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HEALTH CARE MANAGEMENT IN KOSOVA

Bachelor Degree

Antigona Shuperka

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THESIS: HEALTH CARE MANAGEMENT

Prof. Dr. Edmond Hajrizi

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Abstract

Before the 1999 the health services were pure and as a result Albanians suffered the most. Moreover the health services have been improved during the post war period, mostly in Hospitals. During the last four years, the health services in Kosova have received a lot of aids and support form donators outside the country. There was a constantly rise of financial budget. Many of the health buildings were renovated for community to have better conditions, the personnel is correct and the patients are now having more benefits from doctors.

The achievements that our health services made are recognized, but there are a lot of work to do in the future in order to be more flexible in offered services and going toward the Europe with high standard of health services. There are a lot of ongoing processes that need more attention; there is a lack of new technology and lack of people that are liable and can use that technology, more trained staff, and a lot of other things that need to be addressed to the Government. Some of the services that our health system offers are known as low level services, but there are some high level services that need to be more reorganized. There is a range of issues that need to be addressed, including the preventive work and development of adequate health services.

Acknowledgement

During the research process i have experienced both drawbacks and progress. However, my supervisor Dr. Edmond Hajrizi has given me a great support and helped in the difficulties that we've faced during the process, he motivated me. He gave freely of his time and provided the strategic and knowledgeable support I required to complete this thesis.

I would like to thank all of the representatives of interviewed hospital directors for their time, effort and valuable information.

I also like to thank my family and friends for their support and their words of encouragement.

I hope that this Thesis will be interesting and useful reading material for other students, researchers and people interested in the subject area.

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1.Introduction

Quality management is becoming increasingly important to the leadership and management of all organizations. A quality management principle is a comprehensive and fundamental rule belief for leading and operating an organization, aimed at continually improving performance over the long term by focusing on customers.

It is necessary to identify Quality Management as a distinct discipline of management and lay down universally understood and accepted rules for this discipline. This discipline is also important in health care system, including here services like medical, nursing, and allied health professions. Health care is the prevention, treatment, and management of illness and the preservation of mental health. Health care embraces all the goods and services designed to promote health, including preventive, curative and palliative interventions, whether directed to individuals or to populations.

The health care system in Kosovo consists of primary health care centers located in each municipality; secondary health care facilities at the regional level (hospitals); and tertiary health care centers – University Clinic Center and other specialized institutions. A referral system is in place, whereby the University Clinic Centre identifies cases with serious medical conditions requiring sophisticated treatment outside Kosovo and refers them to the Ministry of Health.

Before the 1999 the health services were pure and as a result Albanians suffered the most. Moreover the health services have been improved during the post war period, mostly in Hospitals. During the last four years, the health services in Kosova have received a lot of aids and support form donators outside the country. There was a constantly rise of financial budget. Many of the health buildings were renovated for community to have better conditions, the personnel is correct and the patients are now having more benefits from doctors.

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1.1 Key Question

This thesis was designed to carry out on health care management system in Kosovo.

The main question of this thesis is:

1. Hospital departments in Kosovo hospitals ?
2. Staff information ?
3. Technical facilities of the hospital?
4. Private health sector in Kosovo

1.2 Problem definition

Health services in Kosova have been improved during the post war period, mostly in Hospitals. During the last years, the health services in Kosova have received a lot of aids and support form donators outside the country. There was a constantly rise of financial budget. Many of the health buildings were renovated for community to have better conditions, the personnel is correct and the patients are now having more benefits from doctors.

There are a lot of ongoing processes that need more attention; there is a lack of new technology and lack of people that are liable and can use that technology, more trained staff, and a lot of other things that need to be addressed to the Government. There is a range of issues that need to be addressed, including the preventive work and development of adequate health services.

1.3 Data Collection

Data was collected by usage of both primary and secondary research methodologies:

1.3.1 Primary data collection

I have interviewed the hospital directors in Kosovo. I have carried out the field research and interviews all over Kosovo from June 2011 to December 2011.

During the field work, I have interviewed 7 hospital director and I discussed problems and questions.

The complete interview sheet is presented in the Annex A.

1.3.2 Secondary data collection

Having carried out the literature search and review in the reference books, reports, journals, newspapers, other related theses, and internet, in order to provide the academic theories, models and statistics that support this Thesis.

Secondary data, used to support and respond with the primary data, was collected also from the chosen study of financial institutions.

2. Literature Reviews

2.1 Main goals and objectives of Health Institutions are:¹

- **Healthy life**
 - To reduce mortality and morbidity, improve the growth and psycho-physical development of children under five years
 - To improve reproductive health - including maternal health
 - To raise the level of immunization

- **Improving the health of youth**
 - Reduce smoking - especially on young population
 - To prevent drug addiction and risky behaviors with particular emphasis on the young population

- **Improving mental health**
 - Improving the mental health of adults, children and adolescents by developing mental health services based on community.
 - To prevent the incidence rate of suicides and suicidal attempts.

- **Developing human potential in the health sector**
 - To improve the situation of human resources at all levels of the health system through the development of human potential, in accordance with proposed reforms of health care

- **Reduction of communicable and non-communicable diseases**
 - To reduce the incidence and impact of infective diseases including TB and AIDS
 - To reduce the incidence and impact of cardiovascular disease
 - Reduce the incidence and impact of cancer.

¹ Strategjia shëndetësore e Kosovës 2005-2015

- Reduce the incidence and impact of diabetes
- Improving oral health

- **Development of prevention programs and reducing inequalities in health status:**
 - Improved nutrition.
 - Increased level of physical activity.
 - Development of healthy physical environment
 - Drop in the number of accidents
 - Provide health services accessible and suitable for all levels of socio-economic and ethnic groups

- **Institutional reorganization and improvement of management practice in the health system**
 - Establishment of primary health services through the concept of family medicine
 - Reorganization and changes at the National Institute of Public Health and Public Health Services
 - Improvement on financial management and procurement in the health sector
 - Implement legal and regulatory framework
 - Improve the management of medicines and medical equipment
 - Improved capacity for policy development, planning and quality of each section.

2.2 Priorities in health care²

In the next years the health care system must create an understandable core of the values and systems to build a sustainable management and leadership.

The vision must be definite and has a strategy to achieve a goal. This vision is based on well treatment of the staff, satisfaction, reward, and let them use their own abilities. Moving forward, during next years, managing must be focused on better planning, ensuring funds for investments that will take place. This will be characterized by:

- Focusing on priorities,
- Increasing the capacity of staff, assets and IT,
- Improving the services and training the staff abroad,
- New services and new technology.

In the next years, the priority will be oriented on the patients care. Improvement of all services will be achieved by:

- Better emergency service,
- Lowering the waiting time for patients,
- Increasing the reservation case of arrangements.

This is the radical programme and with a lot of requests. It inquires from us to be very disciplined and more focused:

- it is more important to focus on priorities, because we could not do all the new things at the same time in all sectors,
- we have to value every single euro earned from patients. We are spending public money and we have to demonstrate them that we are spending those moneys on the right time and in the right place by making improvements,
- we have to be prepared on changes of habits, change of old practices, to be more creative and to take hard and right decisions.

It is also important to detect difficulties:

- future service planning until we are managing actual problems that we have,

² Organizational Behavior Management in Health Care: Applications for Large-Scale Improvements in Patient Safety
Thomas R. Cunningham, MS, and E. Scott Geller, PhD

- looking forward to improve short term and long term services,
- creating a new culture that will give priorities to community.

2.2.1 Support and Developments

This is a tough agenda to be offered. These are tough balances to be achieved. This is a very complex area with influence in different directions and away from contradictions. This area need to be managed with perfection when we are talking for health care, covered by many clarifications of managed mixed tasks, which will help managers and their leaders in the practice.

It is important to gain more investments and not lose the actual ones. Public will be felt disqualified, the staff will be depressed. The chances for the contribution in health care in this place will be disappeared.

2.2.2 Context of changes

Health care is going through a period of changes. The success will be judged from the abilities to offer improved services for patients and also from the success of public health.

There were a lot of changes made in health care in last years, new services, new technology, new co-operations, and improvements in actual services in health care and hope for a better life. This new innovations will take time to take place and made patients and the staff frustrated. There is a need for new abilities and be more focused. We have improvements in health sector, and we have to use this priority to make health care more stable, not just to revise some past problems. This means that we have to increase ourselves and staff ambition. All this can initiate a threat for people that are working in that place. What we have to do and which is a new task for all managers?

2.3 Health Care Organizational Structure ³

Working staff plays an important role in health services; its importance plays role in the perception of society about these services.

Those people that work in the health care sector can play an important role in promoting health, either through providing examples of what can be done to achieve a healthy environment or through using their authority to act as advocates for public health policies or in giving advice to individual patients or citizens.

Within the vertical hierarchical structure that tends to be the norm in health care settings, differences in levels of authority contribute to many communication errors (a problem in the process of care itself or failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim). In addition, the hierarchical structure that characterizes inter-professional communication among caregivers can limit valuable interpersonal feedback related to patient safety. In fact, such occupational hierarchies have led to a low frequency of error reporting and corrective action. Practitioners hesitate to report errors or incidents to senior colleagues because of “cultural taboos” associated with error reporting and the possible detriment to career advancement. Junior practitioners do not want to get incompetent or offend those in power. Expected and actual negative consequences from error-related communications serve to reduce such reporting and limit learning from mistakes.

The uncertainties of the health care profession have caused physicians to accept risk and to view error as an unavoidable and necessary feature of their work. It has even been argued that errors and mistakes play a necessary role in the learning process of training programs. In contrast, the OBM (is defined as the application of behavior analysis to organizational settings) practitioner does not view an error as an unavoidable accident from which to learn, but rather as an instance of contingencies failing to influence appropriate behavior.

The Ministry of Health, which has recently been reorganized, includes the following structures:

- general directorate of health, responsible for health policy

³ Guide to health management structures

http://www.hc-sc.gc.ca/fniah-spnia/pubs/finance/ agree-accord/guide_mgmnt-gestion/index-eng.php

- a hospital and health care, responsible for the management of resources, its scope, previously limited to hospitals, has been extended to the whole health care system;

The Ministry of Health also has external services at local level: directorates of health and social affairs in the regions and departments). Their operations will be described below.

The Ministry of Health controls a large part of the regulation of health care expenditure, on the basis of the overall framework established by parliament.

It is responsible for:

- dividing the budgeted expenditure between the different sectors and, where hospitals are concerned, between the different regions;
- deciding on the number of medical students to be admitted to medical school each year (numerus clausus), the number of hospital beds and the amount of equipment, including expensive medical technologies;
- approving the agreements signed between the health insurance funds and the unions representing self-employed health care professionals;
- setting the prices of specific medical procedures and drugs on the basis of proposals from ad hoc committees;
- establishing safety standards in hospitals;
- defining priority areas for national programs; these currently include cancer, pain control and an anti-smoking campaign.

2.3.1 Organizational Structure of a Hospital

- Organizational Structure refers to levels of management within a hospital.
- Levels allow efficient management of hospital departments.
- The structure helps one understand the hospital's chain of command

Health Coordinator/Director

The health coordinator/director manages the following day-to-day activities of the health management structure:

- directing health programs;
- managing financial budgeting, planning and accounting;
- hiring;
- managing and developing staff;
- promoting community awareness of health issues and programs;
- preparing all mandatory reports; and
- managing facilities and material.

Organizational structure varies from hospital to hospital

- Large hospitals have complex organizational structures.
- Smaller hospitals tend to have much simpler organizational structures.

Organizational structure varies from hospital to hospital

- Large hospitals have complex organizational structures
- Smaller hospitals tend to have much simpler organizational structures.

2.3.2 Grouping of Hospital Departments

- Hospital departments are grouped in order to promote efficiency of facility
- Grouping is generally done according to similarity of duties.

Common Categorical Grouping:

- Administrative Services
- Informational Services
- Therapeutic Services
- Diagnostic Services
- Support Services

Therapeutic Services

Provides treatment to patients, includes following departments:

- Physical Therapy - treatment to improve large muscle mobility
- Occupational Therapy - treatment goal is to help patient regain fine motor skills
- Speech/Language Pathology - identify, evaluate, treat speech/language disorders
- Respiratory Therapy - treat patients with heart & lung disease
- Medical Psychology - concerned with mental well-being of patients
- Social Services - connect patients with community resources (financial aid, etc.)
- Pharmacy - dispense medications
- Dietary - maintain nutritionally sound diets for patients
- Sports Medicine - provide rehabilitative services to athletes
- Nursing - provide care for patients

Diagnostic Services

Determines the cause(s) of illness or injury includes:

- Medical Laboratory - studies body tissues
- Medical Imaging - radiology, MRI, CT, Ultra Sound
- Emergency Medicine -provides emergency diagnoses & treatment

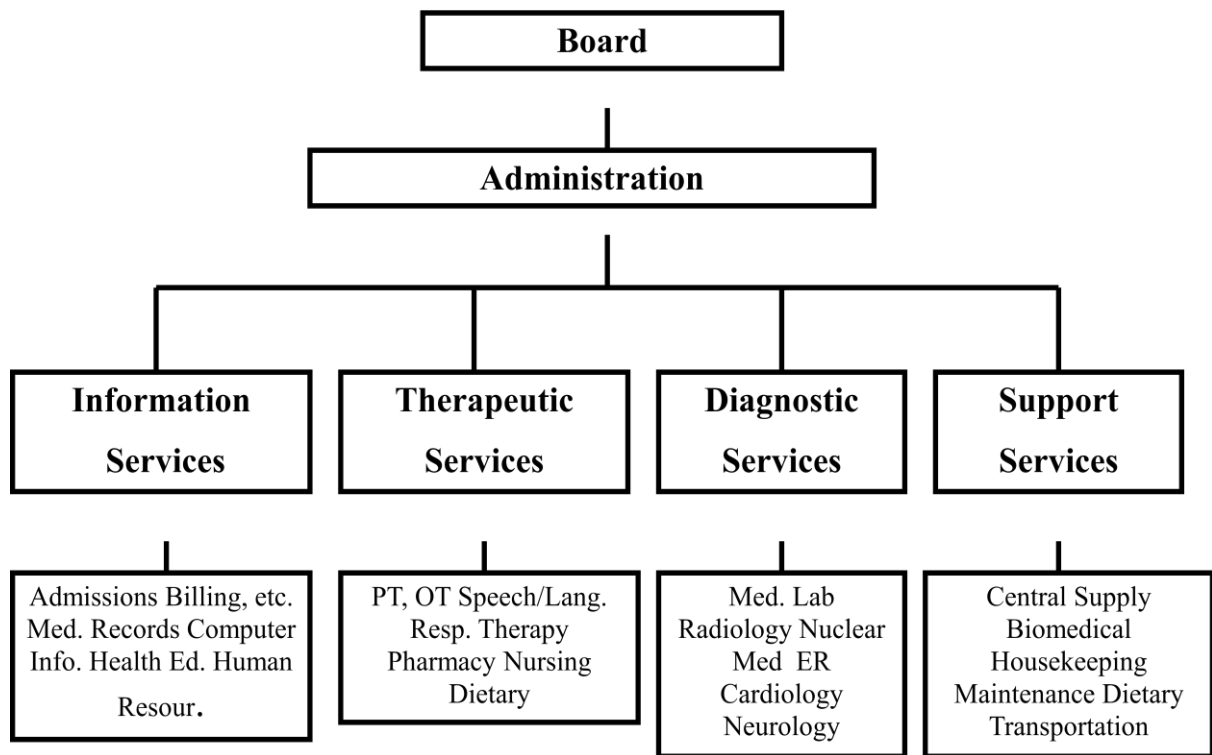


Fig1.Traditional organizational structure of a hospital⁴

⁴ Organizational Structure of a Hospital
www.cte.unt.edu/health/.../Organizational Structure of a Hospital

2.4 Management processes

Management processes focus on the control processes required to ensure the effectiveness and efficiency of the operational processes. This model has been adapted for the information systems context. In practice, enterprise resource planning systems are based on process-oriented models of organizational activities. In a health care setting, operations processes consist of tasks such as ordering imaging studies and laboratory tests, forwarding the received information to physicians, online delivery and editing of hospital transcriptions, etc. Management processes consist of control processes for medical process improvement (e.g., best practice information), financial management (e.g., capital contract management information and reconciliation), and human resource management (e.g., online participation in medical staff governance).

2.4.1 Management control processes

Management has little control over customers, there are several potential control processes related to customers, such as patient eligibility and credit verification, and monitoring of patient satisfaction. Operations activities with customers include activities such as communications with and scheduling of patients. Accordingly, we predict that the factor model will consist of six factors – two factors (operations and management control) each for internal coordination, external coordination with suppliers, and external coordination with customers. It is important to note that this model employs higher level constructs because it is intended as an inclusive framework within which desired functionalities of an Internet-based coordination system can be grouped; naturally the specific factors that emerge in any specific system or application setting will depend upon the scope of the system being developed.

2.5 Managerial style

Our health system has a lack of professionals in many sectors. There is low number of specialists that were educated abroad, and many of them are outside the public sector attracted from higher wages. There is no space for managers to offer their ideas and realize their functions. There is centralized system, the number one of the institution decides for everything, admission and dismissal from the work of the staff, managing the budget and all the other important things. This makes others to be indifferent for the results because they feel the pressure from the number one of the institution. There was an effort for creating the boards and council, but it was ineffective because they can not decide for anything.

2.5.1 Problems of managing

- We own low capacities in health management area,
- Unilateral structure of health institutions,
- Lack of decentralization inside the institution,
- Engagement of unprofessional managers,
- Lack of modern management,
- Lack of short term courses for management.

To overcome these problems, the Ministry of Health needs to create a strategy which will be accepted from all the components of health care management. Create a health manager profession by these steps:

- Stimulate and absorb all professionals of this field from abroad,
- Raise the number of panels that were created abroad and have agreements to come back,
- Prepare managers from Public Health and Health Management School, that will be established in the region.

It is also important to consolidate managerial capacities of the doctors that work in primary health care sector. Professionals of primary health care sector must learn basic notions of managing people, finances and services. For this reason there is a need to create and institutionalize trainings for micro-management primary health services, in order to be familiar with current needs of these services in Kosova.

To reinforce hospital managing capacities, there is a need for:

- Elaborate a new model, < Autonomous Hospital >. This model needs to be elaborated and be observed first as a “pilot hospital”, and than take the initiative.
- Development of a new model, < New Hospital Management Model >, that will fit to Kosova’s hospital conditions.

The last model will include:

- Level-headed organization structure with two poles, medical and managerial. Medical Director and his/her staff will fix technical problems, Manager and his/her staff will manage human resources.
- Functional decentralization inside the hospital, where every single service has autonomy on resources and financial management.
- Raise the modern system of clinic and financial information as request for an effective management.

2.5.2 Analyses and suggestions for health care

Technically, the health care analyses must be realized from two perspectives, horizontal and from its base elements:

- Operation and Regulation
- Organization and Decentralization
- Human Resources
- Finance
- Management.

Also two other perspectives, vertical and structural, are according the functional health care system:

- Public health
- Primary health care
- Hospital health care
- Tertiary health care
- Dental service
- Pharmaceutical service

This strategy clarifies basic elements of operation of health care system.

2.5.3 Operation and Regulation

The primary goal for Ministry of Health must be the composition of politics, strategy, and national plan for improvement of health care. They must avoid gradually the role of traditional health care management.

The Ministry of Health owns limited technical capacities for working on politics, strategies or national plan, while plans that they had earlier for attracting professionals of this field were not effective. Organization and structure of Ministry of Health need further improvements for achieving better services, responsibilities and new tasks like:

- Health insurance
- Mental health care
- Management and services
- Accreditation
- License
- Control private activities
- Further education
- Maintenance of medical equipments.

2.5.4 Organization and Decentralization

Currently, there is a contradiction in decentralization process in health care, while there exists an option where you can use two models that can not fit together:

- The first model is the model of evolvement of authorities and proprietorships of health institutions toward local authority. Application of this concept enforces disintegration of the pyramid of health services. This disintegration risks the sources and makes them ineffective. Moreover, the model is not in accordance with effective financed health services.
- Model of autonomous health services, the model that aims to create autonomous health care services. This model needs to have a buyer of health services – the health insurance fund.

2.5.5 Human resources

In this case I would like to talk about Kosova case. Our health system has limited human resources. The rapport of Kosovar doctors and population is 1 doctor for 1000 residents, which is a very low standard in European region.

One of the main problems that Ministry of Health faces is the dispersion of medical staff. They migrate from rural to urban areas, or they move outside the country. This makes difficulties because people of those areas are not able to travel for health purposes. The Ministry of Health has no actual plan for human resources in health sector, which will make middle and long term predictions over medical staff movements or specialist of different categories.

The health sector is facing serious problems for many reasons:

- Removal of specialists outside the country
- Old staff
- Lack of long term specialization outside the country

This may be a long term problem regarding the specialized improved health system, which will affect the new generation of Faculty of Medicine. The most important components of this plan must be:

- Replacement and education of specialists in secondary and tertiary services
- Improvement of actual services
- Public finance (private service)
- Covering the rural areas with better conditions
- Apply effective policy for electing the regional director of health

2.5.6 Finance

Finance is one of the most difficult challenges that our health system is facing today. Public expenditures on health care were about 2.7% of GDP during 2003. This percentage supposed to be around 4-5% of GDP, if we include here the direct payments of private health service customers.

The expenditures in health sector in Kosova were low comparing with other European countries or with some other ex-socialist countries of Central and Eastern Europe. Main problems are:

- Lack of investments in health care
- National scheme of health insurance is not yet consolidated
- Lack of Planning and budgeting
- Inefficient human resource managing

2.6 Necessary elements of managing

Key elements of managing are:

- Health care system
- Planning process
- Organizing process
- Employment process
- Leading process
- Evaluation process.

2.6.1 Health care system

Health care is a product that is a subject toward law on supply and requirements. Health care is an open system where entries and exits are discussed. Five base principles of quantity, time, location, and appropriate mixed elements, are explained and the evaluation concept is introduced, and essential concepts of managing are described.

2.6.2 Planning process

Definition and terminology of planning are certified. Objectives intend the report and explained how to determine important objectives and sub-objectives. Requirements for successful implementation are discussed and ensured from planning instruments.

2.6.3 Organizing process

In order planning to be implemented there is a need for an organizing appearance, and definition of organizing theories to be explained. Nature of authority in managerial level is explained and the nature of committee will be looked in details.

2.6.4 Employment process

When the organizing structure is decided, it is necessary employment of the staff. In hospitals majority of the cost, around 65%, are required for employment issues. The main responsibilities of managers are employment issues, training, and staff growth.

2.6.5 Leading process

Labor power is a complex issue, while managers seek from employers their personal abilities to face in an effective way the job that they are required to do. The leading concept is defined and different styles of managing are described. Characteristics of a successful leader are discussed and the importance of personal integrity is emphasized. On ethic and moral basis, the rapport between manager and employer is manager-employer, and this is explained by Maslow's Hierarchy, Mc Gregor's theory X and Y, Herzberg's. Health care needs effective team works and this works are discussed easier on the meetings.

2.6.6 Evaluation process

The last process of managing is evaluation process. Plans are ready, organizing process is ready, employment process is ready and leading process is ready. It is important that these processes can be defined after successful investigation.

3. Patient care

The hospital does not only consist of service processes, but also of a context within which the services are provided. Just like the services produce (health) outputs/outcomes, the context / situation / setting have impacts that are relevant for health. There are impacts of the material setting (hospital infections, quality of air, temperature, sick building syndrome etc.) and also impacts of the hospital as a social setting with its organizational structure and culture, that influence opportunities for coproduction and self-care of patients and of course the professional treatment and care for patients.

Health counseling consists of a dialogue with the patient and is based on:

- the patient's knowledge and the significance of their health (disease)
- the patient's ideas, emotions and attitudes with regard to the disease
- the patient's previous experiences when trying to change habits
- recognition of the patient's emotions with regard to disease

The patient characteristics were distilled from the original patient needs into the following concepts:

- Resiliency
- Vulnerability
- Stability
- Complexity
- Resource availability
- Participation in care
- Participation in decision making

The nurse characteristics were also merged into concepts:

- Clinical judgment
- Advocacy
- Caring practices
- Collaboration
- Systems thinking
- Response to diversity

- Clinical inquiry
- Facilitation of learning

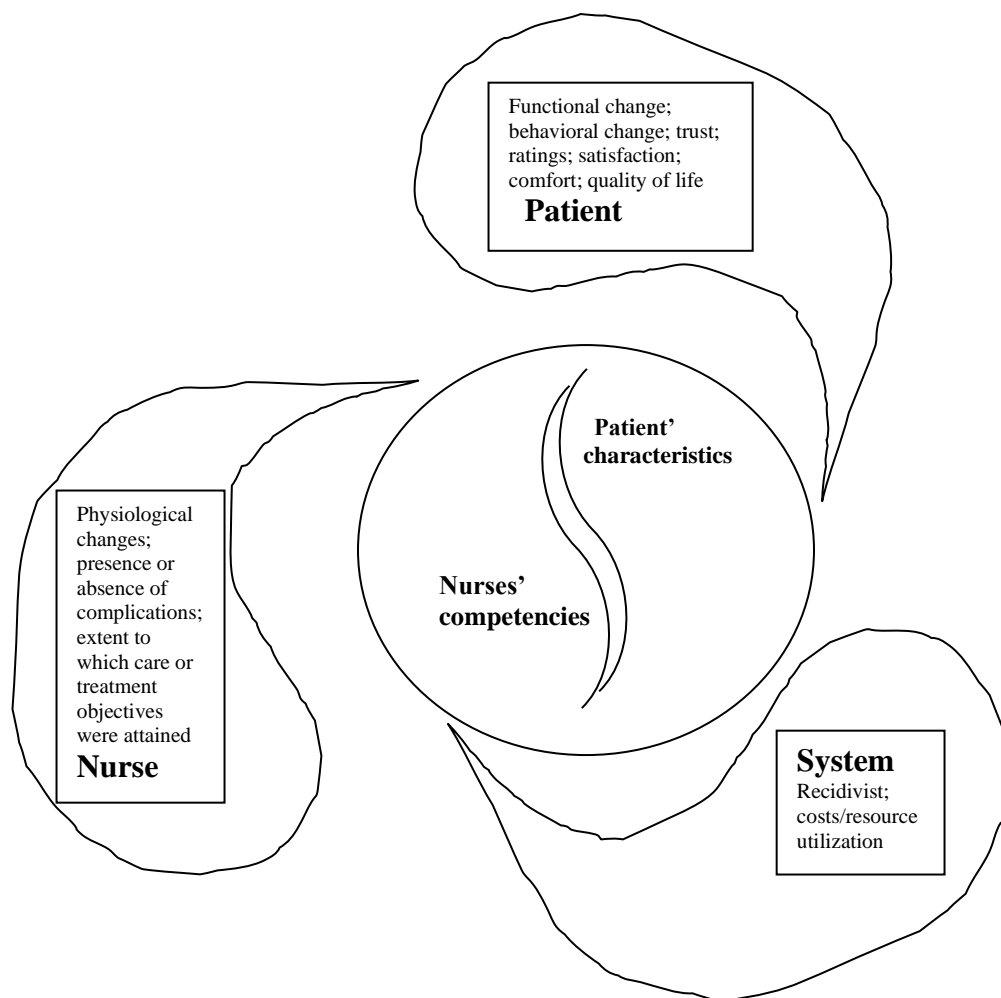


Fig2. Synergy Model⁵

⁵ Synergy Model

<http://www.nln.org/profdev/PastSummits/Powerpoints/SynergyModel2005.pdf>

3.1. Synergy Model

The purpose of nursing is to meet the needs of patients and families and to provide safe passage through the health care system during a time of crisis. The Synergy Model is a conceptual framework for designing practice and developing the competencies required to care for critically ill patients. The model has far reaching implications for the practice of nursing and other health care professions.

4. Policy of health promotion in hospitals

Hospitals are a special type of workplace with many employees that are exposed both physically and mentally in connection with their clinical tasks. In spite of work environment regulations, many exposures and risk situations cannot be avoided. Therefore it is necessary for hospitals to have a health promotion policy.

On the basis of existing knowledge of the importance of lifestyle factors for treatment and prognosis, all hospitals should establish policy, counseling services, education and support for health promotion as an integrated part of the individual patient pathway as well as for the staff. Effect of a health promotion policy in hospitals is based upon descriptive studies, exclusively, giving a low level of evidence.

4.1 Standards for Health Promotion

Perspectives

A common set of standards developed by the Network of Health Promoting Hospitals involves both national and international perspectives. In a national perspective a common set of standards can:

- provide a framework for the objectives and for concrete disease prevention and health promotion initiatives
- give hospitals a platform for the planning and establishing of activities and for documentation and evaluation of these
- support systematic implementation and recognition of activities carried out
- be part of the hospitals' quality management plans and be used for quality development
- support learning processes internally in the organization
- provide a platform for comparisons within the national networks and support mutual learning and exchange of experience
- uncover new needs for disease prevention and health promotion
- support cooperation between the primary and secondary health care sectors on prevention and health promotion
- support the need for training of staff

In an international perspective, the standards may furthermore contribute to:

- establish a common platform for work in the Network of Health Promoting Hospitals
- provide a platform for international comparisons and for mutual learning and exchange of experience across borders
- support the underlying decisions (the Vienna Recommendations)

4.2 Patient's health care

Health care in Republic of Kosova is going through many changes that can have different dimensions:

- Cultural changes that put patients in the first place
- Changes on services offered
- Changes in organizing

All this is designed to secure that people get what they need and want, disregarding professional preparation. The energy for managing health care with perfection will come from services that they offer.

Regulation allocates essential standards of organizing. This will help health care managers for two purposes:

- Leading managers to the work they do, their decisions and actions that will take place
- Guarantee the public that these important actions were made in a responsible and professional way

Moreover, the area that this regulation will take place is very complex. Health care managers have an important task to finish and work in public area with different requests. Health care management will be announced for different decisions and complicated selections. Patient's individual interest must be balanced with a group of patients and community in whole. Patients interest and staff interest doesn't fit always together. A Managerial and clinic instruction doesn't suggest always same priorities.

4.3 Rules of leadership for managers of health care

As a health care manager, there is a need for principle observation:

- Respect public, patients, staff that work in health care and partners of other organizations
- Being honest and act with integrity
- Show the ability of working in groups, working with all colleagues of health care and the community in whole
- Take responsibilities for education and personal professional promotion

This means that:

- Respect patient's secret
- Use the actual sources in the effective and efficient way for the patients and public benefit
- To provide with better working conditions and patient's care
- Save patients from risks and apply supporting and discipline procedures in practice for the staff
- Ensure that everybody that has serious problems is treated in a right way

As a manager it is very important to be ensured that every single patient is treated equally with no discrimination for any purpose (race, religion, color, marital status, sexual orientation, age, social status or origin).

Moreover, it is very important that:

- Public must be informed on time and be prepared to indicate in services
- Patients are involved and informed for their treatment, their experience is valuable, and they take place in the decision making
- Their families must be informed for patient's health status, and they will need to be involved in patient's care
- Partners from other organizations are invited to contribute on the improvements of health and health care services

Health care staff is:

- respected as a colleague

- informed in a right way about the health care management
- have suitable opportunities to attend and be part of many decisions
- have protection from risks and tasks
- have good working conditions
- helped in maintaining and improving their cognition and abilities
- helped to achieve the balance between work and their personal life

Although it is important to:

- support patient's and public interest with decisions which are not affected from gifts or bribery
- report incidents and corruption that are related to health care
- judgments for any colleague (including evaluation and references) are durable and financed in proper way
- organize different training

It is important to be responsible for the workers that the manager manages. Workers that the manager manages need to ensure that they are responsible for their action:

- Public and their representatives take reasonable explanation over the use of the sources and performance
- Answer honestly the patients and their relatives questions, give full explanations of what happened and what they need to do to face a weak performance, give a reason
- The health care staff and the partners form other organizations explain the actions for usage of sources and consider the improvement of the performance, offer a better service

As a manager, commitments in group work will create the environment that:

- Teams of the leading staff are able to work together for the patients interest
- Leaders are encouraged to increase the standards of the staff
- Health care plays a key role in community improvements

Manager is responsible for his own education and personal development, and will ask to:

- Take full advantage on assured possibilities
- Abstain actual practices
- Sort out professional developments with others

5. Health Care System in Kosova

Based on the data that we have explored in Kosovo, in both sectors, we decided to do a research on services and conditions offered by the health sector in Kosovo. Our research was made in all the hospitals in Kosovo where we received information about their conditions/support.

In order to check closely the status of health institutions in Kosovo, we made a survey involving 7 major health institutions in Kosovo. Our research is based on services provided by these institutions and their working capacities.

Research question based on:

- Basic information of hospital
- Staff information
- Technical facilities of the hospital
- Equipment in patient rooms

5.1 Prishtina Hospital

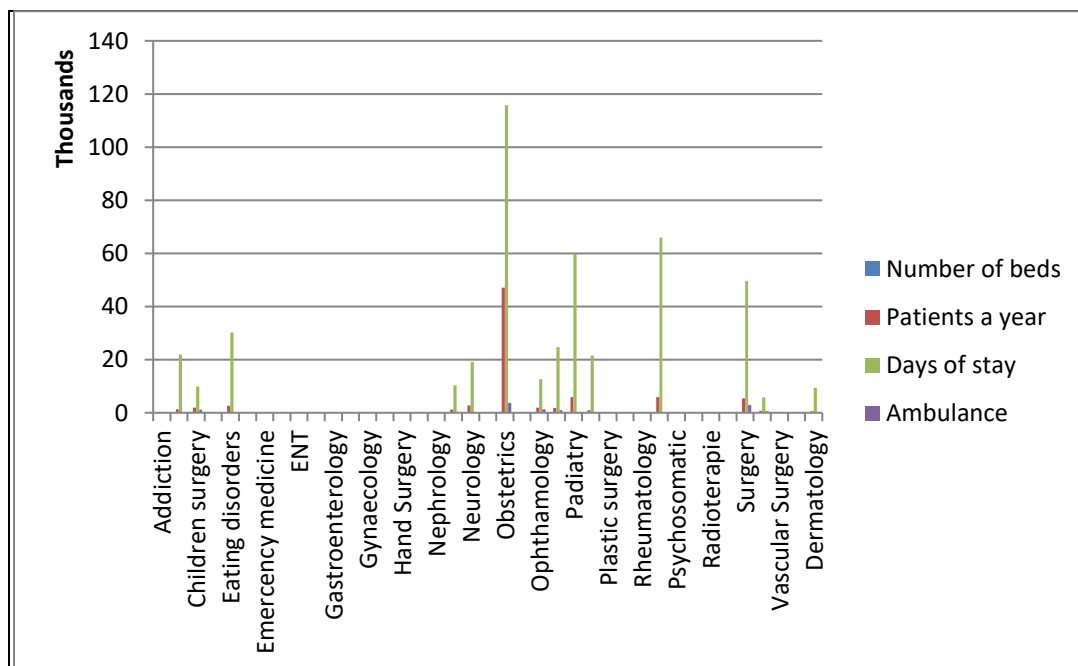


Fig 1. Basic information

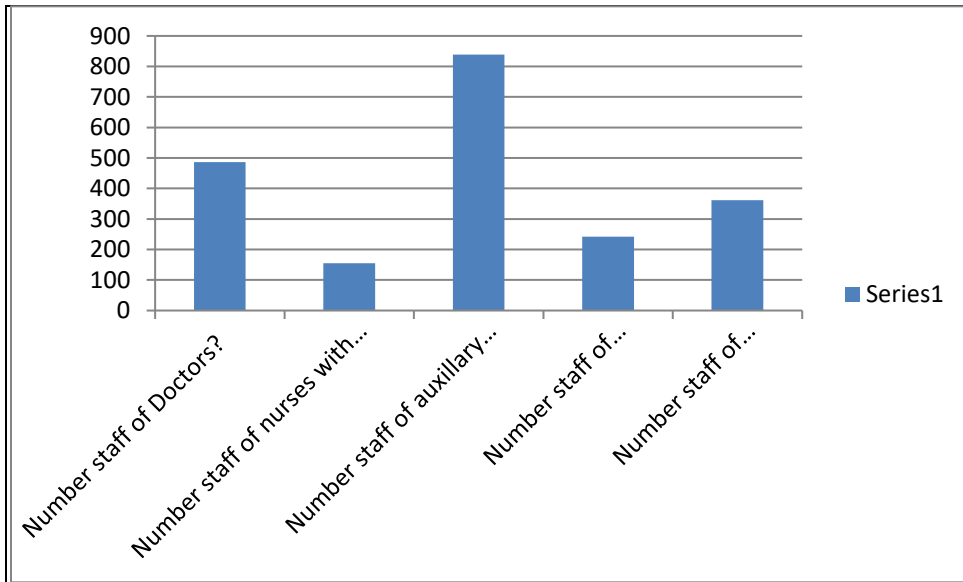


Fig 2. Staff information in Prishtina

Microbiology	yes
Echoscopy/ TEE	yes
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	yes
Sleep cycles laboratory	yes
Angiography	yes
EEG	yes
Pisitronemissionstomographie	yes
Cardiac catheter	yes
MR scan	yes
CT scan	yes

Fig 3. Technical facilities of the hospital in Prishtina

Number of patient rooms in the hospital?	1681
Number of single bed rooms in the hospital?	156
Number of double bed rooms in the hospital?	673
Number of three bed rooms in the hospital?	852
Number of shared bed rooms in the hospital?	0
Number of patient rooms with own laveratory?	0
Number of patient rooms with TV?	0
Number of patient rooms with telephone	0

Fig 4. Equipment in patient rooms in Prishtina

5.2 Ferizaj Hospital

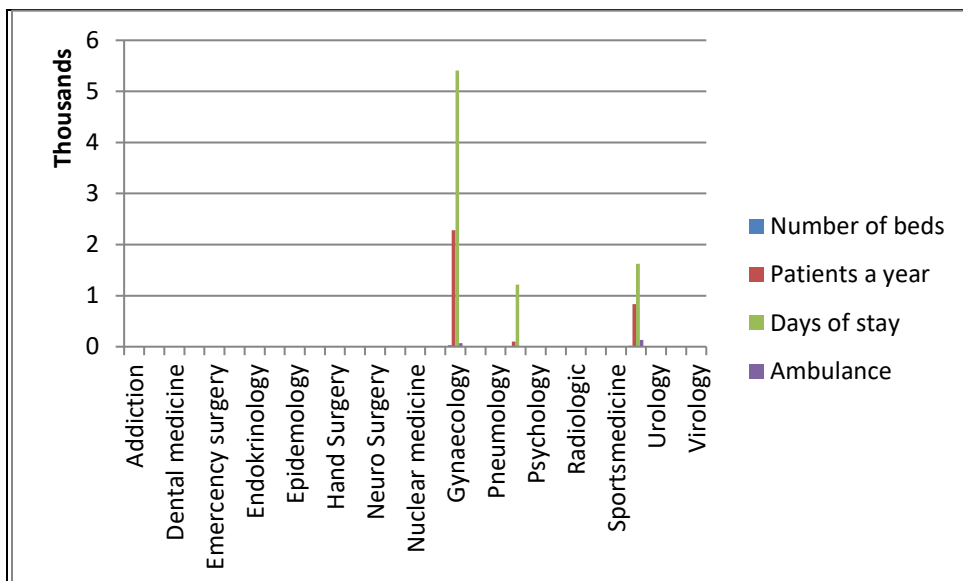


Fig 1. Basic information

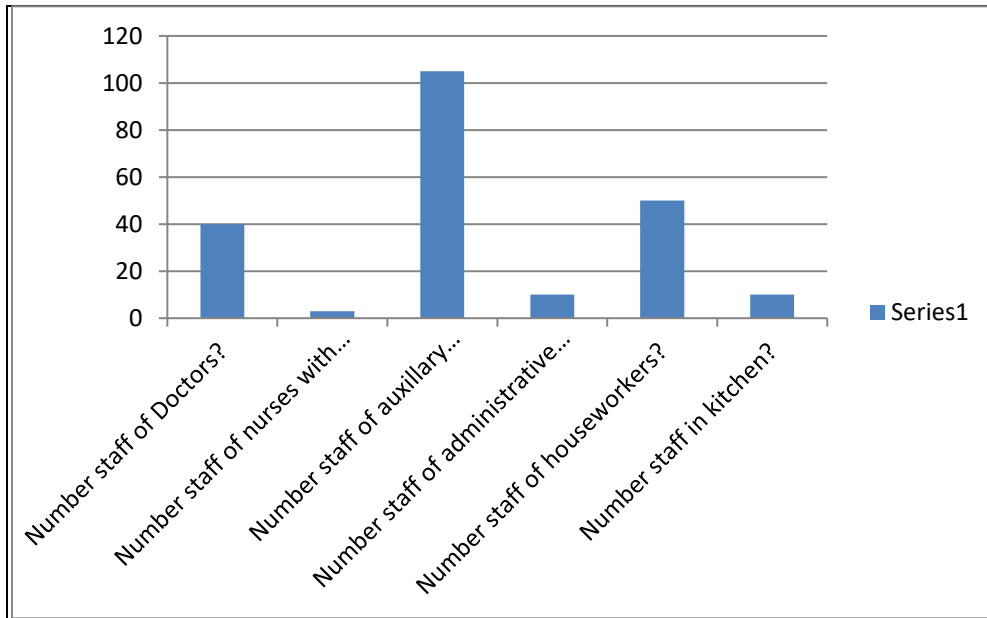


Fig 2. Staff information in Ferizaj

Microbiology	no
Echocopy/ TEE	Yes
Endo-/ Bronchoscopy	no
X-ray	Yes
Sonography	Yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	no
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	no

Fig 3. Technical facilities of the hospital in Ferizaj

Number of patient rooms in the hospital?	39
Number of single bed rooms in the hospital?	10
Number of double bed rooms in the hospital?	21
Number of three bed rooms in the hospital?	8
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own laveratory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipments in patient rooms in Ferizaj

5.3 Gjakova Hospital

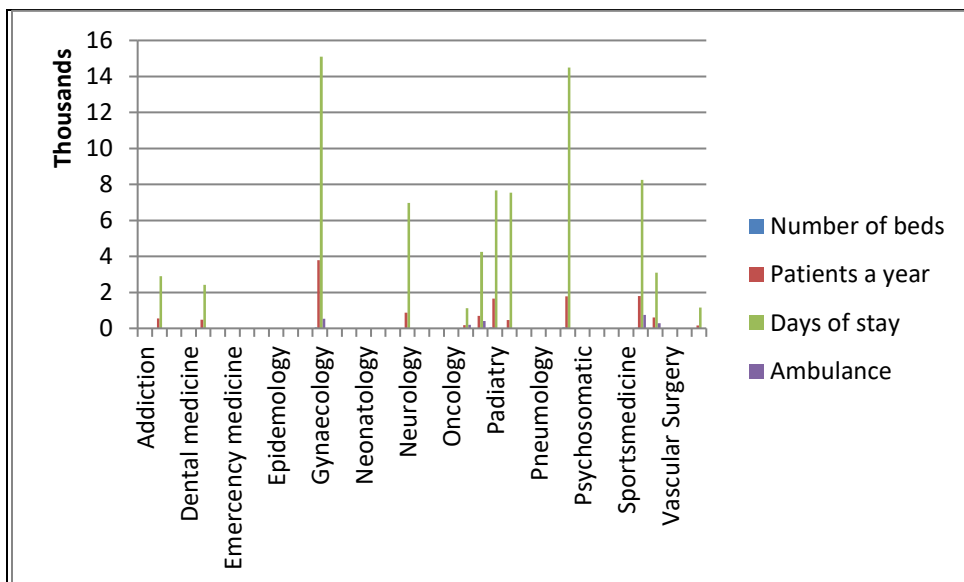


Fig 1. Basic information

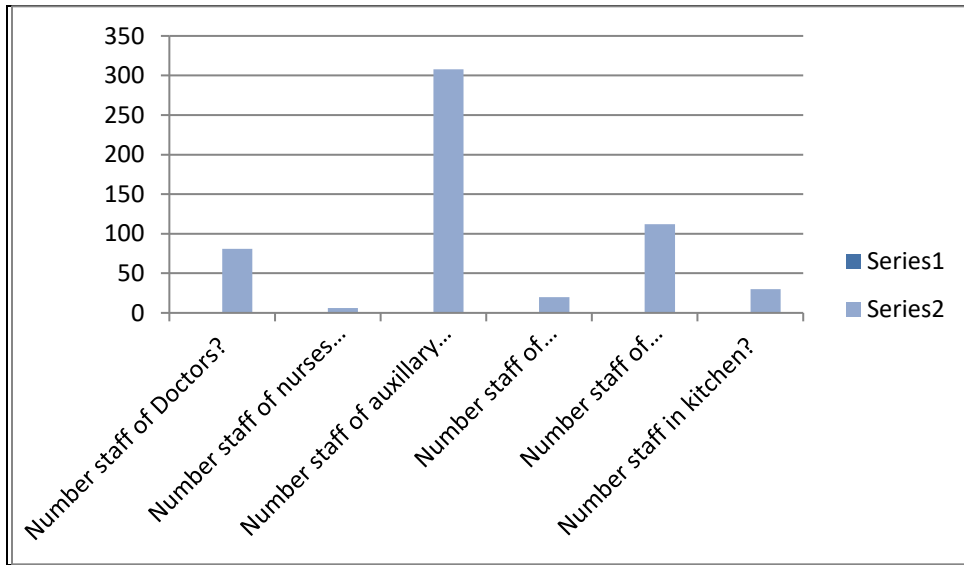


Fig 2. Staff information - Gjakova

Microbiology	no
Echocopy/ TEE	no
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	yes
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	yes

Fig 3. Technical facilities of the hospital in Gjakova

Number of patient rooms in the hospital?	162
Number of single bed rooms in the hospital?	10
Number of double bed rooms in the hospital?	40
Number of three bed rooms in the hospital?	112
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own laveratory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipment of the patient rooms in Gjakova

5.4 Gjilan Hospital

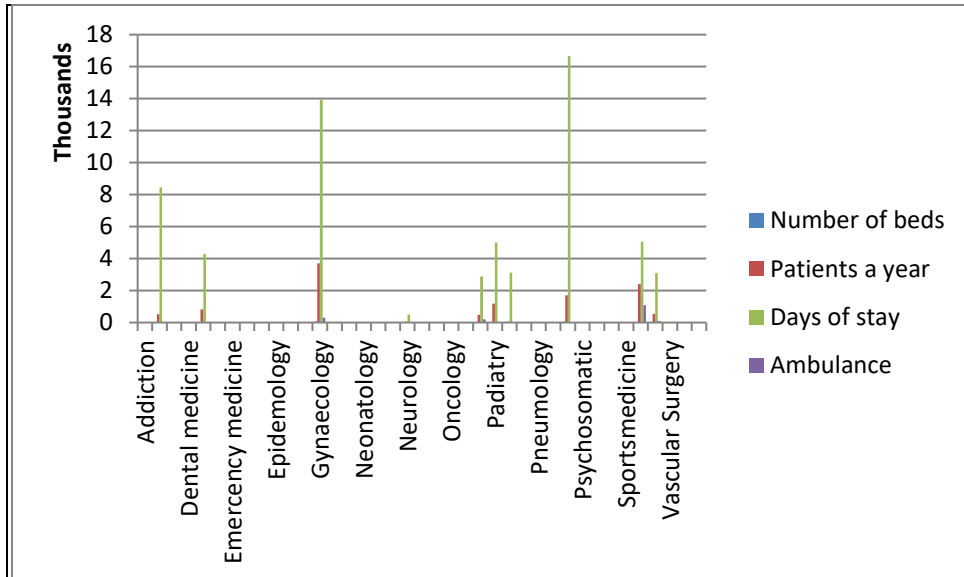


Fig 1. Basic information of the hospital

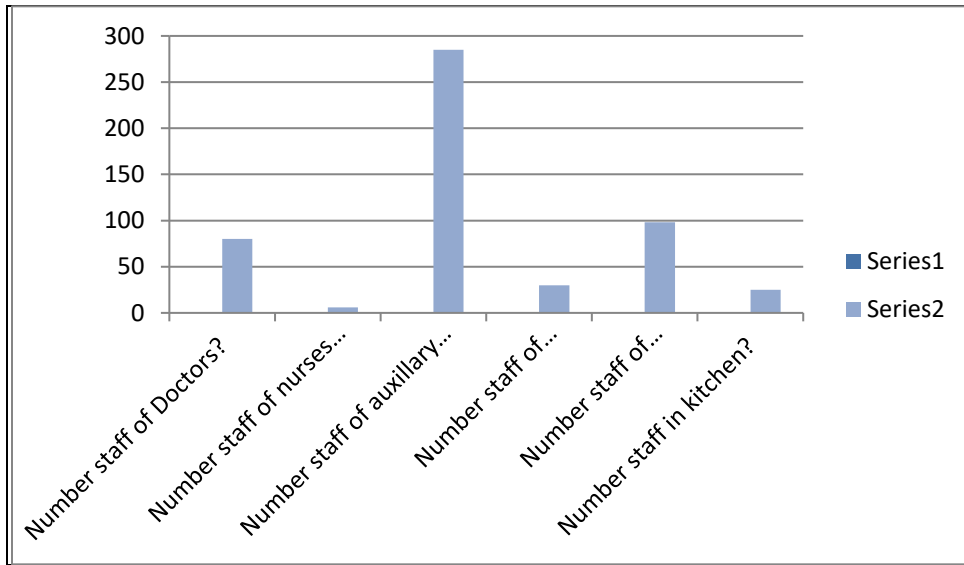


Fig 2. Information staff in Gjilan

Microbiology	yes
Echoscapy/ TEE	yes
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	yes
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	yes

Fig 3. Technical facilities of the hospital in Gjilan

Number of patient rooms in the hospital?	156
Number of single bed rooms in the hospital?	10
Number of double bed rooms in the hospital?	30
Number of three bed rooms in the hospital?	106
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own lavatory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipment of the patient rooms in Gjilan

5.5 Peja Hospital

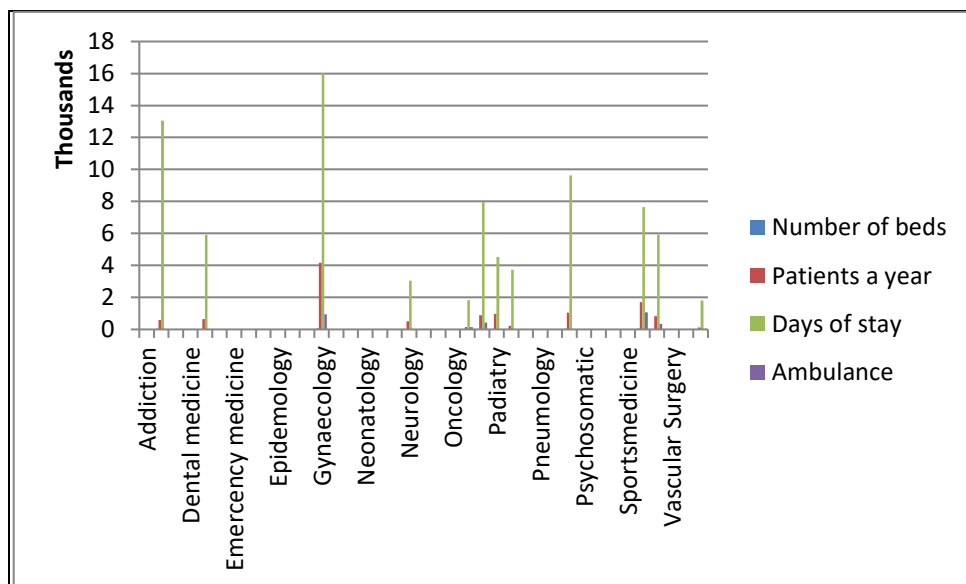


Fig 1. Basic information

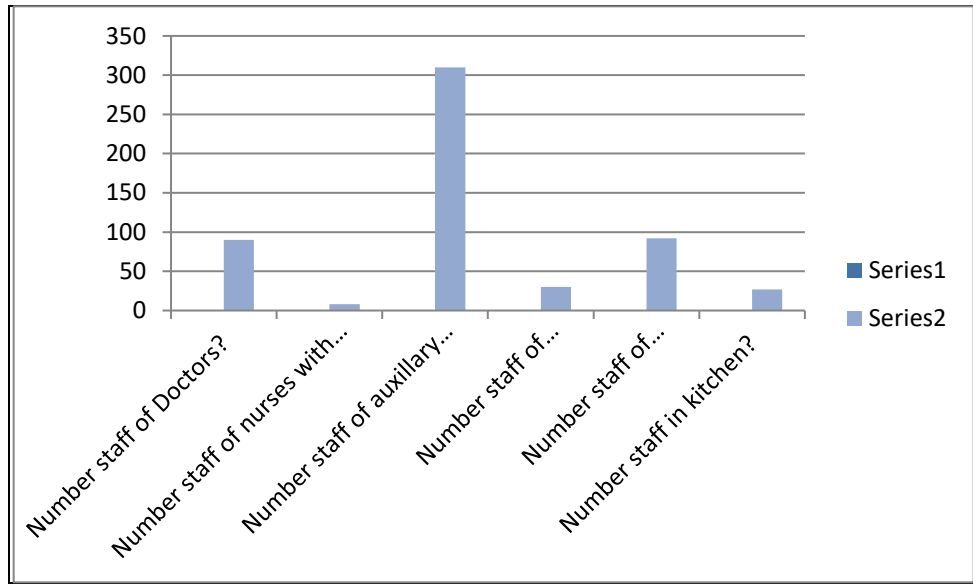


Fig 2. Staff information in Peja

Microbiology	no
Echoscapy/ TEE	no
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	yes
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	yes

Fig 3. Technical facilities of the hospital in Peja

Number of patient rooms in the hospital?	176
Number of single bed rooms in the hospital?	20
Number of double bed rooms in the hospital?	65
Number of three bed rooms in the hospital?	91
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own laveratory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipment of the patient rooms in Peja

5.6 Prizren Hospital

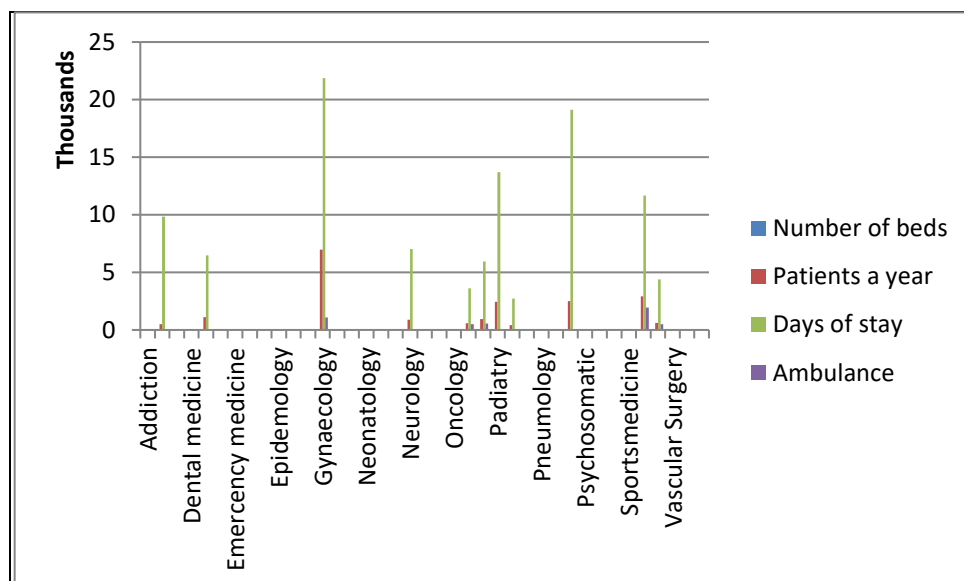


Fig 1. Basic information

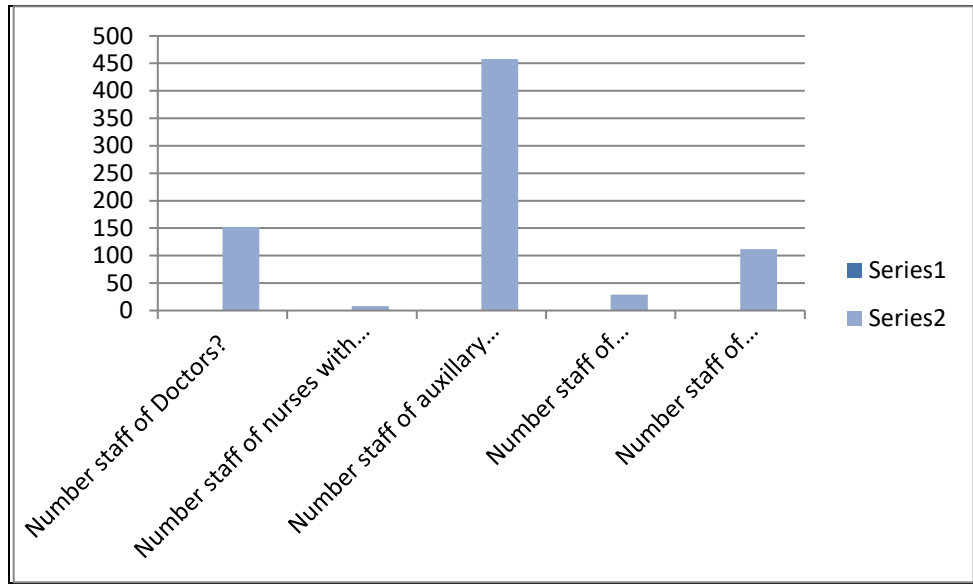


Fig 2. Staff information in Prizren

Microbiology	yes
Echoscropy/ TEE	yes
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	yes
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	yes

Fig 3. Technical facilities of the hospital in Prizren

Number of patient rooms in the hospital?	217
Number of single bed rooms in the hospital?	27
Number of double bed rooms in the hospital?	80
Number of three bed rooms in the hospital?	110
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own laveratory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipment of the patient rooms in Prizren

5.6 Vushtrria Hospital

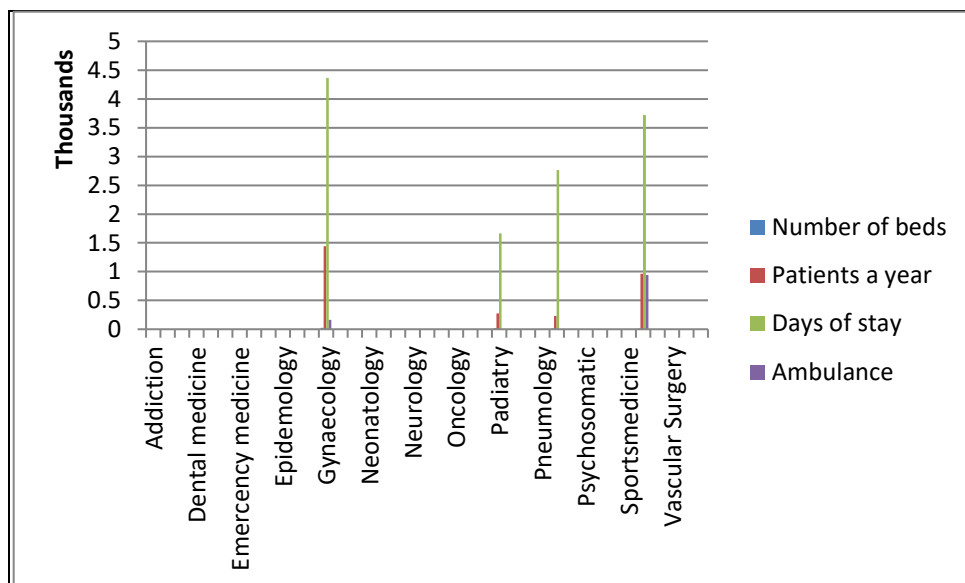


Fig 1. Basic information

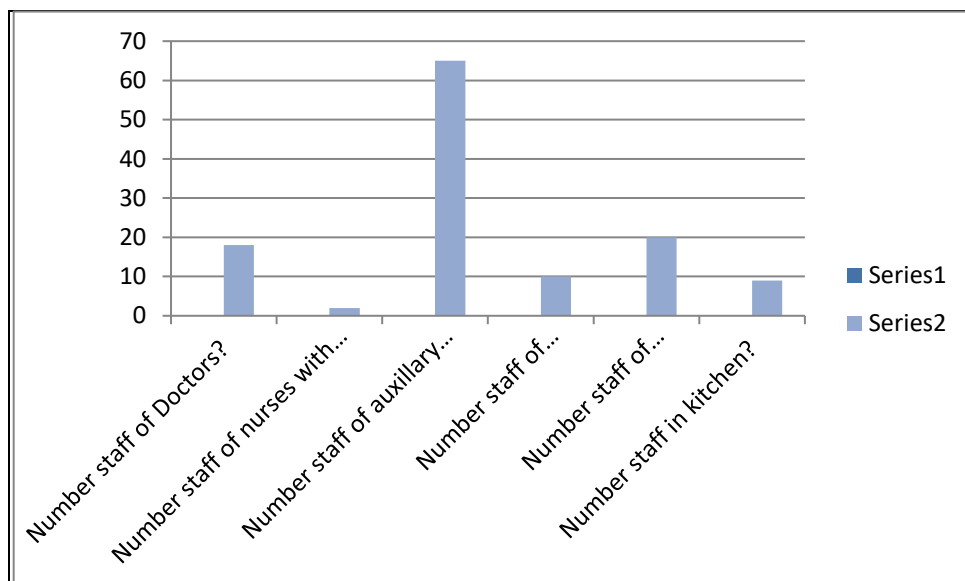


Fig 2. Staff information in Vushtrria

Microbiology	no
Echoscropy/ TEE	yes
Endo-/ Bronchoscopy	yes
X-ray	yes
Sonography	yes
Nuclear spin	no
Sleep cycles laboratory	no
Angiography	no
EEG	no
Pisitronemissionstomographie	no
Cardiac catheter	no
MR scan	no
CT scan	no

Fig 3. Technical facilities of the hospital in Vushtrria

Number of patient rooms in the hospital?	48
Number of single bed rooms in the hospital?	20
Number of double bed rooms in the hospital?	28
Number of three bed rooms in the hospital?	-
Number of shared bed rooms in the hospital?	-
Number of patient rooms with own laveratory?	-
Number of patient rooms with TV?	-
Number of patient rooms with telephone	-

Fig 4. Equipment of the patient rooms in Vushtrria

Note: As part of the Clinical Surgery system, there are different clinics within such as: Emergency Surgery, Vascular Surgery, Neuro Surgery.

Internal Clinic includes: Cardiology, Gastroenterology, Hematology, Rheumatology, While gynecology includes: Gynecology and Neonatology.

Apart from Kosovo University Clinical Center, which is the only center in the country that provides tertiary level health services, there are 7 other hospitals in Kosovo which provide secondary level health services, places that perform a number of medical examinations and surgical interventions. Prior to heading to University Clinical Center, patients may initially be directed at regional hospitals and in case of need, regional hospitals refer patients to University Clinical Center .

Hospitals in the country must use a maximum holding beds after the accumulated funds for them are considerable compared with the services they offer; economically, regional hospitals have a substantial budget that should be used more rationally.

Gynecology is the most developed department which has treatment opportunities in all Kosovo hospitals. University Clinical Centre is the biggest center with a lot of beds and more patients comparing to others; in this department all emergency cases can be treated.

Prizren's hospital has the largest number of patients and beds comparing to others, while on the other hand Vushtrri wich has the lowest number.

Another important area with more beds and the number of patients is Pediatric Department, where University Clinical Center has the highest number of patient's, second is Prizren and immediately behind is Gjakova.

Neurokirurgi and vascular surgery are departments that operate only in University Clinical Centre, where all the patients have to travel in Prishtina to get a proper treatment.

Regarding Technical Facilities of hospitals, X-Ray and Endo-/Bronchoscopy are both found in all hospitals in Kosova, while Radiology equipment is found only in Prishtina Hospital (University Clinical Centre).

In Secondary and Tertiary level, Kosovar health service offers 3596 beds which are available (Proportion 47.30% tertiary level Univerisity Clinical Center in Prishtina and 52.70% secondary level hospitals.)

Number of treated patients is 169,316 (48.33% in Univerisity Clinical Center in Prishtina and 51.67% in other hospitals).

Number of treatment days (901,582 days, with the average of 5.32 days).

Used capacity was 69.64%, where hospitals have used capacity of 59.27% while Univerisity Clinical Center in Prishtina with 81.16%.

The total number of surgeries is 28,347 patients (anesthetic).

Number of births in institutions of secondary and tertiary level is 24,913.

Univerisity Clinical Center in Prishtina with its capacity except tertiary role that it plays for all Kosovo, it plays the role of Regional Hospital (Pristina, Skenderaj, Obilic, and South Mitrovica because the hospital is not functional).

6. Private Sector in Kosova

Private health sector development in Kosovo has started to originate in the late 80's and early 90's, when Albanian doctors violently pulled off from their working places. This action was the way of opposition against our population from the Serbian regime of that time. At the time, private health institutions were created to provide health services for the population, the possibility for survival of number of experts in order to testify that they still exist. Assembly of Kosovo, the Kosovo Government and Kosovo's Health Ministry took steps to fully legalize private health services by preparing logistics and legislation.

Private Sector activities:

The process of licensing private health institutions began in September 2006. Previously regional committees were formed in order to assess the fulfillment of technical conditions and occupational health licensing private institutions and creating the Licensing Board. Despite difficulties emerging private sector division, it has achieved considerable results during this period of time. Among the results, it can be noted the Ministry of Health by 01 September 2006 until today has licensed:

- 420 private health care institutions in Prishtina Region
- 69 private health care institutions in Gjakova Region
- 210 private health care institutions in Gjilan Region
- 94 private health care institutions in Mitrovica Region
- 118 private health care institutions in Peja Region

- 103 private health care institutions in Prizren Region

There are also 21 licensed private hospitals:

- 5 General Hospitals
- 5 Day Hospitals
- 1 Cardiovascular Special Hospital
- 4 Hospitals for Cardiovascular disease
- 5 hospitals for Gynecology, Infertility and Endocrinology
- 1 General Hospital for Rehabilitation

Licensed Hospitals have over 225 beds:

- 17 Hospitals in Prishtina Region
- 2 Hospitals in Gjilan Region
- 1 Hospital in Gjakova
- 1 Hospital in Prizren

There are 150 private health institutions rejected due to not meeting the conditions required by the Ministry of Health.

7. Conclusion

During the last years, the health services in Kosova have received a lot of aids and support from donators outside the country. There was a constantly rise of financial budget. Many of the health buildings were renovated for community to have better conditions, the personnel is correct and the patients are now having more benefits from doctors.

The achievements that our health services made are recognized, but there are a lot of work to do in the future in order to be more flexible in offered services and going toward the Europe with high standard of health services. There are a lot of ongoing processes that need more attention; there is a lack of new technology and lack of people that are liable and can use that technology, more trained staff, and a lot of other things that need to be addressed to the Government. Some of the services that our health system offers are known as low level services, but there are some high level services that need to be more reorganized. There is a range of issues that need to be addressed, including the preventive work and development of adequate health services.

In Secondary and Tertiary level, Kosovar health service offers 3596 beds which are available (Proportion 47.30% tertiary level Univerisity Clinical Center in Prishtina and 52.70% secondary level hospitals.)

Number of treated patients is 169,316 (48.33% in Univerisity Clinical Center in Prishtina and 51.67% in other hospitals).

Number of treatment days (901,582 days, with the average of 5.32 days).

Used capacity was 69.64%, where hospitals have used capacity of 59.27% while Univerisity Clinical Center in Prishtina with 81.16%.

The total number of surgeries is 28,347 patients (anesthetic).

Number of births in institutions of secondary and tertiary level is 24,913.

Univerisity Clinical Center in Prishtina with its capacity except tertiary role that it plays for all Kosovo, it plays the role of Regional Hospital (Pristina, Skenderaj, Obilic, and South Mitrovica because the hospital is not functional).

Changes must be made; the choices left to the Managers of today's healthcare systems. If they will wait too long to act decisively enough, their systems will be unable to continue on the current path and therefore it requires immediate and major forced restructuring.

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Appendix



Covering Letter

Dear Sir or Madam

Thank you for agreeing to participate in my research study. The study is a part of my bachelor thesis in research methodology.

The survey will take no longer than 20 minutes to complete. Then the student will gather notes to be used in analysis. The student is sensitive to the time pressures upon the interviewee and will schedule a time that is convenient to the interviewee.

ALL RESPONSE WILL BE TREATED WITH THE UTMOST CONFIDENTIALITY.

If you have any further comments, queries or concerns please contact UBT.

Dear Ladies and Gentlemen,

We would ask you to fill this questioner to get a better feeling about the health care system in the Kosovo.

Thank you!
You're Team from
UBT

Name of the hospital: _____

1. Basic information of the hospital

Departments:

Departement	Number of Beds	Patients a year	Days of stay	Ambulance	Patients a year
Addiction					
Cardiolgic					
Children surgery					
Dental medicine					
Dermatology					
Eating disorders					
Emergency surgery					
Emerceny medicine					
Endokrinology					
ENT					
Epidemology					
Gastroenterology					
Geriatry					

Gynaecology					
Hämatology					
Departement	Number of Beds	Patients a year	Days of stay	Ambulance	Patients a year
Hand surgery					
Neonatology					
Nephrology					
Neuro surgery					
Neurology					
Nuclear medicine					
Obstetrics					
Oncology					
Ophthalmology					
Orthopedic					
Pädiatry					
Plastic surgery					
Pneumology					
Psychiatry					
Psychology					
Psychosomatic					
Radiologic					
Radioterapie					
Rheumatology					
Sportsmedicine					
Surgery					
urology					
Vascular surgery					
Virology					

2. Information staff

Number staff of doctors?

Number staff of nurses with diploma?

Number staff of auxillary nurses?

Number staff of administrative staff?

Number staff of houseworkers?

Number staff in kitchen?

3 Technical facilities of the hospital?

	Availab		Available for 24	
	Yes	No	Yes	No
CT scan Skeneri LCT se	Yes	No	Yes	No
MR scan Skeneri MR	Yes	No	Yes	No
Cardiac catheter Kateteri kardiak	Yes	No	Yes	No
Scintigraphy Skintigrafia	Yes	No	Yes	No
Pisitronemissionstomographie Pisitronemisionstonografia	Yes	No	Yes	No
EEG EKG	Yes	No	Yes	No
Angiography Angiografia	Yes	No	Yes	No
Sleep cycles laboratory Qarqet e laboratorit te fjetur	Yes	No	Yes	No
Nuclear spin Rezonance nukleare	Yes	No	Yes	No
Sonography Sonografia	Yes	No	Yes	No
X-ray Rrezet-X	Yes	No	Yes	No
Endo-/ Bronchoscopy Endo-/Bronkoskopia	Yes	No	Yes	No
Echocopy/ TEE Ehoskopia/TEE	Yes	No	Yes	No
Microbiology Mikrobiologjia	Yes	No	Yes	No

4. Equipment of the patient rooms:

Number of patient rooms in the hospital?

Number of single bed rooms in the hospital?

Number of double bed rooms in the hospital?

Number of three bed rooms in the hospital?

Number of shared bed rooms in the hospital?

Number of patient rooms with own lavatory?

Number of patient rooms with TV?

Number of patient rooms with telephone?