

**Original Work**  
**Research Assessment**  
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# Introduction

Over the past couple of months, I have been given the opportunity, as part of my Independent Study and Mentorship program, to conduct focused and detailed research about my chosen topic of study: Public health, or more specifically, healthcare administration. Recently, I have been allowed to apply my knowledge (and conduct more research) to creating and completing an original work. "Original work" is a very broad term that encompasses many different possibilities but in reference to me, it is the consolidation of massive amounts of research into an assessment that will ultimately assist me in the process of planning the organizational structure and plans for my very own healthcare facility.

Through extensive research, I aim to gain a better understanding of the impact a country's global standing has on the overall health of the population as well as common characteristics found between successful healthcare facilities. Once I have completed all my research, I wish to construct plans for a healthcare operation to be located in a developing country as part of my final product. Since the research portion of this project is so substantial, creating a research assessment about my findings will be my original work. By using the information I aim to acquire about the characteristics of successful facilities and the discrepancies between healthcare in developed countries versus developing countries and the little details surrounding them like funding and organizational structure, I will be able to establish my very own healthcare facility. I plan to utilize higher level thinking throughout the course of this project to analyze, construct, and execute (to an extent) my plan. This idea is very extensive and will require lots of detailed research and analysis. To construct the best facility I can, I must take into account location, price, insurance, staff, patient demographics, regulations, and operations. While I will not be focused on the financial or architectural aspect of my institution, I will be very thorough in my evaluation of the administrative process required to run a successful hospital. I aim to be able to execute all the information I will have gathered through research and through my mentor and apply it to this project. Not only will this opportunity give me a unique experience and exposure into what healthcare administration entails, I will be able to push my mind and creativity to the limits and expand my intellectual ability in preparation for the professional world. By the end of this journey, I hope to have gained extensive knowledge in the field and constructed a plan for administering a successful hospital.

# Research

Now for the research. Throughout my whole ISM experience, I have been conducting research constantly but in this assessment, I will only discuss the research I conducted solely for the purpose of my Original Work.

My first source was called “Becoming a Hospital Administrator” on a website named innerbody.com. Through this website, I was able to educate myself on the foundations of being a hospital administrator and what it all entails. Firstly, these professionals manage personnel, finances, and company practices according to a distinct set of policies and procedures established by trustees. Essentially, the administrators are the people that work behind the scenes of a hospital and make sure that it functions seamlessly and productively. A hospital administrator also represents the institution they manage at investor meetings, on governing boards, and within the greater community. This means that in addition to all the statistics, accounting, and managing that they have to do, they must also maintain a public appearance, for they are the face of the organization they are representing. If the public relations sector of a hospital is not up to par, the rest of the functions will not be able to reach their full potential if the employees and the consumers are not happy comfortable and content with the environment and persona of the hospital. Additionally, hospital administrators keep abreast of new laws and regulations in the industry and advances in medicine and medical technology. As it is extremely important for medical physicians and professionals to keep up with the forever changing technology and procedures in the medical field, it is just as important for healthcare administrators to keep up with the forever changing non-medical aspect healthcare. From insurance to funding to rules and regulations, if the administrators are not knowledgeable about the factors that go into a successful (and legal) hospital, the facility as a whole will be insufficient. All this information is important for my project because it helps me better understand the significant role of administrators in my own hospital and the need for me to create an establishment that will comply with modern rules and regulations. I will need to take into account the amount of staff I will need, funding for the equipment and procedures, and the functions of the hospital.

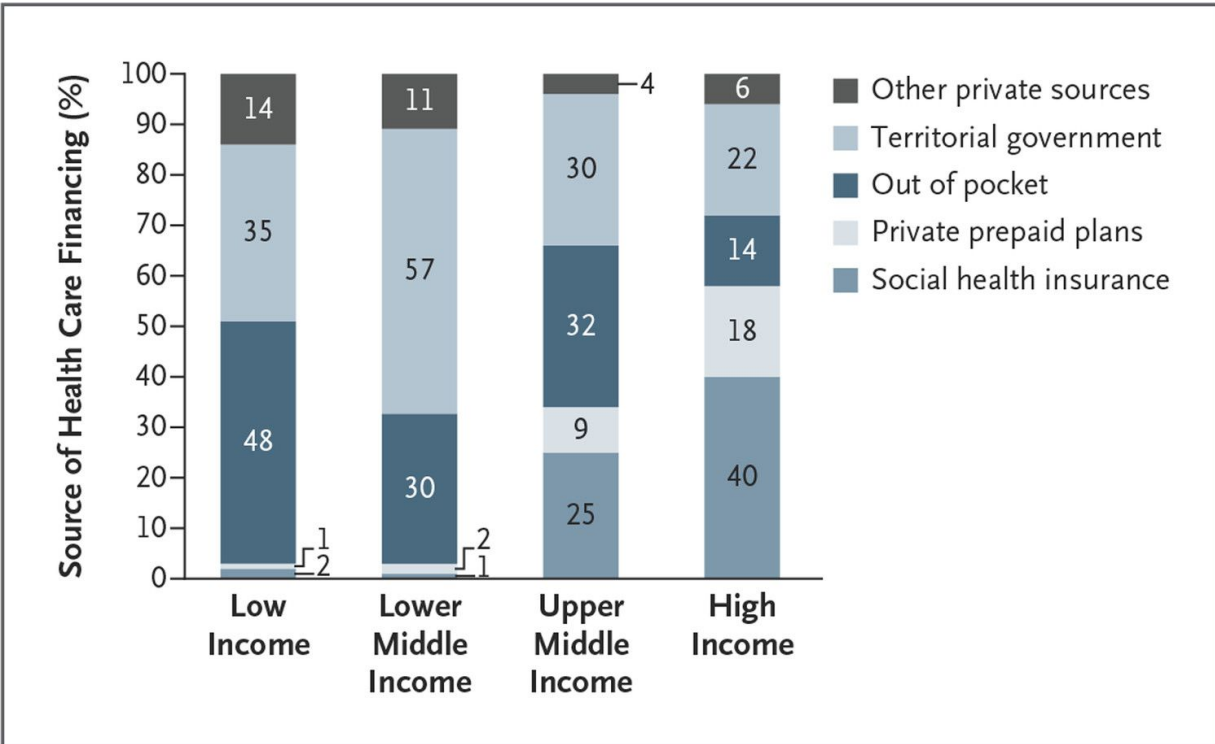
Next in my research are two slideshows I came across on LinkedIn that helped me gain a better understanding of the internal structure of the administration in a hospital. The first presentation, entitled “Hospital Administration” by Faseela Jaleel, educated me about the different aspects of hospital services necessary to maintain a successful practice. On the top of the administrative pyramid is the “board of trustees,” or governing board, which operates the hospital in trust for the community and has a fiduciary duty to protect the assets of the hospital through efficient operation. Obviously,

at the head of it all, is the CEO, who leads the non-medical administrative services and is directly responsible for the day-to-day operations of the facility. The different aspects of administrative services are line, supportive (staff), and auxiliary services. Line services include emergency services like diagnosis and treatment of illness of an urgent nature and injuries from accidents, outpatient services like provision of diagnostic, curative, preventive and rehabilitative services, In-patient services like wards, an Intensive care Unit, and Operation theatres. Supportive or Staff services include diet management, pharmacy services management, laundry, radiology, nursing services, and a central sterile supply services management. Last but not least, auxiliary services include registration and indoor case records, stores, transport, mortuary, dietary services, engineering and maintenance services, and hospital security. All in all, the administrative sector of a hospital is very complex and requires lots of planning to result in a smoothly operating system. The second slide show was titled "Organizational Structure of a Hospital" by Ed Alzona. This presentation provided me with additional services that a hospital might include as well as different positions available in the field of administration. Just a couple of the departments seen in majority of large healthcare facilities around the world are administrative, informational, therapeutic, diagnostic, and support services. While these departments are all essential, the size of them is based on the overall size of the facility and the minimum number of people needed to make sure the establishment operates efficiently and with maximum success. All this information is essential to the next and final step in my individual project because knowing the structure of the administration is the first step to constructing and planning an efficient healthcare facility.

As I furthered my research, I delved into the healthcare systems in developing countries to learn more about the differences between providing healthcare in a struggling country versus providing healthcare in a fully developed and independent nation. To answer my questions and provide me with lots of new information, I used an article by Anne Mills, D.H.S.A., Ph.D. called "Health Care Systems in Low- and Middle-Income Countries" on the New England Journal of Medicine website. I found this article to be extremely helpful in my endeavors and it included lots of information that will be pertinent to my final product. In this article, Mills mentioned that "it has become especially important to emphasize health care systems in low- and middle-income countries because of the substantial external funding provided for disease-specific programs, especially for drugs and medical supplies, and the relative underfunding of the broader health care infrastructures in these countries." This brought to my attention the need for wellness and general healthcare facilities in developing countries. If I were to design my facility in a third world country, I would need to construct an organization that would be able to meet the needs of the location I choose. Since there is a lack of

focus on noncommunicable diseases in areas of low income, it would be more effective to focus on the general health of the public instead of a specialized facility for disease.

“A functioning health care system is fundamental to the achievement of universal coverage for health care, which has been the focus of recent statements by advocacy groups and other organizations around the globe, including a declaration by the United Nations in 2012” (Mills). In developing countries, the healthcare systems are unstable and inconsistent, resulting in irregularities in the distribution as well as the implementation of healthcare. These discrepancies contribute greatly to the overall ineffectiveness of the healthcare systems used in developing countries today. Recent analyses have drawn attention to the weaknesses of healthcare systems in low- and middle-income countries. For example, “in the 75 countries that account for more than 95% of maternal and child deaths, the median proportion of births attended by a skilled health worker is only 62% (range, 10 to 100%), and women without money or coverage for this service are much less likely to receive it than are women with the means to pay for it”. Lack of financial protection for the costs of health care means that approximately 100 million people are pushed below the poverty line each year by payments for health care, and many more will not seek care because they lack the necessary funds. Having to choose between paying for a much needed surgical procedure or retaining a house to live in is a decision that no one should ever have to make. This overarching theme of lacking the financial means with which to pay for healthcare results from the absence of social systems like health insurance or government funded healthcare in most developing countries. Developed countries don't face the same issues as developing countries in this aspect because they have a sturdy foundation of a complex social infrastructure that accounts for things like health care coverage. On average, almost 50% of health care financing in low-income countries comes from out-of-pocket payments, as compared with 30% in middle-income countries and 14% in high-income countries (see figure below).



When payments from general government expenditures, social (public) health insurance, and prepaid private insurance are combined, only 38% of health care financing in low-income countries is combined in funding pools, which allow the risks of health care costs to be shared across population groups, as compared with approximately 60% in middle-income countries and 80% in high-income countries. The key financing issue for low- and middle-income countries is how to provide increased financial protection for households. This concept will be important to implement in my final product because I will need to figure out an effective and efficient way for the financing of my healthcare establishment as well as the securing of payment from the patients.

The Philippines and Vietnam, for instance, have sought to expand financial protection by encouraging voluntary enrollment in social health insurance programs, whereas other countries, such as Thailand, have used funds from general taxation that are channeled to ministries of health or local health authorities. In Africa, Rwanda is frequently referred to as a country that has achieved remarkably high voluntary insurance coverage, although the depth of coverage (i.e., the number of services covered) is limited and there is still insufficient financial protection for the poorest groups. Ghana, another African country cited for its efforts to expand health care coverage, introduced a national health insurance program in which enrollment is compulsory for the formal sector and voluntary for the informal sector and in which

coverage is free for the poorest members of the population. However, problems in making premiums affordable and in maintaining voluntary enrollment led the ruling party to propose one-time payment rather than annual payment from those outside the formal sector. General taxation (through a value-added tax) is already the main financing source for Ghana's national health insurance, but the introduction of a one-time payment would clearly signal a decrease in the importance attached to contributory insurance. All these countries serve as examples for foundations which I can build upon when constructing the financial technicalities of my facility.

My key concern (financially) will be to determine which financing arrangements, given the particular economic, social, and political environment, will best protect the most vulnerable segment of the population and ensure both quality of the healthcare system and the maximum quantity of the number of patients it can assist.

Another source I implemented in my research was an article called "Taking on the Challenges of Health Care in Africa" by Lily B. Clausen on the Stanford Graduate School of Business website. "The health care professionals on the ground in Africa know the frustrations firsthand: counterfeit pharmaceuticals; shopping malls equipped with air-conditioning, while sweltering medical clinics limp along without it; much-needed medical equipment such as MRI machines getting caught up in the gridlock of international customs". This text from the article highlighted the importance of many functioning and well-run facilities throughout the many struggling countries in Africa. Due to very little of the government expenses going to healthcare and an insufficient foundation, the field as a whole is lagging behind other healthcare systems around the world. Additionally, Africa is confronting an increased demand beyond the treatment of AIDS, malaria, and other communicable diseases to address the noncommunicable ones such as hypertension, which are growing as the middle class increases. Since much of the focus is toward specialized disease prevention and research, many of the common diseases of middle class individuals are being ignored. In developed countries, conditions like hypertension, heart disease, or diabetes are left unnoticed and untreated due to the lack of functioning general healthcare facilities and skilled physicians. Also adding to the situation in developing countries is the "brain drain" of intelligent and capable individuals to developed countries in Europe or North America.

All these issues will have to be addressed in my final product and will prove to be quite challenging in the planning of a healthcare establishment. Although it will be difficult, I will be able to execute all the information I will have gathered through research and, later on, through my mentor and apply it to this project. Not only will this opportunity give me a unique experience and exposure into what healthcare administration entails, I will be able to push my mind and creativity to the limits and expand my intellectual ability in preparation for the professional world.

