ST MARY'S HOSPITAL LACOR

Third Strategic Plan
2017- 2022

Providing Sustainable Quality Care in a Humane and Supportive Environment

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EXECUTIVE SUMMARY

This Strategic Plan is the result of the public's contributions during the last Workshop (June 2016), the focus-group discussions with Hospital staff and about 50 individual interviews.

The Hospital is facing diverse expectations from different sections of the community, employees and other stakeholders. The Hospital also faces several challenges, the most important being sustainability, in all its aspects, and a fading sense of purpose in a section of the staff.

The Strategic Plan intends to address both challenges at the same time and with equal determination because they are both crucial for the future of the Hospital and for preserving its balanced concern both for patients and for staff.

However, there are also opportunities. For the first time, the pressure on Lacor Hospital is easing because of the increasing presence of other options for the patients. This is a chance for Lacor Hospital to move from a substitutionary to a complementary role and be selective in deciding which services to offer, both at central and peripheral level, and for which of them to maintain very low prices, while improving the quality of all services.

Consistently with the analysis carried out and with the Hospital Mission of providing quality, affordable and sustainable health care to the needy, the Hospital has identified the following strategic objectives for the next 5 years:

- Re-focus the concept of Quality of Care, which should not just be identified with expansion of specialist services, but rather with "doing perhaps less, but better"
- Be more selective in the offer and subsidy of service; in the present situation, sustainability means choosing to which activities and target population the limited resources must be reserved; any extension of specialist services will be subjected to preventive in-depth assessment of operational and financial sustainability; the Hospital will continue protecting mothers, children, HIV-patients, and the rural population attending its health centres with highly subsidised fees; other fees may be gradually increased, but at the slowest possible pace, specifically for elderly people, women, patients affected by chronic conditions.
- Strengthen out-patient services and re-orient in-patient services towards acute and critical care; patients should be admitted only when strictly necessary, so freeing resources for the patients in more serious conditions.

Uphold the traditional "health-system approach" of Lacor Hospital; Lacor has never been just a Hospital, but rather a Health Care System with primary care, outreach, health centres, training and research. Although Lacor Hospital cannot expand further on all these fronts, it has to remain instrumental for the whole system and not just hospital-centred.

- Pursue operational and financial sustainability; financial sustainability must be the combined result of careful use of resources (prescribing culture included), cost reduction, internally generated revenue, proactive search for foreign support; fee adjustments, should be the last resort.
- Uphold a Human Resources Policy in line with the Hospital tradition of respect for workers' rights and welfare, while pursuing the active involvement of all staff in the implementation of the strategic plan; how to achieve the strategic objectives should be, as far as possible, the result of shared decisions.

All these strategic objectives will contribute to pursue the Vision of a hospital which is recognized for its distinguished service, preservation of dignity, compassion and empathy and is a workplace to be proud of, due to the hospital's reputation and its specific attention to the needy.

Lacor Hospital will strive to be an accessible, quality-oriented hospital with selected specialist services, which is well integrated into the regional health system, while producing a large number of skilled health workers, at all levels, within a frame of consolidated organizational, technical and financial sustainability.

In its quest for quality and sustainability, Lacor Hospital will tread carefully, in a flexible and balanced way. Thus, the main task in the implementation of the Strategic Plan will be to balance protection of vulnerable people with the need to ensure sustainability, i.e. preserving the capacity of the Hospital to continue operating to their benefit, in the best possible way.

To allow maximum flexibility and balance, but at the same time avoid a stall, the implementation of the plan will be overseen by a Steering Committee chaired by a non-executive member of the Board. That will send a clear message that the Board is backing the change.

ST MARY'S HOSPITAL LACOR

VISION

To be a Hospital of Choice Providing Quality, Sustainable Care in a Humane and Supportive Environment

MISSION

To provide Affordable, Quality and Sustainable Healthcare to the Needy and to train Professionals of High Integrity, in Witness of the Church's Concern for all.

VALUES

Our guiding principle is respect for human dignity which puts people at the centre of all that we do. As a manifestation of our Motto "Patient First", compassion, professionalism and team spirit take a special place. We value honesty, transparency, accountability and optimal utilization of all hospital resources.

THE FIRST AND THE SECOND STRATEGIC PLAN

The first (2007-2012) and the second (2012-2017) strategic plan of Lacor Hospital oversaw significant developments in the hospital. The range of services was enlarged to include new specialist services and the total number of patient accrued to an average of 280,000 patients a year, for the entire decade.

The goal of the first 5 years was to contribute to the health, welfare and development of the population of Northern Uganda, in the early post-conflict period, by providing affordable quality general health services and selected specialist services. The second 5-year period was focused on maintaining and possibly expanding the offer of services while overcoming the effects of reduced external support, expected after a short post-conflict stabilisation period.

Fortunately, the withdrawal of external support was less drastic than expected, with an important Result Based Funding (RBF) project financed by UK-Aid lasting until the end of FY 2014-15 and Corti Foundation that could increase the amount provided in the last 5 years to a total of € 6 million overall, i.e. 25% above its initial commitment. Thus, the Hospital could, thanks to rationalisation of costs and efficiency gains, limit the increase of the portion of costs to be covered by user fees to a mere 5%. Cost sharing was 25% of the recurrent costs in FY 2011/12 and is 30% in 2016/17. Thus, the price of the services delivered by Lacor Hospital has remained, on average, highly subsidised (70%). The prudential financial target of the last strategic plan, to reduce the price-subsidy supplied by foreign support to 50% of the recurrent costs, could therefore, remain largely unpursued. In other words, the Hospital was able to mobilise enough external support to avoid a larger cost sharing by the population, which was already affected by the general economic slowdown in the region. A better spending capacity was confined to a small section of the population. In the last two years, severe malaria epidemics and scarce rainfall have also taken their toll.

THE PURPOSE OF THE NEW STRATEGIC PLAN (2017-2022)

The purpose of the present Strategic Plan is to define a useful and sustainable role for Lacor Hospital in the next 5 years, while remaining faithful to its Mission.

THE PREPARATION OF THE NEW STRATEGIC PLAN

The proposed Strategic Plan is the result of the public's contributions during the last Workshop (June 2016), the focus-group discussions with Hospital staff and about 50 individual interviews.

STRENGTHS OF LACOR HOSPITAL

- Mission is still preserved and there is still a high level of subsidy of service; however, it is under strain because of operational and financial sustainability constrains.
- Clinical knowledge and skills preserved and expanding.
- Still valid centre of education and training transmitting values, knowledge and skills.
- Reputation still preserved, though in need of consolidation.
- Foreign support still consistent, though not keeping pace with increasing costs.
- The will and capacity of being flexible and to manage the change, provided it is not drastic change.
- Well-integrated operations under one umbrella that, considering peripheral health centres, primary care, outreach activities, training and research forms a multifaceted health care system.
- A well-established infrastructure in place.

WEAKNESSES OF LACOR HOSPITAL

- Lacor has a big legacy, but things are more mechanical now and it is sometimes hard to see the on-going legacy.
- The temptation to be complacent, without acknowledging the challenges of the new competitive context.
- The work culture of both workers and the organization itself has not kept pace with the physical growth of the Hospital, due to insufficient ability to act autonomously both individually and collectively.
- Big, dispersed in very many activities, Lacor has a spontaneous trend towards further expansion.
- The Hospital is moving rapidly towards operational (challenges in finding all the needed skills) and financial unsustainability.
- Perception in sections of the community and of personnel that Lacor Hospital has unlimited resources and is not willing to use them for the benefit of people and lower cadres, but rather for building a self-fulfilling mammoth organization.
- There are problems in using and maintaining the technology already present in the hospital.

THE CONTEXT

THE HEALTH SERVICES AVAILABLE LOCALLY

The context in which Lacor Hospital is operating has changed remarkably over the last 10 years. The offer of health services, including some specialist services, has improved a lot in the region, thanks mainly to Gulu Regional Referral Hospital (RRH) and to the rehabilitation of all the peripheral health units of Gulu and Amuru districts. The demand has been increasingly sustained, especially for diagnoses and treatment of non-communicable diseases, although acute infectious conditions remain a challenge, as proved by the recent malaria outbreak. Many patients come to Lacor from outside the region, attracted by the Hospital reputation but also by its highly subsidised fees.

The demand for service and specifically for referral level services is generally expected to remain high and increase, given the growth of the population (including influx of refugees from South Sudan), accelerated urbanisation, the growing awareness in the population about health issues and population progressive aging. This justifies the presence of two big hospitals in the area, provided they avoid unnecessary duplications.

More specifically, the case-mix is expanding, with chronic conditions becoming more frequent and requiring long-term follow-up. At the same time, traumas due to road accidents are increasingly frequent. The changing case-mix increasingly affects the cost of care, which is also increased by the cost dynamic of all the components of the service production e.g. personnel, drugs and utilities. Breakdown and obsolescence of medical equipment are also challenges, requiring continuous investments, as does the necessary update of staff knowledge and skills.

SOCIO-ECONOMIC CONTEXT

In some sections of the population, including that of the Hospital, there is an optimistic view about the progress of the local economy (new farms and factories, oil field revenue, Gulu becoming a city and a big satellite town coming up at Karuma). However, the World Bank (WB) Assessment 2016 also talks of an increment of monetary poverty and of deprivation in essential areas of wellbeing, such as education, health, water and housing in Northern Uganda. The WB report also stresses the low resilience of families to economic shocks, like disease. Crop failure, due to climate change, mentioned by local administrators, is actually a recurrent event. In any case, it has to be considered that any possible increasing in the portion of the population living above the poverty line can coexist with an increase in the number of poor people, because of the increase in the total population.

Whatever the present economic context, the Health Sector in Uganda is expanding with substantial, although insufficient, investments by the Government, international organizations and private entrepreneurs. This affects the sector's labour market that still suffers from a limited availability of higher-level professional, clinical and managerial cadres.

Uganda is definitively a market economy, oriented towards entrepreneurship, self-sustainability of private initiatives and competition. This approach is gradually extending to the private not-for-profit health sector. However, it is in the history and in the mission of Lacor Hospital to move as slowly as possible in this somehow unavoidable direction, while trying to protect those that lag behind.

THE EVER ABSENT THIRD PARTY PAYER

Traditional "Third Party Payers" for health are the national health insurance; voucher schemes; result based financing; prepaid service arrangements; private health insurance and company health schemes. Service is free of charge in government units at primary level, but fees are increasingly required for higher-level services.

In Uganda, the National Health Insurance, still in the Government agenda, is slowly making progress. At the same time, there are indications that the MoH is considering adopting Result Based Financing (RBF) for government and PNFP hospitals. These interventions may have a big impact on the sector. They are further reasons for strengthening cost analysis capacity and for promoting RBF as the standard project model in Lacor.

Lacor Hospital is aware of the possible pitfalls of the RBF mechanism, such as the moral hazard of selecting easy cases. However, the Hospital has been able to avoid them thanks to its "institutional approach" that is based on the absence of individual or group incentives. In Lacor Hospital limited rewards, linked to the quality score achieved in the RBF evaluations, are distributed equally to all staff. This is in line with the profile of Lacor, which has a managerial approach centred on service delivery, not predominantly on finance. The fact that Lacor Hospital has the second highest ratio of admissions (expensive service) compared to the number of outpatients (cheaper servicer) in the country is clear evidence of an unbiased service offer.

Regarding the recently introduced Voucher Scheme, Lacor has noticed that it is receiving several patients that have spent their voucher with other service providers, but not having had their problem solved, come to Lacor.

The growing capacity for out-of-pocket expenditure in some sections of the population may open an opportunity for reconsidering prepaid services. The offer of service to Insurers and companies could also be expanded, provided the service becomes more customer friendly.

DEMAND AND EXPECTATIONS

LOCAL DEMAND AND EXPECTATIONS

There are varied and extended expectations regarding Lacor Hospital. There is strong demand for more advanced services, with specific emphasis on diagnostics and chronic conditions, including cancer, emergency and critical care. At the same time, there is the wish that the Hospital reinforce its health centres and outreach activities. There is consistent demand for the Hospital to streamline its operation and reduce waiting time, control lack of punctuality and absence of staff. Friendlier attitude by all hospital employees and more dialogue with clinical staff is a generalised request. Lacor Hospital is also generally expected to keep fees low, although a limited portion of the urban population seems ready to pay for premium service.

The demand also seems to be diversified according to the social position of the interviewees. The urban, emerging middle class and the professional establishment demand more advanced diagnostic and curative services, along with better customer care; district authorities demand more community and decentralised services; religious leaders, the lower hospital cadres and most of the expatriate community, which often represents the donors' attitude, mainly request accessibility for worse-off people and humanity of care.

THE MOH

The MoH has specifically mentioned its interest in advanced specialist services, not available in the country, to avoid referrals abroad and in advanced diagnostics (CT scan and PET). It has said that it is moving from secondary to tertiary care, i.e. high specialisms which include cardiac, kidney (even transplants) and neurology. The MoH has already deployed specialists in general hospitals, in a move towards generally more advanced care.

THE DISTRICT AUTHORITIES

The call of the Gulu and Amuru authorities for deeper involvement of Lacor Hospital in rural areas is backed by several valid reasons, such as villages still being too far from a health centre, insufficient outreach activities and scarce empowerment regarding health in some communities.

THE DONORS

Generally, donors are more interested in financing good general care to the vulnerable or disadvantaged sections of the population, than in supporting the delivery of more advanced care to the ones who can pay at least a significant part of the cost, if not the entire cost. However, there are also donors that focus more on

tackling specific health problems, usually with vertical programmes, that are mainly interested in reducing specific mortality and prevalence, and on learning lessons from their implementation.

SUSTAINABILITY

Generally, the Hospital is requested and expected to widen the range of its services, to improve the quality and to keep fees low. This is no surprise; since its foundation the Hospital has done just that. However, in a context of progressive specialisation, more demanding case-mix, and increasing costs, this is increasingly demanding from the clinical and organizational point of view and financially just not sustainable. Lacor is already heavily into high cost services, and needs to address the problem in a strategic way.

For Lacor Hospital, the issue of sustainability will therefore be crucial over the next few years, and it means that the Hospital must secure adequate competences for the services that the Hospital intends to deliver, adapt the hospital organization accordingly and put together enough money to finance its operation without greatly reducing accessibility. These three aspects cannot be separated. Competences have a cost and they must be sustained by a functioning organization and adequate technical and support resources, which also have a cost.

Actually, the annual deficit, which, up to now, has been covered by foreign support, is growing in both absolute and relative terms and this growth will probably accelerate as it is structural to the actual model of a general hospital with increasing specialisation. It is vital that the Hospital is ever aware of the issue of future sustainability, because there is the risk of gradually reaching the point of no return, where a change of direction would be, if not impossible, rather traumatic.

At the same time, improving quality of care and customer satisfaction will be vital for the sustainability of Lacor Hospital. The attraction of Lacor due to better quality and the appeal of its brand is fading and for many patients, the low fee has remained the only deciding factor in choosing the Hospital.

MOVING FROM A SUBSTITUTIONARY ROLE TO A COMPLEMENTARY ROLE

The Public Health Sector is becoming progressively more adequate in responding to the needs of the population, both in Gulu and in the peripheral areas in the region. The not-for-profit and commercial offer of service has also increased. Patients have now alternatives, some of them often cheaper than Lacor (Gulu RRH and District health centres).

As already mentioned, there is a call for Lacor Hospital not only to consolidate at hospital level, but also to expand its peripheral and primary care services. However, Lacor Hospital is not in the position to pursue both lines of development.

At present, there are compelling reasons for not dissipating the wealth of experience that Lacor Hospital has accumulated in some areas of more advanced and critical care. Gulu RRH alone cannot cover the whole demand for referral level services in the Region. The involvement of Lacor in tertiary level training also demands a hospital-centred focus, which is important also for nursing and similar trainings, provided it be coupled, as in Lacor, with rotations in its health centres.

Thus, at this time, Lacor Hospital does not envisage the option of reducing its involvement at central level in order to move further into the periphery, where the Government has, in any case, a strong commitment to improving services.

Nevertheless, Lacor Hospital is aware that hospitals are not the only centre of health care, and it will pursue active/sustained engagement, where already present, with the community and other levels of the system, to ensure good referral and backup. For this reason, the Strategic Plan includes a strengthening of the Hospital's peripheral Health Centres of Amuru, Opit and Pabo and of their out-reach activities.

Since the population has valid alternatives, Lacor Hospital can now be more selective in deciding which services to offer at the centre and in the periphery and for which of them it must maintain very low prices (high subsidy) and which can contribute more to their own sustainability.

"Complementary" will mean that while selecting which services to preserve/develop and which to subsidise, the Hospital will consider the genuine needs of large sections of the population, not just sustainability.

FAITHFULNESS TO THE MISSION

The Mission of the Hospital, as per its statute, is to provide quality health care to the needy and to fight diseases and poverty, through a comprehensive, integrated and sustainable action on health, which includes prevention, treatment, training and development of well-trained, responsible professionals with high moral standards.

Every decision regarding which service to offer, where, and preferentially to whom is rooted in the Hospital mission and must be oriented towards protecting it; in this case, by choosing to which groups and activities the limited resources must be reserved.

Quality, especially in the sense of humanity of care, is an integral component of the Hospital Mission and it is as crucial as accessibility in the preservation of the mission.

It has to be appreciated that Lacor Hospital, thanks to its ever-existing capacity for mobilising foreign support can subsidise its service delivery to a higher degree than

most of the other not-for-profit hospitals of the same level. In the sector, there is an emerging and prevalent opinion that providing free/subsidised health services to all is the duty of a government and that PNFP should provide, at break-even cost, the quality and the specialisation that the government is not yet able to provide everywhere.

However, Lacor Hospital is acutely aware that there are still many people, who cannot afford out-of-pocket expenditure for health and that the public service is not yet in position to meet all needs, as the district authorities have highlighted. Consequently, Lacor Hospital will try to improve sustainability, first through all other possible means, considering fee increase as the last option. In any case, there will be protected social groups whose accessibility to services will be the overriding priority for the Hospital.

Thus, the Mission will be pursued by offering highly subsidised services to vulnerable groups and will improve quality in the Health Centres, to serve the rural population there. At the same time, the Hospital will offer advanced services, which are unavailable/insufficient in the region, at the lowest possible price, in respect of the financial stability of the Hospital.

Training of ethically oriented health workers will still be a central component of the mission.

In its quest for sustainability, Lacor Hospital should proceed very carefully, balancing the trend toward specialisation with a significant consolidation of quality in general care, the maximum possible safeguard of accessibility and the preservation of its capacity to advance in clinical and teaching activities.

OPPORTUNITY FOR LACOR HOSPITAL TO RETHINK-ITSELF

For the first time, the pressure on Lacor Hospital to respond to the basic health needs of very many people and to the request for more advanced services for a smaller, but still very significant number of patients, is easing and will probably continue reducing because of the increasing number of alternatives that they have.

Lacor Hospital intends to use this opportunity to move decisively towards a better quality of care. This means asking itself what quality of care actually means and how it can be achieved and sustained.

The present Strategic Plan will try to answer these questions making the best possible use of the suggestions collected during the very collaborative process of its preparation and with the ambition to rally around the proposed strategies, the full wholehearted collaboration of its staff and the support of the public.

AMBITION

The ambition of Lacor is to be a hospital recognized for its distinguished service, preservation of dignity, compassion and empathy and a workplace to be proud of, due to the hospital's reputation and its particular attention to the needy.

To fulfil this ambition Lacor Hospital will be an accessible, quality-oriented hospital with selected specialist services, which is well integrated into the regional health system, while producing many skilled health workers, at all levels, within a frame of consolidated organizational, technical and financial sustainability.

The Hospital will guarantee preferred accessibility to mothers, children and patients with a selected number of chronic diseases. In general, special attention will be given to elderly people and to women, as they are the caregivers.

The underlying general strategy is to do less, but better by moving the needs of the patient gradually to the centre of the hospital organization and, at the same time, to do this in a way that members of staff feel that their professional skills and personal talents are used and recognised at best.

APPROACH TO THE CHANGE

- Gradualism: at the beginning, there will be strong internal and external resistance to change; scaling down of a service or increasing a fee will be as gradual as possible in order to avoid inconvenience to the public and destabilisation of staff (reduction of the number of employees, if necessary, will be, as much as possible through turnover).
- Flexibility: within the limits of a few strategic key-indicators that must be complied with, the Hospital will be flexible in exploiting all opportunities to improve quality and to gain external support, for the benefit of the community.
- Involvement of staff at all levels in the implementation of the Strategic Plan will be through specific actions aimed at staff understanding and appreciating its objectives and at their involvement in deciding how to achieve them.

The main task in the implementation of the Strategic Plan will be to balance protection of vulnerable people with the need of ensuring sustainability, i.e. preserving the capacity of the Hospital to continue operating to their benefit, in the best possible way.

THE STRATEGIC GOAL OF LACOR HOSPITAL FOR THE NEXT 5 YEARS

Lacor Hospital, while appreciating that its role in the provision of health services in the region is increasingly complementary, intends to add to it the value of a renewed attention to the health and emotional needs of the patient. The Hospital intends to achieve this result with a significant, though gradual, more patient- and team-centred work organization and with the involvement and valorisation of all staff, while achieving operational and financial sustainability.

SPECIFIC STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1	*Re-focus the Concept of Quality of Care*
STRATEGIC OBJECTIVE 2	*Be more selective in the offer and subsidy of service*
STRATEGIC OBJECTIVE 3	*Strengthen out-patient services and re-orient in-patient services towards acute and critical care*
STRATEGIC OBJECTIVE 4	*Uphold the traditional "Health-system approach" of Lacor Hospital*
STRATEGIC OBJECTIVE 5	*Pursue operational and financial sustainability*
STRATEGIC OBJECTIVE 6	*Uphold a Human Resources Policy in line with the Hospital tradition of respect for the workers' rights and welfare*

STRATEGIC OBJECTIVE 1 - **RE-FOCUS THE CONCEPT OF QUALITY OF CARE**

Quality Care for this Strategic Plan is the care that benefits the patient, the patient is happy to receive and the caregiver happy to provide.

Lacor Hospital aims at increasingly improving patient care and satisfaction; that of all patients equally, including those who access preferentially subsidised services.

Therefore, care should have first a technical quality in its selection and provision; it should be understood and accepted by the patient; it should cause as little inconvenience as possible to the patient and the inconveniences (including pain) must be reduced as much as possible. The dignity and the emotional wellbeing of the patient must always be protected.

Very many factors must come together, to achieve this result: adequate facilities, knowledge and skills, hospital organization and workflows, focused on achieving not only a favourable outcome, but also patient satisfaction. At the same time, caregivers at all levels must feel comfortable with the assigned task and protected by a team approach, which allows them to share tasks, but also the credit for work well done. The teams should have a problem solving-approach and their combined achievement will form the institutional repository of knowledge, skills and human wisdom to be transmitted to the new generations approaching the Hospital for training, work or experience.

The Strategic Plan will elaborate on a few of the determinants of quality of care, but it is aware that producing quality will be mainly the output from team initiatives, within the limits of a strictly scientific approach. Equally important will be rigorous monitoring and the clear chain of command, which must be embedded in every health activity.

Lacor Hospital is aware that it is a long-term endeavour that goes beyond the duration of this strategic plan and emphasis will be more on durable trends than on immediate results.

Quality of care is often identified by the public and sometimes by health workers, as more specialisation and technology, but there is much more to it. Good general patient and customer care (Health Centres included) is as important as advancement in specialist services (the latter preferably to be restricted to the areas where Lacor already has a competitive advantage).

SPECIFIC OBJECTIVES PERTAINING TO QUALITY OF CARE

Lacor Hospital intends to improve quality of care through a holist approach by promoting:

Patient centred care

The work organization must respond more to the needs of the individual patients than to those of staff or just to efficiency. Special attention will be given to the clinical quality of the direct interaction with the patient including timely, safe and correct administration of drugs as well as regular observations of vital parameters. Talking and explaining to the patient will be part of it.

Caring attitude

The attitude of staff must be always respectful and considerate when interacting with patients, relatives and generally with the public, considering that a person who has a health problem is often under significant stress. Rudeness and similar improprieties will be considered unethical behaviour. The Hospital will launch a programme of participative learning to endow the general approach of staff with a warm and welcoming touch. Each individual patient should feel that there is a sincere concern for his/her care and welfare.

Customer care

It should be much easier for patients to access services; this requires managing queues, speeding up all procedures, those of administration included. The general perception is that in Lacor at present everything is “too long” (too long to see a doctor, too long to get an X-Ray, too long to get medicine). All patients must be treated as “clients” even if they do not pay the full cost of the service because there is a third party (usually a donor, or an insurer) paying for them.

Appropriateness of care

Patients should receive only the investigations and the treatment that are proved to make a difference in the specific case, while avoiding any type of over-prescription. There is growing evidence that over-prescribing is not only to the detriment of the community, making health care increasingly expensive and unsustainable, but it can also damage the individual patient. “Less, but better” could also apply. This is an area where clinical practice and research can come together.

IMPLEMENTATION STRATEGIES TO IMPROVE QUALITY OF CARE

How you want to achieve a result is as important as which result you want to achieve. Despite the mention of some shortcomings for the sake of clarity, Lacor Hospital does not want to point a finger at anybody. It is aware that the existing work habits are the result of decades of very high numbers of patients, among them very many emergencies and acute cases, where the priority was to identify and stabilise them as soon as possible. Now that the Hospital cannot avoid becoming more selective in its offer of services, there is the opportunity and the duty to launch a coordinated action to improve the quality of its services. At the same time, Lacor Hospital must revive the sense of purpose and work satisfaction among its people, work that is often done with dedication and altruism.

This implies also the definition of terms like "quality", "respect", "satisfaction", "responsibility", since they may pragmatically assume different meanings within a given community. An in-depth and precise definition of the meaning of those and similar terms will be necessary to translate some of the indications of the Strategic Plan into effective actions. This applies both to implementation (i.e., the understanding for everyone of what he/she is expected to do) and to evaluation (the shared agreement on what needs to happen to say that a result has been achieved).

The actions to improve quality of care will include:

- Redefinition, through a participative process, of the actual meaning of “quality care” (procedures, behaviours, indicators) that should have a shared meaning for the entire hospital.
- Re-organization of processes (patient-centred) by the workers with the help of facilitators.
- Addition of training in interpersonal skills to the other traditional areas of professional and managerial training.
- Further reinforcement of the monitoring system for the indicators of quality of care; quality indicators must be monitored and assessed regularly, as a crucial action, to allow regular follow-up and to keep the process of change moving forward.
- Strengthening of performance evaluation capacity by improving the perception of impartiality.
- Ensuring that quality and performance evaluations have a follow-up.
- Strengthen and empower the Quality Improvement Office, in full coordination with the relevant hospital as well as Board Committees.
- Promote the culture of regular clinical peer review, where clinicians review each other’s diagnosis and prescriptions through clinical audits, death audits, clinical chart reviews, etc. The results of these reviews should encourage and support the clinicians to promote appropriate and effective prescriptions habits, continuous professional development, as well as teamwork.
- Empower and involve as much as possible the middle managers (Head of Departments, In-charges, etc.) in all quality improvement efforts. Quality improvements can only be achieved if they are fully embraced and supported by the middle managers. It is their primary responsibility and they should support their staff through continuous training, mentoring and supervision.

PILOT INITIATIVES PERTAINING TO QUALITY OF CARE

There are also some innovative approaches/initiatives, which the Hospital intends to experiment as pilot activities and extend whenever possible:

- Revive the perception of some founding values of Lacor, such as attention to the individual patient and humanity of care, as still being part of the Hospital identity. Lacor Hospital is fully aware that real values of an organization are the ones that are adhered to every day, not the ones simply proclaimed during celebrations.
- Ensure that people "live the values"; it is crucial that they appreciate that their contribution is important in reaching the common goal, that they have understood what they must do, that what is expected of them is feasible and they are given the means to achieve it. Clear task and duty descriptions adapted to a team approach, and collaboration from other staff are some of these requirements.
- In the best tradition of Lacor Hospital, the call to the Hospital founding values, as well as all other actions addressed to the staff will always be inspirational and never manipulative.
- Promote and support initiatives by the employees to experiment ways of representing and disseminating these values today. Values will be adhered to if they touch the hearts of the people and this can more easily happen if they are discussed and shared among peers.
- Promote teamwork, which does not simply mean coordination of separate activities, but participation and help from every member of the team in the specific result and in the general professional progress of every other team member. The patient will have the perception that the members of the team have their act together and the team member will feel supported and protected by the team.
- Develop a collaborative spirit and trust among employees, similar to what we could expect to find in small teams. Lacor Hospital is a big organization, which often leads to bureaucracy, impersonal service, poor internal communication; the result is that the patient gets lost if there is not adequate collaboration between sections of the Hospital.
- Develop the capability for suggesting solutions from the bottom and the related capacity at the top, to discuss and adopt them whenever useful.
- Reinforce decision-by-committee. In Lacor Hospital, there is already a culture of consensus and committees, even though they may slow down decisions, they are important for participation and generate commitment; every effort should be made to keep them collaborative and efficient.
- Favour a decentralised and participative leadership style; health workers are trained to and have the right to understand what they do, or are requested to do.

EVALUATION OF QUALITY OF SERVICE AND OF PERFORMANCE

- The Hospital must reinforce its capacity of measuring patient satisfaction, much beyond what it already does. It will also have to develop a reliable way of measuring staff satisfaction. Outsourcing these functions is an option to be examined.
- Once a baseline is established for patient and staff satisfaction, the trend will be monitored making sure that progress, no matter how slow, remains in the future.
- An important line of investigation could be to understand what makes or could make staff proud of working in Lacor and in general the driving motivations (e.g. to be put in the condition to work

well, appreciation for work well done, professional satisfaction, job security, appreciation for useful suggestions, to be listened to, etc.).

- The set of existing quality indicators (RBF) may be expanded, but mainly they should be extended to cover all hospital activities.
- Besides process indicators, the Hospital will also adopt some outcome indicators (morbidity and mortality).
- Quality evaluation and verifications will be intensified and extended to non-clinical activities (administration, maintenance, security, etc.), bearing in mind that patient satisfaction often depends on the quality of their work.
- The Hospital will promote research projects linked to the definition of indicators of quality and appropriateness of care.

SPECIFIC IMPLEMENTATION STRATEGIES TO ACHIEVE QUALITY OF CARE

Customer care

- Solve the problem of queuing and the length of service time and, when it is not possible, ensure, at least, that people understand the reasons for it.
- The Hospital must investigate why many patients come to Lacor just as a second choice after failing to improve elsewhere; queuing and unsatisfactory customer care might be a reason.
- Give proper information to patients about diagnoses, treatment, procedures and timing; do not leave patients waiting without any information, especially regarding staff who are late or will not appear at all.
- Speed up administrative procedures, e.g. the patient should not have to wait to pay.
- Dispel the perception that to get quick and good service in Lacor you must “know somebody” and that there is a great discrepancy between the treatment of a “friend” and that of the ordinary patient.
- Introduce service on appointment and keep time (consider an SMS system).
- Always answer the complaints of patients promptly, even when they appear to be unjustified.
- Digitalisation of selected processes (lab, X-Ray) with the aim that diagnostics should follow the patient, not the other way around - with patients and sometimes doctors chasing results.

Caring attitude

- Be aware that Lacor, being a big machine tends to have developed robotic responses, while patients want to be listened and talked to.
- Consider that rudeness could be a symptom of frustration and lack of motivation, a study should be done to know why.
- A caring attitude will be considered a professional skill and can be learned through training

Technical quality

- Emphasis on diagnostic services with Laboratory achieving certification; a good diagnostic (also in the Health Centres), coupled with the development of a culture of appropriate and frugal prescription of tests will benefit the patient and hospital sustainability.

- Emphasis on non-communicable diseases (with a few specialist clinics), emergency and acute care (including trauma); critical care possibly extended to medical, paediatric and neonatal cases; quality of care based on sound clinical judgement and high-level nursing care, rather than on technology.
- Start a full review of available and used clinical and nursing protocols and confront it critically with how things are currently done in the Hospital as well as how they are taught in the Schools and on Campus. Identify where there is need to change practices and develop new protocols or modify existing ones. The review should be done in a participative, bottom-up way, involving staff and engaging the Schools and all the relevant Committees. Quality verifications, performance evaluations as well as training, should support adherence to protocols and accepted good practices.
- Simplify guidelines for nurses and re-train them continuously.
- Improve triage; now there is only prompt reaction to the higher end and the rest are not taken care of adequately.
- Provide targeted training in specific areas where the Hospital can offer advanced care.

STRATEGIC OBJECTIVE 2 - **BE SELECTIVE IN THE OFFER OF SERVICE**

As already mentioned, sustainability is an unavoidable challenge. The Hospital can no longer give everything to everybody at a highly subsidised price while alternatives increasingly exist in the government hospitals. The Hospital must select to which groups and to which activities its limited resources must be reserved.

Thus, the Hospital has to decide which services to offer and which services to subsidise; this is a difficult choice, in which Lacor Hospital will be guided by the following guiding principles:

- Sustainable Development Goals (SDGs) and MoH priorities
- Local needs and availability of alternatives
- Vulnerability of the different population groups
- Preservation of Hospital knowledge and skills and of its teaching capacity
- Building further on what the Hospital already does best.

"CORE SERVICES" TO BE PREFERENTIALLY PRESERVED

Since its recovery after the Ebola epidemic in the early 2000s, Lacor Hospital has developed many advanced diagnostic and curative services. For the Hospital itself, in previous years, this growth corresponded more to a gap-filling approach than to a coherent plan, but this was just what was needed at that time. With Gulu RRH progressively covering most areas, it is now time for a more systemic and selective approach by Lacor.

The guiding principles in selecting which services Lacor must consider essential are that patients should preferably be diagnosed and possibly treated as outpatients and that admission should be reserved for emergency, acute and critical cases.

In this way, it will be possible to reduce the number of patients in the wards and improve the quality of care, by avoiding overcrowding due to unnecessary admissions. Better transport facilities in the Region make this option feasible and convenient for the patients, too.

Crucial to this strategy will be the streamlining of the activities in the outpatient clinics, in the laboratory and in the X-Ray department.

The services that Lacor Hospital considers crucial in order to implement this new approach are:

- Primary health care services
- Outpatient services
- Imaging diagnostics for in- and outpatients
- Laboratory for in- and outpatients
- Emergency services (both medical and surgical, including trauma)
- Inpatient service for acute and critical cases
- Inpatient surgical services
- Palliative care and home-based care

This may appear to be a short list, but it can attract tens of thousands of patients a year, for each service.

Besides these core services, the Hospital will maintain a few "niche services" for which there is a gap in the area, e.g. care of hypertensive and diabetic patients, all men with chronic urological problems, operative endoscopy or paediatric blood tumours. Identifying and filling gaps is important, not only for a better offer to the population, but also for sustainability. Offering services that are available in the government hospital (at lower fees) or in commercial clinics, in a more client-oriented environment is not sustainable. The Hospital must be conscious that, although it is not a commercial operation, it operates in a market.

Cancer treatment is clearly beyond the reach of Lacor Hospital, but the Hospital can reinforce its diagnostic role (traditional radiology, endoscopy, colposcopy, etc.), offer selected advanced surgery and palliative care and continue with the treatment of selected types of cancer like Burkitt's lymphoma. Gulu RRH has clearly said it is aware that Cancer is in the Government plans, so Lacor should not need to do it.

Lacor Hospital should also consider becoming a centre of excellence in a few areas, which may become drivers of general quality improvement and attract research, training and possibly external funding.

"PROTECTED SERVICES" TO BE PREFERENTIALLY SUBSIDISED (VERY LOW FEES)

A subsidy is the part of the cost of a service not paid by the patient; the subsidy is financed by other local and foreign revenues (government subsidy, profit from health/educational services sold at a higher price than cost, income generating activities, local fundraising and foreign grants).

The target is to keep the patient's contribution for these services within the limit of 30% of the recurrent cost of the specific service i.e. a subsidy of 70%.

Specifically, the "Protected Services" include:

- In- and outpatient services for pregnant women and children aged 0-5 years.
- In- and outpatient services for HIV patients including antiretroviral drugs, as long as these drugs are supplied free to the Hospital.
- In- and outpatient services in the Health Centres.
- Destitute patients enrolled in a Hospital scheme, including paralysed patients.
- Women with obstetric fistula.
- Public health emergencies (epidemics).

The Hospital will also try to protect outpatient services for patients with chronic disease, as much as possible, although the subsidy could be below 70%. The same will apply, in general to women and elderly people, since they often carry the burden of children.

The Hospital estimates that about 500 patients a year are dying, probably in the community, without treatment for chronic diseases like Hepatitis B, sickle cell disease, Burkitt's lymphoma and diabetes because they cannot afford multiple admissions, not even at subsidised fees, and therefore they stop coming. The hospital will try to mobilise specific project support for them.

Emergency room services do not belong to the "protected servicers" but, if a patient cannot pay, he or she will be, in any case treated.

The Hospital will also try to attract donors' support for specific camps or campaigns at highly subsidised fees that will benefit all patients, not only the protected groups mentioned, e.g. a campaign for the prevention of cancer of the colon with free stool examination for people above a certain age, or plastic surgery camps.

Also for "protected services", the Hospital will try to maintain/develop a few areas of excellence, like diagnosis and treatment of Burkitt's Lymphomas in children.

For the services not mentioned in the Protected Services list, the Hospital will reduce or cancel the subsidy to the specific service. The need will be determined by the global sustainability of the Hospital (see below). For "non-protected services", Lacor Hospital has somehow to break a vicious circle of low fees selectively attracting the most complicated and costly cases, even from far away. Actually, the pattern of attendance at Lacor Hospital is very different from that of the other large PNFP hospitals and from all Regional Referral Hospitals, except Mbale Hospital. As already mentioned, Lacor Hospital has a much higher ratio of in-patients compared to outpatients and generally longer lengths of stay, which is the consequence of self-referral, mainly of problematic cases, to Lacor. Fees for non-protected services should be like other service providers, but in Lacor patients should receive better care and attention. Lacor

has to attract those who can pay at least a good part of the value of the service that they receive, if it wants to continue helping the poor.

The Hospital is fully aware that the level of subsidy for each specific service is a strong determinant of the attendance for it and will probably be one of the strongest factors influencing the actual profile of the Hospital in the future, thus it will tread gradually and carefully, bearing in mind the risk of becoming "the hospital for the ones that can afford it".

Although giving everything to everybody is no more sustainable, Lacor Hospital will continue protecting vulnerable groups with very low fees.

PROTECTED SERVICES MORE IN DETAIL

- In general, Lacor Hospital will keep the "flat fee" system also for "non-protected services", because it is an important feature of accessibility. However, the Hospital will consider the introduction of a limited number of condition-related fees, to link some fees to the cost of service more than the current flat fee system, which at present depends mainly on the clinic or ward where the patient is treated.
- Trauma care will be in the frame of general surgery, without establishing an orthopaedic service; orthopaedic operations with use of orthopaedic material will be on payment.
- The Hospital will increase the fees of simple elective surgery that is done also elsewhere, while it will subsidise proportionally more complicated surgery that is not yet done elsewhere in the Region.
- The Hospital will introduce cost effective surgery –grouping cases so that teams become expert in certain areas.
- Operative endoscopy will be at an increased price, except emergencies like bleeding, carried out even if the patient cannot pay.
- Hypertension and diabetes will be treated in OPD dedicated clinic, and the Hospital will promote larger involvement of ICU for such conditions, considering specific trainings for physicians – Establishment of health/life style education programme will be part of this action.
- The Hospital will maintain hematologic oncology for children (trainings for paediatricians if needed).
- The number of specialists will not be increased, nor will it be reduced, since they are crucial for internship, advancement of service, appeal of the hospital; significant reduction could be considered only within the frame of a contingency plan (see below "Sustainability" section).
- Specialists will be also team-leaders and mentors; their role, or at least the role of some of them, must be redefined as managers of resources following a goal-oriented approach and must become a distinctive feature of the Lacor system.
- The role of specialist as team leaders and mentors will have to be accompanied by specific indicators and their units will be audited externally whenever the occasion arises.

STRATEGIC OBJECTIVE 3 - STRENGTHEN OUT-PATIENT SERVICES AND RE-ORIENT IN-PATIENT SERVICES TOWARDS ACUTE AND CRITICAL CARE

The aim of this strategy is to avoid that patients are admitted just to get seen by an MO or a specialist, or just for investigations; this is too costly for the Hospital and for the patient. Admission should be for cases in the acute phase, when hospitalisation is necessary. Once stabilised, the patient admitted for an acute condition should be discharged or referred. Restricting admissions to acute cases and reducing the length of stay in the hospital will improve the patient to staff ratio and improve quality.

Acute care and critical care are the areas where the experience of Lacor Hospital can make the difference. Areas of critical care that Lacor Hospital will continue developing are ICU, Burns Unit and Neonatal Unit.

IMPLEMENTATION STRATEGIES

- Improve presence of qualified staff in the OPD.
- Change perception among staff that OPD is a less demanding and a less qualified service, increase presence of senior staff in OPD.
- Reduce waiting and service time.
- Avoid queue jumping or impression of it (divert patients who need immediate attention to Casualty).
- Speed up service so that patient does not have to come again, the next day.
- Consider construction of shelter for OPD patients that cannot be served in a day.
- Ensure the fastest possible response to critically ill and unstable patients also at night and at the weekend. In order to promote this, Lacor intends to look for ways to measure the response time of such events, and to monitor it strictly.
- Establish Emergency Room in YCC.

STRATEGIC OBJECTIVE 4 - UPHOLD THE TRADITIONAL "HEALTH-SYSTEM APPROACH" OF LACOR HOSPITAL

Lacor has never been just a Hospital, but rather a Health Care System with primary care, outreach, health centres and training. The Hospital and the schools have grown more than the primary care component. Although Lacor Hospital cannot develop on all fronts, it has in any case to be instrumental for the whole system. This requires active/sustained engagement with the community and other levels of the system to ensure good referral and backup.

STRENGTHENING LACOR HEALTH CENTRES, OUTREACH ACTIVITIES AND REFERRAL SYSTEM

The rural population, which is often the poorest, will be served better and unnecessary referrals to the Hospital will be avoided to the benefit of the patients and the Hospital.

Lacor Hospital intends to:

- Enhance lab and introduce Ultra Sound
- Enhance HIV out-patient care and services
- Provide more frequent support/supervision from the Hospital
- Monitor and adjust staffing levels
- Increase outreach activities
- Explicitly promote RBF for Health Centres

Besides strengthening the capacity of the Health Centre, the Hospital could consider a closer interaction with the health and administrative authorities of the districts where it has Health Centres, to interact with the population, as a team.

IMPROVING COLLABORATION WITH DISTRICT HEALTH OFFICES, OTHER HOSPITALS AND NGOS IN THE AREA

Lacor Hospital should pursue more interaction with the RRH to plan together and avoid not only duplication, but also possibly gaps in the offer of service. RRH has expressed interest in cooperating with Lacor. Where one has a comparative advantage, let it develop along that line. Similar interactions could be pursued between Lacor and the other Missionary hospitals of the North (Aber, Angal, Kalongo and Kitgum St. Joseph) for referral services both ways and visiting specialists. These hospitals, in different combinations, could leverage together with public opinion and donors alike. They could consider an advocacy campaign to have common insurance and/or voucher systems in place. Result based funding could also be sourced together. Networking is appealing to donors and it would give a regional latitude to the proposal. Lacor Hospital should also seek partnership with other NGOs working in the area, especially in the rural areas. There is the impression in some quarters that Lacor does not want to cooperate, while it is more likely that Lacor has already too many initiatives to manage, compared to its capacity.

Lacor Hospital is aware that that there is a vast rural area in the Region with insufficient health services (especially for mothers, children and HIV patients) and still insufficient involvement of the population in health issues. However, Lacor has just not enough resources to expand its presence in rural areas by opening new health centres, as it has been requested. It has to limit itself to consolidate the health centres that it already has. Abandoning or significantly reducing its referral level services to expand peripherally, at this stage, would deprive the region of a much-needed complementary role, not only in health service provision but also in the training of qualified health workers, at all levels. At this stage of its development, Lacor Hospital must focus more on its hospital operation.

Lacor Hospital wants, nevertheless, to maintain and improve its interaction with the communities surrounding it and find ways for local society and its needs and expectations to be better represented at its decision-making level.

The Hospital will also promote planning of specialist services together with Gulu University and Gulu RRH and a referral/exchange system with the other not-for-profit hospitals in the Region; referral should become increasingly formal, should have a follow-up and become an occasion for sharing competences.

SCHOOLS, TRAINING PROGRAMMES

Schools and training are areas where the Hospital has experience and potentiality that can benefit the health sector of the Region and be a source of income that can contribute to the sustainability of the core and protected services. The MoH has explicitly mentioned that it is putting emphasis on training doctors and nurses in specialist care in order to avoid referrals abroad.

Besides continuing with the existing schools' internship programmes for Doctors and Pharmacists, the collaboration with the Uganda Institute of Allied Health and Management Sciences, Mulago (Anaesthetist Officer training) , and with Gulu Faculty of Medicine for training of Medical Doctors, the Hospital plans to:

- Reintroduce certificate in Laboratory Techniques
- Consider training in Critical Care Nursing
- Develop Post-graduate residencies with Gulu University

The Hospital is aware that changing the attitude of personnel to patients and public and disseminating the concept of patient centred care and of teamwork should start in the school and it will study ways of fully involving its schools and training programmes in such a vital endeavour.

RESEARCH

According to several respondents, Research could be a game-changer (also for sustainability). The Hospital will have to examine in which way it could develop this possible opportunity.

While research often depends on individual interests and on funding opportunities, there are a few possible lines of Research, which the Hospital will pursue, since they are of general interest and Lacor is somehow a privileged research ground for them, given its high attendance and consolidated organisation.

One possible line of research could be “Appropriate Medicine”, whereby the patient is prescribed only the investigations and the treatment that are proved to have an impact on the outcome. Even affluent countries are discovering the merit of the similar concept of “Frugal Medicine”, based on the ethical principle that even in a context of abundant but still not unlimited resources, if a patient is given more than he/she needs, there is another patient that is denied what he/she needs. Low-income countries have the chance and duty of avoiding the excesses and developing their own “appropriate medicine”. According to this ethical principle, appropriateness relates to the local socio-economic conditions and it is the duty of each country to strike the balance between what is appropriate, at any given time and the duty of every practitioner to provide the best possible care. This requires balancing the expectations of the individual patient and the practitioner’s responsibility, towards the larger community, not to waste scarce resources. This decision, however, should not be the result of personal bias or inclination, but be based on locally generated knowledge and operational “wisdom”. Only in this way, the individual physician and a country’s medical community will not feel deprived of essential resources and of its own status. They will rather feel part of scientific progress aimed at defining a sustainable best practice, which brings the clinician back to the centre of the diagnostic and therapeutic process.

Another more general but related possible line of operational research could be “Sustainability of health care” aimed to discriminate what, in Lacor Hospital’s specific context, is useful in terms of survival and quality of life. This is becoming vital even in affluent countries where there is a lot of debate on over-diagnostic and over-prescription under the catchphrase: “less is often better for the patient”.

Lacor could model innovations in health service provision based on ethos and quality, good clinical and managerial approach and diversity of partnerships. Research could disseminate successful interventions across wide areas.

STRATEGIC OBJECTIVE 5 - **PURSUE SUSTAINABILITY**

Sustainability is not only financial sustainability; it also includes the possibility of finding the competences needed to run the Hospital, not only in the medical field, but also in education, administration and in technical fields.

SHORT TERM (FISCAL YEAR) FINANCIAL SUSTAINABILITY

The Hospital will be considered sustainable when the operational deficit of the financial year does not exceed the foreign support secured for the year (breakeven), without drawing on support scheduled for later periods.

Funds received for a project that last beyond the end of the financial year will be allocated on a yearly accrual basis.

All capital developments must always secure specific external finance and funds, received for investments, cannot be utilised to overcome lack of liquidity

In the same way, funds received for recurrent costs may not be utilised for capital development.

Financial sustainability must be the combined result of careful use of resources (prescribing culture included), cost reduction, profit from premium/private services, training opportunities for a fee, and proactive search for foreign support. Fee adjustments will be a last resort. From preliminary projections, it appears that private services, if well managed, can marginally support the standard service, but cannot solve the issue of sustainability.

The advanced utilization of financial resources of either a recurrent or a capital nature will only be possible with the authorization of the Board. Funds earmarked for capital development cannot be used for recurrent costs and vice versa, without the authorization of the Board. The request to the Board must be submitted with a contingency plan for short-term correction of the deficit and, if necessary, for structural adjustment (e.g. closing of unsustainable non-core and non-protected service, or downgrading of a service from the status of “core service”).

LONG TERM FINANCIAL AND TECHNICAL SUSTAINABILITY

For each existing service or service innovation, the Hospital must prepare a sustainability profile that will consider not only the recurrent cost for its production but also technical sustainability, in terms of availability of specialised personnel, equipment renovation and maintenance and related costs.

In doing that, the Hospital will also consider the ratio between fixed and variable costs, and balance both the risk of not covering the variable costs (higher output equal

to higher deficit of service) and of increasing unitary fixed costs, following the drop in output from reduced demand, as a result of higher fees.

It is crucial that the management has adequate tools to submit every decision affecting the Hospital evolution to strict economic pre-evaluation and that the process is formalised, so that the Board can perform its supervisory role at best.

SPECIFIC IMPLEMENTATION STRATEGIES TO ACHIEVE SUSTAINABILITY

Avoiding Wastage of Resources and Preventing Stealing and Corruption

Controlling costs requires a specific capacity of analysis and intervention. It also requires a general awareness that wasting resources is denying care to people in need, just as stealing does not mean subtracting something from "the Hospital" but rather from the very poor.

Corruption is even worse because it means extracting money from patients who need help, or setting up a criminal collusion with unscrupulous providers of goods or services that are needed for the care of patients and the functioning of the Hospital.

Furthermore, wastage, stealing and corruption are to the detriment of the reputation of the Hospital and of all people working in it.

The Hospital should consider that these harmful tendencies may be greater than it appears and should study whistle-blowing and an independent third party Public Relations function ("people know what is going on, but are afraid to talk") as a means to combat them.

The Hospital is aware that unbecoming behaviour can be eventually controlled when it causes outrage in the generality of staff. Besides reinforcement of administrative controls, the Hospital will aim at creating a "Social pressure" that protects the patients from subtraction of resources that are meant for them, through sensitisation initiatives.

Private services

A section of the urban public may be able and ready to pay if range of service, quality, and customer care are better than elsewhere; thus, private services can be developed within the limit of their ability to contribute to the Hospital finances and appeal, making sure that they do not subtract operational resources from the standard services.

The request for quality and customer-oriented private service from the emerging middle-class is strong, indicating that the Lacor brand still has appeal. If this middle class in the area is vast and strong enough to sustain private services that make, at least, a modest profit is questionable, although increasing the offer of quality service to the insurance sector may be an option to be carefully examined.

In any case, the Hospital cannot have different levels of care, it can give the private patient comfort and fast track, but the service must be the same.

It should also be considered that private services have an intrinsic "parasitic" quality, when introduced in a non-commercial hospital. They can drain too many resources and too much attention, to the detriment of the standard patient.

Winning Grants

Grants from abroad are still the main way of subsidising fees. Less dependence on grants means higher dependence on fees. Other incomes, e.g. self-generated revenues and efficiency gains, may also have an impact and should be pursued. Grants, however, have a pivotal role as the "third party payer" which is present in all health systems that try not to abandon people when they are confronted with disease. Grants for health are considered among the few effective development tools, in Sub-Saharan Africa.

Grants are hard to pursue but are necessary. The Hospital intends to improve its capacity in project management and grant procurement, especially with donors that have a local or regional office. The establishment of a Grant Officer function will be considered. Preserving reputation with the donors will be a guiding principle and the Hospital will pursue only the projects that it is sure it can deliver on.

In the donors' community, there is always the debate on which modalities are the most effective in promoting health and in improving health service delivery.

Recent approaches that have been introduced in Uganda are Result Based Financing (RBF) and Vouchers. The latter tend to empower the patient giving him/her the power to choose the service provider.

Training and research as sources of revenue

The Hospital will consider offering proactively training opportunities to specialist cadres for a fee.

The Hospital will also explore if research on "appropriate medicine" and on "hospital sustainability" can attract research funds, since these topics could become central for many donors in the next few years.

Community involvement and direct fund raising

Although the experience with local fundraising has not been very productive, several respondents suggested trying again, possibly in a different way, like creating an alumni group of students and professionals (both Ugandan and foreign) who have worked in Lacor, or mobilising the support of the local Clergy for a Lacor Day in the churches. There was also the suggestion of organising the work of volunteers to help in the Hospital, with non-professional tasks or with assistance to the neediest, to replace the aging missionary sisters. Beyond their practical input, these initiatives could help bring the hospital closer to the local Community and to the now vast "Lacor Diaspora".

STRATEGIC OBJECTIVE 6 - **UPHOLD A HUMAN RESOURCES POLICY IN LINE WITH THE HOSPITAL TRADITION OF RESPECT FOR THE WORKERS' RIGHTS AND WELFARE**

As already mentioned, staff at all levels will be involved in the implementation of the Strategic Plan. The strategic objectives must be explained, discussed and internalized by all hospital employees, and how to achieve the objectives should be the result of shared decisions. Ideally, the staff should see the success of the strategic plan as a personal challenge.

Thus, the Human Resources policy will be crucial for the success of the Strategic Plan.

Lacor Hospital was one of the first PNFP Hospitals to have an Employment Manual that spells out rights and duties of the employee. It may need an update, but the Hospital will maintain its traditional attention for staff rights and welfare.

Also for the future, the relationship between the Hospital and its staff will be based on clear job descriptions, fair and transparent assessment, clear and transparent explanation for job changes, and a quick and just disciplinary system.

In its relationship with staff, the Hospital will always maintain the perception of the employee as a person, taking into consideration as much as possible, individual needs, and the specific living conditions of local communities. The Hospital will bear in mind that staff, who, rightly or wrongly, feel "not cared for" by the Hospital may find it difficult to offer "caring" care to patients.

In any case, Lacor Hospital wants to ensure that staff do not feel threatened by the new strategies by continuing to enforce all employee protections enshrined in the employment manual, and to consider disciplinary actions as the last corrective option. The priority will be training and staff involvement. Staff, however, must appreciate, that quality improvement will involve the correction deficiencies.

The Hospital is aware that beyond the organizational aspects there are two main issues regarding the working culture in Lacor Hospital that will be central to the success of the strategic plan, i.e. the teamwork approach and the mentoring function of the higher cadres.

The Hospital intends to nurture the sense of purpose and of responsibility in all hospital functions, not only in clinical work, through training and a team approach.

MAIN IMPLEMENTATION STRATEGIES PERTAINING TO HUMAN RESOURCES POLICY

- Nurturing the sense of purpose and of responsibility in all hospital functions, not only in clinical work, through massive training and a team approach.
- Ensuring knowledge, understanding and application of the Employment Manual across the board.
- Ensuring transparency and evidence of fairness in any discretional decision and making sure that there is clear perception of them.
- Promoting delegation of powers with constant monitoring and backing from the higher levels on how discretion is utilised.
- Fighting cronyism and avoiding the forming of factions with members loyal to each other instead of to the institution.
- Improving the effectiveness of the Disciplinary Committee, which in general works well but it is often delayed for too long. Ways of backing and/or quick substitution in the process from a higher level should be devised.
- Improving staff motivation through further development of the variable component of salary linked to RBF results, which has just been introduced, and possibly extending the external validation of all types of performance evaluation. The aim of evaluation will primarily be to recognise and reward the work well done by the Hospital as a whole.
- Proactively search for donors' contribution to recapitalisation of the Hospital Saving and Credit Cooperative.
- Study "company welfare" measures, like opening an in-house nursery, for breast-feeding staff and their babies.

PRIORITY CAPITAL DEVELOPMENTS

- Overhaul the patient administration IT system as an essential managerial and governance tool.
- Continue action on improving top management capacity in relation to middle management.
- Continue action on improving middle management capacity and include strengthening of monitoring and evaluation of their clinical, mentoring and managerial performance.
- Start an incisive and long-term project on changing attitude of personnel to patients and public and disseminate the concept of patient centred care and of teamwork.
- Solve the current challenges that affect laboratory and do not assume that digitalisation alone will solve it; rapid test diagnostics in the ward could be considered.
- Improve on waiting time (work reorganization, booking and queuing systems).

PRIORITY ACTIONS THAT DO NOT NEED SPECIFIC, SIZEABLE INVESTMENT

- Reinforce the set of process indicators already in use; add some outcome indicators (mortality, morbidity and patient satisfaction).
- Enhance the impact of monitoring, making sure that evaluation is followed by improvement actions.
- Strengthen palliative care and improve pain management in general (more attention to patient's pain) through training and coaching.
- Investigate if alleged nepotism in the Hospital and in the Schools really exists because it is often mentioned as a strong demotivating factor.
- Strengthen cost and performance analysis
- Strengthen the communication function (human beings drive change and the human beings in Lacor Hospital must buy into the change advocated by the Strategic Plan or it will not happen).

MAIN RISKS

- Difficulty for the Management to implement changes and, if needed, improvement actions affecting higher-level staff. Mitigating factor: evident backing, monitoring and guiding by the Board through the Steering Committee (below).
- Achieving short-time sustainability only or prevalently through indiscriminate fee increments with the consequence of drastic drop in the number of patients with ineffective protection for the vulnerable groups. Mitigating factor: establishment of a set of a few core indicators for the Board, to prove that sustainability is being pursued though balanced actions without compromising long-term sustainability or hurting the Mission.
- Achieving reduction of expenditure on drugs and reagents by setting rigid caps on monthly distribution to wards, thus forcing the patients to go and buy the drugs from private pharmacies. Mitigating factors: (1) strict monitoring of correct administration of drugs in the wards, and of shortages of drugs in the wards. (2) A well-developed cost reduction plan, which must identify real inefficiencies, over-prescriptions, and other waste of resources, which must not cut resources genuinely needed by the patients.

FALL-BACK OPTION

As already mentioned, if the Hospital does not achieve short-term financial sustainability, the Managements will have to submit a contingency plan to the Board with corrective actions. However, the Strategic Plan must give a clear indication in which direction the Hospital should move if there is evidence that the Hospital is moving towards failure in long-term technical and/or financial sustainability and the goal of the Strategic Plan appears to be unachievable.

The Hospital Mission clearly dictates that the priority must be the preservation of the “protected/subsidised services”.

This is important to know because every major decision, like sizeable investment for equipment renovation, should be taken in a way that a possible pullback does not become too costly or disruptive.

GOVERNANCE

To strengthen the perception of the role of the Board as the ultimate decision maker and that the Board backs the implementation of the strategic plan

IMPLEMENTATION OF THE STRATEGIC PLAN

To implement and sustain the strategic objectives described in the Strategic Plan, a more management-oriented approach will be progressively developed. It will aim at establishing sectorial targets, ongoing evaluation of results, as well as identification and correction of non-performing areas.

A central capacity to develop is the ability to validate and constantly monitor activity and financial data/results (global and disaggregated), enforce cost management procedures and produce a complete range of information to support decision-making.

THE STEERING COMMITTEE

The strategic plan is ambitious because it tries to achieve goals that may appear to be in contradiction among themselves (protection of vulnerable groups, sustainability, and improvement of the quality of care, as well as staff motivation and involvement). Timing and finding the right “middle ground” will be crucial.

Thus, instead of providing the Strategic Plan with a detailed action plan and budget, which risks remaining on paper, the Plan has preferred the approach of flexibility and gradualism within the framework of verified implementation progress and budgetary responsibility.

The establishment of a dedicated body for the promotion, implementation and monitoring of the Strategic Plan can help this model to be effective.

Thus, a “Strategic Plan Steering Committee” will be established that will report directly to the Board, showing that the Board is behind the change promoted by the Strategic Plan.

The main role of the Steering Committee will be to ensure that:

- The implementation of the Strategic Plan, though gradual, does not stall
- The implementation of the Strategic Plan, though flexible, does not neglect any objective and that the advancement in implementation of the various components of the Strategic Plan is reasonably balanced
- Realistic annual plans of action are developed by the Management for each strategic objective containing indicators to be monitored
- Once a problem is identified and a solution devised by Management, action is taken and in the cases where it is not, specific mandate for action backed by the Committee will be given to the Management.