



وزارة الصحة
Ministry of Health
مستشفى المسيرة
Al Masarra Hospital

Ministry of Health
Al Masarra Hospital


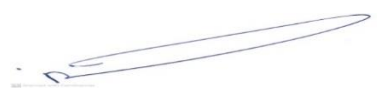
Al Masarra Hospital Autonomy Guideline

(Hospital Administration)



Al Masarra Hospital Autonomy Guideline

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Signature		Signature	
Date	Feb 2024	Date	Feb 2024

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Acronyms

DGHS- Muscat	Directorate General of Health Services – Muscat
MOH	Ministry of Health
HMB	Hospital Management Board
CEO	Chief Executive Officer
AMRH	Al Masarra Hospital

Definitions

- **Autonomy:** empowering the hospital by fostering independence and control over their management process allowing them to operate more efficiently and effectively.
- **Committee:** refers to a structured arrangement wherein authority and responsibility are vested collectively in a group of individuals, as opposed to a sole manager.

CHAPTER ONE:

Introduction

The Ministry of Health has initiated the Hospital Autonomy Program with the aim of improving the productivity, effectiveness, and efficiency of healthcare services by utilizing available resources in a rational manner. Additionally, the program seeks to enhance the quality of healthcare services provided by hospitals and establish mechanisms for community participation and provision of healthcare services that align with the needs of the community. Lastly, the program aims to empower hospitals to prioritize patient satisfaction.

One of the initial tasks of an Autonomous Hospital is to create a committee structure. It is expected that committee/s structure will reflect the increased level of responsibility that comes with the hospital's autonomous status. Furthermore, an essential element of a systems approach to management is an organizational structure, which includes clear, precise, and documented job descriptions outlining the roles and responsibilities of all staff members within the establishment. It is crucial to establish an environment that fosters cohesive teamwork and effective communication by ensuring that all team members are aware of their specific roles, responsibilities, and organizational relationships.

As adapted from National Guideline on Hospital Autonomy from Ministry of Health, (*Ref. Ministerial Qarar No. 44 / 2003*) this document outlines what makes up the top and middle managers of hospitals, as well as the committees established within the Autonomous system of Al Masarra Hospital.

Purpose:

- To create a set of principles for an independent hospital that emphasizes the important committees and their specific duties in enhancing the quality of service, ensuring patient safety, and increasing patient satisfaction.
- To offer a comprehensive introduction to our institution in the context of independently operating as a hospital
- To foster a constructive and flourishing work environment guideline that permeates from the top management level to the operational teams.

Scope

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This document pertains to all the staff members/employees at Al Masarra Hospital.

Structure

This is the first version of this guideline and it consists of three chapters. The first chapter acquaints readers with the guideline's purpose and extent, while the second chapter delves into the key aspects, encompassing the definition of top and middle management, the type of communication occurring within the organization, as well as elucidating the rationale behind establishing committees and outlining their general functions;

CHAPTER TWO:

Guideline

1. As adapted from Policy Guideline for Autonomous Hospital (*Ref. Ministerial Qarar No. 44 / 2003*) this document serves to establish the context of a well-defined organizational structure specifically from top and middle managers, aligned with the management and policy framework of the autonomous hospitals
2. The top manager positions include the Chairman of the Hospital Management Board, the CEO or Hospital Director, the Director of Administration & Finance, and the Nursing Officer. The middle manager positions encompass the Head of Administration & Personnel, the Head of Finance, the Head of Engineering, the Heads of clinical departments & clinical support Services, the Head of Pharmacy and Medical Stores, and the Head of Medical Records Department. Their essential job functions are outlined in the “AMRH Top Management Term of Reference” (*Refer AMRH Top Management Term of Reference, AMRH/ADMIN/REF/004/Vers01*)
3. The Hospital Committees. Committees play a vital role in the hospital's management system by:
 - implementing a management style that encourages participation
 - fostering a stronger dedication among staff members towards the hospital's objectives and mission,
 - promoting the exchange of ideas, expertise, and interdisciplinary skills among the staff,
 - nurturing a sense of teamwork, and

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- establishing a positive organizational environment that supports exceptional performance within the hospital.

4. The hospital possesses the authority to design and organize its Administrative and Ad Hoc Committees and Task Forces in a manner that aligns with the hospital's purpose, available resources, and surrounding conditions. It is advisable to periodically rotate the committee members to ensure a continuous influx of new and diverse perspectives, while still maintaining a majority of experienced individuals who have previously served on the committee.

5. **AMRH Major Committees.** As adapted from Policy Guideline for Autonomous Hospital (*Ref. Ministerial Qarar No. 44 / 2003*)

- The Hospital Management Board: the governing body of the hospital. Its primary responsibility is to establish targets, objectives, and policies for the hospitals in order to achieve the goals set by the Ministry of Health. The main purpose of the Hospital Boards is to provide a vision for the hospitals and set pathways towards achieving goals and objectives. However, it is important to note that the board does not have any involvement in the day-to-day operations of the hospital. The role, composition, and rules for business of the Hospital Management Board are addressed separately and have already been approved and circulated through the office of the Minister of Health.
- The Executive Council/Committee: is the main hospital based committee. Its main responsibility is to execute the policies and procedures established by the Ministry of Health and the Hospital Board. The Chairman is the Hospital Director or CEO, and its members consist of the heads of departments of all the hospital's Standing Committees.
- The Standing Committees are ongoing bodies with continuous responsibilities. They are expected to be effective working bodies with relatively small memberships, typically ranging from 5 to 7 members. A standing committee plays a crucial role in enhancing the overall management process within a hospital. It contributes to various aspects such as planning, implementation, monitoring, and evaluation. The committee's contributions are diverse and essential for the smooth functioning of an autonomous hospital. Some specific ways in which the committee can contribute include:
 - Developing effective mechanisms and protocols to ensure the efficient execution of policies and plans

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- Resolving conflicts and overcoming obstacles that hinder the smooth implementation of adopted plans, underlying processes, and overall healthcare delivery mechanism
- Supervising the implementation of accepted policies and procedures, and providing a comprehensive status report on the progress (or lack thereof) in their implementation
- Identifying and reporting any deviations from goals, objectives, policies, or plans, and taking corrective actions when possible. If necessary, the committee can also make recommendations to higher authorities for further managerial action
- Suggesting ideas for further progress and improvement through policy reforms or revising existing policies, plans, and procedures
- It is important to note that the committee's contributions extend beyond these specific examples, as its role is multifaceted and continuously evolving to meet the hospital's needs.
- The Standing Committee's areas of focus may include the following but not limited to these:
 - Ethical Issues
 - Staff Development (Continuing Education, Staff Development, Library, Research)
 - Personnel (Personnel Matters & Performance Appraisal etc.)
 - Information Systems (Medical Records, Computers, IT, Statistics, Indicators, Feedback, Annual Reports).
 - Quality Improvement (including patient services, utilization review)
 - Risk Management
 - Patient Safety
 - Financial Management & Cost Containment (including Contract Management and Financial Audit)
 - Infection Control
 - Mortality & Morbidity
 - Equipment & Materials Management

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- Drug & Therapeutics
- The standing committee's primary objectives and functions may be outlined in the Terms of Reference for Standing Committees. (*Refer to*)
- Administrative Committees have specific responsibilities that are carried out by the committee as a whole rather than an individual officer of the hospital. These committees are ongoing and are not represented on the Executive Council. Examples of possible Administrative Committees may include Disciplinary Committee, and Patient Transfer Board.
- Ad Hoc Committees and Task Forces. These committees or task forces are often formed as sub-components of standing committees and may have a limited number of members or include additional members. They are appointed for specific tasks and will cease to exist once the task is completed. The authority to appoint Ad Hoc committees and task forces lies with the Hospital Management Board, CEO, Executive Council, Head of a department, or a Standing Committee (in the case of a sub-committee).

6. At an autonomous hospital, the communication that occurs across different levels can be categorized, based on its content, various aspects of concern within a certain context. They are as follows:

- Type A, which pertains to policy matters; This form of communication occurs predominantly among esteemed individuals such as the Minister, Undersecretaries, Chairmen of Hospital Management Boards, CEOs, and other high-ranking officials. It encompasses a hierarchical flow of information with primary objectives are to define objectives, make official announcements, and foster cooperation in formulating policies or plans.
- Type B, which deals with implementation and operational issues; this form of interaction takes place at the operational level, involving employees, section heads, Heads of Departments (HoDs), and the Chief Executive Officer (CEO). The primary goal is to translate policies and procedures into action, offering explanations and expansions on these guidelines, establishing targets, allocating resources efficiently, assigning job responsibilities, and providing clear instructions. Additionally, it involves monitoring the progress made towards achieving set goals.

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- Type C, which focuses on individual staff matters; when an employee requests specific accommodations or considerations based on their unique circumstances or job requirements.
- Type D, which revolves around professional and ethical concerns; when the hospital engages in communication with external educational institutions or professional organizations, aiming to exchange academic or professional knowledge, ethics, and other related aspects. It also encompasses the exploration of potential collaborations that can yield mutual benefits, without necessitating any formal commitment from either party involved.
- Type E, which encompasses regional, public, and community issues; to ensure the community is well-informed regarding any recent or modified policies that can directly affect them; to actively engage with the community by soliciting their valuable feedback; gathering the community's viewpoints on the policies in question and considering their recommendations for potential policy refinements.

CHAPTER THREE:

Responsibilities (and/or Requirements)

Quality Management & Patient Safety Department

- To maintain the validity of the content and update accordingly.

All Employees of AMRH

- Familiarize one's self with the information provided above, which aims to provide a general overview of our institution.

CHAPTER FOUR:

Document History and Version Control Table

Version	Description	Review Date
1	Initial Release	January 2024
2	Version Two	
3		

References:

- Policy Guideline for Autonomous Hospital (*Ref. Ministerial Qarar No. 44 / 2003*)
- <https://the-definition.com/term/top-management>

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Annexes

Appendix 1.Audit Tool


Department: _____

Date: _____

Auditor's Name: _____


#	Criteria	Yes	No	N/a	Remarks
Knowledge of the Guideline/Procedure/Protocol (Interview)					
1	Is/are the staff aware of the content of the document?				
2	Is/are the staff aware of the members of the top and middle management and the type of communication occurring within their respective areas?				
Training (Document Review & Interview)					
3	Is there a training/lecture conducted?				
4	Is there a full list of all the committees within the institution?				
Observation					
5	Do the committees perform according to their functions?				

Appendix 3: Document Request Form

Document Request Form			
Section A: To be completed by Document Writer			
Writer Details			
Name	Maria Claudia Fajardo	Date of Request	December 2023
Institution	Al Masarra Hospital	Contact information	-----
Department	Quality Management & Patient Safety Dept.		
Purpose of Request:			
<input checked="" type="checkbox"/> Develop new document <input type="checkbox"/> Modify existing document <input type="checkbox"/> Cancel existing document			
Document Information			
Document title (for new & existing documents)	Al Masarra Hospital Autonomy Guideline		
Document code (for existing documents)	AMRH/ADMIN/GUD/002/Vers.01		
Required Amendments	-----		
Reasons	To create new document		
Section B: To be completed by			
Document Section of Quality Management and Patient Safety			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cancelled			
Comment and Recommendation: Proceed with the document			
Name and Title	Kunooz Al Balushi (QMPSD, Document Manager) 	Date	December 2023

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Appendix 4: Document Validation Checklist

Document Validation Checklist					
Document Title: Al Masarra Hospital Autonomy Guideline			Document Code: AMRH/ADMIN/GUD/002/Vers.01		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability				
1.2	Footer complete				
1.3	Involved departments contributed				
2.	Document Content				
2.1	Clear purpose and scope				
2.2	Clear definitions				
3.	Well defined procedures and steps				
3.1	Procedures/methods in orderly manner				
3.2	Procedure/methods define personnel to carry out step				
3.3	Procedures/methods define the use of relevant forms				
3.4	Procedures/methods to define flowchart				
3.5	Responsibilities/Requirements are clearly defined				
3.6	Necessary forms/checklist and equipment are listed				
3.7	Forms/Checklist are numbered				
3.8	References are clearly stated				
4.	General Criteria				
4.1	Procedures/methods are adherent to MOH rules and regulations				
4.2	Procedures/methods are within hospital/department scope				
4.3	Relevant central policies are reviewed				
4.4	Used of approved font type and size				
4.5	Language is clear, understood and well structured				
Reviewed by : Kunooz Al Balushi  (QMPSD, Document Manager)					