

## POSDCORB COordination

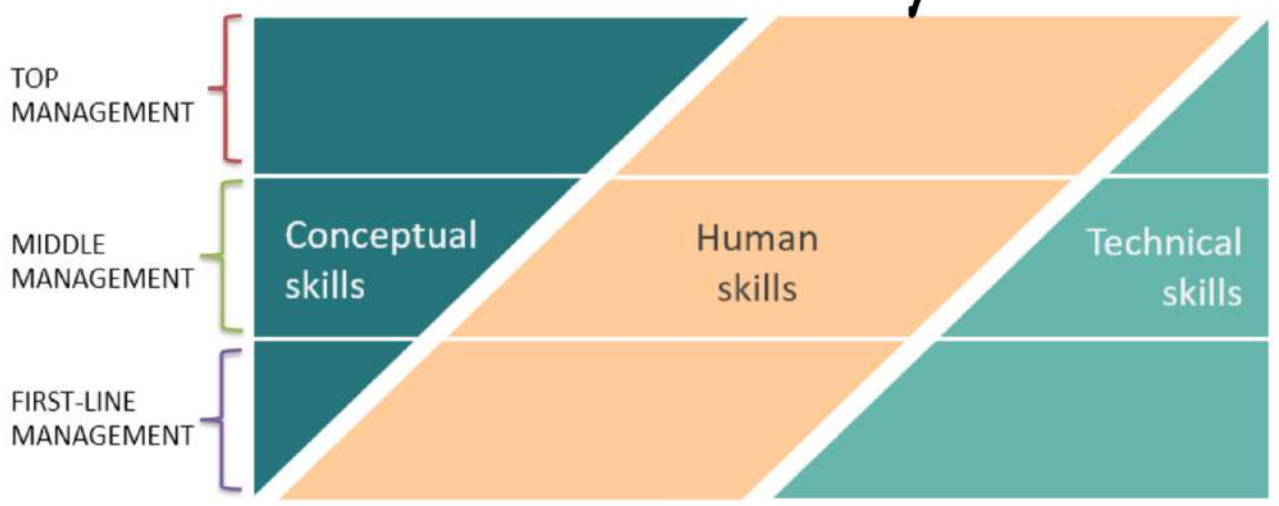
- Coordinating function of management is necessary because
  - it affects all the functions of management (planning, organizing, and directing etc.), and
  - It is a **mother principle of management** and all other principles are included in this one principle.

## POSDCORB Reporting



# Management Skills by Robert L. Katz

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managementmania.com

## POSDCORB COordination

# Katz 3-skill approach القيادة على مستوى الإدارة

- **Robert L. Katz** in 1974, has set the relationship of managerial skills and management levels.
- -Three areas of **managerial skills** are required:

**Technical skills** - proficiency and knowledge in a specific area

- Example: Technology

**Human skills** - knowledge and ability to work with people

- Example: trust, team building

**Conceptual skills** - ability to work with ideas and concepts

- Example: setting vision, plans and goals

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to meet the goals.

# Plan criteria

## A good plan should be:

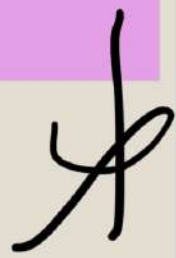
- 1) Consistent with immediate and future needs.
- 2) Consistent with the organization and the health profession philosophy.
- 3) Based on accurate statistical researches.
- 4) Feasible and flexible enough for an expected changes within the available resources
- 5) Simple and easy to interpret by health professionals and public.
- 6) Has criteria that can be evaluated and improved .



# Stages of planning

## 2. Factors that may increase health services utilization

- Increased supply (e.g., ambulatory surgery centers, assisted living residences)
- Growing population (e.g. more elderly population: more functional limitations associated with aging, more illness associated with aging)
- New procedures and technologies (e.g. hip replacement, stent insertion, MRI)
- New disease entities (e.g., HIV/AIDS, bioterrorism)
- New drugs, expanded use of existing drugs
- Increased health insurance coverage
- Changes in practice patterns (e.g. more effective services of the elderly)
- Changes in consumer preferences and demand (e.g. cosmetic surgery, hip and knee replacements, direct marketing of drugs)



## Administration role!

One of the responsibilities of health care administrators is to determine

## Factors that affect Overall Health care utilization

### 1) factors that may decrease health services utilization

- Decreased supply (e.g., hospital closures, large numbers of physicians retiring)
- Public health and sanitation advances (e.g. quality standards for food and water distribution; reduced length of hospital stay)
- Better understanding of the risk factors of diseases and prevention initiatives (e.g., smoking prevention programs, cholesterol lowering drugs, encouraging self-care and healthy lifestyles)
- Discovery or use of treatments that cure or eliminate diseases
- Changes in consumer preferences (e.g. home birthing, more self-care, alternative medicine)



### 2. Factors that may increase health services utilization



# Formal vs Lay care

	<b>Formal care</b>	<b>Lay care</b>
<b>The setting</b>	Usually takes place in formal setting ( health center)	Usually takes place in an informal setting (person's home)
<b>The training</b>	Carers receive a formal training with recognition at the end.	Carers get no or only unstructured training
<b>The rewards</b>	Carers are paid	Carers are not paid

The extent of lay care



and self-help groups.

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## Types of care (Formal)

**Primary care:** the first point of contact for people. It is usually general more than specialized, and provided in the community (e.g. GPs)

Include diagnosis and treatment of a health condition, and support in managing long-term healthcare (chronic conditions like diabetes.)

**Secondary care:** Specialized care. Often accessed by being referred by a primary care worker. It is usually provided in local hospitals (e.g. Orthopaedics, cardiologists, urologists, dermatologists and other specialists).

**Tertiary care:** Highly specialized care. Often accessed by referral from secondary care. It is usually provided in national or regional hospitals (cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions).

- Notes:**
- Exceptions exist
  - Imbalances between levels and types of care occur.





### 3. Lower Level of Management

- The lower level Management : the supervisory or the operative level of managers. Examples: the shift boss, the head nurse, technician, Lab worker.etc.
- Their main role is to guide & instruct workers for day to day activities.
- Supervisors provide training to workers.
- They spend most of their time on the functions as instructed by the managers above them.
- To give periodic reports of the workers to the higher level managers.

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# Levels of management



## 2. Middle Level of Management

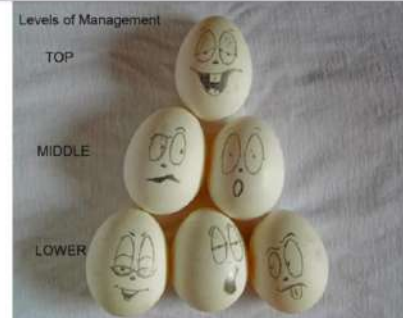
**The Middle level Management:** the executory level. Example: the departmental managers and branch manager. They could be divided into senior and junior middle-level management if the organization is big.

### Functions:

- To execute the plans of the organization according to policies and directives laid down by the top level management.
- The communicators between the top level and the lower level (they transfer information, reports, and other data of the organization to the top-level).
- To organize the division or departmental activities.
- To be an inspiration or create motivation for junior managers to improve their efficiency (are responsible for the employment and training of the lower levels).



# Levels of management



## 1. Top Level Management

**The Top level management:** administrative level. They coordinate services and concentrate on planning.  
Examples: the Board of Directors, the Chief Executive Officer (CEO)..etc.

### Top level management functions:

- To put the policies and objective of the organization
- Plan and assign competent managers to the departments or middle level to carry them out.
- Keeping the communication between the organization and the outside world.

	Management	Administration
<b>Nature</b>	Executive or doing function	Decision making or thinking function
<b>Scope</b>	Concerned with implementation of policies	Concerned with determination of major objectives and policies
<b>Level*</b>	Middle and lower level function	Top level function
<b>Influence</b>	Mainly by objectives and policies of organization	Mainly by public opinion and external forces
<b>Main function</b>	Directing and organizing	Planning and control
<b>Skills required*</b>	Technical and human skills	Conceptual and human skills



*SMART objectives can be applied anywhere in your life, both professionally and personally.*



# Goals versus Objectives

**A GOAL:** is a long-term purpose to be achieved. Goals are:

- Broader in scope
- Difficult to measure without proper objectives
- Abstract (ideas)
- Longer-term compared to objectives
- End result after the objectives are achieved

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14 **AN OBJECTIVE:** is a measurable measurable actions to achieve the overall goal.

The objective should include a description of “what” outcome is desired, “when” it is expected, and “where” it will take place. **(SMART)**

## WHAT IS THE DIFFERENCE BETWEEN GOALS AND OBJECTIVE

### GOALS



### OBJECTIVE



HA is a “hidden” career.



Health care administrators are considered health care professionals.

The role of a Public Health Administrator is to supervise non-clinical operations of public and private healthcare organizations and departments.

HA is *a dynamic* field that combines *health policy, business, and science* to manage financial and human resources.





# Health Administration



Public health administration is the component of public health that concentrates on management of **people and programs**.



HA is essential for the success of any public health program whether on the national, intermediate or the local level.



HA involves making both *daily* and *long-term* decisions that reflect the healthcare system's business strategies

## Definition of Administration

“The process of *achieving defined goals at a defined time* through the guidance, leadership, and control of the efforts of a *group of individuals* and the efficient utilization of *non-human resources* bearing in mind adequacy, speed, and economy to the utmost possible level.”



# Today's Health and Medical Administration Field

True or False

Over the last century, healthcare administration has witnessed dramatic changes:

- Hospitals have become large, complex organizations.
- Technology has advanced greatly.
- Government has taken on a larger role in healthcare delivery.
- Healthcare financing has become more complex (private and public systems).
- Rising Costs of Healthcare

