IQRA NATIONAL UNIVERSITY

PAPER. HOSPITAL MANAGEMENT

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QUESTION#1

1. WHAT IS DIFFERENCE BETWEEN PUBLIC, COMMUNITY AND POPULATION HEALTH?

ANSWER#1 (A)

THE TERM POPULATION HEALTH COMMUNITY HEALTH AND PUBLIC HEALTH ARE OFTEN USED INTERCHANGEABLY THOUGH THEY ARE SOMEWHAT DISTINET

PUBLIC HEALTH

ACCORDING TO (WHO) PBLIC HEALTH IS DEFINED AS ALL ORGANIZED MEASURES (EITHER PUBLIC OR PRIVATE) TO PREVENTS DISEASES PROMOTE HEALTH AND PROLONGED LIFE AMONG THE POPULATION AS A WHOLE

COMMUNITY HEALTH

* COMMUNITY HEALTH SHARES SIMILARLIES WITH BOTH POPULATION HEALTH AND PUBLIC HEALTH BUT TENDS TO BE MORE STRICTLY GEOGRAPHICALLY BASED.
* COMMUNITY HEALTH IS OFTEN SEEN AS FIELD WITH PUBLIC HEALTH ATTTENTION ON THE HEALTH OF A SPECIFIC POPULATION COMMUNITY WHICH HAS SAME CHARACTERISTICS SHUCH AS CULTURE, WORK, PHYSICAL TREATE, GEOGRAPHY

POPULATION HEALTH

* POPULATION HEALTH IS DEFINED AS POPULATION HEALTH IS OUTCOME OF HEALTH FROM A GROUP OF INDIVIDUALS
* POPULATION DESCRIBES A PETIONT POPULATION WITH A SAME CHARACTERISTICS BUT THAT CHARACTERISTICS CAN VERY AGE, GEOGRAPHIC, SIMILAR DIAGNASIS EMPLOYEES OF THE SAME COMPANY DISABLED PERSON OR GROUPS BASED ON SOCIO ECONOMIC STATUS OR ETHNICITY ARE ALL EXAMPLES OF POPULATION

QUESTION#1 (B)

WHAT IS DIFFERENCE BETWEEN IMPAIRMENT, HANDICAP AND DISABILITY

EXPLAINED WITH EXAMPLES

ANSWER# (B)

IMAIREMENT

A PHYSICAL OR MENTAL DEFECT AT THE LEVEL OF A BODY SYSTEM OR ORGAN

EXAMPLES

* LOSS OF LIMBS
* LOSS OF VISION OR MEMORY LOSS

HANDICAP

A PHYSICAL MENTAL OR EMOTIONAL CONDITION IN WHICH INTERFERES WITH A PERSONS NORMAL FUNCTIONARING

EXAMPLES

AN EXAMPLES OF A HANDICAP IS A BROKEN LEG

DISABILITY

ACCORDING TO THE (WHO)

* ANY RESTRICTION OR LACK OF ABILITY TO PERFORM AN ACTIVITY IN A MANNER OR WITHIN THE RANGE CONSIDERED NORMAL FOR HUMAN BEING

EXAMPLES

* PHYSICAL DISABLILITY
* VISION IMPAIREMENT
* DEAF OR HARD OF HEARING.

QUESTION#2

HOW WILL MAKE HEALTH PLANNING FOR COMMON HEALTH PROBLEM IN YOUR COMMUNITY?

ANSWER#2

HEALTH PLANNING

PLANNING

* A PLAN IS DEFINED AS A PREPARATION, AS AN ARRANGEMENT.
* PLANNING DEFINES WHERE ONE WANTS TO GO, HOW TO GET THERE AND THE TIMETABLE FOR THE JOURNEY

HEALTH PLANNING

* HEALTH PLANNING INVOLVES ALL STEPS TAKEN TO IDENTIFY COMMON HEALTH PROBLEMS.
* THIS ALSO INVOLVES ESTABLISHING GOALS AND OBJECTIVES AND PREPARATION OF ACTION PLANS TO ACHIEVE OBJECTIVES.

GOALS AND OBJECTIVES OF HEALTH PLANNING

* TO MAINTAIN & IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH PROVISION OF HEALTH SERVICES, WHICH ARE;
* ACCESSIBLE
* EFFECTIVE
* EQUITABLE

AND OF A QUALITY TO ENSURE THEIR APPROPRIATE UTILIZATION.

TYPES OF PLANS

STRATEGIC PLAN (OUTLINES THE DIRECTION AN ORGANIZATION IS INTENDING TO FOLLOW, WITH BROAD GUIDANCE. WHAT?

OPERATIONAL PLAN (TIMING, METHODS & MODE OF IMPLEMENTATION HOW?

SHORT TIME PLAN (THAT COVERS LESS THAN ONE YEAR

LONG TIME PLAN (THAT EXTEND BEYOND FIVE YEARS

MACRO PLAN (NATIONAL LEVEL

MICRO PLAN (REGIONAL OR DISTRICT LEVEL

THE PLANNING CYCLE

* SITUATION ANALYSIS
* MONITORING & EXALUATION
* IMPLEMENTATION
* WRITE UP FORMULATED ACTION PLUS
* PRIORITY, GOAL, AND OBJECTIVE SETTING
* ASSESSMENT OF RESOURCE

GOAL

E.G. IMPROVE MATERNAL HEALTH

OBJECTIVES

* REDUCE MMR BY THREE QUARTER UP TILL 2020
* INCREASE SKILLED BIRTH DELIVERY BY 90% UP TILL 2020

ASSESSMENT OF RESOURCES

* HUMAN RESOURCES (HEALTH PERONNEL AVAILABLE) E.G DOCTORS, LAB TECHNICIANS ETC.
* PHYSICAL RESOURCES E.G EQUIPMENTS
* FUNDS AVAILABLE FOR THE PURPOSE.

IMPLEMENTATION

1. WHAT IS TO BE DONE?
2. HOW THAT HAS TO BE DONE?
3. BY WHOM?
4. TO WHOM?

MONITORING & EVALUTION

MONITORING

* DAY TO DAY FOLLOW UP OF ACTIVITIES TO ENSURE THAT THEY ARE PROCEEDING AS PLANNED.

EVALUTION

* IT IS THE PROCESS OF DETERMINING THE DEGREE TO WHICH OBJECTIVES HAVE BEEN ACHIEVED I.E. REDUCTION IN MORTALITY, MORBIDITY ETC.

CATEGORIES OF EVALUTION

* DIAGNOSTIC
* FORMATIVE
* SUMMATIVE

DIAGNOSTIC EVALUTION

* IT IS A PART OF NEED ASSESSMENT PROCESS
* COMMONLY APPLIED TO DETERMINE ABOUT INDIVIDUALS OR GROUPS, WHAT THEY NEED IN TERMS OF KNOWLEDGE, ATTITUDE, OR SKILL DEVELOPMENT

FORMATIVE EVALUTION

* IT IS CARRIED OUT PART WAY THROUGH A PROGRAM OR INTERVENTION PROCESS TO IDENTIFY ANY NEEDED MID COURSE ADJUSTMENTS.

SUMMATIVE EVALUTION

* IT TAKES PLACE AFTER THE PROGRAM IS COMPLETED
* IT DETERMINES WHETHER PROGRAM SHOULD BE CONTINUED OR NEED MODIFICATION BEFORE NEXT USE OF THE SAME PROGRAM
* PROCESS OR PERFORMANCE EVALUTION IS DONE AS FORMATIVE EVALUTION
* IMPACT AND OUTCOME EVALUTIONS ARE DONE AS SUMMATIVE EVALUTIONS
* ALL EVALUTION PROCESSES ARE OFTEN USED IN COMBINATION OF EACH OTHER

HOW TO PERFORMANCE EVALUTION

BEGIN BY DETERMINING

* WHAT QUESTIONS NEED TO BE ANSWERED
* WHAT INFORMATION IS NEEDED TO ANSWER QUESTIONS

SELECT A METHOD TO PROVIDE NEEDED INFORMATION

* FOCUS GROUPS, STRUCTURED INTERVIEWS, SURVEYS,
* REVIEW OF RECORD AND/OR DOCUMENTATION

HOW TO SEEE OUTCOME EVALUTION

ANY CHANGEIN

* MORIBIDITY
* MORTALITY

QUESTION#3

WHAT ARE THE CHARACTERSITIC OF AN ACCOUNTABLE ORGANIZATION WRITE DOWN AT LEAST TEN

ANSWER#3

ACCOUNTABLE ORGANIZATION

* ACCOUNTABLE TEAM MEMBER ASK FOR SUPPORT WHEN NEEDED AND DO NOT WANT UNTIL A CRISIS OCCURS
* COMMITED TEAM MEMBERS TAKE RESPONSIBILITIES FOR THAT PROBLEMS WITHIN THEIR AREAS MEANWHILE LOOKING FOR WAYS TO DEVELOP AND MAINTAIN OTHERS AREAS THAT THEY PERSONALLY IMPACT OUTSIDE OF THEIR JOB DESCRIPTION

CHARACTERISTICS

1. ACCOUNTABLE ORGANIZATIONS ARE PROVIDERS AND PAYER ARRANGEMENT ESTABLISHED TO IMPROVES CARE COORDINATION BETWEEN PRIMARY CARE PHYSICIANS, HOSPITAL , SPECIALIST AND PUBLIC OR PRIVATE HEALTH PAYERS
2. THE LARGEST BENFITS THAT ACCOUNTABLE CARE SHOULD BRING FOR THE HEALTHCARE INDUSTRY IS TO GERNER COST SAVINGS OR REDUCE SPENDING
3. HEALTHCARE EXPERTS FIND PROMISE IN (AO) AND BELIEVE THEIR BIGGEST BENEFITS
4. BE WILLING TO BECOME ACCOUNTABLE FOR THE QUALLITY, COST AND OVERALL CARE OF A DEFINED POPULATION OF MEDICARE FEE
5. RECOGNIZED THE NECESSARY OF INFORMATION TECHNOLOGY
6. IMPLEMENT CLINICAL STRETEGIES
7. ADMISSION TO LOWER COST IN – NETWORK HOSPITALS
8. IMPROVES CARE ACROSS THE CONTINUM
9. UNDERSTANDING THE ACCOUNTABLE ORGANIZATION MODEL
10. FOLLOW THE ACCOUNTABLE ORGANIZATION QUALITY METRICS

QUESTION#4

WHAT IS MEDICAL AUDIT WHY WE NEED TO DO MEDICAL AUDIT WRITE DOWN AT LEAST TEN REASONS

ANSWER#4

MEDICAL AUDIT

* MEDICAL AUDIT IS DEFINED AS THE REVIEWS OF THE CLINICAL CARE OF PATIENTS PROVIDED BY THE MEDICAL STAFF ONLY
* AUDIT IS HEALTHCARE IS A PROCESSS USED BY HEALTH PROFESSIONALS TO ACCESS , EVALUATE AND IMPROVES CARE OF PATIENT IN A SYSTEMATIC WAY
* AUDIT MEASURES CURRENT PRACTICE AGAINST DESIRED STANDARD
* ITS FORM PART OF CLINICAL GOVERNANCE, WHICH AIMS TO SAFEGUARD A HIGH QUALITY OF CLINICAL CARE FOR PATIENT

WHY REASONS

1. TO ENSURE THE BEST POSSIBLE CARE FOR PATIENTS
2. TO ENSURE CLINICAL PRACTICE IS EVIDENCE-BASED
3. TO IMPROVES WORKING BETWEEN MULTI- DISCIPLINARY GROUPS
4. PROFESSIONAL MOTIVATES, HEALTHCARE PROVIDERS CAN IDENTIFY THEIR DEFECIENCIES AND MAKE NECESSARY CORRESCTION
5. SOCIAL MOTIVATES, TO ENSURES SAFETY PUBLIC AND PROTECT THEM FROM CARE THAT IS INAPPROPRAITE , SUBOPTIMAL AND HARMFULL
6. PRAGMATIVE MOTIVATES, TO REDUCE PATIENT SUFFERING
7. DIRECT CONSERVATION
8. DIRECT OBSERVATION OF CARE
9. IT SHOULD BE LOCAL AND/ OR NATIONAL IMPORTANCE
10. ITS SHOULD BE PRACTICALLY VIABLE

QUESTION#5

WHAT IS HOSPITAL INFORMATION SYSTEM (HIS) WRITE DOWN AIMS AND BENEFITS OF HIS

ANSWER#5

HOSPITAL INFORMATION SYSTEM

* HIS IS A COMPREHENSIVE , INTEGRETED INFORMATION SYSTEM DESIGNED TO MANAGED ALL THE ASPECT OF A HOSPITALS OPERATION, SUCH AS MEDICAL, ADMINSTRATIVE, FINANCIAL AND LEGAL ISSUES AND CORRESPONDING PROCESS OF SERVICES
* HOSPITAL INFORMATION SYTEM IS ALSO KNOWN AS HOSIPTAL MANAGEMENT SOFTWARE(HMS) OR HOSPITAL MANAGEMENT SYSTEM

AIMS

THE AIMS OF HOSPITAL INFORMATION SYSTEM IS GIVEN BELOW

1. TO ACHIEVE THE BEST POSSIBLE SUPPORT OF PATIENT CARE
2. HOSPITAL INFORMATION SYSTEM CONTROL ORGANIZATION
3. OFFICIAL DOCUMENTATION, FINENCIAL SITUITION , REPORT, PERSONAL DATA, UTALITIES AND STOCK AMOUNTS, ALSO KEEP IN SECURE PLACE
4. PATIENT INFORMATION, PATIENT MEDICAL HISTORY, PRESCRIPTION, OPERATION AND LABORTORY TEST RESULTS ALSO KEEP IN SECURE PLACE
5. HOSPITAL INFORMATION SYSTEM MAY PROTECT ORGANIZATION HUMDURITY ERROR, OVERSTOCK PROBLEM, CONFLICTS OF SCHEDULING PERSONAL, OFFICIAL DOCUMENTATION ERROR, LIKE TAX PREPARATION ERROR,

BENEFITS

1. IMPROVES QUALITY OF PATIENT CARE
2. ITS HEPLS AS A DECISION SUPPORT SYSTEM FOR THE HOSPITAL AUTHORITIES
3. EFFICIENT AND ACCURATE ADMINISTRATION OF FINENCE, DIET OF PATIENT AND DISTRIBUTION OF MEDICAL AIDS
4. IMPROVES MONITORING OF DRUGS, USAGE AND STUDY EFFECTIVENESS
5. IMPROVES QUALITY OF DOCUMENTATION