clear and defined goals
- Be flexible and adopt methods, styles to different situation and participant

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32  WHO's Training for mid-level managers (MLM) Module 4: Supportive supervision page 8
33  Collected data needs to be accurate, complete, timely, etc.

- Use of experience gained in workplace rather than theories, make sure participants understand what they need to learn and why improving their knowledge and skills and how they can do it
- Describe, analyze and exchange experiences i.e. what procedure they follow and why the results, how they deal with situations and this will help them to understand the other way of seeing and doing things. This will result in seeing what they actually do and what they are supposed to do.
- Place past experience and new experience into system.

## 3.7.5. Coaching, Modeling and Mentor relationship

### 3.7.5.1. Definition

It is important to understand the differences among "Coaching", "Modeling" and "Mentoring". Definition of "Coaching", "Modeling" and "Mentoring" are as follows:

Table 3-8: Definition of "Coaching", "Modeling" and "Mentoring"

| | Definition |
|---|---|
| Coaching | Coaching is managerial methodology that seeks to accelerate learning and unlocking a person potential to maximize employee performance. It is helping the employee to learn rather than teaching |
| Modeling | Modeling an implicit and unrecognized activity to encourage behaviors and help someone to be more aware of themselves. Is a useful means to provide continuity and standards? |
| Mentoring | Mentoring is defined as 'an informal and supportive relationship whereby a more experienced member of organization undertakes to help a new member of organization to learn his/her job and understand its context within. |

### 3.7.5.2.          How to coach

It always normal to hear the two phrases of coaching and mentorship go together. They happen to be intertwined because they both enable both individual and clients to achieve their full potential. They share several commonalities as listed by Coaching and Mentorship Network:

- Facilitate the exploration of needs, motivations, desires, skills and thought processes to assist the individual in making real, lasting change.
- Use questioning techniques to facilitate client's own thought processes in order to identify solutions and actions rather than takes a wholly directive approach
- Support the client in setting appropriate goals and methods of assessing progress in relation to these goals
- Observe, listen and ask questions to understand the client's situation
- Creatively apply tools and techniques which may include one-to-one training, facilitating, counseling& networking.
- Encourage a commitment to action and the development of lasting personal growth & change.
- Maintain unconditional positive regard for the client, which means that the coach is at all times supportive and non-judgmental of the client, their views, lifestyle and aspirations.
- Ensure that clients develop personal competencies and do not develop unhealthy dependencies on the coaching or mentoring relationship.
- Evaluate the outcomes of the process, using objective measures wherever possible to ensure the relationship is successful and the client is achieving their personal goals.
- Encourage clients to continually improve competencies and to develop new developmental alliances where necessary to achieve their goals.
- Work within their area of personal competence.
- Possess qualifications and experience in the areas that skills-transfer coaching is offered.
- Manage the relationship to ensure the client receives the appropriate level of service and that programs are neither too short, nor too long.

Coaching is a useful way of developing people's skills and abilities of boosting performance. It can also help deal with issues and challenges before they become major problems. In some organizations, coaching is still seen as a corrective tool, used only when things have gone wrong. However, in many company, coaching is considered to be a

positive and proven approach for helping others explore their goals and ambitious, and then achieve them. Coaches in the workplace are not counselors, psychotherapists, gurus, teachers, or consultants- although they may use some of the same skills and tools.

The need to train and develop their subordinates and involving relationship between supervisor and supervisee:

- Creating a need
- Starting specific learning goals
- Telling employee how to perform the skill
- Demonstrating the process
- Having the employee practice the skill
- Providing feedback on performance.
- Employee counseling
- Motivation
- Employee discipline

Therefore, coaching is not spoon feeding is creating individuals who reach your abilities and are able to go an extra mile. They become confident and self-motivated.

## 3.7.6. How do you give supervision feedback?

After supervision visit, supervisors should give feedback to supervisees. Feedback should be done immediately and thereafter through written reports. In giving immediate feedback, supervisor should hold a brief meeting with staff of the facilities. For ISS Feedback and Reporting, please refer to ISS EHPA Guideline Chapter 2 Items 2.5.8 and 2.6 respectively.

When you hold feedback session, it is important to start from positive things and good performance, followed by negative things and weak points. This way of reporting will create smooth communication and motivates the supervisees. Try to avoid using negative words such as "no", "poor", "lack", and try to use "weak instead of those negative words. It sounds small issue, but makes big difference on the communication between supervisors and supervisees. It is realized that many of the problems that occur in an organization are the direct result of people failing to communicate. Faulty communication causes confusion and can cause a good plan to fail.

## 3.7.7. What is effective communication in supervision?

As mentioned in the above section, communication is the exchange and flow of information and ideas from one person to another. It involves a sender transmitting an idea to a receiver. It is a two way. Effective communication occurs only if the receiver understands the exact information or idea the sender intends to transmit. Supervisors should use the following communication skills:

Table 3-9: Communication skills

| Communication skill | Brief explanation |
|---|---|
| Active listening | Is a communication technique that stimulates open and exploration of ideas, feelings and enables people to establish trust, rapport with each other? |
| Positive body language | Is the way you convey massage to others through gestures, the posture of your body, the position of different parts of your body and space between you and others. Example: facial expression, smiling, nodding, frowning. An effective and active listener shows respect, interest and empathy. |
| Clarification | Involves asking questions in order to better understand what the speaker has said. The purpose is to ensure understanding. Clarifying what one has said is more polite and respective than merely saying" I don't understand you" |
| Appropriate questioning technique | It is important know how to ask questions in such that staff is encouraged to provide as much information as possible. Use open ended questions instead of closed questions to avoid one-word answers. For example: How are you going to organize the trainings of your staff? |
| Paraphrasing | Listen to the speaker 's basic massage. Give the speaker a simple summary of what you believe is the massage, do not add any new ideas, ask for response to confirm or denies of accuracy of the paraphrase. |

MoHCDGEC and PO-RALG are planning to introduce standardized supportive supervision tools for internal monitoring of planned activities and service provision at RRHs. Internal supportive supervision (ISS) is required to conduct quarterly and must be reported to the relevant authorities. Therefore, RRHMT need to obtain skills to conduct supportive supervision to the departments and sections in the hospital.

Table 3-10: Differences Between Inspection Approach and Supportive Approach

| Inspection approach | Supporting approach |
|---|---|
| Focus on finding faults with individuals | Focus on improving performance and building relationships. |
| Supervisor is like a policeman | More like a teacher, coach, mentor |
| Episodic problem-solving. | Use local data to monitor performance and solve problems. |
| Little or no follow-up | Follow up regularly |
| Punitive actions intended | Only support provided |

# Session 8: Human Resources for Health Information System (HRHIS)

Human Resources for Health Information system (HRHIS) is developed and officially adopted in 2009 as the key tool in HRH planning, retaining, attrition and recruitment. HRHIS is mostly important information system which will enable the RRH managers to manage HRH information proper way with regular update of information.

## 3.8.1. Objectives

At the end of this session RRHMTs will be able to:

• Understand the concept of HRHIS
• Understand the importance of HRHIS in CHOP preparations.

## 3.8.2. Definition of HRHIS

HRHIS is a computerized information system for human resources management that enables an organization to design and manage a comprehensive human resources strategy. HRHIS is designed to simplify the day to day management of HRH information at health institution level.

## 3.8.3. How HRHIS Operates

HRHIS is web-based system which can works best with Mozilla Firefox, Google Chrome or Opera browsers.
The system allows data entry of the health personnel after filling and collecting the information from the employees. Therefore, head of departments, Units and Section has the roles to supervise health staff in their jurisdiction so as to make sure they all fill personal records forms and other necessary information accurately and timely. Data entered can be shared to different levels required by any sector (Ministerial level, Regional level and Council level) basing on accessibility permits by user.

**Importance of HRHIS**

• Managing information related to the human resource for health.
• Comprehensive and reliable HRH information
• Used by human resource managers in human resource planning, management and development

# HRHIS DASHBOARD
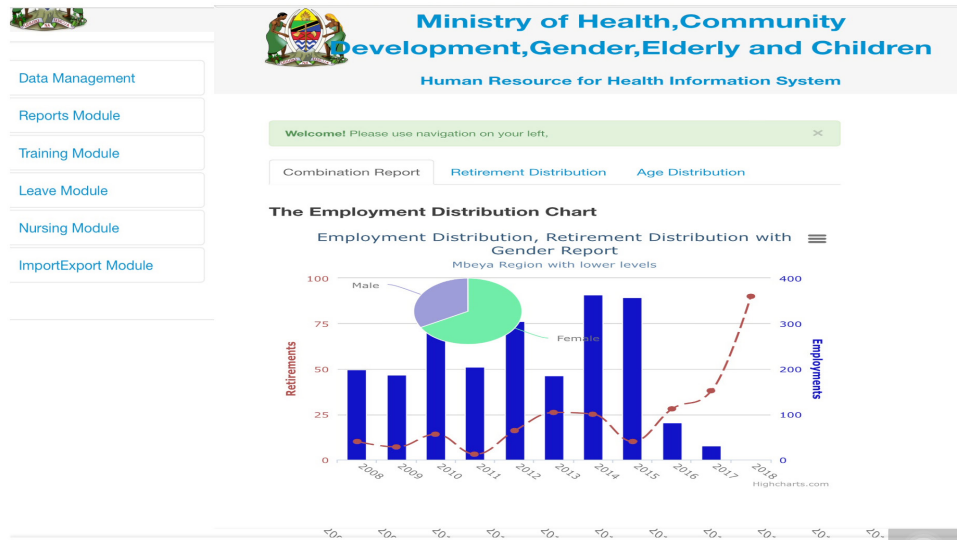


Figure 3-9: Image of HRH Dashboard

**Reports Produced**

HRHIS allows users to generate various reports from already entered data and export these reports from the system to other formats such as excel or portable document format (PDF) for further manipulation:

- Record reports
- Aggregated Reports
- History and Training Reports
- Completeness reports
- Friendly reports
- Organization reports

# Record Report



Figure3-10: Image of HRHIS Report contents

| | **Taichi Ohno:** (1912 – 1990) Former vice president of TOYOTA Motors, Father of TPS | *When you are out observing on the "gemba" (field), do something to help them. If you do, people will come to expect that you can help them and will look forward to seeing you again on the gemba (field).* |
|---|---|---|

## Introduction

Financial management is an art and science of managing funds; is of great importance for us Health Managers in relation to our working environment. We have to plan properly where to get money and manage funds properly as per financial regulations and procedures. It is important to keep proper records, adhere with budget limits and observe principles governing public money.

Health commodities are items that are used for curative, diagnosis, vaccinations and preventions. Among others includes medicines, medical devices, medical supplies vaccines and laboratory reagents. Under ideal operations, these health commodities when received at Health facilities from MSD or any other sources are supposed to be recorded in red in the health facility stores ledger. When these health commodities are issued to consuming Centre, dispensing room, sections and wards, are supposed to be requested through the local requisition and issue voucher and recorded in blue or black ink in stores ledger when issued at the consuming center; dispensing room, sections, wards, health commodities especially for medicines are dispensed according to the prescriptions and the prescription forms are well kept. The dispensed medicines are documented in the daily dispensing registers and at the end of the day, the dispensed medicines are Summed up in a daily and monthly basis. These data are very crucial for the preparation of order for replenishing of health commodities. In order to maintain the quality of health commodities, the storage has to be done according to good storage practices as stipulated in Standard Operating Procedures on Integrated Logistic System (MoHSW, 2013).

> This module is designed to provide necessary knowledge and skills to perform RRHMT function, especially, function No.4: "Financial management", No.5: "Material resource management", No.6: "Information management and research", and some part of No. 10: "Emergency preparedness and responses" so as to improve efficiency, effectiveness and quality of health care services and meet clients/community needs.

## Objectives

At the end of the module participants will be able to:

- Understanding the basic concepts of accounting and financial management
- Describe various sources of health financing in RRHs
- Understand various concepts in logistics management
- Describe logistics management procedures
- Understand the importance of managing and using information in their respective working environment.

## Session 1: Hospital Information System and Records

Medical records are a summary of patient's information about his name, age, nature of illness etc. Patients, facility authorities, lawyers, training institutions, researchers etc. use the said medical records. However, the records should be treated as confidential and should be accessed to various users observing ethical and legal issues. It is vital for the medical records to be kept properly. When managing medical records two major problems are experienced these are lost cards by patients and inadequacy of skills, resources, space etc. Hospital statistics does indicate facility workload, diseases and miscellaneous information like births, location, deaths etc. When hospital statistics get analyzed and interpreted gives useful information for various users like health planners, facility management and community in general.

### 4.1.1. Objectives

At the end of this session RRHMTs will be able to:
- Describe the importance of managing information in their respective working environment.
- Use the available information to make right decisions

## 4.1.2. Definition

Information is processed data that can be applied usefully in day-to-day decision making in all human aspects of life. Information is usually in a cycle; where a one-piece end is where another piece begins and the facts are normally built on what existed earlier. Information is a processed data used by various decision makers in day-to-day activities related to human being issues. Information is managed at various levels during generation, dissemination, application, storage and other levels.

## 4.1.3. How to Manage Information

Information is such a dynamic resource that requires to be managed at various levels e.g. from its generation, dissemination, application, storage etc. Managing information requires different skills in all the above levels. Managing information can apply traditional methods as well as information technology notably computer records. Whatever methods are applied use or application of the information must be the central reason for managing information.

### 4.1.3.1.　　　Resource centers

A resource center is a room or building that houses resource materials/health information. There are various types of resource centers or libraries; to mention a few are, college libraries, hospital libraries, public libraries etc.

### 4.1.3.2.　　　Organization and management of resource materials

Various techniques are used for organizing and managing resource materials namely processing, cataloguing, classification, indexing, abstracting, bibliographic compilation, dissemination strategies and many others.

### 4.1.3.3.　　　Use of ICT in a resource center

ICT`s are an essential component of any library/resource center in the contemporary era. ICT`s can be used in cataloguing, indexing, keeping user records, browsing the internet, identification and selection of resource materials, retrieval of information and the like. Resource centers are areas used to house materials and information. During management of information various techniques like processing, cataloguing, indexing, keeping user's records, abstracting, bibliographic compilation, dissemination, etc. Generally, there are two major sources of information thus traditional and modern sources. ICT's are essential component of resource centers as they support cataloguing, indexing, keeping user records, browsing the Internet etc. Information is power as they do support information owner in right decision-making.

## 4.1.4. Types of hospital information

Varieties of information are handled in the hospital from confidential patient's information to health resources consumption and requirement. Therefore, it is important to know the type of information handled in the hospital.

Information that are handled in the hospital can be categorize into three group: 1) Health Resources (Finance, HRH, and medical supplies & commodities), 2) Health facility Information (buildings, transportation, medical equipment, water, electricity supply etc.), and 3) patient's information (social welfare status, prescription of medicine, laboratory results, vital signs etc.). All information from different department and sections are very important to operate hospital as "health" organization. Therefore, all information handled in the hospital must be collected properly as well as regularly and analyzed for better planning and operation of hospital.
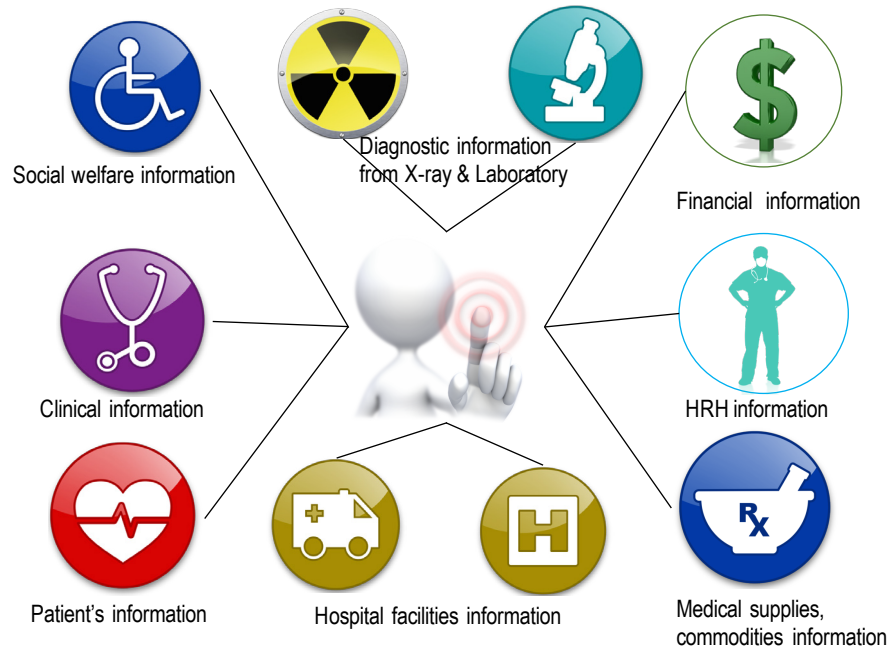
Figure 4-1: Information handled in the hospital

## 4.1.5. Sources of information

Examples of sources and types of health information are; population census, surveys, registration of vital events, routine health services data etc.

- National Population Census (NPC)
- Sample Surveys for a specific area and population or group of people
- Vital registrations are data collected continuously from compulsory system like birth registration, deaths, marriages, divorce inclusive etc.
- Routine Health Records of a health facility example admissions, outpatient, discharges etc.
- Epidemiological Studies – Mortality and mobility
- Disease Registers
- Research reports
- Consultancy reports

## 4.1.6. Level of management and information management in RRH

As a member of RRHMT, it is important to know how data and information is managed within hospital. As showing in figure 4-7, there is a concept called "Management ladder", and information management is well related with the level of the management.

In the Management ladder, smallest management unit in health sector is "Patient management. Information that is handled in this level is patient's basic information and investigation/treatment information. The next management level is "Section/Department management".  The information related on the aggregated patient information, equipment, staffing, operation costs and so on are handled in this level.  Then, those information is clustered into 3 categories (Clinical services, Support service, and Administrative services) in the level of "Service cluster management". Finally, all information is gathered from "Service cluster management" and need to be handled and analyzed properly at "Facility management" level.

## Management Ladder and information management
### Data and information to be collected is different by the level of management

Health System, Policy, strategy Management

Regional Health Management

**Responsibility of HMT to compile data and information from sections and department**

Facility Management
Costs, HRH, Key performance Indicators etc.

Service clusters (Clinical, Support, Administrative) Management
Costs, HRH, Key performance Indicators etc. by cluster

**Health resources, information must be well managed at" field" with frontline workers and forwarded to the RRHMT**

Section/Department Management
Information on operation costs, HRH, Beds occupancy, equipment, medicines etc.

Patient Management
Information on patients on vital signs, treatment, laboratory, X-ray results etc.

Figure 4-2: Relation between the level of management and information management

## 4.1.7. What is medical record?

A medical record is a summary of who, what, why, where, when, how of a patient. It is storage of the knowledge and information concerning a particular patient. A complete Medical record must contain sufficient information of a patient so as to clearly identify that patient, justify the diagnosis, treatment and record results.

The story of patient's illness should be written accurately and in a sufficient detail for physicians use and other users of that particular information like lawyers, Consultants, researchers, Management etc. Written medical records should be maintained on every person attended by the hospital like inpatient, outpatient and emergency patient.

### 4.1.7.1.    Use of medical Records

The reason why Medical records are kept for:

- Patients benefits for practitioner's reminder on the patient's illness
- For Hospital Administration and Management use for planning and evaluation of their services
- The Law (The well-written medical records can be used as protection in legal procedures in case of complaints.)

Skills and knowledge on medical record management is obtained from Training institutions, researchers, and public if possible, Students may use medical records for learning purposes.

### 4.1.7.2.    Medical records Confidentiality

Medical records should be treated as confidential and get accessed by other users as per ethical and regal to relevant authorities. Patient's information will include case note number, Name, Tribe occupation, Address, Age, address of the next of kin, Date of admission, date of discharge, name of referring doctor, diagnosis etc.

Common problems experienced in medical record management

- In managing medical records, experience shows that a reasonable number of patients lose their cards that lead into problems to themselves and to the hospital authority when tracing their records.
- Management capability like inadequate skills, inadequate experience, inadequate resources staff inclusive, inadequate space etc.

### 4.1.7.3. Medical records filling system

In medical records, the patient is the unit, which is a fundamental principle. Each patient is allocated a single number that stands for his or her reference number in all departments of the health facility. Medical records are centrally kept at Medical record department of a given health facility.

Unit system can be summarized with six points:

- One number and one folder for each patient
- The patient is a unit
- All patient's information from all departments to be kept in one folder
- All records are filed centrally
- An alphabetical index is the key to the patient number system
- A number register must be kept to be able to check numbers issued

### 4.1.7.4. Tracing system

It is a system that will allow all the files to be recorded to show where are taken. A tracer card should be put in its file place with records pertaining that took the file, date and place where the file is sent.

### 4.1.7.5. Hospital Statistics

Statistical thinking and quantitative reasoning became very important for decision making, planning and evaluation of activities and interventions in many sectors including health sector. The reason behind is the quick growth of computer software for statistical activities. Moreover, translation of statistical information is also getting easier than the past. Statistical information and data can provide multiple and multidisciplinary contexts for problem-solving[34].

Note that MoHCDGEC has been developing Comprehensive Hospital Operation Plan guideline and Hospital Performance Assessment guideline for RRHs. In those documents, 30 key performance indicators (KPIs) in Annex 1-b are set for monitoring the performance of RRHs. Therefore, regular collection of 42 basic data, mentioned in Annex 1-a, and calculation of the 30 KPIs are important to compile hospital statistics.

> **Exercise**
> 1) What are the challenges encountered by RRHMTs in managing Information for decision making at the RRH? what are strategies to overcome them?
> 2) What are follow up mechanisms by RRHMTs to enforce all Departments/Units/Section in generations of the quality data?

## Session 2: Financial Management

Financing is one of the most important health resources to operate hospital and provide quality of health care to the community. Therefore, it must be well managed and utilize effective and efficient manners.

### 4.2.1. Objectives

At the end of this session RRHs will be able to:

- Understand the basic concepts of Accounting and Financial management
- Describe the importance of the effective management of RRH's financial resources.
- Describe various tools in accounting and financial management

### 4.2.2. Basic concept of accounting and financial management

**Financial Management**

Financial management is an art and science of managing money. It is concern with the process, institutions, markets and instruments involved is the transfer of money among and between individuals, Hospital entities NGOs and the government. Emphasis put here is on availability of cash (money) and not profit as done by accountants; i.e. planning, controlling and organizing.

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34 http://stat.cornell.edu/academics/bachelor-arts-statistical-science/why-statistics

## 4.2.3. Tools for financial management

**Financial statements**

A financial Statement is a formal record of financial activities of an organization. It includes written reports that quantify the financial strength, performance and liquidity of a company which reflect the financial effects of business transactions and events on the organization and are presented in the annual report together with management's analysis of the past year's operations and opinions about the firm's future prospects. According to worldwide financial accounting practice (GAAP) i.e. generally accepted accounting practice there are three types of financial statements:

| Income statement | Is a statement that summarizes a firm's revenues and expenses over an accounting period, generally a quarter or a year.<br>The results of operation within the specified period are shown. |
|---|---|
| Balance Sheet (Statement of financial position) | • This reports an organization assets and liabilities and difference in their totals.<br>• The amounts reported on statement of financial position are amount as of the final moment of an accounting period<br>• A balance sheet states<br>   • What assets an organization owns<br>   • What organization owes (liabilities) |
| Cash flow statement | Sometimes is known as statement of sources and application of funds. This indicates net cash generated from or consumed by operations, cash inflows from sources and uses of cash other than those in the income statement. |

Managers should have the understanding of the following concepts;

**1. Statement of financial position**

It is one of the main financial statements and it reports an entity assets and liabilities and difference in their totals. The amounts reported on statement of financial position are amount as of the final moment of an accounting period. Statement of financial position shows how much assets the organization has and how much debts exist. A balance sheet states

* What assets an organization owns
* What organization owes (liabilities)

**2. Statement of profit and loss and other comprehensive income**

The profit and loss statement summarize the revenues and income generated and expenses incurred by the organization over the entire reporting period**.** It is also important that manager should understand major source of income and the way expense are paid out in order to establish good **internal control** for safeguard of assets

***Internal Control***

Is systematic measure established by organization or those who charged by governance in order to conduct the entity in order and efficient manner, to safeguard assets and resources, to detect fraud and to produce reliable and timely financial management information. It is also important that manager should be aware for preparation of **budge**t in order the organization to have realist

***Budget***

An estimation of cost revenue and resource over a specific period; budget also serve as plan of action for achieving quantified objectives, standard for measuring performance and device for coping with foreseeable adverse situations

Advantages of proper accounting are as follows
* Minimizes audit queries.
* Assists for future budgeting or planning.
* Assists when reporting to various levels etc.

### 4.2.4. Accounting

Accounting is an art of measuring, communicating and interpreting the financial activities of the organization. Activities involved here are:

- Preparing budget
- Balancing check books
- Preparing income tax return, etc.
- Accounting therefore is a language of Hospital.

### 4.2.5. Procedures of accounting

Procedures of accounting need to be well understand by the management of hospitals to improve financial management of the hospitals. Basic issues are listed below:

- All transactions in accounting should be in writing using financial documents i.e. Vote book, Receipts, Delivery Notes, various vouchers, LPOs, Invoices etc. (Maintain proper record keeping)
- All payments received from participants, donors/partners should be recorded and acknowledged by receipts whereby the original to be issued to the payee and a copy should remain in the receipt book. Use safe box to keep user charge fee collection for banking
- Observe budget limits
- Use qualified staff and financial regulations

Generally, in Managerial Perspective Manager should have the knowledge on the following to ensure transparent in expenditure.

Adhere with the four principles.

- Principle of sanctions: To every expenditure there must be an approval of a recognized officer who is assigned or delegate that authority and not everyone
- Principle of benefit: Expenditure should be beneficial to the public and not individuals.
- Principle of economy: Public expenditures have to be economical for the sake of the majority
- Principle of Elasticity: Public expenditures have to change according to the situation depending on the National Income growth and vice versa

### 4.2.6. Accounting Information and records

We keep accounts to enable us:

- Planning and controlling the business organization's activities
- Decision making (management)
- Reviewing
- Comparing business trends
- Auditing
- Main users of hospital's accounting information
- Stakeholders (Hospital Advisory Board, RRHMTs, Development Partners)
- Government (NAOT)

### 4.2.7. Importance of financial management and accounting in RRH

- Financing forecasting – sources of financing by either selling more shares, borrowing, internal financing etc.
- Cash management
- Credit administration and investment analysis
- Source of funds

The financial Manager is therefore supposed to manage the Hospital asset structure and financial structure.

### 4.2.8. Financing of Regional Referral Hospitals

Management of money in our Health facilities and even at personal level is a complex and responsible work which is done by accountants and financial officers. This type of resource is tempting and needs accurate record keeping and management as per financial regulation i.e. Financial Order Part I, Financial Order Part III, Standing Orders and

various financial circulars etc. RRHs are experiencing shortages of financial resources. Despite expanded revenue base for the health sector – are not well exploited by the RRH. Records have shown revenue collection is a critical challenge within the RRH, leakages have been reported as one of the contributing factors

**Exercise**
- What are innovative ways to improve collection of cash sources in your RRHs apart from electronic systems available?
- What improvements have been achieved after increasing cost sharing collection?

## 4.2.9. Common income categories for operating RRHs

As mentioned in the section below, it is important to identify the income sources for operating RRH and well recorded how much was the income of the previous fiscal year. There are four major categories of income sources for operating RRHs as listed below:

### 4.2.9.1. Block grant

Block grant basically comprises: 1) Personal emoluments, 2) Other charges, and 3) Development budget. All Regions have their own budgeting votes and funds that are directly disbursed to the Regional Administrative Secretary (RAS) who distribute funds to all spending units within the Regional Administrative Office.

### 4.2.9.2. RRH's Internal Revenue Collection

Internal revenue collection is very import financial source of income to operate RRH. There are some ways of collecting revenue. These include:

- Health insurance
- User fees
- Intramural Private Practice (Fast Track patients and charge for private ward use)

Others (e.g. Renting hospital facilities, renting parking lots, running canteens, contractual services, and non-core Hospital)

### 4.2.9.3. Receipt in kind

These are commodities and medical supplies that are used in RRHs, funded by Ministry of Finance through MSD. RRHMT requests commodities and medical supplies from Medical Store Department (MSD) according to their funds allocation from MoHCDGEC. The flow of budget and Commodities and medical supply for operating RRHs are shown in Figure 4-1.

### 4.2.9.4. User fees

This is the alternative of supplementing the government inputs whereby health services users contribute or pay for such services.

As a health manager, you need to manage user fee charges properly to avoid the following:

- Under collection.
- Poor utilization of the collected money.
- Unrealistic money returns as compared to the efforts and time spent for that task.
- Poor set collection target or poor plan etc.
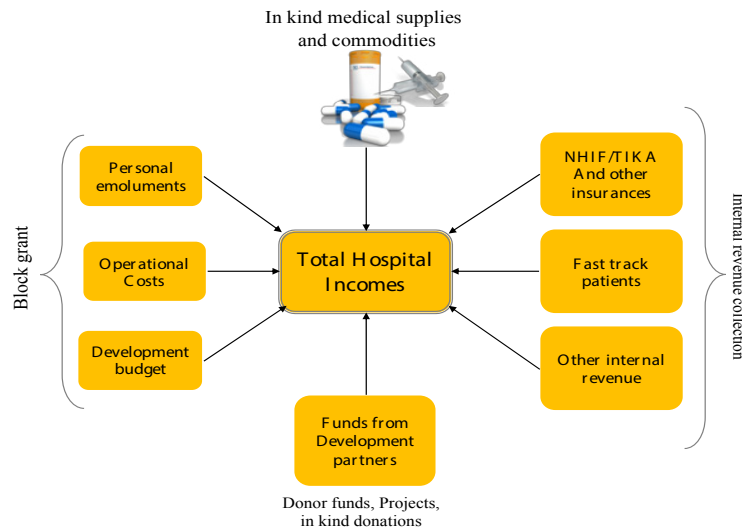
Figure 4-3: Income sources for operating RRHs

## 4.2.10.    Missed opportunities in RRH financing

Regional referral hospitals are challenged by financial resources shortage. Although the reforms have formalized varieties of strategies for expanding revenue base for the health sector to improve financing, options that RRHs have, are not well exploited. The existing records show that RRHs show serious limitations in revenue collection. Leakages have been reported as one of the cause that reduces the income for RRHs. In addition, in an attempt to strengthen the RRHs capacity, government introduced planning mechanisms so that whatever that is collected is used to improve the functionality of RRHs. Unfortunately, the progress towards formalizing RRHs plan is slow for many reasons, one being the lack of motivation of RRHs themselves to develop plans. This is because there is no a clearly ear marked source of fund to finance the RRHs plan. Financing is one of the key contextual factors that need attention of RRHMTs. However, the focus of this training is to assist the RRHMTs to use the managerial skills obtained to set targets and work towards increased revenues for hospitals.
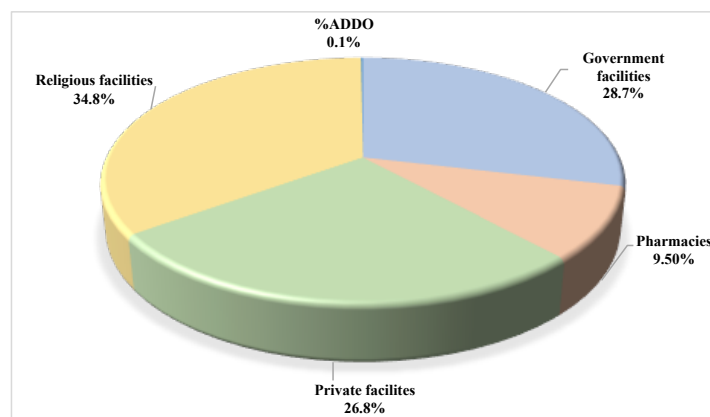


Figure 4-4: Missed opportunity: % of payment made to NHIF services provided for 2014-2015

## 4.2.11.     Health Financing in Tanzania

### 4.2.11.1.     Definition

Health financing is a combination of various arrangements for paying, allocating, organizing and managing resources for health care. Historically all health service in Tanzania used to be provided by Public (60%), private sector and NGOs (40%) since after independence. In 1967, the government declared free health services to all the people and continued to be the larger provider of health care service.  In 1993, due to unbearable burden to the government resulting from cost for provision of free health care, the Government introduced cost-sharing practice.

### 4.2.11.2.     Issues on health financing

**Reasons for Not Maintaining Free Medicare**

- Low National Income: The expenditure was at US $ 3.46 per capita (donor & Government funding) vs. US $ 12 per capital required to run an acceptable health services.
- Global economic recess which caused the economic instability and other European countries started assisting the previous sociality states which lead to the decrease of AIDS/Grants/Donations to our country and other countries.

 **Poor management at our Institutional level**

- Diminishing of resources: i.e. Falling National budgets and National health budgets. The falling of National Health budgets and National budgets lead to diminishing social sector services both in quantity and quality.
- Complains from the Public: the public was complaining since the services were not meeting their demand.

At this point is where the government started thinking various alternatives of reducing the gap. Since various medical drugs and supplies was not enough, Human resources for Health were frustrated or de-motivated. The aids were falling and the public were completely dissatisfied.

These and other conditions lead us to undergo <u>alternative ways</u> to increase sources of health financings:

- Cost sharing
- Policy reform
- Pay reforms in various services
- Contractual services to various institutions such as TPA, TANESCO etc.
- Health insurance scheme (CHF, NHIF, TIKA)
- Partnership collaboration

# Session 3: Logistics Management

## 4.3.1. Introduction

Without the appropriate health commodities, health facilities and health care providers cannot offer the population a full range of comprehensive services and products to meet these goals. Ensuring health commodity availability to meet the needs of the clients that it serves is the ultimate goal of a logistics system—to make certain that clients receive the right goods, in the right quantities, in the right condition, delivered to the right place, at the right time, for the right cost. An effective commodity management system must be in place to ensure their accessibility and effective use, both at the service delivery level and in referral service.

## 4.3.2. Objectives

At the end of this session RRHMT will be able to:

- Describe logistics management system and process
- Identify types hospital commodities
- Appreciate the roles of Medicines Therapeutic Committee in Hospital Commodity Management
- Identify challenges in RRHs logistics management

## 4.3.3. Logistics Management

Logistics management involves the Management of all activities that facilitate physical movement of goods, related information, finances and coordination of supply and demand. (Hesket; Glaskowsky and Ivie, 1973). Logistics concerns the efficient transfer of goods from the source of supply to the place of consumption in a cost-effective way whilst providing an acceptable service to customers. (Rushton, A. et al. 2010)

## 4.3.4. Health Commodities

Defining Commodities in the context of health services, commodities include reagents and test kits, laboratory equipment and supplies, condoms, and other medical supplies and equipment such as specimen collection tools. For the purposes of HIV counseling and testing, commodities may also include such items as videos and information leaflets and components of "basic preventive care packages." (See the subsequent section called Commodities for HIV Counseling and Testing— More Than HIV Test Kits.) The term "pharmaceutical" encompasses medicines, vaccines, and health commodities as described above (Walkowiak, H., ET AL 2008).

### 4.3.4.1.        Types of commodities

Generally, health commodities include the following items:

• Pharmaceuticals:  medicines and vaccines
• Medical supplies: Surgical and examination gloves, cotton wool, bedding materials, Syringes, catheters, scalp vein set, infusion set, reagents, test kits, laboratory equipment and supplies
• Equipment: vehicles, microscopes, autoclaves, sphygmomanometers

Health commodities may be simply categorized into two.
*Consumable or recurrent commodities*

• Can be used for a short time.
• E.g. medicines, food, fuel, kerosene, papers etc.

Capital or Non-expandable

• can serve the organization for a number of years
• For instance ; Vehicle, machines etc.

> **Group discussion**
> • What are the roles of Medicine Therapeutic committee in commodity management?
> • Logistic role of Hospital Medicine therapeutic committee

RRHs should make sure that Medicine Therapeutic Committees are in place and functioning. Roles of Medicines Therapeutic Committee:

• Meet regularly and approve orders for purchase of medicines
• Promote rational use of medicines
• Conduct operational Research on medicine use to improve service provision
• Inspection of medicines received from various sources
• Ensure an effective health commodities inventory management
• Conduct medicine audit to control pilferage

### 4.3.4.2.        What is Commodity Management?

Managing pharmaceuticals—medicines, diagnostics, vaccines, and other supplies—in any setting
(Public or private sector) and at any level (local, regional, or national) follows a well-recognized
As system A step by step cyclic process involving the selection, procurement, distribution, and ensuring rational use of pharmaceuticals and other medical supplies (Walkowiak, H., ET AL 2008).
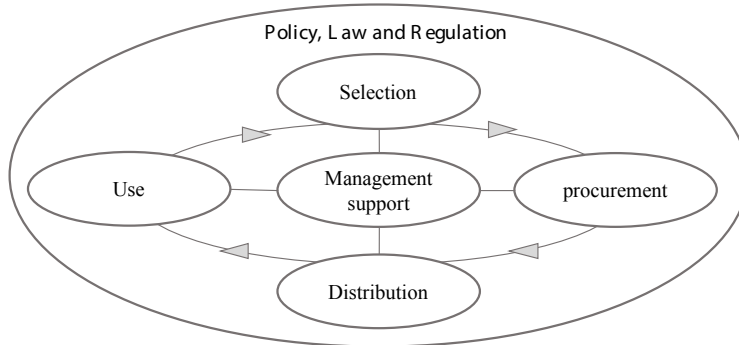
Figure 4-5:  presents issues that are important steps for commodities management.

## 4.3.4.3.      Selection

It is important for RRHS to make proper selection of what commodities are needed. This will be effectively done if hospital records are properly kept. Criteria for medicines selection are:

*   alignment with national or public health strategies,
*   meets the needs of majority of the population,
*   Existence of sufficient robust evidence
*   cost-effectiveness
*   good pharmacovigilance/ safety profile,
*   TFDA registration (not influence by manufacturers)

## 4.3.4.4.      Procurement

Procurement is the process of obtaining the goods and services of the *right quality*, at the *right time*, from the *right source*, in the *right quantity*, at the *right price* and *right condition* so as to enable end users to get constant supply or continuous services commonly is known as 6Rs.

For this purpose, goods will include equipment (vehicles, microscopes, autoclaves etc.; drugs and medical supplies. Services will include consultancy, labour element of repairing equipment and buildings etc.
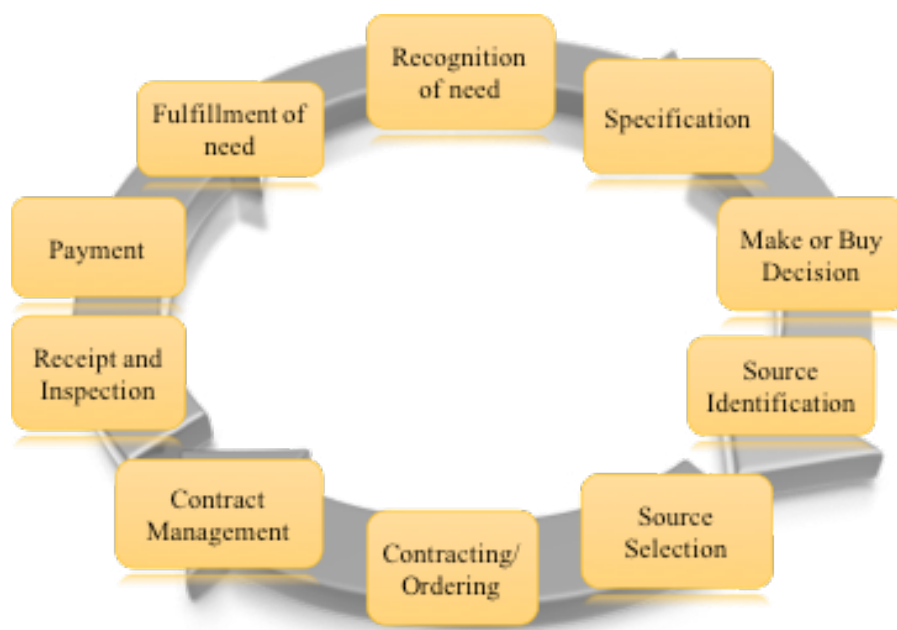


Figure 4-6: Procurement cycle

**Methods of procurements**

Single sourcing: whereby only one single source is available.

Reasons are;

- Policy/directives from the government to buy from government institutions e.g. Government Printers, medical stores department, etc.
- Where at your location/district you have got only single source.

**Competitive bidding**

Is applicable where you have many vendors to compete, which finally lead you to obtain your requirements at cheaper price. Tendering system is within this group.

**Steps to be followed in Purchasing**

Purchasing Cycle is a group of repetitive activities, which are done in order to obtain the required goods or services.

**Ordering:**

This is the procedure whereby a store man has to request consignment of equipment from recommended sources i.e. Government Stores or other sources e.g. shops, industries etc.

**Procedures:**

Use Combined Requisition and Issue Note (CRIN) and Local Purchase Order (LPO) when ordering. When requesting supply from other sources apart from Government Stores better you get an approval of Government Supplies Officer of Tender Board Official. Usually Quotation forms are used. The Catalogue is of the great importance to assist or guide a storekeeper when ordering because it contains a list of article numbers and prices of each item. Now days it is applicable to medical stores department, it shows actual prices of items, item number etc.

## 4.3.4.5. Receiving and Storing

Equipment should be received and get entered into Ledgers. Then should be kept in stores or appropriate area e.g. shelves, fridges, in the sub-store or main store depending on the nature of the logistics. Logistics when stored in stores should be arranged systematically whereby each item is found in one place.

**Common Stores documents**

- Goods Received Note (GRN)
  - Document through which received commodities are taken on charge in the hospital
- Bin Cards
  - Assists to indicate each item and its corresponding shelf balance
- Combined Requisition and Issue Note (CRIN)
  - Used to order commodities from a general
- Receipt Voucher
  - Used to record returns to the store for issued items that are not used
- Stores Ledger
  - Is a manual or computer record of commodity supplies stored in a hospital store.
  - Maintained by the person responsible for these commodities

**Bin cards**

Bin card is to assists to show each item and its balance.  Items and shelves have to be labelled.

| Date | Item | Received from | LPO/ Invoice No. | No. Received | No. Issued | Balance |
|------|------|---------------|------------------|--------------|------------|---------|
|      |      |               |                  |              |            |         |
|      |      |               |                  |              |            |         |
|      |      |               |                  |              |            |         |
|      |      |               |                  |              |            |         |
|      |      |               |                  |              |            |         |

Figure 4-7: Example of a Ledger Folio

Figure 4-8: using bin bard for each item to store medicines

When the item issued and not used it must be returned to the store and get received using receipt voucher and entered into ledger.

**Issuing Stores**

During this procedure, the following have to be done.

- An issue voucher has to be written and signed by a storekeeper and a receiver

It must show date of issue, what issued, quantity, issue vouchers must be kept properly.
- A Ledger record has to be changed depending on a new balance.
- An Inventory record have to be changed according to an increase or decrease of items and also the following have to show that change, bin cards, ledger balance, and inventory forms

Inventories assist when checking the stores a1so can show discrepancies, wastage and dormant items.

## 4.3.4.6.     Controlling and maintaining Logistics

Consumable logistics needs to be controlled so as to avoid wastage especially perishable goods.

When handling consumable the two principals have to be observed i.e. First in First out (FIFO) and Last in First Out) (LIFO) depending on nature of the consumable example: Expire date, stability of the item before it gets damaged e.g. sugar, tomatoes etc.

Capital Logistics needs to be maintained so as to let them be in good working conditions. Hence repairing of equipment is necessary to be given an attention. In order to control and maintain logistics the following things are needed: -

- Store persons have to keep the stores clean, Inspect and keep logistics in good order, report defects immediately and to return logistics to proper place after use
- Store men have to use Inspection checklist and have inspection schedule
- Once discrepancies are detected have to be reported to seniors with explanation
- Qualified staff of this discipline

Important things/points to remember when managing logistics are:

- Accurate record keeping when ordering, receiving, issuing, controlling, maintaining and checking.
- Good records save time of a storekeeper and management in totality
- Order your logistics before your stock get finished, keep maintaining Buffer stock in your store
- Good records contribute to economy, efficiency and smooth running of service
- Following Government procedures especially purchasing, receiving and issuing procedures minimizes audit quarries.

- For Government Officers keep on using Financial Orders Part III Stores Regulation Book which has various directives.
- For those people who are having computers keep on using them in record keeping.

Proper management of logistics will assist us the following:

1. Lead us to proper utilization of our logistics
2. Enhance teamwork or partnership (sharing of the available resources like vehicles)
3. Staff will adhere with flow of authority
4. Assists in future planning

| **Exercise:** |
| --- |
| •       What are the challenges of RRHs logistic management ?<br>•       How to overcome the challenges ? |

## Introduction

The improvement of quality of health care services is a central issue in all countries, including Tanzania. Given the expansion of health services that has occurred in Tanzania, quality of care remains a major concern of the MoHCDGEC, local health authorities, health workers and the public in general[35].

This module is designed to provide necessary knowledge and skills to perform RRHMT <u>function, especially, function No. 2: "Monitoring and reporting", No.9 "Health promotion and disease prevention" , and No. 10: "Emergency preparedness and responses"</u> so as to improve efficiency, effectiveness and quality of health care services and meet clients/community needs.

In this module, quality in health care is defined and some quality words will be explained as basic knowledge on quality improvement. Then, customer care and client satisfaction will be explained. Moreover, patient and staff safety are also explained.

## Objectives

At the end of this module RRHMTs will be able to:

• Descriptions of common quality terms and its' dimensions
• Understand the current situation of QI activities in Tanzania
• Understand 5S- KAIZEN – TQM approach
• Understand Safety Improvement measures
• Understand Customer Care and Client Satisfaction

## Session 1.  Definitions and dimensions of common quality terms

### Session Objectives

• Understand and describe the common quality terms definitions and the dimensions of quality
• Understand the current situation of QI activities in Tanzania
• Understand 5S-KAIZEN concept
• Understand Safety Improvement Measures
• Understand and describe the outline Customer Care and Client Satisfaction

Based on the Tanzania Quality Improvement Framework in healthcare and National Health and Social Welfare Quality Improvement Strategic Plan, key quality terms are defined as follows;

### 5.1.1. Definition and dimension of Quality

"Quality" is defined in simply means "performance according to standards" or "doing right thing, the right way at the right time" in manufacturing sector. In health care, quality is considered as a degree of performance in relation to a defined standard of interventions known to be safe and have the capacity to improve health within available resources[36].Institute of Medicine (US) defined quality of healthcare as "*"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"[37]*.

Dimension of quality is also important to understand. Dimension of quality is the factors that influence the level of quality. It suggests that a health system should seek to make improvements in six areas or dimensions of quality, which are named and described below. These dimensions require that health care be[38]:

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35  Tanzania Quality Improvement Framework in healthcare 2011-2016, MoHCDGEC Tanzania
36  Tanzania Quality Improvement Framework in healthcare 2011-2016, MoHCDGEC Tanzania
37  IOM Definition of Quality (1990), http://iom.nationalacademies.org/Global/News%20Announcements/Crossing-the-Quality Chasm-The-IOM-Health-Care-Quality-Initiative.aspx
38  National Health and Social Welfare Quality Improvement Strategic Plan 2013-2018, MoHCDGEC Tanzania

Table: 5-1: Dimension of Quality [39]

| Key dimensions of quality | Brief explanation |
|---|---|
| *Effectiveness* | delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need; |
| *Efficiency* | delivering health care in a manner which maximizes resource use and avoids waste; |
| *Accessibility* | delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need; |
| *Acceptability/Patient-Centeredness* | delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities; |
| *Equitability,* | delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status; |
| *Safety* | delivering health care which minimizes risks and harm to service users. |

## 5.1.2. Quality terms: QC, QA, QI and QM

Many people are mixing up "Quality terms "and often take them in wrong manner. Quality control (QC), Quality Assurance(QA) and Quality Management (QM) are often used in wrong manner and confuse people. Therefore, it is better understanding those three terms clearly before use them.

- **Quality control (QC)** is a procedure or set of procedures intended to ensure that a manufactured product or performed service adheres to a defined set of quality criteria or meets the requirements of the client or customer. QC is similar to, but not identical with, Quality Assurance.

- **Quality Assurance (QA)** is defined as a procedure or set of procedures intended to ensure that a product or service under development (before work is complete, as opposed to afterwards) meets specified requirements.[40] Due to the nature of the concept of QC/QA, it is necessary to have specific standards for measuring the quality of the product or services.

- **Quality Improvement (QI)** is a systematic effort to improve the quality of health and social welfare system development and the delivery of health care and social services, including all methods of performance assessment and readjustment according to all available resources, thereby serving the health and welfare of the people[41].

- **Quality Management (QM)** is to improve quality of products or services by reflecting customers' needs and demands. QM covers all the Quality terms mentions in the above.

In the late 1980's, the concept of QC/QA was slowly varied to the "Quality Management (QM)". This is due to the diversification of client needs and expectation towards the products or services. Manufactures and service providers tried to improve quality of products or services by reflecting customers' needs and demands rather than level of precision and high level of technology. Therefore, it is strongly recommended to adopt QM concept to your hospital.

Table 5-2: Differences among QC, QA and QM

| | Quality control (QC) | Quality Assurance(QA) | Quality Management (QM) |
|---|---|---|---|
| Focusing on final products or services | ○ | ○ | △ |
| Considering procedures and process | × | ○ | ○ |
| Refection of customer needs | × | × | ○ |

○: Covered    ×: Not covered    □: Partially covered

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39 Quality of Care, A process for making strategic choices in health systems, WHO (2006)
40 http://whatis.techtarget.com/definition/quality-control-QC
41 National Quality Improvement Strategic Plan 2013-2018, Tanzania

Figure 5-1: The layers of Quality concepts

## 5.1.3. Domain of QI initiative

WHO has identified six domains of QI initiative that assist the process of quality interventions. They are intended to help policy-makers address quality issues at a more strategic level. These generic domains are not hypothetical. They draw heavily on the strategies for quality improvement applied in many health systems over many decades[42].

Table 5-3: 6 domains of QI intervention[43]

| | Domains | Brief explanation of the domains |
|---|---|---|
| 1 | Leadership | Leadership is the issues involved underpin the development of any coherent strategy for quality improvement. Leadership is fundamental because there is clear evidence that quality initiatives fail to realize their desired outcomes if there is not strong and consistent leadership support – at every level – for the action being taken. In the absence of strong and sustained leadership across the health system, any new strategic interventions are therefore unlikely to succeed. |
| 2 | Information | Information is fundamental, because any quality improvement is dependent on the capacity to measure change in processes and outcomes, and on stakeholders having access to the information that changes what they do |
| 3 | Patient and population engagement | This domain is critical to quality improvement because individuals and communities play so many roles within health systems. Either directly or indirectly, they will be financing care, they will be working in partnership with health workers to man- age their own care, and they will sometimes be the final arbiter of what is accept- able and what is not across all the dimensions of quality |
| 4 | Regulation and standards | is frequently visited in the quest for quality improvement in health systems and offers considerable scope for pol- icy interventions at country level. Inspection and accreditation at varying levels can be provided as appropriate to the resources available in the country. Setting standards and monitoring adherence to them may be one of the more efficient means of facilitating higher compliance with evidence. |
| 5 | Organizational capacity | The issues for quality in this domain apply throughout the health system. At the national level, there should be the capacity to lead the development of policy, to drive implementation, and to keep performance under review. |
| 6 | Models of care | The final domain reflects currently understood best practice for the delivery of health care generically and to particular population groups, such as groups defined by a common need (e.g. people with chronic conditions) or common characteristics (e.g. children or the elderly). |

Source: WHO: http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf

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42  World Health Organization http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf)
43  World Health Organization http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf)

Figure 5-2: 6 domains of QI intervention

## 5.1.4. Other useful definition of quality concepts

### 5.1.4.1.　　　Definition of Continuous Quality Improvement (CQI)

An approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems: focuses on "process" rather than the individual; recognizes both internal and external "customers"; promotes the need for objective data to analyze and improve processes[44]. How CQI is applied in the organization is for optimizing the departments and section through problem solving process called "KAIZEN"

### 5.1.4.2.　　　Definition of Total Quality Management (TQM)

Total Quality Management (TQM) is a comprehensive and structured approach to organizational management that seeks to improve the quality of products and services through ongoing refinements in response to continuous feedback[45]. It is an approach by which management and employees can become involved in the continuous improvement of the services aimed at embedding awareness of quality in all organizational processes[46].

### 5.1.4.3.　　　Quality Improvement Process

As a health manager, it is important to understand that meeting the regulations and standards is not the goal of QI activity. The goal is to make hospital safer and reliable through the improvement of healthcare services with high client satisfaction. To achieve the goal, hospital managers need to consider establishing strong foundation for quality and safety improvement with the following components;

* leadership and ownership on QI,
* functional QI implementation structure with strong team work, and
* staff with positive mindset on QI.

Those three components will produce well-organized and conducive working environment.  It is also important to know that cluster management is needed for QI. Therefore, each department need to take responsibility for managing and optimizing the department function through CQI method. Then, try to achieve optimization in all departments and units to be Total Quality Managed Hospital.

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44　　　　Graham, N.O. *Quality in Health Care* (1995), http://academicdepartments.musc.edu/fm_ruralclerkship/curriculum/cqi.htm
45　　　　http://searchcio.techtarget.com/definition/Total-Quality-Management
46　　　　Tanzania Quality Improvement Framework in healthcare 2011-2016, MoHCDGEC Tanzania
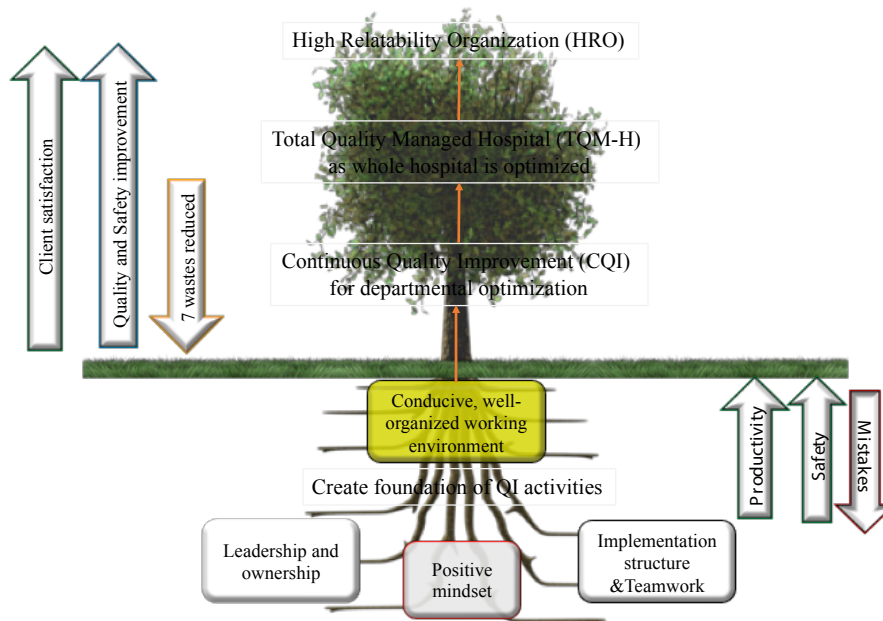
Figure: 5-3: Conceptual Framework for Quality Improvement

# Session 2. QI activities in Tanzania

## Objectives

At the end of this session RRHMT will be able to:

- Describe existing framework, strategy and guidelines for QI
- Describe QI initiative in Tanzania
- Utilize QI implementation structure to improve Quality health services
- Understand the role of Behavior Change in Quality Improvements

## 5.2.1. Quality strategy in Tanzanian healthcare

MoHCDGEC launched National Quality Improvement Strategic Plan 2013-2018 for responding to quality of care challenges in a comprehensive and systematic manner. The Strategic Plan outlines evidence-based priorities necessary for achievement of high-quality health and social welfare services through six core areas:

1) Client responsiveness focus is central, 2) Safety for clients (internal and external) is cardinal, 3) Care set the detailed agenda, 4) Management focuses on how the agenda will be implemented, 5) Evidence-driven Leadership as catalyst for scaling up, 6) Conducive working environment.

While the core QI areas have equal importance, they have operational interconnections, applying to both public and private health and social welfare services. For more details of those six core areas, please refer to the *National Quality Improvement Strategic 2013-2018* (page 21-51), available at http://www.tzdpg.or.tz/fileadmin/documents/ dpg_internal/dpg_working_groups_clusters/cluster_2/health/Sub_Sector_Group/Quality_Assurance/11.b_ NATIONAL_QI_STRATEGIC_PLAN_-_FINAL-isbn.pdf
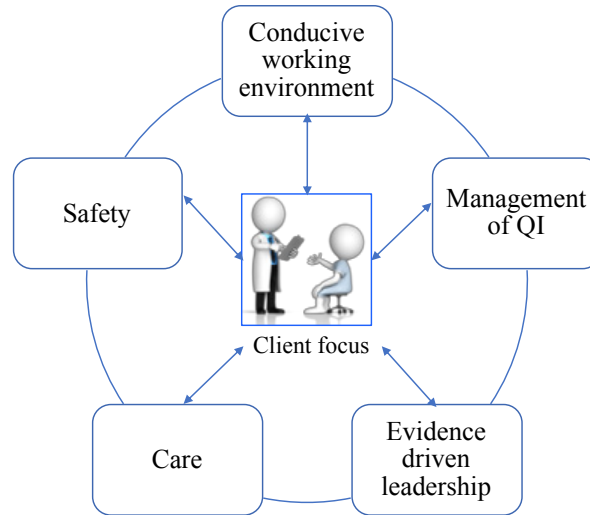
Figure 5-4: Six core areas of NQISP

> **Discussion: Please exchange views among group members on the following topics:**
> - *What is in your image on "good/conducive working environment"?*
> - *What do you think about "high quality healthcare services" from the patient's point of view?*
> - *What do you think about "Evidence driven leadership" in health care facility?*

## 5.2.2. QI framework and guidelines available in Tanzania

MoHCHDGEC through the Division of Health Quality Assurance has developed a series of QI documents and distributed to health facilities and LGAs since 2004 under HSSPII and III as in the table 5-3 below.

Table 5-4: List of documents for quality

| SQ# | Title of the documents |
|-----|------------------------|
| 1 | Tanzania Quality Improvement Framework, MoHSW (2004) |
| 2 | National Infection Prevention and Control Guidelines for Healthcare Services in Tanzania, MoHSW (2004) |
| 3 | National Infection Prevention and Control Pocket Guide for Healthcare Services in Tanzania, MoHSW(2007) |
| 4 | Mwongozo wa Taifa wa kukinga Maambukizo katika Utoaji wa Huduma za Afya: Kiongozi cha Mfukoni Wa atoa Huduma za Afya Tanzania, MoHSW (2007) |
| 5 | Quality Improvement – Infection Prevention and Control Orientation: Guide for Participants, MoHSW (2008) |
| 6 | Implementation Guidelines for 5S-CQI-TQM Approaches in Tanzania: "Foundation of all Quality Improvement Programme"; First Edition, MoHSW (2009) |
| 7 | National Supportive Supervision Guidelines for Healthcare Services, MoHSW (2010) |
| 8 | Implementation Guidelines for 5S-CQI (KAIZEN)-TQM Approaches in Tanzania: "Foundation of all Quality Improvement Program"; Second Edition, MoHSW (2011) |
| 9 | Tanzania Quality Improvement Framework 2011-2016, MoHSW (2011) |
| 10 | National Infection Prevention and Control Standards for Hospitals in Tanzania, MoHSW (2012) |
| 11 | National Communication Strategy for Infection Prevention and Control 2012-2017, MoHSW (2012) |
| 12 | Implementation Guidelines for 5S-CQI (KAIZEN)-TQM Approaches in Tanzania: "Foundation of all quality Improvement Program"; Third Edition, MoHSW (2013) |
| 13 | Mwongozo wa Utekelezaji wa Najia za S5-UUE(KAIZEN)-UUU Tanzania "Msingi wa Programu zote za Uimarishaji Ubora", MoHSW (2013) |

## 5.2.3. Current situation of QI activities in Tanzania

Over the period 2009 to 2014, the Government has expanded the number of health institutions with around 500 mainly primary health care facilities and has increased the number of health workers deployed. In 2013, sixty-six thousand (66,000) health workers were employed of the 149,000 required. Per capita utilization of outpatient health services did not increase significantly during the HSSP III period and was around 0.7 per capita in 2013. This is attributed to low quality of care and limited access to medicines and products. The Regional Referral Hospitals are still facing shortage of specialists and are struggling with quality issues. Some are facing challenges to cope with the demands for services, due to shortages of personnel, supplies and equipment, and limited revenues.

Due to the above-mentioned situation, Quality improvement is one of the major pillars of Health Sector Strategic Plan VI. Safety and effectiveness of services, procedures and working environment will be strengthened. The health sector will continue to standardize clinical management and use of appropriate, safe and cost-effective medicines, and improve the availability of functional medical equipment and high standards of diagnostic services. The health sector will consolidate and sustain gains made under HSSP III in Infection Prevention and Control (IPC) in Health Services Waste Management and in improving working environment[47].

### 5.2.3.1. QI program/initiatives in Tanzania

Many QI initiatives are introduced to Tanzanian health sector in the past. Currently, the following QI initiatives are disseminated to different level of health facilities. Unfortunately, some hospitals are confused to select which QI initiative is suitable for their facility. Therefore, selection of QI initiatives differs from health facility to health facility.

Table 5-5: QI initiative in Tanzania

| | QI initiative | Target facilities |
|---|---|---|
| 1 | 5S-KAIZEN-TQM approach | All types of health facilities focusing on work environment and Continuous QI for all types of services |
| 2 | Standard Based Management & Recognition | All types of health facilities focusing on RMNBC services as well as Infection Prevention Control |
| 3 | Step-Wise Certification towards Accreditation(SWCA) using Safe Care standards | Primary health care facilities (Dispensary, Health center and Hospital at Council level |
| 4 | Health improvement collaborative | All types of health facilities focusing on HIV & AIDS Services |
| 5 | Expanded Quality Management Using Information Power (EQUIP) | Focus Primary Health facilities and focus on community empowerment to Monitor Quality of services |

### 5.2.3.2. Selection of QI initiatives

QI methods/programs are developed by different organizations/institutions. It means the purpose of the QI tools is different from each other. Some of them are used for managers to evaluate the performance or function of health facility. Others are developed for managing day to day work. Currently, many QI methods are introduced in Tanzanian health sector and confusing hospital managers to select right QI methods for their hospital. Therefore, HMT and QIT members should know the characteristic of those QI methods and tools and chose right QI program that matches with your organization.

QI methods/program can be categorized into four (4) groups: 1) Approach for managers, Low application for routine work, 2) Approach for managers, High application for routine work, 3) Approach for frontline workers, Low application for routine work, 4) Approach for frontline workers, High application for routine work. It is recommended to select one for managers and one for frontline workers with high application on routine work

Why you need select two types of QI method/program?
- Two-way communication is proven as positive effective influencing factor for QI
- Auditing/ accreditation type of QI method/program often tell us "What to improve" but not "How to improve"
- Quality activities are implemented by frontline workers
- Improved quality of practice is concerned with the performance of health care personnel

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47 MoHCDGEC, Health Sector Strategic Plan VI (2015-2020),
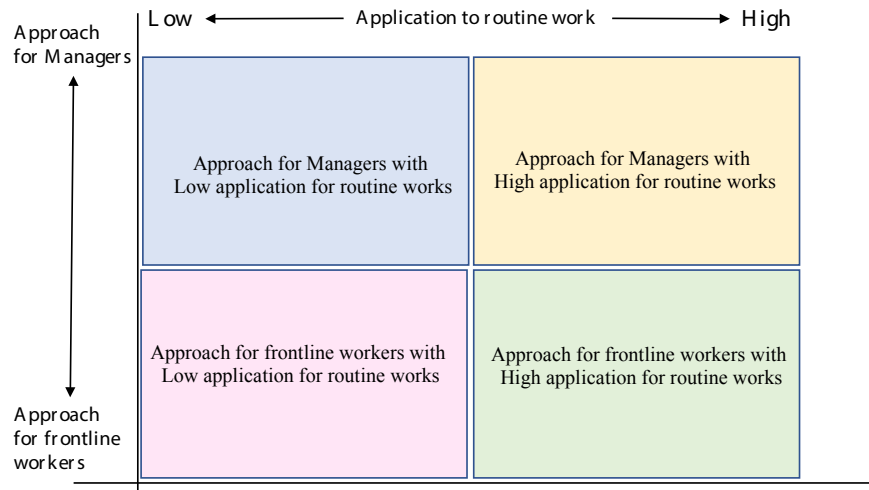
Figure: 5-5: Categories of QI initiatives

## 5.2.4. Implementation structure for QI programs

It is instructed in the Tanzania Quality Improvement Framework for healthcare 2011-2016 that all Regional Referral Hospitals Management Team (RRHMT) have to establish Quality Improvement Team (QIT) for managing QI activities in the hospital, and Work Improvement Teams (WITs) at every department and sections for daily practice of QI activities.

Unfortunately, current situation of QIT at RRHs is not reliable. OITs are not well functioning and active. One of the reasons is QIT activities are carried out by well committed individuals and not operated in systematic way. It means that if very committed or skillful individual is retired, resigned or transferred, leadership will be gone and QIT functions will be weakened. Therefore, QIT need to have very clear succession plan and mechanism to educated QI in-charge for next generations.

It is also important for RHMT to consider nominating a Quality Management focal person for the sustainability of any quality improvement activities, implemented at RRH. This is also helping to carry out External Hospital Performance Assessment (EPHA) to measure performance on QI. Roles and responsibilities of each team are explained in the Table 5-4, showing below

Table 5-6: Roles and Responsibilities of each team

| Teams | Examples of Roles and Responsibilities | Responsible person |
|---|---|---|
| Hospital Management Team (HMT) | • Develop and follow national QI strategy of the hospital<br>• Communicate with QIT on QI activities and provide advices<br>• Secure and allocated budget for QI activities<br>• Establish "Two-way communication" to capture voices from frontline health workers | Medical officer in-charge/Hospital director |
| Quality Improvement Team (QIT) | • Coordinate all QI activities<br>• Train hospital staff on QI activities<br>• Conducting situation analysis before implementing any QI activities<br>• Implementing QI activities for solving common problems of the hospital<br>• Conducting periodical monitoring and evaluation, and provide technical advice to WITs for further improvement<br>• Responsible for record keeping and archives of all QI activities conducted in the hospital<br>• Reviewing situation analysis and the action plan<br>• Allocate resources in effective and efficient manner for QI activities | QIT Head |

| Work Improvement Teams (WITs) | • Orient newly posted staff on QI activities<br>• Implement all QI activities at the department or section level<br>• Share and contribute ideas, effort and time to help improvement of the team's effectiveness with the department or section level<br>• Conducting monitoring & evaluation of day-to-day QI practice.<br>• Document & share the results of M&E within other staff in the department or section<br>• Have a regular communication with QIT | In-charge of department/ sections |
| --- | --- | --- |
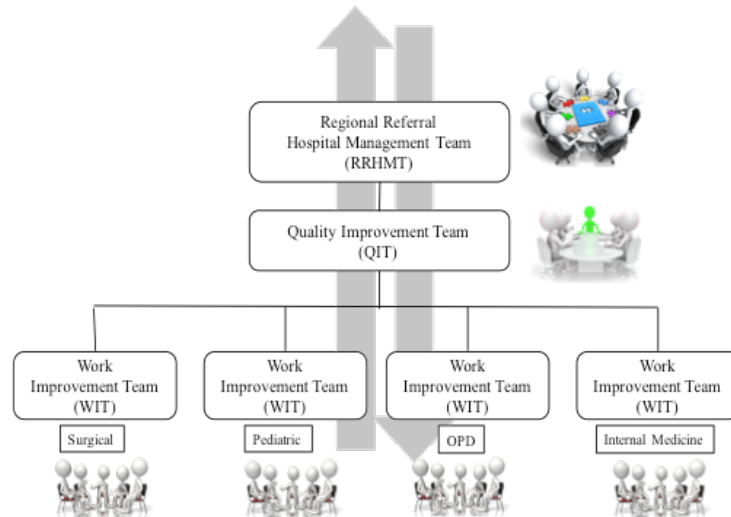


Figure 5-6: Example of QI implementation structure and two-way communication

**Exercise**
*Discuss among the group on the following issues*
- *Are there any problems on establishment of teams for QI?*
- *What is the current situation of QI implementation structure in your hospital?*
- *What are the bottle neck(s) of QI implementation in your hospital?*
- *How do you overcome those issues identified in the above?*

### 5.2.4.1. How QI activities are monitored and evaluated in Tanzania

Monitoring and evaluation activities for quality improvement of health services are conducted at by different level. Moreover, some of them are conducted for specific interventions and others are implemented in a comprehensive way.

Table 5-7: Major M&E activities for quality improvement

| | | Target of QI | Conducted by | Frequency |
| --- | --- | --- | --- | --- |
| 1 | Central Management Supportive Supervision (CMSS) | National and Specialized hospitals | MoHCDGEC | Quarterly |
| 2 | Regional Management Supportive Supervision - Council (RMSS-C) | CHMTs | RHMT | Quarterly |
| 3 | Regional Management Supportive Supervision - Hospital (RMSS-H) | RRHs | RRHMT | Quarterly |
| 4 | Big Results Now Star rating | District health facilities | MoHCDGEC Certified assessors | |
| 5 | Stepwise Certification and Accreditation | On demand | Certified assessors | On demand |
| 6 | Infection Prevention | All hospitals implementing IPC | MoHCDGEC | |
| 7 | Consultation visit of 5S-KAIZEN approaches | All hospitals implementing 5S-KAIZEN are introduced | MoHCDGEC National facilitators | Twice a year |

## 5.2.5. Promoting behavior change to improve quality of health practice

Competency is often talked about core of quality health services. However, Competence (what health personnel know how to do) is not always reflected in practice performance (what they actually do in a given clinical situation).

In order to assist health care personnel, improve the quality of their practice ways must be found to help them change their practice behavior or performance. However, changing complex human behavior is difficult. One of promising models for conceptualizing the stages of behavior change is that described by Prochaska and his colleagues (Prochaska and DiClemente, 1988, 1992).

Their studies of how people go about changing poor habits, e.g. overeating, smoking, etc., can guide thinking about the necessary and sufficient conditions for any complex behavior change.

Table 5-8: Descriptions of stage of change (Prochask's model)

| Stage | Description | Activities needed to move to next stage |
|---|---|---|
| **Pre-contemplative** | Unaware of need for change; or aware but not considering change | • Consciousness raising<br>• Re-evaluation of the environment<br>• Exploration of feelings about changing |
| **Contemplative** | Considers behavioral change, seeks out information about personal advantages; may be ambivalent about changing | • Self-evaluation |
| **Preparation/ decision** | Actively makes plans to change, takes steps towards action | • Perception of environmental and social supports for change |
| **Action** | Actively modulates behavior; learns new skills; effects changes in environment to support change | • Belief in ability to change and commitment to act<br>• Rehearsal of new learning; substitution of new behavior for old ones<br>• Management of reinforces to maintain gain<br>• Restructuring of environment and experiences to avoid cues to old behavior<br>• Creation of environmental supports |
| **Maintenance** | Maintains gains made; requires environmental support for change to assist in maintenance | Maintenance of environmental supports for change |

Source : http://www.who.int/hrh/documents/en/improve_skills.pdf

# Session 3 : 5S-KAIZEN-TQM approach

## Objectives

At the end of this module RRHMTs will be able to:

- Understand 5S –KAIZEN-TQM concepts
- Understand the benefits of 5S –KAIZEN-TQM approach

## 5.3.1. Foundation of all QI program: 5S-KAIZEN-TQM approach

Many QI initiatives are introduced in Tanzanian health sector. However, majority of them have failed to show actual improvement or changes in health facilities. MoHCDGEC has been introducing 5S-KAIZEN-TQM approach into all level of public health facilities since 2007 and are seeing the actual changes in work place in many health facilities in the country.

Strengthening of health resource management through 5S-KAIZEN-TQM approach is one of the pillars of Regional Referral Hospital Management Project of the MoHCDGEC and PORALG.
Therefore, all RRHs management and QIT were trained on 5S-KAIZEN-TQM approach. However, due to the high

turnover rate of staff, weak in-house training mechanism, and improper succession plan of QIT, we are observing the decline of 5S-KAIZEN activities in some RRHs. It is therefore, crucial for RRHMT members to understand the concept of 5S-KAIZEN-TQM approach and its benefits in this book to reactivate the 5S-KAIZEN activities at RRHs.

## 5.3.2. What is 5S-KAIZEN-TQM approach

5S-KAIZEN-TQM approach is well known as "Lean management" and it is well utilized in health sector in many western and Asian countries. There are a lot of researches conducted on this approach and effectiveness of the approach is well reported in different academic journals.

This is a scientific proven QI improvement approaches which does not need to inject a lot of resources to carry out, but there are great benefits after proper implementation of 5S-KAIZEN-TQM activities.

Therefore, it is important to know the actual meaning and aims of 5S-KAIZEN-TQM activities.

- **5S** approach is one of the methodologies for work place improvement by eliminating wastes and aiming to improve productivities, safety, costs and mistake proofing.
- **KAIZEN** is a continuous quality improvement method to improve the quality of services by optimizing each department and section by solving problems and eliminating non- value adding process
- **TQM** stands for "Total Quality Management", which is ultimate goal of the approach. It is aiming to optimize all sections and units in the organization to create total quality managed organization.

RRHMT need to have clear vision and mission of the hospital and share them to all staff in the hospital. If the vision and mission of the hospital are not set clearly, each department may set their own goals, and it results in poor coordination and harmonization work within the hospital. Each department might work hard to optimize the departmental tasks; however, poor coordination of work among departments will affect organizational optimization. Therefore, RRHMT must have clear vision and mission to guide all hospitals staff to work together to achieve hospital vision and mission.



Figure 5-7: Clarification of process on 5S-KAIZEN-TQM approach

## 5.3.3. Benefits of 5S-KAIZEN-TQM activities

Implementation of 5S-KAIZEN-TQM activities at health organization will be able provide many benefits. Examples of the benefits of 5S-KAIZEN-TQM activities are as follows:

Since 5S-KAIZEN activities are implemented by small team at section level. Therefore, implementation 5S-KAIZEN-TQM activities will improve team work, communication among health workers, record keeping, time management, preparedness

- Reduce time and save energy to look for something (files, equipment, tools etc.) by using 5S tools such as labeling, numbering, zoning, which leads the improvement of staff productivity
- Improve inventory and procurement (reduce procurement of unnecessary items), which leads the costs reduction
- Improve waste segregation by using proper color coding, which leads the safety
- Proper setting and clear labeling of medicines which strengthen the mistake proofing of medications
- KAIZEN can help to optimize departments and sections through problem solving process.

Those are just examples of the benefits from 5S-KAIZEN-TQM activities.

## 5.3.4. How to introduce 5S-KAIZEN into health facility

Introduction of 5S-KAIZEN-TQM approach need to be well planned before introducing to health facility. Strong leadership and ownership are identified as major factors for successful implementation of 5S-KAIZEN-TQM approach in many studies[48]. Therefore, it is recommended to starts from education and training of hospital managers on 5S approach. Then, knowledge and skills need to be shared with not only top management but also with middle class managers. The next process is to establish active and fictional Quality Improvement Team (QIT) to carry out QI activities in the hospital.

Based on the past experiences, operating QIT with part time staff is not well effective to carry out QI activities. Therefore, it is recommended to establish **Quality Improvement Unit (QIU)** as a part of official structure of the hospital. Establishment of QIU will allow the HMT to allocate permanent staff and regular activity budget for QI activities. This will accelerate the implementation of different QI activities including 5S-KAIZEN activities. QIU staff need to be well trained as they will be the technical backstop of Work Improvement Teams (WITs). After functional QIU is established, it is necessary to conduct situation analysis to observe the current situation of each section and unit in the hospital. Pictorial records of situation are very important as evidence. Then, HMT and QIU need to select 2-3 model areas to implement S1-S3 activities to create "showcase". 5S activities are well practiced in those model areas, QIU need to consider expansion of 5S activities into other areas. However, if 5S activities are not practicing well, it is necessary to study about the causes and negative factors first. Then, eliminate negative factors for improvement of 5S activities in those model areas. Note that expansion of 5S activities should not be conducted until the completion of model areas establishment. Once 5S activities are well implemented in many areas, start considering to introduce KAIZEN approach for process and service improvement. Note that continuous M&E activities need to be practiced for management of resources.
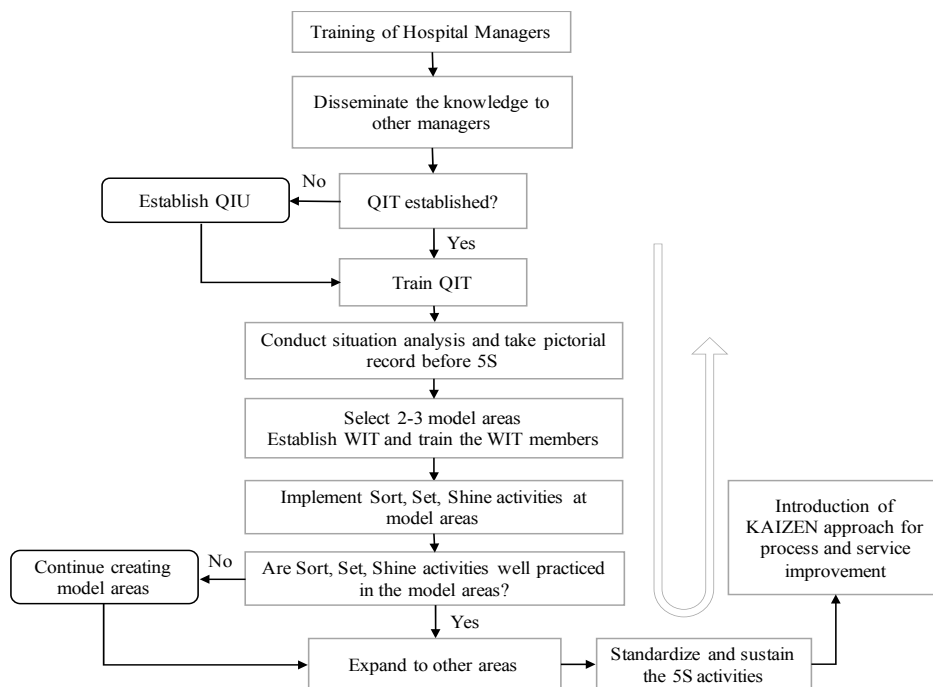


Figure 5-8: Flowchart for introduction of 5S-KAIZEN activities

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48 Knechtges and Decker (2014) Application of *Kaizen* Methodology to Foster Departmental Engagement in Quality Improvement, Journal of the American College of Radiology, Volume 11, Issue 12, Part A, December 2014, Pages 1126–1130

For the detailed explanation of 5S-KAIZEN-TQM approach, please refer to *"Implementation Guidelines for 5S-CQI (KAIZEN)-TQM Approaches in Tanzania: "Foundation of all quality Improvement Program"; Third Edition*, MoHSW (2013).

## 5.3.5. Lean Management and KAIZEN for TQM

When, top management of hospital is making decision, evidence-based decision making should be applied. Those evidences are necessary to be collected by front line workers through KAIZEN process for underpartmental or sectional optimization. On the other hand, hospital managers need to have a concept of lean management to improve efficiency and cost reduction by elimination wastes. If all departments and sections in the hospital practice KAIZEN continuously and improving the quality and management of their work with the support of hospital managers, one day, the hospital can reach the level of overall optimization which can be called "Total Quality Managed Hospital". After achieving the level of TQM, the health care organization changes the way of management and transformed to high reliability organization, gaining the trust from community, which can improve social values that are "service improvement" and Employees satisfaction, and patient's satisfaction. If all health facilities can be performed very well, it is possible to strengthen the health systems.



Figure 5-9: Lean management and 5S-KAIZEN-TQM concept



Figure: 5-10: Conceptual Framework for health management pyramid

| | *Taichi Ohno:* <br> *(1912 – 1990)* <br> *Former vice president* <br> *of TOYOTA Motors,* <br> *Father of TPS* | *Make your workplace into a showcase that can be understood by everyone at a glance* <br><br> *KAIZEN is something that does not have the end. If we do something, we always have the next improvement bud.* <br><br> *Progress cannot be generated when we are satisfied with existing situation* |
|---|---|---|

# Session 4: Safety Improvement

## Objectives

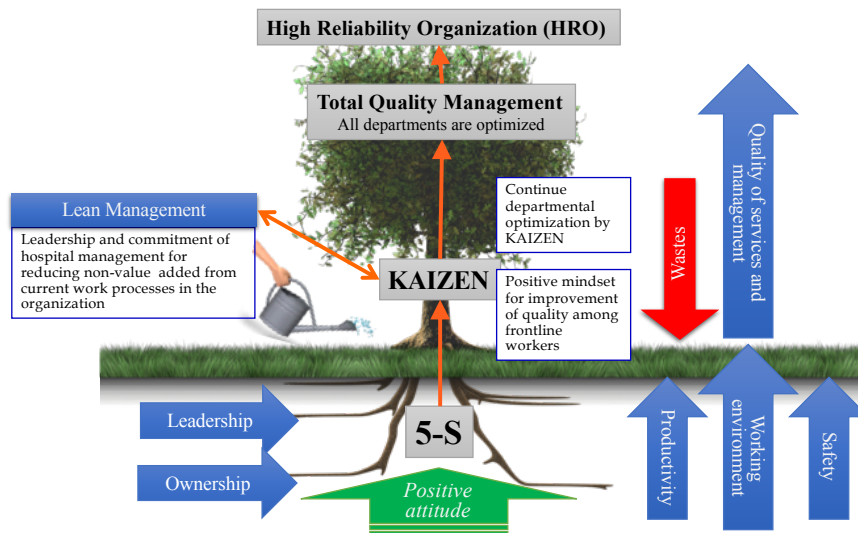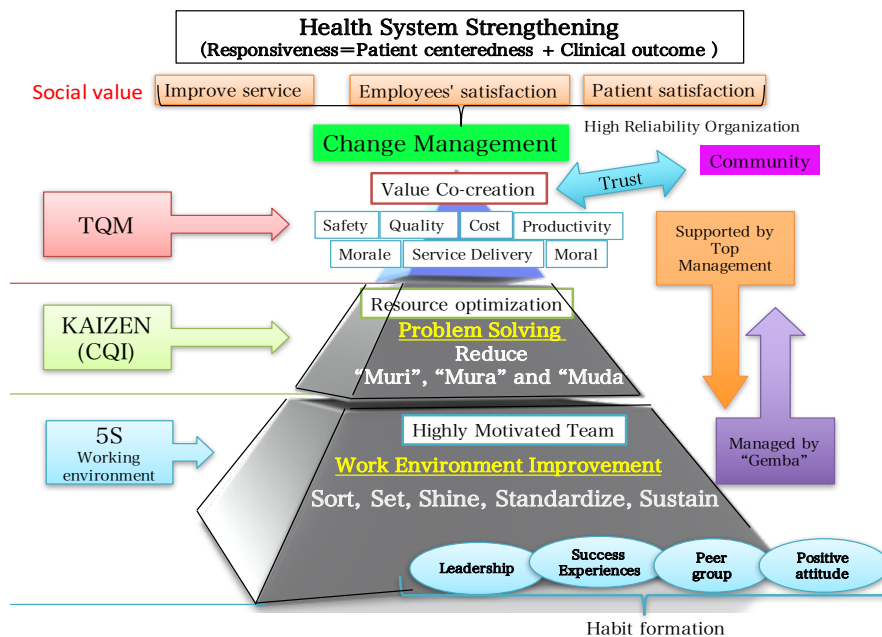At the end of this session, participants will be able to:

• Explain the patient and staff safety
• Describe ways to minimize medical errors Describe various patients and staff safety improvement approaches
• Establish medical errors reporting system in respective RRHs

## 5.4.1. "To err is human" Report from IOM, US

The shocking report was published by Institute of Medicine (IOM) in November 1999. The contents of the report were shocking, and gave a warning on medical errors.  At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented, according to estimates from two major studies. Even using the lower estimate, preventable medical errors in hospitals exceed attributable deaths to such feared threats as motor-vehicle wrecks, breast cancer, and AIDS. The report warned that Errors are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health professionals. It has been estimated to result in total costs of between $17 billion and $29 billion per year in hospitals in US[49].  It is important to realize that if medical errors are occurring frequently and many people died due to the medical errors in the United States, what is happing in developing countries?

There is no medical error reporting system in Tanzania and medical errors are not reported by health facilities. If medical errors are not reported, it is very difficult to find the cause of error, and we will not be able to learn from mistakes to prevent recurrence of the errors.

## 5.4.2. Definition of patient safety

WHO defines patient safety as "the prevention of errors and adverse effects to patients associated with health care". While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments. Health services treat older and sicker patients who often present with significant co-morbidities requiring more and more difficult decisions as to health care priorities. Increasing economic pressure on health systems often leads to overloaded health care environments[50].

## 5.4.3. Recommendation to improve patients' safety

There are many approaches that are recommended to improve patient's safety.
The report, Free from Harm — Accelerating Patient Safety Improvement Fifteen Years after" To Err is Human", reflects on progress toward improving patient safety, and a "lessening intensity of focus on the issue," since the publication of the Institute of Medicine's landmark report To Err is Human. The crux of the report is that what are needed is a total systems approach and a culture of safety. To that end, eight recommendations are given[51]:

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49  To Err is human (IOM 1999): https://iom.nationalacademies.org/~/media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20 Human%201999%20%20report%20brief.pdf
50  Patient safety (WHO) http://www.euro.who.int/en/health-topics/Health-systems/patient-safety
51  http://www.hhnmag.com/articles/6799-eight-recommendations-to-drastically-improve-patient-safety

1. Ensure that leaders establish and sustain a safety culture
2. Create centralized and coordinated oversight of patient safety
3. Create a common set of safety metrics that reflect meaningful outcomes
4. Increase funding for research in patient safety and implementation science
5. Address safety across the entire care continuum
6. Support the health care workforce
7. Partner with patients and families for the safest care
8. Ensure that technology is safe and optimized to improve patient safety

## 5.4.4. Definition of staff safety

Hospital is one of the most hazardous places to work. Therefore, it is important to take serious consideration of staff safety in health facility. Staff safety can be defined as:

"Protecting staff against occupational hazards and exposure to pathogens in the hospital setting"; Note; that staff safety is often focused on only health professionals working in the health facility. However, staff in diagnostic and support services are also taken care under the staff safety intervention.

## 5.4.5. Recommendation to improve staff safety

World Health Organization (WHO) reported that among the 35 million health workers worldwide, about 3 million receive percutaneous exposures to blood borne pathogens each year; two million of those to HBV, 0.9 million to HCV and 170 000 to HIV. These injuries may result in 15 000 HCV, 70 000 HBV and 500 HIV infections. More than 90% of these infections occur in developing countries. To protect health workers from infections, WHO recommend the following:

- Implementation of Universal Precautions (ensuring personal protective gears, hand washing etc.)
- Immunization against hepatitis B,
- Provision of personal, protective equipment and the management of exposures,
- Development and implementation of safety strategies
- Establishment an effective infection control committee with support from the health setting management team.
- Enforce safe practices through monitoring and supervision

There are many ways to improve safety of health workers. Hospital managers need to consider improvement of staff safety together with patient's safety.

## 5.4.6. Medical error reporting system

### 5.4.6.1.        Definition of medical error

Medical errors such as a mistake in dosage or route of administration, failure to prescribe or administer the correct drug or formulation for a particular disease or condition, use of outdated drugs, failure to observe the correct time for administration of the drug, or lack of awareness of adverse effects of certain drug combinations, can be defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. In the actual practice of medical errors reporting in the health facility, medical errors are categorized based on the level of harming patients. Categorization of medical errors is usually developed locally.
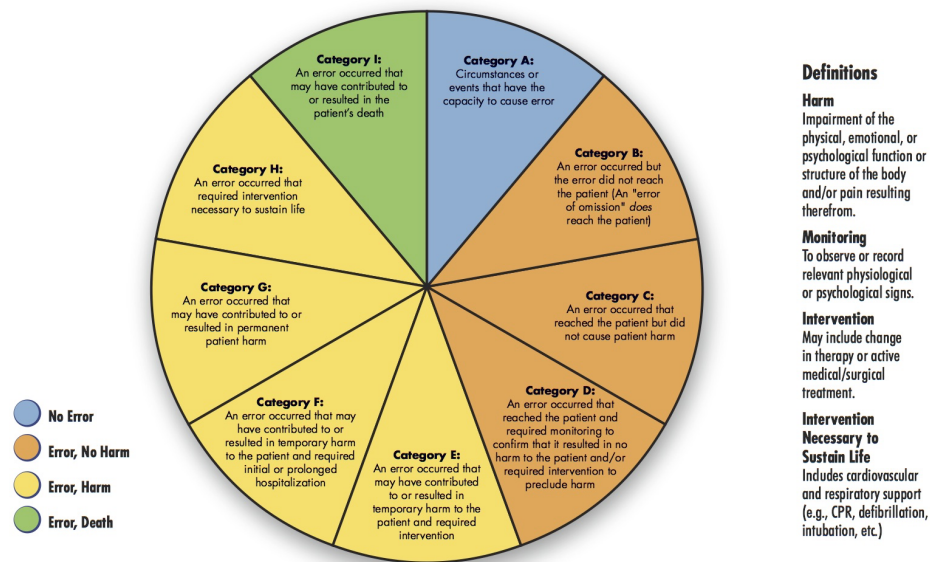
Table 5-3 shows the levels of medical errors commonly used in many health facilities. Another categorization is shown in Figure 5-1. It is a Medication error index, adopted by National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP). The index considers factors such as whether the error reached the patient and, if the patient was harmed, and to what degree.

Table 5-9: Example of level of error

| Level of error | Definitions |
|---|---|
| Incident | An incident is an event or circumstance which could have, or did result in unintended or unnecessary harm to a person, and or a loss or damage to property |
| Near miss | Is an event that could have had adverse consequences but did not and is indistinguishable from an actual incident in all but outcome. A near miss may occur when a chain of events is interrupted. |
| Adverse event | It is a health care event causing patient harm that is not related to the natural course of the patient's illness or underlying condition |
| Serious adverse event | requires significant additional treatment but is not life threatening and has not resulted in a major loss of function |
| Sentinel adverse event | is life threatening, or has led to an unanticipated death or a major loss of function |

Source from Mercy Hospital, Incident Policy (https://www.mercyhospital.org.nz/files/dmfile/IncidentPolicy.pdf)



Figure 5-11: Example of Medical Error Índex, NCC MERP
(Source : http://www.nccmerp.org/sites/default/files/indexColor2001-06-12.pdf)

## 5.4.6.2.    How to introduce Medical error reporting system

In the fact, many errors go unreported by health care workers.  The major concern is that self-reporting will result in repercussions. Providers' emotional responses to errors inhibit reporting, yet some are relieved when they share the events of the error with patients[52] . When medical error happens, health workers usually feel worried, guilty, scared and depressed. Moreover, workplace culture is not open, friendly or blaming individuals for mistakes; they are more scared to report medical errors. Unfortunately, individual is often blamed for mistakes and punished in Tanzania. This culture is one of the biggest barriers to introduced medical reporting system.

Flagging medical errors through a system that emphasizes a lack of punishment and maintains anonymity yields more reports than a traditional method of reporting errors, a team of doctors has found in US[53]. Promoting openness and No-individual blaming policy into the working place seems good strategy to introduce medical error reporting system. The following table shows the example of steps for introduction of medical error reporting system.

52   http://www.ncbi.nlm.nih.gov/books/NBK2652/pdf/Bookshelf_NBK2652.pdf
53   http://www.reuters.com/article/us-blame-free-idUSTRE7AK1XS20111121

Table 5-4: Establishment process of Medical error reporting system

| Steps | Activities | Responsible personal |
|---|---|---|
| Step 1 | ➢ Creating organization culture for adopting medical error reporting system<br>➢ Agree the set of basic regulations for establishment of medical error reporting system.<br>• Reporting anonymously<br>• No individual blaming policy adopted<br>• Reporting medical error by level (category) with clear definitions<br>• Develop reporting method and format | Management and section in-charges |
| Step 2 | Training of hospital managers and hospital staff<br>• Type of reports: Voluntary or Mandatory reporting<br>• How to report<br>• Root causes analysis of the incident/accident<br>• Countermeasures on the incident/accident<br>• Take action for recurrence of the incident/accident<br>• How to compile incident/accident and report higher authority<br>• Medical errors reviewing | Hospital management and staff |
| Step 3 | Pilot medical error reporting system | Hospital management and department staff |
| Step 4 | Feedback to the management on the pilot | Hospital management and department staff |
| Step 5 | Modification of the system | Hospital management and department staff |
| Step 6 | Use the cases at internal case study session for improvement of knowledge and skills, and establish "learn from mistake" culture. | Hospital management and department staff |

Note that there are two types of reporting; 1) Mandatory reporting systems, and 2) Voluntary reporting systems. Mandatory reporting systems, usually enacted under State law, generally require reporting of sentinel events, such as specific errors, adverse events causing patient harm, and unanticipated outcomes. On the other hand, Voluntary reports may encourage practitioners to report near misses and errors, thus producing important information that might reduce future errors[54]. Therefore, it is very important to distinguish these two systems.

## 5.4.7. Safety improvement approaches

There are many approaches or methodologies developed for improvement of safety in healthcare. Safety in healthcare can be improved by different aspects. Therefore, it is difficult to introduce all of them in this session. Few of them that can be applied in RRHs are as follows;

• Infection Prevention and Control
• TeamSTEPPS
• Hazard Prediction Training

### 5.4.7.1. Infection Prevention and Control (IPC)

Infection Prevention and Control (IPC) is the discipline concerned with preventing nosocomial or healthcare-associated infection, a practical (rather than academic) sub-discipline of epidemiology[55]. IPC activities are very important to protect both patients and staff from infectious diseases. Proper practice of IPC is one the most effective safety measures for health workers and health facilities[56].

Infection prevention and control methods can be categorized in to two sides; 1) Public health side approaches, and 2) Health facility-based approaches. The following methods are examples of IPC methods.

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54   Zane Robinson Wolf, Ronda G. Hughes, http://www.ncbi.nlm.nih.gov/books/NBK2652/pdf/Bookshelf_NBK2652.pdf
55   https://en.wikipedia.org/wiki/Epidemiology
56   http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Sub_Sector_Group/Quality_Assurance/08_National_IPC_Standards_for_Hospitals_in_Tanzania_Final.pdf

| Public health side approaches | Health facility-based approaches |
|---|---|
| 1. Screening of patients with some infectious agents<br>2. Environment cleaning<br>3. Insecticide splaying<br>4. Vaccination | 1. Hand washing<br>2. Separating patients<br>3. Antibiotic stewardship<br>4. Ward closure<br>5. Isolation<br>6. proper segregation of medical waste<br>7. Wearing protect gears |

(Source: http://www.medscape.org/viewarticle/503603, and http://www.beckershospitalreview.com/quality/10-best-strategies-for-infection-prevention-and-control.html)

MoHCDGEC has been making lots of effort to implement IPC in the country, and developed series of guidelines and standards for IPC. Details of IPC practices should refer those guidelines[57].

### 5.4.7.2.     TeamSTEPPS

One of the approaches can be applied for improvement of safety is TeamSTEPPS®. It is an evidence-based teamwork system aimed at optimizing patient care by improving communication and teamwork skills among health care professionals, including frontline staff. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into a variety of settings[58].

Table 5-11: Steps for implementation of TeamSTEPPS

| Steps | Description |
|---|---|
| Step1 | Create a Change Team |
| Step2 | Define the Problem, Challenge or Opportunity for Improvement |
| Step3 | Define the Aim(s) of your TeamSTEPPS Intervention |
| Step4 | Design a TeamSTEPPS Intervention: Identify Priority Problem, Challenge or Opportunity from Step 2 |
| Step5 | Develop a Plan for Testing the Effectiveness of Your TeamSTEPPS Intervention |
| Step6 | Develop an Implementation Plan |
| Step7 | Develop a Plan for Sustained Continuous Improvement |
| Step8 | Develop a Communication Plan |
| Step9 | Putting it All Together: Write the TeamSTEPPS Action Plan |
| Step10 | Review your TeamSTEPPS Action Plan with Key Personnel<br>Step 10 leads through Incorporate Feedback from Key Personnel back to Step 2. |

Detailed information of TeamSTEPPS can be obtained from the following website:
http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/index.html

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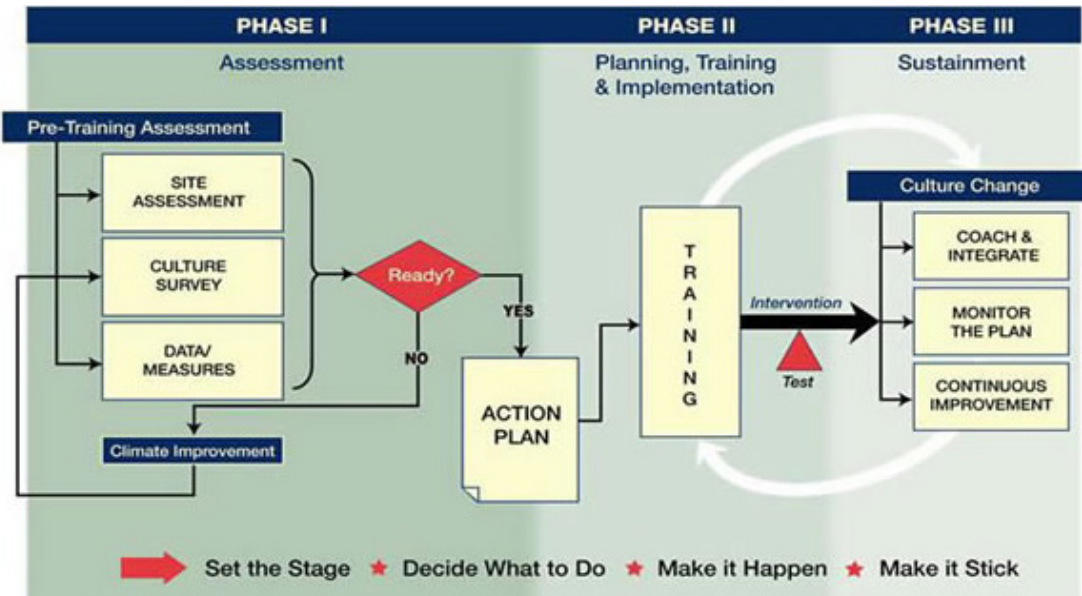
Figure 5-12: Shift Toward a Culture of Safety[59]

## 5.4.7.3.	Hazard Prediction Training[60]

Hazard Prediction Training (HPT) was originally developed and introduced in industrial sector to prevent work-related accidents in Japan in 1970s. It is now widely used in the several fields, e.g., manufacturing, construction sites, healthcare services, including nursing care for the aged, driving school, primary school etc.

What HPT can do in Health sector?
- Enhance our sensibility towards potential hazards before occurring towards external clients and also internal clients
- To improve safety in health care services
- To improve occupational health and safety
- Improve problem-solving skills of all cadres of hospital staff including students
- Get into the habit of "taking action for prevention of hazards immediately"
- Promote and strengthen teamwork

Through HPT it is possible to enhance the following issues:

- Enhance your sensitivity to hazards/risks
- Improve occupational health and safety
- Cultivate leadership skills
- Improve problem-solving skills of staff
- Promote teamwork

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59  Team STEPPS Implementation at a glance http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/reference/implglance.html
60  MoHSW, Tanzania, 2014, KAIZEN Handbook for Health facility
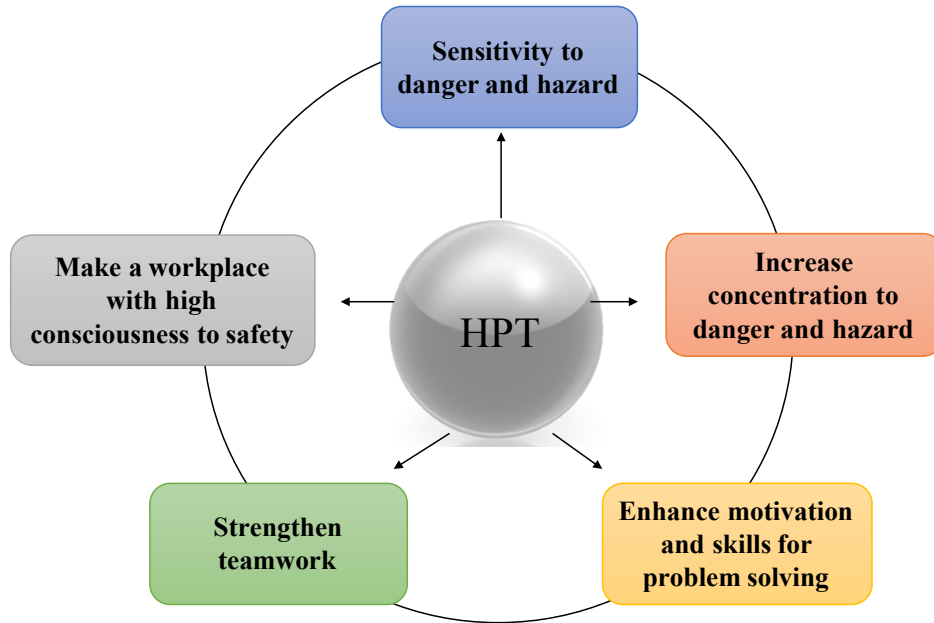
Figure 5-13: How HPT works

Principles of HPT are as follows:

- ZERO accidents and hazards
- Eliminate accidents and hazards in daily life
- Assure safety and health of internal/external clients
  - ➢ Anticipation
- Learn from small "near-accidents" (referring to a situation in which accidents did not actually occur, but could have resulted in accidents) and act on them before fatal accidents occurred. There are hundreds of "near-accident" that occur and leave no injuries, while one accident happens and cause fatalities.
- Everyone's Participation
- Leadership is the key for safety management (Top down)
- Voluntary efforts of staff at field (Bottom up) are very important

For more information on HPT, please refer *"KAIZEN handbook for Health facility – Pocket guide for facilitators"* (MoHSW 2013) , which can be downloaded from the URL below:

https://www.jica.go.jp/activities/issues/health/5S-KAIZEN-TQM-02/ku57pq00001pi3y4-att/tan_06.pdf

# Session 5: Customer care and Client satisfaction

## Objectives

At the end of this session, RRHMTs will be able to

- Describe terms: Client, Client Satisfaction, Client expectation
- Describe the relationship between Clients' needs/expectations and satisfaction
- Describe major factors influencing external and internal client satisfaction
- Describe how to measure client satisfaction
- Describe how to improve client satisfaction
- Current status of Client Satisfaction in Tanzania

## 5.5.1. Client satisfaction and patients' psychology

It is very important to understand the relation between client satisfaction and patients' psychology. When patients are visiting OPD, they usually come with pain or discomfort. Because of pain or discomfort, patients physically get weaker and have an uneasy feeling. Even after they have seen doctor, Patients react to a medical diagnosis with a range of emotions, including anger, fear, sadness… and a multitude of other emotions, including in some cases, relief[61]. Therefore, it is important for healthcare professionals to be able to recognize the emotional reactions of the patients for a variety of reasons. Due to the above-mentioned condition, patients are sensitive even to minor issues. Those minor issues will lead the dissatisfaction among patients. Therefore, it is very important to communicate properly with patients, and try to relieve anxiety.

Please refer to this site to understand patients' psychology: http://justgotdiagnosed.com/resources/professionals-acknowledging-emotional-reactions-newly-diagnosed-patients/

## 5.5.2. Definition of Client, Client satisfaction (CS), and Client expectation

- **Client** is a patient, staff, company, etc. that seeks or provide advice, service (Collins Dictionary)
- **Client satisfaction** in health sector has two sides. One side is from external clients (patients, caretaker, and visitors) and other side is from internal clients (health facility staff). First one is a measure of how health care services provided at health facility or health care providers surpasses client's need and expectation for both health and non-health. Second one is a measure of how staff working at the health facility satisfies working condition, welfare program, skill and knowledge up-date and so on.
- **Client expectation** is a strong belief that something will happen or be the case

## 5.5.3. Needs and expectation of clients

It is important to know that there are two types of client we are dealing with at RRH. One is "external clients" who are the users of the hospital services. Patients, care takers and other people using hospital services are in this category. Other client is "internal clients". Hospital workers, service providers are in this category. Satisfaction of both clients is very important to provide quality of health care services properly. Note that factors influencing the satisfaction of patients and staff are different.

### 5.5.3.1.    Major Factors influencing external client satisfaction

The following issues are considered as influencing factors for external client satisfaction:

- Cleanness of health facility
- Waiting time
- Friendless of hospital staff
- Politeness of hospital staff
- Responsiveness to non-health expectations
- Availability of medicines
- functionality of medical equipment and facilities
- Explanation of treatment, medicines, and examination
- Provision of informed consent

### 5.5.3.2.    Major Factors influencing internal client satisfaction

The following issues are considered as influencing factors for internal client satisfaction:
- Physical working environment
- Communication with superior officers and co-workers
- Salary and welfares
- Access to work place
- Appreciation from patients
- Possibility to activate professionalism (perform as health professionals)

61      http://justgotdiagnosed.com/resources/professionals-acknowledging-emotional-reactions-newly-diagnosed-patients/

### 5.5.3.3.     How to measure client satisfaction?

Basic way of measuring the client satisfaction is using questionnaire, interviews and observation.
Suggestion box may be used to for extracting client's need and complaints. However, it is not well utilized and effectiveness is questionable. Therefore, it is recommended to use verified questionnaire. Please note that developing own questionnaire may mislead the answer from respondents. Therefore, it is recommended to use verified (ready-made) tools for client satisfaction survey. Moreover, questionnaire should

### 5.5.3.4.     How can we improve client satisfaction?

After measurement of client satisfaction, it is very important to analyze the results and findings. Then, identify the weak points, and plan for strengthening those weak points. It is better conducting client satisfaction survey and analyze the results before development of Comprehensive Hospital Operation Plan (CHOP) so that inputs, for strengthening those weak points, can be reflected in CHOP.

### 5.5.4.  Client Service Charter and Service Charter

Client Service Charter and Service Provider Charter are important for clear understanding of what both clients will receive/provide to full fill their expectations hence satisfaction

### 5.5.4.1.     Service Charter

Aims to provide a statement of what our clients can expect by way of services provided by the health facility.  The Client Service Charter sets out the expectations of the health facility in relation to its own performance and the expectations it has to the community.

### 5.5.4.2.     Service charter

• Provide a framework for defining service delivery standards, the rights of customers, and how complaints from customers will be handled.
• Provides an overview statement of organization's service that describes its activities
• Highlights the goals as far as customer service are
• Highlight the customer's rights as they pertain to your services.
• Details what the organization will do to ensure it will meet the customer service goals and observe customer's rights

### 5.5.4.3. Methods of communicating the service charter to stakeholders

• Placing the charter on reception, OPD and other service areas
• Posting the charter on the website of your organization
• Advertising the charter in the media (local newspaper, radio, TV, local council newsletter.)
• Prepare and send leaflets to all internal and external customers

### 5.5.5.  Client satisfaction reports in Tanzania

Unlike other service industries, health care service often does not take into consideration of needs and expectations from their clients (internal and external). Health care providers pay attention on not only "Health related expectations" of patients but also need to know "Non-Health expectations (basic human needs)."

Patients' expectations and satisfactions are guided by the Clients Service Charter and Service Charter. In this respect, External Hospital Performance Assessment (EHPA) for the Regional Referral Hospitals which was conducted in 2017 measured the availability and accessibility of Clients Service Charter and Service Charter to customers. The report shows that 36%of visited hospitals reported to have no client service charter nor the service charter, and average score in client service charter was 51.6%, which means the customers are not aware of the standards of the services provided at different levels of the health facilities. On the other hand, the EHPA tool measured the Clients Satisfaction were the report show that clients are satisfied with services provided by average of 71.6% (EHPA Report 2017)

Some literatures report that patients are satisfied with public health services. However, Khamis and Njau's study reported that dissatisfaction with the quality of care is observed in the dimensions of assurance, reliability, tangible, empathy, and responsiveness. Their study concluded that Hospital management should focus on: improvement on communication skills among OPD staff in showing compassion, politeness and active listening, ensure availability of essential drugs, and improvement on clinicians' prescription skills.

# ANNEX

## Annex 1. Basic Information and data for KPI calculation Ver.15_05_2018

**a: Basic data needed for KPI calculation**

| No. | Basic Information need for KPI calculation | Unit | Definitions/Remarks |
|---|---|---|---|
| 1 | Total number of days in the quarter | Day | |
| 2 | Total number of OPD days in the quarter | Day | Total number of days – number of Sunday in the quarter |
| 3 | Total Population (regional population) | Person | Last year |
| 4 | Number of Beds | Bed | Available beds |
| 5 | Number of Doctors | Person | Specialists, MO, AMO and CO who are in services |
| 6 | Number of the surgeons | Person | Surgeons or doctors are performing surgical intervention |
| 7 | Number of Nurses | Person | NO, ANO and Nurse who are in services |
| 8 | Number of Nurses currently in duty station | Person | |
| 9 | Total number of Admission | Person | |
| 10 | Total number of discharge | Person | |
| 11 | Total number of in-patient days | day | |
| 12 | Total number of out-patients | Person | |
| 13 | Total number of Major Surgery | case | |
| 14 | Total number of Minor Surgery | case | |
| 15 | Total number of Deliveries | case | All delivery with life birth including normal deriver, C-section |
| 16 | Total number of Caesarean Section | case | At the hospital |
| 17 | Total number of under 5 admitted | Person | |
| 18 | Total number of infected neonates | Person | At the hospital |
| 19 | Total number of live babies delivered | case | At the hospital |
| 20 | Total number of hospital deaths | case | At the hospital |
| 21 | Total number of Maternal deaths | case | At the hospital |
| 22 | Total number of under 5 deaths | case | At the hospital |
| 23 | Total No of stock out days from tracer medicine &Supplies | Day | 10 items (unit will be days/item) |
| 24 | Number of written complaints received and acted upon | case | |
| 25 | Number of RRHMT meetings | | |
| 26 | Number of Hospital Board Meetings | | |
| 27 | Number of OPD& IPD patients exempted from payment | case | the number of exemption form issued |
| 28 | Total income | TZS | PE, OC, Receipt in kind, Donor supports, cash, cost sharing |
| 29 | Total amount of allocated for procurement from MSD | TZS | |
| 30 | Total cash revenue collection | TZS | |
| 31 | Total cost sharing revenue | TZS | Insurances + User fees including "Out-of-pocket" |
| 32 | Total NHIF revenue collection | TZS | |
| 33 | Total amount of Out-of-Pocket collection | TZS | |
| 34 | Total health services revenues | TZS | Incomes that generated from the provision of health services, including health insurances, fast track, private, normal user fees |
| 35 | Total health services expenses | TZS | Expenses that spent for the provision of health services including procurement of commodities, equipment |
| 36 | Total expenditure | TZS | |
| 37 | Food service cost | TZS | |
| 38 | Total amount spent on repair and maintenance | TZS | |
| 39 | Total amount of cost of purchase for medicine and supplies/ | TZS | |
| 40 | Total received referral cases | case | the number of referral forms |
| 41 | Total sent referral cases to the upper level health facility | case | the number of referral forms |
| 42 | Total feedback sent to the lower level | case | the number of feedback forms |

**b. Key Performance Indicators for hospital management Ver. 15_05_2018**

| No | KPIs | Unit | Calculation formula | |
|----|------|------|---------------------|---|
| **KPIs for Hospital Efficiency and Effectiveness** | | | | |
| 1 | Medicine stock out days of tracer medicine and supplies | Day | *Total No. of stock out days from tracer medicine &Supplies (unit will be days/ item)* | It is measuring properness of stock management.<br>• Prolonged= improper stock management, necessary to act<br><br>• 0 days= proper stock management |
| 2 | % neonatal infection to babies delivered in hospital | % | | It is measuring properness of IPC.<br>• Prolonged= improper IPC, necessary to act<br><br>• Low=proper IPC |
| 3 | % Maternal deaths | % | | It is measuring the quality of service (outcome).<br>• High= Quality of outcome is low, necessary to act<br><br>• Low= Quality of outcome is high |
| 4 | % of under 5 deaths | % | | It is measuring the quality of service (outcome).<br>• High= Quality of outcome is low, necessary to act<br><br>• Low= Quality of outcome is high |
| 5 | % C/section | % | | It is measuring the quantity of service (outcome).<br>It is measuring the function as referral hospital.<br>• High= have function as referral hospital<br><br>• Low= have low function as referral hospital, necessary to act |
| 6 | Number of feedback complaints received | Case | *Number of written complaints received and acted upon* | It is measuring properness of responsiveness to the patients.<br>• High= properly responding to the patients' needs<br><br>• Low= improperly responding to the patients' needs, necessary to act |
| 7 | Average number of In-patients per day | Person | | It is measuring the quantity of service (outcome).<br>• High= high capacity to accept in-patients<br><br>• Low= low capacity to accept in-patients |
| 8 | Average number of Out-patients per day | Person | | It is measuring the quantity of service (outcome).<br>• High= high capacity to accept and treat out-patients<br><br>• Low= low capacity to accept and treat out-patients |
| 9 | Bed occupancy rate | % | | It is measuring the level of capital/resource usage.<br>• High= The bed is efficiently utilized<br><br>• Low= The bed is not efficiently utilized |
| 10 | Average of length of stay | Day | | It is measuring the quality of service (process).<br>• High= Service process is short and efficient or handling many mild cases<br><br>• Low= Service process is long and not efficient or handling many serious cases |

| | | | | |
|---|---|---|---|---|
| 11 | Average Number of Out-patients per day/doctor | Person | | It is measuring the productivity of doctors, and shortage rate of doctors.<br>• Very high= Severe shortage of doctor<br>• High= Many patients are seen by a doctor and high productivity<br>• Low= Low productivity of doctor |
| 12 | Average Number of in-patient day / Nurses | Person | | It is measuring the productivity of nurses, and shortage rate of nurses.<br>• Very high= Severe shortage of nurses<br>• High= Many patients are seen by a nurses and high productivity<br>• Low= Low productivity of nurses |
| 13 | Average Number of in- Patients day / Nurses currently in duty station | Person | | It is measuring the productivity of nurses, and shortage rate of nurses.<br>• Very high= Severe shortage of nurses<br>• High= Many patients are seen by a nurses and high productivity<br>• Low= Low productivity of nurses |
| 14 | Average number of Major Surgeries per Surgeons (or doctors perform surgical intervention) | Case | | It is measuring the productivity of doctors and measuring the function as referral hospital.<br>• High= many operations conducted per doctor, and has high functionality as referral hospital<br>• Low= low functionality as referral hospital |
| 15 | % of Minor Surgery in total surgery | % | | It is measuring the functionality as referral hospital.<br>• High= not well performing as referral hospital<br>• Low= well performing as referral hospital |
| **KPIs for Hospital Governance and Management** | | | | |
| 16 | Number of RRHMT meetings | | *No. of meetings held in the quarter* | It is measuring the functionality of RRHMT.<br>• High= Active<br>• Low= Not active |
| 17 | Number of Hospital Board Meetings | | *No. of meetings held in the quarter* | It is measuring the functionality of RRHAB.<br>• High= Active<br>• Low= Not active |
| **KPIs for Finances** | | | | |
| 18 | % of OPD & IPD Exemption | % | | It is measuring the situation of "Exemption", and impact on financial situation of the hospital.<br>• High= Exemption cases are high and impact is huge<br>• Low= Exemption cases are low and impact is small |
| 19 | Average NHF revenue collection/day | TZS | | It is measuring the income from NHIF.<br>• High= amount of income from NHIF is high<br>• Low= amount of income from NHIF is low and necessary to act |
| 20 | Average cash revenue collection/day | TZS | | It is measuring the income from patients.<br>• High= amount of income from patients is high<br>• Low= amount of income from patients is low and necessary to act |

| | | | | |
|---|---|---|---|---|
| 21 | % of cost sharing in total income (i.e. Cost sharing, OC, BF and Receipt in Kind) | % | | It is measuring the ratio of the cost sharing and impact on the financial situation of the hospital. |
| 22 | % of health services expense to health services revenue | | | It is measuring the balance of income and expenditure on health services.<br>• It is desirable that it is less than 100% |
| 23 | % of current expense to current income in 90 days | | | It is measuring the balance of income and expenditure of total in the hospital.<br>• It is desirable that it is less than 100% |
| 24 | Food service costs per in-patient per day | TZS | | It is measuring the situation of provision of food to in-patients. |
| 25 | % of amount spent in repair and maintenance expense in Total recurring expenses | % | | It is measuring the situation of expenses for repair and maintenance. It is necessary to know the average costs for repair and maintenance of equipment and facilities.<br>• Higher than average = high occurrence of repair and maintenance. Necessary to check the details |
| 26 | % spent on procurement of medicine and supplies from NHIF | % | | It is measuring the procurement status of medicines by revenue collection from NHIF.<br>• High= Procurement from MSD is not properly done, use revenue collected from NHIF need to be used for procurement of commodities<br><br>• Low= Procurement from MSD is properly done, and commodities are not procured with revenue collection from NHIF |
| 27 | % spent on procurement of medicine and supplies from Out-of-Pocket collection | % | | It is measuring the procurement status of medicines by revenue collection from cost sharing.<br>• High= Procurement from MSD is not properly done, use revenue collected from cost sharing need to be used for procurement of commodities<br><br>• Low= Procurement from MSD is properly done, and commodities are not procured with revenue collection from cost sharing |
| 28 | % spent on procurement of medicine and supplies from MSD | % | | It is measuring the procurement status of medicines from MSD.<br>• High= Procurement from MSD is smooth<br><br>• Low= Procurement from MSD is not smooth |
| **KPIs for Referral system** | | | | |
| 29 | % of referrals received | % | | It is measuring the functionality as referral hospital.<br>• High= have function as a referral hospital<br>• Low= function as a referral hospital is not high |
| 30 | % of referred cases to the upper level | % | | It is measuring the functionality as referral hospital.<br>• High= function as a referral hospital is not high<br>• Low= have function as a referral hospital |
| 31 | % of feedback sent to the lower level | % | | It is measuring the functionality as referral hospital.<br>• High= have function as a referral hospital<br>• Low= function as a referral hospital is not high |

# Annex 2. Client Satisfaction Survey sheet

Form number:

**Semi-structured interview for external clients exit/discharge interview**

**What is the survey about?**

This survey is about your opinions on health services you received today at different sections/units of this hospital. Taking part in this survey is voluntary and your answers will be treated in confidence

Note please use one interview sheet for one patient. To have the statistical meaning on the results, number of participants participated in this survey should not be too small. Please obtain the answers as much as you can.

**Identification part**

Name of region: _____

Name of regional referral hospital: _____

Date of interview: _ _/ _ _ / _ _ _ _

**General client information**

1. Sex of respondent ……………………………………………………………………..……………

         (1) Male   (2) Female

2. Age of the respondent (in complete years) ……………………………………………..…………………………..

3. Highest education level attained ……………………………..……………………………..…………………

     (1) No formal education

     (2) Primary Education

     (3) Secondary education

     (4) College /University

4. Are you patient or caretaker?...................................……………………………..……………………………...

     (1) Patient

     (2) Caretaker

5. Have you (or patient /children accompanied) received health care services in this health facility today? …………

…………………………………………………………………..…………………

     (1) Yes

     (2) No

6. Category of the patients ………………………………………………………..………………………..

     (1) Out patient

     (2) In-patient

**Hospital environment and facilities**

7. In your opinion, how clean was the Outpatient Department?...………………………..………………

     (1) Very clean

     (2) Fairly clean

     (3) Not very clean

     (4) Not at all

     (5) Can't say

8. In your opinion, how clean were the floors at the OPD………………………………..…………………

        (1) Very clean

        (2) Fairly clean

        (3) Not very clean

        (4) Not at all

        (5) I can't say

9. In your opinion, how clean were the toilets at the Outpatients
departments? ………………………………………………………

        (1) Very clean

        (2) Fairly clean

        (3) Not very clean

        (4) Not at all

        (5) I did not use a toilet

10. In your opinion, instruction of using waste bin was clear enough? …

        (1) Very clear

        (2) Fairly clear

        (3) Not very clear

        (4) Not at all

        (5) I did not use waste bin

**Level of satisfaction of external clients on quality of health care services in the selected health facility**

11. Was a health worker available at the reception / consultation room when you visited the OPD today?

        (1) Yes

        (2) No

12. Did you have enough time to discuss your health or medical problem with a health worker?

        (1) Yes, definitely

        (2) Yes, to some extent

        (3) No

13. Did the health worker explain the reasons for any treatment or action in a way that you could understand?

        (1) Yes, completely

        (2) Yes, to some extent

        (3) No

        (4) I did not need any explanation

        (5) No treatment or action was needed

14. Did the health worker listen to what you had to say?........................

        (1) Yes, definitely

        (2) Yes, to some extent

        (3) No

15. If you had important question to ask health workers, did you get answers that
you could understand?

        (1) Yes, definitely

        (2) Yes, to some extent

(3) No

(4) I did not need to ask

(5) I did not have an opportunity to ask

16. Did you have confidence and trust in the health worker examining and treating you?

    (1) Yes, definitely

    (2) Yes, to some extent

    (3) No

17. Did you have any test such as blood test, stool etc when you visited the OPD today?

    (1) Yes

    (2) No

    (3) Lab not required

*If No, go to question no.20*

18. Did a health worker explain why you needed these tests in a way you could understand?

    (1) Yes, completely

    (2) Yes, to some extent

    (3) No

    (4) I did not need an explanation

19. Did a health worker explain the results of the tests in a way you could understand?

    (1) Yes, definitely

    (2) Yes, to some extent

    (3) No

    (4) Not sure/can't remember

    (5) I was told I would get results in later days

    (6) I was not told the results of the tests

20. During your OPD visit today, did you have any treatment for your condition?

    (1) Yes

    (2) No

**Medication**

21. Before you left the Outpatients Department, were any medications prescribed or ordered for you?

    1) Yes  &gt; Go to question no.22

    2) No  &gt; Go to next section

22. Did a member of staff explain to you how to take the medications?

    1) Yes, completely

    2) Yes, to some extent

    3) No

    4) I did not need an explanation

23. Did a member of staff explain the purpose of the medications in a way you could understand?

1) Yes, completely

2) Yes, to some extent

3) No

4) I did not need an explanation


24. Did a member of staff tell you about medication side effects to watch for?

    1) Yes, completely

    2) Yes, to some extent

    3) No

    4) I did not need this type of information


**Waiting time in the hospital**

25. How long after you had arrived at OPD did it take to complete registration

    (1) Too long

    (2) Long

    (3) Average

    (4) Short

    (5) Too short

    (6) Don't know/I can't remember


26. For how did you wait to see a health worker at the consultation room when you visited the OPD today?
…………

    (1) Too long

    (2) Long

    (3) Average

    (4) Short

    (5) Too short

    (6) Don't know/I can't remember


27. From the moment you submitted sample(s) at laboratory, how long did you wait to obtain lab results?

    (1) Too long

    (2) Long

    (3) Average

    (4) Short

    (5) Too short

    (6) Don't know/I can't remember

    (7) Lab test did not require


28. From the moment you arrived at the pharmacy, how long did you wait to obtain the drugs?

    (1) Too long

    (2) Long

    (3) Average

(4) Short

(5) Too short

(6) Don't know/I can't remember

(7) Did not visit pharmacy today

29. (If long time/too long): Ask how did you feel while waiting for service?

1) Annoyed

2) Didn't feel anything

3) Can't say

4) Other (explain)_____

5) Not applicable

**Overall impression**

30. Was the main reason you came here today dealt with to your satisfaction?

(1) Yes, completely

(2) Yes, to some extent

(3) No

31. Overall, did you feel you were treated with respect and dignity while you were at the OPD?

(1) Yes, completely

(2) Yes, to some extent

(3) No

32. Overall, how would you rate the care you received at the OPD today?

(1) Excellent

(2) Very goo

(3) Fair

(4) Poor

(5) Very poor

33. Do you want to use this hospital again (next time?)

(1) Yes

(2) No

(3) Don't know/ Can't say

34. Do you want to recommend this hospital to your friends/relatives/neighbours?

(1) Yes

(2) No

(3) Don't know/ can't say

35. Are the fees and charges for health services fair and affordable to you? [Q also applies to CHF/ NHIF members]

(1)      Yes

(2)      No

36. Did you or your caretaker get receipts of payments for every service provided / offered to you?

(1)     Yes

(2)     No

37. Did you have enough privacy with health workers during consultation, examinations in your visit?

(1)     Yes

(2)     No

38. Were the health workers in all service points, polite and respectful?

(1)     Yes

(2)     No

**Questions For in-patients only**

39. Were you seen by a doctor at least once in a day or during ward round while admitted?

(1)     Yes

(2)     No

40. Did you receive prescribed medicines or any other treatment options in doctors' plan on time?

(1)     Yes

(2)     No

41. Did you or your relatives provide consent for your treatment? (e.g. surgery)

(1)     Yes

(2)     No

42. Were bed sheets and other linen clean and changed periodically?

(1)     Yes

(2)     No

43. In your opinion, how clean was the toilet and shower in the ward?

(1)     Very clean

(2)     Fairly clean

(3)     Not very clean

(4)     Not at all

(5)     Can't say

If food is provided to the in-patient, ask the following question.

44. In your opinion, how was quality of food provided during the admission?

(1)     Very clean

(2)     Fairly clean

(3)     Not very clean

(4)     Not at all

(5)     Can't say

**General comments**

45. Was there anything could have been improved?

_____

_____

_____

*Thank you for your participation*

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