

NEGELE ARSI

GENERAL HOSPITAL AND MEDICAL COLLEGE

THE GOLD STANDARD IN PATIENT-CENTERED CARE



STRATEGIC PLAN FY 2018 - 2019

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EXECUTIVE SUMMARY

I. INTRODUCTION

Founded in 2010 by an Ethiopian-American philanthropist, Negele Arsi General Hospital and Medical College was licensed by Oromia regional health bureau on April 25, 2017, and formally opened to the public on July 23, 2017. It is a privately-owned health and educational campus established to improve the health and education status in Arsi Negele and its surrounding areas.

Led by distinguished executives and specialists in the field and staffed by 135 nurses, ancillary care providers, techs, educators, and other employees, NAGHMC has the unique distinction of being the only teaching private hospital in southeast part of the country, and as such, plays a pivotal role in realizing the growth and transformation process of the nation. Taking a patient-centered approach to care, the hospital's leadership team and staff promote active participation in order to serve the community and enhance social and economic development of the country.

II. OVERVIEW: DESCRIPTION AND SERVICES

Located in Negele Arsi town, 240 km Southeast of Addis Ababa, NAGHMC serves a catchment area of more than 2.5 million people from Oromia and SNNPR and others part of Ethiopia.

HEALTHCARE AND HOSPITAL SERVICES. Currently, the hospital has 94 beds, 8 of which are dedicated for ICU and is equipped with state of the art medical equipment. The hospital delivers such general and specialized health services as gynecology and obstetrics, surgery, pediatrics, neonatology, internal medicine, ophthalmology, psychiatry, dermatology, anesthesiology and dentistry.

COMPREHENSIVE MEDICAL SERVICES

- Outpatient Clinic
- General & Internal Medicine
- Fully equipped 8 beds surgical and medical ICU
- Cardiology
- Emergency and Trauma Care
- Surgical Services

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- Orthopedic Services
- Obstetrics and Gynecology
- Pediatrics
- Ophthalmology
- Ear, Nose, Throat
- Neurological Services

STATE-OF-THE-ART ANCILLARY SERVICES

- Pharmacy
- Laboratory
- Diagnostic Imaging:
 - State of the art CT Scanner
 - Digital Mammography
 - 3D cardiac doppler machine
 - Multiple 4D ultrasound machines

HEALTH COLLEGE SERVICES. Also located on campus are a health college with 200 students and a meeting center with restaurant that provides limited retail food and beverage services.

COURSE OFFERINGS

- Medicine
- Nursing
- Radiology Tech
- Public Health
- Pharmacy
- Laboratory Tech

II. A. MISSION STATEMENT

We are committed to improving the quality of life in rural Ethiopia and setting the Gold Standard in care and education by:

- Reducing morbidity, mortality and disability and improve health status of the local people through providing comprehensive package of curative, preventive, promotive and rehabilitative care to the public.
- Producing competent health professionals through high quality medical and paramedical teaching
- Pushing the frontiers of care through research and evidence based practices.

EXECUTIVE SUMMARY

- Establishing strong collaborative networks with surrounding health facilities to ensure access to quality of health care services at each corner.

II. A. VISION

Our Vision is to set the Gold Standard in patient-centered care to uplift the health, literacy, and economic status of Negele Arsi and its surrounding communities.

II. A. CORE VALUES

1. **Self-reliance.** Taking responsibility and staying on task to meet goals
2. **Selflessness.** Putting others ahead of oneself in pursuit of the greater good
3. **Safety.** Doing no harm, protecting, or ensuring the well-being of others
4. **Collaboration.** Working harmoniously with others to achieve the best outcomes
5. **Integrity.** Doing the right thing even when no one is looking
6. **Kindness.** Accepting, respecting, and being open to differences of opinion, life choices, and beliefs

II. B. SERVICE AREA DEMOGRAPHICS

• Male	:	1,257,492
• Female	:	1,242,508
• Total	:	2,500,000
• Children under 1 year of age	:	77,500
• Children less than 5 years of age	:	375,000
• Women 15 – 49 years of age	:	575,000
• Pregnant women in service area	:	75,000

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III. PURPOSE

The purpose of this strategic plan is to provide clear and focused sustainable solutions that will:

- continuously **improve quality** of education, service, and care
- efficiently and effectively **manage costs** and resources
- **promote growth** that is strategic, measurable, achievable, relevant, and timely.
- **ensure satisfaction** among the diverse audiences we serve (patients, students, families, employees, medical and education teams, community influencers and partners)

Through the commitment and efforts of our physicians, nurses, educators, leaders, and other influencers, as well as other supporters who care about this community, we will succeed in our quest to set the Gold Standard in health care and education by providing exceptional patient-centered care and creating a robust college to career pipeline.

IV. STAKEHOLDERS

To effectively engage these audiences, a Communications and Marketing Plan will be developed in support of the Growth strategy outlined in section 5.

Tier 1:

- Employees, Physicians, Faculty
- Customers - Patients / Students and their families
- Board

Tier 2:

- Immediate / Local community and Business owners
- Immediate Community leadership and influencers

Tier 3:

- Professional collaborative networks in health and education
- Referral sources – neighboring physicians, business leaders
- Diaspora, Donors, Philanthropists

EXECUTIVE SUMMARY

V. STRATEGIC INITIATIVES (PILLARS)

IMPROVE QUALITY

- Continuous improvement / safety
- Excellence in quality improvement and assurance
- A community protected from health hazards and is served with quality health care at all levels and at all times.

MANAGE COST

- Service / operational excellence / fiscal responsibility
- Excellence in Healthcare delivery and operational efficiency
- A fiscally responsible enterprise that delivers equitable promotive, preventive, curative and rehabilitative services enabling the community to practice and produce good health; and be protected from emergency health hazards.

ENSURE SATISFACTION

- Staff (MD and employee) / Patient / Customer / Student Satisfaction
- Excellence in leadership and governance
- All clients /patients are served by efficient, accountable and transparent manner

PROMOTE GROWTH

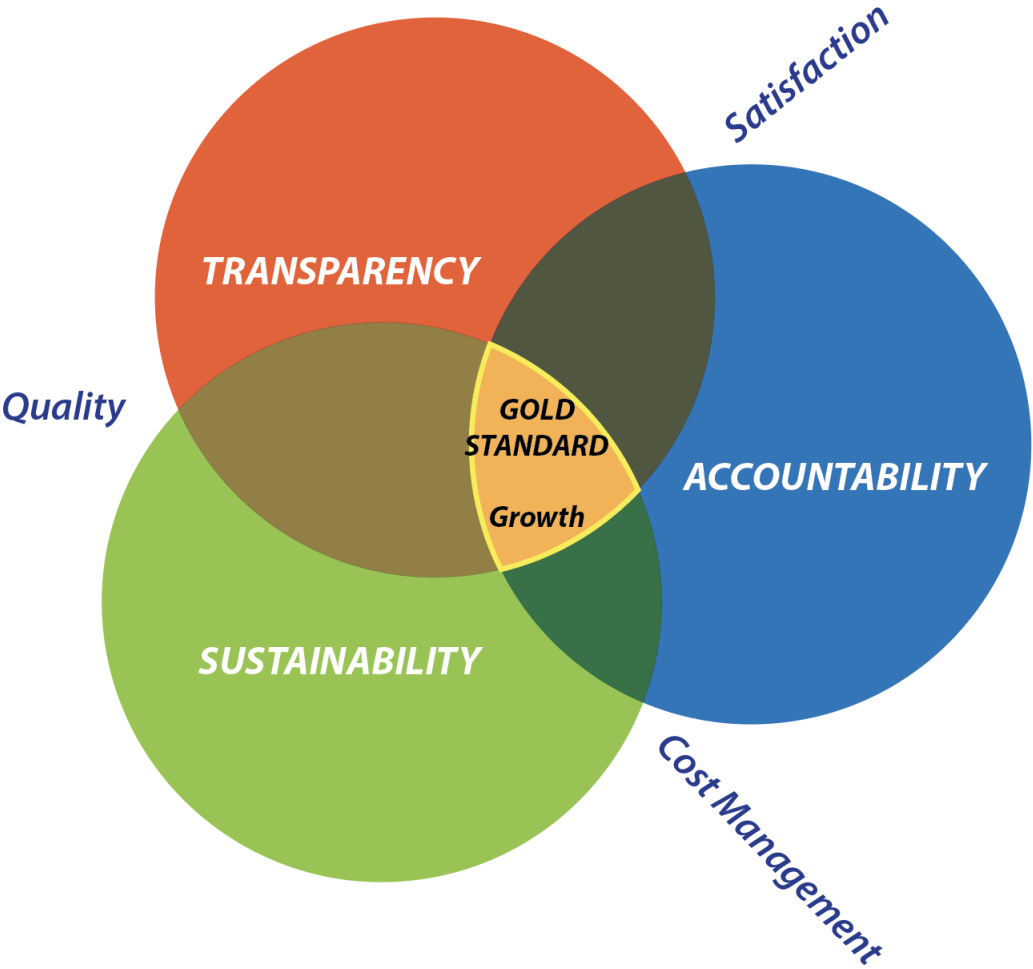
- Business development / collaborative network building
- Excellence in health system capacity
- Ensuring communities are served by qualified and motivated employees in hospital that is well equipped, supplied, maintained and ICT networked / as per the standards

EXECUTIVE SUMMARY

VI. OPERATING PRINCIPLES: Achieving the Gold Standard

Behaviors		Strategic Initiatives / Pillars				
Transparency	+	Sustainability	=	Improve Quality	}	Promote Growth
Sustainability	+	Accountability	=	Manage Cost		
Accountability	+	Transparency	=	Ensure Satisfaction		

The success of each strategic initiative (pillar) is dependent upon how well the corresponding behaviors are implemented.



EXECUTIVE SUMMARY

VIII. STRATEGIC PLAN FRAMEWORK

SYSTEM GOVERNANCE

- *Resource Management*
- *Fiscal Management*
- *Compliance*
- *Strategy*
- *Leadership*
- *Recruitment*

College

Hospital

Commercial

Convention Center

Improve Quality

Educational Content
Student Performance
Faculty Qualifications
Resource Availability
& completeness

Infection control
Safety
Throughput
MD / Staff
Development

Sanitation
Safety
Service
Throughput

Manage Cost

Resource Management
(Inventory)
Expense Management
Optimize Income
Productivity
(monitor & maximize)

Compliance Officer
Resource Management
Savings/Revenue
Optimization
Fiscal Responsibility &
Productivity (Inventory)

Resource Management
(Inventory)
Expense Management
Optimize Income
Productivity
(monitor & maximize)

Ensure Satisfaction

Student Satisfaction
Faculty / Staff
satisfaction
Community support
Influencer trust

Client Satisfaction
- MD / Staff / Faculty
- Patients / Students
- Community
Service Line
Improvements

Customer Satisfaction
Employee Satisfaction
Community support
Influencer trust

Promote Growth

Diploma Programs
Degree Programs
Medical Residency
Accreditation

Income streams
Upsell Services
Service line
enhancements
Business Devt

Income streams
Upsell Services
Service line
enhancements
Business Devt

IX. ACTION PLAN SUMMARY | **IMPROVE QUALITY**

INITIATIVE # 1 Infection Control	METRIC lower rate to 0 by Q4	DELIVERABLES Compliance Report
ACTION: Education & Compliance		6. Pressure Sore Incidence Rate Surgical = 0
1. Handwashing		7. Site infection rate = 1
2. Equipment Sterilization		8. ANC client tested for syphilis = 250
3. Antibiotic within 1 hr of cut time		9. ANC4(number) = 250
4. Eliminate cross contamination		10. % of EHSTG standard met (% of Hospital Services standards met) (197) = progress from 85% to 90% by Q4
5. Sterile wound care		

INITIATIVE # 2a Patient Safety	METRIC 100% compliance	DELIVERABLES Compliance Report M&M Conference
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ACTION / SPECIFIC METRICS	DELIVERABLES:
<p>I. Core Measures Training</p> <ul style="list-style-type: none"> • AMI – acute myocardial infarction • HF – heart failure • PN - pneumonia • SCIP – surgical care improvement protocols • CAC – children’s asthma care • VTE – venous thromboembolism • STK – stroke 	<ol style="list-style-type: none"> 1. Core measures report monthly 2. Mortality Rates 3. Establish M&M conferences 4. Consistent Peer Review meetings
<p>2. Mortality Rates</p> <ul style="list-style-type: none"> • ER <0.5% • Inpatient 1.5% • Institutional Maternal Mortality <0.5% • Institutional Neonatal Death Rate within 24 hours of birth <0.5% • Caesarean Section Rate 40% • Referrals / transfers = 1 • Admissions = progressing from 5% to 8.9% by Q4 	

IX. ACTION PLAN SUMMARY | **IMPROVE QUALITY**

INITIATIVE # 2b	METRIC	DELIVERABLES
Safety Culture - Leadership	Board approval	100% compliance

ACTION: Education & Compliance for Leadership and staff

1. Simplify and standardize workplace, equipment, supplies and processes.
2. Establish constraints that encourage and drive medical professionals to do the right thing.(e.g. provide an electronic medical record chart that provides visual cues to accurately chart a patient's information).
3. Reduce reliance on memory and other weak aspects of cognition.
4. Foster robust communication between stakeholders to encourage a comprehensive understanding of the problems associated with patient safety. Communication failures often contribute to preventable patient harm events.
5. Conduct training for medical professionals so that they are well-equipped to perform their responsibilities.
6. Plan interdisciplinary team training programs and collaboration on areas such as patient care simulation.
7. Ensure that managers and leaders in the organization continually contribute to the process of improving quality.
8. Build an organizational culture that strikes a balance between fairness and accountability and is conducive to ongoing quality improvement.
9. Collate patient safety data, monitor and evaluate errors, and implement methods to reduce them.
10. Designate a Safety Officer

INITIATIVE # 2c	METRIC	DELIVERABLES
Safety Culture - Staff	100% staff training	100% compliance

ACTION: Education & Compliance for Leadership and staff

1. Conduct patient safety leadership walkrounds
2. Appoint a safety champion for every unit.
3. Involve patients in safety initiatives
4. Conduct safety briefings.

IX. ACTION PLAN SUMMARY | **IMPROVE QUALITY**

INITIATIVE # 3	METRIC	DELIVERABLES
Throughput	Board approval	100% compliance

ACTION: Turnaround Times

DELIVERABLES:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Lab 2. Xray 3. OPD 4. ER 5. Surgery 6. Delivery 7. ICU and Medical Ward | <ol style="list-style-type: none"> 1. Conduct time study to establish baseline 2. Root cause analysis 3. Common cause analysis 4. Identify improvements 5. Monitor 6. Establish targets and metrics |
|--|---|

ACTION: Wait times / Admissions

1. Outpatient Attendances = 5,500
2. Outpatient waiting time (Survey done at hospital level quarterly) in minutes = 30 mins
3. % of outpatients not seen on same day = 0
4. Emergency Room Attendances = 800
5. Proportion of patient triaged within 5 minutes of arrival at Emergency Room = 100
6. % of emergency room attendances with length of stay >24 hours = 0
7. Delay for elective surgical admission = 0
8. Bed Occupancy Rate (BOR) = 40
9. Average Length of Stay (ALOS) = 5
10. Proportion of blood units utilized from blood bank service = 100

INITIATIVE # 4	METRIC	DELIVERABLES
MD / Staff Development	100% staff / MD training	100% compliance

ACTION:

1. Conduct needs assessment
2. Evidence based practice
3. % of completeness of inpatient medical records
4. Improvement in Level of LQAS
5. Report Timeliness
6. Report Completeness

IX. ACTION PLAN SUMMARY | **MANAGE COSTS**

INITIATIVE # 1	METRIC	DELIVERABLES
Purchasing Committee	Cost savings per year	Policy and Procedures
> Chief Compliance Officer	Inventory accuracy	Committee Audit Results

ACTION:

- Develop and Deploy Purchasing Committee
- Establish Chief Compliance Officer position

NAGHMC's Purchasing Committee is a group of designated staff established for independent review and evaluation of purchasing processes, policies and procedures. The committee's main role is to recommend the most appropriate supplier or service provider based on price, quality, stock availability, references etc.

NAGHMC's Purchasing Committee is managed by the NAGHMC **Chief Compliance Officer** who reports directly to NAGHMC President / president's designee, and CEO. The Chief Compliance Officer has the ultimate responsibility for the successful outcome of the evaluation process.

The Chief Compliance Officer is responsible for conducting special assignments and investigations into any matter or activity affecting the purchasing functions at NAGHMC; as well as other duties as assigned by NAGHMC President / president's designee

SCOPE:

1. Review and appraise the adequacy and effectiveness of department purchasing systems - including supply requests and bid solicitations
2. Ensure that the supplies/services quoted comply with what was requested in writing
3. Request technical input / verification from relevant staff as required
4. Purchasing Committee should also be assigned a role within the supplier pre-qualification process
5. In certain contexts, it may be appropriate for some or all members of the Purchasing Committee to be directly involved in the collection of quotations
6. Ensure full statutory compliance and achieves value for money
7. Ensure samples are available for review if relevant and are returned to all unsuccessful bidders
8. Appraise the relevance, reliability and integrity of purchasing data and reports.
9. Assess the adequacy of established policy and procedures.
10. Conduct special assignments and investigations into any matter or activity affecting the purchasing functions at NAGHMC.
11. Protect staff by minimizing the opportunities for corruption and code of conduct breaches.
12. Ensure proportionality, transparency, accountability and fairness in the procurement process

IX. ACTION PLAN SUMMARY | **MANAGE COSTS**

INITIATIVE # 2	METRIC	DELIVERABLES
Resource Management	See below	Utilization
> Equipmt / Supplies / Drugs		Inventory Report

ACTION: Logistics supply and management

- Implement Medical equipment, drugs and supply development program
 - Promote rational and cost-effective use of medicine
1. Bulk purchase of medical equipment and supply
 2. DTC'S active involvement in drug selection, quantification and procurement
 3. Proper and timely quantification and request for procurement
 4. Prepare policies and procedures for identifying and managing drug use problems: prescription monitoring and drug utilization monitoring
 5. Preparing standard treatment guideline for each departments
 6. Paper based or computer based inventory management system to monitor and reduce frequency of stock out, wastage over supply and drug expiry
 7. Strengthening the clinical pharmacy services (insure involvement of clinical pharmacist in patient management and drug selection)

METRICS

1. Proportion of hospital specific essential drugs available = 100%
2. Monthly Inventory and measures taken based on the major inventory findings with random inventory and inspection as needed
3. % of drugs dispensed at the dispensary as per the no. drug prescribed = 100%
4. Revenue Utilization: Monitoring, Analysis, Improvement = 100%

IX. ACTION PLAN SUMMARY | **MANAGE COSTS**

INITIATIVE # 3	METRIC	DELIVERABLES
Savings / Revenue Optimization	See below	Contribution Margins Income / Expense Report

ACTION: Logistics supply and management

- Implement Medical equipment, drugs and supply development program
 1. Assessment: Review business practices and determine opportunities for efficiency and process improvement, upselling, cost reduction, waste reduction
 2. Analytics: Benchmark sources of savings
 3. Weekly supply / drug utilization reports
 4. Define cost-reduction goals based on hospital shortfall
 5. Monitor and manage staffing

METRICS

1. Raised revenue as a proportion of total operating revenue = 75%
2. Revenue raised in comparing with the previous yr = 10%
3. Reimbursed amount out of total patient fees waived = 100%
4. Cost per patient day equivalent = progressive from \$3000 to \$3500 by Q4

IX. ACTION PLAN SUMMARY | **MANAGE COSTS**

INITIATIVE # 4	METRIC	DELIVERABLES
Productivity & Fiscal Responsibility	Cost savings, inventory, productivity	purchasing cmte, pharmacy audit, productivity reports

ACTION: Department Accountability

1. Timely bid and procurement
2. Timely evaluation and reporting of financial statement
3. Timely payment for internal and external stakeholder

ACTION: Pharmacy drug inventory and audit

1. Supply inventory and audit
2. Decentralize functions of store manager:
3. Intake
4. Disbursement
5. Auditor / Accountant

ACTION: Improve Efficiencies and Reduce Waste

1. Education and Compliance in units
2. Education and implementation around interdisciplinary medication utilization and therapeutic intervention (prescribing drugs available inhouse or substituting with inhouse supply)
3. Enforce Department Leadership and Staff Accountability
4. Establish Chief Compliance Officer position which reports to president / his designee
5. Cost reporting integration and monitoring (EMR)

ACTION: Physician / Staff Productivity

1. Attrition Rate – Doctors = 10
2. Patient day equivalents per doctor = 250
3. Number of major surgeries per surgeon = 162
4. % of completeness of inpatient medical records - 100%
5. Improvement in Level of LQAS - 100%
6. Report Timeliness - 100%
7. Report Completeness - 100%

IX. ACTION PLAN SUMMARY | ENSURE SATISFACTION

INITIATIVE # 1	METRIC	DELIVERABLES
MD / STAFF / CLIENT	Satisfaction	Satisfaction Surveys
SATISFACTION	Scores = 80%	Forums

ACTION: Internal Communications

1. Weekly meeting of staff by their formed team
2. Institute team building and communications tactics (huddles / 1:1 meetings)
3. Addressing issues identified at staff forum and provision of feedbacks
4. Best practice sharing
5. Reward best performers from each service units
6. Hospital wide staff forum

ACTION: Community Communications

1. Conducting community forum
2. Health education by mass media (using Local FM radio)
3. Health education for attendants and patients in the hospital
4. Involvement of community representative in board meeting
5. Patient serviced at OPD, minor and major surgery and HE during outreach

ACTION: Customer Service Improvements

1. Expansion of OPD
2. Training and assigning emergency triage nurse or physician
3. Decreasing number of patients not seen on same day
4. Decreasing waiting time for elective surgery by increasing OR table
5. Train all staff on customer handling
(runner, porter, guard and cleaner and medical record keeper)
6. Shortening morning session to decrease waiting time
7. Enhancing laboratory services(back up for each machines)
8. Shortening of waiting time for elective surgery by increasing number of OR table
9. Avail input and supply for data capturing (adequate storage Disk, logbooks, format)
10. Supportive supervision

METRICS

1. Client satisfaction rate/score - 85%
2. Proportion of community forums conducted timely - 100%
3. Staff satisfaction rate - progressive quarterly improvement - 15% increments

IX. ACTION PLAN SUMMARY | **ENSURE SATISFACTION**

INITIATIVE # 2 SERVICE LINE IMPROVEMENTS	METRIC Satisfaction Scores = 80%	DELIVERABLES Satisfaction Surveys Forums
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ACTION: RECEPTION / LOBBY

1. Avail service directory, information desk, patient right and responsibility, price list, HE, guider, TAT for lab.

ACTION: OPD

1. Shortening morning session to decrease waiting time
2. Enhancing laboratory services(back up for each machines)
3. Shortening of waiting time for elective surgery by increasing number of OR table
4. Avail input and supply for data capturing (adequate storage Disk, logbooks, format)
5. Supportive supervision

ACTION: ED / TRIAGE

1. Reforming emergency triage
2. Standardize patients stay at ER (less than 24hr)
3. Ensuring documentation and data handling(supervising)
4. Proportion of essential drugs

ACTION: INPATIENT SERVICES

1. Supportive supervision for nursing standard (training, input, perception)
2. Giving orientation for students during attachment (rule and regulation, IPPS,)
3. Finalize and avail SOP at service delivery point(manual)
4. Establish Clinical audit Committee
5. Supportive supervision on maternal and child health care standard as per national protocol (equipment, drugs, services, human power, audit, ...)
6. Strengthen Cervical cancer screening in women age 30 – 49 using VIA/PAP smear

METRICS

1. Client satisfaction rate/score - 85%
2. Proportion of community forums conducted timely - 100%
3. Staff satisfaction rate - progressive quarterly improvement - 15% increments

IX. ACTION PLAN SUMMARY | **PROMOTE GROWTH**

INITIATIVE # 1

METRIC

DELIVERABLES

COMMUNITY ENGAGEMENT

ACTION: OUTREACH / PATIENT LIAISON

1. Create referral network
2. Referral analyzing and Feedback
3. Prepare admission protocol
4. Assigning adequate staff
5. Creating alliance with surrounding health facilities
(clinical service, student attachment...)
6. Establish and strengthen community pharmacy

ACTION: RETAIL - CONVENTION CENTER

1. Full Operation of Hospital Cafeteria
2. Proportion of fee waive reimbursement as per the agreements
3. Strengthening APTS

ACTION: STAFF DEVELOPMENT

1. Short term (customer handling, HR , capacity building)
2. Providing long term training and short term training
3. Long term training (specialties, MSC,BSC) for female
4. Training on EHSTG

METRICS

1. Daily Census
2. ALOS
3. Contribution Margins
4. Productivity by Dept

IX. ACTION PLAN SUMMARY | **PROMOTE GROWTH**

INITIATIVE # 2

METRIC

DELIVERABLES

BUSINESS

DEVELOPMENT

ACTION: FACILITY GROWTH

1. Create referral network
2. Referral analyzing and Feedback
3. Prepare admission protocol
4. Assigning adequate staff
5. Creating alliance with surrounding health facilities (clinical service, student attachment...)
6. Establish and strengthen community pharmacy

ACTION: BIOMEDICAL ENGINEERING (BME)

1. End-user training
2. Regular preventive maintenance ;and curative maintenance
3. Renovation of the BME center

ACTION: EMR / IT EFFICIENCY

1. Network installation and Device configuration
2. EMR soft ware implementation and follow up

ACTION: NEW SERVICE LINES

1. Establish chemotherapy center
2. Providing Training for professionals on chemotherapy
3. Starting cancer treatment

METRICS

1. Daily Census
2. ALOS
3. Contribution Margins
4. Productivity by Dept

EXECUTIVE SUMMARY

X. FINANCIAL

Proposed Operating Budget For the Year 2018

INCOME	2017 Actual	2018 Budget
Administrative Service Income	-	8,550,896.96
Laboratory Income	638,139.00	4,474,410.00
Radiology Income	378,765.00	2,880,000.00
Surgery Income	716,244.75	7,592,000.00
Medical Ward Income	117,911.25	1,928,771.63
Gynecology Income	25,330.00	1,547,000.00
OPD Ward Income	414,287.00	2,471,875.00
Ophthalmology Income	18,420.00	300,000.00
Ortopadic Income	-	-
Pharmacy Sales Income	800,229.90	10,154,473.40
Medical College Income	-	1,900,000.00
Cafeteria Sales Income	-	2,350,000.00
Guest House	-	-
CAPITAL DONATION		
Capital donation	-	-
Total	3,109,326.90	44,149,426.99
EXPENSES		
Administrative Expenses	-	8,550,896.96
Laboratory Expenses	-	4,105,523.27
Radiology Expenses	-	2,859,415.65
Surgery Ward Expenses	-	7,317,932.11
Medical Ward Expenses	-	1,922,084.85
Gynecology Income	-	1,548,060.00
OPD Ward Expenses	-	2,467,098.96
Ophthalmology Expenses	-	150,000.00
Ortopadic Expenses	-	-
Pharmacy Expenses	2,015,057.82	8,256,902.83
Medical College Expenses	-	1,541,404.85
Cafeteria Expenses	-	1,310,488.00
Guest House Expenses	-	-
CAPITAL BUDGET		
Human Resource Development		200,000.00
Laundry Machine		250,000.00
Laboratory Machine		500,000.00
5% Contingency		2,207,471.35
Total	2,015,057.82	43,187,278.83
Net Income/Loss	2,015,057.82	962,148.16

APPENDIX

APPENDIX I | HOSPITAL PROFILE

Hospital Name: Negele Arsi General Hospital and Medical College
Hospital Type: General Hospital
Zone : Negele Arsi Town
Region : Oromia

Professional Categories	Total Number
Anesthesia	3
Biomedical engineer	1
BSc. Nurses	11
Environmental health technician	2
General practitioner	4
Gynecologist and Obstetrician	1
Internist	1
Laboratory	6
Midwives (All types)	3
MPH	1
Nurses certificate (All types)	6
Nurses Diploma (clinical)	15
Ophthalmologist	1
Orthopedic surgeon	1
Pediatrician	1
Pharmacy	5
Radiographer	1
Medical radiology Technologist	2
Radiologist	2
Surgeon	3
All technical staff	69
All supportive staff	66
Total staff	135

CLINICAL SERVICES

OPD Medical service (Adult and pediatric)
OPD surgical service(Adult and pediatric)
OPD GYN and OBS services
OPD Psychiatry services
MCH Services
OPD ENT Services
OPD Ophthalmology services
Medical referral & follow-up services
Surgical Referral & Follow-up Services
Dental care and treatment services
Dermatological and venereal disease care and treatment services
Investigation and management of fistula
Delivery services
TB and HIV care and treatment services
Physiotherapy services
ICU services
Inpatient services for medical,
surgical pediatrics, gynecology & obstetrics and trauma patients
Emergency services

LABORATORY AND DIAGNOSTIC SERVICES

Microbiology
Hematology
Clinical Chemistry
Immunology and immunoassay
Histopathology and Cytology
X-ray
Ultrasound Services
Special Radiological Tests
CT scan
ECG
Endoscopy
Echocardiography
Mammography

OTHER SERVICES

Inpatient & outpatient pharmacy service
Drug information services
Laundry services
Food and catering services
Central utility
Oxygen supply
skill laboratory
Morgue
Cafeteria and restaurant
Ambulance service

A. PHILOSOPHY

- Health and well-being of people is physical, emotional, mental and spiritual.
- All people have the right to timely, compassionate, individualized high-quality health care.
- A stable and skilled workforce is the key to achieving comprehensive patient care.
- Each individual employee has unique value and potential for growth and the inherent desire to take on personal responsibility.
- Employees must be provided with a work environment which facilitates their health, growth and learning, and which promotes work/life balance so that they offer their best care to patients.
- Empowering employees, involving them in decision-making, promoting ongoing learning and offering advancement opportunities within the corporation.
- Today's students should be seriously supported in order to be a more productive source for tomorrow's human resource for health.
- Adequate funding is essential to meeting our vision and goals.
- By adopting the high-performing organizational model we will be able to provide gold standard patient care and an optimal working environment for our employees.
- Our infrastructure provides the foundation for comprehensive patient care and patient care can be improved through capital investment in facilities and equipment.
- Working cooperatively and collaboratively with our health care colleagues will result in seamless transitions between health care providers for our patients.

B. KEY SUCCESS FACTORS

1. Effective leadership
2. Financial sustainability
3. High involvement & commitment of all stakeholders in the change process
4. Quality systems that promote best practices in everything we do
5. Optimal utilization of available resources
6. Effective capacity building
7. Shared vision and values

C. QUALITY POLICY

- Realization of hospital's vision and mission
- Meeting the dynamic needs and expectations of the clients
- Introduce quality in all our services and ensure continuous improvement of quality through application of national and international guidelines.

D. QUALITY OBJECTIVES

- Engage credentialed professionals in disciplines and services
- Continuously update the knowledge of professionals through continuous on job and off job trainings
- Promote research with robust monitoring and evaluation
- Provide state of the art health care with compassion and dignity to all clients
- Introduce evidence-based new technologies in clinical and support services as soon as possible
- Provide reliable and up-to-date diagnostic services
- Vigilant monitoring of all critical processes to insure continuance of quality
- Practice environmental management system
- Extend health consciousness in the community by creating health awareness across the population of Negele Arsi and its surrounding community through community attachment.
- Introduce need based sub-specialization courses and fellowships in different clinical disciplines
- Extend the training programs of paramedical staffs
- Provide free medical care as per the government policy
- Ensure safety of patients, attendants, employees, visitors and all stakeholders
- Continuously enhance customer satisfaction.
- Promote staff development and increase employee satisfaction
- Establish an efficient hospital information system(HIS)

STRENGTHS

- Onsite skills laboratory for students
- Committed biomedical engineer
- Strong ICT infrastructure
- Trained & skilled human power
- Enhanced nursing care standard
- Implementation of robust financial management
- 24 hrs pharmacy service
- Partial Implementation of APTS
- Fully staffed / equipped central laboratory
- Decentralized pharmacy services
- Exchange of short shelf-life drugs with surrounding institutions.
- Regular Hospital Senior Management team meeting
- Ongoing development of SOP for each unit
- Regular Health education provision for patients and attendants
- Electronic based patient registration (smart care and E-HMIS)
- Initiation and ongoing new dress code
- Sustainable funding
- Leadership and owner's commitment
- Well organized emergency services
- Well-equipped ICU.
- Well-equipped central triage/nursing
- Medical Mission Program & Resources

WEAKNESSES

- Community forum not created
- SOPs not yet finalized
- Weak collaboration among professional categories
- Weak communication system (external and internal)
- Lack of insurance for staff
- Lack of some specialty services (oncology, cardiology, dialysis, MRI etc...)
- Poor data handling and reporting
- Long outpatient waiting time
- Not well functioning liaison office
- Poor referral system
- Low Staff commitment
- Low internal revenue collection than expected
- Cumbersome procurement system
- Scarcity of transportation (staff / patients)

OPPORTUNITIES

- Conducive environment
- Growing Government commitment to health service delivery
- Expansion of health facilities in the Country
- Presence of students (public & private)
- Social health insurance scheme
- Increased community awareness on the importance of health services
- Economic growth of the country in the past few years
- EHA and Diaspora Marketing
- Presence of public health and clinical departments
- Industrial expansions
- Strong community ownership feeling
- Unreserved support from local administration
- Census - Significant peaks during Dr. Gudata's presence

THREATS

- Underdeveloped Local Infrastructure and Market in Negele Arsi Town
- Competitive salary
- Inconsistent supply of electricity
- Unstable healthcare logistic system (overdependence on foreign currency)
- High Staff turnover
- Lack of trained technical staff from local market.
- Census - Significant drops during Dr. Gudata's absence

STAKEHOLDER: COMMUNITY

LEVEL OF INFUENCE: HIGH

STAKEHOLDER NEEDS

- Quality of care, equity and timely service

- Social accountability

DESIRED RESPONSE

- Work in partnership for reimbursement of treatment fee

- Encourage sense of ownership and support among community member

POTENTIAL NEGATIVE IMPACT

- Customer dissatisfaction with service
- Bad image

- Community grievance
- Loss of reputation
- Threat to existence

OPPORTUNITIES FOR IMPROVEMENT

- Continuous quality improvement
- Being responsive to customers' need with implied state of urgency

- Provision of client centered care

STAKEHOLDER: MOH, MOE, MOFED

LEVEL OF INFUENCE: HIGH

STAKEHOLDER NEEDS

- Awareness creation for community support
- Establish and strengthen zonal and district hospital and health centers to improve referral system
- Mentoring and supportive supervision
- Resource allocation

- Channeling of partners
- Creating public discussion forums
- Capacity building
- Service reimbursement
- Development of conducive policy frame work
- Establishing service standards

DESIRED RESPONSE

- Provision of quality health care
- Good governance
- Quality teaching-learning activities
- Problem solving research

- Evidence based practice
- Efficient and effective use of resource
- Need based training
- Complete, accurate, valid, relevant, reliable and timely report

POTENTIAL NEGATIVE IMPACT

- Resource constraint
- loss of reputation

- Bad image
- Legal action
- Threat to existence

OPPORTUNITIES FOR IMPROVEMENT

- Continuous quality improvement
- Enhancing evidence based practice capacity building training and problem solving research

- Continuous monitoring and evaluation
- Practicing good governance
- Appropriate and timely budget utilization

STAKEHOLDER: NGO/PRIVATE

LEVEL OF INFUENCE: MEDIUM

STAKEHOLDER NEEDS

- Medical equipment and supplies support
- Technical support
- Financial support

- Capacity building
- Respect (pass through) hospital rule and regulation

DESIRED RESPONSE

- Feedback and report
- Efficient, effective and responsive management
- Credit services

- Skill utilization
- Value for money
- Mutual work on quality of health

POTENTIAL NEGATIVE IMPACT

- Decrease/ withdraw of support/donation
- Lack of trust

OPPORTUNITIES FOR IMPROVEMENT

- Evidence-based proposal
- Efficient resource utilization system
- Timely feedback and report
- Policy of agreement

A. PRODUCT OR SERVICE ATTRIBUTES

- ❖ Accessibility –information, physical, financial, etc
- ❖ Timeliness of services
- ❖ Quality of health care services and information,
- ❖ Safety and healthy environment
- ❖ Empowering community and employees
- ❖ Conducive environment
- ❖ Best teaching center

B. IMAGE

- ❖ Transparent
- ❖ Supportive
- ❖ Trustworthy
- ❖ Professional
- ❖ Customer-Friendly/Oriented
- ❖ Committed

C. RELATIONSHIP WITH TARGET AUDIENCES

- ❖ Complimentary
- ❖ Cooperative(participatory)
- ❖ Respectful
- ❖ Harmonious (Mutual Understanding)
- ❖ Transparent Relationship
- ❖ Dependable (Stewardship)
- ❖ Responsive

THEME	RESULTS
1. Excellence in health service delivery	A Hospital that delivers equitable promotive, preventive, curative and rehabilitative services enabling the community to practice and produce good health; and be protected from emergency health hazards.
2. Excellence in quality improvement and assurance	A community protected from health hazards and is served with quality health care at all levels and at all times.
3. Excellence in leadership and governance	All clients /patients are served by efficient, accountable and transparent manner
4. Excellence in health system capacity	Ensuring communities are served by qualified and motivated employees in hospital that is well equipped, supplied, maintained and ICT networked as per the standards

PERSPECTIVE: **COMMUNITY**
CONCEPT: Empowerment

CONSIDERATIONS:
How can we enable the Community to maintain its own health?

STRATEGIC OBJECTIVES

- Improve community ownership
- Improve stewardship satisfaction
- Improve access (utilization) to hospital services

PERSPECTIVE: **FINANCE**
CONCEPT: Efficiency

CONSIDERATIONS:
How do we mobilize and utilize our resources more effectively and efficiently?

STRATEGIC OBJECTIVES

- Improve finance mobilization & utilization

PERSPECTIVE: **INTERNAL**
CONCEPT: Quality

CONSIDERATIONS:
How can we enhance our integration & responsiveness to improve quality, timeliness, & functionality?

STRATEGIC OBJECTIVES

- Improve quality of outpatient services
- Improve quality of inpatient services
- Improve quality of emergency services
- Improve quality of delivery service

PERSPECTIVE: **CAPACITY**
CONCEPT: Service Excellence

CONSIDERATIONS:
To excel in our processes, what capacities must our organization have and improve?

STRATEGIC OBJECTIVES

- Improve human capital development & leadership
- Improve hospital infrastructure

3. PERFORMANCE MEASURES
3.1. PERFORMANCE MEASURE FOR EFY 2018

Q1		2010EFY		Q1	Q2	Q3	Q4
Strategic Objectives & Performance Measures		No	%	No (%)	No (%)	No (%)	No (%)
Perspective I 1. Community 20%							
Object ive 1	Improve community ownership						
1	Client satisfaction rate/score	4	85	85	85	85	85
2	Proportion of community forums conducted timely	4	100	100	100	100	100
3	Proportion of Board meeting sessions conducted timely	4	100	1	1	1	1
Perspective II 2. Finance Perspectives 15%							
Object ive 2	Efficient and effective utilization of finance						
4	Cost per patient day equivalent	3500		2112	3000	3250	3500
5	Revenue Utilization		100	25	25	25	25
Perspective III 3. Internal Process 45%							
Object ive 3	Improve accessibility and quality of healthcare						
7	% of EHSTG standard met (% of Hospital Services standards met) (197)	177	90	85	87	88	90
8	Outpatient Attendances	22,000		5500	5500	5500	5500
9	Outpatient waiting time (Survey done at hospital level quarterly) in minutes	30	30	30	30	30	30
10	% of outpatients not seen on same day	0	0	0	0	0	0
11	Emergency Room Attendances	3200		800	800	800	800

12	Proportion of patient triaged within 5 minutes of arrival at Emergency Room	100	100	100	100	100	100
13	% of emergency room attendances with length of stay >24 hours	0	0	0	0	0	0
14	Emergency room mortality rate	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5
15	Rate of Referrals	250	1	1	1	1	1
16	Admissions rate (1)	2250	8.9	5	6.5	8	8.9
17	Inpatient mortality rate	1.5	1.5	1.5	1.5	1.5	1.5
18	Delay for elective surgical admission	0	0	0	0	0	0
19	Bed Occupancy Rate (BOR)	40	40	40	40	40	40
20	Average Length of Stay (ALOS)	5		5	5	5	5
21	Pressure Sore Incidence Rate	0	0	0	0	0	0
22	Surgical site infection rate	1	1	1	1	1	1
23	Proportion of blood units utilized from blood bank service	100	100	100	100	100	100
24	ANC client tested for syphilis(number)	250		63	62	63	62
25	ANC4(number)	250		63	62	63	62
26	Number of births attended by skilled health personnel	250		63	62	63	62
27	Institutional Maternal Mortality Ratio	0	0	0	0	0	0
28	Institutional Neonatal Death Rate within 24 hours of birth	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5
29	Caesarean Section Rate	40	40	40	40	40	40
30	Proportion of labor & delivery followed (using parthograph) survey	100	100	100	100	100	100
SO 4	Improve supply and logistic system						
36	Proportion of hospital specific essential drugs available	100	100	100	100	100	100
37	Inventories performed quarterly and measures taken based on the major inventory findings	4	100	1	1	1	1
38	% of drugs dispensed at the dispensary as per the no. drug prescribed	100	100	100	100	100	100

S.O 5	Improve evidence based decision making						
39	% of completeness of inpatient medical records	100	100	100	100	100	100
40	Improvement in Level of LQAS	100	100	100	100	100	100
41	Report Timeliness	100	100	100	100	100	100
42	Report Completeness	100	100	100	100	100	100
S.O 6	Internal revenue and mobilization						
43	Raised revenue as a proportion of total operating revenue			75			
44	Revenue raised in comparing with the previous yr			10			
45	Reimbursed amount out of total patient fees waived			100			
4.Capacity Building 20%							
S.O 7	Human resource development and governance						
46	Attrition Rate – Doctors	1	10				10
47	Patient day equivalents per doctor	1000		250	250	250	250
48	Number of major surgeries per surgeon	650		163	162	163	162
49	Staff satisfaction rate	70		60	65	70	70

4. Strategic Initiatives

Negele Arsi General Hospital and Medical College EFY 2010 Annual Plan						
<u>□□□ □□ □□□□□ □□□□ □□□ /Detailed Activity Planning</u>						
	Hospital/NA GHMC		Region→Oromia	□□□□□□ □□□□□ □□□ □□□□□ □□□□□□ □□□□□□ □□□□□□ □□□□ □□□□□□□□ □□ □□□□		
□.□ S.N	□□□□□□ □□□□□□ □□ Strategic Objective:	□□□□□□ □□□□ Strategic Initiative	□□□□□□ □□□□□□ □□□□ □ HSTP □□□□□□ □□ Linkage of the Strategic Initiatives to HSTP-2 Strategic Objective	□□□□□□ Activities	Unit	Qty
1	Improve community ownership	Staff forum	C2: Improve Community Ownership	Weekly meeting of staff by their formed team	session	52
				Redressing issues identified at staff forum and provision of feedbacks	No	52
		Community stewardship	C2: Improve Community Ownership	Conducting community forum	No	4
				Health education by mass media (using Local FM radio)	Hr	12
				Health education for attendants and patients in the hospital	No	6500
				Involvement of community representative in board meeting	No	4
		customer satisfaction & trust	P1: Improve access to quality health services	Expansion of OPD	No	8
Training and assigning emergency triage nurse or	No			2		

				physician		
				Decreasing number of patients not seen on same day	No	0
				Decreasing waiting time for elective surgery by increasing OR table	No	3
				Train all staff on customer handling(runner, porter, guard and cleaner and medical record keeper)	Session	4
2	Improve finance mobilization and utilization	Improve revenue utilization program	P7: Improve resource mobilization	Timely bid and procurement	No	4
				Timely evaluation and reporting of financial statement	M	12
				Timely payment for internal and external stakeholder	Timeline	
		Optimize savings and revenue opportunities	Cost management	Assessment: Review business practices and determine opportunities for efficiency and process improvement, upselling, cost reduction, waste reduction – LEAN THINKING		
				Analytics: Benchmark sources of savings		
				Weekly supply / drug utilization reports		
				Define cost-reduction goals based on hospital shortfall		
				Monitor and manage staffing		
		Department Leadership and Accountability	Medical Director / Nursing Director	Assign Supply Chain Compliance Officer or functions assigned to medical or nursing director		

			Finance / CEO	Cost reporting integration and monitoring (EMR)		
3	Improve accessibility and quality of healthcare	Outreach and mentoring program	P1: Improve access to quality health services	Patient serviced at OPD, minor and major surgery and HE during outreach	No	6
		Liaison and Referral system	P1: Improve access to quality health services	Create referral network	timeline	
				Referral analyzing and Feedback	No	2
				Prepare admission protocol	No	1
				Assigning adequate staff	No	2
				Creating alliance with surrounding health facilities (clinical service, student attachment...)	No	5
		Strengthening emergency service	P1: Improve access to quality health services	Reforming emergency triage	Time	January
				Standardize patients stay at ER (less than 24hr)	No	0
				Ensuring documentation and data handling(supervising)	Monthly	12
				Proportion of essential drugs	%	100
		Strengthening Out Patient Services	P1: Improve access to quality health services	Shortening morning session to decrease waiting time	time	2:45
				Enhancing laboratory services(back up for each machines)		2
				Shortening of waiting time for elective surgery by increasing number of OR table	No	3

				Avail input and supply for data capturing (adequate storage Disk, logbooks, format)	%	100
				Supportive supervision	Session	12
		Information accessibility	P1: Improve access to quality health services	Avail service directory, information desk, patient right and responsibility, price list, HE, guider, TAT for lab.	No	All
		Inpatient and delivery quality improvement	P1: Improve access to quality health services	Supportive supervision for nursing standard(training, input, perception)	Session	12
				Giving orientation for students during attachment (rule and regulation, IPPS,)		4
				Finalize and avail SOP at service delivery point(manual)	No	12
				Establish Clinical audit Committee	No	1
				Supportive supervision on maternal and child health care standard as per national protocol (equipment, drugs, services, human power, audit, ...)	Session	12
				Strengthen Cervical cancer screening in women age 30 – 49 using VIA/PAP smear		
	Establish Continuous Quality Improvement Initiatives	Education and Compliance around Patient Safety Indicators	Education and Compliance around Core Measures	<ol style="list-style-type: none"> 1. AMI – acute myocardial infarction 2. HF – heart failure 3. PN - pneumonia 4. SCIP – surgical care improvement protocols 5. CAC – children’s asthma care 6. VTE – venous thromboembolism 7. STK – stroke 		

		Education and Compliance around Inpatient Quality Indicators	Education and Compliance around Infection Control	Handwashing		
				Equipment Sterilization		
				Antibiotic administered within 1 hour of cut time		
				Sterile Wound Care		
				Eliminate cross contamination		
		Education and Compliance around Throughput	Turnaround Times 1. Lab 2. Xray 3. OPD 4. ER 5. Surgery 6. Delivery 7. ICU and Medical Ward	1. Conduct time study to establish baseline 2. Root cause analysis 3. Common cause analysis 4. Identify improvements 5. Monitor 6. Establish targets and metrics		
Improve Safety	Build a Safety Culture: Leadership	P1: Improve access to quality health services	1. Simplify and standardize workplace, equipment, supplies and processes. 2. Establish constraints that encourage and drive medical professionals to do the right thing.(e.g. provide an electronic medical record chart that provides visual cues to accurately chart a patient's information). 3. Reduce reliance on memory and other weak aspects of cognition. 4. Foster robust communication between stakeholders to encourage a comprehensive understanding of the problems associated with patient safety. Communication failures often contribute to preventable patient harm events.			

				<ol style="list-style-type: none"> 5. Conduct training for medical professionals so that they are well-equipped to perform their responsibilities. 6. Plan interdisciplinary team training programs and collaboration on areas such as patient care simulation. 7. Ensure that managers and leaders in the organization continually contribute to the process of improving quality. 8. Build an organizational culture that strikes a balance between fairness and accountability and is conducive to ongoing quality improvement. 9. Collate patient safety data, monitor and evaluate errors, and implement methods to reduce them. 10. Designate a Safety Officer 		
		Build a Safety Culture: Nursing and Dept. Management / staff		<ol style="list-style-type: none"> 1. Conduct patient safety leadership walkrounds 2. Appoint a safety champion for every unit. 3. Involve patients in safety initiatives 4. Conduct safety briefings. 		
SO4	Improving supply and logistics management	Medical equipment ,drugs and supply development program	P5: Improve Logistics supply and management	Bulk purchase of medical equipment and supply	No	4
				DTC'S active involvement in drug selection, quantification and procurement...	Session	4
				Proper and timely quantification and request for procurement	Session	4
				Prepare policies and procedures for identifying and managing drug use problems: prescription		

				monitoring and drug utilization monitoring		
				Preparing standard treatment guideline for each departments		
				Paper based or computer based inventory management system to monitor and reduce frequency of stock out, wastage over supply and drug expiry	No	12
		Promote rational and cost-effective use of medicine	P1: Improve access to quality health services	Strengthening the clinical pharmacy services(insure involvement of clinical pharmacist in patient management and drug selection)	No	1
		Community pharmacy	P1: Improve access to quality health services	Establish and strength community pharmacy	No	1
		Supply Chain Audit and Inventory	Ensure accurate inventory for all assets	Pharmacy drug inventory and audit		
				Supply inventory and audit		
				Decentralize functions of store manager: Intake Disbursement Auditor / Accountant		
		Improve Efficiencies and Reduce Waste	Education and Compliance in units	Education and implementation around interdisciplinary medication utilization and therapeutic intervention (prescribing drugs available inhouse or substituting with inhouse supply)		
S.Ob 5	Scale up best practices	Evidence base practice	P8: Improve research	Prepare formats and paper for completeness of MR		
				Training on HMIS and data management (nurse,)	Session	2

	through research and training	program	and evidence for decision making	Conduct survey (patient satisfaction, staff satisfaction, data quality drug resistant...)	No	8
				Web based data management implementation	No	3 server
		Performance monitoring	P8: Improve research and evidence for decision making	Evaluate registration books, reporting formats, working sheet, HMIS reporting and KPI		
				PM team report their finding to take necessary measurement	Report	4
				Validation of reports from and LQAS	No	4
S.Ob 6	Improve internal revenue utilization		P7: Improve resource mobilization	Full Operation of Hospital Cafeteria	No	1
				Proportion of fee waive reimbursement as per the agreements	%	100
				Strengthening APTS		
S.Ob 7	Improve Human resource management and governance	Leadership, management and governance	P3: Improve governance	Reward best performers from each service units		12
				Hospital wide staff forum	No	4
		Training program	Improve staff performance capacity	Short term (customer handling, HR , capacity building)	No	140
				Providing long term training and short term training	No	2
				Long term training (specialties, MSC,BSC) for female	No	1
				Training on EHSTG	No	25
		Recruitment and hiring program	CB2: Enhance Development & Management of HRH	Employees hired	No	10

So8	Improve health infrastructure	Facility management	P1: Improve access to quality health services	Expansion and renovation	Store, Dormitory	
		Clean and safe health care facility initiative(CASH)	C1.3 Hygiene and Environmental Health	Enhancing CASH activities	Session	12
		Innovative biomedical Engineering	P1: Improve access to quality health services	End-user training	Session	5
				Regular preventive maintenance ;and curative maintenance		
				Renovation of the BME center		
		ICT and electoral health information's development program	P1: Improve access to quality health services	Network installation and Device configuration	No	100
				EMR soft ware implementation and follow up		
		Ob9	Improve chronic illness service	Non communicable diseases and cancer treatment	P1: Improve access to quality health services	Establish chemotherapy center
Providing Training for professionals on chemotherapy	No					
Starting cancer treatment						

JOB DESCRIPTIONS

CHIEF NURSING OFFICER		12/19/17	Reports to the	Classification:
		ver 1.0	CEO	Exempt
Serves as the primary spokesperson for facility's nursing staff and is responsible for coordinating all of the daily nursing operations and oversees all nurses and nurse managers to ensure consistency in the organization's practice standards. Develops a nursing environment in which excellence in clinical care is achieved.				
ESSENTIAL DUTIES AND RESPONSIBILITIES				
> Rating: needs improvement = score 0 pts + must provide justification in comments box				
> Rating: meets expectations = score 1 pt				
> Rating: exceeds expectations = score 2 pts + must provide justification in comments box				
A. LEADERSHIP		Rating	Comments	
1	Promotes the mission, vision, and values of the organization.			
2	Be called upon to advise CEO (and his/her absence, make decisions regarding nursing-related matters			
3	Work with business development team to develop community education / marketing materials and programs for disease management programs.			
4	Ensures patient safety and high-quality, cost-effective patient care while advancing best practices in clinical care, quality and safety.			
5	Reviews quality performance outcomes and measures with hospital leadership			
B. OPERATIONS				
6	Knows and practices the prescribed philosophy, purpose, policies, and standards of Nursing/Patient Care Services.			
7	Develop and implement new lines of managed care business.			
8	Establishes and monitors measures to ensure excellence in clinical care			
9	Collaborates with the executive management team and physicians to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the growth objectives of the company.			
10	Participates in purchasing committee and provides relevant assistance and input in issues surrounding compliance, medical ethics and quality			

C. COMMUNITY BOARD			
11	Educates and engages NAGHMC's board on Quality and Safety priorities, measures, and performance outcomes		
12	Ensures that comprehensive orientation and continuing education opportunities are available to the Board.		
13	Facilitates relationships between the Board, legal counsel, and accounting and audit organizations, will manage the use of legal counsel for operational matters, and, in conjunction with the VP of Finance, will manage the engagement of accounting and audit organizations of operational matters.		
D. MEDICAL STAFF LIAISON			
14	Manage the functions of the Hospital's Medical Staff Office, including all aspects of staff appointment/reappointment, the management of Medical Staff Bylaws, Rules and Regulations, and departmental rules and regulations; oversight of Medical Staff departmental and committee functions; oversight of all processes for dealing with disruptive and impaired physicians, and the oversight of all credentialing matters for the Medical Staff.		
15	Works with hospital leadership in supporting our physicians through recruiting, continuing education opportunities, medical staff and physician referral compliance education and implementation, and medical staff development.		
16	Engages medical staff to advance best practices in clinical care, quality and safety		
E. HEALTH COLLEGE FACULTY ADMINISTRATION			
17	Member of Nursing College Faculty		
18	Works closely with medical center and school of medicine leadership in achieving high satisfaction from stakeholders (students, patients, families, staff, community influencers)		
19	Facilitates / assists in developing practical training programs for NAGHMC students in collaboration with hospital and other network partners		

20	Participates in issues surrounding ethics and quality			
F. EXTERNAL AND COMMUNITY RELATIONS				
21	Engages the community to assures that the Hospital and its mission, programs, and essential services are consistently presented in a strong, positive image to relevant stakeholders, including patients, referring physicians, employees, and community influencers			
G. QUALITY AND COMPLIANCE				
22	Ensures the Hospital complies with local, state and federal laws and regulations as they apply to medical operations and practice			
23	Maintains continuing quality assessment and improvement analysis and evaluation of patient care delivery and communicates with Administration on the activities/issues of Nursing/Patient Care Services.			
24	Leads clinical and quality initiatives that support the provision of consistent clinical performance and practice standards across the hospital			
25	Creates and enforces the clinical guidelines that make healthcare delivery run more smoothly.			
26	Ensures that policies and practices effectively support sound and safe patient care, and that the delivery of healthcare services provides the highest level of a positive experience to the patient.			
H. ADMINISTRATIVE / FISCAL ACCOUNTABILITY				
27	Implements cost-effective, efficient medical interventions throughout the facility			
28	Conducts and completes annual evaluations for direct reports in a timely and effective manner.			
29	Plans and coordinates with the CFO, utilizing the respective Nursing Leadership members for planning the budgeting requirements for personnel, supplies, and equipment.			
30	Other duties as assigned			

<p>Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice. This job description has been approved by all</p> <p> <u>Manager Name:</u> _____ <u>Signature:</u> _____ </p> <p> <u>HR Director Name:</u> _____ <u>Signature:</u> _____ </p> <p>Employee signature below constitutes employee's understanding of the requirements, essential</p> <p> <u>Employee Name:</u> _____ <u>Signature:</u> _____ </p>			

CHIEF COMPLIANCE OFFICER		12/19/17	Reports to the President	Classification: Exempt
<p>The chief corporate compliance officer (CCO) establishes and implements an effective compliance program to prevent illegal, unethical or improper conduct. The compliance officer acts as staff to the President / his designee, and the hospital's Board of Directors by monitoring and reporting results of the compliance and ethics efforts of the company. The CCO also provides guidance for the Board and senior management team on matters relating to reporting and compliance. The CCO, with the approval of the President, is authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program.</p>				
ESSENTIAL DUTIES AND RESPONSIBILITIES				
<p>> Rating: needs improvement = score 0 pts + must provide justification in comments box > Rating: meets expectations = score 1 pt > Rating: exceeds expectations = score 2 pts + must provide justification in comments box</p>				
A. LEADERSHIP		Rating	Comments	
1	Promotes the mission, vision, and values of the organization.			
2	Develops, initiates, maintains and revises policies and procedures for the general operation of the compliance program and its related activities to prevent illegal, unethical or improper conduct			
3	Develops and periodically reviews and updates Standards of Conduct to ensure continuing currency and relevance in providing guidance to management and employees.			
4	Collaborates with other departments (for example, human resources, chief security officer and health information management director) to direct compliance issues to appropriate existing channels for investigation and resolution.			
5	5. Consults with general counsel as needed to resolve difficult legal compliance issues.			
B. OPERATIONS				
6	Manages day-to-day operation of the compliance program / heads purchasing committee			
7	Responds to alleged violations of rules, regulations, policies, procedures and standards of conduct by evaluating or recommending the initiation of investigative procedures.			

8	Develops and oversees a system for uniform handling of such violations.		
9	Collaborates with the executive management team and physicians to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the growth objectives of the company.		
C. COMMUNITY BOARD			
10	Educates and engages NAGHMC's board on Purchasing Committee and Compliance priorities, measures, and performance outcomes		
11	Provides reports on a regular basis and, as directed or requested, keeps the Corporate Compliance Committee and senior management informed of the operation and progress of compliance efforts.		
12	Facilitates relationships between the Board, legal counsel, and accounting and audit organizations, will manage the use of legal counsel for operational matters, and, in conjunction with the VP of Finance, will manage the engagement of accounting and audit organizations of operational matters.		
D. SYSTEM GOVERNANCE			
13	Acts as an independent review and evaluation body to ensure that compliance issues and concerns within the organization are being appropriately evaluated, investigated and resolved.		
14	Monitors, and as necessary, coordinates compliance activities of other departments to remain abreast of the status of all compliance activities and to identify trends.		
15	Identifies potential areas of compliance vulnerability and risk, develops and implements corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.		
16	Ensures proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate or required.		

E. HEALTH COLLEGE FACULTY ADMINISTRATION			
17	Facilitates relationships between the Hospital medical team and maintain relationships with academic institutions for the purposes of business and research collaboration.		
18	Works closely with medical center and school of medicine leadership in achieving high satisfaction from patients and referring physicians		
19	Recognizes the ongoing strength and success of the NAGHMC relies heavily on the strength and success of our faculty / students / hospital and medical staff and engages these stakeholders accordingly.		
20	Participates in issues surrounding ethics and quality		
F. EXTERNAL AND COMMUNITY RELATIONS			
21	Engages the community to assures that the Hospital and its mission, programs, and essential services are consistently presented in a strong, positive image to relevant stakeholders, including patients, referring physicians, employees, and community influencers		
G. QUALITY AND COMPLIANCE			
22	Ensures the Hospital complies with local, state and federal laws and regulations as they apply to medical operations and practice		
23	Institutes and maintains an effective compliance communication program for the organization, including promoting a) use of the compliance hotline, b) heightened awareness of standards of conduct, and c) understanding of new and existing compliance issues and related policies and procedures.		
24	Leads resource utilization and compliance initiatives that support the provision of consistent supply chain / materials management performance and practice standards across the hospital		

25	Works with the human resource department and others as appropriate to develop an effective compliance training program, including appropriate introductory training for new employees and ongoing training for all employees and managers.			
26	Monitors the performance of the compliance program and related activities on a continuing basis, taking appropriate steps to improve its effectiveness.			
H. ADMINISTRATIVE / FISCAL ACCOUNTABILITY				
27	Establishes and provides direction and management of the compliance hotline			
28	Heads purchasing committee and oversees scope of committee responsibilities			
29	Conduct special assignments, internal audits and investigations into any matter or activity affecting the purchasing functions at NAGHMC			
30	Other duties as assigned			
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice. This job description has been approved by all				
_____ Manager Name:		_____ Signature:		
_____ HR Director Name:		_____ Signature:		
Employee signature below constitutes employee's understanding of the requirements, essential				
_____ Employee Name:		_____ Signature:		

CHIEF EXECUTIVE OFFICER (CEO)		12/19/17 ver 1.0	Reports to the President	Classification: Exempt
<p>The CEO will render full-time, professional services to NAGHMC in the capacity of Chief Executive Officer of the NAGHMC Health Campus consisting of the Medical Center, Health College and Conference Center and other related organizations (collectively known as NAGHMC). The chief executive officer is responsible for providing strategic leadership for the company by working with the board of directors and the executive management team to establish long-range goals, strategies, plans and policies. The CEO provides the leadership, management and vision necessary to ensure that the company has the proper operational controls, administrative and reporting procedures, and people systems in place to effectively grow the organization and to ensure financial strength and operating efficiency.</p>				
ESSENTIAL DUTIES AND RESPONSIBILITIES				
<p>> Rating: needs improvement = score 0 pts + must provide justification in comments box</p> <p>> Rating: meets expectations = score 1 pt</p> <p>> Rating: exceeds expectations = score 2 pts + must provide justification in comments box</p>				
A. LEADERSHIP				
		Rating	Comments	
1	Establishes credibility throughout the organization and with the board as an effective developer of solutions to business challenges.			
2	Provide day-to-day leadership and management to a service organization that mirrors the adopted mission and core values of NAGHMC			
3	Responsible for driving the company to achieve and surpass sales, profitability, cash flow and business goals and objectives; and fosters a success-oriented, accountable environment within the company.			
4	Plays an instrumental fundraising role which includes identifying resource requirements, and in developing and cultivating relationships that will support and enhance fundraising efforts.			
5	Represents NAGHMC with clients, investors and business partners; and assists, as required, in raising additional capital at appropriate valuations to enable the company to meet sales, growth and market share objectives.			

B. OPERATIONS			
6	Spearheads the development, communication and implementation of effective growth strategies and processes.		
7	Responsible for the measurement and effectiveness of all processes internal and external. Provides timely, accurate and complete reports on the operating condition of the company.		
8	Motivates and leads a high-performance management team; attracts, recruits and retains required members of the executive team not currently in place; provides mentoring as a cornerstone to the management career development program.		
9	Collaborates with the executive management team and physicians to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the growth objectives of the company.		
C. COMMUNITY BOARD			
10	Supports the operations and administration of the NAGHMC Community Board of Directors by maintaining continual, open and effective communication with the Board members and the Medical Staff.		
11	Ensures that comprehensive orientation and continuing education opportunities are available to the Board.		
12	Facilitates relationships between the Board, legal counsel, and accounting and audit organizations, will manage the use of legal counsel for operational matters, and, in conjunction with the VP of Finance, will manage the engagement of accounting and audit organizations of operational matters.		
D. MEDICAL STAFF LIAISON			
13	Facilitates relationships between the Medical Staff and NAGHMC staff as well as the relationships between physician practices in the service area		

14	Leads the efforts to support our physicians through recruiting, continuing education opportunities, medical staff and physician referral compliance education and implementation, and medical staff development.		
15	Recognizes the ongoing strength and success of the Hospital relies heavily on the strength and success of our medical staff and engages them accordingly.		
16	Participates in issues surrounding ethics and quality.		
E. HEALTH COLLEGE FACULTY ADMINISTRATION			
14	Facilitates relationships between the Health College, visiting professors, hospital physicians, NAGHMC staff and other key stakeholders, as well as external relationships that enhance the college's ability to create a school to career pipeline for the community		
15	Leads the efforts to support our students and faculty through recruiting, continuing education opportunities, and student and faculty development.		
16	Recognizes the ongoing strength and success of the NAGHMC relies heavily on the strength and success of our faculty / students / hospital and medical staff and engages these stakeholders accordingly.		
17	Participates in issues surrounding ethics and quality.		
F. EXTERNAL AND COMMUNITY RELATIONS			
18	Actively represents NAGHMC in the community and engages with stakeholders through service organization membership, speaking engagements, community forums, educational offerings and other opportunities to communicate NAGHMC's Mission.		
19	Through exceptional communication and interpersonal skills, the CEO assures that the Hospital and its mission, programs, and essential services are consistently presented in a strong, positive image to relevant stakeholders, including patients, physicians, employees, benefactors and taxpayers.		

G. QUALITY AND COMPLIANCE			
20	Ensures the Hospital complies with local, state and federal laws and regulations as they apply to operations of the Hospital.		
21	Ensures that policies and practices effectively support sound and safe patient care, and that the delivery of healthcare services provides the highest level of a positive experience to the patient.		
H. RESOURCE UTILIZATION AND FACILITIES			
22	Oversees the preservation of the asset value of NAGHMC's capital investments		
23	Accountable for proper management of construction and facility rehabilitation activities		
24	Ensures disaster and emergency preparedness activities are appropriately planned, exercised, and documented		
25	Ensures effective management of the human resources of the Hospital according to current, authorized personnel policies and procedures that fully conform to current laws and regulations		
26	Conducts and completes annual evaluations for direct reports in a timely and effective manner.		
I. FINANCIAL ACCOUNTABILITY AND OVERSIGHT			
27	Recommends yearly budget for Board approval and ensures prudent management of the Hospital's resources within those budget guidelines according to current laws and regulations.		
28	Conducts or oversees the negotiation of professional, consultant and service contracts		
29	Ensures that appropriate internal and management controls are established and maintained		
30	Performs other duties as assigned		
<p>Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice. This job description has been approved by all levels of management:</p> <p> Manager Name: _____ Signature: _____ </p> <p> HR Director Name: _____ Signature: _____ </p>			

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the			
Employee Name:		Signature:	
<hr/>			

CHIEF MEDICAL OFFICER		12/19/17	Reports to the	Classification:
		ver 1.0	CEO	Exempt
As the ultimate medical policy decision maker for NAGHMC (hospital and medical college), the Chief Medical Officer (CMO) is responsible for the overall strategic direction and oversight of the disease management products and programs, the proper development and effectivity of electronic medical records functions and outcomes research (including development, implementation, market research and strategic partnerships).				
ESSENTIAL DUTIES AND RESPONSIBILITIES				
> Rating: needs improvement = score 0 pts + must provide justification in comments box				
> Rating: meets expectations = score 1 pt				
> Rating: exceeds expectations = score 2 pts + must provide justification in comments box				
A. LEADERSHIP				
		Rating		Comments
1	As the senior physician in the medical center, is responsible for providing effective leadership and expertise and fosters shared governance of all matters pertaining to medical staff affairs, clinical outcomes, patient safety and satisfaction, and for strategic initiatives and programs for enhancing clinical effectiveness.			
2	Champion delivery of quality care as a priority for the Medical Staff — which reflects the mission and values of NAGHMC			
3	Work with business development team to develop community education / marketing materials and programs for disease management programs.			
4	Ensures patient safety and high-quality, cost-effective patient care while advancing best practices in clinical care, quality and safety.			
5	Reviews quality performance outcomes and measures with hospital leadership			
B. OPERATIONS				
6	Develops and implements the strategic plan for disease management including database development, outcomes analysis, case management and population management.			
7	Develop and implement new lines of managed care business.			
8	Establishes and monitors measures to ensure excellence in clinical care			

9	Collaborates with the executive management team and physicians to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the growth objectives of the company.		
C. COMMUNITY BOARD			
10	Educates and engages NAGHMC's board on Quality and Safety priorities, measures, and performance outcomes		
11	Ensures that comprehensive orientation and continuing education opportunities are available to the Board.		
12	Facilitates relationships between the Board, legal counsel, and accounting and audit organizations, will manage the use of legal counsel for operational matters, and, in conjunction with the VP of Finance, will manage the engagement of accounting and audit organizations of operational matters.		
D. MEDICAL STAFF LIAISON			
13	Manage the functions of the Hospital's Medical Staff Office, including all aspects of staff appointment/reappointment, the management of Medical Staff Bylaws, Rules and Regulations, and departmental rules and regulations; oversight of Medical Staff departmental and committee functions; oversight of all processes for dealing with disruptive and impaired physicians, and the oversight of all credentialing matters for the Medical Staff.		
14	Works with hospital leadership in supporting our physicians through recruiting, continuing education opportunities, medical staff and physician referral compliance education and implementation, and medical staff development.		
15	Engages medical staff to advance best practices in clinical care, quality and safety		
16	Provides leadership in issues surrounding medical ethics and quality		
E. HEALTH COLLEGE FACULTY ADMINISTRATION			

17	Facilitates relationships between the Health Develop and maintain relationships with academic institutions for the purposes of business and research collaboration.			
18	Works closely with medical center and school of medicine leadership in achieving high satisfaction from patients and referring physicians			
19	Recognizes the ongoing strength and success of the NAGHMC relies heavily on the strength and success of our faculty / students / hospital and medical staff and engages these stakeholders accordingly.			
20	Participates in issues surrounding ethics and quality			
F. EXTERNAL AND COMMUNITY RELATIONS				
21	Engages the community to assures that the Hospital and its mission, programs, and essential services are consistently presented in a strong, positive image to relevant stakeholders, including patients, referring physicians, employees, and community influencers			
G. QUALITY AND COMPLIANCE				
22	Ensures the Hospital complies with local, state and federal laws and regulations as they apply to medical operations and practice			
23	Support corporate counsel in risk management and contract evaluation.			
24	Leads clinical and quality initiatives that support the provision of consistent clinical performance and practice standards across the hospital			
25	Creates and enforces the clinical guidelines that make healthcare delivery run more smoothly.			
26	Ensures that policies and practices effectively support sound and safe patient care, and that the delivery of healthcare services provides the highest level of a positive experience to the patient.			
H. RESOURCE UTILIZATION AND FACILITIES				
27	Implements cost-effective, efficient medical interventions throughout the facility			

28	Conducts and completes annual evaluations for direct reports in a timely and effective manner.		
I. FINANCIAL ACCOUNTABILITY AND			
29	Develop and coordinate systems/processes for controlling costs related to clinical resource utilization and hospitalist services		
30	Other duties as assigned		
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice. This job description has been approved by all			
Manager Name: _____		Signature: _____	
HR Director Name: _____		Signature: _____	
Employee signature below constitutes employee's understanding of the requirements, essential			
Employee Name: _____		Signature: _____	