Short Commnication

Do public hospitals have operational policies?

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Abstract

A questionnaire survey was conducted among directors on the presence and type of operational policies in place at their public hospitals. If it is assumed that hospitals, from which directors did not reply, did not have operational policies then such policies were present in 64.3% (81 of 126) of public hospitals, 42.9% being complete and 21.4% incomplete. If the hospitals from which directors did not reply are excluded, then operational policies are present in 90% of public hospitals, being complete in 60% and incomplete in 30%. Limitations of the study include selection and reporting bias, and the inconsistent criteria on which operational policies were judged to be complete. Furthermore, the presence and types of operational policies reported to be available were not independently verified.

Key words: public hospitals, operational policies

Public health care service providers are responsible to their stake holders who are the government and the community. Services must be provided even though there are limited resources and occasionally unreasonable expectations and criticism. Decisions, clinical as well as administrative, are often difficult to make, are subject to dispute, and occasionally medico-legal challenge. If available, and adhered to, appropriate operational policies can ensure transparent provision of health services.

In the milieu of increasing public scrutiny of hospital services, operational policies can be applied to guide clinical, support service and administrative decision making. They can protect patients as well as staff from untoward prejudiced and selfish practices. As operational policies are increasingly required to guide the provision and maintenance of services, and allocation of resources, a study was undertaken to determine whether and to what extent operational policies were present in public hospitals.

A questionnaire survey was carried out among all Ministry of Health hospital directors. The directors were requested to state whether there were operational policies and whether they considered these to be complete in their institutions.

Of the 126 hospitals surveyed 90 (71.4%) hospital directors replied. The majority, 49 of 90 (54.4%) were from district hospitals without specialist services (Table 1). Most (81 or 90%) had operational policies at their hospitals but only 54 (60%) stated these policies were complete. Nine (10%) directors stated that there were no operational policies at their hospitals. A larger proportion of regional (state) referral centres (75%) and district hospitals (75%) with specialist services have operational policies compared to district hospitals without specialist services (51%).

The optional operational integrity of a health care facility depends on the correct interpretations and adherence of a well designed and written policy (Molinari *et al.*, 1995) and hospital leaders should ensure that effective working practices and procedures are in place and are adhered to (Masterson, 1999).

In the current milieu of required/demanded transparency and accountability, and potential medico-legal challenge, there is an increasing need to adhere to protocol or operational policy so that alleged misconduct, malpractice and favouritism in the provision of services especially in public hospitals can be minimized. Operational policies should be commensurate with the mission, operating principles, vision and goals (Karibo *et al.*, 1995) of the institution. Their development must reflect the strength, weakness (Gilson *et al.*, 1994), and expertise available within the institution.

Operational policies are required to guide clinical resource allocation such as the prioritiz-

ing of surgical services. They can determine whether quality of life improving procedures such as the operative treatment of varicose veins take precedence over the life prolonging procedure of vascular access construction for haemodialysis or elective abdominal aortic aneurysm repair. They can be used to decide which patient is allocated the last available intensive care unit bed (Teres, 1993) or to determine when critical care and life support is rendered or proclaimed futile (Hudson, 1994).

Although there were operational policies in 90% of the hospitals from which the directors responded, only 60% of hospital directors stated that the policy was complete at their hospital. Only 75% of the regional (state) referral centres and 75% of district hospitals with specialist services had operational policies which were considered complete. The content of the operational policy and the criteria on which operational policies were judged to be complete were not addressed in the study. Those hospitals from which the directors did not respond (25%) could have either incomplete or no operational policies. If it is assumed the hospitals from which the directors did not reply had no operational policies, then the proportion of hospitals with complete, and incomplete policies were 42.9% (54 of 126), and 21.4% (27 of 126) respectively. A standard template for operational policies based on resources, functions and expertise avaliable should be prepared by the Ministry of Health for implementation by public hospitals.

Table 1. Survey on availability of operational policies in public hospitals

Type of Hospital	No. (%)	Operational Policies			
		Present (%)	Complete (%)	Incomplete (%)	Absent (%)
State Referral Centre	12 (13.3)	11 (91.7)	9 (75)	2 (16.7)	1 (8.3)
District Hospital with Specialist Services	24 (26.7)	23 (95.8)	18 (75)	5 (20.8)	1 (4.2)
District Hospital without Specialist Services	49 (54.4)	44 (89.8)	25 (51)	19 (38.8)	5 (10.2)
Other Hospitals	5 (5.6)	3 (60.0)	2 (40)	1 (20.0)	2 (40)
Total	90 (100)	81 (90.0)	54 (60)	27 (30.0)	9 (10)

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