

Health Facility Management Strategies for Economic Development

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Abstract

An important component of establishing prosperity on a global scale is the contribution of the health sector, which, due to facing a multitude of long-term challenges, such as the need to provide optimal services and achieve financial sustainability, requires careful planning and implementation of key, well-thought-out management strategies. In this way, the modernisation and, by extension, the transformation of the healthcare system can be achieved, always with a view to economic development and in accordance with clear objectives. This essay outlines a number of such strategies to achieve better management of health facilities, further improve the quality and safety of the services provided, and improve job satisfaction, resulting in increased productivity and an enhanced patient experience, thus ensuring substantial progress in various aspects, including economic progress. Based on a study of the recent literature, the following strategies are analysed: (a) effective management and allocation of resources; (b) implementation and study of key performance/success indicators for health facilities; (c) public-private partnerships; (d) encouraging community participation in health promotion work; (e) developing and building workforce skills; (f) incorporating advanced technology tools; and finally, (g) quality assurance and accreditation-seeking through appropriate mechanisms. Thanks to these, healthcare management is proven to be the cornerstone for promoting not only individual health but also global prosperity.

Keywords: Health management, Economic development.

Introduction

Healthcare is a fundamental pillar in the pursuit of broad social welfare by nations in both the short and long term [1-3]. In the face of many challenges, such as citizen's increasing demands for better-quality health services, and the financial sustainability of the facilities, especially in times of global financial crisis, it is imperative that care structures are managed effectively and properly [4-6]. Indeed, because the health sector does not enjoy functional autonomy, although it is linked to the idea of progress on many levels, seemingly dissimilar objectives must be harmonised in order to modernise the care system and move forward into a period of transformation [7,8,3]. A rational approach to designing and implementing smart strategies is therefore required to ensure that facilities are maintained and developed, and that they become catalysts for prosperity [9,10,3,11].

These strategies contribute to the implementation of best methods and practices in the management of health facilities, the improvement of the quality of care services, and the creation of a better working environment capable of increasing productivity and patient satisfaction, leading to increased revenues and significant economic growth [12-16]. This essay describes the multifaceted relationship between some healthcare management strategies of this kind and economic development. These include the effective management and allocation of human, material, digital and other resources, the implementation of key performance/success indicators, public-private partnerships and the encouragement of community participation in health promotion work. These strategies also include developing and cultivating workforce skills through proper education and

vocational training, integrating advanced technology, and implementing quality assurance and accreditation-seeking mechanisms [9,17,18,10,19,20,11,15]

Management and allocation of resources

Proper resource management and allocation can help maximise workforce productivity and health facility efficiency, as well as achieving general cost reductions, leading to cost savings and better financial results [1,2,12,13,14,15]. The resources in question are human resources (e.g. physicians, hygienists, pharmacists and nursing, administrative and technical staff), material resources (medical equipment, pharmaceuticals and consumables), and financial resources (insurance funds, grants, funding and support programs) [12,13,15]. Resources can also be digital (information and analytics systems, databases and registries, telemedicine services, web platforms and health applications), legal (regulatory frameworks, laws, policies, protocols and advisory services) and procedural (risk, quality and safety assessment and management strategies) [13,20,3].

Proper management of not only these but also many other resources ensures that health services are delivered efficiently and at a high level of quality, contributing to faster recovery and better patient health, thus reducing the costs of repeated treatments, prolonged hospitalisations and unnecessary tests [13,14,15]. At the same time, any investments in preventive healthcare, primary care, and staff education and vocational training programmes can yield medium- and long-term economic benefits, reducing the overall cost of the health system [10,13,6,3].

Moreover, a health facility that manages its resources responsibly contributes to the improvement of public health, which has a positive social impact beyond the strictly economic outcome [2,12,13,14,15]. For example, vulnerable population groups have the opportunity to access quality prevention and care services, thereby increasing the revenues of care facilities and strengthening the network of mutual support between citizens and the health system by enhancing the reputation and credibility of facilities. By helping to establish strategic fundraising partnerships with medical associations, governmental and non-governmental bodies and associations, they also promote community education and achieve overall wellbeing [1,2,12,14,15].

Key performance/success indicators

Implementing systems to monitor the performance of health facilities can help identify those areas that need improvement, increase productivity, and ensure that resources are effectively utilised, managed and allocated to achieve the desired health outcomes within defined time and budgetary constraints [4,17,19,11]. This can be achieved through key performance or success indicators, which are commonly used by senior managers who wish to assess the progress of a business or organisation, which is how health facilities should be treated. The process should be carried out according to a predefined strategic goal-setting, mainly of a financial nature, in order to conduct thorough checks and obtain a faster and more complete understanding of the facility's operations [4,17,19,11].

The most important key performance indicators for health facilities include: the average number of days and the rate of hospitalisation appropriateness, the rate of treatment of complications during or after hospitalisation and its average cost, the average waiting time to receive a service and complete a treatment or medical procedure, the rate of successful diagnoses according to specialty, the rate of patients returning within a certain period of time after discharge, the degree of patient satisfaction, efficiency due to the use of technological innovations, and number of beds used in relation to the total number of beds available [4,17,19]. It is stressed that these indicators may vary according to the objectives established by the facility in question and may depend heavily on those objectives; they may also vary from one facility to another [11].

However, in order to formulate a set of such indicators, it is necessary to define a specific process based on data analysis and clear objectives of the health facility in question, quantitative and qualitative measurements of the results, and comparison of these results with the defined objectives, as well as the identification of possible deviations from them, in order to plan the changes necessary to realise the intended goals [4,17,19]. It is imperative to regularly monitor the current indicators, to study their evolution in the long term, and to carry out valid, timely and meaningful measurements and evaluations so that they are consistently applied, in order to ensure their reliability and the accuracy of the information they provide, as well as to understand how well health facilities are ultimately performing in relation to the objectives set [4,11].

Public-private partnerships

A constructive public-private partnership can help health facilities to improve the quality of care and prevention services in various ways, leading to better health outcomes and economic benefits for both parties [20,21]. Indeed, it is important to promote such a partnership in order to promote and strengthen

the health sector, since it brings about a convergence between private sector interests and public sector objectives [21]. Such partnerships can be profitable if they are well planned and organised, receive government tax incentives to encourage investment, are subject to regular monitoring, and are completed within strictly defined time and budgetary constraints [20,21].

More specifically, some of the advantages of such a partnership include finding new sources of sustainable financing (e.g. capital subsidies in the form of one-off grants) and financial support mechanisms (e.g. health insurance schemes), as well as making expertise available for the design, construction and maintenance of health facilities, which are considered vital in a period of global financial crisis [20,21]. At the same time, public expenditure is reduced, since the state does not have to bear the total cost of service provision, but shares it with the private sector, benefiting taxpayers by reducing their financial burden.

Public-private partnerships can also promote innovation, specialisation and new emerging technologies (e.g. robotics, artificial intelligence and analytical systems). These technologies, which may not be readily available in the public sector, contribute to the modernisation of the health system and its digital transformation towards the adoption of a "smart/intelligent" medicine approach, capable of improving the efficiency and quality of services [7,20,22,16]. A good example is telemedicine, since facilities can enter into strategic partnerships with technology and healthcare companies and providers, enhancing the capabilities of the services as a whole [22,11].

It is also possible to widen access to the healthcare system for population groups residing in remote, inaccessible and/or socioeconomically deprived areas, using mobile clinics and other types of diagnostic, preventive and therapeutic services provided by the private sector [21,20,23]. Finally, competitiveness is encouraged, with different private actors offering a variety of service support models. These models are distinguished by greater restructuring flexibility and adaptability to the changing needs of each society, demonstrating crisis management flexibility and leading to best practices, savings, higher quality at the lowest possible cost, increased workforce productivity and a better patient experience overall [20].

Community involvement in health promotion

A constructive partnership with local communities, revolving around the promotion of preventive measures (e.g. regular check-ups, balanced diet, physical activity, stopping smoking and reducing alcohol consumption) can lead to a substantial reduction in expenditure on treatments and medicines, freeing resources for other economic development initiatives [5,22,20,15]. At the same time, local communities can create a health culture themselves, by mobilizing citizens and raising public awareness of prevention issues, improving systemic health, pursuing wellbeing, "including" vulnerable groups in care services and adopting good hygiene practices. The above can be achieved through special training programmes tailored to the needs of the population, in collaboration with local medical associations, governmental and non-governmental bodies, schools and associations [5,10,20,15]. This leads to a reduced need to find emergency medical care and, by extension, reduced health facility operating costs [5,22,20,15].

A typical example is the “Community Agents” programme in Brazil and India, carried out by the well-known dental products company Colgate in cooperation with the Health Ministries of the two countries, which aims to raise awareness and train 30,000 local agents annually on healthy oral care habits in rural areas [20]. At the same time, these agents are able to gain insights into current behaviour patterns and trends, and understand the key motivations for habit change and the need to maintain good systemic health at the transnational level [20]. So far, the results are encouraging, as a large proportion of the population of both countries has changed behaviour patterns, making progress and contributing to the promotion and economic development of public health, especially in remote and non-urban areas [20].

In addition, communities have the power to act collectively and attract funding and other financial support programmes from government and private actors [5,15]. Their participation can at the same time strengthen the citizen - health facility relationship, creating a network of mutual support, capable of increasing the trust, accreditation and credibility indicator in the healthcare system, as well as the “attendance rate” for screening and seeking appropriate treatment interventions and other procedures [5,15]. Consequently, the financial viability of a facility can be significantly enhanced due to increased revenues from bringing in more patients and external, public and non-public financial support [1,5,15].

Developing and cultivating workforce skills

Countries that prioritise the ongoing development and vocational training of health professionals can cultivate a skilled workforce capable of providing high quality and safe care based on a sound needs assessment process, something which is positively correlated with the economic development of a facility and better health outcomes in general [10,8,13,6,3]. Otherwise, lack of proper education and training and failure to invest in human capital can have adverse effects on how healthcare structures operate and how staff perform their tasks [10,8,6].

First of all, this strategy can lead to faster and better decision-making, especially in cases of emergencies that require specific handling under pressure to reduce potential errors and adverse events, resulting in the reduction of legal costs and especially compensation claims [9,13]. In addition, the development and cultivation of collaborative skills among interdisciplinary teams for the smooth operation of the facility, time management and data analysis, improves employees’ productivity and efficiency indicator, and consequently the quality of services provided [7,10,8]. This increases levels of patient satisfaction and enhances the overall patient experience, increasing trust in the facility and its reputation, attracting more customers and generating profits [9,8].

Furthermore, it is necessary to cultivate communication, management and leadership skills, which can help create a positive and stable work environment that can deal effectively with any conflicts that may arise, reducing the likelihood of staff leaving and reducing the costs of recruiting and training new employees [9,7,8,15]. Other competencies required relate to designing and implementing strategies that promote growth and innovation and lead to sustainable measures and more efficient models of financial support and health service delivery [8,20].

Finally, it is of paramount importance for countries to invest in health information technology, which includes a wide range of training tools (e.g. electronic databases/registries, digital health apps for mobile devices and telemedicine platforms), which stand out for their usefulness and the time and cost-saving potential they offer by reducing unnecessary operational costs and related procedures [9,1,7,3]. At this point the need to acquire software knowledge is also underlined, related to tools suitable for integrated diagnosis, risk assessment and decision support, as well as accounting for proper management of budgets and resources, and costing of services [9,7,20].

Integration of advanced technology instruments

Another successful and effective management strategy is the integration of digital technologies in health facilities, such as electronic health records and digital information systems generally, which, as mentioned in the previous subsection, have many advantages both medical and economic [7,24]. In particular, reference is made to the provision of more accurate and complete grouped information on a patient’s medical history, centralised in a single file which can be accessed quickly and easily to make more effective diagnoses, minimise the chances of incorrect or inappropriate prescribing, and ensure continuity of care across different healthcare settings [7,24]. There are also many economic benefits, as time, paper and physical storage space are saved, and optimal procurement levels are maintained thanks to the automation of reordering processes, resulting in a corresponding reduction in the relevant operational and non-operational costs and labour hours [7,24].

At the same time, telemedicine is used to improve patients’ systemic health, because it facilitates two-way, interactive communication with various health professionals in real time and remotely [18,22,16,23]. Using this advanced technique, patients can be regularly monitored and receive reliable medical advice without having to be admitted to a health facility. This can contribute to a significant reduction in long-term and other hospitalisation costs, by increasing access to early diagnosis, prevention and care services for people from vulnerable population groups, especially those already in geographically inaccessible or isolated areas [18,23].

Moreover, the need to use medical supplies, equipment and other infrastructure is reduced, leading to lower maintenance and operating costs for facilities [22,16]. Patients themselves can save valuable time by not having to leave their workplace to go to a medical practice, reducing the financial burden on both them and the businesses that employ them, while healthcare professionals are able to see more patients in less time through teleconferencing, increasing their productivity and improving the efficiency of the entire health facility and, by extension, the health of the population [22,16].

Quality assurance and accreditation-seeking mechanisms

The implementation of quality indicator assurance mechanisms and seeking accreditation for health facilities is considered of paramount importance, as it can enhance the reputation of the services provided, building a strong relationship of trust with patients in order to attract more clients and thereby increase revenues, and also to achieve financial stability and sustainability [1,5,12,15]. Indeed, the different facilities must comply with written standards of the competent local and international accreditation bodies regarding the environment, delivery and quality of care services in terms of structure, processes, practices and outcomes. This can guarantee that they

meet specific criteria through appropriate mechanisms including regular monitoring, evaluations and certifications [5,12,15]. In particular, external and independent peer review is a global practice intended to enhance the productivity and sustainability of health facilities, with the ultimate aim of creating a culture that promotes continuous improvement and excellence [5,12,15].

More specifically, the efficiency of these structures is ensured by conducting continuous measurements of the patient satisfaction indicator, in order to find whether the services offered meet their expectations [5,12,15]. The organisational framework and management of the facilities are also studied with regard to the coordination and efficiency of operations, infrastructure, medical and other technological equipment, working conditions, the competence, qualifications, skills and correct diagnoses of healthcare personnel, treatment of patients, and the leadership skills of management staff [5,12,15]. Some additional parameters that determine quality are how emergency cases are handled and properly managed, bed availability, and regular cleaning of the facilities to avoid the spread of hospital-acquired infections [15].

Thanks to these mechanisms, the health sector can be transformed, with the various facilities gaining formal recognition of the quality of their services, enhancing their credibility and patients' trust in them [5,12,15]. Thus, it is possible to attract not only locals, but also citizens of other countries in the context of medical tourism [5,15]. Therefore, with a view to economic growth, it is possible for the present facilities/businesses to improve their rankings in the global market if they comply with national and international standards, and to meet the ever-increasing demand for better care services, becoming patients' first choice [5,12,15].

Conclusions

In conclusion, as the literature demonstrates, a whole array of strategies can be implemented in a health facility in order to achieve economic growth. In particular, both careful management and proper resource allocation can contribute to increasing workforce productivity and the efficiency of the facility, ensuring cost savings. Another effective tactic is to equip the facility with advanced technology and manage it using innovative digital methods. Current strategies can result in a significant reduction in the overall costs paid to cover medical needs, and an increase in the accessibility to the health system of vulnerable groups and/or those living in remote areas, with the aim of addressing social inequalities, achieving early intervention and strengthening prevention, all of which reduce demand for more costly emergency interventions and hospitalisations.

The implementation of key performance/success indicators and other quality indicator assurance mechanisms, and seeking accreditation are two further strategies that can result in systematic monitoring, better resource management, and reallocation of resources to those areas that require modification, enhancing the reputation of care facilities and facilitating their modernisation. At the same time, the regular education and vocational training of a facility's workforce can make it possible to deal more effectively with many difficult and/or urgent cases under pressure, and to improve relations among members of a team or among interdisciplinary working groups. Of course, the ultimate goal of these strategies is to

improve the quality of services and ensure transparency of care facilities in order to reduce the rate of medical errors, minimise any large legal claims for compensation and overall costs in general, and provide better health outcomes for citizens on a wide scale.

Also, strategic partnerships with local communities and between the public and private sectors can be highly effective. In the first case, there is greater awareness of prevention and behavioural changes to promote better systemic health, while in the second case, competition is enhanced by the involvement of more actors in the provision of health services. An outcome of both strategies is that new sources of funding and support mechanisms can emerge, while sharing overall costs and allowing for better risk management. This results in a more sustainable and efficient healthcare system with optimal benefits and more revenue for the individual facilities.

By implementing all these and many other management strategies, health facilities can improve the quality of care provided and citizens' health by streamlining their operations, while achieving economic growth and promoting social wellbeing. Of course, it is recommended that any strategy chosen should be subjected to frequent further evaluations to ensure that it is appropriate, valid and reliable, that it produces positive results and that it contributes to the transformation of the health system.

All the authors read and approved the final manuscript

Conflict of Interest

The authors declare that they have no conflict of interest.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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