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FACTORS AFFECTING OPERATIONAL GOVERNANCE OF A CANCER CARE CENTRE, CHENNAI

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ABSTRACT

The delivery of high-quality healthcare services is of paramount importance in ensuring optimal patient outcomes and satisfaction. Key areas examined in this study include leadership and management, policies of the organizational, clinical processes, patient safety measures and continuous quality improvement initiatives. This study identified the strengths and areas for improvement in operational governance that directly impact the delivery of healthcare quality in the single specialty Hospital. By assessing the effectiveness of governance practices, this study provides valuable insights and recommendations to enhance overall healthcare quality and patient satisfaction. The outcomes of this research include suggestions for targeted interventions which would improve operational processes and enhance healthcare quality outcomes. This study contributes to existing body of knowledge which specifically focuses on operational governance, sheds light on the unique challenges and opportunities within such healthcare settings. The result of this study will be valuable for administrators, policy makers and quality improvement professionals in their efforts to optimize the delivery of high-quality healthcare services in specialized hospital environments. This study helps the hospital to know how a process would contribute much to a positive patient experience.

Key words: *Operational governance, healthcare quality, positive patient experience, patient satisfaction, high-quality healthcare*

Introduction

Operational governance plays a vital role in ensuring the delivery of high-quality healthcare services in any healthcare organization, including single specialty hospitals. Assessing and evaluating the operational governance practices in these hospitals is crucial for identifying areas of strength, addressing deficiencies, and ultimately enhancing the overall quality care provided. Effective operational governance is critical for hospitals to deliver high-quality patient care and to manage resources effectively (Maria Lucia Specchia et al., 2015). These factors that contribute to effective operational governance are complex and multifaceted analysis of the factors impact the hospital capacity for effective operational governance.

Operational governance refers to the framework and processes in place to manage and oversee the operations of a hospital, while the delivery of quality healthcare pertains to the provision to safe, effective, patient centred, timely, efficient and equitable healthcare services. Within this context, analysing the process factors that contribute to the overall quality of healthcare delivery becomes paramount (Syaribah et al., 2021).

Review of Literature

Van Hulle et al., (2023) emphasized a study on draft model for hospital governance Proposed a hospital governance model based on the common governance issues in healthcare organizations. This model's structure is modular, allowing for piecemeal implementation. Additionally, its completion might be customized to the organization's particular requirements. The concept suggests a hospital business contract that details the hospital's social perspective, mission, and operational goals in line with that mission.

Greenhill, Richard et al.,(2023) emphasized a study on Sustainable Healthcare Depends on Good Governance Practices briefs that resilient health systems are built and kept up through competent leadership and governance. COVID-19 brought to light a variety of challenges, chief among which is the requirement for resilience planning. Healthcare executives are forced to think widely about challenges that influence operational sustainability in light of risks that revolve around the climate, economic stability, and new infectious illnesses.

Antonio Duran et al., (2023) in their article entitled on Hospital Governance emphasized that the foundational principles of governance—which span across administration, laws, and management—set the parameters within which society's institutions, including hospitals, operate. Governance establishes an organization's "licence to operate" for a hospital. It functions at both micro and macro levels. The technical capability (outputs from inputs), managerial capacity (defining plans and operational objectives), and level of operational status are crucial indicators for evaluating the governance space.

Maria Lucia Specchia et al.,(2015) highlighted a study on “Does clinical governance influence the appropriateness of hospital stay?”. The objective is to confirm the probable link between clinical governance and the appropriateness of hospital stay. The approach was employed in a 2012 cross-sectional research in an Italian hospital to evaluate the use of clinical governance. The appropriateness evaluation protocol's Italian translation was used to

gauge organizational appropriateness. The association between improper hospital stay days and clinical governance implementation levels is analysed using person correlation and multiple linear regressions. The majority of Clinical Governance aspects and the percentage of unwarranted hospital days were shown to be inversely correlated in a study of 47 units.

Methodology:

Statement of the problem

The assessment of operational governance in delivering healthcare quality faces several challenges, impeding the effective evaluation and improvement of healthcare services. The effective governance will have a direct impact on the quality of service being provided. This study identifies the problems in the operational governance and taps the root causes of the problem and provide solutions for effective corporate governance in the industry.

Objectives

To analyze the factors affecting ineffective operational governance.

Need of the study

This study would pave way for improving the operational governance practices which can be done by addressing and orienting patients towards the organization. It identifies the root causes of ineffective operational governance practices and which leads to poor healthcare quality outcomes in the hospital. The finding of the study helps in taking corrective actions for improving operational governance.

Area of the Study

This study is confined to Healthcare Global Comprehensive Cancer Care Centre, Bangalore.

Type of the Study

This is a qualitative study. A qualitative study refers to a type of research that focuses on exploring and understanding complex social phenomena through the collection and analysis of non-numerical data. It is a subjective approach that seeks to gain an in-depth understanding of the perspectives, experiences and behaviours of individuals or groups.

Tools used for Analysis

Cause and Effect Diagram

Cause and effect analysis is often conducted by drawing cause-and-effect diagrams (also known as Fishbone Diagram), which organize a large amount of information by showing links between events and their potential or actual causes and provide a means of generating ideas about why the problem is occurring and possible effects of that cause. Cause-Effect can also be diagrammed using a tree diagram.

Research Design

This study uses observational method to collect the data. Under the observation method, the information is sought by way of investigator's own direct observation without asking the respondent. The main advantage of this method is that subjective bias is eliminated, if observations are done accurately.

Source of Data

This study is based on primary data and secondary data.

Primary data

This study mainly depends on the primary data collected through observation of the researcher.

Secondary data

Secondary data were collected from books, scholarly journals, publications, official websites, research papers and magazines.

Limitations of the Study

This study was conducted only for two months which limited this study from in depth analysis of various factors that impacts operational governance. This study could not assess the factors such as process, policy, procedure in other departments except admission and discharge due to time constrains.

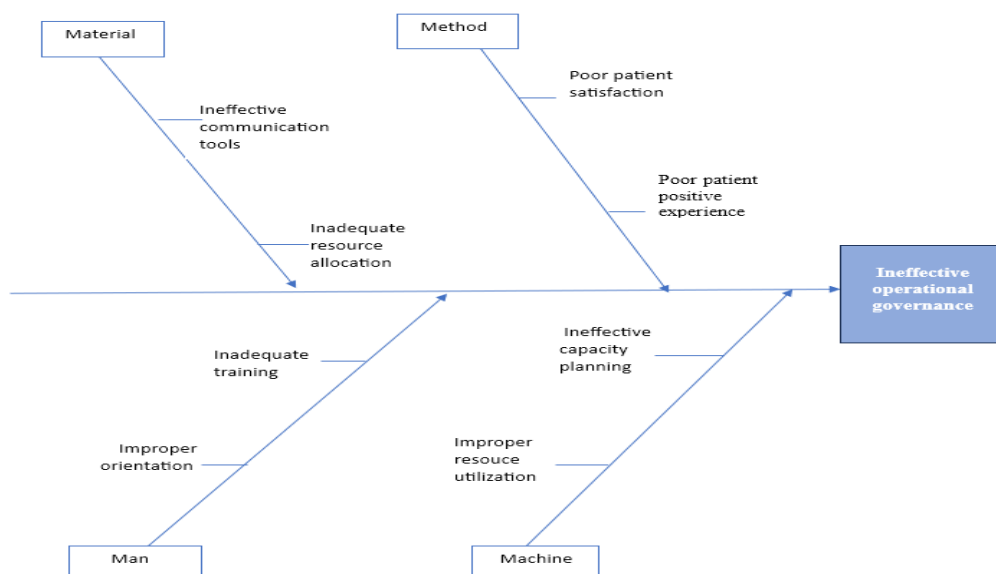
Ethical Issues

Ethical issues have been cleared and the ethical clearance letter was provided by the Institutional Ethics Committee, SRIHER, Letter no: CSP/23/MAY/128/468

ANALYSIS AND DISCUSSIONS

1. Cause and Effect Analysis:

Fig No 1: Cause and Effect Analysis



Source: Primary data

Interpretation:

Manpower

Improper orientation and ineffective guidance are the causes for ineffective operational governance which includes lack of understanding, misalignment with organizational goals, inconsistent practices

Methods

Poor patient satisfaction would lead to poor promotion and would increase the rate of detractors and passives towards the hospital. Poor patient positive experience would make the patients to move away from the organization.

Machines

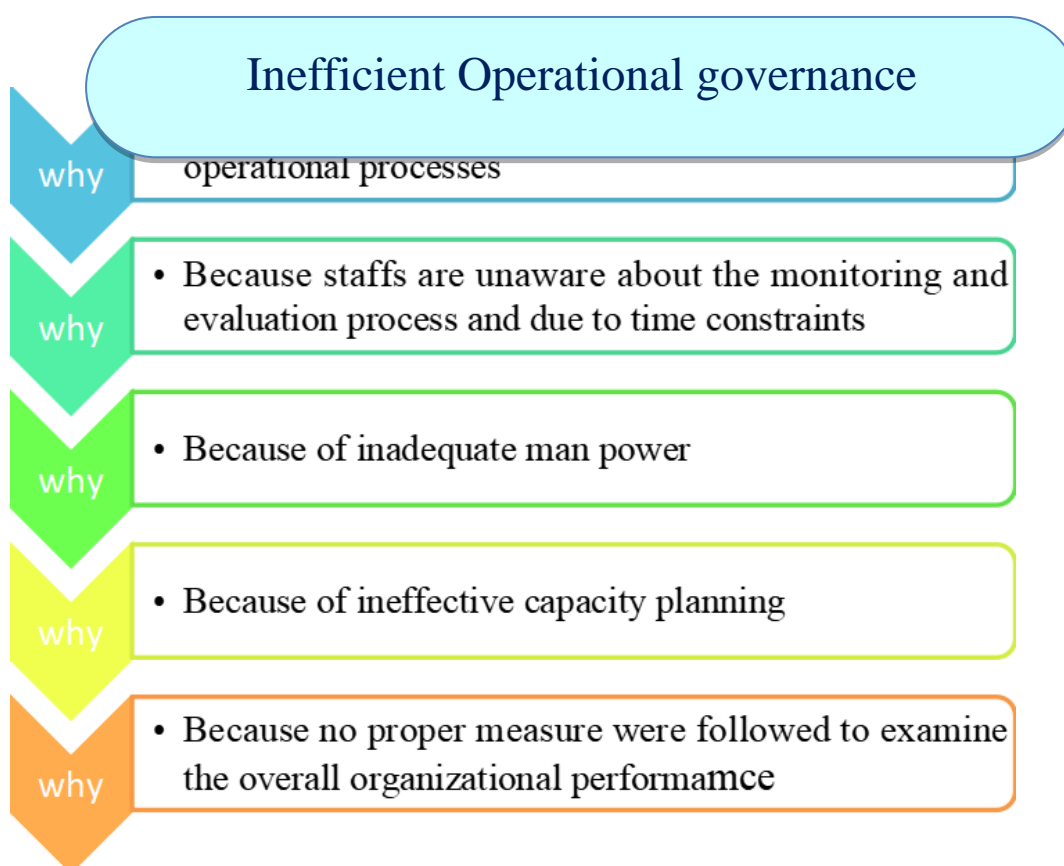
Improper resource utilization leads to decreased quality of care, staff burnout and dissatisfaction, increased healthcare cost, inefficient workflow, risk of medical errors and compromised patient safety.

Materials

Inefficient governance can involve the use of outdated or inadequate communication tools within the hospital and can result in suboptimal resource allocation, both in terms of human resources and physical assets.

2. FIVE WHY ANALYSIS

Figure 2: Five Why analysis



Interpretation:

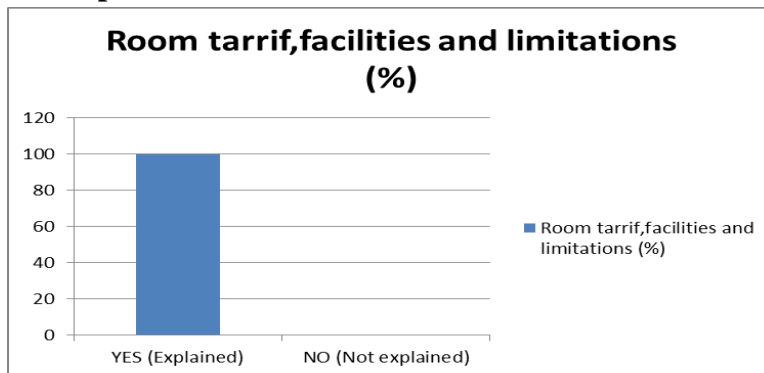
Ineffective operational governance is due to lack of monitoring and evaluation of operational processes, unawareness of the staffs about the monitoring and evaluation process and due to time constraints, inadequate man power, ineffective capacity planning, no proper measures were followed to examine the overall organizational performance which will lead to a range

of negative consequences such as compromised patient safety, decreased quality of care, financial mismanagement, lack of strategic direction, low staff morale and engagement, regulatory non-compliance and legal risks.

3. PERCENTAGE ANALYSIS

ADMISSION PROCESS

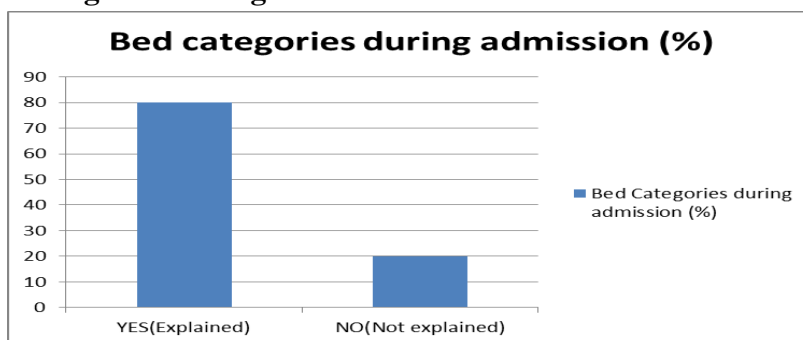
Graph 1.1: Admission process



Source: Primary data

Interpretation: Graph 1.1 states that room tariff, facilities & limitations are explained to all the patients (100%). This would prevent the patient from being bankrupted during the period of discharge and to decide to time or period for the treatment.

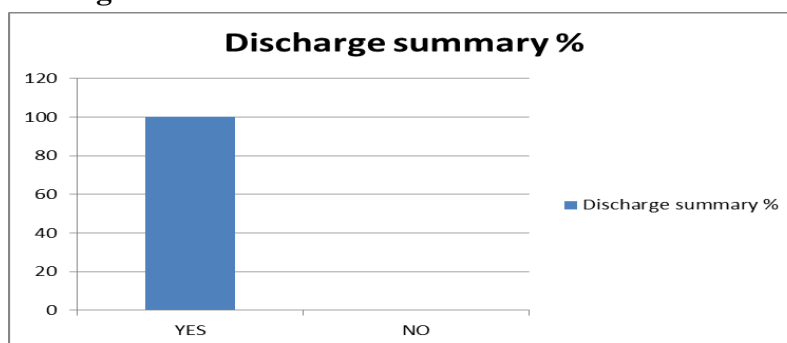
Graph 1.2: Bed categories during admission



Source: Primary data

Interpretation: Graph 1.2 clearly states that patients are informed about the Bed category during the period of admission at a percentage rate of 100%. The bed categories are classified as platinum, gold and silver.

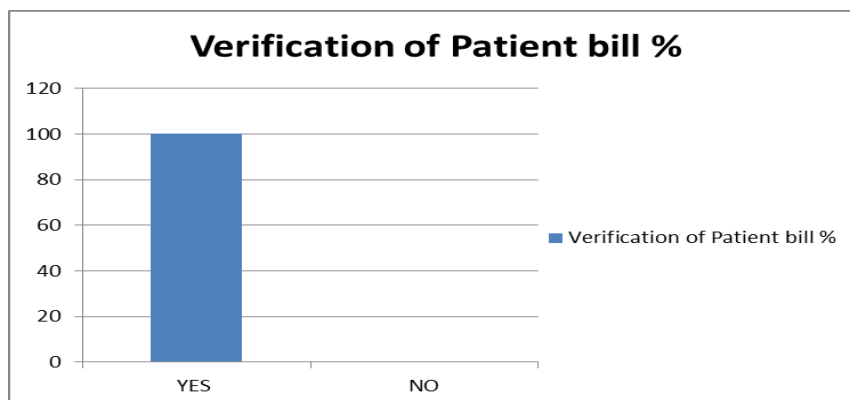
Graph 1.3: Discharge Process



Source: Primary data

Interpretation: Graph 1.3 states that discharge summary details such as treatment given-surgery, chemotherapy, radiation, diagnosis, surgery/procedure date, surgery/procedure name are checked and verified which is at a percentage of 100%.without the discharge summary details further treatment would not be possible.

Graph 1.4: Patients Bill



Source: Primary data

Interpretation: Graph 1.4 clearly states that the room rent, Doctor's consultation/visit charges investigations, surgeon and Assistant surgeon charges, Anaesthetist charges & operation theatre charges, equipment charges/procedure charges. Cost of implant (if any), medicine charges (includes ward and OT medicines and consumables), pharmacy detailed bills, radiotherapy and radiology charges, timings of services rendered, cross verify activity card, Discharge summary and bill, patient signature on bill are checked and verified.

Managerial Implications:

- Monitoring the day-to-day process of admission and discharge with a checklist which has to be followed and verified by the staffs involved in the process.
- Orienting patients and the family on their rights and responsibilities at the time of admission.
- Explaining the patients on all their requirements and facilities of the hospital and also on the limitations and restrictions
- Analysing the level of patient satisfaction through feedback collection and by maintaining the net promoter score.
- To benchmark the best practices in all the other departments.
- To continuously monitor and evaluate the running process for continuous quality improvement.
- There should be transparency that head of the hospital, managers communicate the vital information's to the staff for collective decision making process
- Managers should make sure effective implementation of corporate governance policies that controls the internal and external environment
- Managers and head of the hospital should take the accountability in updating and disseminating the corporate governance policies and regulations

- Hospital should make sure that they are continuously engaging with the stakeholders for effective strategic decisions and proper corporate governance planning
- Both the inpatient and outpatient wards should have their own audit checklist for proper transparency

Conclusion

The study assessed root causes for ineffective operational governance. The causes were classified into four categories: Manpower, Methods Machines and Materials. The study findings indicate that the hospital should monitor and evaluate the processes, policies, procedures which can help to seek continuous quality improvement and would increase the level of positive feedback which would contribute to the increase in the net promoter score and would make the organization a better competitor in the existing market. The major findings of the study include proper transparency, accountability and engaging with the stakeholders will increase the quality of care delivery in the Oncology department. Clear standards and guideline will help the department in effective coordination and control of documents. And the overall organization performance can be monitored by having a performance audit checklist and the data can be viewed and concluded for effective operational governance.

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