



Addis Ababa University

College of Health Sciences

School of Public Health

Master of Hospital and Health care Administration

Assessment of board work performance and do an intervention
in Adwa Hospital, Tigray, Ethiopia

A capstone project report submitted to Addis Ababa University, college of health sciences and school of public health for the partial fulfillment of masters of hospital and health care administration

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Nov, 2013
Adwa Hospital

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List of Abbreviations

AAU	Addis Abeba university
BC	Board Competency
BM	Board Members
BSC	Balanced Score Card
CEO	Chief Executive Officer
CJCC	Central Joint Coordinating Committee
CJSC	Central Joint Steering Committee
EHRIG	Ethiopian Hospital Reform Implementation Guideline
FMoH	Federal Ministry of Health
GB	Governing Board
KPI	Key Performance Indicator
RJSC	Regional Joint Steering Committee
SMT	Senior Management Team
TRHB	Tigray Regional Health Bureau
WJSC	Woreda Joint Steering Committee

Abstract

Background: Since 1995 Ethiopia has been decentralizing functions, resources authority to the local level and a more decentralized health care system has been part of this movement. The first wave of decentralization resulted in Federal Ministry of Health (FMoH), Regional Health Bureau (RHB), and woreda health office, sharing the decision making about the design, development, and implementation of health care system. To improve governance structure at point of service delivery, the government of Ethiopia introduced facility governing board. But assessment of board members work performance in Adwa Hospital was ineffective

Objective: To assess board work performance and suggest plausible improvement methods by the end of August 2013.

Method: Pre–post intervention study during 2012–13, using EHRIG standards, board work performance evaluation survey and cancellation rate of board regular meetings.

Result: The overall Board work performance evaluation was improved significantly from 64% to 85% ($P < 0.05$) based on pre- and post-intervention comparisons. The percentage of meetings cancelled reduced from 66.66% to 0%. The number of EHRIG operational standards met was also increased by 33.33 %.

Conclusion and recommendation: The findings indicate that a well-organized BMs training brought a significant change in their work performance and therefore such activities are recommended in other facilities.

Key words: Board members, regular meeting, performance, Adwa Hospital, governance, operational standards.

1. Introduction

1.1. Organizational Descriptions

Adwa hospital is among the earliest hospitals in Ethiopia that introduced modern health care services. It is located in Adwa, Tigray central zone which is 1006 km north from Addis Ababa and 203 km north from Mekelle. The hospital was established by Emperor Hailelassie in 1928 E.C to deliver health service for about 10,000 people at the time and recently it has been serving for more than 600,000 people living in five woredas of Adwa which includes Merebleke, Wereileke, Ahferom, urban and rural woredas of Adwa. The hospital is governed by its own board (1).

Other than the board members the hospital has Senior Management Team (SMT) consisting of Chief Executive Officer (CEO), finance head, laboratory head, human resource head, pharmacy head, auditor, matron and medical director. SMT assists the CEO in strategic planning as well as identifying and solving problems. The hospital has a total of 225 employees including 1 internist, 1 gynecologist, 5 General Practitioners (GPs), 1 emergency surgeon, 2 pediatricians, 4 health officers, 84 nurses, 11 pharmacy professionals, 12 medical laboratory technologists, 3 X-ray technologists, 91 supportive staffs, and 1 physiotherapist. The types of services provided in the hospital include TB and HIV counseling, testing, and treatment. Other services are laboratory, X-ray and ultrasound investigations, antenatal and postnatal care, delivery services, PMTCT, VCT, major and minor surgery, dental care, pharmacy service, family planning services, ophthalmic care services (2).

1.2. Problem Statement

Since 1995 Ethiopia has been decentralizing functions, resources authority to the local level and a more decentralized health care system has been part of this movement. The first wave of decentralization resulted in Federal Ministry of Health (FMoH), Regional Health Bureau (RHB), and woreda health office, sharing the decision making about the design, development, and implementation of health care system. The FMoH and RHB were expected to make policies, provide technical support and manage hospitals while Woreda health offices are meant to manage and coordinate the operation of primary health care services at the woreda level (3).

Even under decentralization health facilities, hospitals in particular were directly accountable to the RHB, and no mechanisms existed to make the hospital responsive to the needs of their local communities. Communities were not involved in making decisions about strengthening facilities to improve services quality or resource allocation and prioritization. In 1998 committees were formulated to govern health care

system like Central Joint Steering (CJSC), Central Joint Core Coordinating (JCCC), Regional Joint Steering Committee (RJSC), Woredas Joint Steering Committee (WJSC), and Keble HIV and health committees (3).

These all committees at all level of the health care system were to serve as coordination mechanism to plan, implement, and monitor and evaluate programs and projects at the health sector. However, evaluation results of these committees showed that they are not functioning properly. In fact in many regions, these committees were not established. Where committees established they met only irregularly, most importantly there was a clear weakness in ensuring transparent and accountable management of health facility especially in their responsiveness to the community needs. In addition, the health sector effectiveness was constrained by inefficient procurement system (3).

To improve governance structure at point of service delivery, the government introduced facility governing board. But in Adwa hospital the work performance of board was inefficient in different areas. The overall work performance assessment result was 64% by the end of December 2012 and the number of operational standards met were four (66.66%). In addition there was high cancellation rate of board regular meetings.

A high functioning board participates effectively to address the following function.

A. Determine the organization's mission, vision and value

It is the governing board's responsibilities to create and regularly review a statement of vision and mission that articulates the organization's goal (4).

B. Establish corporate policies

The governing board should ensure policies for staff recruitment and retention, income generation and expenditure, quality assurance to govern the operation of the facility (4).

C. Ensure effective organizational planning

Governing board should actively participate in an overall organizational planning process. This includes examining and approving the strategic and annual plans of the hospital and ensuring that such plans are in accordance with the mission, vision and values of the hospital. Board must also ensure plans are aligned with local, regional, and national health sector priorities and targets (4).

D. Direct and supervise the overall activities of the hospital

Governing board must monitor progress towards the goal and targets of the strategic and annual plan. If the hospital is not on track to meet its stated plans, the governing board must identify the reasons why and should assist the CEO and SMT to identify and implement solutions (4).

E. Provide proper financial oversight

Board must review and approve the hospital's annual budget and implement proper financial controls to follow up on its utilization and ensure that the hospital operates within its budget. This includes implementation of revenue retention and utilization as per the federal or regional financial rules and regulations. In addition to this, they have to ensure that internal and external financial audits are carried out as needed by regularly reviewing results of audit and actions taken on any recommendations made (5).

F. Ensure adequate resources

Identifying what constitute adequate resources for the organization and ensuring the effective means to improve revenue is also responsibility of board. Such mechanisms include fee revision, outsourcing of activities according to regional financial rules and regulations (5).

G. Selects the Chief Executive Officer (CEO)

Governing board must ensure qualified individual is appointed to the position of Chief Executive Officer (CEO) following the correct process (5).

H. Support, monitor and assess the performance of the CEO.

Governing board should evaluate the CEO at least annually and support and monitor his /her activities by comparing with CEO's job description (5).

I. Provide orientation for new board members and ensures ongoing education for existing members.

All governing board members should participate in ongoing education program to help members to carry out their roles and responsibilities (5).

J. Review effectiveness of its own performance

Board director should periodically evaluate its performance by taking attendance in meetings, vacancy rate, knowledge and skill on hospital operations, and others as reference (5).

1.3. Significance of the Study

The findings from this study can have significant impact on the operation of Adwa Hospital and will help the hospital run better and could be used by other hospitals to improve the performance of governing board as well.

Generally, health governance is defined as the process of competently directing health care system resources, performance, and stakeholder participation towards the goal of saving lives and doing so in a way that is open, transparent, accountable, equitable and responsive to the needs of the people (6).

In Tigray region including Adwa Hospital, the board members come largely from civic organizations or associations like women association, youth association, Hospital representative, business community representative, teachers' association representative, community representative and the mayor of city administration. The board members of Adwa hospital has eight members composed of the above mentioned associations.

The anticipated outcome of this project is to increase the operational or performance standards and effectiveness of the governing board of the hospital as the board plays a vital role in providing the leadership activity necessary to ensure that the hospital offer the best possible patient care while functioning efficiently, effectively and economically.

1.4. Root Cause Analysis

A questionnaire was administered to the board members and other 25 staff members to identify the perceived causes of ineffective board performance in Adwa hospital based on fish bone model and the results are depicted in figure 1.

To know the real root cause observation of the environment, assessing the board minute, reading the policy, administering a questionnaire and assessing files were conducted as needed.

- ✚ **Work load:** - most hospital governing board members (BM) of Tigray region has similar type of work load.
- ✚ **Negligence:** 25% of BM knows their function by which negligence may contribute to the problem.
- ✚ **Lack of knowledge of their roles and responsibilities:** - this is the main cause for the ineffective board performance in the hospital because as discussed 75% of the board members did not know their job description.
- ✚ **Lack of man power:** - almost all hospitals in the region have seven or eight members and the hospital has eight members which less likely is to be the main reason for the ineffective performance.
- ✚ **Opinion or political difference among BMs:** - This is not the reason because all members of the board are under the same political party.

- ❖ **Lack of interest:** - members of the BMs are interested to serve the community as a board as they answer positively.
- ❖ **Board composition problems:** - even if the board member selection is not based on their profession or have not professional diversity, board of other hospitals like Axum St. Marry Hospital governing board is strong even if they have the same board composition. But in principle, since health care organizations are complex in structure and contains many different departments, GB should be composed of peoples from different professional diversity like business administration, health professionals, finance personnel and management skills.
- ❖ **Lack of incentive policy to board members (allowance):** as established by federal and regional directives, reimbursement of expense for board members and allowance for board duties should be provided. There is a policy for allowance even if it is not implemented (6).
- ❖ **No clear policy how to appoint and remove board members:** rules and procedures for appointment of governing board members are described within federal and regional proclamations, regulations and directives (6).
- ❖ **Lack of website:-**Adwa is small town so that members can communicate easily by writing their message and posting it around the hospital and other core areas as well as by phone. Additional evidence is, BMs cancel regular meeting schedule and do not discuss about quality of service.
- ❖ **Lack of computer and internet accesses:** - this is not the main reason for the ineffective governance because they can use office computers.
- ❖ **No governing board committees:** - This is the result of the weakness of the board but not the cause.
- ❖ **Old building of the hospital:** - The hospital's building is old since it is established in 1928E.C. But now some of the buildings are renovated and may not be the main reason.
- ❖ **The catchment area population needs education about the role of board and hospital:** - this is the result of the ineffective board.
- ❖ **No regular meetings:** This contributes to the problem because they have no time to discuss on their roles and responsibilities and to evaluate the organizations performance against the predetermined goals.

So, the main cause for the ineffective board performance is having lack of knowledge on roles and responsibilities. Cancellation of regular meetings, negligence, and lack of incentives to BM may also contribute to the problem.

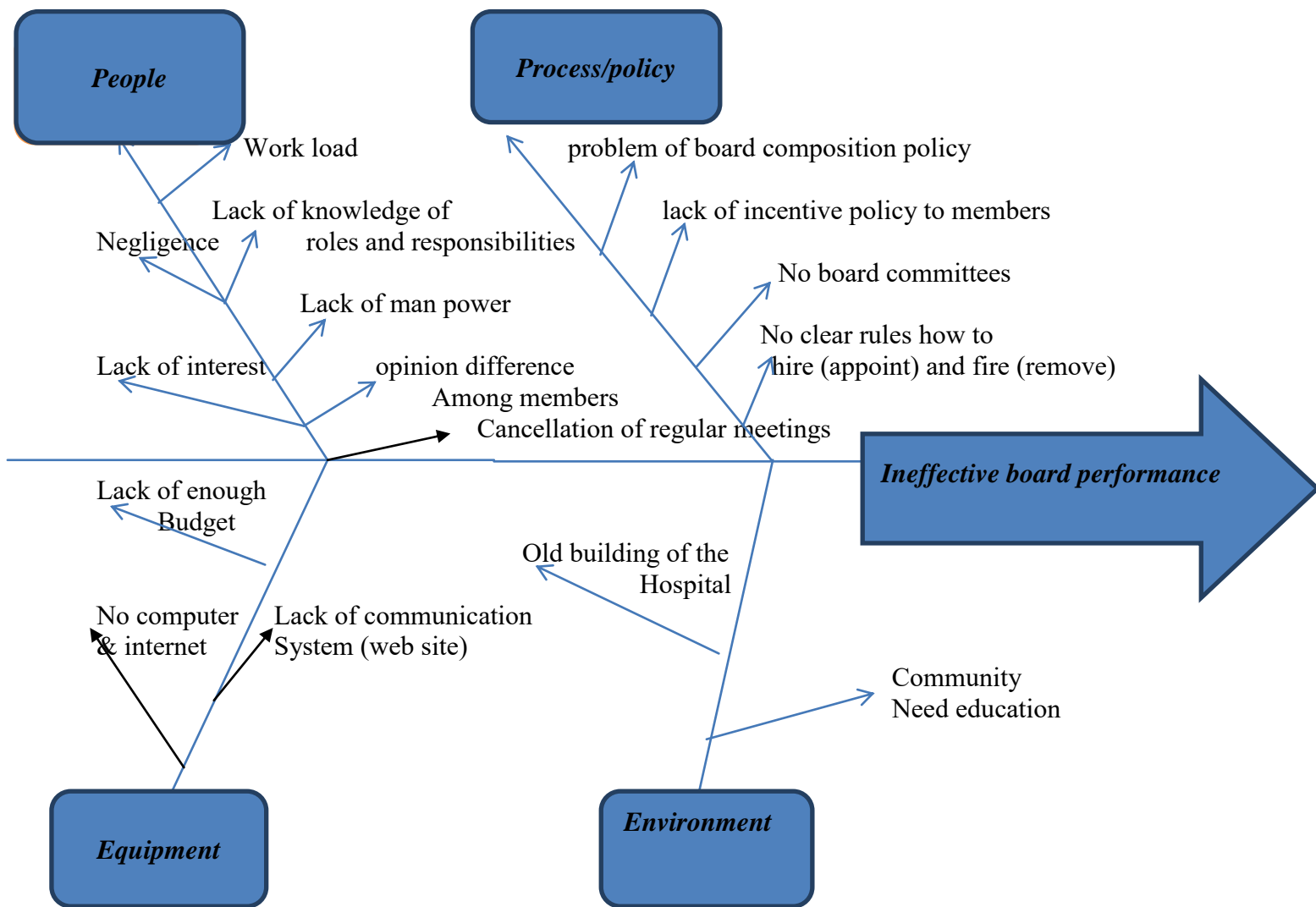


Figure 1: Fish bone diagram of root cause analysis for ineffective board performance, Adwa Hospital, 2013.

1.5. Alternative Interventions

After identifying the most important root causes of the problem, the next step is to generate solutions. So, the following alternatives are chosen expecting that at least one of them can solve the problem.

1. Introducing performance assessment and BMs training system
2. Providing reading materials to BMs
3. Giving incentives to BMs

1.6. Comparative Analysis of Alternatives

Once alternative strategies have been generated, it is important to perform a side by side comparison of the strategic alternatives using evaluative criteria to rate and chose among the alternatives. The tool to do strategic analysis is the decision matrix which compares options and guide decision making.

Table1: Comparative analysis of alternative interventions, Adwa, Ethiopia, 2013.

Alternative interventions	Impact	Feasibility	Expenses	Time required	Total
Introducing continuous performance assessment and training system	4	5	5	5	19
Providing reading materials to BMs	2	5	5	5	17
Giving incentives to BMs	3	1	2	2	8

1.7. Selecting the Best Intervention

Based on the results of comparative analysis, the best strategy selected is introducing continuous performance assessment and orientation system. The advantage and limitation of the given alternative interventions are stated below.

1. Introducing continuous performance assessment and orientation system

- **Impact:** this intervention is expected to increase board members knowledge what to do to govern the hospital properly and how to do it. In this intervention board performance assessment will be conducted and then orientation will be provided on the gap identified during the assessment.
- **Feasibility:** this intervention is feasible to implement politically, culturally and religiously.
- **Expenses:** the cost of this intervention is small and affordable by the hospital.

- **Implementation time:** Generally this intervention can be implemented within three months of interval to see the outcome.
- **Limitation:** the intervention may be limited to improve the performance of those members who are negligent.

2. Providing reading materials to members

- **Impact:** providing reading materials to members may not bring the required outcome because they may or may not read and understand the content of the reading material. In addition, all BMs may not have same potential of understanding and they will interpret the content of the reading material differently.
- **Feasibility:** this intervention is feasible to implement politically, culturally and religiously.
- **Expense:** certainly expense is not a problem with this intervention because no more cost is needed other than paper and ink for print.
- **Implementation time:** the time limit given for this project is enough to implement this intervention.

3. Giving Incentives to BMs

- **Impact:** This intervention may improve the performance of those members with their main reason not to perform well is negligence and lack of incentives. But this intervention cannot improve effectiveness of BM who lacks knowledge on their job description.
- **Feasibility:** incentivizing BM in the hospital may result demotivating other hospitals BM in the region. So this is less feasible to implement.
- **Expense:** this intervention costs more when compared to the other interventions. Because the hospital will be forced to pay money to BM which is an additional cost to the hospital and to the country as they are already employed in other sectors.
- **Implementation time:** this requires long time to convince the regional administration body at each level.

So, the best intervention selected was introducing board performance assessment and training system. This intervention will help to identify the gap of performance, at same time provides orientation to fill the gap so that the effectiveness of board performance will improve.

2. Literature Review

2.1 Dimensions of high performance board competency

Strategic dimension of board competency (BC):-

Effective boards are strategically competent and keep a sharp eye on the future. Their active involvement in envisioning and shaping institutional direction ensures a strategic approach to the organizations future position. Such boards cultivate and concentrate on processes that sharpen priorities and direct attention to a few key matters of symbolic magnitude to the organization (7).

In effect, strategically attuned boards anticipate problems, acting before issues become urgent rather than merely putting out today's fires. A board can be considered strategically competent when it focuses most of its attention on issues and priorities that are vital to enhancing the organization's future (7).

The contextual dimension of BC:-

Boards with strong contextual competency are familiar with issues facing the organization and the larger society. They understand and take into account the culture and norms of the organization they govern. They intentionally rely on the organization's mission, values, and traditions to guide their decisions (7).

The analytical dimension of BC:-

The analytical dimension of board performance focuses on group skill in examining the complex issues the board faces. A key resource for analytical competency lies in the diversity among members to bring multiple viewpoints to the board. Boards should seek balance of ethnicity, gender, age, sexual orientation, to ensure diversity of views, concerns, and skills which in turn enriches the quality of analysis (8).

The political dimension of BC:-

A primary board responsibility is to develop and sustain healthy relationships and maintain open, two-way communication with all constituencies in the community who have a stake in the organization's success. They need to cultivate associations with other community organizations where that will be in the best interest of their organization. Doing this requires political skills which are essential to effective governance (8).

Educational dimension of BC:-

Effective boards ensure that all members are well informed about their organization; the board's roles, responsibilities, performance expectations, and trends and changes in the field. Toward this end they shape& out opportunities for members' education and development, seek feedback on their performance, reflect periodically on their work, assess their strengths and limitations, and examine mistakes or missed opportunities. In short, effective boards are intentional learners (7, 8).

Interpersonal dimension of BC:-

Boards should nurture development of members as a group, beyond the occasional assembly of talented individuals. Attention should focus specifically on the board's collective well-being and foster a sense of cohesiveness among all participants. Rather than assuming that the CEO carries all burdens of responsibility for the organization's success, they see themselves as partners in guiding the organization and all members share responsibility on the most crucial issues facing the organization in the coming years (7, 9).

2.3. Enhancing Board Effectiveness

High-functioning boards conduct a variety of activities to ensure their members have the right knowledge, skills, and personal capabilities to govern effectively and continue to improve their performance. The effectiveness of the board of trustees and the quality of governance are critical to an organization's success. Jaklevic results of the Governance Institute's survey of 234 hospital trustees who attended educational conferences in January and February 2003 shows good governance affects the overall success of the organization by 99%. This means if there is effective governance in the hospital, 99% of the organization plan and goals can be successfully completed as per the plan. The result also indicated the following top five factors that were rated by participating trustees as "very important" to effective governance: (a) board endorsement of additional orientation and education for trustees (92%), (b) conducting a formal CEO performance review (91%), (c) board composition of mostly outside independent directors (81%), (d) chairman of the board is an outside director (80%), and (e) regular board and trustee performance evaluation (76%). But in the context of Adwa hospital only c & d are true; no additional orientation and education, no formal CEO performance evaluation, and no board and trustee performance evaluation at all. In my intervention in addition to training, a system of board performance assessment and CEO evaluation will be introduced (10).

Recruitment and Selection (composition):-

Like any other job, board work is associated with specific competencies. In 2008 the American Hospital Association's Center for Healthcare Governance and Health Research & Educational Trust convened a Blue Ribbon Panel on Trustee Core Competencies. The panel identified sets of core competencies for trustees of hospitals and health systems and the first set includes knowledge and skills competencies in three areas: health care delivery and performance evaluation, business, finance administration, and human resources. The second set of competencies is personal capabilities. Effective boards have dedicated trustees, an effective chairman, and an organized and disciplined operation (10).

Board Orientation:-

Boards are only as strong as their weakest member. That's why effective board governance begins with the individual trustee. To be effective individually and as part of the board team, new board members need an orientation, prior to coming onto the board or within the first few months of joining.

Orientation should cover information about the hospital's structure, including programs, services, and senior executives, and its key stakeholders and their needs and expectations. A discussion of key partners should cover the hospital's relationship with the medical staff and with other groups and organizations that are the hospital's strategic partners. New board members also need to understand the hospital's strategic framework, which includes its vision, mission, values, goals, and strategies. Orientation also should address board roles and responsibilities and other expectations. It should clarify board and organizational culture to help new members understand how the board works together and with key organizational leaders (11).

Board Education:-

Board education should focus on improving the knowledge and skills of the board and individual members and on overall board performance. Board education should be required for each board member and compliance with the requirement used to assess individual BM performance for reappointment to additional terms of board service. Governance experts suggest a comprehensive board development program begins with regular assessment of needed competencies and diverse perspectives. Once needs have been identified, they become the basis for board member selection and development. Board orientation for new trustees should lay the foundation for governance effectiveness, followed by ongoing board education to further develop competency (12).

Performance Evaluation:-

Assessment of individual board member performance is designed to evaluate the trustee's knowledge of board roles and responsibilities and the expectations of board members. Examples of these expectations can include attendance at board and committee meetings, participation in board discussion and debate; decision making that reflects the organization's mission and vision, and adherence to board conflict of interest and confidentiality policies (12).

The purpose of assessment is to identify individual development needs and reaffirm the trustee's further commitment to board service. Individual board member performance assessment is a formal process that recognizes a strong board depends on individual member effectiveness. The results of board member assessments are also used in making decisions to reappoint trustees to additional terms of services (13).

Generally, effective board is differentiated from less effective ones in six distinct areas of competence (13, 14):

1. Understanding the institutional history and context.
2. Building the capacity for board learning.
3. Nurturing the development of the board as a cohesive group.
4. Recognizing the complexities and nuances of issues before them.
5. Respecting and guarding the integrity of the governance process.
6. Envisioning and shaping future institutional directions.

Board meetings:-

Members of the board do their work, primarily in their board meetings, including regular board meetings, retreats, and the annual general meetings with constituents. Thus these meetings should be carefully planned and documented (14).

3. Objectives

3.1 General Objective

- ◆ To assess the work performance of the governing board in Adwa hospital.

3.2. Specific Objective

- ◆ To assess the low performance of the board members.
- ◆ To improve work performance of the board members through training.

4. Methods and Materials

4.1. Setting (Study Area)

The study was completed at a 77-years old urban hospital established by emperor Hailelassie in northern Ethiopia Tigray central zone, in Adwa town. The hospital has 110 beds and serves to more than 600,000 catchment population. It has a total of 225 employees, 125 of whom are technical and 100 supporting staffs. Its governing board is composed of eight members who are assigned from different civic organizations.

4.2. Study Design and Data Collection

A pre–post intervention was used to examine the performance of board, cancellation of regular meetings, number of operational standards of board met, before and after the intervention. Baseline data were collected in December 2012; follow up data was collected in August 2013, after three months of implementation

For the assessment of performance, the same questionnaire was administered to all members of the board before and after the intervention. The assessment contains twenty eight items categorized in six groups rated on a four-point scales ranging from strongly agree, agree, disagree and strongly disagree. Data for cancellation of regular meetings was collected from the board minute. As part of data quality assurance, cognitive interviews were done to ensure that they understood the items as they were intended and data was collected by a trained individual.

The number of EHRIG operational standards of board met was measured by principal investigator to ensure the quality of data.

4.3. Study Period

This study was conducted from 15 December 2012 to 15 February 2013 in pre intervention and 15 May 2013 to 15 August 2013 in post intervention.

4.4. Source Population

All board members of the hospital during the specified period

4.5. Study Population

All board members of the hospital during the specified period whose performance was evaluated

4.6. Study Unit

One board member during the specified whose performance was evaluated

4.7. Inclusion Criteria

BMs replaced by other person in the post intervention during the period are included.

4.8. Study Variables

4.8.1. Dependent variable:

Board member work performance of Adwa hospital is considered as dependent variable.

4.9. Data processing and analysis

To compare the mean work performance of board in pre and post intervention, t-test was used .

The cancellation of regular meetings was collected by counting the number of meetings conducted during the specified period of time. In addition to this, the number operational standards met was collected by using the standard checklists on EHRIG.

4.10. Ethical Consideration

Ethical clearance was obtained from Addis Abeba University, college of public health. Privacy and confidentiality of participants is maintained and permission was secured from Tigray Regional Health Bureau.

4.11. Plan for Dissemination of the Results

The final findings of the study will be presented to the department members and other concerned or interested bodies and submitted to Addis Ababa University College of public health. The result of the study will also be disseminated to Tigray Regional Health Bureau and will be submitted to possible publication.

4.12. Board Function Intervention

Scientific problem solving and quality improvement techniques was applied to define the problem, understand its root causes, set objectives, consider alternative strategies to address the identified problem, select a strategy, implement a set of planned tasks and evaluate the impact of the intervention.

The problem statement is defined as the assessment of board work performance and doing an intervention accordingly. To identify root causes and scope of the problem, a pre-implementation assessment conducted in December 2012. The pre-intervention assessment revealed that the hospital board performance is ineffective in some areas of its function and has never assessed hospital performance using appropriate methods. In addition the performance of CEO has never been evaluated because of lack of knowledge on how to monitor and evaluate the performance of the organization. The number of EHRIG operational standards met and KPI of the board were also not satisfactory. The intervention was introduced board performance assessment and training system.

5. Results

All of the eight board members were participated with a response rate of 100%.

The percentage of performance on board roles, increased by 31% (64% in pre to 95% in post). Performance assessment on policies and financial issues improved by 21% (63% in pre to 84% in post). Performance on quality of care increased by 14% (55% in pre and 71% in post) and strategic plan has increased by 16 % (66% in pre and 80% in post). In addition, performance on community link as well as education and competency has improved by 17% and 26% respectively (Table 2).

Table 2: Results of board work performance evaluation, Adwa hospital, Tigray, Ethiopia, 2013.

	Function of board	Mean performance in (%)		Change	P-Value
		Pre intervention	Post intervention		
1	Board roles are known and clearly defined	64%	95%	31%	<0.05
2	Policies and finance related issues	63%	84%	21%	<0.05
3	Quality of care related performance	55%	71%	16%	<0.05
4	Strategic plan	66%	80%	14%	<0.05
5	Community link	75%	92%	17%	<0.05
6	Board education and competency	61%	87%	26%	<0.05
Mean		64%	85%	21%	<0.05

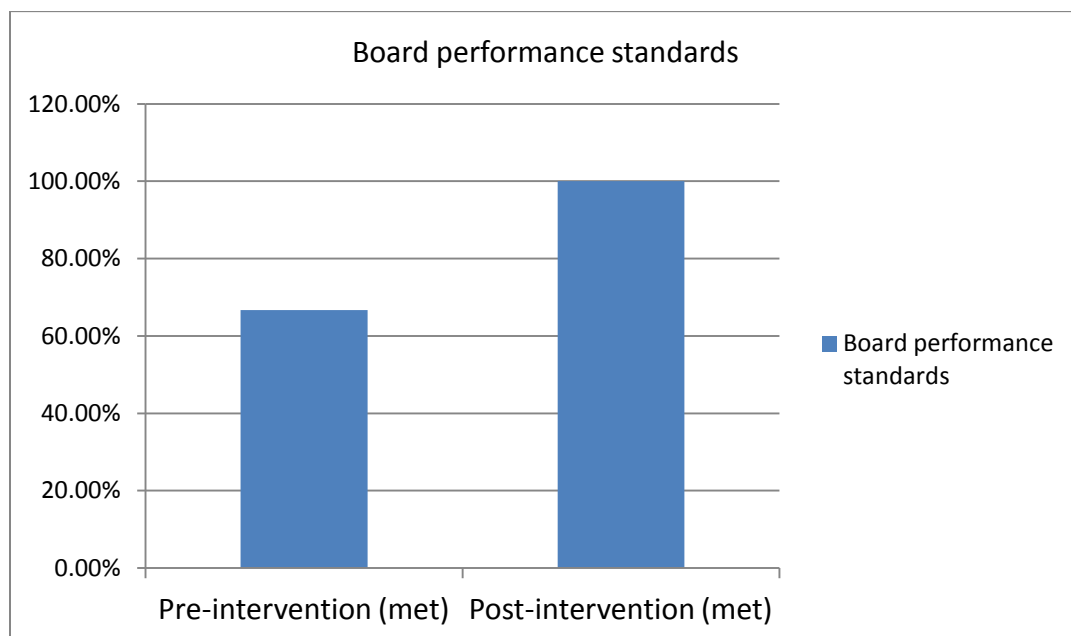
Data for cancellation of regular board meeting was collected from the board minute. The schedule of board regular meeting was in the third week of every month. In the pre intervention, two regular meetings were cancelled but in the post, no meeting was cancelled (Table 3).

Table 3: Results of cancellation of regular board meetings, Adwa hospital, Tigray, Ethiopia, 2013.

No	Description	Cancellation of regular meetings			
		Pre intervention		Post intervention	
		Number	In %	Number	In %
1	Cancellation of regular board meetings	2	66.60%	0	0%

The number of performance standards met also improved significantly from before to after the intervention. (4 standards (66.66%) and 6 standards (100%) were met in pre and post interventions respectively (Figure 2).

Figure 2: Change in EHRIG performance standards met, Adwa hospital, Tigray, Ethiopia, 2013.



6. Discussion

Even though Ethiopia is a resource limited country, improvement of health service organization is possible with little expense.

Effective hospital management and governance is essential to ensure effective and efficient services that contribute to the health and wellbeing of the population served. Well-functioning governing boards have an impact on the quality and efficiency of the hospital daily performance.

Critical to the system design was assessing the performance gap and providing training on the gaps identified. Results of Jaklevic survey shows, regular board and trustee performance evaluation increase board performance by 76%. Since this literature shows evaluation of board work performance is not enough to bring the required change training was provided. In addition, members are convinced not to cancel meeting after reaching an agreement that board work when they meet. Checklists were selected to monitor the performance of the organization and also criteria have set to evaluate the CEO.

Before the intervention, the first person to talk about the weakness of the hospital in public conference was from the board members. But after implementing this project, board members articulate the hospitals mission, vision and goals of the organization to the community (board members work assessment related to community link improved from 75% (pre) to 92% (in post) with p-value <0.05). In addition to this, they tried to ensure community participation in health service planning and delivering through public conferences.

Following intervention, the overall work performance improved significantly by 21% with p-value of 0.05 (64% before the intervention and 85% after the intervention).

According to Jaklevic results of the Governance Institute's survey of 234 hospital trustees who attended educational conferences in January and February 2003, board endorsement of additional training and education for trustees enhance board performance by 92%. In line with this project training of board members in Adwa hospital improved board work performance by 85%.

Additionally, board of the organization never assessed and evaluated the performance of the CEO since the hospital started to be directed by governing board. But after the intervention, CEO was evaluated by setting certain criteria related to his job description. These criteria include setting strategic direction that enhance

the performance of the organization, formulating important policies, monitoring performance of the hospital, and his role in decision making processes. Considering these criteria, the CEO was evaluated for the first time .This is the result of the training in which BMs understand their role and how to evaluate the general manager.

The governing board select checklist of EHRIG to monitor the performance of the organization and to ensure that systems are in place for quality, outcome of patient care, wise use of resources and the challenges facing the hospital in providing healthcare service. EHRIG operational standards increased from 66.66% to 100% by the end of August 2013.

The main purpose of board meetings is to ensure effective governance. If meetings are cancelled, no time to discuss issues related to operation of the hospital because members work in different sectors. Two meetings were cancelled during the first three months of pre intervention. After intervention there were three regular meetings as per their schedule except difference in hours in the day (changing PM to AM in June meeting only). Many researches indicated that boards work effectively when they meet.

Furthermore as a result of continuous monitoring and evaluation system starting from the governing board to the network level, our hospital stands with those that are outstanding hospitals in Tigray in August 2013.

7. Strength and Limitation

7.1. Strength

- There was full participation of respondents.
- This project uses primary data.

7.2. Limitation

- Small population size was used; it might be difficult to generalize to large population size.

8. Conclusion

A simple set performance assessment and training could significantly improve the performance of board and reduce cancellation of regular meetings.

As the performance and knowledge of board members improved, the number of EHRIG performance standards met will increase.

Detailed education is needed on quality of care in order to significantly improve this performance of board.

9. Recommendation

Board performance assessment and training should continue as a system of improving effectiveness of hospital governance.

It is recommended that further study is needed to see the impact of improved board performance on the overall performance of the hospital.

10. References

1. Adwa hospital, essential drug list, back ground of Adwa hospital, 2009; 1(1), 1-2.
2. Adwa hospital, human resource report,2012, Adwa, Ethiopia
3. USIAD, health system 20/20, better system better health,info@HealthSystems2020.org
4. OlanrewajuAkintujoye, etal, Blueprint for Hospital Management in Ethiopia, 2007, 1, 4-15
5. Federal Ministry of Health, hospital management initiative, Ethiopian hospital reform implementation guideline, May 2010; 1(1) 1-34
6. Federal Ministry of Health, hospital performance monitoring and improvement manual, August 2011
7. Healthcare administration, quality of board governance in nonprofit healthcare organizations, 2010, 2(2)
8. A.O. Adams, Quality of Board Governance in Nonprofit Healthcare Organizations, Healthcare Administration; 2005, 2 (2)
9. Good governance: review of literature and initiatives, Bradfield nyland group, October 2011; 1-16
10. Connie R .Curran, and Mary K. Totten, nursing economics, Best on Board 2010, 28(6)
11. Kovner, Anthony “Improving Hospital Board Effectiveness: Health Services Research 1990;3(6): 3-27
12. Richard P. Chait, etal. “Board Effectiveness, Identifying and Measuring Trustee Competencies, Research in Higher Education 30(4): 435-453.
13. Richard P, Quality in Health Care 2009; 21, (4): 253–258
14. Brown, W. Board development practices and competent board members, Nonprofit Management and Leadership, 2007; 17, (3): 301–317
15. Janice C. Probst, etal, Rural Acute Care Hospital Boards of Directors, Education and Development Needed, jun 2010

11. Annex

This questionnaire is applied to assess the effectiveness of board performance in our hospital for better service.

About the board (Pre Intervention)

Which of the following best describes the board of this hospital?

A .Governing board-----0

B. Advisory board-----2

About your hospital board operation (Pre Intervention)

For each of the statement in this section please indicate the degree to which you believe that the statement describes your hospital board. Please mark X on your answer.

Functions of board

Description of board functions	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree	Total
1. Responsibilities					
1. Responsibilities of board members are clearly defined and known		4	3	1	19
2. Description of board member responsibility for this board exist in written form		4	3	1	19
3. Board members clearly understand their role in this board		3	5		19
4. Board members are familiar with mission of the hospital		8			24
5. The board delegate to the CEO the authority to lead the staff and carry out the organization's mission	4	4			28
6. Board evaluates CEO			5	3	13
2. Policies and finance					
7. Our board accept the responsibility for setting the organization's policies		8			24

8. The board review policies at list annually and update them as needed		2	6		18
9. Financial reports are clearly understand by the board		4	4		20
10. The board identifies any early warning signals of poor financial performance		3	5		19
3. Quality of care					
11. The board monitor quality assurance activity and process regularly		3	4	1	18
12. Quality of care reports are reviewed and discussed at board meetings		2	4	2	16
13. The board has a committee responsible for quality of care and patient safety		4	3	1	19
4. Strategic plan					
14. Hospital has strategic plan that is easily understood		8			24
15. Board members review follow up reports on programs they approved		3	4	1	18
16. Strategic plan is used effectively to guide and evaluate efforts during the year		5	3		21
5. Community links					
17. The board acts at all times in the interest of the community		8			24
18. The board ensure that the hospital meets the community's health care needs		8			24
6. Board competencies and training					
19. Board has well developed, formal orientation process for new members		3	4	1	18
20. Orientation is reinforced by an ongoing program of education and development		1	7		17
21. The board is knowledgeable about the bylaws of the board		8			24

22. The expertise or skill level needed to be an effective board for this organization are adequately represented among current board members	3	5			27
23. All board members participate actively in a formal annual self-assessment		2	6		16
24. This board is well informed about the organization's performance against predetermined goals and plans		1	7		17
25. Board consistently functions openly in team building manner		4	4		20
26. The board demonstrate good problem solving		3	5		19
27. Board members clearly understand their relationship to SMT, employees, and medical staff		2	7		18
28. Board membership is appropriate in size		4	4		20
Do you know board has such diverse functions?	Yes			No	
	2			6	

Addressing future needs

What area of governance/ performance of board need improvement.

1. Training or orientation on roles and responsibilities of board.(5 BM answer)
2. Qualification of members should increase to see patients in wards and other departments.(2 BM answer)
3. Face to face communication with the community. (1 BM answer)
4. Representative from war victims. (1 BM answer)

Post intervention

This questionnaire is applied to assess the effectiveness of board performance in our hospital for better service.

About the board (post intervention)

Which of the following best describes the board of this hospital?

A .Governing board-----0

B. Advisory board-----2

About your hospital board operation (Post intervention results)

For each of the statement in this section please indicate the degree to which you believe that the statement describes your hospital board. Please mark X on your answer.

Functions of board

Description of board functions	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree(1)	Total
1. Responsibilities					
1. Responsibilities of board members are clearly defined and known	5	3			29
2. Description of board member responsibility for this board exist in written form	8				32
3. Board members clearly understand their role in this board	4	4			28
4. Board members are familiar with mission of the hospital	8				32
5. The board delegate to the CEO the authority to lead the staff and carry out the organization's mission	5	3			29
6. Board evaluates CEO	8				32
2. Policies and finance					
7. Our board accept the responsibility for setting the organization's policies	4	4			28

8. The board review policies at list annually and update them as needed	4	3	1		27
9. Financial reports are clearly understand by the board	3	3	2		23
10. The board identifies any early warning signals of poor financial performance	5	3			29
3. Quality of care					
11. The board monitor quality assurance activity and process regularly	5	3			29
12. Quality of care reports are reviewed and discussed at board meetings	3	2	2		20
13. The board has a committee responsible for quality of care and patient safety		3	5		19
4. Strategic plan					
14. Hospital has strategic plan that is easily understood	8				32
15. Board members review follow up reports on programs they approved		5	2	1	20
16. Strategic plan is used effectively to guide and evaluate efforts during the year	3	4	1		25
5. Community links					
17. The board acts at all times in the interest of the community	8				32
18. The board ensure that the hospital meets the community's health care needs	3	5			27
6. Board competencies and training					
19. Board has well developed, formal orientation process for new members	8				32
20. Orientation is reinforced by an ongoing program of education and development	4	4			28
21. The board is knowledgeable about the bylaws of the board	4	4			28

22. The expertise or skill level needed to be an effective board for this organization are adequately represented among current board members	6	2			30
23. All board members participate actively in a formal annual self-assessment	3	3	2		25
24. This board is well informed about the organization's performance against predetermined goals and plans	5	2	1		27
25. Board consistently functions openly in team building manner	5	3			29
26. The board demonstrate good problem solving	4	3	1		27
27. Board members clearly understand their relationship to SMT, employees, and medical staff	4	3	1		27
28. Board membership is appropriate in size	2	4	2		24
Do you know board has such diverse functions?	Yes			No	
	8			0	

Section (3). Addressing future needs

What area of governance or performance of board needs improvement?

1. Training or orientation on roles and responsibilities of board should continue. (3 BM answer)
2. Representatives from war victims should be included. (1 BM answer)
3. Qualification of members should increase to see patients in wards and other departments. (0 BM answer)
4. Face to face communication with the community. (0 BM answer)

Pre intervention assessment for EHRIG standards

Assessment Tool for board Operational Standards of the EHRIG

HOSPITAL LEADERSHIP AND GOVERNANCE					
Std #	Standard	Method of evaluation	Met	Unmet	Comments
1.	The Hospital Governing Board is developed using clear and transparent systems and processes and includes a representative sample of community members.	<ul style="list-style-type: none"> Interview CEO to identify process of Board selection and appointment Obtain list of Board members and confirm that there is community representation 	✓		
2.	An assigned Board Chairperson leads and manages Board activities.	<ul style="list-style-type: none"> Identify Board Chairperson Confirm that he/she leads the Board by setting agendas, calling Board meetings, creating goals for the Board 	✓		
3.	The Board selects the Chief Executive Officer (CEO), who leads on all Hospital operations and functions.	<ul style="list-style-type: none"> Interview CEO. Confirm that he/she was selected by Board Review Job Description or duties of CEO 	✓		
4.	The Board approves annual and strategic plans for the Hospital to achieve its goal of improving its community's health and welfare.	<ul style="list-style-type: none"> View strategic and annual plans Confirm that both were approved by Board (by reviewing Board minutes, or confirming signature of CEO or Board Chair on plans) 	✓		
5.	The Board has open communication via effective and regular meetings and written minutes of meetings, which are reviewed and approved by vote of the Board members.	<ul style="list-style-type: none"> View minutes of previous 3 Board meetings Confirm that approval of previous meeting minutes is documented in minutes of subsequent meeting Interview CEO – check frequency and regularity of Board meetings 			✓
6.	The CEO is evaluated annually, consistent with FMOH or Regional Legislation to ensure he/she is meeting operational and strategic plans as established by the Board and the CEO collectively.	<ul style="list-style-type: none"> View most recent evaluation of CEO Confirm that evaluation conducted within past year 			✓
Total			<u>4</u>	<u>2</u>	

Post intervention assessment for EHRIG standards

Assessment Tool for board Operational Standards of the EHRIG

HOSPITAL LEADERSHIP AND GOVERNANCE

Std #	Standard	Method of evaluation	Met	Unmet	Comments
1.	The Hospital Governing Board is developed using clear and transparent systems and processes and includes a representative sample of community members.	<ul style="list-style-type: none"> Interview CEO to identify process of Board selection and appointment Obtain list of Board members and confirm that there is community representation 	✓		
2.	An assigned Board Chairperson leads and manages Board activities.	<ul style="list-style-type: none"> Identify Board Chairperson Confirm that he/she leads the Board by setting agendas, calling Board meetings, creating goals for the Board 	✓		
3.	The Board selects the Chief Executive Officer (CEO), who leads on all Hospital operations and functions.	<ul style="list-style-type: none"> Interview CEO. Confirm that he/she was selected by Board Review Job Description or duties of CEO 	✓		
4.	The Board approves annual and strategic plans for the Hospital to achieve its goal of improving its community's health and welfare.	<ul style="list-style-type: none"> View strategic and annual plans Confirm that both were approved by Board (by reviewing Board minutes, or confirming signature of CEO or Board Chair on plans) 	✓		
5.	The Board has open communication via effective and regular meetings and written minutes of meetings, which are reviewed and approved by vote of the Board members.	<ul style="list-style-type: none"> View minutes of previous 3 Board meetings Confirm that approval of previous meeting minutes is documented in minutes of subsequent meeting Interview CEO – check frequency and regularity of Board meetings 	✓		
6.	The CEO is evaluated annually, consistent with FMOH or Regional Legislation to ensure he/she is meeting operational and strategic plans as established by the Board and the CEO collectively.	<ul style="list-style-type: none"> View most recent evaluation of CEO Confirm that evaluation conducted within past year 	✓		
Total			<u>6</u>	<u>0</u>	

Questionnaire used to assess effectiveness of board performance

This questionnaire is prepared to assess the effectiveness of the governing board in Adwa hospital and improve its quality of governance

1. Is the governing board of the hospital effective in its function?

2. If the response for 1 is Yes, in what part is the board effective?

3. If the response for 1 is No, what functions of board are not performed effectively?

4. What are the reasons behind for ineffectiveness?

Assurance of principal investigator

The under signed agrees to accept responsibility for the scientific ethical and technical conduct of the project and for provision of required progress reports as per terms and conditions of the research publication offices.

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Approval of Primary Advisor: Jemal Haidar (Dr.)

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Approval of examiner 2: _____

Date: _____ Signature: _____