

Partners Present Successful Management Case Studies

AUPHA Offers Successful Management Case Studies

Rising hospital costs. Staff incentive problems. Patient dissatisfaction. These are just some of the issues Rustam Usmanov, MD, PhD, faced as the new vice rector and head of the first fee-for-service unit at Second Tashkent State Medical Institute (TASHMI II) in Tashkent, Uzbekistan.

"What would you do?," Usmanov asked the participants of the AIHA/Association of University Programs in Health Administration (AUPHA) health management workshop.

Usmanov and three other health managers from NIS partnerships relayed challenging management case studies that they addressed in their respective hospitals. Following their presentations, participants divided into groups to brainstorm and offer solutions.

William Aaronson, PhD, session moderator and chair of the department of health administration at Temple University in Philadelphia, Pennsylvania, noted that workshop participants can utilize the concepts offered in these brainstorming exercises in their hospitals. AUPHA will publish the results of these case studies for use in future NIS management training seminars, he said.

TASHMI II Privatizes Therapy Unit

As state funding continued to decline in the 1990s, hospital directors at TASHMI II decided to experiment with a new concept--a fee-for-service therapy unit.

The TASHMI II therapy unit was privatized in 1993 and became the first unit to operate without ministry funding. Usmanov hopes the unit's self-financing status will alleviate the economic constraints that triggered reductions in wages and staff, increased workloads for nursing staff and growing patient dissatisfaction in his unit prior to the reforms.

Usmanov's first management decision was a reduction in the number of physicians from 42 to 29. Yet other problems persisted, including insufficient financial resources, staff incentive problems and insufficient bedside care. So Usmanov developed a unit budget, established contracts with local companies for employee health coverage, created physician-nurse teams to improve patient consultation and services, and reduced hospital beds from 60 to 40, in an effort to run the unit more efficiently. "The initial results are encouraging," he said, citing an increase in physician salaries threefold and a rise in unit profits by 10 percent for 1996.

Semipalatinsk City Hospital Develops Research Programs

Clinical researchers at the Semipalatinsk City Hospital in Kazakstan were in a "tug-of-war" between the hospital and the Semipalatinsk Medical Institute, said Jhaksybai Zhumadilov, head of the Surgery Department at the Institute. Confusion resulted when researchers, who were traditionally supervised and funded by the Institute, were encouraged to adopt hospital research projects.

City Hospital administrators wanted control of research at their hospital to address long-neglected problems: namely, the improvement of early diagnosis, prevention and treatment of thyroid and other cancers. So Zhumadilov created a six-person clinical research team from both institutions. Collectively, the team wrote a proposal and received Ministry of Health funding for the creation of a hospital-based budget for clinical research. Since the research project's implementation in early 1996, City Hospital has identified advanced surgical procedures that reduce the risk of complication during and after surgery.

Children's Hospital No. 4 Faces Resistance to Innovation

Health administrators at Children's Hospital No. 4 in Minsk, Belarus faced resistance by department heads to their efforts to update existing medical equipment levels.

Valentina Strugach, MD, director of Children's Hospital, explained how the director of one department opposed buying state-of-the-art equipment. Strugach, who did not anticipate or readily know how to resolve this conflict, explained that the equipment remained unopened and in the department for nearly two months not only because of the director's resistance to change, but also due to a lack of staff knowledge of proper equipment use.

"We realized that staff need to be involved...so they are more prepared and aware of the changes about to occur," Strugach said. She resolved the problem by meeting with department staff to demonstrate proper equipment use and explain how it could improve current medical procedures.

Administrators Divided On Dubna Alcohol Program

Health administrators in the Moscow region were divided on ways to allocate funding effectively among the six towns participating in the Dubna-LaCrosse Medical Treatment of Alcoholism program.

The program was eligible for continued, reduced funding in 1996 if it included preventive measures for the treatment of alcoholism. While some city health administrators advocated a continuation of funding at a few of the sites, others insisted reduced funding would so decrease program impact, they advocated its elimination altogether.

Sergei Ryabov, head of the Dubna Health Care Department and partner representative for the Dubna Alcohol program decided to create and review standardized evaluation outcomes forms from each of the six participating cities. After careful evaluation with the six respective city health administrators, Ryabov and the administrators agreed to fund all six cities at different funding levels.