

SOME DYSFUNCTIONAL ELEMENTS IN THE MANAGEMENT OF HEALTH FACILITIES WITH BEDS WITHIN THE OWN SANITARY NETWORK OF THE MINISTRY OF NATIONAL DEFENCE

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Public health facilities with beds are, in our opinion, the most complex medical organizational entities within the Romanian social health insurance system. Their management often raises particular issues and significant challenges, considering that in these veritable "temples" of medicine basically all existing types of medical assistance are provided: preventive/ prophylactic, emergency, primary/ family, outpatient clinic, hospital and even recovery and rehabilitation.

Keywords: military health facilities; criteria; performance; value; indicators; assessment; board of directors; interim commander.

Schematically approaching the management and/or coordination system of health facilities with beds within the own sanitary network of the Ministry of National Defence, we can state that, according to the incident national/republican¹ regulatory and specific² frameworks, it consists of the following five distinct structural and organizational entities: board of directors, a commander named through interview/examination, organized by the board of directors, directing committee, medical council and ethical council.

Basically, according to art. 176 paragraph (4) from *Law no. 95/2006 regarding Health Reform, republished*, the commander chosen by passing the interview/examination for the position of General Manager concludes a management contract with the Ministry of National Defence, represented by the National Defence Minister, for a period of maximum 3 years. However, the management contract can be ended before the deadline after the annual or whenever needed assessment. The aforementioned assessment is performed based on the general performance criteria, determined by the order of the Health Minister, as well as on the specific performance criteria and the shares established and approved through executory act

of the heads of ministries or institutions with their own sanitary network.

Simultaneously, paragraph (7) of the law article mentioned above states that the optimal values of the performance indicators of the hospital activity are established and approved by the order of the Health Minister. This aspect can constitute, in our opinion, an important malfunction considering that in the case of specific performance criteria, these and the optimal values of the performance indicators, respectively, are established non-uniformly and in an uncorrelated manner by different institutions, situated in separate fields.

For the implementation and application of the provisions of art.176 paragraph(4) from the aforementioned law, the Health Minister issued an order³ which states that the evaluation activity discussed above is done annually, until the 30th of April of every year for the previous year, taking into account a number of 17 performance criteria. We also consider that this is of a dysfunctional nature, as the 17 performance criteria do not have afferent predicted levels/values. Thus the assessment is done, in our opinion, in an arbitrary, unwise and subjective manner as well as in an inaccurate and flawed one, solely by reference to self-assumed values and established by the person assessed for the indicators in question, in the content of the concluded management contract.

In order to justify what was previously stated, we formulate the hypothetical case of a commander of a military hospital who, owning a

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high level of "institutional ambition", has self-set in the management contract high values/levels of performance criteria, with increased percentages of achievement, of 70%, 80% or even more. Paradoxically, but as true and plausible as possible, in the case of failing to achieve these high "targets", the Annual Assessment of Activity Commission of this commander, named by the Minister of National Defense, may, and is actually required by the "letter of law" to propose the termination of his management contract and his release from office.

Likewise, in this sense, there was also issued an order by the Minister of Health⁴ that states the framework-model for the management contract of health facilities with beds within the public healthcare network, also applicable in the case of military hospitals. This contains, distinctively, a list of 28 indicators of performance, grouped into 4 different categories, as follows: performance indicators of the activity of the public hospital manager, service usage indicators, financial and economic indicators and quality indicators, respectively. As a malfunction of this normative act, we underline the fact that this norm does not unequivocally establish clear levels/values for these performance indicators, making it even harder to correctly and fairly evaluate them.

Therefore, on the basis of what was discussed above, including the military hospitals, yearly, an assessment committee named by the Minister of National Defence evaluates the activity of their commanders, based on two types of performance criteria. Some of them are general, applicable to any public hospital and others are specific to the military institution. The two categories of criteria mentioned and their share are established by order of the Minister of National Defence⁵.

Analyzing carefully the norms that are opposed to the activity in question, we can state that, even if there are established a series of criteria/indicators of performance used in the assessment of the heads of public hospitals within the Romanian social health insurance network, the Ministry of Health has not issued, until the present day, a rule to establish clearly, concisely, coherently and in an unitary manner optimal levels and/or values, in digital, percentage, interval etc. form, which is a serious and concerning problem, in our opinion.

However, it needs to be mentioned that, in 2007, the Ministry of Health had tried to normalize

this situation, by issuing a Minister Order which solved the issue strictly temporarily, only for that year⁶. The order in question contained the national average values of the performance indicators of hospital management, accomplished in 2006 and it specifically mentioned the fact that those digital values are the basis of establishing the levels of performance indicators for every public hospital in 2007, not at all for a multiannual period of time.

All the dysfunctional aspects previously stated can generate cases in which, on their deadline of termination, the management contracts of the commanders of military hospitals may not contain specifically fixed values/levels of some general performance criteria/indicators, common with those used by other public hospitals in Romania.

With regard to the assessment of the activity performed by the commanders of the health facilities with beds within the own sanitary network of the Ministry of National Defence, there were introduced some particular elements, of specificity, in line with the specific tasks, activities, responsibilities and obligations, respectively *The specific performance criteria for the annual or whenever needed evaluation of the activity of commanders of health facilities with beds within the sanitary network of the Ministry of National Defence, on the basis which the management contract can be prolonged or terminated before the deadline approved by The order of the Minister of National Defence no. M.68/2013.*

Analyzing this last norm, we estimate, as the first dysfunctional aspect, the fact that it has not undergone any change and/or additions since its issue in 2012, until now, while the regulated field has experienced an increasing dynamism during this period. At the same time, the rule states that the assessment of these criteria is done by "analyzing the size of each criterion" and consequently being given, by the evaluator, a score of 0 to 5 points, without having set up, as it should have been normally and naturally, reference levels or values for the evaluation. For example, the "performing functional tasks" indicator is provided in the order with three dimensions to be evaluated, namely "prioritizing actions and correlating them with available resources", "how to address identified issues and performing specific tasks" and "the impact of decisions on how to perform specific functional duties", but no standard reference is

indicated. As active military officers, the military commanders of military units with beds are subject, each year, to a professional evaluation process specific to the military body for the purpose of drawing up an annual service assessment, an activity established by order of the minister⁷. The purpose of service assessment is precisely the evaluation of professional competence, moral quality and prospects for military personnel development. It should be mentioned that among the objectives of this annual service assessment activity we may include the improvement of the efficiency of the military structures by evaluating the individual professional performances, the efficient use of military cadres and their classification according to the requirements of the positions, the professional training and the performances obtained, and, last but not least, the awareness of the evaluated military personnel regarding the importance of the way of fulfilling the functional attributions and the ways to improve the professional performance and skills.

Logically and systematically following the above, we can state that in the case of the commanders of the military sanitary units with beds in the sanitary network of the Ministry of National Defence, they are unnaturally subject to two independent annual evaluation processes, which nevertheless have a number of counterproductive overlapping elements that are also time consuming. Thus, the first annual evaluation process ends in January for the previous year, with the annual service appreciation, and the second one is held later, until April for the previous year, finalizing with the awarding of a general mark represented by the mark obtained in the assessment of the general performance criteria in the management contract, in conjunction with the rating obtained in assessing the fulfillment of the specific performance criteria.

A hard, if not impossible to comply with and apply provision is the one stipulated in art.4 paragraph (4) of the *Order of the Minister of National Defence no. M.68 / 2013*, namely taking into account, when drawing up the annual service assessment of the nominated commanders, as military cadres in service, the overall rating established as a result of the assessment for the commanders of sanitary units. The "chronological fracture" is, in our view, extremely obvious, scheduling in January an activity that was supposed

to be carried out in April in the same calendar year.

Another dysfunctional element, for health facilities with beds within the network of the Ministry of National Defence, is the application of the provisions of *Law no. 95/2006 on Health Reform*, republished, with the subsequent amendments and additions, regarding the suspension of the labor contract of the manager of the sanitary unit with beds and the members of the steering committee, incompletely harmonized, in our opinion, with the provisions of the military cadre status regulated by *Law no. 80/1995 on the status of military cadres*, with subsequent amendments and additions. Thus, in the case of termination before the deadline of the mandate of the commander of the military sanitary unit with beds, the Minister of National Defense "empowers" by order, according to art.4 paragraph (4) from *The order of the Minister of National Defense no.M129/2009 on the management of health facilities with beds within the sanitary network of the Ministry of National Defence*, with the subsequent amendments and additions, at the proposal of the head of the Medical Directorate or, as the case may be, of the chief / commander of the structure coordinating the sanitary unit with beds, an interim commander for a period of up to 6 months, during which the interview for the job is held. In this case, the interim commander does not conclude a management contract for the period in which he temporarily runs the sanitary unit with beds. A similar process applies to the other members of the Board of Directors.

We assume that in these situations, the purpose for which the management contract has been established is not achieved, since, in the case of the provision of the interim, by the empowered persons, there is no obligation to conclude these contracts and, implicitly, the obligation to meet the general and specific performance indicators. Furthermore, during these interim periods, the evaluation of the manager's activity cannot be carried out, as according to art. 1 paragraph (2) of *The Order of the Minister of Public Health no.112/2007 regarding the performance criteria on the basis of which the management contract can be extended or may terminate before the deadline*, with the subsequent amendments and additions, the evaluation of the activity of the public hospital manager for the previous calendar year shall be

made by 30th of April of the following year. Only the managers who have the management contract during the validity period and who have run the public hospital for a period of at least 6 months in the assessed year can be assessed.

Conclusions

The optimization of the management of health facilities with beds in the own sanitary network of the Ministry of National Defence requires intensive, focused and concerted effort carried out rhythmically, constantly and rigorously, especially for the conceptual /doctrinal harmonization with the republican/ national incident normative framework. At the same time, the systematization, unification and coordination of specific/departmental norms in the field should not be overlooked either.

NOTES:

1 *** Law no. 95/2006 regarding Health Reform, republished, with subsequent amendments and additions, cap. 3.

2 *** Order of the Minister of National Defence no. M.129/2009 regarding the management of medical facilities with beds within the sanitary network of the Ministry of National Defence, with subsequent amendments and additions, art. 1 line (2), art. 7 line (1), art. 18 line (1), art. 21 and art. 25 line (1).

3 *** Order of the Minister of Public Health no. 112/2007 regarding performance criteria on the basis which the management contract can be prolonged or terminated before deadline, with subsequent amendments and additions, art. 1 line (2).

4 *** The order of the Minister of Health no. 1384/2010 regarding the approval of the model-framework of the management contract and the list of performance indicators of the activity of the manager of the public hospital, with subsequent amendments and additions, art. 1 line (1).

5 *** Specific performance criteria for the annual or whenever needed evaluation of the activity of commanders of health facilities with beds within the sanitary network of the Minister of National Defence, on the basis which the management contract can be prolonged or terminated before the deadline, approved by The order of the Minister of National Defence no. M.68/2013, Annex no. 4.

6 *** The order of the Minister of Public Health no. 1567/2007 regarding the approval of national average values for performance indicators of the hospital management, Annex no. 1.

7 *** Methodology of making service assessments for military cadres in the structures of the Ministry of National Defence, in peacetime approved by the Order of the Minister of National Defence no. M.122 /2014, with the subsequent amendments and additions, art. 3 line (1).

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*** Order of the Minister of Public Health no. 112 /2007 regarding the performance criteria on the basis of which the management contract can be extended or terminated before the deadline, with the subsequent amendments and additions.

*** Order of the Minister of Health no. 1384 /2010 regarding the approval of the framework model of the management contract and the list of performance indicators of the public hospital manager activity, with the subsequent amendments and additions.

*** The specific performance criteria for the annual or whenever necessary assessment of the activity of the commanders of sanitary units with beds in the sanitary network of the Ministry of National Defence under which management contracts may be extended or terminated before the deadline approved by the Order of the Minister of National Defence nr. M.68 /2013.

*** Order of the Minister of Public Health no. 1567 /2007 regarding the approval of the national average values of the hospital management performance indicators.

*** Methodology of making service assessments for military cadres in the structures of the Ministry of National Defense, in peacetime approved by the Order of the Minister of National Defense no. M.122 /2014, with the subsequent amendments and additions.