

Governance of Hospitals on HRH

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From strategy to implementation

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Hospital care is a significant portion of total health expenditures

Human resources (HR) account for much of the costs

Why is Hospital Governance Important?

Good governance is vital for improving the efficiency of inpatient care

Good governance includes good HR policy, esp. staff posting and transfer (P&T)



Universal Health Coverage

Definition: “Hospital governance” guides administrative & proprietary relationships and performance objectives that are external to a hospital’s internal organizational and management structure

Governance addresses such common HRH problems as:

- Waste & Inefficiency
- Inequity/Failure to serve the poor
- Low motivation/Substandard quality
- Low productivity/High costs
- Low retention/Brain drain
- Public dissatisfaction





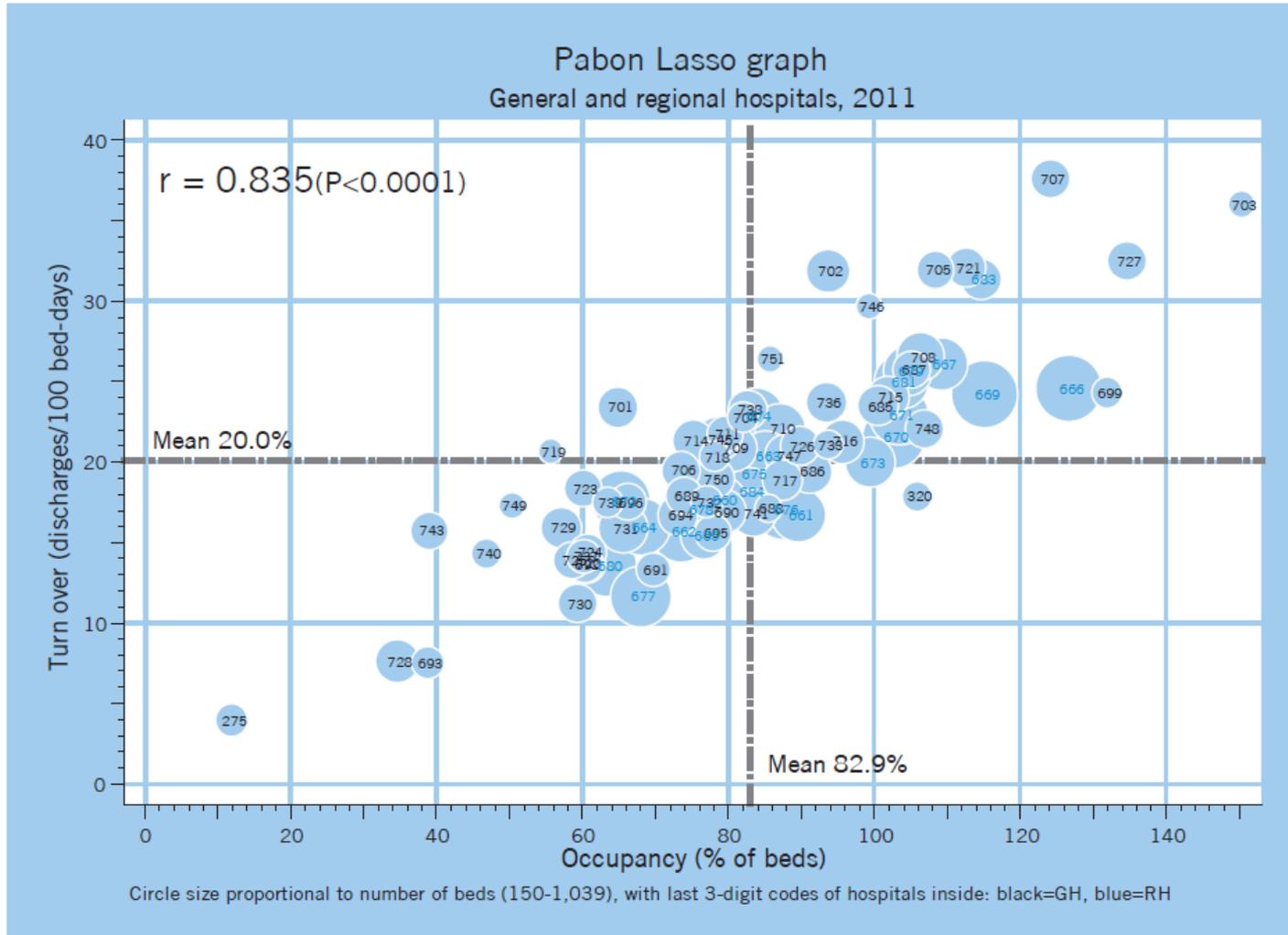
Wide-ranging policy changes in Asia–Pacific region that impacted health labor markets:

- Increased autonomy: delegation of decision-making and control over resources (HRH, finances)
- Commercialization & privatization ('marketization')
- Decentralization, devolution, regionalization

Mixed impact on performance & costs led to an iterative process of adjustments



Figure 8: Bed occupancy and turnover rate of general and regional hospitals, 2011



Source:

WHO 2015 study

"Public Hospital Governance in Asia and the Pacific" by Dale Huntington & Krishna Hort, from the Asia Pacific Observatory on Health Systems and Policies.



Good governance practices



- Ensure inclusive representation and participation of stakeholders in hospital governing body
- Have a “whole of system” service delivery approach bringing together hospitals and communities
- Encourage adaptive responses and new forms of integration to respond to the needs of a rapidly ageing population and a growing NCD burden
- Address HRH comprehensively: hiring, retention, mobility (P&T), motivation (intrinsic & extrinsic), incentives
- Are based on solid evidence from effective information systems, patient satisfaction polls, and rigorous research



Lessons Learned

- **Indonesia**
 - Operational autonomy incl. HR of large public hospitals & Minimum Service Standard
 - Led to improved quality and satisfaction
- **Thailand**
 - Universal Coverage Scheme made hospital governance more responsive
 - Outpatient capitation budgets significantly improved district health governance
- **Vietnam**
 - Financial management and recruitment autonomy and no need for referrals
 - Increased total health expenditure, less funding for district hospitals, difficulty attracting staff, poor quality of services
- **Philippines**
 - Devolution led to disruption of referral system & fragmentation of financing
 - Overcrowded provincial and Department of Health hospitals
 - Under-utilized health centers and district hospitals
 - Highly decentralized, therefore difficult to implement national norms incl. HR
 - Supply- and demand-side interventions & massive increase in national health budget



Collective well-being and social harmony

A tenant for driving health systems governance?