Minimal Database Project for Lebanese Hospitals: A New Achievement for the Syndicate of Hospitals in Lebanon



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Background

Data collection and analysis is the basis of wise decision making. Data are not a luxury, they differentiate evidenced-based policy making and those based on past experience and estimations.

One of the main problems that the system in Lebanon faces is the lack of key data and information about numerous aspects of the healthcare system.

For this purpose, the Syndicate of Private Hospitals has decided to initiate a data collection project at private hospitals that aims to build a minimum national hospital database that can be used by stakeholders for future strategic planning and policy making.

A first attempt to build a minimum database was done in 2008. In 2011, the administrative board of the Syndicate of Hospitals decided to update the database and provided enough support for collecting and analyzing data. The Syndicate delegated this project coordination to Mr. Mohamad-Ali Hamandi who gathered a large team to support data collection. The data were kept strictly confidential.

The objectives of the national project is to understand what information is missing, formulate a questionnaire addressed to the managers of private hospitals and finally use the gathered information to establish a minimal hospital database. In order to prepare the questionnaire, a pilot study was done on hospitals that constitute the administrative board of the Syndicate of Hospitals. Experts from university hospitals were consulted. A questionnaire was prepared and amended as per their remarks.

This study covered all Lebanese hospitals (private/governmental/short stay/long stay).

Expected Outcomes

The expected outcome of this project is a national hospital database owned by the Syndicate of Hospitals. This will be accomplished after compiling all the information regarding many critical areas in the Lebanese private hospitals. The area that were covered in the survey:



Administrative information: General information about the hospital (telephone, email, CEO, medical director, nursing director, quality and finance directors, total number of beds)

Hospital Statistics (occupancy rate, average length of stay, inpatient/outpatient admissions, ER visits, total number of procedures in OR).

Other information regarding availability and number of (ambulances, isolation rooms, available beds/examination rooms in ER and other services)

Departments and Services Available: Tick-list of the various Departments/Services a hospital might have. Availability of centers of excellence and modern technologies (catheterization, open hearth surgery, radiotherapy, lithotripsy, bone marrow transplant, renal transplant, burn center, in-vitro fertilization, ophthalmology center, nuclear medicine, etc)

Human Resources Information: Number of administrative human resources and nurses as per the degree they hold, number of working hours, number of health professionals: nurses as per various nursing degrees, pharmacists, laboratory technicians, and speech therapists. Number of physicians as per their different specializations and whether they are on a full time or part time basis. Concentration on rare sub-specialties and number of residents per university. Number of hospital professionals: occupational health and safety officers, social workers, infection control officers, biomedical engineers, accreditation and/or quality coordinator, waste management officer. Turnover rate for nursing professionals and physicians. Nurse Staff to Bed ratio and in the hospital key units/departments (ICU, OR, CCU etc)

Laboratory Services/ Radiology Services: Laboratory/Radiology in-house or outsourced? Availability of laboratory/radiology services. Types of laboratory tests/services offered. Availability of a blood bank in the hospital and blood distribution availability. Advanced tests

Operating Rooms: Design of the OR, number of operating theatres, number of delivery and labor beds, and presence of L/D/R.

Waste Management: Methods for healthcare waste treatment

Operational Medical Equipment: Availability of equipment: MRI, CT-Scanner, PET-Scanner, Mammography, Lithotripters, Dialysis Machines, Heart-Lung Machines, Medical Ventilators, EEG, Scavenging Systems etc)

Information Systems: Information systems for billing, medical records, pharmacy, laboratory and medical imaging: degree of automation. PACS system presence.

Certifications and Affiliations: Which accreditation/certifications does the hospital have (MOPH, ISO 9000, JCI)

Optional: Beds in 1st, 2nd and 3rd class, externalized services (kitchen, laundry, cleaning, maintenance and biomedical, information technology) with number of staff involved in those services, and cost per patient.

Average salaries by category

Number of generators and fuel, electrical bills consumption per patient day

Insurances held and their cost: Malpractice, Work accidents, Property...

Cost per meal and other services

Where are we Now?

Data were collected and analyzed. The report was presented some modifications. The final results will be published ed to the Board of the Syndicate of Hospitals who request- in the next issue of the "Human and Health" journal.