

THE DASHBOARD AS A MANAGERIAL INSTRUMENT OF MEASURING PERFORMANCE IN MEDICAL-SANITARY INSTITUTIONS

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It is a known fact that nowadays, the health institutions are confronted with the existence of resource shortages and with a demand for quality, which, at the same time, raises the issue of performance. The asymmetry of information, the inelasticity of the offer and the rigid price policy in the medical field have encouraged us to rethink the problem of the performance that can no longer be limited to financial elements. Hence, we consider that the dashboard techniques integration in the medical domain through the construction of Balance Scorecard will lead to performance, based on newly imposed economic considerations.

Key words: mission, vision, critical success factors, essential values, strategic objectives.

JEL classification: G23, I18, M10, P36

1. Literature review: definition, history, concept and stages of Balance Scorecard

The concept of Balance Scorecard (BSC) has been coined at **the beginning of the 90's** by **Robert Kaplan**, Harvard professor and **David Norton**, Boston consultant, starting from the following ascertainment: 90% of the enterprises do not manage to put in practice the strategy they have elaborated, identifying **four types of obstacles** in the implementation an enterprise's strategy: **the management; the lack of coherence in resource distribution; the human factor; the absence of a common vision.** The BSC developed by Kaplan and Norton appears as a *new reference point in enterprise administration, bringing together financial and non-financial indicators, which provide a clear image of a company's the "true" value, a management system that enables the organization to clarify its vision and strategy, and to transform them in concrete actions, offering a feed-back concerning the internal processes and the external results, in view of a continuous improvement of the performances and results from a strategic perspective.* In 1996, Kaplan and Norton considered the performance of a company under four aspects: **financial, customer, internal processes and innovation/learning**, perspectives that respond to the preoccupations of the clients, shareholders, employees and public authorities. Each of the four directions is represented by a game of objectives and measures, the indicators constituting a *balance between the external measures for the shareholders and clients and the internal measures of processes and innovation.* Practically, the BSC offers the answers to the following questions: *What is your vision of your organization and your customers? What kind of strategy corresponds to this vision? What are the key operational variables that enable you to measure whether the strategic objectives have been accomplished or not?* The stages of the organizational BSC establishment are⁵⁷:

1. The formulation of the mission and of the common vision, of the critical success factors and of the essential values:

The mission of the organization comprises the identity of the organization and indicates the reasons of its existence.

⁵⁷ Dr. Hubert K. Rampersard B.S., M.Sc., Ph.D., Total Performance Scorecard Fundamente, Instrument practice de aliniere și îmbunătățire organizațională, Editura Didactică și Pedagogică, R.A., București, 2005.

The vision of the organization includes the long term dream of the organization and points out the way of the transformations necessary to achieve it.

The essential values are employed to enhance the unity of thinking of the employees and to positively influence their behaviour.

A critical success factor of the organization is a factor the organization needs to excel in so as to survive or a factor of foremost importance for the success of the organization.

2. The formulation of the strategic objectives of the organization. The strategic objectives are measurable results that derive from critical success factors in view of accomplishing the vision of the organization.

3. The definition of the performance indicators. A performance indicator is a measuring point, connected to the critical success factors and to the strategic objectives, through which the functioning of a process can be assessed.

4. The formulation of the organization improvement endeavors. These actions are measures undertaken in order to accomplish the strategic objectives, the ones chosen being the ones that contribute most to the critical success factors.

2. Hospital Scorecard: application for the surgery section

The mission of the surgery section: We are at a surgery section that is safe and reliable for all patients no matter their sex, age or social environment they come from.

The vision of the surgery section: We want to be a professional and well equipped, a section that could become the first choice of any patient. We want to obtain this thing by: **(Patient's Perspective):**

1. The procurement of good financial results by optimizing the expenses for the maximum satisfaction of the patients taking into account the financial constraints tied by the price systems; the procurement of increasing profitability by introducing successfully some new operatory techniques, high tech medical machines with the help of which we could offer to the patients new services **(Financial Perspective and Internal processes).**

2. Offering the patients high quality services regarding the medical, hotel and administrative point of view; offering the patients the right to information, security, confidentiality, trust; to maximize the degree of satisfaction of the patient **(Patient Perspective).**

3. Insuring the solution to all patients' requests in the most propitious period of time (work schedule, waiting hours between processes, the planning of the operator block's resources) with better results than those of the similar sections within other hospitals and the creation of a work climate which encourages the spirit team and open communication **(Internal processes Perspective and Knowledge and learning).**

4. The continuous training of the medical and auxiliary staff and the gain of a competitive advantage based upon competence and knowledge **(Knowledge and learning Perspective).**

To be the most reliable surgery section for all the patients, all our activity will focus on achieving a top performance with a motivated medical and auxiliary staff, who care about the patient's needs **(Internal processes Perspective and Knowledge and learning).**

The existential values of the surgery section: The surgery section is guided upon the following essential values:

Integrity: We work fair and honest with the patients; when we promise something, we keep our promise.

Passion: We work with a devoted, passionate and decided staff willing to obtain superior medical performances no matter the type of intervention.

Orientation towards the patient: The patients are the centre of everything we do. We permanently listen to what patients say, we find out their specific needs, we give them individual attention and we offer them those quality medical services they expect from us, to satisfy them constantly.

Respect: We treat our patients as we would like to be treated. We do not accept arrogant and impolite behavior.

Communication: We make time to communicate with the patients and to listen to them. We believe that the information gives humans an impulse.

The **other steps** can be found in the table below, which represents **BSC for the surgery section:**

PATIENT			
Critic factors of success	Strategic objectives	Performance indicators	Improved actions
0	1	2	3
The first choice of the patients than need surgical intervention	The improvement of the satisfaction level of the patient regarding the offered medical services	The rate of mortality within hospitals in sections; The proportion of deceased patients 24 h after their hospitalisation per section; The proportion of the deceased patients 48 h after their surgical intervention per section; The rate of nosocomial infections per section; The rate of the re-hospitalized patients (without a previous planning) for 30 days from their discharge; The index of concordance between the diagnosis given at the hospitalisation and that given at the discharge.	The definition of some precise standards for each task realised by the employees of the medical and executor –operational branch; the learning of those standards by the employees and the checking of the degree of their awareness concerning the expected results; The elaboration of the following mechanisms of standardization: the guide regarding the surgical operator protocol; specific guide for the circuit of laundry in the hospital; the protocol for effectuating the daily cleanliness in the hospital; the protocol for the prevention and control of the nosocomial infections; the protocol used to prepare the surgical instruments for sterilisation; the protocol of the aseptic technique in the operator block.
High quality services	Higher degree of trust of the patient regarding the surgical services that we offer	The number of the patients' complaints; Loyalty degree of the patients (coming back for check-up).	A new approach of the relation with the patients in surgical services; The implementation of an improvement plan of the patient's confidence; Benchmarking regarding the patients loyalty.
Image	Improvement of the degree of public cognition	Cognition degree	The creation of the department Public relations; Permanent actualisation of the web page; The strategy of counteraction of negative publicity.

STUFF, COGNITION AND LEARNING			
0	1	2	3
The continuous development of human potential	Higher work productivity	The productivity of the personnel work	The realisation of development plans of career for everybody; The leading of the planning

			interviews, guidance and evaluation of the performances obtained with the employees basing upon the individual performance plans and of the competence profiles.
Competitive advantage, based upon knowledge, abilities and aptitudes of the medical and auxiliary staff	Improved managerial competence; Improved commercial abilities of the marketing personnel.	The percent of available competences; The percent of managers trained for essential managerial abilities; The costs of the managers' training; The costs for marketing training; Percent of employees qualified in marketing.	The correlation of rewards with the system of evaluation of performance; Offering training in Leadership efficient; The determination of the training budget for managers; The determination of the training budget for marketing personnel.
Open communication	Improved access to the strategic information; A culture oriented towards the patient; Opening and honesty in the communication of information.	The reserve of the strategic information; The degree of satisfaction of the patients; The level of experience of the medical and auxiliary staff concerning the change of information.	Measuring the degree of satisfaction of the patients; The execution of a studio of the employees' satisfaction concerning the exchange of information.

INTERNAL PROCESSES			
0	1	2	3
Safe and confident	Optimal safety and trust	Safe investigations and the maintenance of the salons and of the operator block; The percent of the incidents regarding safety.	Introducing the total system of Preventive Maintenance; The supplementary equipment of the salons with alarm systems for each bed for emergency cases; The improvement of the awareness of the medical and auxiliary staff concerning the safety problems through training; The introduction of security supplementary personnel especially in the night.

0	1	2	3
Solving in time all the processes to which the patient is subdued (hospitalization,	The diminution of the waiting time when hospitalizing	The proportion of the hospitalized patients present in the guard room; The number of the patients consulted	A planning of hospitalisation: it needs to fix the dates of hospitalization of the patients for a surgical intervention. The planning horizon is of several months (it depends on the considered health

investigations, surgical intervention, treatment, discharge)		in the ambulatory; The number of patients registered on a waiting list per section.	system and on the treated pathologies).
	The reduction of the waiting time for the surgical intervention and of the hospitalization period	The medium duration per section; The rate of usage of the beds per section; The medium duration of waiting for the surgical intervention.	A construction of the operatory program regarding the time, noted with T days; A construction of the daily operator program; Time management in the operator block.
	The diminution of the number of failed surgical interventions	Complexity index of the cases per section; The percent of the patients with successful surgical interventions of the entire number of discharged patients per section.	Identifying the causes of the failed surgical interventions depending on the type of intervention, sex and age groups;. The elimination of the causes, respectively of outdated procedures, outdated instruments, of the consumable materials and inappropriate medicine, the avoidance of human mistakes by permanent clarification of the stuff.
Team spirit (motivating work climate)	The managers' action as guides; Efficient team work.	The percent of the stuff which consider that it works under the guidance of an efficient leadership; The degree of satisfaction regarding feedback.	The formulation of a development plan for managers; The supply of training regarding the efficient guidance of the teams; The supply of training regarding team work and team development.
Motivating work force	Improved degree of satisfaction of the employees	The percent of the stuff that consider they are doing an interesting work; The percent of the days of medical leave.	The realisation of a studio regarding the satisfaction of the employees; The definition and the communication of the tasks, responsibilities and authority of the stuff; The study of the improvement of work conditions.

FINANCIAL			
0	1	2	3
Good financial results and increased profitability	The respecting of the budgets	Budgetary execution to the approved expenses budget; The percentage of personal incomes of the section of all incomes of the hospital.	Introducing a privatization system of paid hotel services; The encouragement of the doctors to do research

			activities; The organisation of symposiums and conferences to present the best results.
	The efficient usage of the resources	The structure of expenses on each type of intervention depending on the income sources	The analysis of the processes of acquisition of the consumable materials and of medication and also its best execution; The usage of operatory techniques less expensive.
Good financial results and increased profitability	Optimizing the expenses for maximum satisfaction of the patients	The percentage of the expenses on medication of the section of the entire sum of expenses of the hospital; The percentage of capital expenses of the entire sum of expenses of the hospital; The percentage of personnel expenses of the section of the entire sum of expenses of the hospital.	The analysis of the acquisition processes of medication and its best execution; The realization of a department of Clinic engineering to ensure the continuity of the logistic system having a technical nature of medical activity and to optimize the cost of activities; Adopting the maintenance of the medical technical systems.
	Increased profitability	Medium cost per day of hospitalization per section; Medium cost on surgical intervention categories per day of hospitalization per section.	The externalization of catering activity; The introduction of the budgets for types of surgical intervention .

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