

CHANGES IN THE MANAGEMENT OF HEALTHCARE FACILITIES IN THE TIME OF COVID-19 PANDEMIC ON A SELECTED EXAMPLE

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Purpose: The aim of the article is to answer the question whether the COVID-19 pandemic, which began in China and spread around the world at the beginning of 2020, has affected the management of healthcare facilities. An example of such a change in strategic and operational management, especially in the field of patient service and rules related to personnel management, is JST Sp. Z o. o. CM Klara in Częstochowa.

Design/methodology/approach: The study was based on a purposive, pilot study. The survey tool was a questionnaire. Contact with the facility took place by e-mail correspondence and direct meetings with the management of the facility. The Supreme Audit Office's (NIK) report on the functioning of hospitals in the COVID-19 pandemic was analysed.

Findings: The study can serve as a small contribution to the development of rules for the conduct of healthcare facilities in the event of a pandemic or other global health threats. On the basis of the study, it was possible to identify areas that require special attention, places in the management of the facility that are bottlenecks and elements that are well adapted to the fight against the pandemic.

Research limitations/implications: The study in its current form is a pilot study. In the future, this study could apply to both Polish and other countries affected by the COVID-19 pandemic in order to develop general rules of conduct in the management of facilities in the era of pandemic threat.

Practical implications: An extended study could help to develop general rules of conduct for the management of healthcare facilities in the era of pandemic threat.

Social implications: A well-managed healthcare facility, especially at a time of enormous challenge such as the pandemic, can significantly contribute to saving the lives and health of many people, preventing the spread of the pandemic, limiting its impact on medical staff and educating the population related to the fight against the pandemic.

Originality/value: The issue related to the management of healthcare facilities in the era of the COVID-19 pandemic is a unique issue. It can be particularly helpful for managers of health care facilities as well as for the state authorities to which these facilities are subordinate.

Keywords: Healthcare facilities, management, pandemic, internal marketing, medical staff, patients.

Category of the paper: Research paper, case study.

1. Introduction

The COVID-19 outbreak began in Hubei Province, China, Wuhan City on November 17, 2019, in early 2020 and spread worldwide (WHO, 2020a). On March 11, it was declared a pandemic by the World Health Organization (WHO) (WHO, 2020b). SARS-CoV-2 infections have been recorded in Poland since 4 March (Ministry of Health, 2020). On 13 March, the WHO reported that Europe is considered to be the epicentre of the coronavirus pandemic (Puls Medycyny, 2020). The patients have been registered on all continents except Antarctica.

From 14 to 20 March, a state of epidemic emergency was in force in Poland, and from 15 March a sanitary cordon was introduced at Poland's borders, significantly restricting border traffic (gov.pl, 2020). From 20 March 2020 to 01.07.2023, an epidemic state was in force in Poland, according to a regulation of the Minister of Health. (Nocuń, 2023) This involved a number of restrictions on both citizens and businesses, cultural institutions, sports, science and higher education, health care. These restrictions were introduced or lifted depending on the epidemic situation in the country. The pandemic affected all areas of human activity. These elements further complicated the management of treatment facilities. Treatment facilities, in order to operate correctly in the current market, must apply marketing and market principles to become competitive in the area of health services (Bukowska-Piestrzyńska, 2009). Proper management seems to be one of the factors that allows to increase the quality of patient service and raise the internal satisfaction and motivation of employees (Mruk, 2009). The directions of management of medical establishments, which they should follow, are indicated by J. Holub in his publication (2001). This is based on general marketing and management principles taking into account the specifics of the sector. Issues related to the management of healthcare facilities have been addressed by, among others, Ph. Kotler, pointing to the specificity of operations and the need to provide value for patients (Kotler et al., 2002), M. Kautsch, M. Whitfield, J. Klich (2001), presenting a classic approach to management and emphasising the specificity related to the saving of health and human life by these facilities comprehensive study of management issues concerning the operation of health facilities especially on the Polish market is proposed by A.K. Kaplinski, M.R. Łysiak, T.S. Pięcińska (2001). Among foreign authors, apart from Ph. Kotler, we can mention D.N. Lombardi, J. Schermerhorn Jr., K. Neckermann (2017), describing the management of human resources in health facilities, delivery system, financing. L. Swayne, W.J. Duncan, Ginter (2017) in their publication describe health facility management from the perspective of strategic management, the introduction of appropriate organisational development strategies and their development. A practice-based approach to managing healthcare facilities including leadership, organisational culture, financial management, facility IT and the healthcare system is described by K. Darr and J. Walker (2015). The above publications are concerned with operating under normal market conditions.

During the pandemic, strategic and operational management was disrupted by additional requirements imposed by the supervisory authorities and the very fact that the epidemic required an innovative approach to the management of medical facilities, especially in terms of patient care and staff policy. The issue of strategic and operational management during a pandemic can be considered crisis management. This aspect of management has been dealt with, among others, by K. Andruszkiewicz (2007), B. Buzowska (2008) pointing to problems associated with the commercialisation of health services. K. Holla, J. Ristviej, M. Titko (2018), described the phenomenon of crisis management. A specific approach of crisis management is presented by D. Lamond (2004). On the Polish market, crisis management is described by J. Ziarko, Walas-Trębacz (2010).

Publications on the management of healthcare facilities in the era of the COVID-19 pandemic are still few and concern mainly the situation outside Poland. This issue has been described, among others, by L. Latts, C. Edwards (2021) presenting leadership during a pandemic, communication, crisis management, and decision-making Patient safety, telemedicine, and labour management during the pandemic were addressed by P. Lawrence, C.D.A. Asch, K.A. Kyanko (2021). The analysis of the topic reveals research gaps regarding the operation of healthcare facilities in Poland during the pandemic. In particular, they concern:

- Areas of operational and strategic management of a healthcare facility requiring special attention.
- Elements of the management of healthcare facilities in the field of operational management that are "bottlenecks".
- Elements of operational management introduced during the pandemic that improve the operation of the healthcare facility also in non-pandemic times.
- Elements of management that are the responsibility of the institution and elements independent of it.
- Factors hindering the introduction of changes in the management of the facility.

The above issues are intended to answer the question of whether the COVID-19 pandemic, which began in China and spread around the world at the beginning of 2020, has affected the management of healthcare facilities. As an example of such a change in strategic and operational management, especially in the field of patient service and principles related to personnel management, CM Klara in Częstochowa was presented.

2. Methods

To analyze the adaptation of the rules of management of a healthcare facilities to the challenges posed by the COVID-19 pandemic, an interview was conducted using a questionnaire. The questionnaire consisted of 31 open-ended questions. Due to the clearly

defined objective, thematic scope as well as time and budget constraints, the study was based on a non-random, targeted study with a choice of typical units. Inquiries were sent to healthcare facilities regarding their willingness to participate in the study. The study was voluntary. Contact with the facility took place by e-mail correspondence, a meeting with the management of the facility took place. In addition, when developing the research tool, the report of the Supreme Audit Office on the functioning of hospitals was analyzed. This report was also referred to in case of possible applications. The survey was participated by the selected healthcare facility that answered the questions on time. In addition, while developing a research tool, we analyzed the report of the Supreme Audit Office on the functioning of hospitals in the conditions of the COVID-19 pandemic. The study was a pilot study.

3. Results

The survey was conducted at the turn of June and July 2023. This study is a pilot study. Earlier, letters were sent to healthcare facilities asking for the possibility of conducting the survey. the existence of hospital care outside the outpatient care in the facility was the selection criterion. Of the 7 inquiries sent, two institutions responded positively. The others did not express a willingness to participate in the study. Ultimately, the study was carried out in one facility, which has an established position in the Częstochowa market. The study concerns ex-post activities and its main task is to look at whether the actions taken were optimal, what should be improved in the future, and how to prepare for possible further management problems related to the pandemic. The examined healthcare facility is JST Sp. z o.o. The facility was established in 2012. In Częstochowa, it offers two places where it provides services. The scope is 42 specializations, both outpatient and part of hospital services. On the website of the institution you can get acquainted with the mission and values of the institution. They are:

- Our mission is to provide patients with full medical care.
- We provide the care of doctors and medical staff and various diagnostic methods.
- The patient is the most important for us.
- We pay attention to prevention and promotion of a healthy lifestyle (<https://cm-klara.pl/o-nas/>, 2023).

JST sp z o.o. is a private institution, and the general body is the Management Board of the company. 46 people are employed under a contract of employment. Other persons are employed on the basis of civil law contracts. The staff includes office workers, registration workers, nurses, doctors, and cleaning staff.

Employees have clearly defined competencies and tasks:

- Office workers are responsible for administrative and office services.
- Registration staff are responsible for handling the registration (arranging and supervising appointments, submitting documents, etc.).
- Nurses are responsible for providing medical services within the prescribed scope.
- Doctors are responsible for providing medical services within the prescribed scope.
- Cleaning staff responsible for maintaining cleanliness.

Each employee has clearly defined rights and obligations. At the same time, functional and substantive dependencies overlap. Unfortunately, the knowledge of those responsibilities in the field of facility management, through further training, is not deepened. Before starting, basic marketing research was carried out in the field of the market and demand for medical services. The main scope of medical services includes services in the field of specialist clinics, occupational medicine, rehabilitation, and planned hospital treatment in the field of orthopedics, general surgery, and neurosurgery. Patients of the facility are people from Poland and abroad. The facility has several contracts with insurance companies and institutions.

When marketing activities are analyzed, it may be observed that the company is running a profile on Facebook and Instagram, a website, and leaflets are available in the facility.

The announcement of the COVID-19 pandemic made it necessary to adapt the facility's performance to the applicable recommendations. The introduced changes included both actions imposed by the Ministry of Health and changes taken on the initiative of the facility's management. Elements of crisis management have been introduced, i.e. preventing the effects of the pandemic, preparing for it, adequate response and reconstruction after.

At the time of the announcement of the pandemic, staff were provided with personal protective equipment. After the advent of COVID-19 testing, screening tests were introduced for all employees. After the COVID-19 vaccine appeared, staff were allowed to get vaccinated (first). Procedures for employees were agreed upon and implemented. Employees were trained in this area. In relation to patients, questionnaires regarding the current state of health and control body temperature measurements were introduced. In the hospital part, mandatory screening tests for patients planned for admission and a prohibition of visits were introduced. The facility has been equipped with air filters, bactericidal lamps, and air ozone generators as well as generally available dispensers with disinfectant. Glass covers were installed at the registration stations. Social distancing rules have been applied. Isolation has been set up for people suspected of being infected with coronavirus.

Some of these actions were imposed by the Ministry of Health:

- equipping employees with personal protective equipment,
- possibility of vaccination against COVID-19,
- the use of social distancing,
- equipping the facility with publicly available dispensers with disinfectant,
- no visitors allowed.

Activities carried out on the initiative of the Management Board of the facility:

- screening tests have been introduced for all employees,
- procedures for employees have been prepared and implemented- questionnaires on the current state of health were conducted as well as control body temperature measurements for patients using the services of the facility,
- in the hospital part, mandatory screening tests for patients planned for admission and a prohibition of visits were introduced,
- healthcare facility has been equipped with air filters, bactericidal lamps, and air ozon generators,
- glass covers have been installed at the desks,
- isolation has been set up for people suspected of being infected with coronavirus.

The management of the facility wanted to maintain the continuity of services provision while maintaining the safety of employees and patients.

Among the special management decisions addressed to staff, apart from establishing and implementing procedures for employees, equipping them with personal protection, testing, and the possibility of vaccination against COVID-19, social distancing rules were applied, remote work (medical tele counseling) was introduced and employees were separated without mixing shifts.

As the biggest organizational challenge of the pandemic period, the facility points to maintaining the continuity of service provision while maintaining the safety of employees and patients. Fortunately, the premises – a relatively new building built especially to fulfill the requirements of a healthcare facility, according to the latest standards – allowed to ensure this safety.

Factors hindering operations during the pandemic include a lack of availability of disinfectants and personal protective equipment, and the high price of these products. These elements were beyond the possibility of control by the facility. However, they were one of the bottlenecks of management. Another significant problem pointed out by the manager and threatening the continuity of the facility's operation was employee absenteeism resulting from the need to stay in quarantine or SARS-Cov-2 infection. In addition, at the beginning of the pandemic, there were no clearly defined recommendations on how to organize work and deal with patients. This problem has been solved as the pandemic has developed, also thanks to the close exchange of information between such institutions in Poland and abroad, as well as the implementation of government recommendations.

From patients, the employees of the facility had to face a lack of understanding regarding the restrictions introduced applied. During the pandemic, the facility provided medical services all the time, with the exception of the first 14 days of the pandemic, in which it was preparing to increase the safety of employees and patients and waiting for guidelines from the Ministry of Health. That can definitely be indicated as a major success.

The facility made optimal use of resources thanks to a professional operating system that applied best practices.

4. Discussion

Comparing the above results of the survey with the results obtained by the Supreme Audit Office (NIK) in the audit report "Functioning of hospitals under the conditions of the COVID-19 pandemic" (NIK, 2022), it should be noted that especially external factors, independent of the institution, coincide with the results of the NIK audit. According to the NIK report (NIK, 2022, p. 5), the main problem was:

- lack of personal protective equipment for medical staff and patients,
- disinformation related to changes in the organization of work of the health care system (...),
- quarantine of medical staff of healthcare entities,
- change in the organisation of work of wards and outpatient clinics,
- restrictions on planned treatment, cancellation of consultations and examinations requiring the patient's personal appearance.

The recommendation on the management of COVID-19 patients was not published until the end of April 2020. It was a detailed study of the data available at that time, prepared with the participation of Polish specialists (NIK, 2022). Until that time and later, healthcare facilities developed their own schemes of conduct, often exchanging solutions on the Internet. The examined facility also operated in this way. Her undoubted success is the development of such a scheme of action that allowed her to function uninterruptedly during the pandemic.

According to the NIK report, the managers of all audited healthcare entities tried to adjust the organisation of work as well as the premises and sanitary conditions in order to ensure the safety of staff and patients. Due to its modern building and high standards of premises, the surveyed facility did not have any major problems with providing this type of activities. NIK points out that in many cases there were significant architectural barriers. Staff and patients were also not tested for the SARS-CoV-2 virus everywhere. Due to the fact that the examined facility is a non-public facility, it is likely that all patients admitted to the ward as well as medical staff were tested there. The requirements of contracts with the National Health Fund did not apply in the examined facility. The above comparison of the research results confronted with the NIK report concerns the specificity of the Polish market.

In the article by E.K. Hossny et al. (2022) indicate similarly to the results of the study, saying that crisis management requires the integration of three levels: strategic, executive and operational, which gives coordination between institutions, optimal use of resources through

a professional operating system applying best practices, and the support and presence of many opportunities and local factors thanks to which it is possible to act quickly and effectively. Quoting their research results, it can be confirmed, as well as the manager of CM Klara, that the biggest challenge was to ensure the continuity of operation of health care facilities, and it was associated with problems related to staff absenteeism caused by quarantine and infections, as well as a temporary lack of personal protective equipment for medical staff and patients. This problem is also confirmed by other researchers, including N. Mattew and colleagues (2021).

Another problem related to disinformation related to changes in the organization of the work of the health care system, raised by the facility manager and included in the NIK report, was also pointed out by foreign authors (Mattew, 2021; Cinelli et al., 2020) as well as national (Adamczyk, Maison, Jaworska, 2021). Changes in the organization of hospital wards and outpatient clinics, as well as restrictions on planned treatment, cancellation of consultations and examinations requiring the patient's personal appearance, which were reported in CM Klara, were also indicated by authors in other countries: S. Conti, P. Ferrara, C. Fornari (2020). The problem of tele medical advice was addressed by R.P. Gupta, A. El-Mohandes (2021).

An issue that appears in the literature related to the COVID-19 pandemic, and not addressed in the study, is the management of the drug among medical professionals. This problem was also not reflected in the NIK report. However, this type of problem can significantly affect the operations of the facility. This topic has been addressed by m.in. T. Shanefelt, J. Ripp, M. Trockel (2021) and I.J. Labrague, J.A.A. De los Santos (2020). As you can see, it needs to be further developed in the future with regard to facilities in Poland.

However, looking at the above list, it can be presumed that there is a possibility to develop a model for managing healthcare facilities in a pandemic situation, which can be applied in many countries.

5. Summary

Undoubtedly, the COVID-19 pandemic has changed the management of healthcare facilities. This is confirmed by the author's own research, as well as the report of the Supreme Audit Office and available studies from other countries. One of the biggest challenges of that period was, and perhaps still is, ensuring the continuity of medical services while ensuring the health safety of employees and patients. A comparison of the NIK report and the research shows that non-public institutions not burdened with a contract from the National Health Fund had greater opportunities to flexibly adapt to the requirements of the pandemic. However, both were affected by external factors beyond the control of the facility, i.e. shortages related to personal

protective equipment, tests, etc. The next big problem was the attitude of the patients to the actions taken. It wasn't always an attitude of acceptance.

Summarizing the results of the research and the literature review, the following areas of strategic and operational management that required special attention can be indicated:

- changing the strategy to a crisis management strategy,
- introduction of changes in the organization of work,
- the need for strict procedures to protect patients and staff,
- introduction in the areas of operation of assistive devices,
- the use of telemedicine and remote work,
- When the vaccine became available, it was available,
- trainings were conducted.

A number of measures that were implemented during the pandemic in the surveyed facility have been introduced on a permanent basis, i.e. generally available hand disinfectants, organization of registration desks, a separate isolation room, the use of devices ensuring disinfection and filtration of air in rooms. Unfortunately, this study is only a small part of the area that is interesting to study from a scientific point of view. As far as the innovativeness in the approach is concerned, it is possible to point to the topic of management in Polish health care facilities and the desire to point to the possibility of creating a full, universal model of conduct of this type of facilities in the world in the future. The available literature contains only excerpts from the management of a health care facility and does not treat the issue comprehensively. In the future, this pilot study should be expanded to include a much larger number of healthcare facilities. This study could cover both Polish and other countries affected by the COVID-19 pandemic in order to develop general rules of conduct in the management of facilities in the era of pandemic threat. This approach seems to be the right one, because according to the WHO's predictions, we can expect more pandemics in the near future, and drawing on the experience of the past ones will allow us to avoid the undoubted mistakes and chaos that appeared at the beginning of the pandemic.

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