

MANAGEMENT PERFORMANCE ASSESSMENT BASED ON THE CATEGORIES OF INDICATORS AT THE LEVEL OF THE MEDICAL PSYCHIATRY UNIT

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Keywords:
management
performance,
indicators,
responsibility,
management quality

Abstract: Manager accountability leading medical psychiatric unit on process management commitment, customer focus, and performance monitoring of the quality policy in accordance with the requirements of ISO 9001:2008 standards, of its development strategy, coordinated with the objectives and priority actions to meet the needs of patients/end users is a priority for development and continuous improvement of its effectiveness. It is possible to achieve the performance indicators only by providing good management at the highest level and all responsibilities and authorities should be defined, established and communicated properly. Monitoring and achievement of objectives aims mainly to facilitate communication of clinical data and other data regarding the characteristics of quality, continuity of care, in cooperation and interaction with various processes, functions and specialties.

Cuvinte cheie:
management,
performanță,
indicatori,
responsabilitate,
calitatea
managementului

Rezumat: Responsabilitatea managerului care conduce o unitate medicală de psihiatrie în ceea ce privește angajamentul procesului de management, orientarea către pacient, monitorizarea performanței și a politicii în domeniul calității în conformitate cu cerințele standardelor ISO 9001:2008, strategia de dezvoltare, coordonate cu obiectivele și acțiunile prioritare pentru a satisface nevoile pacienților/utilizatorilor finali, este o prioritate pentru dezvoltarea și îmbunătățirea continuă a eficienței. Atingerea indicatorilor de performanță este posibilă doar prin asigurarea unui management de bună calitate, la cel mai înalt nivel, prin definirea, stabilirea și comunicarea corespunzătoare a tuturor responsabilităților. Monitorizarea și realizarea obiectivelor vizează în principal facilitarea comunicării datelor clinice și a altor date cu privire la caracteristicile de calitate, continuitatea îngrijirilor, în colaborare și interacțiune cu diverse procese, funcții și specialități.

INTRODUCTION

The actuality of the research. The high level performance of some organizations have been attributed, over time, to the formalization of the planning processes, the position held in the market, the charisma of the top managers, the adopted organizational structures, their organizational culture, the resources and skills, the organizational learning processes and even the chances.

Performance was addressed for the first time from the perspective of strategic management by I. Ansoff (1970), who focused on the formalization of the process of planning, developing, at the same time, a number of concepts, such as competitive advantage and synergy. An important part of their strategy empirical works was also devoted to the identification of variables related to the long-term performance and the strategic movements which are associated to it.

In theory, there is not, so far, a single view on the concept of performance. Although some authors share common points of view, the performance of an organization is defined as:

- ✓ the ability to achieve the objectives;
- ✓ the ability to create value for the customers and for society;
- ✓ the ability to prolong the existence of long and medium term.

In an approach from the strategic point of view of the concept of performance, P.Pottier believes that "the performance of an organization is given by the interaction of three factors: productivity, competitiveness and profitability".(1)

Highlighting also the strategic aspect of performance,

J. F. Audrouig defines an organization's performance as "the result of laying a composite strategy (market, upstream, downstream) in the competition with other strategies given by the ambitions of rivals".(2)

From our perspective, the performance of the medical psychiatric unit is in close correlation with getting its efficiency through the continuous improvement of the effectiveness of the quality management system.

PURPOSE

In this context, the aim of our research is to reflect the role and importance of managerial performance, of its periodical evaluation, based on the planned and produced indicators of performance.

CASE STUDY

The Psychiatric Hospital Titan "Dr. Constantin Gorgos". The quality management activity in the medical psychiatry unit (in Bucharest) was seen in the light of performance indicators obtained by the manager of the hospital during 2008 – 2010 (table no. 1), using the following research method.

Research methods:

- the establishment of the policy regarding the management of human resources in the hospital;
- the quality of the services rendered;
- the economic performance;
- the quality performance.

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Articol intrat în redacție în 18.04.2012 și acceptat spre publicare în 22.06.2012
ACTA MEDICA TRANSILVANICA September 2012;2(3):165-168

PUBLIC HEALTH AND MANAGEMENT

Table no. 1. Performance indicators of the managerial activity of the monitored Psychiatry Hospital

Category of indicators	Name of the performance indicator of the public hospital management	Value of the indicators in 2008	Value of the indicators in 2010
A. Indicators of human resources management	1. Average number of sick people discharged per physician	766	824
	2. Average number of consultations per doctor in the ambulatory care unit	4207	8033
	3. Average number of consultations per doctor in the on call room/ED/ER	776	822
	4. The proportion of doctors of all staff	9,65%	14%
	5. The proportion of medical personnel of the entire hospital staff	65%	68,35%
	6. The proportion of medical personnel with higher education of the entire medical personnel	32,65%	44%
B. Indicators of use of services	1. Number of sick people discharged in total and on departments	7134/1532	7304/1616
	2. Average duration of hospitalization, on the entire hospital and on each department	12,82	12,1
	3. The rate of use of hospital beds, on the entire hospital and on each department	90,48	92,64
	4. Complexity index of cases, on the entire hospital and on each department	0,78	1,37
	5. The percentage of patients with surgeries of all patients discharged from the surgical departments	-	-
	6. The proportion of patients with appointment of all patients admitted, on the entire hospital and on each department	-	-
	7. The proportion of emergencies of all patients admitted, on the entire hospital and on each department	1%	1%
	8. The proportion of patients admitted with referral of all patients admitted, on the entire hospital and on each department	100%	100%
	9. The number of consultations provided in the ambulatory care unit	4207	8033
	10. The proportion of medical care services provided by the day hospitalization of all total medical care services provided, on the entire hospital and on each department	70%	72,3%
C. Economic and financial indicators	1. Implementation of the budget against the approved expense-based budget	89%	90,65%
	2. Percentage of personnel expenses of all the expenses approved	45,2%	32,8%
	3. The percentage of personnel expenses of all the amounts reimbursed by the health insurance funds of the Social insurance unique fund for the medical services provided, as well as from the amounts provided from the budget of the Ministry of Health with this destination	70%	62,83%
	4. The percentage of expenditure on medicines of the total expenditure of the hospital	4%	8%
	5. Average cost per day of hospitalization, on each department	67,29	141
	6. The percentage of revenues from the total revenue of the hospital (excluding those deriving from the contract with the Health insurance fund)	3,45%	72,51%
	7. The percentage of revenues derived from projects with grants of the total income	0%	48%
D. Quality indicators	1. Rate of mortality during admission, on the entire hospital and on each department	0%	0%
	2. The rate of nosocomial infections, on the entire hospital and on each department	0%	0%
	3. The rate of patients re-admitted within 30 days from the discharge	0%	0%
	4. Index of plenitude between the diagnosis during admission and the diagnosis during discharge	73,5%	80,31%
	5. Percentage of patients transferred to other hospitals of the total of patients admitted	0,3%	0,1%
	6. The number of complaints registered by patients	5%	1%

RESULTS

Comparing the data reflected in table no. 1 and figure no. 1 as regarding the performance of the hospital psychiatric unit manager during 2008 – 2010, we can see a significant improvement of the values recorded during 2010 compared to those of 2008, reflecting the consistency between the results achieved and the mission, the vision and the strategy of development of the medical institution (shown in the Quality manual, developed and implemented).

In figure no. 1, the performance indicators of human resources management are graphically represented and they are showing us the concern of the hospital unit manager to improve the quality of the results obtained by the personnel employed by increasing the proportion of human resources with higher education of the total number of employees. To supplement the position of the hospital medical staff with high level training has led to a growing of the clinical indicators of the activity and to the increase of the number of personnel with higher education, i.e. from 32,65% in 2008 to 44% in 2010.

Figure no. 1. Graphical representation of the indicators reviewed during 2008-2010

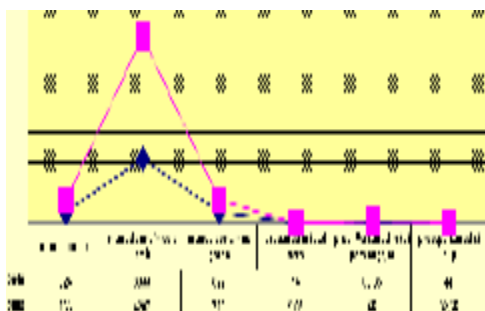
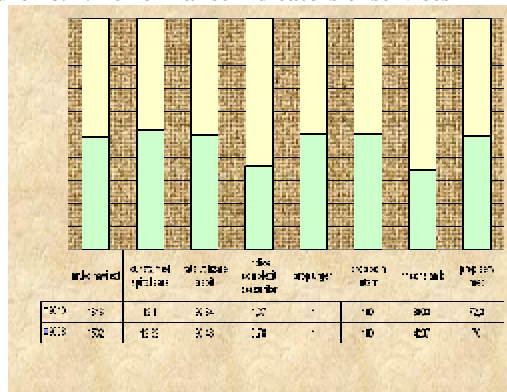


Figure no. 2. Performance indicators of services



In figure no. 2, the performance indicators of the services provided by the psychiatry hospital reviewed during 2008-2010 are revealed. In accordance with the requirements of the standard ISO 9001:2008, that is, the accountability of the manager on the commitment of the management, customer orientation, quality policies in line with the development strategy of the hospital psychiatric unit coordinated with the established objectives and the priority actions for the identification of customers, including the potential ones, to meet the needs of patients/end-users and for the continuous improvement of the effectiveness of the medical unit new medical services were developed.(3,6)

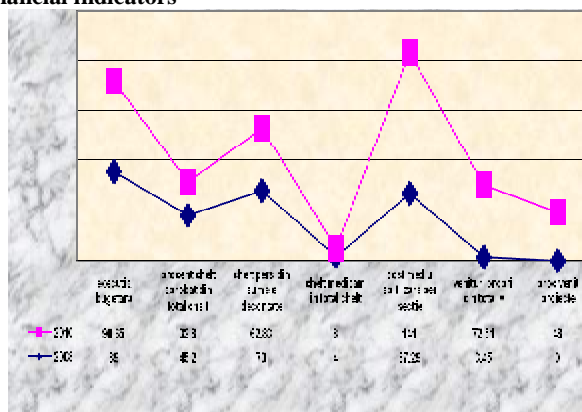
New structures have been thereby set up: paediatric psychiatry behaviour – 20 beds through the implementation of the project Ref. Leped 112481/2008 Care Centre for

Children with ASD; day hospitalization behaviour for oncologic psychiatry – 6 beds; the transformation of mental health laboratories (MHL-s in the community mental health centre), 3 CMHC being established, of which 2 for adults and one for children. At the same time, by implementing the project Ref. Leped 112481/2008 Care Centre for Children with ASD, the inpatient day unit for children was developed, at a capacity of 50 beds to 150.

Another result of the performance obtained is the establishment of the Centre for Training and Intervention in community Mental Health which had a beneficial effect in the development of mental health services, the establishment of mobile teams of intervention in the community with personnel skilled and trained for this purpose. This Centre was an essential objective in the streamlining of human resources needed to ensure the activity of the integrated service, as provider of qualified medical personnel.(5)

With regard to the economic and financial indicators, their graphical representation is reflected in figure no. 3.

Figure no. 3. Graphical representation of the economic and financial indicators

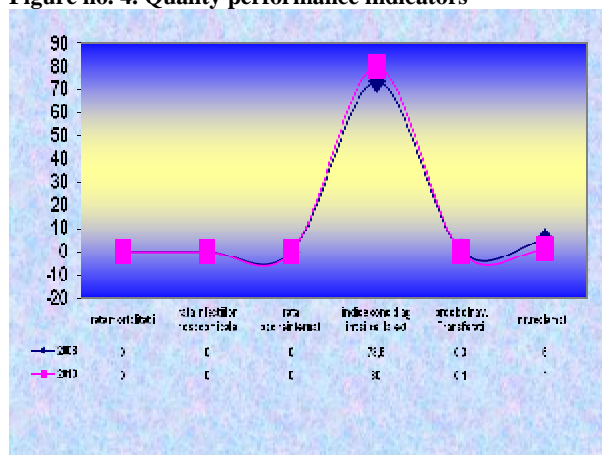


Efficiency can be seen in the graphical representation of the economic and financial indicators for the purpose of personnel expense minimization of the total budget of revenues and expenses by the increase of the own revenues. Also, as regards the implementation of the budget in 2010 compared to 2008, an essential increase can be seen, i.e. from 89% to 90,65%, which means an effective use of all receipts. On the own revenues of the total revenues of the hospital (excluding those obtained under the contract with the Health Insurance Fund), we can mention that these were great values in 2010 compared to 2008, i.e. 72,51% compared to 3,45%, and the total revenues obtained from external funding projects increased by 48% in 2010, compared to 0% in 2008. This shows us the importance of build-up sources of additional revenues for the strategic development of the hospital unit by attracting external financing and high capacity of the peak manager in the direction of applying the principles of operation of the project manager.

With regard to the performance of the quality indicators as reflected in figure nr. 4, it can be seen that the rate of mortality, of nosocomial infections on the entire hospital and on each section have not been established, and in the patients that are re-admitted, we see a constant for the purpose of the registration of the same percentage of 0% in 2008 and in 2010, which means the efficiency of the quality services rendered within the hospital psychiatric unit. At the same time, the percentage of patients transferred to other hospitals from the total of patients admitted decreased in 2010 compared to 2008, i.e. from 0,3% to 0,01. Concerning the number of complaints registered in respect of the services provided by the hospital psychiatric unit, we observe a decrease of

5% in 2008 to 1% in 2010, which shows the quality of the medical act.

Figure no. 4. Quality performance indicators



CONCLUSIONS

We may say that the obtaining of performance indicators has been made possible thanks to the management at the highest level that had to be ensured if the responsibilities and authorities are defined and communicated, (4,5) for:

a) *Management.* The authority and responsibility should be defined for both the hierarchical management and for the management functions of clinical processes.

b) *The staff had to be involved in providing medical care* with the influence on the quality characteristics and on the patient safety.

c) Permanent monitoring of *the staff that is not involved directly* in the provision of medical assistance.

d) Monitoring of persons involved in activities for medical care provision, but which is not the staff involved in providing medical care (other participants, such as family members and volunteers). At the same time, the management at the highest level had to ensure that:

- ✓ the communication channels are established, which to facilitate the cooperation between various parts of the processes and which contribute to the provision of the services rendered;

- ✓ a process of communication is in place, for the awareness of the effectiveness of the results of the quality management system of the relative quality characteristics;

- ✓ the hospital has a flow of information in an effective and transparent manner;

- ✓ the information on new requests, statutory or otherwise, affecting the provision of medical care, changes relating to the medical or technical equipment, information provided by risk assessment, accidents, incidents and potential accidents avoided at the last moment, are promptly available and are communicated to both the management and the staff involved.

These monitored objectives were to facilitate the communication of the clinical data and other data on the characteristics of quality and continuity of the medical care, in cooperation and interaction with different processes, functions and specialties in health care provision.

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