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AN OVERVIEW ABOUT PRACTICAL SHORTCOMINGS IN HEALTHCARE INDUSTRY IN PRESENT SCENARIO

Management

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ABSTRACT

Recent discussion and debate regarding healthcare management has led provider administrators to review their search for "best practices" around the country. Organizations, particularly super specialty hospitals because of their huge infrastructure, are seeking new are for improvement that will enhance their efficiency and effectiveness in respect of the outcome of the current scenario. This discussion suggests that implementation of changes in any organization model specifically their socio-technical systems design, can lead to more output, communications with improvised patient service delivery in every area at hospital operations. Their staff records or unit operations at their patient care processes and engagement of physicians in reviewing process validation in each of these unit operations resulting in improvising the upgradation in Hospital Industry. Finally improvising the way, these steps happen can become a successful team effort involving both social (people) and technical solutions.

KEYWORDS:

Healthcare management, Hospital administration, Physician

Introduction

The healthcare management is the subject of intense discussion about its each and every consecutive component. Nowhere it has become an intense debate than on the subject of hospital management, where coincidentally the healthcare services are most intense. Hospitals are perhaps the most complex form of purposeful organizations which exist in the most turbulent industry environment[1]. Hospitals are constantly dealing with emergency services with the matter of life or death and must address "customer" needs from consumer reform who are not directly paying for the services which they are receiving[2]. In many cases, the patient or consumer is completely unaware about the costs incurred in hospital treatments and procedures[3].

Hospital administrators and managers often speak little in the major decisions made and the medical service providers are generally not being even employed by the organization. Additionally, you will find constituents having wide status differences co-mingling on a continuous basis between orderly employees, nursing personnel and physicians on the same floor often in the same room and even in front of the patient also[4]. This situation is exactly analogous to staffers down to janitors in the board room or presidential suite while a meeting is being consummated simultaneously[5]. On the other hand, insurance companies are getting constant news while lawyers are just waiting to file a legal suite when errors are made.

Current Management Practices

Healthcare quality and patient safety are the prime motto for all primary and secondary health care providers. In hospitals over the years, number of models and schemes for hospital interventions and development have been done. A general approach is to hire external consultants to initiate and implement organizational change or interventions involving a wide variety of perceptions[8]. One study of most of these efforts has been reported for mixed results. Administrators has reported that they have made little progress in implementation of the quality control model or still the effort has not yet "matured".

Hospitals commonly display stagnant, impersonal and historical data on various aspects of hospital performance in almost every corner of their constituents. In one study reviewing the effect of change applied / interventions continued in hospitals, "only 38% of manager's / staff members believed that their initiatives / decisions were successful and only 30% of them thought these initiatives / changes might contribute towards the sustained improvement of their organization / hospital. Also it will not be surprisingly, even amendments initiated to provide training in teamwork for error reduction efforts did not result in improved outcomes. However, Mohr, Burgess and Young suggest that a teamwork culture in an organization might reduce turnover thus will be more beneficial in providing cost savings and also, the higher quality service to patients[6].

There are two core realities about the hospital culture and their practices, which serve to hinder many efforts at a continuous effort to improve patient healthcare outcomes. First of all, the hierarchy differences among service providers / staff, for example in hospital medical / surgical wards, is often a challenge to improve the quality of service delivery and unit interpersonal communications among other staff members. Physicians generally withhold all of the authority and responsibility for patient-related decisions. But they are not intimately involved in teaming with other service providers / staff when intervention efforts are undertaken because of their status. When physicians make routine rounds to follow up the patients after any medication / intervention, usually they review medical records, view recent test data and other measures, consult with the patient directly and move forward without any consultation with Nursing staff or other service provider. A nurse or service provider is rarely consulted for face-to-face communication in front of the patient and also surprisingly physician rarely reviews nursing notes[7].

The second factor that also hinder improvement efforts is the variation in techniques or practices caused by variations in maturity of the organization, technology used and of course, individual differences in personality amongst hospital service providers. Such differences obviously appear to all organizations structure in their cultures and their practices[8]. In a hospital, these types of implem entation generally confound efforts to improve patient quality. First and foremost, the typical model at the any level is that whenever an error occurs, the attention should be directed at identifying the cause of the error. This attention will ideally lead towards correction of the errors created at ground level. Hopefully, the solution will be communicated to responsible personnel who could take the corrective measures, but obviously not to others.

When external consultants are invited in an organization or industry for initiating some development effort, these consultants are never or rarely familiar with internal environment and process. Profes sionals or service providers are instructed to develop their own best methods and implement of same at existing services proactively, unlike the typical traditional model. Even threats of legal procedures and other external forces are not prospering the improvements and that's why the entire picture is one of complete example of randomness rather than of healthy management system[9].

Medical Examples

To rectify or highlighting the process of current medical practices and environment, it may negatively affect patient service, care quality and finally the health. some examples may appear as the best illustrator of above statement. Patients with serious medical illness, like cancer or other rare diseases that may demand for any procedure like surgery or any other, are commonly present in a hospital for several weeks or months or even more due to their associated complications of their foundational illness or disease[10]. All of the example illustrated below are real not fictitious and has happened as observed in routine process.

- Patient fluids and weight are always calculated and properly monitored but it is not surprising for a patient to gain of 20 pounds in excess before communicating with the attending physician looking after the case and also an IV is advised to eradicate the problem. The information about "in and out" urine measurement is spoken by the patient's attendant, not by any nurse or physician or ward person.
- Patient's lungs might collapse partially much before more intense respiratory therapy is executed. Hospital cost control limits such therapy to once every day.
- The consequences of the above example are generally a terrifying experience for a patient: a breathing tube in executed down (which is not easily swallowed by patient) a patient's throat with their arms are tied hard to the bedside so that the patient may not intervene in between the procedure or cannot remove the tube.
- If they are lucky to survive after a few days, they are given a tracheotomy (another surgery for removal of trachea) and again placed on a respirator.
- A patient may go into life-threatening shock due to his / her white corpuscle count has been raised over a period of days, even though blood investigations are continued and their results are reported almost daily. Physicians / Specialist are called to find out route of the cause after the fact...if the patient survives.

Certainly the cause of above and other outcomes may be related to human factors, technology, unavailability of resources or the catch-all "communication" problems. However, a fact that emerges out here is that in all the cases referenced above implementation of polices at administrative level within the existing hospital setup are the responsible factors for these issues and might have been corrected if only teamwork spirit and communications skill been more propagated amongst involved constituents of industry.

Routine formats may be used for each department in organization or hospital starting from ground level for information or education. Processes involve technical information systems[11] as well as administrative role and proper arrangement of medical records on paper[12]. Finally, the outcomes point to reinforce the impleme ntation of empowerment of Physician, nursing staff and other service providers to interact, specially life-saving information, their role and responsibilities to other health care personnel on a timelier basis keeping in view of Patient compliance and satisfaction on priority basis.

Conclusion

Ideas suggested above may appear simple and straight, but if applied such ideas could energize and recharge workers and administrators leading to empowerment of whole healthcare industry. Often beyond the limit pressure is being exerted over on the over-worked professional or service providers, for this something must be done. Executives show much frustration and lack of confidence that healthcare could be positively affecting in either the financial, performance or turnover areas[13]. The model suggested that it should not be visualized as single step in reviving of healthcare industry by an overall industrial administrative change. The exact circumstance that presently dominating over the hospital culture may be somewhat controlled if healthcare professionals or service providers deliver more positive results for the patients.

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