

CHAPTER 1

INTRODUCTION

Strategic planning is a magnetic compass. It directs ways for the organization in the future and focuses on the vision, mission, goal and the objective of the organization.

Shand (1987) studied 1) to find the relationship between the planning of a small and a big institute comparing the Seventh-Day Adventist College and the University of America. and 2) to understand planning between the manager and the committee in a section of the organization.

The report found that

- Every institute has formal planning and more than half of the big institutes have long-term planning and strategic planning.
- Planning for students, income and essential management needs attention.
- The president, associate president and dean are setting goals and objectives for the institute.

Shand made the following suggestions;

- 1) Planning should use concentrated planning, long term planning and strategic planning.
- 2) The institute must carefully communicate its function to the teachers and the students.
- 3) More co-ordination in the planning process was needed.
- 4) Review income planning and the acceptance of the students

5) More support for the decision-making system and the information system was needed.

- 6) Use a Zero-based budget program.
- 7) Must pay attention to governmental decisions.
- 8) Use formal assessment.
- 9) More co-ordination in the planning system.

Furthermore, Mathuree Warawanitcha (1990) studied the administrative planning activities of nursing service administrators in the Ministry of Public Health, the Ministry of the Interior and the Ministry of Defense. This study compared planning activity of management and used a sample of 125 people. The study found that the nursing manager sometimes implemented a level of planning activity and often implemented planning activity with nursing personnel and sometimes planning of budgets and materials.

Nipha Chikhumrin(1992) , studied planning in the Northern Nursing College of the Ministry of Public Health. These studies found that there was no specific organization responsible for college planning and no set plan or plan structure for the organization. Planning work was a shared responsibility of the technical, service and administrative section. This was due to a lack of personnel to plan, lack of implementation of a plan, lack of knowledge to write projects, lack of knowledge about budgeting, and planning related to the budget.

Thomus (1993), studied strategic planning. He said that strategic planning identified the goal, mission, philosophy, long-term plan and objective. For the example,

the hospital used a process that involved information and diagnosis for planning and evaluation.

However, to date, there are few studies that investigate strategic planning. This researcher wants to develop strategic planning for Khumkhuankaeo Hospital (KKKH) Emergency Room to meet the standard of Hospital Accreditation (HA) so it can be used as an example for other sections in the hospital.

“A Strategic plan is necessary to win the battle with competitors” (Thompson & Strickland, 1989). “Strategic planning, situation analysis and strategy implementations are terms which have been familiar to business organization for years. Only during the 1980’s however, have these and other components of the strategic management process become prominent in the context of healthcare organization” (Kerry D. Carson and Team 1993). “The strategic planning process is a structured way of clarifying organizational objectives, determining how objectives will be achieved and checking progress toward their attainment for the organization as a whole”(Barry Cushway and Derek Lodge, 1993).

“For the past 30 years, Thailand has had policies for both economic and social development. As a result of previous development efforts and with globalization of economic, social and political activities, national development in Thailand has been both positively and negatively affected. In the 8th National Economic and Social Development Plan, Thailand set development concepts, directions and processes that were different from those in the previous plans. The new plan emphasizes human – centered development to enhance Thai people’s capacity to keep pace with

ต้นฉบับ หน้าขาดหาย

(Stoker, M.,April 2, 1993). Later, JCAH changed its name to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to reflect its more diverse mission of assessing the adequacy of most healthcare facilities. In 1992, JCAHO increased its emphasis on continuous quality improvement, basing its guidelines on the works of acclaimed quality management theorists such as W. Edwards Demming, Joseph Juran, and Phillip Crosby”(Karry D. Carson ,1995).

The JCAHO’s accreditation manuals are designed for self-assessment and are the basis for reports by JCAHO surveyors. The JCAHO’s (1990) Accreditation Manual for Hospitals, 1991 aimed to create standards that would address important critical and managerial functions that are the key to quality patient care and to fostering improvement in these areas. The years 1990 through 1997 marked a transition from standards that indicate capability (structure) to a focus on process performance and outcomes. “Doing the right things and doing them well” is a phrase repeated in each edition of the JCAHO manual. Between 1990 and 1997, the number of standards for hospitals was reduced by over 80% (JCAHO, 1997a,p FW-1). The new standards are expressed as performance objectives. The completely revised hospital standards appeared in the 1997 single- volume subscription binder format manual; it is now updated quarterly combining standards, examples of implementation, types of evidence, and scoring guidelines in each function chapters. Now called the Comprehensive Accreditation Manual for Hospital: The Official Handbook (CAMH), the manual’s standards are described as being “ patient centered, performance focused, and organized around functions common to all hospitals and other health care organizations”(JCAHO, 1997a.p. IN-3). It is the JCAHO’s expectation that “ any future standard revisions will

be made only in response to changes in the health care field or to quality care issues” (Eleanor Gilpatrick, 1999).

In Thailand, the Physician’s Council set up hospital accreditation in 1994 and was developed by Ministry of Public Health. International accreditation standards have been adapted to the hospital accreditation project for use to certify hospital in the Ministry of Public Health. The concept of hospital accreditation represents a quality development focus on the patient center and team building to improve the service system (Ministry of Public Health Thailand, 1997).

The strengths of quality assurance to build upon include; focusing on high priority area of care, monitoring of process and outcome indicators. evaluating the appropriateness and effectiveness of care, providing education and other activities to foster improvement, and identify opportunities for improvement through the on going monitoring of indicators. Nursing staffs have been actively participating in the quality assurance process too.

Kumkhuaekaeo Hospital consists of two departments as well as four sections. They are nursing and medical techniques departments. The four sections are health promotion, sanitation and prevention, dental health, public health pharmaceutical and general administration. Kumkhuaekaeo Hospital, which was one of the health stations at the moment, was founded in B.E.2511. In B.E.2519 it was developed as hospital with 10 beds. Since B.E.2537 it has been extended as a hospital with 30 beds. The Kumkhuaekaeo Hospital is 23 kilometers from the town, on Mahachanachai Road, Moo 2, Tambon Lumpook, Amphur Kumkhuaekaeo, Yasothon Province. There are 100

staff (69 civil services and 31 employees). The hospital area covers 9 rai. It provides medical treatment for 7,0379 people of 109 villages of 13 Tambons(Districts). The hospital gives services for one specific districts, which consist of 13 villages, 2,583 houses and 16,110 people, 9 primary schools and 1 secondary school. The proportion of the population per bed is 2465.7, 1000 people per bed is 4.05 The bed occupied rate is 146.8%. There are 307 patients (out) and 44 patients (in) per day. The period of bed occupancy of one patient is 3 days.

As a result of the health service system developed in the 8th National Health Development Plan and policy of Thai Ministry of Public Health, all health facilities at the same level must have the same or similar quality standards for curative care under the hospital accreditation system. Kumkhuankeao Hospital implemented organization development for its hospital accreditation project. The Emergency Room is the first section and, therefore, the necessary service system change impact in the hospital. After the researcher interviewed the Head of the this section and all eleven nurse, there were strategic planning problems about planning techniques, participatory planning activities, lack of knowledge about the strategic planning process, implementation of plan and low quality monitoring and evaluation. The emergency room is high priority area of clinical care. If nurse executives have experience with strategic planing, it will be direct to develop strategies for improving clinical care. Strategic planing can be reevaluated to determine if organization has been able to unfreezing old behavior and move on managing for quality through the process of quality of planning, quality control, and quality improvement. So the study focuses to develop strategic planning in the Emergency Room of Kumkhuankeao Hospital only to aim at meeting standards of hospital accreditation by using a descriptive qualitative study to focus on comprehensive participatory planning process and evaluation.