

# IGMH Group of Hospitals Organizational Reform and Implementation Project

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## 1.0. INTRODUCTION

Every organization, throughout its lifecycle from inception to maturity, experiences the need to adapt to changes and restructure their existing systems, processes and sometimes or even teams working within them. Organizations that quickly identify the need when the time is right continue their road to growth and development and those that do not, struggle and may often fail to perform at an acceptable level.

Indira Gandhi Memorial Hospital (IGMH) is a tertiary level hospital in Maldives having a bed capacity of about 300 and Villimale' Hospital (VMH) that provides outpatient services are the two hospitals in IGMH Group of Hospitals. According (Reddy, 2017) in the evolving health care market the demands of the public are leading hospitals to seek to diversify into new areas of service, optimize their capacities and concentrate on core functions. IGMH Group of hospitals are not exceptional and the public demands for service improvement has been growing throughout the years, as IGMH is the only public tertiary hospitals that provide multi-specialty health care services in the country. It is the hospital where entire population of Maldives comes as well as the hospital caters for the diagnostic services from other public and private hospitals. The growing demands of the public for service expansion and improvements, called for a sustainable, continuous plan for changes in functional and operational management of the group of hospitals.

There are many definitions for organization reform or restructure. All organizations require restructuring at some point. For instance, expansion of a service may require changes in the staff profile or changes in work policies or routines to ensure service standards and quality. According Kowalski (2017) organizational or business restructuring is a process that can address a company's unsatisfactory status quo in the constantly evolving market. It should be based on proper strategic planning, fuelled by innovation, or it can be a tactical reaction to unexpected circumstances. Restructuring an organization can improve efficiency, keep technology up to date, or implement strategic or governance changes required due to every changing needs of the consumers.

### *1.1. What causes restructuring?*

The main cause for restructuring an organization is to allow it to achieve its strategic objectives. Any organization's reforming efforts must be connected to its business strategy. An organization often needs to make changes when it reaches a new stage in its life cycle. This can include growth and expansion of services and products, change in organizational strategies and management, moving an organization to a more stable and planned development. In addition, external or internal factors that may prompt change in the organizational structure like keeping up with new technologies and products from competitors, as a reaction to changes in product or service demands or business partnerships and acquisitions while internal factors like to

address outdated and inefficient working practices and processes, to eliminate excess positions and duplication of roles and or to reorganize internal functions for improving efficiency and quality of services. (Kowalski, 2017)

The government of Maldives is committed to improve health care services provided by IGMH Group of Hospitals. Thus, in late 2014, the President's Office established a governing board to manage the service delivery under their direct supervision. Since then, major developments has taken place with service additions and expansions. Physical structure changes and major renovations are still ongoing to provide a reassuring health care service experience to the patients. In addition, there is a continuous effort by the management to design and deliver services in a way that is easy to access and minimize delays in rendering services as much as possible.

Furthermore, the executive management of IGMH Group of Hospitals recognized the existing structures and system arrangements in the group of hospitals seem inadequate for the amount of service expansions and developments the hospital is encountering. This was influencing the operating model and flow of services leaving inefficiencies in some service areas which need to be addressed to provide a better service to the public. It was apparent that the hospitals were in a dire need to establish systems with new approaches to the management of the organization with a review of the hierarchical administration and also to put in place protocols and procedures for smooth running of its services.

Inadequate organizational design and structures, according to Corkindale (2011) results in confusing chaos of contradictions, confusion within roles, lack of co-ordination among functions, failure to share ideas among team members, and slow down in

decision making process bringing unnecessary complexity, stress, and conflict in the workplace. When an organization becomes inefficient it has probably outgrown processes that used to work. The answer for many businesses for inefficient organizations is influx of more people resulting in higher budgetary implications, making it difficult to cut down cost of providing services. Efficient organizations however can keep growing and adding more to their business without having to continually increase in staff numbers (Klosowski, 2012).

Over the years IGM Group of Hospitals growth of services resulted in an incursion of many employees. As the changes are taking so rapidly, planning for proper utilization of employees often does not happen. Hence, a need to calculate full time equivalent (FTE) staffs for the services was recognized as utmost importance to reduce cost and increase efficiency of the human resources utilized in the hospitals. Furthermore, there is an urgent need to develop human resource plan for future services, especially with the introduction of the new 25 storey building of 'Dharumavantha Hospital' planned for inauguration in July 2018 which will incorporate into the existing organizational and management structure of IGMH Group of Hospitals.

Reddy (2017) states that over working employees in an organization does not necessarily mean that there is a need to hire more people and to spread out the work. In Reddy's (2017) view there may be better ways to do things or people might be spending too much time on the wrong things or it can be because the right person is not doing the right job. Reddy (2017) concludes that if employees are overworked and underutilized probably there will be issues with system designs, structures or work teams with some areas being overstaffed

while others understaffed. In some areas of IGMH Group of Hospitals it is observed that the operating model with the existing structure limits pathways to easily address issues that interrupt efficiency and quality of service delivery. Hence the management recognized that there is a need to take a deeper look under the hood to identify the root cause of the issues and address them accordingly. This is in congruent with literature which affirms that being able to recognize the signs of oncoming need for an organizational restructure can help prepare for the change and implement policies that will ensure smooth change management without influencing internal dynamics of the organizations. Proactive responses to foreseeing change is more effective as information can be gathered, processes can be planned, strategic analysis of the organization to identify strengths and weaknesses can be done to seamlessly adopt the change required.

### *1.2. Restructuring Strategies and Outcomes*

According to Klosowski (2012), the restructuring process falls into the following stages; determining what areas need to be restructured, identifying weaknesses and creating detailed short- and long-term plans to correct these weaknesses through a restructure, implementing short-term corrective action, calculating and securing funds (if necessary), restructuring and evaluating results. Further the assessment model of organizational restructuring efficiency focuses on three main measurements, which is quality of services or products (qualitative factor), level of costs (quantitative factor) and level of intellectual human capital, organizational capital and client capital (qualitative and quantitative factor). Research supports this notion as Rondea & Wagar (2003) describes that in a study conducted in 285 Canadian Acute Care Hospitals found that hospitals

which undertook significant organizational restructuring while heavily downsizing were perceived to perform better than hospitals that heavily downsized but conducted little or no organizational restructuring, but performed worse than hospitals that undertook significant restructuring while maintaining their workforce complement. In the same study it was noted that when the method of conducting the change management process was controlled these performance differences were reduced or eliminated.

According to Reddy (2017) often organizations do not allow enough time for planning and implementing the restructure or reform. Restructuring of an organization involves details concerning consumers, finances, employees and inventory, quality control and environmental impact, equipment and technology, and management and many others. All of these areas need careful thought and consideration to determine how an organizational restructuring will affect each of these categories. Literature states often many organizations fear change and see the need for it negatively. However, procrastinating changes when there is a need and waiting until the position of the organization is threatened may result in defensive and ineffective change management process resulting in losing harmony of the organization and more destructive outcomes. Every successful organization evolves over time, and good leadership must champion these changes and communicate the reality of the situation to the teams involved. In congruent with these ideas the management of IGMH Group of Hospitals initiated the process of reviewing the existing structure and organizational design with anticipation to increase efficiency and provide quality health care service through an operating model which will enhance the management

systems with defined hierarchical structures and processes.

## **2.0.PURPOSE**

The purpose of this project was to restructure the existing service delivery system to establish a better and efficiently functioning mechanism for administration and management of services of the hospitals. In the restructuring process we aimed to identify the gaps in knowledge and skills required for efficient functioning of hospital services of clinical as well as support services. We also aimed to establish a mechanism for an effective staffing method required for the demands of services. In this process the present work flows and systems were reviewed to identify areas of service enhancement. In addition the wage and benefit packages were reviewed. It was also aimed to update policies and procedures and formulate departmental Standard Operating Procedures and guidelines for an effective functioning of the hospital services. The findings of the discussion around the restructuring process and the proposed organizational structure are reported in this paper.

## **3.0.METHODS**

The project took place between July 2016 and December 2017 at Indira Gandhi Memorial Hospital, the public tertiary referral hospital in Male', Maldives. The hospital employs over 1600 staff and its core function is providing clinical care to patients. This project is an initiative of the Executive Management of IGMH Group of Hospitals which was initially carried as a special task assigned by the management team. However when we look back at the project key milestones, it is evident that the project was carried out as an action research project.

Action research is considered as an appropriate method for this study as it works with individuals to empower them by bringing about change through a cyclic process that incorporates action and reflection (Gallagher, Truglio & Levin, 2009). This paper describes the first part of the cyclic process. The initial component of the process was an evaluation of the existing structures of the units and departments in IGMH group of hospitals and action was taken by refining and developing proposed structures. The proposed structures were enhanced with expert opinion then reflected upon by assessing their impact on service delivery.

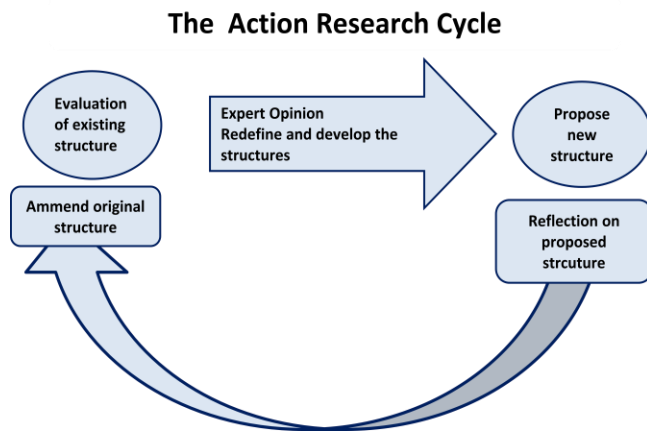
The project was conducted in two stages. In stage 1, the structure committee collected the existing structures of all the departments/units in IGMH Group of Hospitals. The Head of Departments were invited to the committee meetings to understand the existing structures and their perspectives on a proposed structure which their units/departments will function optimally. During this process the structure committee agreed that expert opinion was required to achieve an optimum outcome of the project aims and thus a Consultant was employed.

In stage 2, the expert opinion of the Consultant was incorporated in the proposed structure and the Head of Departments was re-invited to the committee meetings to seek their perspectives on the impact on the functioning of the units/departments. In addition the Consultant had individual meetings with some HOD's to seek their perspectives which were shared with the Committee members. Figure 1 is the action research model used for this study.

### *3.1. Participants*

The participants of this project are the Structure Committee members and the Heads of the Departments (HOD) of

Units/departments of IGMH Group of Hospitals who were invited to the discussion meetings. All participants were given a verbal explanation of the project by one of the Committee members and participation was considered as their willingness of contribution to the project.



**Figure 1: Action Research Cycle**

### 3.2. Data collection

Existing unit/department's structural diagrams and the proposed structural diagrams of IGMH group of hospitals were collected and discussed in structure committee meetings with the HOD's. The meetings were facilitated by the Structure Committee Chair and the Consultant. The Committee members ensured that the discussions were conducted in a similar manner with all the participants by using semi-structured open ended questions. All meeting discussions were noted and documented as meeting minutes. The meeting minutes were collected as qualitative data and analyzed. The final resultant themes were developed by the Consultant and presented to the Structure Committee, who then confirmed the findings and interpretations.

### 3.3. Data analysis

Data analysis was undertaken using a deductive manual approach based on the pre-set project aim which was considered as the research question (Pope, Ziebaland & Mays, 2000). On analysis of the meeting minutes the discussions were around the core functions of the operating model of the organization. These categories were considered as the central themes of the analysis. Framework analysis was then used to further analyze the data. This framework analysis uses a thematic approach allowing themes to develop from the central categories and the narratives of the participants (Rabiee, 2004). Using the process of thematic analysis the data analyst independently coded the meeting transcriptions using the central categories as the primary coding unit. Similar ideas were grouped together under the categories and given a representative term. Using a coherent and systematic approach the identified terms were examined using a constant comparison process where each term is compared with the rest of data to establish coding themes. Codes were then redefined by clarifying their coverage and boundaries, adding subthemes and increasing the number of categories to cover different perspectives on the same theme. The content of the subthemes were categorized as summaries of the main categories. The summaries were reviewed by the Structure Committee members and projects were proposed to improve the operational model of the IGMH Group of hospitals.

## 4.0.FINDINGS

Twenty one heads of departments and five committee members participated in the project. The finding of the projects is in two parts. The first part is the evaluation of the existing operating model of IGMH Group of Hospitals. The main categories identified were 'Purpose, Vision & Strategy', 'Service Delivery', 'Financial Model', 'Capability

and Capacity of Staff’, ‘Business Processes’, ‘Business Intelligence’, ‘Technology’ and Culture’, ‘Governance and Structure’. The findings under these main categories are discussed as it follows.

#### *4.1. Purpose, Vision and Strategy*

Under this category it was found that the strategy and priorities of IGMH Group of Hospitals were not aligned with staff commitments to the organization which is impacting on the service delivery. There is a general lack of understanding of the core purpose of the organization amongst the staff and within the organization there is minimal enthusiasm to manage risk with limited forward planning strategies. This has resulted in reactive and risk-averse behavior amongst the staff. In order to create a shared understanding of strategies and priorities two projects were proposed. The projects are one on clarity and alignment of the organization and the other is on communicating the priorities and the vision of the organization.

#### *4.2. Service Delivery*

The analysis showed that IGMH Group of Hospital’s service delivery is not rooted in an agreed service level and nor does it reflect from a patient focused perspective. The emergent summaries were that patients experience multiple touch points and patient interactions were isolated within departments. It was also found that the levels of service delivery were not regularly assessed. Three projects were recommended to improve the quality and efficiency of the services. They are a project on assessment of service provision, one on development of service delivery protocols and the other is on development of customer strategies.

#### *4.3. Financial Model*

The findings of the project showed that the existing financial model and number of its core practices require adjustment to achieve

efficiency. The summaries demonstrated that the budget practices of IGMH Group of Hospitals currently assumes previous budget with lack of consideration of growth factors. In addition there is a deficiency in planning and performance measurement with the financial position of the organization being affected by unsustainable labor costs. In addition it also revealed that approval of procurement of services and goods occur at unit levels with no fixed methods. Three projects were recommended to enhance the corporate efficiency targets. The recommended projects are on budget management of finances, procurement and inventory management and labor hire.

#### *4.4. Capability and Capacity – Skills, knowledge, attributes and staffing levels*

The findings showed that IGMH Group of Hospitals staffing levels are relatively higher in comparison with other similar public hospitals and is challenged by lack of leadership. Leadership capacities lacking in the organization were broadly identified as technical and strategic management skills along with people leadership and management skills with a deficit in strategic thinking skills. The reason for increase in labor hire was perceived to be lack of position controls to meet the demands of the services. In order to actively manage capacity and capability of staffs of IGMH Group of Hospitals, two projects were proposed. They were a project on staff recruitment and another on leadership development.

#### *4.5. Culture – Mindsets and behaviors*

The findings of the project demonstrated that IGMH group of Hospital’s organizational culture is defensive and siloed contributing to a culture which is not conducive to accountability and ownership. The perception of the participants were that there is a mainly the culture of avoidance of issues on problems that does not have a

direct impact on technical services with no actions on finding a sustainable solution resulting in low morale amongst the employees. Generally there is a lack of accountability and ownership of the middle management on the performances of their teams. Two projects were proposed for a constructive culture change in conjunction with organizational risk management. The projects are, one on culture change and another on risk management.

#### *4.6. Business Processes*

The findings of the project demonstrated that the internal and the patient facing processes of IGMH Group of Hospitals do not support the organization's perspective of service delivery. It was perceived that the internal process lack an organization as whole perspective and the customer facing processes lack coherence. In order to encompass a framework to deliver services and reform the organizational processes two projects were proposed. They are a project on progress and performance reporting and a project on activity management and benefits realization.

#### *4.7. Business Intelligence*

Further analysis of this category showed that utilization of business intelligence is lacking across IGMH Group of Hospitals with a specific deficiency in use of this aspect in service delivery. The project showed that there is general lack of collection of data that support the core business activities. Medical records data is a specific area that was highlighted by the participants. Most participants believed that service analytics capability is an area that can be improved. In order to maximize the positive impact on patient service delivery two projects were proposed. One is one customer analytics and another or organization analytics.

#### *4.8. Technology*

The project findings showed that IGMH Group of Hospital's Information Communication Technology system lag user expectation and participants believed that it can be improved with an integrated system. It was perceived that the back house systems are of inconsistent utility to the internal users. A project was proposed to enable the staff of IGMH Group of Hospitals to perform business more efficiently. It is a project on integration of ICT system to a whole of organization approach.

#### *4.9. Governance and Structure –Roles and Accountability*

The project findings showed that existing IGMH Group of Hospital's structure and governance challenges the organizational alignment. The main issue of the existing structure was noted as most units are segregated with decentralized decision-making at unit levels on organization's strategic plans. The boundaries between roles and responsibilities are not clear resulting in confusion in eventual accountability for performance. Two projects were proposed to increase the productivity and effectiveness of IGMH Group of Hospitals. These are a project on structural change and improving the governance and role clarity. The second part of the findings focuses on these aspects.

The organization structure of IGMH Group of Hospital (Figure 1) was reviewed as call from the Executive Management to improve the productivity and the effectiveness of service delivery. The structural change subsequently improved the governance and role clarity of positions in the organization. Discussed below are the findings from the above mentioned activity.

The review of the existing structure of the IGMH Group of Hospitals showed that it is headed by a Chief Executive Officer and consists of 21 departments and units with a middle management layer of Medical,

Nursing, Operations and Finance Divisional Heads. The notable aspects of this structure are outlined in Table 1.

### Evaluation of the Existing Structure

- The middle management is of political appointees, hence if there is a political change in the country, there is a risk of disruption in services
- Clinical service which is the core function of the organisation is delivered by medical and nursing services. These two departments are disjointed at the service delivery level
- The structure supports the departments to function in isolation

Table 1: Evaluation of the Existing Structure

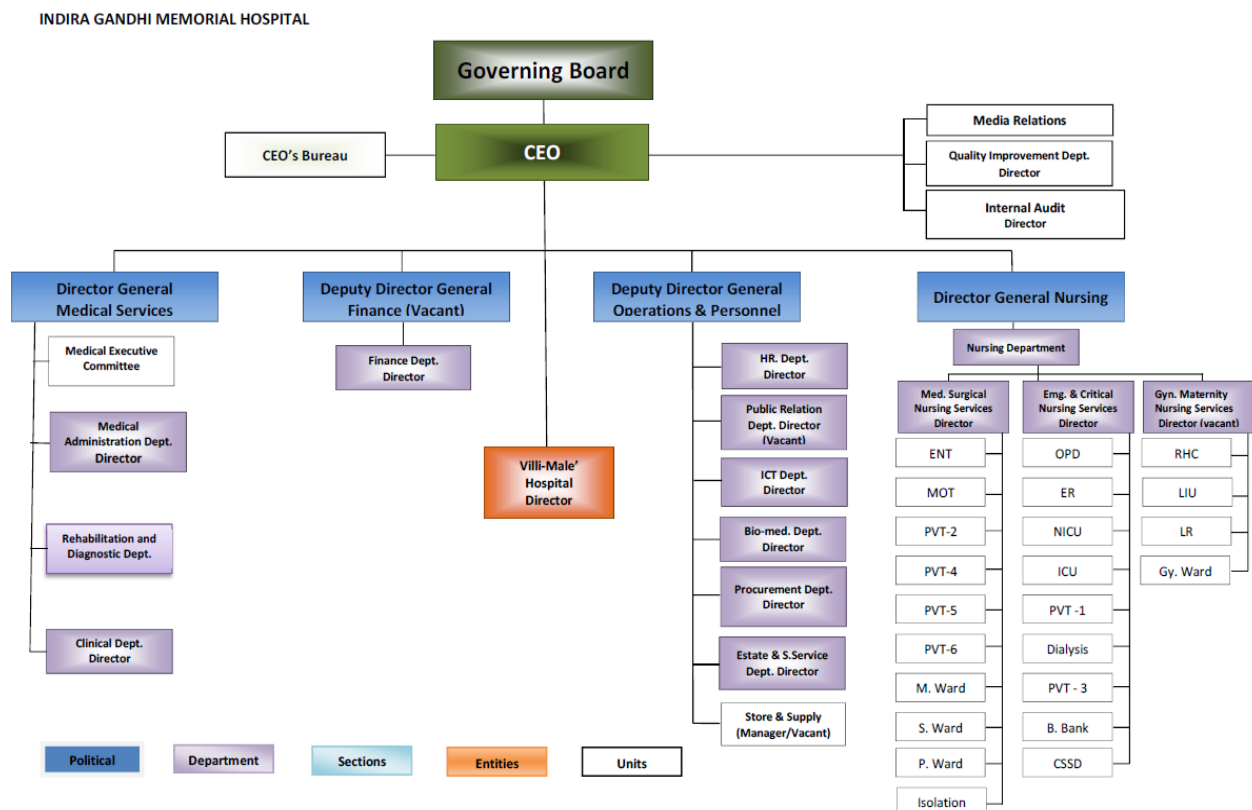


Figure 2: Existing Structure of IGMH Group of Hospitals



## 5.0.DISCUSSION

With the review of the operating model of

The key finding of the existing IGMH

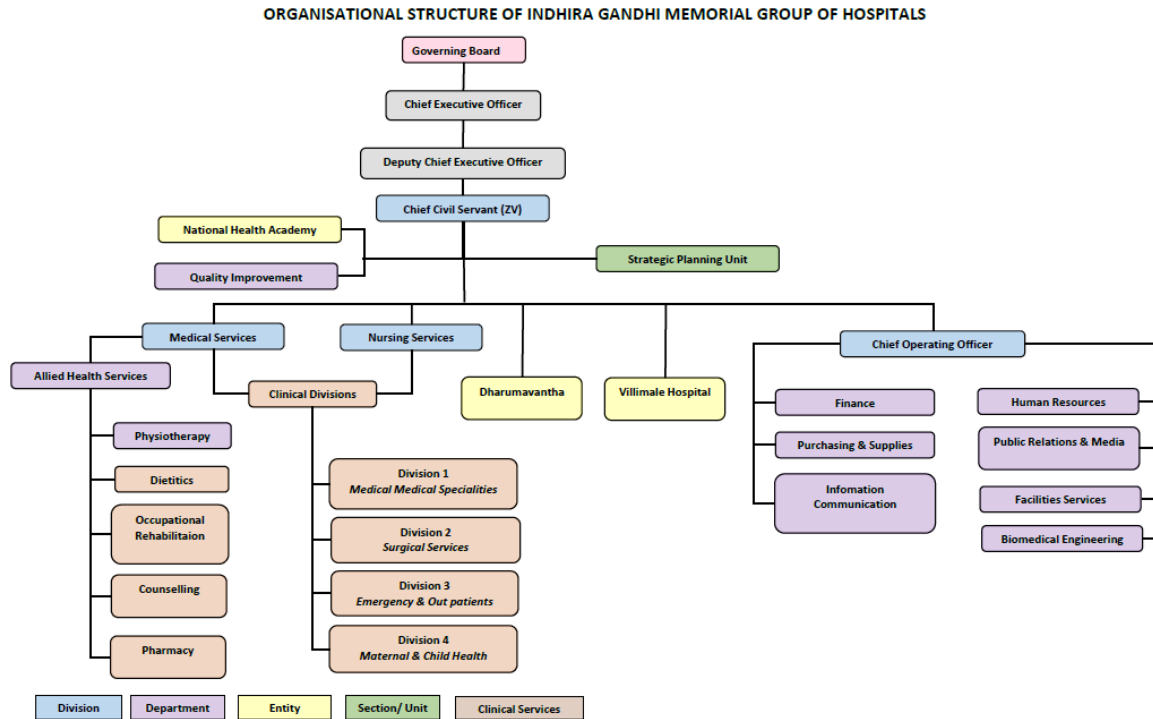


Figure 3: Proposed Structure of IGMH Group of Hospitals

IGMH Group of Hospitals, the participants agreed on a structure that will increase the efficient of the service delivery. Figure 2 is a graphical representation of this proposed structure.

The structure has incorporated a middle management layer which is Maldives Civil Service employees who can support the strategic directions of Management Team which are currently political appointees. The clinical service delivery departments of medical and nursing are grouped at management and leadership level with an approach of collaboration at the service delivery.

Group of Hospitals structure had indicated limitations in the priority setting areas around the core functions of the hospitals. Furthermore, it had showed that the priority settings areas were rarely studied during policymaking process. Hisarciklilar, Woozageer, Moatari-Kazerouni, Schiffauerova and Thomson (2016), stated that many hospitals had not sufficiently studied or analyzed about the priority settings in the planning process. This study showed that priority setting was an important and critical issues which needs to be in concern and addressed at hospitals policy level ((Fulop, Walers, perre., & Spurgeon, 2012). It is considered as an important element because it assists in improving the efficiency and equity of the

care provided for the patients (Aidem, 2017). The growing body of priority setting literature had emphasized the importance of decision-making under the strong leadership (Reelender, Goet, Singer, & Martin, 2006). Even though the middle management leaders in IGMH Group of Hospitals have strong clinical skills, it was observed that the leadership and management skills were poor across all the departments and sections. A literature review had reported that the priority settings was highly influenced by the process leaders used in hospital (Barasa, Moleneux, English, & Clearly, 2015). Many scholars had identified the effectiveness of strong leadership in priority setting process in different hospitals and this study has identified that improving management in leadership in the hospitals will enhance effectiveness of organizations.

Planning and allocating resources are imperative factors in priority setting. It has been observed that IGMH Group of Hospitals lack budget planning process. This finding was similar to a study conducted in two public hospitals in Kenya. The usual practice in IGMH Group of Hospitals budget planning process is assuming and planning a budget based on the budget spent on the previous year. Although this practice was not reported from the study of the Kenya hospitals, the researchers reported that they did not have a process to appeal or ensure, if the procedural conditions were met which was similar in IGMH Group of Hospitals. According to Aidem (2017) it is important to have a clear and formal budget planning criteria for improving the priority setting in hospitals with set criteria for budget planning and several frame works need to be developed. According to Baras (2017) a well-crafted mission in a hospital would improve their budget planning process as their focus would be visible from the mission.

The vision and mission of IGMH Group of Hospitals are not visible and it is not known to most of the employees as well as the consumers (patients and patient party) of our services. Sharing vision and mission among the employees and modeling in that way would benefit hospitals in today's environment (Cicek, 2013). It has been reported that the mission and vision would help hospitals to achieve high performance and benefits and lets hospitals to survive in a long run (Gamze, Erdogan, & Durmaz, 2014). Most of the employees in IGMH Group of Hospitals endeavor to complete tasks without having any specific goals or objectives. They have no focus or it might not be clear to most of them. Cicec (2013) stated that it is important to have a vision in every hospital. According Gamze, Erdogan, & Durmaz (2014) good mission statement describes a hospital's purpose, products and services, markets, philosophy, and basic technology. He further stated that a vision statement would describe the hospitals hopes and dreams for the future, while a mission statement describes what the focus of the hospital is, its special task, which is given to reach the desired future of the hospital defined in the vision. Hence, mission leads employees to work towards a goal and they will have a direction to follow. This will increase employees' motivation and increase productivity and efficiency of the hospital (Aimee, 2014). According to Tsai, (2011) this further strengthens the teamwork among the employees and empowers them. Ultimately, it would lead to an increase the customer satisfaction (Aimee, 2014).

IGMH Group of Hospital's structure was identified as a siloed structure. It is imperative to move the silos into synergy in order to set priorities and to deliver high quality care for the patients (Butcher & Karen, 2014). Nurses play a different role in providing services to the patient than the

doctor however; both professions are working to achieve the same goal (McKay & Narasimhan, 2012). Hence the proposed structure incorporates the organizational structure into a synergized way that would strengthen inter-sectoral collaboration among the medical and nursing service leading to more efficient service delivery to the patients.

## **6.0 CHALLENGES TO THE REFORM PROCESS**

As a public sector institution the organizational reform of IGMH Group of Hospitals was faced with various challenges. The following are the main challenges

### *6.1 Priorities*

The Executive Management of IGMH Group of Hospitals had identified the organizational reform as a priority. In the implementation of the priority, one of the challenges faced is the lack of a structured core policy and decision making composition which make it challenging to translate the priority into resource allocation. The mechanism is not visible for responding to the interests of the staff view's in achieving the organizational reform objectives.

### *6.2. Policies*

One of the aspects identified in the review of the operational model is the core policies and decision making structures and processes in IGMH Group of Hospitals are not based on evidence and data. Hence one of the projects proposed is utilization of business intelligence in planning service delivery. But one of the challenges that IGMH Group of Hospitals encounter is the availability and quality of data and the lack of human capacity to utilize data in planning.

### *6.3. Culture and drivers of change*

Although one of the positive findings of this project is the engagement of staff to share their perspectives of the organization and their willingness to engage in consultation, it is evident that there is lack of key drivers for change. In addition to the clinical workload of service delivery every day in IGMH Group of Hospitals there are additional activities where same staffs are involved. Hence there is a lack of dedicated champions for reform who are committed to organizational reform process.

### *6.4. Voice and Partnership*

As there is lack of committed reform champions in IGMH Group of Hospitals, it is challenging to build mechanisms and structures to promote the concerns of staff in this review of the operational model and implement the new structure. The challenges are lack of commitment to awareness raising, capacity building and joint management of the implementation of the project.

### *6.5. Rules and Regulations*

As a public sector institution IGMH Group of Hospitals is bounded by the rules and regulations of Maldives Service Commission and other government organizations. Working within these rules and regulations, in the key service areas, often there have been some delays in hospitals process including those that involve getting finances or processes related to employment. Hence there is a general apprehension amongst the employees that this structure implementation will take a longer than what they want. This view of employees challenges the emergence of reform champions.

## **7.0. CONCLUSION**

This paper reports the perceptions of the Department Heads on the existing operating model and on a proposed new structure that will improve the efficiency of the

organization. The project has illustrated that IGMH Group of hospitals service delivery is provided through isolated departments, with a lack of focus on patient centered care which does not support the organization's perspective on service delivery neither to vision and mission of the hospital. The organization has high staffing levels and is challenged by lack of proper leadership. Utilization of business intelligence is limited. The financial model and the core practices require adjustment. The organization culture is not conducive to accountability and ownership. The study also demonstrated that the participants believe that a shared understanding of strategies of the organization needs to be created with improvements in service delivery. The corporate efficiency targets require development. The leadership skills of middle managements needs enhancement. The organizations, performance reporting and activity management needs to be incorporated into the operating model. To support these recommendations the participants suggested a whole of the organization integrated Information Communication Technology approach to be implemented.

In order to increase the productivity and governance with augmented role clarity the existing organizational structure was reviewed. The present structure of IGMH Group of Hospitals is at risk of disruption of services if there is a political change in the country. The core function of organization is clinical services which are delivered by separate two entities of medical and nursing services. In addition the existing structure enables the departments to function in isolation. Therefore with the review of operating model the participants proposed a structure to increase the efficiency. In the proposed structure a middle management layer of civil servants inserted with a collaborated medical and nursing services.

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