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Development of a Productivity Assessment Tool for Hospital Settings in Iran: A Delphi Study

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ARTICLEINFO ABSTRACT

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Background: Measurement of the organizational performance would be effective and helpful for improvement, in the case that it is based on an appropriate and principled system. Such a system uses specific indicators to measure the productivity and performance of the organizations. In fact, these indicators act as useful tools for strategic planning in managerial levels. Given the importance of the issue, this study aimed to develop the key productivity indicators for hospitals affiliated to Isfahan University of Medical Sciences. These indicators are designed to be applied in evaluation, implementation, and improvement processes of the organizations under study.

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Methods: This was a qualitative study conducted among the hospitals affiliated to Isfahan University of Medical Sciences in 2015. Purposive sampling method was applied and the study participants were selected through snowballing. Then, the participants were organized in a focus group consisting of 16 experts in the field of hospital performance and efficiency indicators to achieve the research objectives by using indexing matrix method. Finally, validity of the developed indices was confirmed using Delphi method.

Results: A total of 42 productivity indicators were formulated. Of these, nine indices were input (structural), which included financial, human resources, and energy consumption indicators. The next 29 indices were output and mainly belonged to the financial, efficiency, and quality area. The final four indices included process indicators and consisted of length of stay in emergency department, waiting time for out of hospital counseling, and waiting time for the presence of resuscitation team at the patient bedside during the cardiopulmonary resuscitation.

Conclusion: Development of the indicators in three areas of input, process, and output helped managers and policy makers to access reliable and valid instrument for measuring organizational productivity.

Keywords: Indicator, Performance, Efficiency, Hospital

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Introduction

Not only employees need to be recognized for their efforts and contributions in the workplace, but also a necessity exists for managers to be constantly aware of the organization performance. In this way, personnel will be encouraged to put more effort in working and organizational weaknesses will be discovered as a result of the ongoing assessments (1). The requisite increase an organizational performance to including productivity is principally obvious in the healthcare industry. The need for effective distribution and application of the healthcare resources has been recently more emphasized all over the world concerning the increased cost and waste of resources in this area (2). Healthcare institutions pursue the main objectives of delivering high quality services to improve population health and considering efficiency in utilization of the available resources due to their scarcity (3). This issue is specifically important in hospital settings, which absorb more than half of the health budget (4). Therefore, evaluating hospitals' performance plays a significant role in identifying and even preventing the probable inefficiencies and resolving them within the most appropriate time (5).

In order to measure the hospital productivity in a quantitative, unified, and principled way, appropriate measures should be defined and applied. European Association of National Productivity (EANPC) Centre defined productivity as "how efficiently and effectively products and services are being produced" (6). In a general concept, productivity is the ratio of output yielded from a process activity per unit of input, which encompasses main measures in three categories of input, process, and output (7). Based on the given definition, productivity indicators depict how well the available resources are utilized and yield outputs. They also describe the work process efficiency and measure the appropriateness and relevance of the activities done in delivering services (8). Equipment, human, and financial resources used for a particular program are input indicators that measure the amount of resources devoted for a specific activity. Compliance rate with standard practice, average length of stay, and bed turnover are among the process indicators mainly related to services provided from different aspects of quality, time, and money. Finally, the amount of services provided as a result of the process activities is categorized as output measures, which represents the quantity of product or services rendered through particular resources (9).

To determine the indicators needed for productivity measurement in a health sector, the hospital circumstances and its related significant issues should be investigated. In general, taking in to account a set of indicators in all three mentioned can help managers to assess the areas organizational performance in an effective and comprehensive manner (8). In Iran, we are faced with the lack of research on developing productivity measures in hospital settings particularly in a detailed format due to the insufficient statistics on the field and little attention given to hospitals' potential for increased efficiency (10-13). However, since the adoption of Article 5, Clause A of the Sixth Development Plan about productivity and the necessity for its measurement, many organizations, including hospitals have begun to pay special attention to the issue and developed appropriate indicators for measurement (14).

Thus, logical use of resources has become a significant concern among the healthcare organizations, which was directly associated with the finest resource utilization for delivering services (15, 16). A study conducted in Iran revealed that in most Iranian hospitals' input, process, or output indicators were used to assess the productivity (17). This study was conducted considering the importance of performance improvement including productivity in Iranian hospitals, as the core institutional providers in the health system. The aim was to provide a set of indicators used for productivity measurement in the hospital settings. These indicators should be applied in evaluation, implementation, and

improvement processes of the organizations under study.

Materials and Methods

This qualitative study was conducted in hospitals affiliated to Isfahan University of Medical Sciences in 2015. Purposive sampling method was used to select study experts by snowballing. The participants were organized in a focus group discussion (FGD) consisting of 16 experts in the field of hospital performance and indicators (Table 1). productivity These participants also included members of the productivity committee working in Isfahan hospitals to achieve the research objectives through use of indexing matrix method. The FGD was held for two hours in July 2015 and facilitated by a research member. Later, the audio records were transcribed to determine the productivity measures from experts' points of view. To select the most appropriate set of indicators a Delphi technique was used. All 16 experts accepted to continue their contribution in the study. After receiving the initial developed checklist for indicators, study participants were asked to review and improve each of the proposed measures based on their knowledge and executive experiencers. These measures considered the possibility for measurement and data collection regarding the verified indicators. They also indicated their compatibility with the hospital strategies. After a month, comments given by all study experts were collected and productivity measures were finalized in two rounds. After each round, one of the researchers acted as the facilitator and provided a summary of experts' opinions. In this regard, the participants were encouraged to review their earlier replies and revise them as necessary. Finally, after achievement of consensus, the indicators defined in four areas of financial, human, efficiency, and quality were organized in three categories of input, process, and output. Then, the research team defined the calculation formula and unit of measurement for each of the measures.

Ethical considerations: Considering that analysis of these indicators is a basis for senior managers' judgments about the efficiency of a hospital, all financial, human, productivity, and quality aspects should be taken into account to have accurate and fair judgment about a hospital. The researcher tried to consider the above aspects regarding the important activities of the hospital departments in designing the indicators. Informed consent was obtained also.

This manuscript is the result of a research project with the ethics code of IR.Mui.Rec.1394.2.051.

Results

Experts identified the most important hospital productivity measures and agreed on 11 input (structure) indicators, which are shown in Table 2. In this Table, the calculation formula, unit of measurement, and time period are depicted for calculating the indicators.

The second category for productivity measurements belonged to the process indicators shown in Table 3.

Final category of the productivity measures was related to the output indicators shown in Table 4.

Table 1. Demographics of the participants in the Delphi technique

Number	Age	Female	Man	Degree of education
16	31-45	11	5	5 P.H.D / 2 Expert / 9 MA



Indicator	Formula	Unit of Measurement	Calculation Time Period
Per capita energy consumption (water) per bed	Amount of water consumed during a season Average number of active beds in the season	M ³ per bed	Every three months
Per capita energy consumption (power) per bed	Amount of power consumed during a season Average number of active beds in the season	KW per bed	Every three months
Per capita energy consumption (gas) per bed	Amount of gas consumed during a season Average number of active beds in the season	M ³ per bed	Every three months
Nursing shifts per bed	Total number of nursing shifts per 	Ratio	Monthly
Number of specialists per active bed	Number of specialists working during a season Number of active beds in the season	Ratio	Every three months
Ratio of operating room staff per surgeries	Number of technical staff working in the operating room in a month Number of surgeries in the month	Ratio	Monthly
Ratio of official and financial staff per active bed	Number of official and financial staff in a year Number of active beds in the year	Ratio	Yearly
Ratio of clinical staff per active bed	Number of clinical staff in a year Number of active beds in the year	Ratio	Yearly

Table 2. Input productivity indicators verified for hospitals affiliated to Isfahan University of Medical Sciences



	Number of para-clinical staff in a		
Ratio of para clinical staff per active	year	Patio	Voorly
bed	Number of active beds in the year	Ratio	Tearry
Ratio of non-pharmacopoeia	Monetary value of non- pharmacopoeia prescribed drugs	Botio Every s	
prescribed drugs	Monetary value of total drug purchasing	month month	months
The proportion of drug costs to total	Total hospital drug costs in a year	Datia	Every six
costs	Total hospital costs in the year	Katlo	months

Table 3. Process productivity indicators verified for hospitals affiliated to Isfahan University of Medical Sciences

Indicator	Formula	Unit of Measurement	Calculation Time Period
Patients' waiting time in emergency department (ED)	Number of hospitalization hours for patients admitted in ED Number of hospitalized patients in ED	Hour	Monthly
Patients' waiting time for out of hospital counseling	Number of hours between the request time for out of hospital counseling and consultation time	Hour	Monthly
Patients' waiting time for inside hospital counseling	Number of hours between the request time for inside hospital counseling and consultation time	Hour	Monthly
Waiting time for the presence of resuscitation team at the patients' bedside during CPR	Number of hours between the announcement of CPR code and the presence of resuscitation team at the patients' bedside	Moment	Monthly

Table 4. Output productivity indicators verified for hospitals affiliated to Isfahan University of Medical Sciences

Indicator	Formula	Unit of Measurement	Calculation Time Period
Ratio of deductions imposed on	Amount of imposed deductions from social security insurance during a season		
inpatients from social security insurance	Total monetary value of sent documents to social security insurance	Ratio	Every three months



Continue Table 4. Output Productivity Indicators Verified for Hospitals Affiliated to Isfahan University of Medical Sciences

Indicator	Formula	Unit of Measurement	Calculation Time Period	
Ratio of deductions imposed on	Amount of imposed deductions from health insurance during a season	Piel	Every three months	
inpatients from health insurance	from health insurance Total monetary value of sent documents to health insurance			
Ratio of deductions imposed on	Amount of imposed deductions from armed force insurance during a season	D:-1	Every three months	
insurance	Total monetary value of sent documents to armed force insurance	Kiai		
Ratio of deductions imposed on	Amount of imposed deductions from relief committee insurance during a season		Every three months	
inpatients from relief committee insurance	Total monetary value of sent documents to relief committee insurance	Rial		
	Monetary value of Pharmaceutical waste + expired drugs		Every six months	
per total drug purchasing	Monetary value of total purchased drugs	Rial		
	Amount of specified revenue dedicated to hospital costs in a year			
Cost to income ratio	Total amount of hospital specified revenue	Rial	Yearly	
Proportion of expenditures from	Amount of specified revenue dedicated to hospital costs in a year			
specified hospital revenue per total costs Total amount of hosp	Total amount of hospital costs	Rial	Yearly	
Ratio of discounts given by	Amount of discounts given by socialist work unit			
socialist work unit per total hospital revenue	Total hospital revenues	Rial	Yearly	



Continue Table 4. output productivity indicators verified for hospitals affiliated to Isfahan University of Medical Sciences

Indicator	Formula	Unit of Measurement	Calculation Time Period
The average cost of occupied day	Total hospital costs spent from current and specified budget in a year	Rial	Yearly
beus	Total occupied day beds in the hospital		
Ratio of pharmaceutical and medical	Amount of pharmaceutical and medical equipment expenditures		Monthly
equipment expenditures per total monthly revenue of the hospital	Total monthly revenue of the hospital	Rial	
Detients' eveness langth of starvin	Total occupied day beds in non- surgical units during a season		Every three months
non-surgical inpatient units	Number of discharged or dead patients in similar units in the same time period	Ratio	
	Total occupied day beds in surgical units during a season		Every three months
Patients' average length of stay in surgical inpatient units	Number of discharged or dead patients in similar units in the same time period	Ratio	
	Total occupied day beds in intensive care units during a season		
Patients' average length of stay in intensive care units	Number of discharged or dead patients in similar units in the same time period	Ratio	Every three months
	Total occupied day beds in a month		
Bed occupancy rate	Total day beds in a similar time period	Ratio	Monthly
	Number of discharged or dead patients in a month		
Bed turnover rate	Average number of active beds in a similar time period	Ratio	Monthly



Continue Table 4. Output productivity	indicators verified for hospitals	affiliated to Isfahan	University of Medical
	Sciences		

Indicator	Formula	Unit of Measurement	Calculation Time Period	
Bed turnover interval	Number of ready day beds_ number of active beds in a month	Ratio	Monthly	
	patients in the same time period			
Ratio of surgical procedures	Number of surgeries done in a month	Ratio	Monthly	
performed per operating room ded	Number of active operating room beds in a similar time period			
Per capita specialized visits for	Number of visited patients in a hospital clinic in a month	Patio Monthly		
outpatients	Total number of specialists working in hospital clinic in a similar time period			
Per capita consumption of	Number of consumed antibiotics in a hospital in a month	Ratio	Monthly	
antibiotics per occupied day bed	Occupied day beds in a similar time period		y	
The percentage of hospital's accreditation score per the mean	Accreditation score obtained by a hospital *100	*100 Percentage	Yearly	
score of province hospitals	Accreditation mean score of province hospitals			
Percentage of reported errors	Number of reported errors in a hospital in a month	Percentage	Monthly	
referrage of reported errors	Total number of inpatients in	Tereentage	Woltiny	
	a similar time period			
	Number of patients died after 24 hours passed from admission time			
Gross mortality rate	Number of discharged +dead patients _number of patients died before 24 hours passed from admission time	Ratio	Monthly	

Indicator	Formula	Unit of Measurement	Calculation Time Period
	Number of patients dying in a month		Monthly
Crude mortality rate	Number of discharged +dead patients in a similar time period	Ratio	
Ratio of documented complaints in a	Number of documented complaints in a hospital in a month	Patio	Monthly
hospital	Total number of inpatients in a similar time period	Kano	
Ratio of discharged patients against	Number of patients discharged according to medical advice in a month	Datio	Monthly
medical advice	Total number of discharged patients in	Katio	
Ratio of discharged patients according to	Number of patients discharged against medical advice in a month	Dette	Monthly
medical advice	Total number of discharged patients in a similar time period	Ratio	
	Number of acquired infection cases reported in a month		Monthly
Hospital acquired infection rate	Total number of hospitalized patients in similar time period	Ratio	

Continue Table 4. Output productivity indicators verified for hospitals affiliated to Isfahan University of Medical Sciences

Discussion

This study determined 11 input indicators, which were considered as the essential infrastructure factors for successful implementation of programs aiming to improve In fact, measurement of different health. productivity measures helps managers and decision makers to improve their awareness about availability of resources and the way they are utilized to produce the healthcare services. This knowledge also helps them to plan more effectively and efficiently in implementing health objectives with optimum use of resources. The number of clinical staff delivering healthcare services, the amount of energy consumption per active bed, and the cost per specific drug were

among the most important input indicators. Similarly, literature mentioned the amount of resources utilized for a particular medical procedure and the number of nursing staff ready to deliver healthcare services as the input hospital measures (18).

Study experts defined 29 output indices, which reflect the results of process activities and measure the amount of the provided services, quality, and efficiency of the production. For example, the ratio of deductions imposed by health insurance companies depicts the degree of medical records' completion and the accuracy of activities conducted by income and discharge department in compliance with rules dictated by relative value book. Through assessing the relative causes of



deductions, managers can play an effective role in increasing the hospital revenue and decreasing the possible loss of funds. Measurement of the revenues not received from patients or sponsoring organizations also provide important information for hospital decision makers to discover the root causes of the problem and consequently to solve them in an appropriate manner. Cost of the income ratio as another defined measure indicates quantity of the hospital profits or losses, which offers a model for resource planning and allocating. Indices of the average length of stay, bed occupancy rate, and bed turnover are among the productivity measures, according to which, a manager can get comprehensive overview of hospital activities and related quantitative and qualitative performance. Inappropriate use of antibiotics brings unnecessary costs for the hospital and endangers the patients' safety. Therefore,, defining and monitoring the associated indicator representative of the antibiotic amount in clinical departments help the authorities to control the hospital infection and the pharmaceutical committee to make more logical decisions. Hospital mortality rate, patients' complaints, and scores achieved in accreditation program were other key indicators in transferring the important information to the policy makers to recognize the hospitals' performance, weaknesses, and ways to improve. Literature has identified hospital measures including average length of stay, cost per active bed, and cost per outpatient visits as output measures (19-21). The number of patients discharged from hospital in a particular period of time and physician visits were among the other popular measures defined and considered in many studies (22-25).

Finally, four process indicators were determined, which mainly emphasized on the appropriate time for delivering services to patients in order to achieve the optimum results from their treatment. Therefore, measurement of such indices would be an effective step in re-engineering and optimizing processes in healthcare provision. Despite the useful information provided by these measures, a significant constraint exists in this regard. Such indicators did not consider the changes in quality over time. Consequently, literature introduced cost per unit of qualityadjusted health care services as a desirable measure. The reason is that adjusting health care expenditures with regard to the quality ultimately causes a major decrease in health prices (26, 27). Therefore, regarding the output measures, qualitative variables such as patients' satisfaction should be defined and used in continuous monitoring of hospital performance. Furthermore, in terms of the input indicators, it would be helpful to incorporate the important variables relied on by hospitals to produce and deliver services. Through identifying a comprehensive set of indicators, policy makers and those responsible for evaluating the hospital performance can benefit from the determined productivity measures to continuously make an improvement in healthcare organizations' performance.

Limitations of the study

Considering the limitations and problems of this research, the following can be mentioned: the lack of related research on productivity in hospitals and the existence of various definitions and perceptions about productivity and indicators by authorities in hospitals

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Conflicts of interest

The authors declare that they have no conflict of interests.

Authors' contributions

Mahdiyan S and Ferdosi M designed research, Askari R and Rafiei S conducted research and analyzed data ,Askari R and Rafiei S wrote the paper. Askari R had primary responsibility for final content. All authors read and approved the final. (manuscript)



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