Works Cited

Source 1

Becoming a Hospital Administrator

http://www.innerbody.com/careers-in-health/becoming-hospital-administrator.html

- These professionals manage personnel, finances and facility practices according to a distinct set of policies and procedures established by trustees.
- A hospital administrator also represents the institution she manages at investor meetings, on governing boards, and within the greater community.
- Hospital administrators keep abreast of new laws and regulations in the industry and advances in medicine and medical technology.
- many different environments, including urban and general care community hospitals, rehabilitation facilities, group medical practices and outpatient care locations
- According to the US Department of Labor, healthcare administrators collectively have a average salary of $109,370, with a range of about $56,970 to $172,240 or more
- The Bureau of Labor Statistics expects the overall job market for healthcare administrators to grow by about 17 percent until at least 2024.
- And with more hospitals joining large networks, some administrators are responsible for operations at more than one facility. Administrative professionals who are highly cross-trained are the most likely to thrive in this dynamic environment.
- Further information about educational pathways that is not pertinent to this certain project but could be very useful in the future

Source 2

Healthcare Administration Wikipedia site

https://en.wikipedia.org/wiki/Health_administration

- Health systems management ensures that specific outcomes are attained, that departments within a health facility are running smoothly, that the right people are in the right jobs, that people know what is expected of them, that resources are used efficiently and that all departments are working towards a common goal.
- individuals or groups of people who act as the central point of control within hospitals.
- There are two types of administrators, generalists and specialists.
    - Generalists are individuals who are responsible for managing or helping to manage an entire facility.

    - Specialists are individuals who are responsible for the efficient operations of a specific department such as policy analysis, finance, accounting, budgeting, human resources, or marketing
- It was reported in September 2014, that the United States spends roughly $218 billion per year on hospital's administration costs
- In 11 different countries, hospitals allocate approximately 12 percent of their budget toward administrative costs. In the United States, hospitals spend 25 percent on administrative costs.
- There are a variety of different professional associations related to health systems management, which can be subcategorized as either personal or institutional membership groups.
    - Personal membership groups are joined by individuals, and typically have individual skills and career development as their focus.
    - Institutional membership groups are joined by organizations; whereas they typically focus on organizational effectiveness, and may also include data-sharing agreements and other medical related or administrative practice sharing vehicles for member organizations.

Source 3

Health Care Systems in Low- and Middle-Income Countries

http://www.nejm.org/doi/full/10.1056/NEJMra1110897#t=article

- 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.
- 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.
- Recent analyses have drawn attention to the weaknesses of health care 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.

- have been introducing new approaches to financing, organizing, and delivering health care.
- to pay for health care through general taxation or contributory insurance funds to improve financial protection for specific sections of the population?
- to use financial incentives to increase health care utilization and improve health care quality?
- to make use of private entities to extend the reach of the health care system?
- A framework for categorizing the constraints on health care systems was originally developed in 2001 for the Commission on Macroeconomics and Health of the World Health Organization and has been widely applied since then.
    - This framework has the merit of looking at systems both horizontally (e.g., assessing each level to determine all the elements needed for effective service delivery) and vertically (e.g., accounting for the support functions of the higher levels in a system)
    - Pictured on the next page
- General Taxation vs. Contributory Insurance
    - 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. (Graph pictured below)

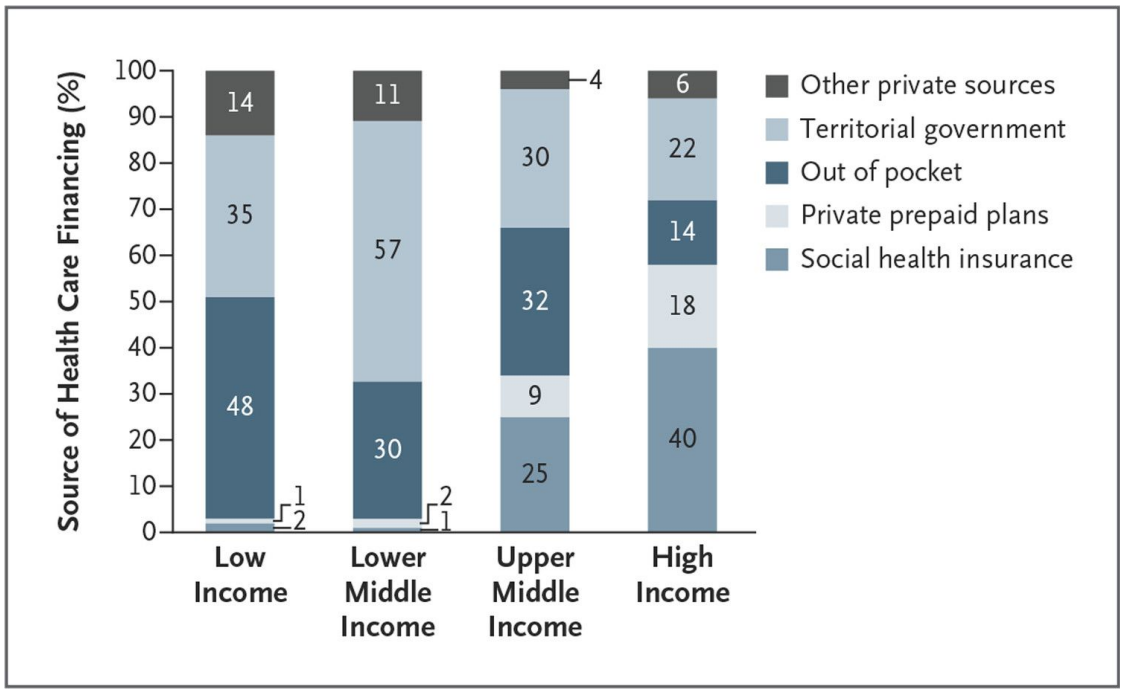

Table 1. Health Care System Constraints and Responses.*

Level of Health Care System	Constraints†	Responses‡
Community and household	Lack of demand for effective interventions	Provide financial incentives to encourage use of services, mobilize communities (e.g., by supporting creation of women's groups to spread information about antenatal and delivery services)
	Barriers to use of effective interventions (physical, financial, social)	Expand "close-to-client" services (e.g., those provided by village health workers and trained drug sellers), remove financial barriers at point of service through increased prepayment, increase responsiveness of providers (e.g., through pay-for-performance approaches)
Service delivery	Shortage and poor distribution of appropriately qualified staff, especially at primary care level	Increase numbers of health workers, implement task shifting (e.g., by training community health workers to treat common illnesses), increase allowances for work in remote areas
	Low staff pay and poor motivation	Increase pay, improve supervision
	Weak technical guidance, program management, and supervision	Strengthen training and supervision, contract management
	Inadequate drugs and medical supplies	Strengthen public systems of supply, make use of private retail system
	Lack of equipment and infrastructure, including poor accessibility of health services	Renovate, upgrade, and expand public facilities, contract nongovernmental organizations to provide services
Policy and strategic management in the health sector	Weak and overly centralized systems for planning and management	Decentralize planning and management
	Weak drug policies and supply systems	Introduce new supply mechanisms
	Inadequate regulation of pharmaceutical industry and other segments of the private sector, improper industry practices	Strengthen regulation through legal mechanisms and incentives
	Lack of cooperative action and partnership for health between government and civic organizations	Require engagement of civic organizations in planning and service oversight
	Weak incentives to use inputs efficiently and to respond to user needs and preferences	Use output-based payments and external assistance programs
	Fragmented donor funding, which reduces flexibility and ownership; low priority given to systems support	Implement reforms to aid management and delivery (e.g., SWAPS, IHP+), provide increased financing for systems support
Government policy	Bureaucracy (e.g., civil service rules and remuneration, centralized management systems)	Make greater use of private sector in financing, management, and service delivery; move health management into autonomous agencies
	Limited communication and transport infrastructure	Not seen as health care issue
Political and physical environment	Governance and overall policy framework (e.g., corruption, weak government, weak rule of law and enforceability of contracts, political instability and insecurity, social sectors not given priority in funding decisions, weak structure for public accountability, lack of free press)	Encourage improved stewardship and accountability mechanisms by encouraging growth in civic organizations and supporting an active and informed media
	Climatic and geographic predisposition to disease, physical environment unfavorable for service delivery	Not amenable to change
Global	Fragmented governance and management structures for global health	Improve global coordination (e.g., the Paris Declaration, Accra Agenda for Action)
	Emigration of doctors and nurses to high-income countries	Seek voluntary agreements on migration of doctors and nurses

* IHP+ denotes International Health Partnership Plus, and SWAPS sectorwide approaches.
† Information is adapted from Hanson et al.[7]
‡ Information is adapted from Mills and Ranson,[8] Mills et al.,[9] and the Taskforce on Innovative International Financing for Health Systems.[1]

- 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.
- 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.
- Countries need to and do draw on a mix of financing sources, but their key concern should be to determine which financing arrangements, given their particular economic, social, and political environment, will best protect the most vulnerable segment of the population and ensure both breadth of coverage (the number of people protected) and reasonable depth of coverage.

Source 4

Taking on the Challenges of Health Care in Africa

https://www.gsb.stanford.edu/insights/taking-challenges-health-care-africa

- 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.
- Africa, too, 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.
- Access is still the greatest challenge to health care delivery in Africa.
- Many African countries spend less than 10% of their GDP on health care.
- Shortage of trained health care professionals from Africa
- We have seen that maintenance is usually one of the major problems with technology in the public sector, as everybody's property is usually no one's, and therefore no one takes responsibility for keeping it up to date and making repairs.
- Azure Tariro Makadzange, infectious disease physician:
    - I think government is responsible for ensuring that everyone has access to health care, however, I don't think that health care is a public good that is the sole responsibility of the government.
    - There are no incentives for entrepreneurs to enter that space to provide health care to the middle classes and the working poor.
- Examples include medical staff in public sector health care institutions who sell drugs that should be free, and theft (for personal use) or diversion (for private sector resale) of drugs and supplies at government storage and distribution points.
- A darker consequence of the rise of technology is that it enables counterfeiters to run even more sophisticated operations and make counterfeit drugs that are harder to detect.
- Nigeria
    - despite regulators adoption of counterfeit drug "track and trace systems," there is evidence that some of these systems are being successfully "copied" by counterfeit drug producers. As a result, counterfeit drugs now present themselves as authentic drugs.
- Much of the current focus of health care delivery in Africa is on traditional and visible factors like HIV and malaria. However, changes in lifestyle and a growing middle class are making noncommunicable diseases like cardiovascular disease, cancer, and diabetes big issues among populations.

Source 5

Hospital Administration

https://www.slideshare.net/Faseela/hospital-administration

- The “board of trustees,” or governing board, operates the hospital in trust for the community and has a fiduciary duty to protect the assets of the hospital through efficient operation
- The CEO leads the non-medical administrative services and is directly responsible for the day-to-day operations of the facility.
- General Hospitals and Special Hospitals
- Ownership
    - Government hospitals
    - Semi-Government hospitals
    - Voluntary Agencies’ hospitals
    - Private/ Charitable hospitals
- Aspects of Hospital Services
    - Line Services
        - Emergency services: Diagnosis & Treatment of illness of an urgent nature & injuries from accidents
        - Outpatient services: Provision of diagnostic, curative, preventive and rehabilitative services
        - In-patient services: wards
        - Intensive care Unit
        - Operation theatres
    - Supportive (staff) services
        - Diet management
        - Pharmacy services management
        - Laundry
        - Radiology
        - Nursing services
        - Central sterile supply services management
    - Auxiliary services
        - Registration and indoor case records
        - Stores
        - Transport
        - Mortuary
        - Dietary services
        - Engineering and maintenance services
        - Hospital security

Source 6

Organizational Structure of a Hospital

https://www.slideshare.net/ealzona/organizational-structure-ofahospital-13374694?next_slideshow=1

- Organizational structure varies from hospital to hospital
- Hospital departments are grouped in order to promote efficiency of facility
- Common Categorical Grouping:
    - Administrative Services
    - Informational Services
    - Therapeutic Services
    - Diagnostic Services
    - Support Services
- Administrative Services
    - CEO, Vice President(s), Executive Assistants, Department Heads
    - “Run the hospital”
    - Oversee budgeting and finance
    - Establish hospital policies and procedures
    - Public relation duties
- Informational Services
    - Admissions
    - Billing and Collection
    - Medical REcords
    - Computer Information Systems
    - Health education
    - Human resources
- Therapeutic Services
    - Provides treatment to patients
    - Departments
        - Physical therapy (improve large muscle mobility)
        - Occupational therapy (fine motor skills)
        - Speech/Language Pathology (speech/language disorders)
        - Respiratory therapy
        - Medical Psychology
        - Social services (financial aid)
        - Pharmacy
        - Dietary
        - Sports medicine
        - Nursing
    - Diagnostic Services

        - Determines the cause(s) of illness of injury
        - Medical Laboratory
        - Medical Imaging
        - Emergency Medicine
    - Support Services
        - Provides support for the entire hospital
        - Central supply - orders, receives, stocks and distributes equipment and supplies
        - Biomedical technology - design, build, repair, medical equipment
        - Housekeeping and maintenance - maintain safe and clean environment