PLANNING OF HOSPITAL ACTIVITY

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Abstract
In this article are presented and analyzed planning of hospital activity. Introduced planning process depending on the type of health care system - countries with national health systems there is a tendency to set targets backed by norms, while in countries with fully or partially liberalized system developed a variety of techniques for strategic planning.

Key words: *planning, hospital activity, evaluation*

The published literature on the planning issues in the healthcare sector is versatile and it covers the various aspects that change throughout time and in conformity with the current trends. The reason is that the healthcare systems are susceptible to the impact of numerous external factors such as the reigning ideologies, the process of population aging, the social-economic development, the epidemiology and the technological progress. All this influences the objectives for which the planning techniques are implemented.

When it comes to planning in the healthcare sector, the entrepreneurship and strategic plans are essential since they result from the need to lower the prime cost and to restructure the aid supply in the hospital entities.

1. PLANNING STAGES

The planning process progresses through stages that are quite typical and permanent. The only thing that changes is the intensity and depth of their development. Four stages are derived */figure 1/* that are permanent throughout the planning process. These stages develop quite differently depending on whether the planning object requires one-time or repeated action.

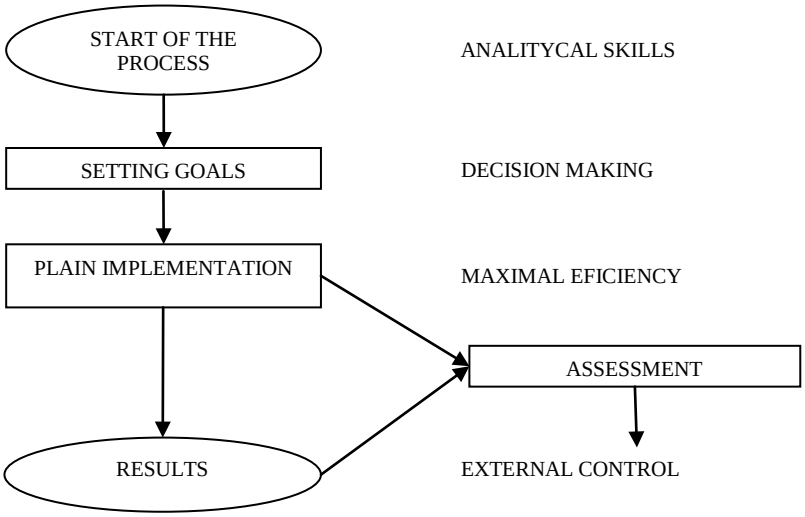

Figure 1. The main qualitative of the stages of planning

The most important stage of planning a one-time action is the process beginning, where decision is made about the plan implementation. All other stages should be quite operating and should include the objectives' defining.

Planning the programmes that are based on repeated actions definitely requires the participation of professionals in defining the objectives and the timely disclosure of significant deviations between the planned and reality.

Each stage should consist of mandatory characteristics. The period that proceeds the processes and is often long-term should be characterized by the understanding and desire to plan, in combination with good analysis opportunities. This creates environment that will make it possible to proceed to the stage of elaborating the objectives, being the participation phase */commitment/* and decision-making phase.

The performance should be preceded by the idea of the highest possible effectiveness, and the assessment should be performed by factors that are outside the team */ figure 1/.*

2. PLANNING IN VIEW OF THE HEALTHCARE SYSTEM

The dynamic of the planning process depends on the planned matter, but also on the healthcare system. In the countries with national healthcare systems we observe the trend to define objectives based on regulations, while in the countries with fully or partially liberalized systems we see a great variety of strategic planning techniques.

2.1. Regulatory planning in the case of national healthcare systems

The countries with public systems of global coverage have unified and significantly formalized resources where management's mission is to enforce the regulations and averaged values that make it possible to offer a healthcare system based on equal footing. Usually these systems have few decision-making centres thus planning is centralized.

The elaboration of regulations is a very sensitive issue since the function of these regulations is to play the role of objective to be achieved by the ones managing the system.

2.2. Strategic planning in fully or partially liberalized systems.

The strategic planning is a dynamic acting style that can be developed only in an environment with the following features:

- clear and prudent payment systems related to the doctor's aid in quantitative and qualitative aspect;
- freedom of choice and patients' movement;
- autonomous management of the healthcare entities.

The dynamics that is inherent to the strategic planning requires from those in charge to continuously work in the state of high attention and to follow the clients when it comes to decision-making, since the achieved results are a decisive factor for the success of their management. The ruling factors in the liberalized environment are insecurity and competitiveness resulting in the need of constant adaptations and re-defining the objects. Planning function is no longer about the alignment of particular structural or effective average value. Planning is instrument for the implementation of strategies for the continuous improvement of the management outputs.

Strategic planning introduces many approaches that significantly enrich the stages of the planning process, mostly in relation to the support material during the initial phase. Here we should highlight the environmental analyses aimed at studying the interactions between the hospital and society. We should survey the impact area of the healthcare entity and its market share, the impact of its best

products, the actions of its competitors, the modifications in the social insurance institutions and in the payment systems. We should undertake monitoring of hospital's location in order to overcome the difficulties and use the opportunities.

Another category of surveys assisting the strategic planning are the internal management and organizational culture analyses. These elaborations provide a picture of hospital's weakness and advantages in its capacity of enterprise that should adapt to the ever changing competitive environment.

Market researches are always helpful in view of all abovementioned internal or environmental surveys. The market research techniques are based on the opinion of the experts elaborating the most acceptable scenarios. These elaborations always develop in the forecasted frameworks. They refer to the future, not to the present. They are essential for drawing a strategic diagnosis since the outlining of the forecasted future would facilitate the analysis of the gap between it and the desired future.

All this is to assist in elaborating a diagnosis that is to be reached by the experts after reviewing all works. In turn this diagnosis will serve for the elaboration of objectives and objects with lower insecurity level. This is significant in the liberalized environments with great competition. *Figure 2* presents the way these approaches are included in the initial strategic planning process.

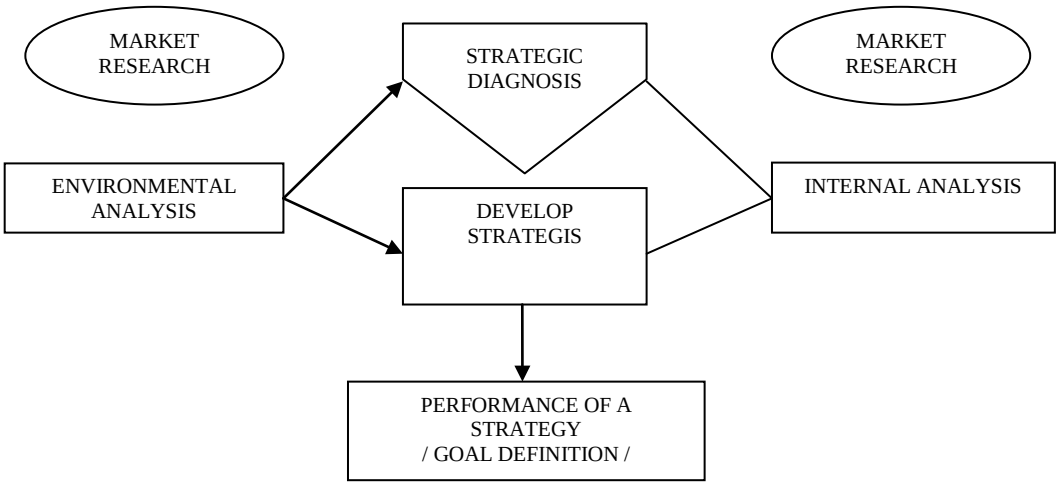

Figure 2. *Integration of approaches to strategic planning in the initial phase of the process*

3. STRATEGIC DIAGNOSIS

During the strategic planning process we perform the most suitable surveys so that we can elaborate a diagnosis that in turn will make it possible to define the plan objects with higher level of security.

Among all planning objects, the three most important element of the phase that precedes the elaboration of strategic diagnosis are the following: environmental analysis, internal analyses and market researches.

3.1. Environmental analysis

The hospital that will undertake environmental analysis elaboration on its way to developing its own strategic diagnosis, should survey two quite different but equally important environmental aspects. On one hand we should analyze the so-called macro environment in view of the healthcare policy impact on the hospital. On the other hand it should survey its most immediate environment, namely the impact field of the hospital, the demand trends and the competition.

3.1.1. The macro environment

The macro environment variables are grouped in two categories:

1. The first refers to the systems of funding the healthcare entity.

2. The second covers the variables in the healthcare policy in general terms.

3.1.2. Impact area

Each hospital has its impact area. This is the region that provides it with patients. The hospital located in a more or less competitive environment should research and get to know this territory, since all occurring or foreseeable changes in the population will impact the hospital entity. It is important to know whether there are aging trends or depopulation trends, whether changes are to be expected in the social-economic profile of the region etc.

All these phenomena directly influence the healthcare services consumption by the population in relative and absolute aspect.

The notion "transparent hospital" developed in the liberalized systems. These are hospitals open to the changes occurring in the environment that adapt to the healthcare services demand impacts and develop suitable planning and management mechanisms in view of the continuous results improvement. In "*The transparent hospital*" the notion of "division" became very important in its capacity of structure that is capable of offering the services that satisfy the present demand.

It is usually accepted that the region giving rise to 75% of the patients should be perceived as the impact region of the hospital although there could be some variations.

Additionally, we should survey the market share or the market penetration index. To this end we analyze the number of patients received in hospital.

In order to improve their chances the hospitals should extend their treatment operations in quantitative and/or qualitative dimensions. They have three alternatives in order to improve their positions */see figure 3/:*

1. expanding their impact region;

2. increasing their market share;

3. offering new products.

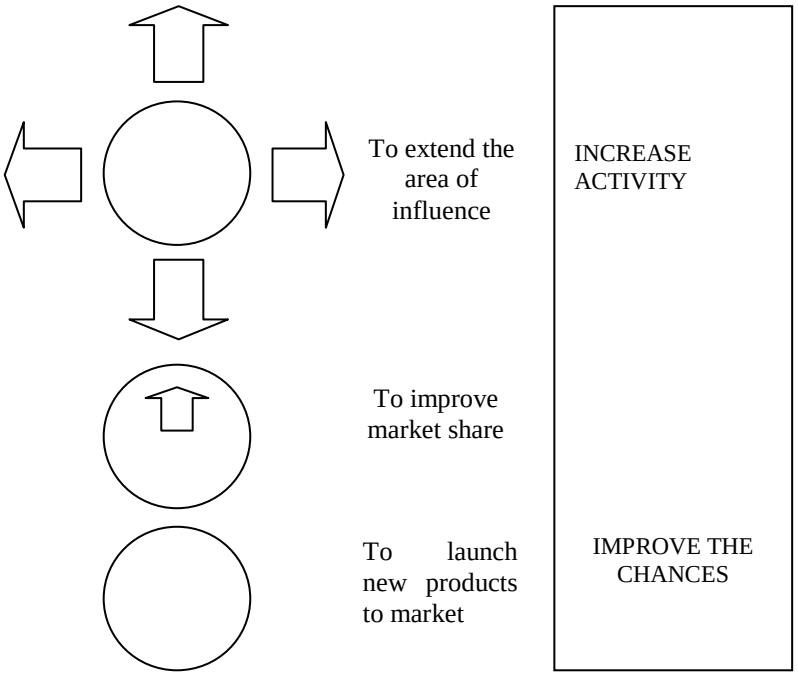

Figure 3. Opportunities to improve the chances of hospitals or services

3.1.3. The market of hospital products.

There are two variables that influence the size of the impact region and the market share of each hospital product in the liberalized environment.

The first variable is about the demand of this product, on which consumption is based. The limited demand predetermines the availability of large compensatory impact regions and vice versa – the increased demand tends to turn the products into local in view of its territorial environment.

The second variable is the competition that reciprocally dependent on the market share.

The higher the competition in view of the product, the harder it is to keep the market presence index since the demand tends to get divided.

3.2. Internal analyses

The internal analyses are aimed at deciding the pulse of the enterprise.

Practically they can be divided into quantitative analyses that study the treatment and business operations and analyses of the organizational culture.

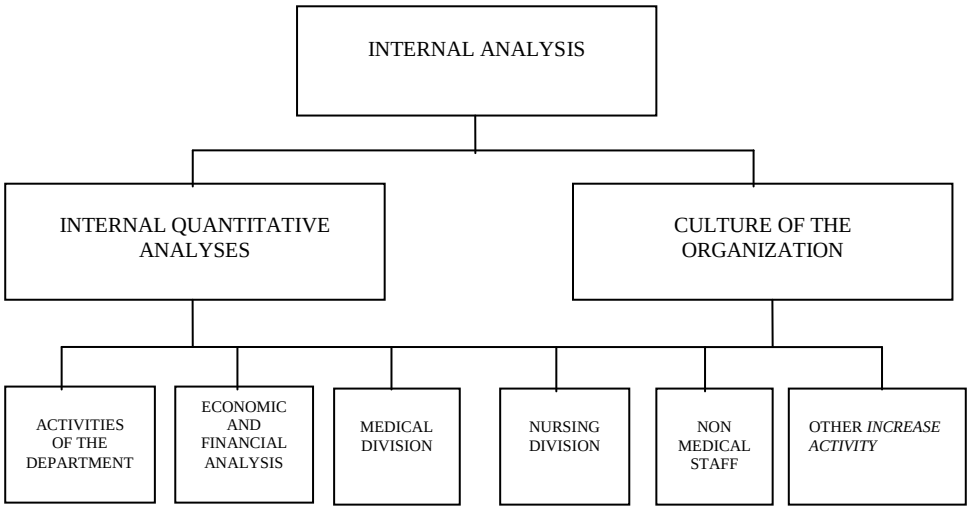

Figure 4. Basic elements of the internal analysis

3.2.1. Internal quantitative analyses

The main objective of these analyses is to define the work organization effectiveness in order to establish the poor management. To this end there are two quite diversified branches.

1. Studying the treatment operations performed by the hospital divisions;

2. Establishing the price at which these operations are performed.

There are two elements related to the treatment operations offering a measure of organizational maturity meanwhile providing material of better quality.

The first element is the degree of participation of the various services in elaborating the budget, the quality of the managerial control and the presence of employment or professional incentives related to the outputs.

The second element refers to the strategic position of the healthcare services offering measurement of the existing competition between them in the capacity of contribution for achieving global improvement of the healthcare entity. To this end we should define which are the strategic variables and the contribution of each division in their improvement; then we undertake the study of this contribution that in turn should result in mechanisms of paying remunerations to the levels performing the defined strategic objectives and objects.

The financial-economic analyses are the second branch of hospital's quantitative analyses. The hospital entities should be capable of elaborating the economic instruments that are typical for each enterprise – analysis of the evolution of the current account and balances' analysis.

3.2.2. The organizational culture

In this area we should focus on the analysis of three main parameters that regulate analysis' functioning. This is the sense of belonging of the various teams to the institution, the organizational quality of the healthcare institution and the representative power of the trade unions and of the associations */syndicates, committee of the enterprise, doctors' council, social association etc/.*

Even though the hospital should be diagnosed in general, there are three teams that should be outlined for the sake of practicality.

Their cultures are mutually influencing and meanwhile are so differentiated that they turn into the main uniting unit. These three teams are the doctors, the nurses and the non-medical personnel.

When analyzing the medical team should examine the following aspects:

- systems for a doctor's appointment;
- levels of part-time employment;
- sense of belonging to a health care facility;
- degree of internal competition;
- cohesion of the hierarchical structure;
- the presence of a matrix organization;
- maximum quality of treatment compared to optimal quality;
- hegemonic groups and unions;
- wealth of formal learning;
- research projects;
- curricula.

Basic elements of the culture of nursing activities.

- organizational quality;
- level of motivation;
- sense of belonging to a health facility;
- programs for continuous training and research;
- recording process;
- relationship with the medical division;
- involvement of nurses in committees;
- curriculum.

There are many aspects of the organization, which must also be evaluated in the internal analysis, namely:

- Quality policy of treatment;
- Quality Units strand of patients;
- Policy of customer service;
- Development and quality of the information system;
- Model and completion of medical records;
- Quality backup history of the disease.

3.3. Market research

We implement quantitative methods for designing the trends' progression that were monitored in the past, i.e. variable's behaviour should be analyzed, its mathematical function should be calculated and it should be presumed that in the future this variable will stick to the same milestones.

Later on the qualitative techniques appear and they are based on the opinion of the experts. There are specialized techniques for generating new ideas and other techniques aimed at strengthening the consensus between the participants.

Due to the inherent uncertainty of the process, the market research is not an isolated process. This work should be regularly performed as it is renewed again and again and the outputs are reviewed. *Thus gradually the idea that future is a resource which also needs managing shapes up.*

3.4. Elaboration of the strategic diagnosis

In this planning area the process has somewhat matured. Now it is time to proceed to the most qualified part of the process – defining the diagnosis that results from what was seen and read, and defining the objectives and objects in conformity with this diagnosis, so that we could choose a strategy to guide the plan.

In order to elaborate a strategic diagnosis we should summarize and direct the entire analyzed situation.

In view of choosing the best strategy we could implement auxiliary techniques – comparing the reviewed strategic alternatives and using selected average values or a questionnaire developed with a qualitative scale and performed among an excerpt of the people working in the hospital or among the very council members.

REFERENCES

ANICART , C., VARELA, J., CUITART, J.M. /1989/. Instrumentos para el analisis de la posicion estrategica de los servicios medicos en el hospital. Barcelona: Libro de actas de las IV Jornadas sobre optimizacion de los servicios sanitarios.

DAVIDOV, B. Hospital economics. Sofia, St. Kliment Ohridski, 2004, 230 p.

GLADILOV, ST., DELCHEVA, E. /2009/. Health economics, Princeps, S., 486 p.

KOTLER, P.H. y CLARKE, R.N. /1986/. Marketing for health care organizations. Nueva Jersey: Prentice-Hall Ins.

PETTERS, J.P. /1989/. El proceso de planificacion estrategica para hospitales. Barcelona, SG Masson

RICE, J.A. y CREEL, G.H. /1985/. Market-based. Demand forecasting for hospital inpatients services. American Hospital Association

YANEVA R. /2007/. Necessity of effective allocation and disbursement of healthcare resources, In: Collection of materials resulting from the XX Scientific-technological session "Contact 2007" of INGA, S., , TEMTO, 191-94.

YANEVA, R. /2006/. System for valuation of hospital products for the treatment of the hospitalized patients in University Multi-Profile Hospital for Active Treatment "Tsaritsa Yoanna" JSC, Thesis,.