Internship
at
LLH Hospital, Musaffah, Abu Dhabi,
UAE
(6th March to 25 May 2014)

Submitted By
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Post Graduate Diploma in Hospital & Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2014

ACKNOWLEDGEMENT

Nothing really can be accomplished alone it is the direction, guidance, involvement, support and prayers of more than few that resulted in this work of efforts

It is my pleasure to acknowledge all the people who have contributed directly or
Indirectly to my dissertation work and in helping me to complete my research

I would like to convey deep gratitude to Dr.Varun Katyal (Director –Operations) LLH Hospital Musaffah , Ms Hodan El Sheik (Senior Quality Officer) and Dr.Amit Kaushal (Assistant Manager -Operations) for their trust in me and providing me with great opportunity to work in the quality department of LLH Hospital , Musaffah where I received the exposure to the functioning of the organization . Altogether it has been a great learning experience of tremendous value which has definitely upgraded my knowledge and skills

My institute –Institute of Health Management Research (IIHMR), Jaipur and its education deserves the foremost appreciation for providing me the opportunity to understand my individual capabilities and of course all the faculties at IIHMR had facilitated the endeavour

I would like to take this opportunity to thank my guide Col. (Dr.) Ashok Kaushik for being supportive and providing guidance at every step of my dissertation right from the beginning.

I also show my gratitude to all hospital staff who contributed in one way or the other in the course of the study.

My parents and friends who have always been there to support encourage and help me in every phase of my career and during the dissertation too

Thank you

Dr.Smita Saxena

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INTRODUCTION

Internship is an integral part of the post graduate diploma in hospital and health management course. It gives a clear idea of the working of the health care organisation. It is the time when the knowledge gained during the course theoretically can be practically implemented. It helps to understand the roles and responsibilities of a hospital administrator.

The Dissertation was done at LLH Hospital Musaffah, Abu Dhabi. It is imperative in the field of management to do dissertation at the end of the class room teaching As a part of the curriculum of post graduate diploma in healthcare management ,I was supposed to complete my dissertation with healthcare organization to learn various management processes an understand the functioning of the organization. It allows for having on field training of the theoretical concept and knowledge

The fundamental objectives of the internship period are:-

- To understand and get insight into daily operations of the organization and its various departments/services
- To comprehend the interdepartmental coordination
- To spot on areas in the organization having gaps or requiring process change for betterment of the services with involvement of management knowledge and skills
- To efficiently and effectively carry out the tasks assigned

I was appointed in the organization at the position of management trainee –quality and operations. My work was related to helping and assisting senior quality officer and assistant operation manager in quality, medical and general administration related activities of the Hospital.

ROLES AND RESPONSIBILITIES DURING INTERNSHIP

During the internship period, regular rounds of different departments of the hospital, conducting regular meetings with the administration and the staff, Conversing with the patients and their attendants who were not satisfied with the hospital's services and trying to provide solutions to the problems, observing the work culture and understanding the working of all the departments, execution of the plans , administering the maintenance of the improvements made in the working of the hospital, visiting all the departments for observing the working of different departments and being a part of the team for administrative decision making were some of the responsibilities given to me.

- Initiated the post discharge feedback calling system where my role was to call the discharged patients and assess their satisfaction with respect to services provided by the hospital and solve any issues which a patient may report
- Design the brochure of international patient safety goals by HAAD which has to be put in the entire hospital
- My work also involved analysing the data of the last quarter (January to March 2014) for incidents reports, patient complaints and code blue
- I was also given the responsibility of complaint management system which included segregating the daily patient complaints based on department and then forwarding it to concerned head of department for closure of same
- I was also given the task of forming a report of 'on going professional practice evaluation' for all the doctors for the last quarter (January-March 2014)

- And I was also a member of the team to represent quality for an internal audit of the hospital by the corporate team

ORGANIZATION PROFILE

LLH Musaffah was the first hospital situated in the Industrial sector of Musaffah. It began as a day hospital in 2008 but due to demand, the hospital was expanded in 2011 to include inpatients and ICU. It has recently had over 700 patients daily and has excellent facility for workers and families. It is the only hospital to function around-the-clock providing high end medical services to the patients. The doctors are supported by standardized care protocols that help deliver consistent patient care. . In 2012 LLHM was accredited by the international joint commission accreditation (USA) and in 2013 LLHM was nominated healthcare provider to implement EHSMS (Environmental Health and Safety Management System) standards and requirements, as a result an EHSMS system was developed, approved by Health authority Abu Dhabi HAAD and implemented within LLHM Facilities

LLH's Vision

To continuously exceed the global standards of excellence in health care

LLH's Mission Statement

To preserve, restore health and will being through extensive use of empowerment and technology.

LLH's Core Values

Compassion, Teamwork, Integrity

LLH Musaffah is the most advanced secondary care facility in Musaffah. It represents a confluence of top-notch talent, cutting edge technology, state of art infrastructure and, most important, commitment.

LLH Musaffah is fully geared-in terms of talent, technology, structure and spirit – to reshape perceptions regarding hospitals and redefine the concept of caring.

- Musaffah's first 64 slice CT scanner capable of high resolution CT imaging including all types of CT angiography and cardiac CTs.
- One and only most advanced and powerful 1.5 Tesla MRI.

- World class 3rd Generation Lithotripsy non invasive/surgery free/pain free treatment for Kidney stones/ urethral stones.
- Largest OT complex with 3 Operating Theatres.
- Echo cardiography and Tread Mill Test (TMT)

Key Statistics

- Encompassing 7400 sq meter of space. Its 'intelligent framework' allows for hospital staff to optimize utilization of space and resources.
- Well spaced in-patient beds allowing optimal utilization of resources and ensures privacy, dignity, comfort, convenience and the best healthcare to every patient. However, the smooth and seamless movement of people & staff is guaranteed.
- Critical care unit is with the largest number of critical care beds in a private hospital at Musaffah. Spacious and separate room with high end equipment and central monitoring.
- LLH Musaffah has a total of over 30 Consulting clinics, with the capacity to handle over 1000 outpatient consultations every day.
- The hospital's laboratory is housed on the ground floor with most modern equipments and specialized staff. It offers over 1000 test per day in various routine and highly advanced diagnostic, genetic and molecular biology and will serve as a referral centre for second opinions.

SERVICES AND SCOPE OF ACTIVITIES

The Hospital is presently having a bed capacity of 62, which includes …IP, Day Care, 5 ICU, 3SBCU, and Outpatient Clinics, 2LDR &7ER Observation beds. Best clinical practices is the path LLHM management keep and persistently adhere to , as a result the strategic plan of LLHM act in accordance with best clinical practices internationally and promote the implementation of the clinical pathways and practice guidelines .LLHM Scope Services comprises :

Medical services:

- Cardiology
- Gastroenterology:
- Dental

- Dermatology
- Neurology

Surgical services:

- General surgery
- Ophthalmology
- Orthopaedics

Maternal and child health services:

- Obstetrics and gynaecology
- Paediatrics
- Special babe care unit (SBCU)
- Labour and delivery room

Supporting services:

- Dietician
- Physiotherapy
- Radiology
- Laboratory
- Pharmacy
- Operating theatre
- Emergency department
- Ambulance
- Inpatient units
- Intensive care unit
- Eco-cardio therapy

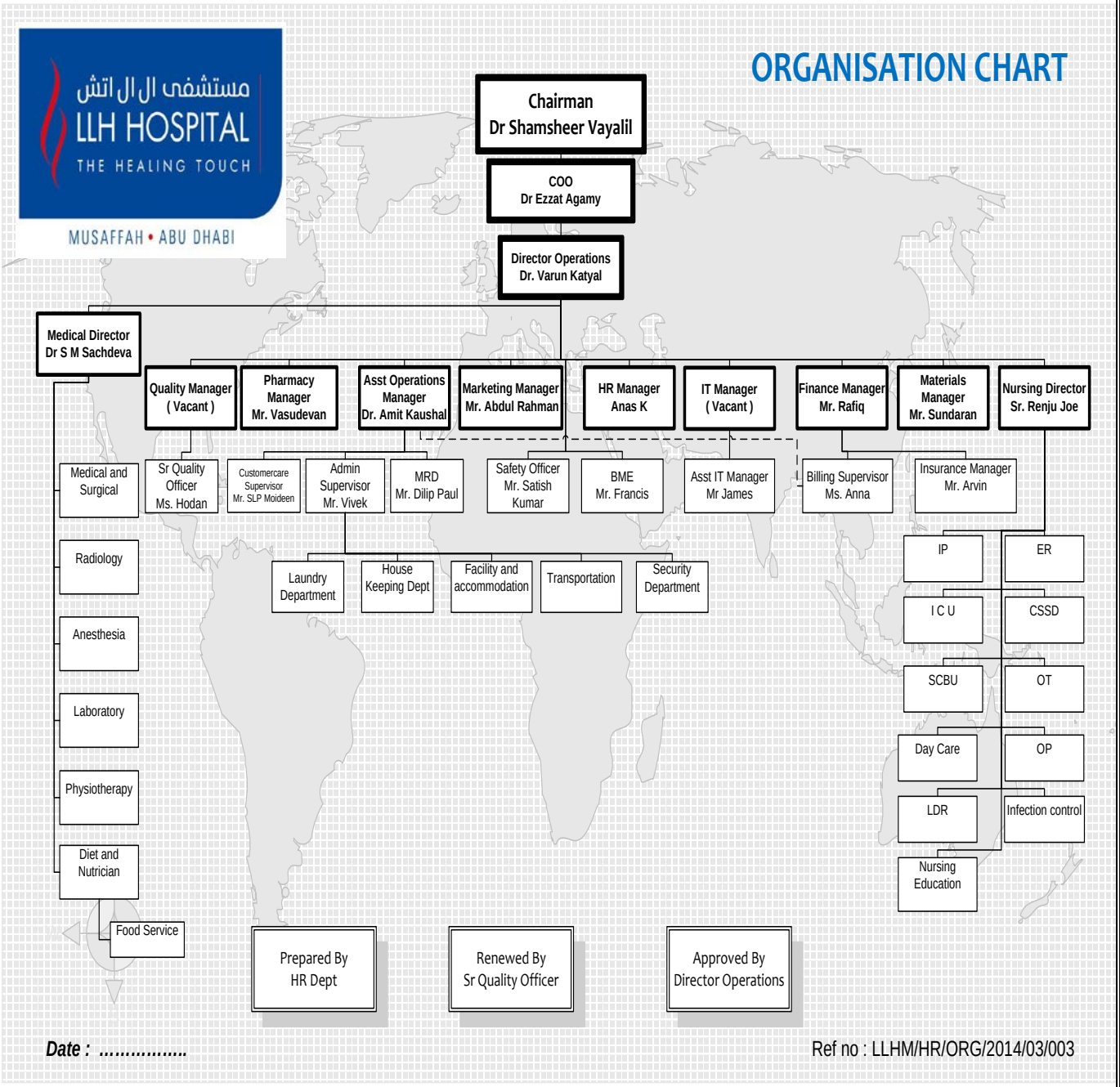
Corporate medical services:

- Onshore /off shore medical certification (approved by ADNOC)

Advance Clinical Program:

- Laparoscopic surgery (minimum invasive surgeries)
- Knee arthroscopy (treatment of chronic and acute knee pain)
- ESWL(kidney stone removal without surgery)

ORGANIZATION STRUCTURE



ABU DHABI'S MODEL OF CARE

Healthcare in Abu Dhabi faces growing demand for services arising from an expanding population that has a deteriorating health status. The current population is young and has a high rate of chronic diseases that is set to increase as it ages. The current model of care in Abu Dhabi does not adequately support self care or prevention –screening programmers and diagnostic services are not integrated into care plans. Also, patients have undirected access to services and specialty care which leads to inappropriate use and, in turn, over-supply of services. In response HAAD is further developing its capacity management processes, its Weqaya screening programme and its approach to the continuum of care.

•Specialty care is not equally distributed across the 3 regions of Abu Dhabi Emirate. In addition rural primary care and sub acute care is not well developed in the Emirate. In response HAAD is developing its comprehensive capacity planning process to address these issues including resolving critical shortages including rural areas in the Western and Eastern Regions.

•Historically, Abu Dhabi has had a relatively limited supply of healthcare services, particularly hospital beds, which led to investment in infrastructure. Achieving world-class quality care, however, is about much more than new buildings. Before embarking on large-scale projects which affect community healthcare services long-term, it is important to be clear on what type of healthcare is appropriate for the evolving communities and population of Abu Dhabi in the 21st century.

•Abu Dhabi's model of care describes how healthcare should look in future and is based on robust international experience. The focus is on empowering patients. As a first step, pro-active check-ups and convenient routine follow-up should help prevent disease. When there is a condition, patients should be supported to care for themselves, where appropriate and supported by well developed primary and sub acute care including home care and the integrated use of telemedicine. In order to promote the use of home care and telemedicine HAAD has developed new "At Home" and telemedicine standards. This has been shown to improve quality, and improve access in rural areas. There need to be improved access to appropriate 'elective' and emergency care, and this should be streamlined and optimised from the patient's perspective through an emphasis on early clinical triage. Diagnostics, for instance, should be more readily available to enable one-stop-treatment.

•Making such ambitious changes to our healthcare system will require many decisions on what to do and what not to do. The Healthcare reforms proposed by major health stakeholdersC6 help clarify how trade-offs should be made in delivering health services and transitioning to the new model of care.

PUBLIC HEALTH HIGHLIGHTS

•**Population.** One in 5 residents are Nationals, of whom two thirds are under 30 and half under 199. Expatriates are overwhelmingly male and of Asian origin and predominantly aged between 20 and 409. A significant share are employed in construction and accommodated in labour camps. The introduction of mandatory health insurance in 2006 provided all residents in Abu Dhabi access to high quality care. Residence status is generally contingent on being employed, so there are very few retired or unemployed expatriates. The population has been growing rapidly in previous years, with, a temporary decline in 2009.

•**Birth.** Fertility rates – the main driver of growth for Nationals – has declined for over 30 years11, 12. The UAE's Total Fertility Rate has declined from 4.4 to 1.7 per woman between 1990 and 2010. Declining birth rates are attributed to urbanization, delayed marriage, changing attitudes about family size, and increased education and work opportunities for women.

•**Death.** Mortality rates have also declined steadily11, 12 over the past years. Infant mortality is now comparable with other developed countries7 and the WHO has reported a decrease in the less than 5 mortality rate from 22 to 7 per 1'000 live births between 1990 and 2010 across the UAE. In 2012, the diseases of circulatory system caused the highest number of deaths, accounting for 38.8% of all death cases registered in the Abu Dhabi Emirate. External causes of morbidity and mortality and neoplasm's are the second and third highest causes of death13, 14.

•**Injuries.** Abu Dhabi has one of the highest rates of injuries resulting from road traffic accidents. They account for 10.4% of all deaths and are the leading cause of death amongst young males13-15. Speeding fines, free provision of child seats, and traffic safety education programs are some of the actions being taken by government agencies. Occupational injuries are now covered by health insurance.

•**Non-communicable diseases.** The Emirate has high rates of chronic diseases related to life style, such as obesity, diabetes, and cardiovascular diseases. Cardiovascular diseases accounted

for over a quarter of deaths in 2012. Adult Nationals were screened for cardiovascular risk factors in 2008 as a condition for enrollment in Thiqa insurance. Early analysis of results of this screening showed obesity rates of 33% for males and 38% for females and high proportions of people at risk of diabetes and hypertension among UAE nationals over 1517. Without major changes, these rates are set to increase further as the young population ages. Individuals thought to be at high risk of cardiovascular disease are being followed up.

•Cancer caused 13.9% of all deaths in the Emirate in 2012. Lymphoid, Hematopoietic and related tissue cancers are the dominant cancers in Abu Dhabi. Late detection of breast cancer leads to significant increases in mortality. Adult female Nationals aged 40-69 are being screened for breast cancer as part of their Thiqa insurance renewal. Education and awareness campaigns have increased screening rates for all nationalities.

•**Communicable diseases.** Rates of childhood communicable diseases are very low, due to immunization programs targeting children aged <5 years16. Expatriates are screened for communicable diseases before acquiring residence status16.

•Respiratory infections are the second most common non-life threatening condition in the Emirate after "signs, symptoms and ill-defined", accounting for 12.3% of Episodes across all healthcare facilities. Respiratory infections mostly impact workforce productivity and quality of life.

INVESTOR HIGHLIGHTS

•**Population.** The population is concentrated on or nearby Abu Dhabi islandC43. Areas of growth in the short to medium term are expected to be just off the island (Mohammed Bin Zayed city, Capital district, Shamkha and the islands adjacent to Abu Dhabi island) and Al Ain city. At the end of 2012 there were 0.46m National Thiqa members, 1.34m Basic members and 1.36 m Enhanced members.

•**Demand.** Aggressive growth in demand is expected for general medical services and services linked to lifestyle related diseases, e.g. diabetes and cardiovascular diseases, and cancer with larger volume increases in outpatient settings.

•**Supply.** Since the end of 2011 there has been 13% growth in the number of licensed physicians & dentists and 11% growth in the number of licensed facilities. By 2022, 2000 additional doctors and over 5000 nurses will be required, if turnover remains as now, this translates into 1,500 doctors and over 2000 nurses to be recruited annually. HAAD demand projections also indicate

that in 2021 demand for inpatient services may require over 1300 additional beds beyond the current 3,659 beds34 (based on improved occupancy rate of 70%). However, there are currently 2159 hospital beds under construction and more than 50% complete. Which signals significant future capacity to meet this demand.

•**Capacity gaps.** Intensive and Critical Care medicine is the most severe capacity gap impacting healthcare services within Abu Dhabi. Severe capacity gaps also exist in Emergency care, Neonatology, Pediatrics, Oncology, Orthopedics, Rehabilitation and Psychiatry. Sub specialty gaps exist in Pediatric and Pediatric surgery sub specialties, adult surgical sub specialties including Neurosurgery, Plastics, surgical Oncology are all severely undersupplied in Abu Dhabi.

•Significant new inpatient capacity is anticipated particularly in rehabilitation and general hospital services; however, the number of planned Emergency services does not meet projected demand levels. Overall bed occupancy rates vary by facility, but are lower than optimal indicating low efficiency. Bed occupancy in ICU, NICU, PICU, CICU, CCU and Isolation was consistently over the optimal 75% during 2011.

•**Reimbursement.** HAAD sets prices for the Basic product uniformly. Providers negotiate prices with Payers for Enhanced plans, generally as a multiple of Basic product rates. Thiqa rates are equivalent to Daman's most generous Enhanced plan. Prices have been weighted towards outpatient care. DRGs were introduced for the Basic product in 2010, were voluntarily applied for Thiqa in 2011, and have been applied for Enhanced during 2012. 2013 will see more outpatient payments based on Evaluation and Management codes, thereby changed to reflect the severity of the patient's condition not the grade of doctor seen.

•**Provider market.** Government-subsidized SEHA hospitals provided care in 59% of all inpatient Episodes (6% decrease from 2011) and 39% of all hospital outpatients (1% decrease from 2011)24. The largest independent groups are Al Noor and NMC. International providers have come to Abu Dhabi, generally on the basis of a management service agreement, such as the Cleveland Clinic for SKMC and Johns Hopkins for Taw is.

•**Payer market.** Overall, the competitive Enhanced health insurance market has increased to almost 1.36m members. Over 50% of this market is held by three payers – Daman (33.5%), Al Dhafra (14.1%) and Oman Insurance (12.3%). Daman also administers Thiqa and Basic product.

Claims per member have risen from 4.6 in 2009 to 6.3 in 2012. On average payers take 46 days to remit AED claimed. This has improved from 47 days in 2011. Al Buhaira, Alliance and Oman Insurance had the lowest time to remit, less than 35 days.

KEY THEMES FOR HEALTH CARE REFORMS

- Integrated continuum of care for individuals
- Drive quality and safety as well as enhance patient experience
- Attract/retain/train workforce
- Emergency preparedness Wellness and prevention—public Health approach Ensure value for money + Sustainability of healthcare spend Integrated Health Informatics and eHealth
- Governance as a key enabler of the reform effort

Source Abu Dhabi Health Sector Strategic Review and Performance Evaluation. May 2013.

The rapid population growth and development in the Emirate of Abu Dhabi requires careful attention to ensure the availability of suitable healthcare services for the population. This plan accordingly includes guidelines and recommendations for parties who play a key role in ensuring appropriate, quality healthcare services are available to the population in a timely manner:

- **Urban planners** – high level indications of health facility requirements for anticipated populations to ensure that appropriate land is made available for these facilities at the planning phase

- **Developers** – a requirement for healthcare facility developers and operators to be engaged before developments are approved to ensure the new population will have access to appropriate, quality healthcare services in a timely manner

- **Healthcare investors** – to support investors with information regarding health service use, supply and demand and to meet regulatory requirements

- **Centralized services** – For some clinical services centralisation of patient volumes results in better quality and/or cost-efficiency; such services are typically complex, with low volume. HAAD will designate facilities that will provide such Centralised services.

- **Regional services** – For certain moderately complex and time-dependent clinical services it is required that these are provided within each Abu Dhabi region. HAAD will limit licenses for such Regional services to 1-5 Providers in each region of Abu Dhabi (based on demand).

- **Standard services** - The majority of clinical services may be offered by any suitable facility in line with HAAD competency framework (set out in the Abu Dhabi Healthcare Regulations).