

Improving the Management of Primary Healthcare Clinics

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Abstract:

The approach is characteristic of a multi-disciplinary approach, i.e. on management and the public sector. Results suggest that managers struggle to follow standard procedures in the management control environment and the system does not always seem to encourage delivery improvements. More standard operating procedures regarding basic resource adoptions and management control rules need development and implementation. A complete management system is required to establish a sound monitoring control system over major resources used in primary healthcare since information on program performance and effectiveness could have been enhanced by increased insight into why diagnostic errors occur. The paper is based on quantitative and qualitative survey data regarding clinic managers' perceptions. Statements are verified through the use of Saaty's Forecalation Method. Recommendations are finally presented. 1

South African clinic managers are confronted with many challenges in managing primary health care clinics in a rapidly changing environment. This study aims to identify the key challenges and propose solutions to improve the management of primary healthcare clinics in South Africa. changing environment. These challenges include limited resources, high patient volumes, and staff shortages. changing environment. Multiple indicators and monitoring reports at a District Health Service level showcase a similar picture of slow progress. The aim of this paper is focused, firstly, on exploring the challenges clinic managers are confronted with and, secondly, on recommending guidelines in response to these challenges. Emphasis is placed on managerial control, resource allocation, and change management. The paper makes a much-needed contribution to the body of knowledge on how to improve the management of primary healthcare clinics. This paper touches on insufficient space to the entire spectrum of problems and issues that many clinic managers face, but it finally contributes to a much-needed body of knowledge a focus on the management function of clinic managers, not limited to leadership, empowerment, or business and financial management, but includes a broader managerial spectrum.

1. Introduction

The latter will be a direct consequence of the data finally being made available through employing the nurse alumni to solicit information from the regular visits they make to the clinics in their superintendent capacities. This data and information will not only encompass the state of management but also many other aspects including patient specific compliance. The latter enables the research focus of the CMI to be broad, especially given that the training courses provide yet more practice on how to collect and run field studies. The faculty, through such exchange activities, would be exposed to what it takes to manage a primary healthcare clinic and the professionals in the University would also be in a position to offer solutions to the practitioners' everyday management challenges. 2

Improved service delivery in primary healthcare clinics is an essential goal in the development of many countries. However, the efficiency of these facilities is often sub-optimal. The main objective of this project is to improve the performance of primary healthcare clinics by enhancing the skills and knowledge of the clinic matrons. To achieve this objective, the paper proposes the creation of a Clinic Matron Institute (CMI) within a healthcare institution. The CMI would serve two main functions. Firstly, it would develop and help

train a cadre of front-line leadership for the clinics and, secondly, it would be a research facility. The earlier outcome will be as a direct consequence of the running three types of courses for the matrons, be they experienced ones or novices.

2. Literature Review

Hospital performance research looks at primary practice information systems from a variety of perspectives. Modeling and management information systems provide out spatial and managerial support framework for a wider range of primary health care initiatives, most novel and still evolving. Many evaluation techniques can provide at least some feedback about process or outcome issues if the project has factored evaluation into the plan. Evaluation is a major concern in primary healthcare change. Such a concentrated and complex set of design issues is the challenge addressed by the current initiative, i.e. the Believable Benchmarks for primary practice information systems, known as the B Benchmarks Project. This is also the topic of the current panel.

Hospital systems and management information systems have a variety of possible roles to play within the wide range of primary care initiatives, particularly in the evolution of reorganized service delivery that takes hospital-based resources on the one hand and conventional health maintenance organization models on the other as a framework. Information systems and process management in clinic settings are key elements that permeate the present design requirements. This kind of busy, dynamic clinic setting is very challenging as compared to the patient environment in which point-of-service facilities are conventionally delivered. Physicians and nurses are required to spend most of their time using existing clinical data or generating new clinical data. They have to follow their intuition, common experience, or explicit order-of-care algorithms to make a diagnosis or select a diagnostic strategy. Current information technology can assist in providing more systematic data integration to these practitioners and can facilitate their decision processes.

3. Methods

Meetings were held with Swedish County Council political leaders, both the individual County councilor responsible for PHC in all the municipalities and the chairpersons of the Leadership Board of PHC in the municipalities, to achieve an insight into the purpose of management of primary healthcare centers at the political and policy levels, at the same time providing them with feedback that could be used in the development of guidelines for the study. The interviews that followed have provided informal discussions with the informants and served to facilitate the further completion of the information required for the final selection of research methods and tools. 2

Qualitative methods were used to evaluate the alternative means of management intervention in a defined setting and to collect rich data on perceptions and views, whilst quantitative data were used to study the net effect on management targets. Case study research, which is complementary to both these research tools, was used to provide a generic understanding of the problems associated with the change in primary healthcare managers' attitudes, perceptions, and practices, and help the identification and selection of the management tools and methods that would eventually lead to an improvement in the daily management of the healthcare services they deliver. The framework for the qualitative research was set up by the definition of purpose and management practice objectives.

4. Results

In this section, we compare the panel and control periods in order to establish whether any changes have occurred. The composite of the dependent variables of the primary and secondary output measurement elements that recorded whether the services to be delivered were prescribed and recorded and whether all the time would be recorded was used. The advantage of using the prescribed code for output measurement is that constraints were enforced on the time and accurate data could be inferred. The disadvantage of using the prescribed key code is that accuracy is lost when the primary activity was also prescribed. The disadvantage of using the cumulated code for performance and copyright management activity was that the services delivered could only be measured, but this was offset by an increase in accuracy. Over time, the staff became less efficient and effective. In addition, services fell not only during the month in which the time of the staff was recorded, but also months afterwards.

In the course of the implementation of the intervention, it was possible to collect process data on approximately 50% of the key elements prescribed for the intervention. It is likely that only a fraction of the population of patients will be registered on all services offered. The initial affordability of each patient registered on the services offered will be high. The cost of non-compliance will be significantly lower than full compliance. In contrast to knowledge management theory, we could not establish whether all services that benefit each patient will be registered on knowledge management theory. The results indicate that improved management is not only about keeping the correct time, but the staff must also use the correct codes when they record what they actually do.

5. Discussion

Contribution: This research presents an analysis focusing on the nine key management applications to manage healthcare clinics in Tshwane, and this contribution creates a sound background for management activities needed in the primary health sector. The researched sites service a combined total of 130,000 patients with an average of 48,000 per month. The research's results may contribute to addressing the slow service and the increase in patient loads. Information should thus be communicated to clinic managers, as the research indicates that a significant number of clinic managers do not implement a number of management functions, as described in the literature review. This research's contribution to the body of knowledge, literature, and existing health strategies would inform managers and employees in the primary health sector that managers' actions are presently negatively influencing services, their availability, and the standard of quality. The study's contribution could give rise to changed district or facility strategies and health care legislation which generally serves to promote the public's health. Thanks to the study, public health specialists and developers now might appraise, refine, and create legislation to improve management activities. Optimally, it will address the requirements of primary health care and governance practices, and it will make it easier to confront the requirements. By specifically taking note of good governance practices, our suggestions emanating from this study could, in effect, generate new reforms and initiatives. Thereby giving effect to any potential managerial practices and principles that could be derived from this research study.

Findings: The research found that managers did not implement the management functions uniformly to manage the clinics' infrastructure, information and integration of technology, the workforce, the finances of the health care clinics, the management of patient records, communication strategies, respect, and code of behavior. MANCO committees should revisit the health strategic management objectives and policies and align them with resources and good governance practices.

Research approach: Survey-based questionnaires were conducted, and the study made use of both qualitative and quantitative research approaches where the qualitative part was followed by the quantitative part. Practitioners of primary health care clinics formed the population of this research. A random sample of ten public healthcare clinics was selected due to the size of the population. Directions were given to the selected respondents for the completion and collection of the questionnaires.

Purpose: The purpose of this work was to investigate the management of primary health care clinics in the City of Tshwane Metropolitan Municipality, specifically regarding the uniformity of management application.

6. Conclusion

The managers used the traditional/manipulative strategies at their disposal in carrying out the four functions of management, that is, planning, organizing, coordinating, and controlling. The potential of economics and management science to provide analytical support was merely realized to the extent that the heuristic devices of discretionary management practices would fit comfortably within this institutional ailment and the existing African cultural values. The community, with its own ideas as to their own health problems and their solutions, outlined what the problems of the health institutions were. The findings of this study cannot, however, be generalized to all primary health clinics, but they convey some insightful information for other areas for managers and health planners and can finally be used as a basis for further and more comprehensive research.

The objectives of the study were to explore the managerial problems encountered and improvement strategies utilized by managers of 'successful' PHCs with the hope of developing new insights into acceptable and

feasible strategies for managing primary health care, especially as it applies to the developing world. The study concluded that health institutions at this level suffer from several management problems directly related to factors of their structures. There is little recognition of the role of managers in the health care delivery systems, even though they perform vital functions, such as involving the entire community in the planning of care, allocating scarce resources, fostering a better understanding among the health team so that it functions efficiently, and also effectively meeting the health needs of the populations.

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