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| Fundamentals of Health Care Administration  2023  Doctor of Philosophy  Health Care Administration |
| Bircham University  Authored by: Fahad Jelwi Zaben Al-Ruhamy  *“I do hereby attest that I am*  *the sole author of this report and that its contents are only*  *the result of my reading of the above-mentioned textbook.”* |
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# Introduction

Drafting this paper before Covid-19, would differently have been drastically different as the perceptions of healthcare administration have been affected by the pandemic. Healthcare administrators have been facing the challenge of managing the pandemic's impact on healthcare systems while ensuring the safety of healthcare workers and patients. And as we go through this report analytic summary topics, the main objectives of this paper to highlight the importance and the vital role of in modern life by overseeing the management, planning, and coordination of healthcare services in a variety of settings, including hospitals, clinics, long-term care facilities, and other healthcare organizations. And to encounter the key concepts and prerequisites for successful and effective healthcare administration.

As Healthcare administrators have been playing a crucial role in managing and overcoming healthcare pandemics throughout history since the evaluation of this life science and proficiency in the late 1800’s and early 1900’s. and during sever pandemic and healthcare crises starting from the 1918 Spanish Flu, and HIV/AIDS epidemic in the 1980s and 1990s, to how digital transformation is shifting healthcare management, planning and perspective of health care operations and utilization. By working closely with healthcare professionals, public health officials, and government agencies, they have been able to mitigate the impact of pandemics and ensure that patients receive the care and resources they need. Healthcare administrators have leveraged their expertise in management and coordination to effectively respond to various forceful challenges and rapidly changing economic conditions.

# Analytical summary

*How Healthcare Adminstrators need to comply to a balanced administration: -*

Complying with facts and figures globally of healthcare seekers, provider, mortality rate and health professions we can point the finger on the global demand for defined and well-established healthcare systems, controllers, and administrative personals. with a successful formula to balance the medical needs and standards with organizations’ missions and objectives and future plans for growth and expansion.

And in order to create this harmonized and well-balanced formula for successful monitoring and effective and efficient delivery of service, we need to understand that clinical and administrative personnel play distinct roles within a healthcare organization, and as a result, they have different responsibilities, skills, and areas of expertise. with different responsibilities, required adamic skills, education, and training. Overall, while clinical and administrative personnel work together to support healthcare organizations, they have separate roles, responsibilities, and skillsets. Effective collaboration between these two groups is essential for providing high-quality, patient-centered care.

In our twenty-first-century healthcare administrators, who look forward to acting as efficient healthcare personnel, it is fundamental to effectively comply to the various renovated healthcare business aspects, that majorly include and not exclusively: the digital and technological transformation and innovation, regulatory compliance, and strategies. In addition to fund and financial management and strategic planning. And most of these healthcare aspects require specific skills and professional attributes. to perform their job feasibility and deliver strategic plans that meet the needs of their patients and stakeholders. By setting clear goals, developing strategies, and creating action plans, healthcare organizations can stay focused on their mission and vision, and improve the quality of care they provide to their patients. And provide proper utilization for all resources and health care services, that must positively affect the patient papulation. where the efficient utilization has to wholistically cover the potential patients services such prevented care, life span expiation, emergency medicine enhancements, pharmaceutical innovation, along with adapting alternative complementary medication, and working forward reducing inpatient process along with improving noninvasive producers.

which will all support the effective roles of healthcare organizations in society.

*The required knowledge of healthcare facilities and services for* *healthcare administrators*

Understanding the differences and variations between healthcare facilities and services is crucial for healthcare administrators to effectively manage their organizations, ensure high-quality care, and meet the needs of their patients and communities. as they are required to perform strategic decisions about resource allocation, including staffing, equipment, and budget. Understanding the differences between facilities and services can help administrators make informed decisions about where to allocate resources to ensure that patients receive the highest quality care, in addition identifying opportunities for growth and expansion, as well as potential challenges or areas of weakness. And ensuring regulatory compliance with patient satisfaction.

With diverse types of health care facilities categories, based on different business models, the main difference between proprietary and nonprofit healthcare facilities is the focus on financial gain versus the mission of providing high-quality care to patients and improving the health of the community. Hereby the healthcare administrators are required to comprehend the different categories varying from inpatient to outpatient to acute care hospitals, with up to 99 places of services “POS” identified as per the (Place of Service Codes for Professional Claims, 2021). where also facilities and clinical specialization, are vitally required to provide the necessary foundation for effective operational, financial, and quality management, as well as strategic planning and patient satisfaction.

*Financing the health care facility*

All the great intentions in the world to heal the sick cannot be fulfilled without money. There are three types of health care organizations as follow: For profit (a profit organization is set up with the intention of making a profit similar to many other businesses. It is structured to share excess revenue with its shareholders). Not for profit (care about the balance of revenue and expenditures. It is with tax status that is designated to reinvest excess revenue into the organization for the betterment of its patients). Public health (it is owned and operated by a local, state or federal government to provide health care services to its citizens.

Third party-payers is an individual or organization who pays for a health care service yet is not either the provider or the receiver of these services. The centers for medicare and Medicaid services (CMS) are federal government agencies authorized to manage medicare and medicaid programs.

The state governments often maintain worker’s compensation coverage that are an insurance plan specifically designed to pay for medical care for an individual who was injured or became ill as a result of their occupation. The veterans’ administration is another government’s agency that has the authority to care for members of the uniformed services.

Private health insurance companies are third party-payers that are not affiliated with the federal government. Patient payments contain three types of payments to the providers that are co-payment (fixed amount for payment), coinsurance (between patient and policy) and deductible (pay each year).

The balanced case mix is a strategic plan to ensure a health care facility is caring for patients with a variety of diagnoses. This means that the facility as whole needs to seek a balance of patient cases reimbursed by various third party payers. Maintaining a case mix balance is wise in order to ensure financial stability (Kumar, Chen, Choudhury et al., 2011).

Fee-for-service (FFS) agreement is a payment plan in which a health care provider receives reimbursement from a third party payer based on the specific procedure, services and treatment provided. Episodic care is a method of paying a provider with one lump sum based on the standard of care for specific diagnosis. Capitation plan is a payment plan in which a primary care physician receives a monthly stipend for ongoing care of a managed care beneficiary.

There are many programs and bonus opportunities related to health care. These such as physician quality reporting system (PORS) and primary care incentive payment program (PCIP). Health care can be funded in several ways. There are several options for securing funds such as grants, some governmental programs, commercial loans from banks, private investments and endowments, shares of stock and secured bonds.

One of your responsibility as a health care facility administrator is to analyze ways to increase revenue while controlling expenditures. That occurs by growing the business by increasing the types of services and grows the business vertically by increasing the number of patients. There are some methods used to firm up the facility’s revenue system. The administrator should pay attention to the financial leak. It is beneficial also to grow the facility’s case mix horizontally by offering specialized services.

*Quality control in health care facility*

The physician’s clinical credentials to confirm the qualification and skillful of the physician are mandatory in health care facilities. For this reason, face to face interview is an important part of the hiring process.

The quality care initiatives guide and policies come from federal government and supporting agencies and organizations. The administrator can use the quality indicators that are standard measures to aid in the development of internal policies. Administrator can also follow the quality improvement strategies that are group of plans designed to raise the level of benefits derived from the organization.

A healthy person 2020 is a project of the center for disease control (CDC) that includes goals and objectives to promote good health and disease prevention. The CDC includes the socio-demographic details about populations such as age, gender, income, location, education and more.

Evidence based medicine (EBM) is the process of medical decision making determined by research on what services, procedures, treatments and policies. When the outcomes of this research are found to have impact on specific treatment option, this data is presented in easy to read tables.

Patient safety practices are national health care quality agenda that include the behavior or actions performed in a manner designed to keep the patient safe. These are used by the evidence based practice center (Aggarwal, Aeran, Rathee, 2019).

The medical necessity encompasses those supporting factors of the patient’s health issues such as signs, symptoms and medical history that lead toward action (tests, procedures, services or treatment).

All clinicians are required by law to accurately document the complete details of every patient encounter and every patient related encounter that is an exchange between health care professional discussing a specific patient when the patient is not present.

Studies continue to prove that patient outcomes are substantially improved with increased use of various telemedicine methodologies. Robotic video visits and video conferencing have been shown to reduce the number of complications.

When an individual on your staff proposes the purchase of a new piece of equipment your first job is to assess the true need and avoid being staged by the desire. It should come as no surprise that there are governmental regulations and laws with which a health care facility of any size must comply.

When the entire organization works together in harmony, quality can be more confidently ensured. Hospital acquired condition (HAC) also known as nosocomial conditions are those illness and injuries that affect a patient as a direct result of the patient’s stay in the hospital. The cause may be human error or lack of sterility. Proper patient safety precautions are mandatory.

There are ten categories of HACs that will not receive reimbursement making the impact of causing harm to your patients. The office of the inspector general (OIG) actively investigates health care providers in all types of facilities to identify substandard care.

There are many formulas used by administrators to identify potential problem areas when compared to national statistics. Health care is a life and death business. Some patients pass away no matter how hard we try and regardless of what twenty first century knowledge is used. Greater than normal mortality rates at your facility may be a result of lack of quality care. This is something that you must uncover and correct immediately.

*Safety program in health care work place:-*

The responsibility of the administrator to keep all the people in the workplace safe and to talk team work in order to plan, develop and implement programs to avoid or minimize hazard. These hazards are present everywhere especially in the health care industry.

The occupational safety and health administration (OSHA) has identified health care as “a high incidence industry” for workplace violence. This has been one of the top four causes of employment related deaths over the last fifteen years.

It is a must to develop and implement a workplace violence prevention programs. These prevention programs are successful in reducing incidents of workplace violence.

Workers in the healthcare industry are given the nature of their work susceptible to many things that can harm them. The most obvious danger to health care workers is the spread of disease. Exposure to blood-borne pathogens contracted by exposure to infected blood or other potentially infected materials can be prevented by the creation of an exposure control plan (ECP) that include internal policies and procedures to use personal protective equipments (Sorensen, Sparer, Williams et al., 2018).

The needle stick and other sharp-related injury prevention plan and the implementation of safe medical device including shielded needle devices, plastic capillary tubes and devices do not require needles at all should be included in the (ECP).

The vaccination and immunization schedules must be implemented and maintained without exception. Housekeeping staff is important combatants in the effort to keep employees and patient safe from pathogen. These staff members must be protected also.

The physical environment needs to establish facility, maintenance. The buildings that houses your facility, the building’s walls, ceiling, floor, electricity, water and temperature, all must be maintained and controlled. You should ensure that all systems and equipments are working properly, emergency backup such as generators, sprinkler system, storage of oxygen tanks, nitrous oxide gas and heating ventilation air conditioning systems.

It is good thing to ensure good eating habits, fitness exercise, managing stress, helping employees quit smoking and making other smart choices for better health and all this called workforce health promotion. The workers compensate insurance for workers who are found to be injured during the performance of their job are diagnosed with an occupational caused illness.

A paid time off sick leave is a legal requirement for sick employees. High employee’s turnover costs even more money because the same position must be advertised, interviewed, provided with an orientation and then before the company can gain benefits from this staff member, the new one leaves and the whole process must start all over again.

You must implement the workplace safety plan to ensure the safety of your staff. It is important to create an organized and efficient written plan.

*Technology in health care facility*

Now the administrative side of health care is taking a big leap forward with the nationwide implementation of electronic side of health care (EHRs), mobile devices and health information exchange networks.

Various types of technology are incorporated to support the responsibilities of managing the provision of the health care services. The electronic health record (EHR) is software used to create and maintain patient charts which is a computerized record of health care information and associated process.

Also there is an electronic medical record (EMR). The medical records for diagnosis, treatment of diseases and injuries and the health record for the medical aspect plus preventive one. The HER and EMR are both software programs used to computerize patient records. Both are electronic documentation of patient care.

There is fear amongst many administrator about the adoption of EHR related to interoperability or the ability for the software to communicate and exchange data with other software programs with the practice management system that is software used to create, submit, and manage claims to third party payers then the data must be entered separately, increasing the opportunity for a mistake to be made.

There are specific standard rules that govern the security of the electronic information that are the administrative safeguards, physical safeguards and technical safeguards (Van Mulken, Schols, Qiu et al., 2018).

EHR has demonstrated improvement in the quality of patient care by enabling health care professional’s access to not only more information but more accurate information and faster ones. This increases the opportunity for a more precise and quicker diagnosis and treatment plan.

The federal government created the health information exchange (HIE) to furnish both health care professionals and patients with protected access to the patient’s electronic health information and the ability to share the information securely. There are three types of HIEs for health care providers to use that are directed exchange, query-based exchange and consumer- mediated exchange.

Most mobile devices have the ability to connect with the evidence based medicine research with just a touch of the finger. The radiofrequency identification (RFID) is a wireless technology used to track specific items such as medications, patient charts and patient identification.

It can also track the movements of doctors, nurses, patients and others in real time. Some of these systems can be designed to electronically link patient data using Wi-Fi providing important patient information immediately at beside or in the exam room.

The telehealth that is remote telecommunication between health care providers and patients or other providers for the purposes of managing the patient’s health care. It is beneficial to use the telecommunication devices such as robots enabling a physician to meet with and evaluate a patient without being physically at the location and called remote presence.

The robotic and laparoscopic and also called the minimal access surgery as it provide the ability to visualize and treat internal aspects of the patients without the need for a large incision. The mechanical prosthetics are devices that are designed to take the place visually and functionally of a human anatomical site such as artificial leg or arm.

*Food services in health care facility*

As the administrator you will need to be aware of what is going on in the kitchen. The food service operations in the health care industry are handled in one of two ways in house (self-operation) or outsourced which means contracting with another company to provide all necessary services.

All those involved with preparing, serving and storing food have a legal obligation to ensure that food will not cause illness or harm. The person “person in change” of food service is the individual recognized by law to be responsible for food safety compliance. Many states require one certified food safety manager to be on the premises at all times. This manager is responsible for ensuring that all regulations are perfect.

The HACCP is an organizational plan designed to focus safety, specifically by the creation and implementation of internal processes that analyze the environment and personnel involved with food procurement, preparation and delivery. It includes hazard analysis, critical control point, implementation and monitoring, verification and documentation (Lai, Gemming, 2021).

Pathogens cause illness acquired through food and include bacteria and viruses as seen in other areas of health care. In addition, parasites such as molds and yeast can negatively impact a patient’s health especially poison that is produced by some molds known as mycotoxins.

Waste materials that are not disposed for properly can enable bacteria and pets to invade and contaminate the food. Food and other debris including rotting and decaying food commonly referred to as food that is going bad attract pathogenic bacteria that can travel and settle down on uncovered food or food preparation areas.

Many physical foodborne hazards can be found in any environmental hazard list. Dust and dirt from air, rubbish or equipment that has not been cleaned creates a danger when that dirt gets into food. Broken glass, broken dishware, string, paper, staples, fragments of bone or shell, hair, bandages, screws and others. There danger also insects and rodents to come to eat. The pesticides and other chemicals are very important to keep these unwanted critters at bay.

All health care facilities need to recognize their role in guiding employees and patients to stay well-nourished and healthy at the same time. The fight against disease especially chronic disease such as obesity, hypertension and diabetes is fueled by the link between food and nutrition.

The national guidelines clearinghouse offers medical nutrition therapy (MNT) guidelines aimed at managing symptoms of heart failure and maintaining optimal nutrition status. The purposes of these guidelines include those that have measureable clinical outcomes. Menus established for a health care facility, whether short terms or long term, must keep an eye on food costs and actual meal costs. You need to ensure that the meals being prepared for your patients provide nutrition, taste and presentation within the limitations established by third party payer reimbursement.

Using food as a marketing device can also be seen in acute care hospitals. Many advertise that an elegant dinner from a custom menu for mom and dad is provided after the baby is delivered in their maternity ward. Many cancer care centers promote holistic methodologies that include standard of care medical nutritional therapies.

*Compliance plan in health care*

A compliance plan lays out the details of precisely how the organization as a whole will go about educating the staff, explaining what they need to do under various circumstances and the consequences of failing to follow the policies of the organization and the laws of the governing authorities.

The compliance plan should enable all staff members to comprehend the elements involved. Determine explicit guidelines for behavior under all foreseeable circumstances and provide for contingency planning. Create a secure process for individuals to report alleged violations without fear of repercussions. Describe consequences for failure to comply and implement them when noncompliance has been found. Implement methodologies for adjusting behavior and/or processes before external agencies get involved. Establish regularly performed internal audits which are assessment to determine compliance performed by or initiated by the organization or facility itself to look for improprieties, errors and other wrongdoing (Neo, Sagha-Zadeh, Vielemeyer et al., 2016).

The federal sentencing guidelines (FSG) include seven steps to ensure due diligence properly carried out. The due diligence is complete and thorough background checks, proof that everything possible was done, every reasonable precaution was made to prevent a wrong from occurring.

In addition to laws and regulations, you and your team should consider any special circumstances that would challenge your staff. The advance planning is the key to managing a crisis effectively.

Once you have completed a list of the laws, statutes and guidelines applicable you have the foundation for establishing your organizational policies and procedures that will provide your staff with solid direction for compliance. Your staff will perceive it as a sign of respect if you to explain the foundational issues for your policies rather than just telling them what to do or what not to do.

Creating a reporting system will permit any member who witnesses a violation to let you know so you can investigate and do something to lessen the impact of what breach. Of course you want to ensure that all members know they can file a report with their manager or supervisor. However, some may be afraid to do this. In addition, you must take into consideration that it may be the manager who is behaving inappropriately.

Every report coming into the phone line, e-mail box, website form and to a manager must be investigated. There are certain to be false accusations along with some cases of actual noncompliance that cannot be proven. However, you must investigate them all without any prejudgment for the program to have any meaning.

Conducting regularly schedules audits will reveal any violations relating to billing and claims. Discovering this type of violation may save the organization millions of dollars in potential penalties and fees from a charge that your facility is submitting fraudulent claims.

The next step is to educate everyone about the policies so the facility will be able to avoid the costly repercussions of noncompliance. This must be more than simply publishing and distributing an employee policies and procedure manual. You need to ensure that they are well versed in the importance and impact policies.

The path to completion includes: begin with and overview of the entire project. Then, delegate the work to be done, establish quality standards, create the timeline, keep team communication opened, build in contingencies and finally work smarter and not harder.

*Strategic planning*

The strategic plan is a document created to clarify a facility’s current position, future accomplishments and how to achieve those accomplishments. The purpose of the strategic planning can also be used on a smaller scale or single program. In these cases, three steps approach can condense this process while still producing important results that are: circumstances, aim and path. Before you start working on the plan, it is advisable to make a list of each of the following groups in your geographic area that are: competitors and the services they provide, groups or clusters that might be interested in or need your service, the suppliers or vendors and other community elements that directly relate to your facility’s service (Martin, 2018).

Collect only necessary and relevant information. This is not a marketing document, so you will need to set aside slogans and publicity that do not truly represent fact. Include only the facts. Limit the amount of information based on opinion or assumption.

The strategic plan consists of the executive summary which is the first section. This summary include explanation of the mission, which is one or two sentences explain of what organization do and why. The unique features of the facility, the stakeholders of the facility, market overview and expected accomplishments must be determined.

The current situation is a complete description of the company and its products or services. There is an old saying “you need to know where you are before you decide where to go”. Part of current situation will be the result of what is known as SWOT analysis. The SWOT analysis stands for Strength, Weakness, Opportunities and Threats.

Among your facility’s strengths, there will be one or two that are keys to the facility’s success or failure. As we analyze weakness, be certain to consider all points of view, the patients may see or experience weakness of which that the staff members do not see as such. In every community, there are opportunities previously unidentified or ignored that can be served. It is important to detect the threads to your facility’ success that might otherwise go by unnoticed until it is too late.

The strategic goals are the statements of how the organization will accomplish the objectives and eventually, the mission. This mission statement presents the ultimate objectives. There are short (for 1-3 years) and long term (5-10 years) goals.

Once the plan is complete and the team feels that it represents the facility’s objectives and clearly defines what must be done to accomplish them. It is ready to implement. The best method for ensuring compliance with the strategic plan is to first obtain consensus from the staff members. This is commonly known as getting the buy-in before putting a plan into action. Then you will need to manage this project and keep everyone on task and on time. Make certain every task has a deadline for completion. Throughout the implementation of the plan, you should take notes on how the process is going.

*Risk management in health care facility*

You will need to keep control over the risk and liability issues that accompany any improvements such as upgrades to digital imaging equipments, expanding services or investigating in telemedicine. The financial issues are important in a decision of this magnitude.

The work risk indicates that a piece of equipment or service will not perform according to expectations. The harm may be then the result. The process of risk assessment will help you determine how strong a possibility this might be, thereby helping you to predict if the action will be one of more harm than benefit and therefore, too risky.

Risk management is the creation and enactment of strategies determined to reduce the negative impact of risk. There are two ways you can reduce the effect of risk on the facility. The first one is the proactive strategy that is a plan to prevent or diminish the opportunity for the adverse outcomes. The second one is the reactive strategy that is a plan that specifies what actions staff members should take after an adverse outcome has occurred.

There are steps for the risk assessment. At first, you should identify the harm that could be caused. This step requires you and your team to look deeply into any proposal to determine what possible harm, any possible harm, could be caused. The second step is to identify who may be potentially harmed, staff, patients or visitors. The harm may be physical, financial or psychological to any member of any of these groups. The third step is to determine the risk level. The most common levels of risk are low risk, medium risk and high risk. The forth step is to identify precautions that are already in place. This is an excellent time to review the organizational policies and procedures manual and to evaluate how well those policies are working in reality. The fifth step is to identify additional precautions needed prior to implementation. The sixth step is to consult with those involved or affected by the proposal. Create an open discussion to determine the concerns and benefits perceived by your staff.

The seventh step is to complete a cost benefit analysis that is a mathematical process by which to evaluate whether or not the purchase of something has a value equal to or great.

The eighth step is to determine what to do by making a commitment to your choice or choices and begin the process of doing what needs to be done. The ninth step is to create the official document that is published and disseminated to the board of governors, administrators and stuff members (Farokhzadian, Dehghan, Borhani, 2015).

*Policies and procedures of crisis management*

A crisis management plan maps out step by step the policies and procedures that the individuals within your organization can effectively and efficiently, legally and ethically prevent a crisis whenever possible. In those cases that crisis cannot be prevented this plan will empower your staff to respond to the event and support recovery for the facility as well as for patients and their families.

The crisis is two types; the internal crisis that is event occurs within the facility and primarily affects only those within the organization. The external crisis is an event that is focused outside of the organization. The two types may be further classified to natural disasters, technical disasters, human disasters, health care disasters and media events and community relations.

There are 3 levels of health care crisis that are endemic which is the spread through small area. The epidemic is the disease that spread over a large area. The pandemic is an epidemic that occurs over a very large geographic area. Crisis management for a health care facility is similar to caring for a patient. There are three phases or triad to which you should attend: preventive (before the event), concurrent (during the event) and recovery (after the event).

The internal crisis can be prevented with policies and procedures in place to ensure both patient and staff safety. Training and reinforcement of specific patient safety protocols must be ongoing. The concurrent phase management of crisis mean that the minute you have been altered to a situation, do not trust your memory, pull out the crisis management plan. It will help everyone to stay focused and it will provide clear direction for what to do. The recovery phase is the phase after the event. In this case, the post-event analysis must be performed (Hattenbach, Reinhard, Walter et al. 2020).

As you analyze the physical aftermath of the crisis, do not ignore its emotional and psychological impact. Mental health professionals should be made available to deal with the emotional effects of virtually any type of emergency for staff as well as patients or community members.

You don’t have to use much imagination to come up with crisis situations and scenarios upon which to build a crisis management plan. The daily newspaper as well as industry journals can provide many real stories.

*Performance improvement in health care facility*

Your staff is the valuable asset you have. This is known as intellectual capital that is the values of everything your people provide to your patients. There is much involved in the provision of the excellent care such as knowledge, skill and personal attributes. You must do everything possible to keep the high quality staff continues working for your company and this known as the employee retention.

Some managers think that getting and keeping quality people on staff is only about money how high a salary can be offered. The staff satisfaction and feeling appreciated and valued for their job performance is very important.

The improving of the attitude about employees is very important. This can be done by creating a culture of caring, clear, timely communications, begin with clear expectations, provide staff with what they need to do their jobs well such as continuous education, encourage cross-training, establish an environment of open communication, always show everyone respect, perform random acts of kindness, do not reward poor performance, nurture future staff and implement personal improvement plan.

Improve the way you motivate employees and give them reason to act forces beneath behavior. There are two types of motivation, the intrinsic and extrinsic motivation. The intrinsic one is derived from one’s own desire or enthusiasm for doing a specific job or completing a task. The extrinsic motivation is the inspirational elements derived from outside forces such as a reward or acknowledgement.

Improve the way you manage the staff. A part of the managing process includes the need to nurture the talent with whom you work. The performance improvement plan is a documentation of a staff member’s current skills as well as a list of those skills which need to be improved and what action should be taken to ensure that improvement (Simone, Gianluca, Antonello, 2017).

Once you have established that your facility truly respects and cares for the people who work with you, you will find that they will be freer and better prepared to concentrate their complete attention on the patients. There are two organizational concepts in the forefront of health care.

The patient-centered care is a 360 degree or full circle health care, with the patient in the middle and in full control of the process. Procedures, services and treatments should be provided in a manner that attends to the patient’s emotional and psychological needs as well as their physical requirements.

Accountable care organization (ACOs) is a voluntarily created team of health care providers who will care for a patient together, sharing responsibilities for all of the health care needs of the individual.

*Audits and inspections for quality measures*

At any time an agent or investigator may show up at your office with a notification that you are being audited by any one of a number of government agencies or private third party payers. The audit is an assessment of specified data points to determine compliance with previously identified standards.

There are overt problems that are obvious and easily seen. It is important that you review these reports and use them to identify potential problem areas. When any are evident you can investigate, determine the source of the problem and find ways to correct the situation (Hovlid, Husabø, Teig et al., 2022).

The covert problem is the non-obvious problem and not easily seen. These may be behaviors that can be revealed by reviewing data over a period of time. This is known as trend analysis. The occult problems are deeply hidden behaviors and actions that may be difficult to discover but can put your facility is serious danger when this comes to light.

The audit is an investigation focused on analyzing and evaluating certain amounts of data. Once you determine that an audit or series of audits will occur, you will need to decide what the scope of the audit will be to provide the most useful information.

The scope of the audit are the quantify if data to be analyzed either by a sampling audit that is a method of performing an audit by randomly choosing a small percentage of the overall group or by a comprehensive audit that is to evaluate all units (people, records, etc.) within a particular section. The second scope is to evaluate time frame from which data will be drawn. The audit here can be performed concurrently with the creation of the data or the performance of the activity. While a retrospective audit will examine data from the past.

The internal audit provides the identification and correction before any private, state or federal agency discovers them. The external audit is done by external organization such as recovery audit contractors (RAC), comprehensive error rate testing (CERT) and occupational safety and health administration (OSHA).

As soon as notification is received, your team needs to move into action that are: verify, confirm, review, identify and prepare information and documentation. After the results of the audit have been determined, a report is sent to the facility along with an outline of the specific methods used and if an error is revealed, the amount of money owed.

There are some investigations that may involve your staff or your facility in a legal action that does not have anything to do with any suspicion of wrongdoing by your organization. You may receive a subpoena duces tecum that is a court order for specified document to be delivered to the authorities.

*Legal and ethical issues in health care facilities*

There are some legal concepts that affect health care professionals. As a health care administrator you should know about battery, fraud, failure to report, falsification of records, respondent superior and malpractice.

Emergency medical treatment and active labor act (EMTALA) is a federal law binding on only those hospitals who are participating providers with CMS, directing them to care for anyone in an emergency situation without deference to the patient’s ability to pay.

Stark is a federal law that prohibits physicians from making referrals to any facility or other health-related item in which that physician has a financial interest. This law is related to the anti-kickback law that prohibits facilities from paying referral fees to physicians (Mihyun, 2009).

Hill-burton act is a federal act that provided loans and federal grants to fund construction for updating of health care facilities in exchange for the free provision of health care to those individuals unable to pay for those services who live in the facility’s communities. Affordable care act (ACA) is a federal law that provides stronger protections for patients in their acquisition of health care insurance.

Doctrine of corporate negligence is a law that states that hospital can be held liable for the competence of their staff. Equal employment opportunity act (EEO) is a federal law regulating hiring and firing individuals based on ravce, gender or age.

Occupational safety and health act (OSHA) is a federal law that requires employers to develop and implement whatever necessary to ensure a safe and healthy place of employment for all staff. Americans with disabilities act (ADA) is a federal law that offers protection from prejudice in employment for individuals documented with a disability.

Wage and hour are regulations that grow much you pay your staff members (wages) and how that amount is calculated (hours). Family and medical leave act (FMLA) is a federal law directing companies to provide unpaid leave to employees with a personal or family health care.

The steps to ethical decision making are specifically describe the question or issue, delineate the facts surrounding the question, identify all individuals involved or affected by this decision and what your relationship to each may be, research guidance, ask for input, evaluate at least three decision scenarios and formulate the plan of action and implement it.

*Marketing and advertising for health care facility*

There are three basic components to self-promotion: marketing, advertising and public relations. Marketing, when the term is used in this sense, refers to activities designed to build awareness, more specifically brand awareness. Advertising is general more direct, calling attention to something or someone such as “buy this now”. Public relation on the other hand, is the process of building goodwill and trust with the public.

Marketing plan is a written document containing both short term and long term diagrams of how the facility’s message will be dispersed, using marketing, advertising and public relations vehicles.

You must have a clear identification to your target market. The target market profile consists of demographic and psychographic descriptors. Basic psychographics describe consumers using four elements, geographic location, job title or position, education level and mind-set.

The bottom line is that before you can craft the right message, you have to understand with whom you are communicating and you have to understand what they need to know. Some rules are needed to craft an effective and successful message that are, wants, need, benefits principle, K.I.S.S principle, create an identity that is your alone and finally be consistent in your message (Sophia, 2014).

Healthcare providers need to be educational approach. Brand awareness is a marketing term used to describe activities that draw attention to the name of the company or facility as well as draw attention to the product or service itself.

Advertising is the sales pitch, so to speak. From billboards to banner ads, television to online videos, radio broadcasts to iTunes, wherever individual are looking, reading, listening or watching. You should already have a line item on your facility’s budget to pay for marketing, advertising and public relations activities.

# Conclusion

Healthcare administration is the management of all the non-clinical functions involved in operating a healthcare facility, from day-to-day operations to staffing to budgeting and finance to long-term strategic planning to ensure the success of the healthcare provider or system. You can think of healthcare administration as the process of managing and handling every aspect of the business side of delivering healthcare services.

As leaders in a dynamic and interdisciplinary field that combines health policy, business, and science to manage fiscal and human resources, healthcare administrators strive to improve the business of healthcare; an endeavor that always starts with sound policy and top-quality patient care.

Depending on the type and size of the healthcare system, healthcare administration may involve a number of teams working in unison to manage the system at every level. Healthcare administration may involve the oversight and management of: An entire healthcare system, Specific facilities, such as physician’s practices, hospitals, and home health agencies, specific departments or units, such as critical care units, emergency departments, and cardiac care units, specific clinical areas, such as nursing, physical therapy, and cardiology and specific areas, such as staffing, facility administration, admissions, and finances.

# References

(McDonald, n.d.)

(Place of Service Codes for Professional Claims, 2021)

Marchand W., Beckstrom J., Nazarenko E., et al., The Veterans Health Administration Whole Health Model of Care: Early Implementation and Utilization at a Large Healthcare System, Military Medicine, Volume 185, Issue 11-12, November-December 2020, Pages e2150–e2157.

Kumar A., Chen L., Choudhury M., et al., Financing health care for all: challenges and opportunities, The Lancet, Volume 377 (9766), 2011, Pages 668-679.

Aggarwal A., Aeran H., Rathee M., Quality management in healthcare: The pivotal desideratum, Journal of Oral Biology and Craniofacial Research, Volume 9, Issue 2, 2019, Pages 180-182

Sorensen G, Sparer E, Williams JAR, et al., Measuring Best Practices for Workplace Safety, Health, and Well-Being: The Workplace Integrated Safety and Health Assessment. J Occup Environ Med. 2018 May; 60(5):430-439.

Van Mulken TJM, Schols RM, Qiu SS, et al. Robotic (super) microsurgery: Feasibility of a new master-slave platform in an in vivo animal model and future directions. J Surg Oncol. 2018; 118(5):826-831.

Lai H., Gemming L., Approaches to patient satisfaction measurement of the healthcare food services: A systematic review, Clinical Nutrition ESPEN,

Volume 42, 2021, Pages 61-72.

Neo J., Sagha-Zadeh R., Vielemeyer O., et al., Evidence-based practices to increase hand hygiene compliance in health care facilities: An integrated review, American Journal of Infection Control, Volume 44, Issue 6, 2016, Pages 691-704.

Martin BC. Strategic planning in healthcare: An introduction for health professionals. Springer Publishing Company; 2018 Nov 28.

Farokhzadian J, Dehghan N., Borhani F. Assessment of Clinical Risk Management System in Hospitals: An Approach for Quality Improvement. Glob J Health Sci. 2015 Mar 18 ; 7(5):294-303.

Hattenbach, L.O. , Reinhard, T., Walter, P. et al. Crisis management strategies of hospitals during the pandemic. Ophthalmologe 117, 652–658 (2020).

Simone Fanelli, Gianluca Lanza & Antonello Zangrandi (2017) Management Tools for Quality Performance Improvement in Italian Hospitals, International Journal of Public Administration, 40:10, 808-819.

Hovlid E., Husabø G., Teig I., et al., Contextual factors of external inspections and mechanisms for improvement in healthcare organizations: A realist evaluation, Social Science & Medicine, Volume 298, 2022,114872.

Mihyun P., Ethical Issues in Nursing Practice, Journal of Nursing Law, Volume 13, Number 3, 2009, 68.

Sophia F. (2014) Hospital Positioning and Integrated Hospital Marketing Communications: State-of-the-Art Review, Conceptual Framework, and Research Agenda, Journal of Nonprofit & Public Sector Marketing, 26:1, 1-34