Facility Organization and Management

Facility organization and management includes the effective organization of facility operations; deployment of human resources in multidisciplinary teams; routine collection and use of information systems to establish targets, monitor progress, and implement ongoing quality improvement initiatives; and the capability of managers to oversee, support, and enforce these processes.

What could your country achieve by focusing on facility organization and management?

When done effectively, improvements in Facility Organization and Management can contribute to an array of downstream effects:
Facility Organization & Management is a foundational component of Service Delivery.

System

- Governance & Leadership
  - Primary Health Care Policies
  - Quality Management Infrastructure
  - Social Accountability
- Health Financing
  - Payment Systems
  - Spending on Primary Health Care
  - Financial Coverage
- Adjustment to Population Health Needs
  - Surveillance
  - Priority Setting
  - Innovation & Learning

Inputs

- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

Service Delivery

- Population Health Management
  - Local Priority Setting
  - Community Engagement
  - Empowerment
  - Proactive Population Outreach
- Access
  - Financial
  - Geographic
  - Timeliness
- High Quality Primary Health Care
  - First Contact Accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Person-centered
- Availability of Effective PHC Services
  - Provider Availability
  - Provider Competence
  - Provider Motivation
  - Patient-provider Respect & Trust
  - Safety

Outputs

- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care

Outcomes

- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
What is Facility Organization and Management?

Facility organization and management includes the:

- **Effective organization** of facility operations
- **Deployment of human resources** in multidisciplinary teams
- **Routine collection and use of information systems** to establish targets, monitor progress, and implement ongoing quality improvement initiatives
- **Capability of managers** to oversee, support, and enforce these processes
What can my country achieve by focusing on Facility Organization and Management?

**System**
- Governance & Leadership
- Health Financing
- Adjustment to Population Health Needs

**Inputs**
- Drugs & Supplies
- Facility Infrastructure
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- Workforce
- Funds

**Service Delivery**
- Population Health Management
- Facility Organization & Management
- Availability of Effective PHC Services
- Access

**Outputs**
- High Quality Primary Health Care
- Effective Service Coverage

**Outcomes**
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Facility organization and management includes the:
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Team-Based Care Organization
Facility organization and management includes the:

- Effective organization of facility operations
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Team–Based Care Organization

Facility Management Capability and Leadership
Facility organization and management includes the:

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Team–Based Care Organization

Facility Management Capability and Leadership

Information Systems Use
Facility organization and management includes the:

- **Effective organization of facility operations**
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- **Routine collection and use of information systems** to establish targets, monitor progress, and implement ongoing quality improvement initiatives
- **Capability of managers** to oversee, support, and enforce these processes

### Strategies to improve Facility Organization and Management

#### Team-Based Care Organization

#### Facility Management Capability and Leadership

#### Information Systems Use

#### Performance Measurement and Management
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.

Completion of a Vital Signs Profile gives countries a holistic understanding of PHC strengths and weaknesses, a critical first step in the measurement for improvement pathway.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
Planning for improvement in your context

The guidance and recommendations described within the Facility Organization and Management module are not intended to provide a one-size-fits-all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities

- **Consider** implementation challenges and approaches in other country contexts
- **Understand how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about Facility Organization and Management in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
How to approach improving Facility Organization and Management

- Team-based care organization
- Facility management capability and leadership
- Information systems use
- Performance measurement and management

- **Promote team-based models of care** by organizing providers with diverse education, skills, and capabilities into care teams
How to approach improving Facility Organization and Management

Team-based care organization

- Promote team-based models of care by organizing providers with diverse education, skills, and capabilities into care teams

Facility management capability and leadership

- Equip facility leaders and managers with the skills, training, and resources needed to manage facilities, such as coordination of operations, target setting, and human resources

Information systems use

Performance measurement and management
How to approach improving Facility Management & Organization

- **Promote team-based models of care** by organizing providers with diverse education, skills, and capabilities into care teams.

- **Equip facility leaders and managers** with the skills, training, and resources needed to manage facilities, such as coordination of operations, target setting, and human resources.

- **Use data from information systems** to coordinate care, monitor performance, and drive management.
How to approach improving Facility Organization and Management

- **Team-based care organization**

- **Facility management capability and leadership**

- **Information systems use**

- **Performance measurement and management**

- **Promote team-based models of care** by organizing providers with diverse education, skills, and capabilities into care teams.

- **Equip facility leaders and managers** with the skills, training, and resources needed to manage facilities, such as coordination of operations, target setting, and human resources.

- **Use data from information systems** to coordinate care, monitor performance, and drive management.

- **Implement systems to monitor performance and to manage the implementation of improvement strategies within facilities**; these systems should offer performance feedback to providers and be integrated into quality improvement systems.
Learn from what others have done

Equipo Basico de Atencion Integral de Salud (EBAIS) Teams | Costa Rica
Multidisciplinary care teams empaneled 4500 patients, and a system of data feedback allowed providers to receive information on their performance.

Health Extension Program (HEP) | Ethiopia
Health Extension Workers (HEW) were trained to deliver community-based primary care in Ethiopia. HEP also developed a national plan for performance monitoring at hospitals.
Primary health care has been a priority for Costa Rica since well before the 1970s.
## Costa Rica: At-a-glance context

<table>
<thead>
<tr>
<th></th>
<th>GDP per capita ($PPP)</th>
<th>Human Development Index</th>
<th>Life expectancy at birth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GDP per capita ($PPP)</strong></td>
<td>$20.4K</td>
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<td><strong>Percentage of population living in rural areas</strong></td>
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<td><strong>Percentage of population living under $1.90 per day</strong></td>
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<tr>
<td><strong>Population</strong></td>
<td>5.05M</td>
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</table>
Learn from what others have done: Costa Rica

Background & why reforms were needed

- PHC has been a priority for Costa Rica since well before the 1970s
- The Rural Health and Community Health Programs, established in 1973 and 1976, respectively, were merged into a single primary health care department
  - However, economic downturn and unemployment in the 1980s and early 1990s led to inefficiency, dissatisfaction, and a decline in the quality of PHC
Learn from what others have done: Costa Rica

**Approach**

In the 1990s, the Ministry of Health established reforms to promote team-base models of care, namely the *Equipo Basico de Atencion Integral de Salud* (EBAIS)

- **To support a multidisciplinary, integrated approach**, teams became made up of a doctor, nurse, technical assistant, medical clerk, and a pharmacist

- **Services provided by EBAIS teams in facilities, communities, and homes included:**
  - Public health
  - Preventive
  - Curative

The Ministry of Health also created a **data feedback system** for EBAIS teams to collect data, and later receive information on their performance
Learn from what others have done: Costa Rica

- About three quarters of the medical consultations in Costa Rica occur between patients and EBAIS teams, and in 2012, EBAIS teams coverage reached 94% of the population
  - EBAIS teams were geographically empaneled to groups of 4500 patients

- EBAIS teams have reliable and consistent access to data on the performance of their team and the health of their panel

- Maternal, infant, and under-five mortality have decreased since the early ‘90s, and Costa Rica’s life expectancy is the third highest in North America

- More broadly, Costa Rica demonstrates remarkable efficiency with per capita spending on health less than the world average

Ethiopia: At-a-glance context

In 1993, the Ethiopian government established the National Health Policy and Strategy to improve access to PHC.
### Ethiopia: At-a-glance context

<table>
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<tr>
<th>GDP per capita ($PPP)</th>
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<tr>
<td>$2,312</td>
<td>0.46</td>
<td>66</td>
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</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>27%</td>
<td>112.1M</td>
</tr>
</tbody>
</table>

GDP per capita is calculated using purchasing power parity (PPP).
Learn from what others have done: Ethiopia

Background

• In 1993, the Ethiopian government established the National Health Policy and Strategy to improve access to primary health care through:
  • Decentralization
  • Strengthening of programs
  • Promotion of equitable access
  • Collaboration with the private sector

• The National Health Policy and Strategy laid the groundwork for the 20-year, four phase Health Sector Development Plan (HSDP)
Learn from what others have done: Ethiopia

Approach

Ethiopian Ministry of Health launched its Health Extension Program (HEP) under the second phase of the HSDP in 2003

The HEP establishes the new role of Health Extension Workers (HEWs)
- HEWs are the foundation of community-based primary health care service delivery in Ethiopia

HEWs provide care outlined in 16 health packages across four components:
- Promotion of hygiene and environmental sanitation
- Prevention and control of communicable disease
- Promotion and offering of family health services and health education
- Communication

Ethiopia also developed a national plan for performance monitoring in hospitals
- An executive master’s degree program was developed to train hospital managers who could oversee performance monitoring and reporting
Learn from what others have done: Ethiopia

- Approximately 38,000 HEWs have been trained and deployed in communities across Ethiopia through the second phase of the HSDP

- The percentage of hospitals reporting performance standards has increased from 40% in 2011 to 84% in 2014

- Communities throughout Ethiopia have experienced increased access and utilization of latrines, contraceptive acceptance, antenatal care use, assisted delivery, vaccination, and HIV prevention

Outcomes & Impact


Recap: Facility Organization & Management

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