**PAPER TOPIC**

**Hospital management and Bioenterpreneurship**



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**QUESTION NO 1**

**Q1:** (A) What is difference between Public, Community and Population Health?

(B) What is difference between Impairment, Handicap and Disability? Explain with Example

**ANSWER**

**(A)**

DIFFERENCING ON THE BASIS OF DEFINITIONS

**PUBLIC HEALTH**

Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.

Or

According to the WHO definition of public health, it defines it broadly as ‘all organized measures (whether public or private) to prevent disease, promote health and prolong life among the population as a whole.

Or

To be ‘concerned with protecting the health of entire populations.’ A definition provided by CDC Foundation.

Or

Proficiency or Art or Science of the safety and protection for improving the health of communities through policy making, Education and research for disease and injury prevention .

Public health involves the application of many different disciplines:

* Biology Anthropology
* Public policy
* Mathematics
* Engineering
* Education
* Psychology
* Computer science
* Sociology
* Medicine
* Business
* and others

**COMMUNITY HEALTH**

A **community** is a group of people different in their characteristics but share geographical location, settings, goals, or social interest. Examples of communities include people living in the same town, members of a church, or members of a sports team.

**Community health** is a field of public health that focuses on studying, protecting, or improving health within a community. It does not focus on a group of people with the same shared characteristics, like age or diagnosis, but on all people within a geographical location or involved in specific activity.

Community Health shares some common characteristics with both population health and public health but tends to be more strictly geographically based.

Seen as a field within public health, focusing on the health of a particular population group that has common characteristics, such as culture, work, physical traits, geography or other demographics.

 **POPULATION HEALTH**

According to CDC population health is a interdisciplinary, customizable approach that allows health departments to connect practice to policy for change to happen locally. This approach utilizes non-traditional partnerships among different sectors of the community – public health, industry, academia, health care, local government entities, etc.

Simply define as health outcome of a group of individuals.

“Population” describes a patient population with a similar characteristic. But that characteristic can vary: age, geographic, similar diagnosis, employees of the same company, disabled persons, or groups based on socioeconomic status or ethnicity are all examples of populations.

**FOUR MAIN COMPONENTS OF POPULATION HEALTH**

* Emphasis on primary care.
* Careful data driven environment
* Physician leadership
* Off–the-radar disease management.

DIFFERENCING ON THE BASIS OF EXAMPLES

**EXAMPLE OF PUBLIC HEALTH**

* Examples of public health efforts include promoting physical activity and fitness, educating the public about healthier choices, preventing disease outbreaks and the spread of infectious diseases, preparing for emergency, ensuring safe food and water in communities, preventing injury, treating water with fluoride for oral and dental health, and creating smoke-free environments and discouraging tobacco use.

**EXAMPLE COMMUNITY HEALTH**

For example, the health status of the people living in a particular town, and the actions taken to protect and improve the health of these residents would constitute community health.

**EXAMPLE POPULATION HEALTH**

You might want to see what the average outcomes are for people who work in different professions, such as respiratory illness comparisons for coal miners versus office workers, or the prevalence of diseases among vaccinated populations versus groups where parents withhold vaccinations because of feared side effects.

Social issues, attitude, values, belief and behavior are measured to determine the outcomes as these are the prime factors that influence the health factor of population.

**Differences**

|  |  |  |  |
| --- | --- | --- | --- |
|  | MAIN FOCUS | PROCESS | END GOAL |
| Population health  |  **population health focuses** on interrelated conditions and factors that influence the **health** of **populations** over the life course,  | Community engagement | Improve population health |
| Public health | Focus on the science of protecting and improving the **health** of people and their communities. | Technocratic | Improve population health |
| Community health | which focuses on the maintenance, protection, and improvement of the **health** status of population groups and **communities** | Participatory | Improve population health |

(B) What is difference between Impairment, Handicap and Disability? Explain with Example

DIFFERENCING ON THE BASIS OF DEFINITIONS

**Impairment**

The loss of any anatomical or physiological structure due to any reason is called impairment. **Impairment** refers to the actual abnormality or condition. It is a generic term which covers the diagnosis of a medical or psychiatric injury or illness.

**Disability**

A **disability** is limitation and restrictions caused by impairement. Disability is generally a legal term. Disability is defined as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.”

**Handicap**

A person who has some condition that markedly restricts their ability to function physically or mentally or socially. individual, mortal, person, somebody, someone, soul - a human being; "there was too much for one person to do"

A disadvantage that interferes with performance of life roles and is social, cultural, economic, or environmental in nature

DIFFERENCING ON THE BASIS OF EXAMPLES

**Impairment example**

For example a person lower limb is removed due to necrosis. A person eye may be removed due to any reason. A person fingers may removed due to gangrene.

**Disability example**

For example if person lower limb is removed he is now unable to walk properly so he is disabled now. He is now dependent on walking aids like crutches or wheel chair etc. His eye if removed then this affects his vision so he is visually disabled.

**Handicap example**

For example If the person due to its lower limb removal stop walking and moving around and start spending his whole life on bed is handicapped person. Depending even for those things and tasks which he may have easily fulfilled. A person whose one eye is removed quit job and become a burden on the family even he can work with this impaired eye.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **LEVEL OF EFFECT** | **Working or doing activities of daily life** | **Mental status** |
| **IMPAIRMENT** | ORGAN OR A PART | Perform those activity which is under their command | Mentally and emotional encouraged |
| **DISABILITY** | FUNCTION LOSS | Even functional loss but motivated to do their own tasks .may require more energy | Mentally and emotional encouraged |
| **HANDICAPE** | SOCIAL OR SOCIETAL | Dependent on others due to loss of courage and will. | Depression and other mental issues |

**QUESTION NO 2**

**Q2:** (A) How will you make Health Planning for Common Health problem in your community?

**ANSWER**

**Health Planning**

Defining the health problems of community, identifying their needs and resources , establishing the goals which are of the top priority, and performing the administrative actions needed for reaching their goal.

A practice for the assessment of health needs of a geographic area or population and that determines how these needs can be met in the most effective manner through the allocation of current and anticipated future resources

**Why community health planning is needed**

1. Increase in the demands of health care and medical services.
2. To cope with the problem of resource limitations .
3. This need has brought out the idea of health planning.

***Purpose of which is***

* To match with the problems due to limited resources
* To avoid the phenomenon of duplication and wasteful expenditure of resources
* To establish a best objective accomplishing course

**Types of planning**

**STRATEGIC HEALTH PLANING**

**Strategic planning** in **health** care organizations involves outlining the actionable steps needed to reach specific goals. While there are different **strategy** types and levels, the purpose of all **strategies** is to bring an organization's actions into alignment with its stated mission or values.

**OPERATIONAL HEALTH PLANINIG**

**Operational planning** is the link between strategic objectives of the national **health** policy, strategy or **plan** (NHPSP) and the implementation of activities. It is about transforming the strategic-level **plan** into actionable tasks. At this stage, most steps of the NHPSP have been completed and the budgeting has been done.

**SHORT TIME PLANNING**

Healthy people might benefit from a **short**-**term plan's** low premiums as long you don't need **health** services. These **plans** can provide you with some **coverage** but can lead to substantial out-of-pocket costs. A **short**-**term plan** is likely not a **good** idea if you **plan** to start a family. “**Short**-**term plans** are not a choice.

LONG TIME PLANNING

Long-term care involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own.

MICRO PLAN

A microplan is defined as an integrated set of components (instructions for technologies, equipment lists, teaching aids, evaluation instruments, etc.) prepared nationally to support a particular **health** care subsystem. The rationale for a microplan is that the whole is more than the sum of its parts.

MACRO PLAN

Because of the limited resources available, the **macro level** decisions address what treatments, tests, medications can be supported to improve or maintain the **health** of the population at stake. To do so, some other treatments, interventions or medications need to be reduced or terminated.

**HEALTH PLANNING FOR COMMON HEALTH PROBLEMS IN COMMUNITY**

STEPS INVOLVE IN PLANINNIG.

Analysis of a health situation

Objective and goal establishment

Resource assessment

Fixing priorities

Write up of formulate plan

Programming and implementation

Evaluation

1. **Analysis of a health situation**

A situation analysis is an assessment of the current health situation and is fundamental to designing and updating national policies, strategies and plans.

A strong situation analysis is not just a collection of facts describing the epidemiology, demography and health status of the population. Instead, it should be comprehensive, encompassing the full range of current and potential future health issues and their determinants. It should also assess the current situation as compared to the expectations and needs of the country.

Such a situation analysis can then serve as the basis for setting priorities to be addressed in the policy, strategy or plan through the process of a broad, inclusive policy dialogue.

#### Situation analysis might include an assessment of

* social determinants of health and health needs, including current and projected disease burdens and health challenges
* expectations, including current and projected demand for services as well as social expectations
* health system performance and of performance gaps in responding to needs and expectations
* capacity of the health sector to respond to current and to anticipate future challenges
* health system resources (human, physical, financial, informational) and of resource gaps in responding to needs and expectations
* Stakeholder positions (including, where appropriate, of external partners).
1. **Objective and goal establishment**

Establishment of goals and objectives

* Objectives are the guide for action.
* Objectives needed for economical and better performance of programme.
* Objectives should be established at all levels at upper level it is more general and lower level it is more detail and specific.
* Objectives may be long term and short term. In setting up these objectives time and resources are important factors
* Objectives should be – SMART
1. **Assessment of resources**:

**Human resources**

 Man power

Knowledge and techniques needed or available for the implementation of the health programmes .

**Physical resources**

Materials

 Skills

**Funds available**

 Money

1. **Fixing priorities**
* Establish the priorities in the order of magnitude of health problems
* Prioritisation is based on financial constraint, mortality and morbidity data, diseases which can be prevented at low cost, political and community interest.
* Once priorities are established alternative plans are formulated and assessed to determine whether they are practicable feasible.
* Alternate plan with greater effectiveness are chosen.\
1. **Write-up formulated plan**
* The plan should be complete in all aspect
* The input required for the health programme and the output expected
* Cost and time needed for each stage of implementation of the health programme.
* Working guidance for all those involved in the implementation of the health programme
* .It must contain a’ built in’ system of evaluation
1. **Programming and implementation:**
* Once the plan is approved by policy making authorities programme and implementation are begun.
* The effective implantation of the programme depends upon the existence of effective organization. The main consideration at implementation stage include
* 1. Defining of the role and task
* 2. Selection, training, motivation and supervision of the manpower involved
* 3. Organization and communication 4. The efficiency of the implementing institution
1. **Evaluation:**
* It is the final step of planning cycle. It should be both concurrent and terminal.
* The purpose of evolution is to assess the achievements of stated objectives, its adequacy, efficiency and its acceptance by the people
* Evaluation measures the degree to which objectives and targets are fulfilled and the quality of the results obtained.
* It measures the productivity of the available resource in achieving measured output.
* Evaluation makes it possible the reallocation of priorities and of resources on the basis of changing health needs.
* Components of the evaluation process
* Adequacy
* Progress;
* Efficiency
* Effectiveness
* Impact
* Aimed performances



QUESTION NO 3

**Q3:** What are characteristics of an Accountable organization? Write down at least ten.

**ANSWER**

 **ACCOUNTABILITY**

* A department or an individual held responsible for the performance of a specific task or function.
* OR
* Accountability is the commitment or willingness for the acceptation of a task or action or responsibility. To be accountable means to be answerable for one’s actions and be liable for their consequences.
* Basically, they are accountable for the correct accomplishment of a particular task, even if they may not be the one performing the task.
* Other parties rely on the task to be completed, and the accountable party is the party whose head will roll if the action is not carried out. Accountability is common in the financial arena and in the business world as a whole.

**Characteristics of an Accountable organizatio**n

**1.Organization which Obtain the perspectives of employs.**

1. For better understanding of the work of your organization seek other people perspective.
2. Leaders who do this are aware that, even when they’re thoroughly and critically approaching a problem, they’re unable to see every contributing factor on their own.
3. Rather than considering, intimidation to their own perspectives, they see the inherent value in other people’s opinions.

**2.Organization open in their communication.**

1. Relatedly, asking for honest input from others requires that you be honest with them in turn.
2. Fluid, frequent, constant, and candid Communication between you and your employees:
3. Employs must have trust in you that you are not playing politics or manipulating them t when you’re setting expectations for them or giving them feedback.

**3. Organization Asking for and offering feedback.**

1. Reflexively asking for the feedback on your management style will permit you to See It, as your flaws are most likely to be centered around your own behavior and attitude.
2. Get a sense of what it is about your leadership style that’s working for your team, and what isn’t — is it a matter of perception, or have you really been going about something in the wrong way
3. Notice the view point of your employs about you’ll be able to recognize miscommunication issues that could be hurting your ability to accomplish key goals.

**4.Organization Hearing the hard things of their employs so you know the correct situation**

1. It’s great to have kind, sensitive employs but at a certain point, you have to be willing to say and hear uncomfortable truths.
2. Many people feel comfortable exchanging feedback to a certain point, but if the situation is too touchy and requires confrontation, they shrink from it.
3. Leaders must get in the habit dealing with the hard decisions in the room, and even be willing to hold meetings to discuss issues that others were too fearful to address.
4. **Organization which have personally invested employs.**
5. Personal investment is the most fundamental aspect of owning your work
6. if you feel that the success of an initiative or project corresponds with your own esteem or self-regard, you’re going to be far more motivated to hold yourself and others accountable in order to achieve that success.
7. Remind yourself of the common purpose you share with employees and coworkers, and inspire similar personal investment from them.
8. **Organization Learning from both successes and failures.**
9. If you’re really going to “Own It” — that is, take personal responsibility for your team’s success — you need to be able to learn from both successes and failures.
10. When your team succeeds, it’s important to take note of what factors led to that success, rather than assume that simply continuing with your current behavior will replicate these results.
11. When someone on your team fails, you need to critically examine the cause of that failure: what went wrong? What didn’t happen that should have? Were people confused about objectives?
12. Trying to engineer a solution without taking responsibility for the problem can create resentment and bitterness — an accountable leader takes ownership of both.
13. **Organization Ensuring the work of their employs work is aligned with Key Results.**
14. The end goal of accountability is keeping everyone on track to achieve the shared goals of the organization.
15. Practically everybody comes to work each day feeling accountable for something — the problem is that they usually don’t all feel accountable for the same things.
16. Owning It doesn’t mean just owning the project you’re in charge of, or owning the list of items you’re supposed to check off each day.
17. It’s about connecting the dots between those daily tasks and the things that matter most to your organization.
18. **Organization whose employs Act on the feedback that they receive.**
19. Naturally, if you’re asking for feedback from employees and coworkers, success will necessitate actually acting on what you’ve learned from them.
20. Failing to implement the feedback you’ve received will create the perception among your team members that your interest in their input is merely superficial.
21. By the same token, if you notice a problem with the way a coworker or employee is approaching their work, it’s your responsibility to relate your observation to that person or to your boss.
22. If you withhold helpful feedback from others that could have prevented a disaster, you share some responsibility for the results.

## ****9.Creating Results****

Organization who successfully engage their teams to achieve key results nurture a positive attitude in the workplace around accountability.

## ****10. Shaping Change****

Leaders who can shift the perception of accountability from something that is dished out after things go wrong to a process of learning in which expectations are consistent and clear from the get-go are more successful at preventing things from going wrong in the first place.

QUESTION NO 4

**Q4:** What is Medical Audit? Why we need to do Medical Audit? Write down at least ten reason

**ANSWER**

**Medical Audit**

Medical auditing, like all audits, is the process or procedure done for the esurience of accuracy by examining and reviewing documents and medical records. Medical auditing takes it a step further and examines medical records to ensure that doctors and medical facilities are in compliance with the rules and regulations of the medical field.

* Medical audit is defined Reviewing the medical staff for providing the clinical care of patients
* Clinical audit is Medical and paramedical staff review on the activities of all aspect of clinical care of patient.

**Why we need to do Medical Audit**

**Internal or external reviews**

* [Medical auditing](https://www.meremhealth.com/services/auditing/) involves conducting internal or external reviews of [coding](https://www.meremhealth.com/what-is-medical-billing-and-coding/) accuracy, policies, and procedures to ensure you are managing an efficient and clean operation. “Audits are performed not only to ensure compliance but to make sure there is no missed revenue for the provider,”

**Protecting against fraudulent claims**

1. . There are several reasons to perform medical audits. Auditing can help protect against fraudulent claims and [billing activity](https://www.meremhealth.com/benefits-of-outsourcing-your-medical-billing-processes/), identify problems before challenged with inappropriate coding, identify opportunity for reimbursement, and recognize the use of incorrect codes, just to name a few.
2. It takes specialized and certified staff to know all the rules and regulations for billing different specialties.
3. When performing an audit for a practice, more often than not to find that charges are being missed due to a lack of knowledge in CPT, AMA, and CMS guidelines,”
	1. .
4. Medical auditing can provide areas of improvement for your coding staff.
5. Even a well-trained staff must be checked; therefore every practice should have an audit performed annually.
6. An audit can recognize under coding, bad unbundling habits, and code overuse. Coding staff will then be able to bill appropriately for documented procedures.

## ****Patient care improvement****

1. The main aim of the audit is to improve patient care, for example by reducing unnecessary treatment and investigations, preventing iatrogenic disease, and by identifying patients with continuing problems who have not been followed-up.
2. This can be achieved through agreement on methods of treatment of common conditions, adoption of standard policies and regular reviews of the work of departments.
3. Analysis and comparisons using accepted standards, performance indicators, and outcome parameters then become an important stimulus in identifying areas for learning and for the improvement of patient care. The ultimate goal of an audit process is improved clinical practice, leading to better patient outcomes.

## ****Communication improvement****

1. Audits have demonstrated how communication with patients can be assisted by the production of written guidelines ,by printed information leaflets and by the practice of monitoring the recording of information given to patients.
2. Communication with general practitioners is facilitated by the production of rapid discharge summaries. Some audit systems produce regular summaries as a by-product of data entry, and others monitor the delay in sending letters.
3. The Audit has also identified the value of criteria for patient referral for general practitioners, thus reducing work at outpatients.

**DEVELOPMENT OF COMMUNICATION**

1. The audit can be a form of education, and formal sessions are increasingly being recognized as an essential component of training in clinical skills.
2. The audit can make an important contribution to this procedure and is likely to become a requirement for the recognition of training posts.

**PEER REVIEW FOR PRACTICE CONFIDENCE**

1. The clinical audit enables surgeons to benefit from peer review and feedback, from which they can maintain confidence in their practice abilities.
2. Case study analysis clearly presents what has happened with patients admitted for care. Possible issues can be identified and alternative practices discussed.
3. Surgeons should be aware of the pattern of their practice and their performance, so adjustments can be made to advance professional development and improve their services to the community.

## ****IMPROVEMNET ON ORGANIZATIONAL LEVEL****

1. Highlighting potential problems areas within an organization.
2. It involves capturing basic information about the day-to-day work of clinical practice in order to look closely, identify problems, consider and make changes, and monitor progress towards improved patient outcomes.
3. The Audit will identify those areas which can generate cost savings without affecting patient care. Examples might include guidelines for the use of investigations, for the early diagnosis of illness, for standardized policies on drugs and consumables, and the reduction of length of stay by reducing complications.
4. .  In the cases of hospital data, this could be achieved through direct communications systems.
5. This will mean that clinicians and management must agree that the prime objective of the audit is to improve patient care, and not to reduce costs regardless of the quality of service. There must also be the recognition that the audit takes time which will hot be available for other activities, and it will require adequate clerical support.

QUESTION NO 5

What is Hospital Information system (HIS)? Write down Aims and Benefits of HIS

ANSWER

**Hospital Information system**

A hospital information system (HIS) is an element of [health informatics](https://en.wikipedia.org/wiki/Health_informatics) that focuses mainly on the administrational needs of [hospitals](https://en.wikipedia.org/wiki/Hospital). In many executions, HIS is a comprehensive, assimilated [information system](https://en.wikipedia.org/wiki/Information_system) designed to manage all the aspects of a hospital's operation, such as medical, administrative, financial, and legal issues and the corresponding processing of services. Hospital information system is also known as hospital management software (HMS) or hospital management system.

* A Hospital Information System is principally a computer system that can accomplish or manage all the information to allow health care providers to do their jobs effectively. It is also known as Healthcare Information System.

**AIMS OF HOSPITAL INFORMATION**

* The main aim of a hospital information system is the achievement of best possible support care of patient and administration by electronic data processing.
* The HIS may use to protect organizations, handwriting error, overstock problems, conflict of scheduling personnel, official documentation errors like tax preparations errors
* The HIS may control organizations, which is Hospital in these case, official documentations, financial situation reports, personal data, utilities and stock amounts, also keeps in secure place patients information, patients medical history, prescriptions, operations and laboratory test results.
* Provide care that is based on the best evidence for every patient, every time
* Continuously seek out and reduce avoidable patient harm
* Deliver good patient experience
* **Enabling and enchancing communication**
* **Information system for patient care**
* Guide and enable the performance of Patient Care Processes
* Facilitate communication between care providers through sharing of information
* Enable automation of work processes through links within it, integration with other components of the hospital information system and interfacing with other computers, machines, printers and scanners
* Provide clinical decision support at point of care
* Gather, store and make available vital clinical information (individual and aggregated) for primary and secondary use
* Maintain a permanent record of events and all activities of patient care (as the Electronic Medical Record and other documents based on medico-legal requirements)

### EXAMPLES OF HEALTH INFORMATION SYSTEMS

* **Electronic Medical Record (EMR) and Electronic Health Record (EHR)**
* **Practice Management Software**
* **Master Patient Index (MPI)**
* **Patient Portals**
* **Remote Patient Monitoring (RPM)**
* **Clinical Decision Support (CDS)**

Benefits of HOSPITAL INFORMATION SYSTEMS

### PROCESS IMPROVEMENT

* Automation is one of the main benefits here. It helps to optimize the user experience. Medical specialists, patients, and hospital authorities can interact online, make the appointments and exchange information.

### Digital medical records

* The hospital database includes all the necessary patient data. The disease history, test results, prescribed treatment can be accessed by doctors without much delay in order to make an accurate diagnosis and monitor the patient’s health. It enables lower risks of mistakes.

### Staff interaction

* It is vital to engage all of your employees for improved coordination and teamwork. They do not need to make special requests and wait for a long time for an answer. Each specialist will be in charge of certain process stage and can share outcomes with colleagues just in one click.

### Facility management

* Hospitals authorities are able to manage their available resources, analyze staff work, reduce the equipment downtime, optimize the supply chain, etc. Another fact to mention is that hospital staff deal with the digital data instead of endless paperwork.

### Financial control and tax planning

* The management has the ability to monitor different financial operations including expenses, profits, and losses, paying bills and taxes, in and outpatient billing. The financial awareness helps to analyze business prospects quite clear and move in the right direction.

### Market strategy

* Due to the high market competitive nature, the medical industry is also open to all the different innovations that enable communication between patients, doctors, suppliers, and marketing services providers.

### Insurance claims processing

* Integration with health insurance services improves the experience of the patients and brings benefits to the institution. It allows you to be innovative and helps both the patient and hospital to handle many aspects of the insurance process successfully.

### Less time consuming

* As the services and interactions are improved in all possible ways, everything is being planned with greater precision. It saves the time of all the system users and provides them with up-to-date information.

### Patient self-service

* Patients have their own system accounts where the list of various actions can be performed. They are able to make online requests or reservation, receive the test results, receive the consultation of the medical specialists and many more.

### Better customer experience

* Since the clinic management system is patient-oriented, the treatment process can be less stressful. Doctors have more time for the examination and interaction with patients. In addition, all the requested information can be received online.



 THE END