



## *Main Creative & Practical Theory in Management*

**BY**

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☆☆☆

*We'd like all of you  
to be  
The Excellence Manager*

Who can

- **Manage**
- **Develop & Improve**
- **Solve the Problems**

*of  
Your Works & Your Organization*

**For The Best & The Better Forever**



# Our Ultimate Goal

is

**Quality of life for all**

**HOMES.FA**

**of Our People**

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## **HOMES.FA**

**H** = **Health**

**O** = **Occupation**

**M** = **Moral**

**E** = **Education**

**S.** = **Safety**

**FA** = **For All**

**Every people in our country are  
in good status & high quality of life.**

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## **9 Main Creative & Practical Theories** in Management

- 1. Principle of Management**
- 2. Principle of Problem Analysis**
- 3. Principle of Working System**
- 4. Standard Working Service System**
- 5. Principle of Working Indicators**
- 6. Principle of Working Model**
- 7. Principle of Utilizing**
- 8. R&D for CSWI & R2R**
- 9. Health Marketing**

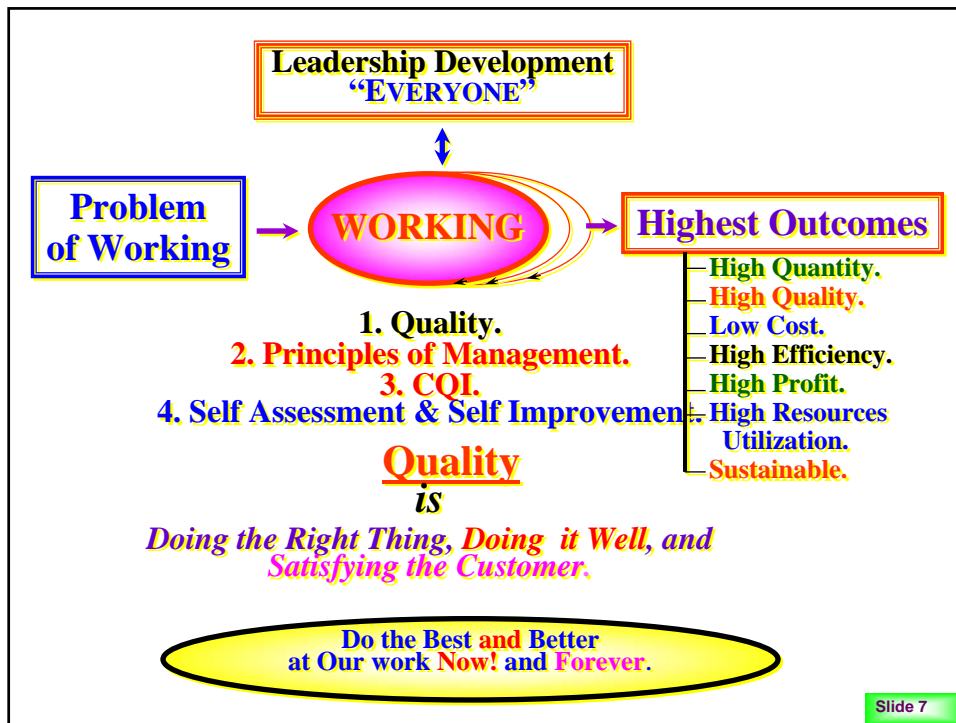
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## **10 Key Concepts** of ***PUBLIC HEALTH & HOSPITAL MANAGEMENT***

- 1. Focus on “WORKING”**
- 2. Use “Principles of Management”**
- 3. Creative Approach on “Problem of Working”**
- 4. Leadership Development “Everyone in Organization”**
- 5. Quality Every time**
- 6. Continuous Quality Improvement : CQI.**
- 7. High Quality At Low Cost and Highest Outcomes**
- 8. Highest Resources Utilization**
- 9. Sustainable**
- 10. Self Assessment and Self Improvement Forever**



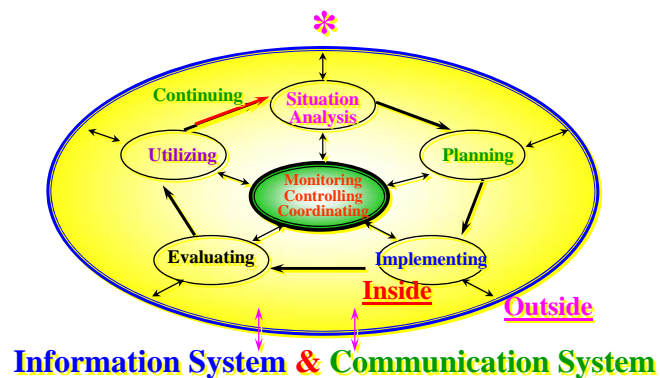
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# 1. Principle of Management

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## Principle of Management



**Management**  
is

The working process to achieve the most efficiency outcomes  
and the better.

*It composes of 8 main activities.*

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# Principle of Management

## Compose of 8 Elements Systematically

1. Situation Analysis
2. Planning
3. Implementing
4. Evaluating
5. Utilizing
6. Monitoring, Controlling, Coordinating
7. Information System & Communication System
8. Continuing

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## 2. Principle of Problem Analysis

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$$P = (E - A) \times C$$

**P** = Problem

**E** = Expected

**A** = Actual

**C** = Concern

(Size of Demand to get **E**)

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**Problems of Our Public Health**  
are

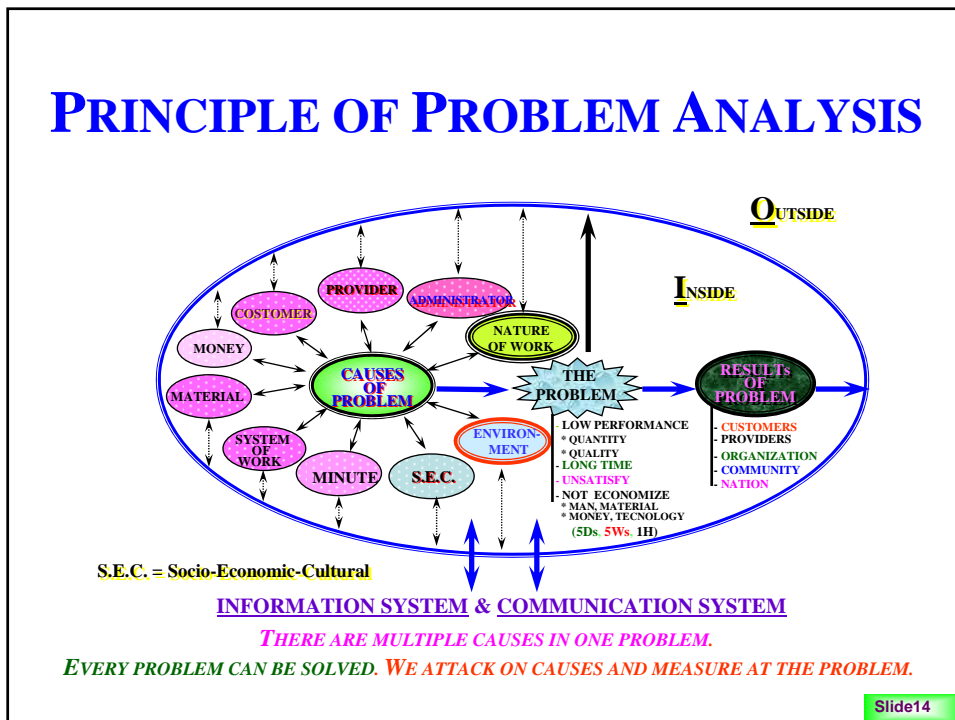
*The results of public health works in our responsible area were not completely perfect, comparing to the expectations of concerning persons.*

**We describe by 5Ws in these aspects :-**

- 1. Low Performances**
  - 1.1 Low Quantity
  - 1.2 Low Quality

*False Rate, Complication Rate (Preventable)*
- 2. Long time & So much work-force consumed**
- 3. Dissatisfaction of Concerning persons**
  - 3.1 Customers Dissatisfaction
  - 3.2 Providers Dissatisfaction
  - 3.3 Administrator Dissatisfaction
  - 3.4 Social Dissatisfaction
- 4. Non-Economize. (Capacity/Potential)**
  - 4.1 High cost, High Unit cost.
  - 4.2 Low Profit.
  - 4.3 Low Efficiency.
  - 4.4 Under Utilization of Resources.

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## *How to solve the problems?*

*Use*  
**Principle of Problem Analysis,**  
*and*  
**Principle of Management**  
*All the time*  
*in*  
**Every Work & Every Person**  
*by Complete Cycle*

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## *HOW TO SOLVE A PROBLEM*

*WE ATTACK ON CAUSES*  
*AND MEASURE AT THE PROBLEM.*

*The 2 Main Points*  
*of Solving a Problem*

*Are*  
*MAN and SYSTEMS.*

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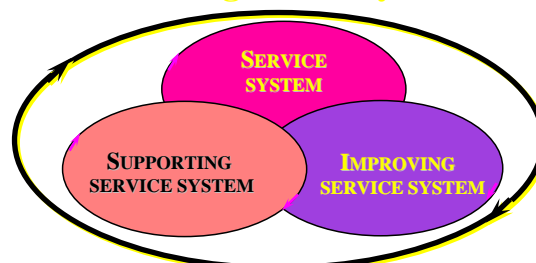
# 3. Principle of Working System

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## WORKING SYSTEM

Every Organization / Work / Job  
composes of 4 Systems :-

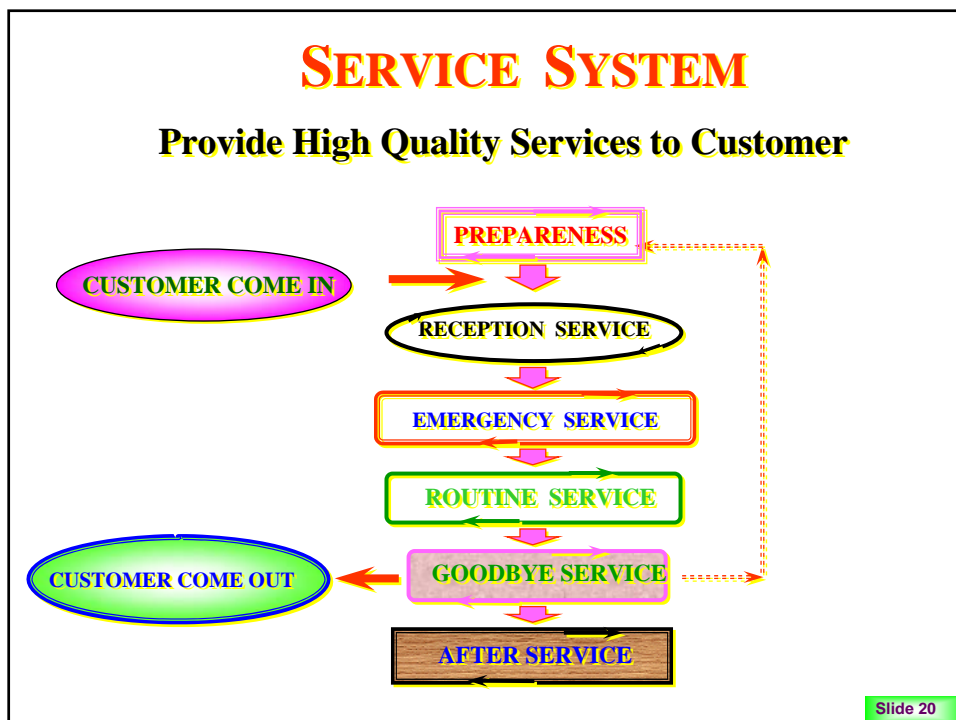
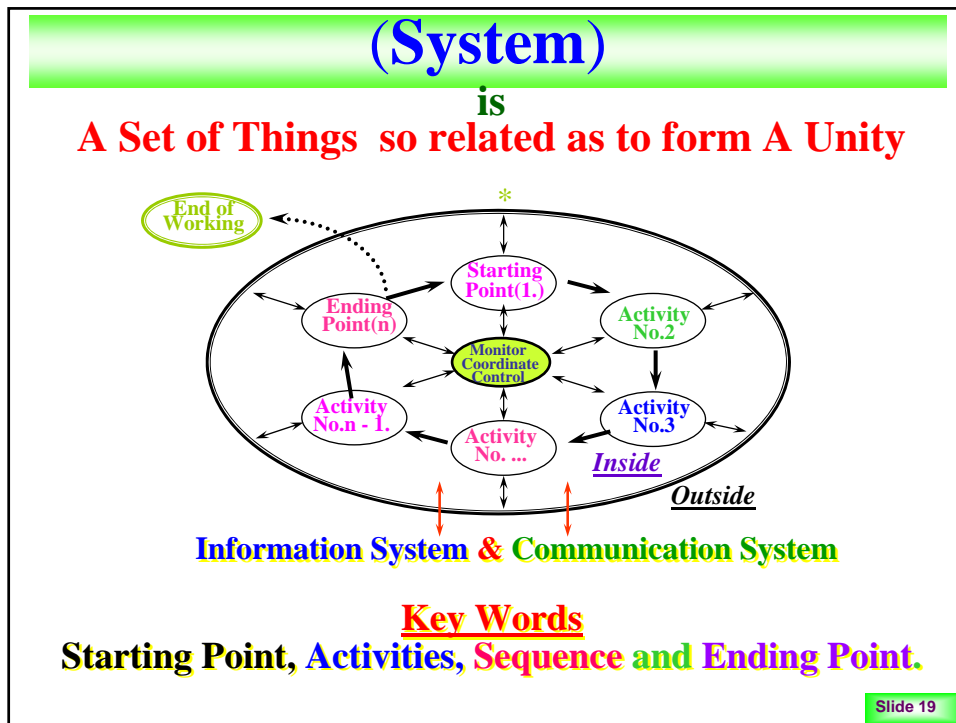
1. Service System
2. Supporting Service System
3. Improving Service System
4. Management System

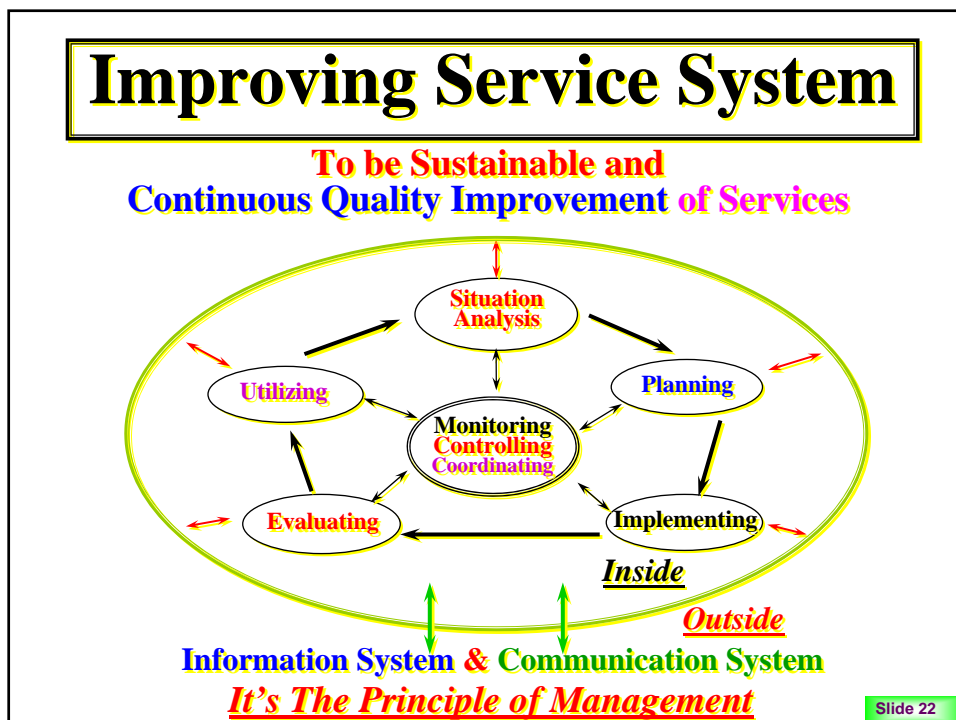
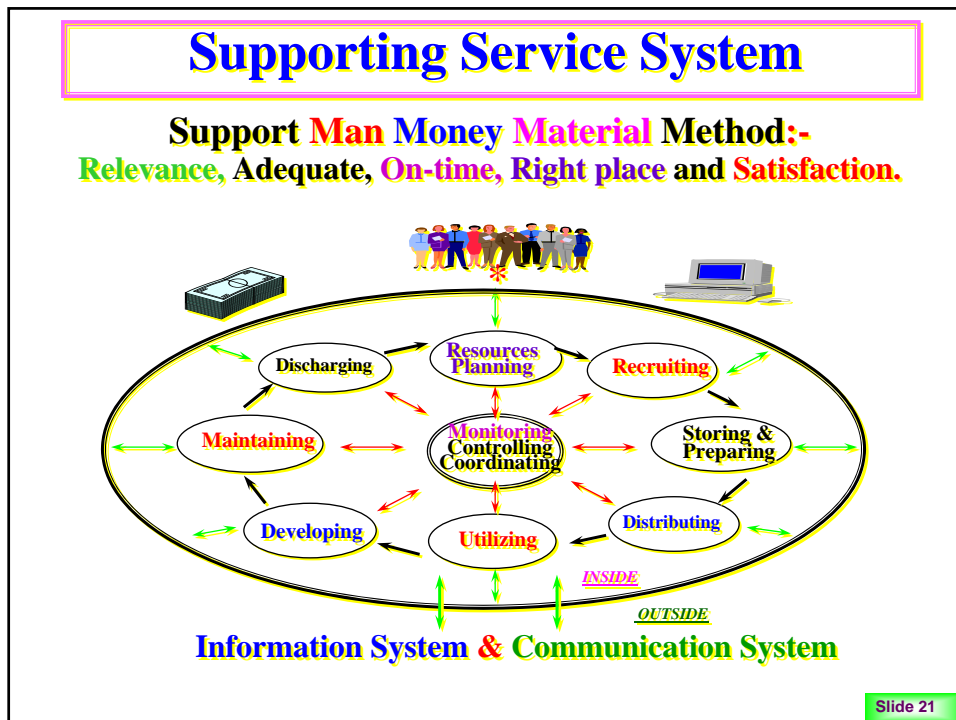


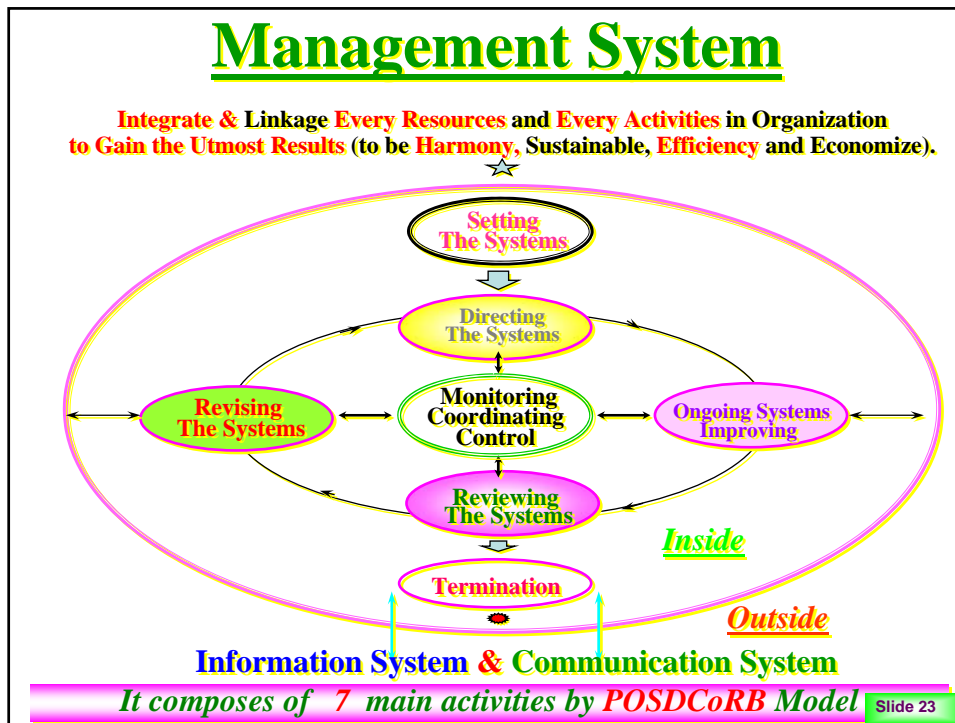
MANAGEMENT SYSTEM

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*THEY ARE LOCATED AT THE SAME PLACE OF OUR ORGANIZATION*

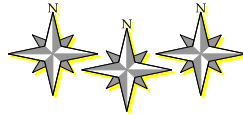






## ***MAIN ACTIVITIES of Management System***

- 1. Setting the system at the beginning.**
- 2. Control the activities of the system.**
- 3. Improving the system continuously.**



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## **4. Standard Working Service System**

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## **Standard of Working Service System**

**Compose of:-**

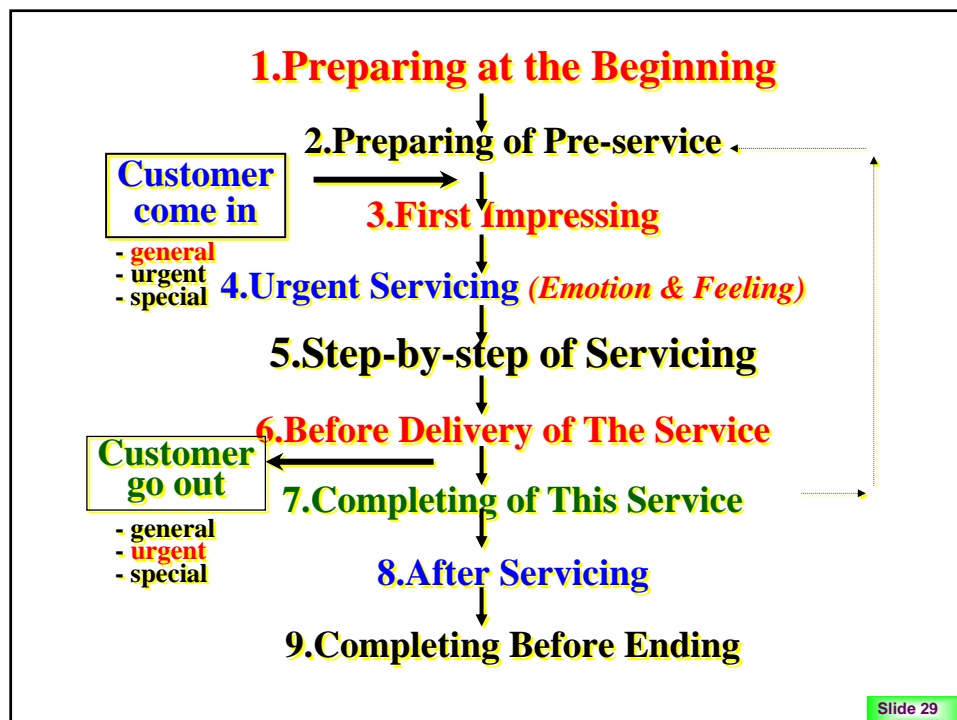
- 1. General Standard**
- 2. Specific Standard**

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# 1. General Standard of Working Service System

*Compose of 9 Main Activities*

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## 2. Specific Standard of Working Service System

*It is The Detail of  
The 5th Main Activities  
of the General Standard:  
The 5.Step-by-step of Servicing.*

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### Specific Standard of OPD

#### 4.Urgent Servicing (*Emotion & Feeling*)



5.1 Registration Service

5.2 Service during the Waiting for Doctor

5.3 History Taking Service

5.4 Physical Examination Service

5.5 Investigation Service (Lab, X-ray, etc)

5.6 Final Diagnosis Service

5.7 Treatment Service

5.8 Charging Service

5.9 Pharmaceutical Service

5.10 Appointment Service



6.Before Delivery of The Service

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# 5. Principle of Working Indicators

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## Working Indicators of Activities / Works / Organizations

Compose of **5** aspects and **24** categories of indicators.

- 1. Performance Indicators in Quantity.**
  - 1.1 By Time.
  - 1.2 By Labor forces.
  - 1.3 By Cost.
  - 1.4 By Capacities.
  - 1.5 By Targets or Objective or Goal.
- 2. Performance Indicators in Quality.**
  - 2.1 Accuracy rate at the beginning.
  - 2.2 Accuracy rate by standard WI.
  - 2.3 Accuracy rate before Delivery .
  - 2.4 Accuracy rate after Delivery .
  - 2.5 Accuracy rate at the check point.
- 3. Time & Labor-forces Indicators.**
  - 3.1 Time consume or spent.
  - 3.2 Labor-forces consume or spent.
  - 3.3 Timeliness.
  - 3.4 Rapidness.
- 4. Satisfaction Indicators.**
  - 4.1 Customers Satisfaction.
  - 4.2 Providers Satisfaction.
  - 4.3 Managers or Owners Satisfaction.
  - 4.4 Community or Social Satisfaction.
- 5. Economic Indicators.**
  - 5.1 Cost.
  - 5.2 Unit Cost.
  - 5.3 Benefit.
  - 5.4 Profit.
  - 5.5 Resources Utilization.
    - 5.5.1 Man.
    - 5.5.2 Money.
    - 5.5.3 Material:- Land, Building, Equipment, Paper, Drugs etc.
    - 5.5.4 Method & Technology.
  - 5.6 Usefulness/ Worth of Working.
    - 5.6.1 Efficiency.
    - 5.6.2 Effectiveness.



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### Suggested Working Indicators of Work/Org. in a Duration

There are at least 17 indicators

1. Average Ratio of Customers / Cost (number / 10,000 dong).
2. Average Ratio of Customers / Labor-force (number / 10,000 Man-second).
3. Accuracy Rate of Preparedness at the Beginning (%).
4. Accuracy Rate of Standard Working Step (%).
5. Accuracy Rate before Delivery to Customers (%).
6. Accuracy Rate after Delivery to Customers (Complication Rate) (%).
7. Average Time Consumed (second).
8. Average Labor-force Consumed (man-second / service).
9. On-Time Rate (%).
10. Customers Satisfaction Rate (%).
11. Providers Satisfaction Rate (%).
12. Administrators /Owners Satisfaction Rate (%).
13. Social Satisfaction Rate (%).
14. Cost & Unit Cost (dong & dong / time. The time such as: day, year etc).
15. Benefit Rate (%).
16. Resources Utilization Rate (%).
  - 16.1 Man
  - 16.2 Money
  - 16.3 Material: Lands, Building Areas, Equipments, Utilities
17. Profit Rate (%).

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### Working Indicators for the Improvement of Organization

for

One Activity

at **One time** (Beginning to Ending)  
are at least **8 indicators**

1. Accuracy Rate of Preparedness at the Beginning
2. Accuracy Rate by Working Standard.
3. Accuracy Rate before Delivery to Customers.
4. Time & Labor Force Consume.
5. Customers Satisfaction Rate .
6. Cost.
7. Benefit .
8. Profit.

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## **6. Principle of Working Model**

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## **Working Model**

**Compose of:-**

- 1. Principles of Model**
- 2. Structures of Model**
  - 2.1 Material**
  - 2.2 Man**
  - 2.3 Money**
  - 2.4 Systems**
- 3. Implementation of Model  
for Continuous Improvement**

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# **1. Principles of Model**

**1.1 Management Principles.**

**1.2 Content/Academic area  
Principles.**

**1.3 Related Academic Principles.**

**1.4 Laws, Rules, Regulations.**

**1.5 Cultures, Believes, Social.**

**1.6 Other Related Principles.**

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# 7. Principle of Utilizing

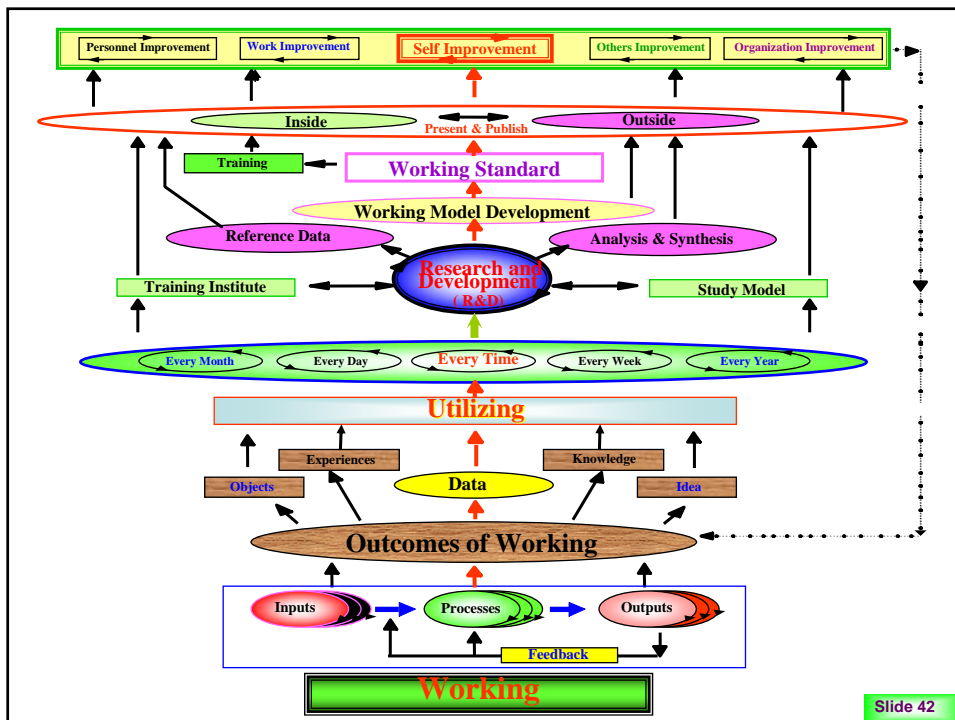
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We Do  
Hard Works  
But Gain Very Few Benefits  
We have to  
**Utilizing**

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**Utilizing**  
**is**  
**A WORKING PROCESS**  
**TO GAIN THE UTMOST**  
**USEFULNESS / BENEFIT**  
**FROM WORKING**

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# 8. R&D for CSWI & R2R

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*How to Improve  
Our Work/Organization?*

*Use  
R&D for CSWI  
in  
Every Work & Every Person*

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***We'd like***  
***Every Staff***  
***in Our Organization***  
***to Produce & Publish***  
***at least***  
***1 Research Paper / year.***

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**① R2R**  
**(Routine to Research)**  
**in Organization**

**Every Organization Activity**  
**can be A Research.**

**Research Questions**

- 1. What are the situations of this activity?**
- 2. How to solve the problems of this activity?**
- 3. What is the appropriate & suitable model for this activity?**
- 4. We need continuous & sustainable improvement of this activity.**  
***How to do?***

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## **R&D for CSWI**

**Research and Development  
for Continuous & Sustainable  
Working Improvement**

**It's a research for  
Management  
Development & Improvement  
and Solving the problems  
of  
Work & Organization**

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## **R&D for CSWI**

**Do Routine or Regular Work  
as**

**A Research**

**for CQI of  
Work / Hospital**

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# Research Design of R&D for CSWI

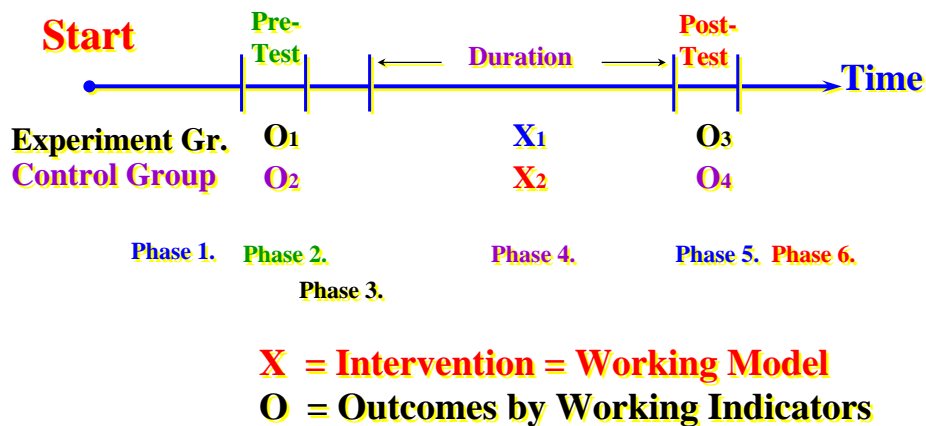
**It's an Experimental Development Research**

The systematic work  
using existing knowledge gained from  
research or practical experience  
for the purpose of creating new or  
improved products/processes

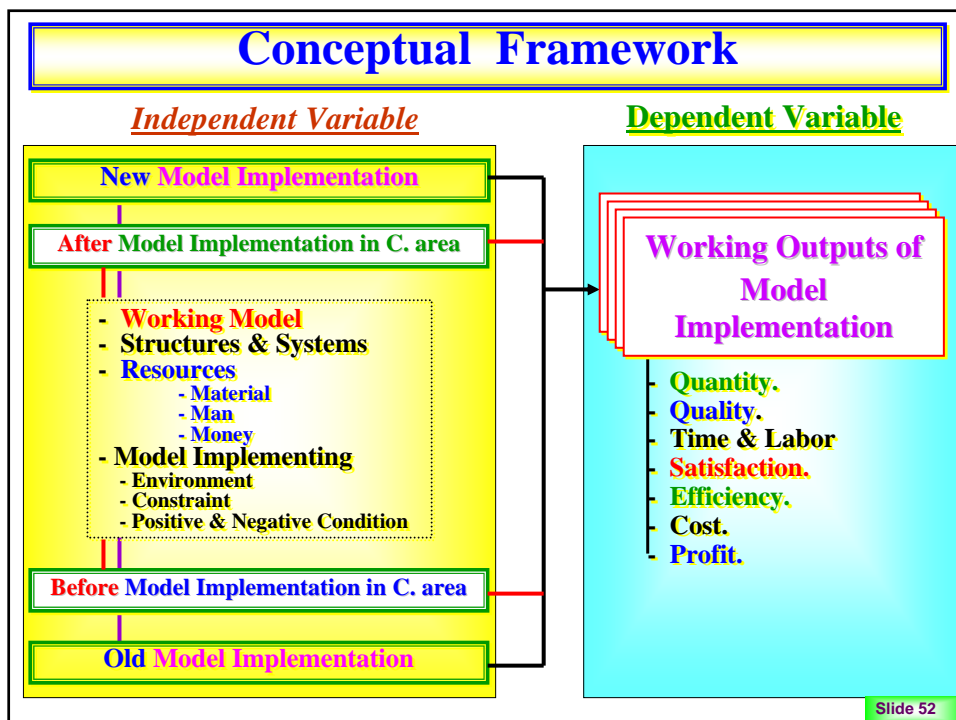
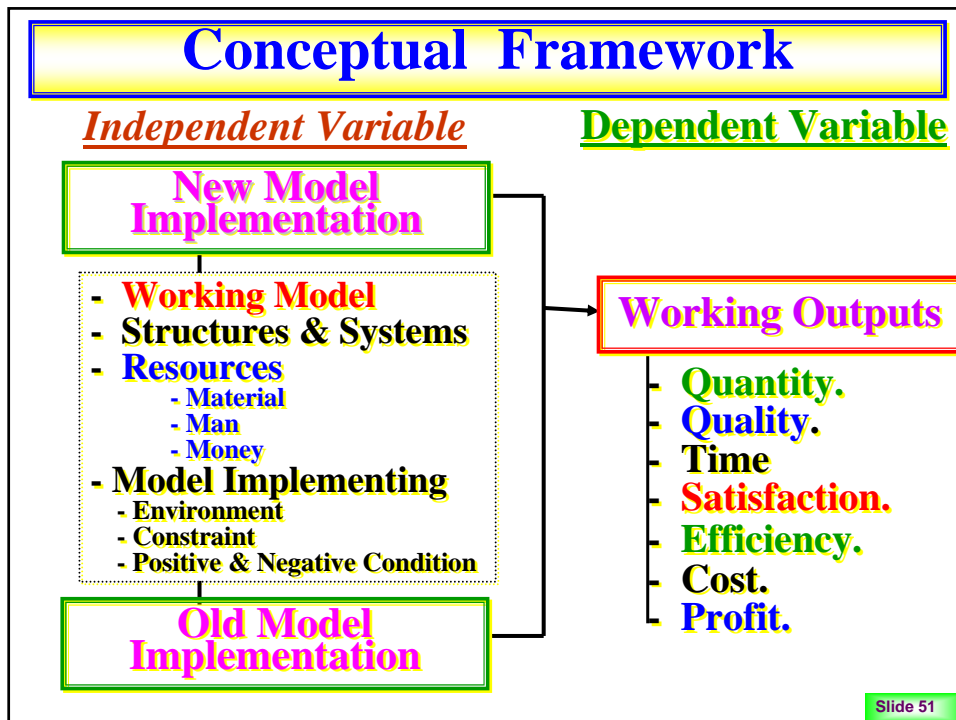
ABS definition  
(Australian Bureau of Statistics)

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# R&D for CSWI



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## **In R&D for CSWI**

**We use only**  
**The**  
**Existing**  
**Resources**

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**R&D for CSWI**  
**is 4 in 1**  
**in Improvement**

- 1. Work**
- 2. Man**
- 3. Organization**
- 4. Academic**

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## Example: R&D for CSWI

### ① *An Improvement of Out-Patient Service for Hypertensive Patients in Sabot Community Hospital, Lopburi Province, 2002*

Somchart Torugsa, M.D., M.P.H., Peera Krugkrunjit, M.Sc., Niphaphat Haputta, M.D.,  
Atsawadej Salaauyorn M.Sc.

#### ABSTRACT

This experimental development research, two groups pre-test and post-test design, aimed to improve hypertensive out-patient service at Sabot Community Hospital. The new model of hypertensive out-patient service was developed and was implemented for 3 months during April 1 – June 30, 2002. Out-patient service of Khokchareon Community Hospital was used as a control. Working outputs were assessed before and after the new model implementation in its performance, time, satisfaction, expense, benefit and resources utilized aspects. Descriptive statistics, chi-square, Mann-Withney U, paired t and t-test were used to analyze and to compare the working outputs between the pre-test and the post-test of experiment area and control area.

The results revealed that better working outputs were the readiness rate of daily availability, the rate of hypertensive patient who needed urgent treatment, the accuracy rate of servicing steps before sending patients to a physician, the completeness rate of services before leaving hospital, time consumed, providers' satisfaction, customers' satisfaction, labor cost/case, unit cost/minute of hypertensive out-patient service, the savings in labor costs, the worthiness of human resources utilization ( $p < 0.05$ ).

These results show that, the new model of hypertensive out-patients service was better than the old model.

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### ② *Development of the Nursing service for Patients on a ventilator in Nakornpathom hospital, 2004*

Somchart Torugsa, M.D., M.P.H., Peera Krugkrunjit, M.Sc., Ratana Vongpitakroj M.Sc.,  
Porntip Boonkantha M.Sc.

#### ABSTRACT

The nursing service for patients on a ventilator is one of a hospital's most important duties. The patients are in a very critical condition and they need intensive care all the time. Concerning academic principles were applied to set up a new working model for Nakornpathom hospital which was the experimental area. A similar tertiary hospital was selected to be the control area. This experimental development research, two-group pretest and posttest design, was implemented in the experimental area for 3 months during December 29, 2003 to March 28, 2004. The results revealed that after implementing the new working model, the ratio of services per 1,000 man-minutes of the provider increased ( $p < 0.001$ ); the percentage of well prepared equipments for phlegm suction during night shifts, hygienic care of oral cavities and teeth during morning shifts and night shifts increased ( $p = 0.020, 0.025, 0.025$  and  $0.025$  respectively); the percentage of hand-washed correctly before providing nursing services increased ( $p = 0.007$ ); the lower respiratory tract infection rate decreased; and the satisfaction of administrators and providers increased ( $p = 0.039$ ). These concluded that the new working model was higher efficiency and was appropriate for the experimental area, due to clear working systems, well prepare before start working, good method of model implementation by the participation of concerning person from the beginning, easy and practical manual, and better resources utilization.

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# The 2 Important Things

in

**R&D for CSWI**

are

**1. Working Indicators**

**2. *The New Working Model***

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# 9. Health Marketing

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## Core Marketing Concepts



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# Marketing

is

**A societal processes**

**by which individuals and groups  
obtain what they need and want  
through creating, offering, and freely  
exchanging products and  
services value with others.**

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# The Aim of Marketing

is

**To make selling superfluous.**

**To know and understand the  
customer so well that the product  
or service fits him and sell itself.**

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# Health Marketing

is

**The processes**

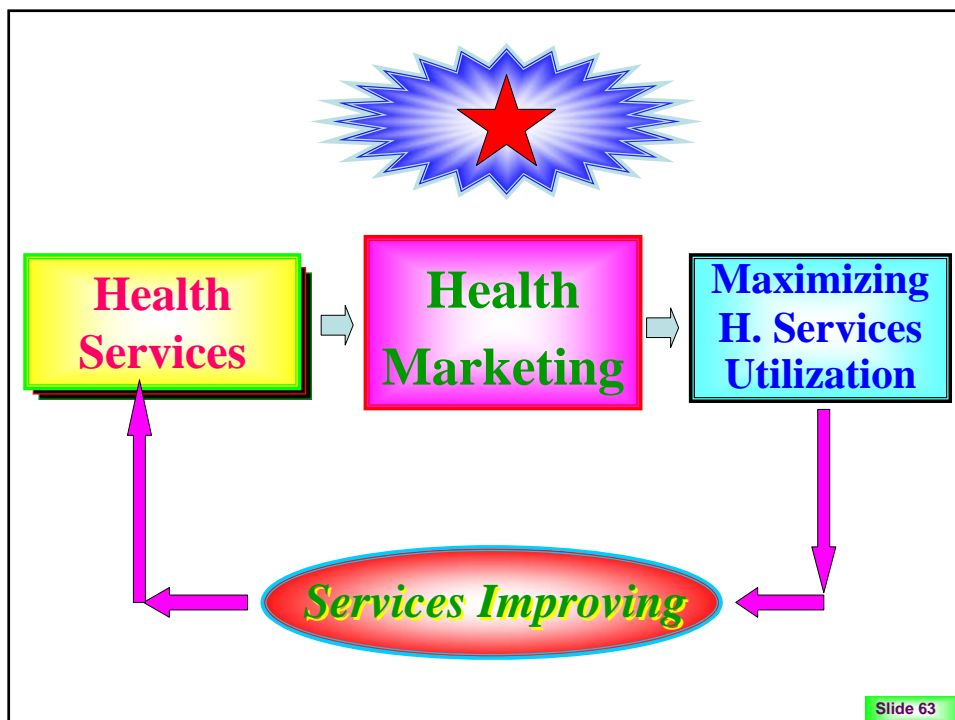
**that bring Health Services to customers**

**by which the customer, the provider and the administrator are satisfy**

**and**

**leading to sustainable development of Health Organization**

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**The Products of Health Service Organization (eg. Hospital)**  
are

**Hospital Services**

1. Health Promotions
2. Health Preventions
3. Health Care Treatments
  - 3.1 ER
  - 3.2 OPD
  - 3.3 IPD & ICU
  - 3.4 OR
  - 3.5 LR
  - 3.6 Special Cares
4. Rehabilitations
5. Health Care Trainings
6. Health Care Educations
7. Health Care Investigations
8. Drugs
9. Health Care Products

etc

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# The Most Essential of Marketing

is

*Quality of Product*

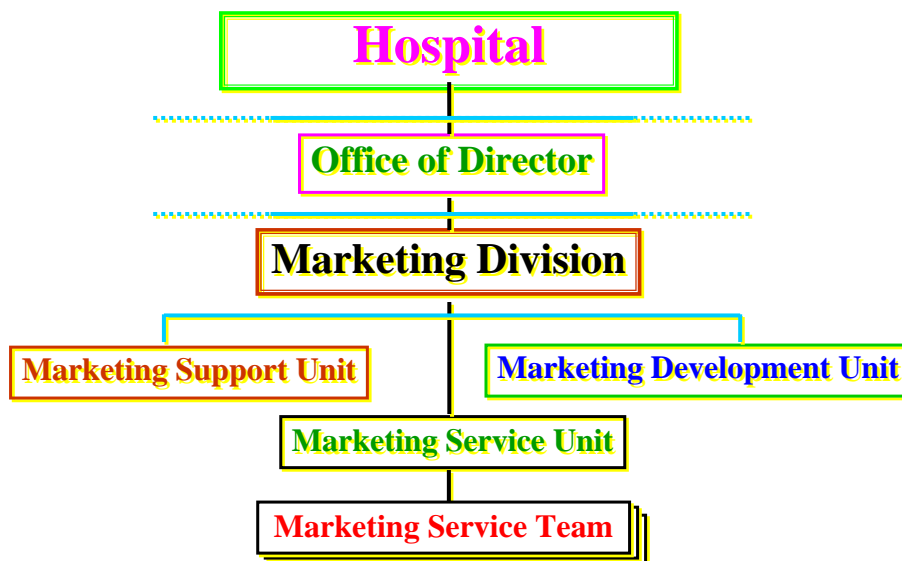
**Both Quality by Fact**

**and**

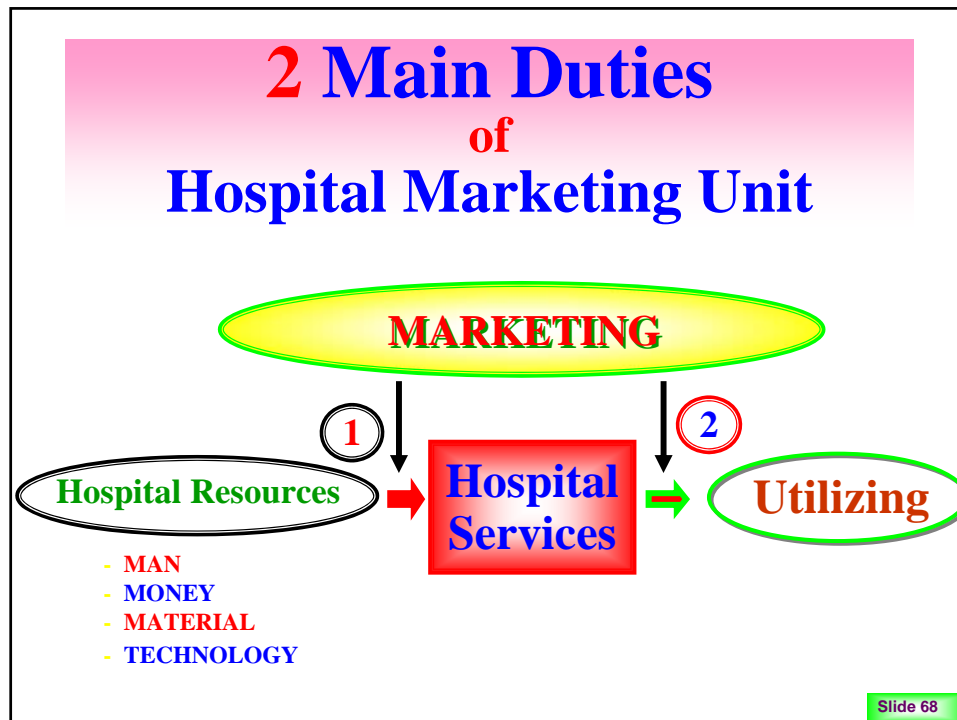
**Quality by Customer's Perception**

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## Organization Chart of Marketing Division



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- ## Marketing Service Team
1. Marketer
  2. Service Provider
  3. Service Supporter
  4. Service Developer
  5. Manager
  6. Customer
  7. Community People
- Slide 69

**24 Hours 7 Days  
Marketing  
in Health**

**by  
Our Staffs**

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***In Management***

***We focus on:***

***How to do?***

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***1. How to Start?***

***2. How to Achieve?***

***3. How to Maintain?***

***4. How to Expand?***

***and***

**5. How to be Sustainable  
Improvement Forever?**

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**Do**

**The Best & Better  
At Your Jobs**

**NOW!**

**By Brain**

**&**

**Heart**

**&**

**Love**

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