Quality Care, Compassion and Accountability

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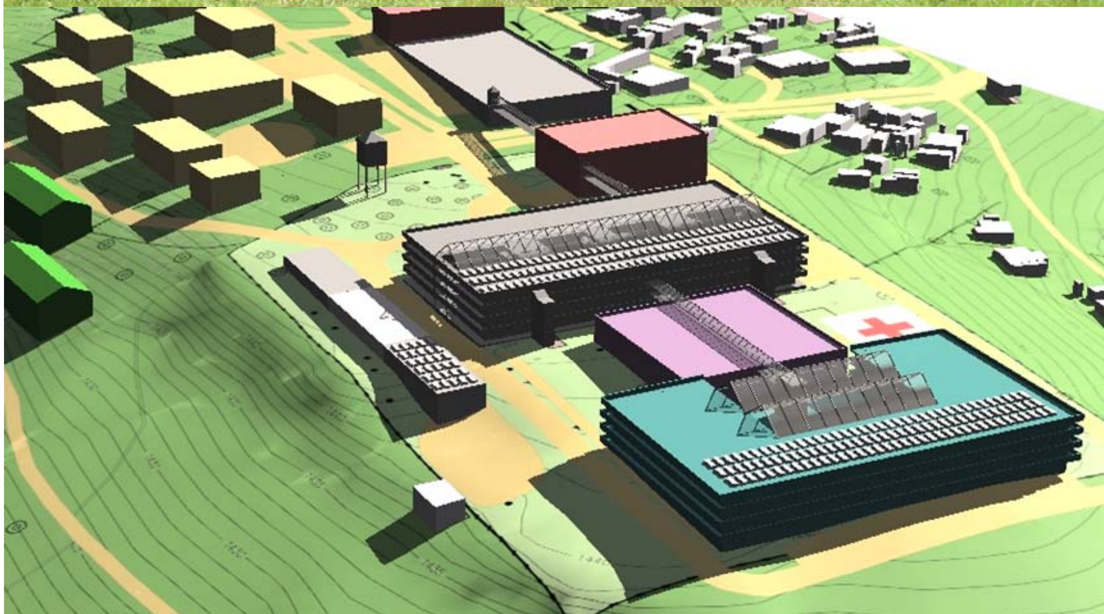
KING FAISAL HOSPITAL, KIGALI STRATEGIC PLAN 2006-2010



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There are many others whose efforts we may have inadvertently failed to recognize, we kindly ask them to accept our apologies.

ABBREVIATIONS AND ACRONYMS

A&E:	Accident and Emergency
A0:	Bachelor's Degree
A1:	Diploma
A2:	Advanced Level certificate
A3:	Ordinary level Certificate
ACLS:	Advanced Cardiac Life Support
ADMIN:	Administration
ARV:	Antiretroviral drugs
BLS:	Basic Life Support
CME:	Continuing Medical Education
CSSD:	Central Sterilization Supplies Department
DG:	Director General
EMR:	Electronic Medical Records
ENT:	Ear Nose and Throat
GoR:	Government of Rwanda
HDANU:	High Dependency Antenatal Unit
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMO:	Health Maintenance Organizations
HMS:	Hospital Management System
HRD:	Human Resource Development
HRM:	Human Resource Manager
HTM&RC:	Health Technology Management and Resuscitation Committee
ICT:	Information and Communication Technology
ICU:	Intensive Care Unit
ITS:	Information Technology and Statistics
IVF:	In Vitro Fertilization
KFH, K:	King Faisal Hospital, Kigali
KHI:	Kigali Health Institute
KSF:	Key Success Factors
MDG'S:	Millennium Development Goals
MGT:	Management
MoH:	Ministry of Health
NEPAD:	New Partnership for African Development
NGO:	Non-Governmental Organization
NUR:	National University of Rwanda
OBS & GYN:	Obstetrics and Gynecology
PC:	Personal Computer
PR:	Public Relations
QA:	Quality Assurance
RAMA:	La Rwandaise d' Assurance Maladie
SFD:	Saudi Fund for Development
SWOT:	Strengths, Weaknesses, Opportunities, Threats

1. INTRODUCTION

1.1. TOWARDS A HEALTHY NATION

King Faisal Hospital, Kigali (KFH, K), sees itself as an implementation agent of the Ministry of Health (MoH) of the Government of the Republic of Rwanda (GoR). In partnership with other agencies, its primary responsibility is to promote, maintain and restore the health of all Rwandans within its catchment's area or rather its market segment. Good health is an imperative if a country has to develop and prosper. A healthy population guarantees availability of a productive workforce.

The Government of Rwanda is committed to nurturing and maintaining a healthy citizenry by combating illnesses related to poverty and ignorance and improving the health status of the population over the long term[1]. This is goal guided by the Government of Rwanda's commitment to the Millennium Development Goals (MDG's) and the implementation of the Rwanda Poverty Reduction Strategy (PRSP), which identifies priority health needs and the challenges to financing healthcare in Rwanda.

1.2. BURDEN OF DISEASE

Rwandans are most likely to die from poverty related preventable diseases. The principal causes of death and reasons for consultations in health facilities are transmissible diseases, which can largely be avoided through improved hygiene and bevioural change. Two diseases in particular malaria and HIV/AIDS place the greatest health and economic burden on households, the population and the health system[2].

2. RWANDA'S HEALTH SECTOR POLICY AND CONTEXT

2.1 DEMOGRAPHIC AND SOCIO-ECONOMIC BACKGROUND

The country of Rwanda covers an area of 26,338 km² and currently has a population of 8.59 million, of which 45 percent are under 15 years of age. The population density is 329 inhabitants per km², one of the highest in the world. Most of the inhabitants (85%) live in rural areas. The ratio of women to men is 1:1 and one third of all households are female headed. The annual population growth rate is 2.8% and the fertility rate is 5.8. Life expectancy at birth is currently estimated at 41.9 years for men, 46.8 for women and 44.4 years for the entire population

[1] Health Sector Strategic Plan 2005-2009, Government of Rwanda (HSSP) pg 1
[2] HSSP, pg 8

The economy has recovered strongly since the war. There has been steady economic growth of over 10 percent on average annually between 1996 and 2002 and inflation has been kept to a low level. However, with a real GDP per capita of 230 US dollars, Rwanda remains one of the poorest countries in the world. Poverty is more firmly established in rural areas and has a larger impact on female-headed households than on others. In 2001, 66% of the rural population, where majority of Rwandan's live, and 60% of the total population were below the poverty line. Furthermore, 42% of the population was living in extreme poverty[3].

2.2 THE HEALTHCARE SYSTEM

The healthcare system has demonstrated remarkable resilience following the war and genocide, which resulted in a massive loss of health professionals, a destruction of the health infrastructure and general impoverishment of the population. In Rwanda, here is a clear link between health outcomes, accessibility to modern health services and poverty. There is inequity in health between the rich and the poor. The gaps between the poor and non-poor in terms of coverage and health outcomes are large, underscoring the importance of targeting those in greatest need[4].

2.3 OVERVIEW OF THE HEALTH SECTOR

The health sector in Rwanda comprises of a public, private and traditional health system, which are supported by the Government, development partners, non-governmental organizations and the civil society[5].

The Ministry of Health has been designated as the principal Government agency responsible for health sector development. It is responsible for defining policy, setting standards, regulating, resource mobilization and monitoring activities in the sector.
It does this through partnerships with a number of other line ministries, which have different responsibilities in the delivery of services and support to the health sector[6].

[3] HSSP, pg 6
[4] HSSP, pg 7
[5] HSSP, pg 3
[6] HSSP, pg 3

2.4. HEALTH SECTOR STRATEGIC FRAMEWORK: VISION, MISSION AND GOALS OF THE GoR

The global vision of the Government of Rwanda is ***"to guarantee the well being of the population by increasing production and reducing poverty within an environment of good governance"***. Within this context, the mission of the GoR for the health sector is "***to ensure and promote the health status of the Rwandese population by providing quality preventative, curative and rehabilitative services within a well performing health system***". To carry out this mission, the MoH has laid down the following seven major strategic goals[7];

- To ensure the availability of human resources
- To ensure the availability of quality drugs, vaccines and consumables
- To expand geographical accessibility to health services
- To improve the financial accessibility to health services
- To improve the quality of and demand for services in the control of diseases
- To improve national referral hospitals and research and treatment institutions
- To reinforce institutional capacity

In addition, the Government of Rwanda subscribes and is committed to international policies and goals. It is committed to the United Nations Millennium Development Goals with the following health related targets:

- reduce by two-thirds, between 1990 and 2015, the under-five mortality rate;
- reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio;
- to have halted by 2015 and begun to reverse the spread of HIV/AIDS;
- to have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

The Government of Rwanda is also keen on implementing the New Partnership for African Development (NEPAD) Health Strategy[8].

[7] HSSP, pg 4
[8] HSSP, pg 4 and 5

3. BACKGROUND TO KING FAISAL HOSPITAL, KIGALI

The construction of KFH was started in Kigali in 1987 and was completed in 1991 with the help of the Saudi Fund for Development (SFD). The King Faisal Hospital was designed to accommodate 200-beds; it is however currently operating with a total capacity of 140 beds acute care with the aim of providing specialized health care in Rwanda and reducing the large number of cases referred to centres outside Rwanda. It started slow from the beginning and it in fact opened as a dispensary to receive war causalities during the 1990 to 1994 period.

After this war, the hospital was run as public healthcare institution under the Ministry of Health. In 1998, the hospital was privatized and a shareholders agreement was made between the government, private shareholders, and Net Care International, a South African Healthcare Group. As a result of this agreement, NetCare-King Faisal Hospital started operating as a private for profit entity.

The business never took off and after nine months the partnership ran into difficulties which resulted into of financial mismanagement and breach of contract. The government took over KFH management and started providing for its operations with loans and subsidies. This situation has since improved as KFH has obtained a full legal status as a "Non-for-Profit" organization registered under the Rwandan Law No21/2000 of 11/10/2000. This process was completed on 22nd August 2005. In August 2005, the hospital was granted a post graduate teaching status with the aim to contribute to the training of medical professionals and creating research capabilities.
The income generated from provision of medical and other related services is supplemented by a subsidy from the Ministry of Health.

The hospital now needs to consolidate its operations, expand, create new services and new capabilities to enable it to better serve the people of Rwanda, and effectively deliver on its designated mandate.

4. THE KING FAISAL HOSPITAL-KIGALI STRATEGIC FRAMEWORK

This strategic plan is an embodiment of the intent and a deliberate effort by the hospital's management and staff to propel it from the present state to the envisioned, desired future state.

This strategic plan is a statement of our aspiration; the envisioning of our desired future state, as well as the means by which to achieve that desired future state. It is a set of planned objectives and activities, which if implemented will enable KFH, K to change and transform its-self from its present situation to a desired new state.

4.1. THE STRATEGIC PLANNING PROCESS

The KFH, K strategic plan has been developed through a broad based participative and inclusive process involving all the relevant major internal and external stakeholders. These included all layers of the hospitals management ranging from the Board of Directors, senior management, middle, lower level management, and staff.

As soon as the new Board of Directors was appointed early this year, a strategic planning process commenced with a retreat that took place on the 09th and 10th of April 2005 at King Faisal Hospital attended by the Board of Directors and all senior and middle management both administrative and clinical of King Faisal Hospital.

This retreat gave an opportunity to both the Board and King Faisal senior staff to share the understanding of where King Faisal Hospital, a newly formed not for profit association is going and how it will get there.

The Ministries of Health and Finance were also consulted and provided in-puts respectively.

As can be seen, this breaks with the past where, some strategic plans were developed that involved only the hospital management and external consultants and generally, all did not align themselves to National policy.

This process was guided by a number of strategic documents and these included but were not limited to the following:

- The Government of Rwanda's Vision 2020 draft 5;
- The Health sector strategic plan 2005-2009, and
- The Health sector policy of February 2005.

This strategic plan attempts to respond to, address and contribute to some of the GoR's health sector goals, in line with its assigned mandate. Some of the challenges which the hospital is responding to are; ***'…the provision of a higher level of technical expertise than that available in the national referral hospitals to both the private and public sector…and to ensure that there is a reduction in the number of transfers abroad; strengthen the skill base in the Rwandan medical sector through the education of specialized medical personnel; formulate strategies and policies for the development of further areas of specialization in Rwanda; develop a policy framework for clinical research on high morbidity and mortality diseases and to increase research capabilities[9].***

In attempting to fulfill its mission to contribute to the development of health services in Rwanda, the hospital shall not be a sole player. It shall forge partnerships with and complement other National Referral Hospitals and Treatment & Research centers in Rwanda[10].

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[9] Health Sector Policy, Government of Rwanda, pg 15
[10] Health Sector Policy, Government of Rwanda

4.2 THE STRATEGIC DIRECTION

4.2.1 The Vision, Mission and Values

After a lengthy discussion and an extensive consultation with all relevant stakeholders as indicated above, a consensus was reached on the strategic direction to be taken by the newly formed organization "not for profit" that will guide the path that King Faisal Hospital, Kigali will follow in its quest to become a ***"Centre of Excellence***" as mandated by the Government. These statements are clearly articulated and are aligned to those of the Government of Rwanda as well as that of the Ministry of Health and read as follows:

4. 2.1.1 Vision Statement

This vision reflects the future state of KFH, K, refers to the long term impact desired, has a flavour of aspiration and demands stretch, is ***transformational*** and reads as follows**:**

"King Faisal Hospital, Kigali will be a centre of excellence in health services provision and clinical education in Africa".

4.2.1.2 Mission Statement

This mission outlines the purpose, "the reason for being" of the hospital, describes how it will operate and what needs to be done to achieve the vision. It reads as follows:

"We, King Faisal Hospital, Kigali, are committed to providing cost-effective, self-sustaining, high quality and specialised health services in collaboration with our clients. We do this with an empowered workforce in an environment that values professionalism respects patients' rights and upholds human dignity at all times. With our partners and within available resources, we contribute to the development of health services, research and education in Rwanda".

4.2.1.3 Values Statements

These values create the culture of King Faisal Hospital and reflect how people will act and interact with it. They form the emotional heartbeat of this organization and apply to everybody irrespective of rank. (Nobody should be above them).

All employees must relate to these values and they will be instilled to each and every employee and we all shall always LIVE by them. These values are:

- ***Quality Care***
- ***Compassion***
- ***Accountability***

This set of values in our context mean the following:

Quality Care

It is the superior attention to a client's needs with a greater emphasis on health care. Such care is effective, respectful, responsive, reliable, efficient and timely.

Compassion

It is the deep understanding of and empathy for the suffering and concerns of others and the need to promptly respond.

Accountability

It operates on three levels: the personal, the professional and the organisational:

At the ***personal level*** accountability is the personal choice to make, keep, answer for and justify personal commitments and actions.

At the ***professional level*** it further includes a willingness to engage in and undergo evidence based peer and expert scrutiny.

At the ***organisational level*** it includes creating a culture of personal and professional accountability to all stake holders, transparency of decision making; the identification of clearly defined objectives and expected outcomes; and responsiveness to the demands of its clients.

4.2.2 Key Success Factors

Further to the vision and mission crafting, a set of ***Key Success Factors*** (KSF) was agreed upon as central to the achievement of this vision and mission and these are as follows:

a) Effective leadership
b) Financial sustainability
c) High involvement & commitment of all stakeholders in the change process
d) Quality systems that promote best practices in everything we do
e) Optimal utilization of available resources
f) Superior marketing and public relations
g) Effective capacity building
h) Shared vision and values

4.2.3 SWOT Analysis

An analysis of the Hospital ***Strengths, Weaknesses, Opportunities*** and ***Threats*** commonly know as a SWOT analysis was conducted at both organistaional and departmental levels and these were identified as follows:

Strengths

1. Endowment of resources: Strong physical facility, committed and trainable staff
2. Clear vision, mission and values for the hospital
3. Stakeholders commitment to quality improvement
4. Demonstrated ability to provide training
5. Availability of substantial capital funding

Weaknesses

1. Obsolete and ill-functioning equipment, with a history of poor maintenance
2. Inadequate management systems
3. Financial un-sustainability
4. Insufficient specialized and trained staff
5. High dependency on external resources

Opportunities

1. Strong commitment of GoR
2. Teaching hospital and higher level of care status
3. Not for profit status
4. Emerging healthcare financing schemes
5. Land available for expansion

Threats

1. Erratic power and water supply
2. A degree of skepticism towards the hospital services held by certain segments of the public
3. Potential loss of Government subsidy
4. Insufficient local suppliers of goods & services
5. Insufficient specialized skills in Rwanda

4.3 KEY STRATEGIC ISSUES

As the future has become clear and that the present is known; a thorough process and consensus reaching on ***Key focus or Strategic areas*** was undertaken guided by the respective strategic documents of both the GoR and the MoH. These include ten strategic areas around which ***Strategic Goals*** have been developed and include the following:

1) Clinical services
2) Training & education
3) Research
4) Human resources management
5) Financial management
6) Administrative support management services
7) Facilities management
8) Quality and safety
9) Information and communication technology
10) General management & Corporate Governance

4.3.1 Key Operational Areas (existing and new services) in line with Strategic Issues Identified

Guided by the strategic issues identified above, a process of identifying services that will require ***to be consolidated*** (existing services) and those that require ***to be developed*** was undertaken and the outcome thereof is depicted in table-1 below:
Important to note that the description of current services as shown in table-1 depicts the current arrangement and groupings of different departments e.g. Surgery to include Surgical Sub-Specialties as well as Internal Medicine. Clearly, this arrangement is not progressive and is likely to hamper growth and is not desirable. It is envisaged that the development of cost centres and the review of the organizational Structure will address this anomaly.

Furthermore, the departments in italic and bold are those that the MoH has identified to be developed only at KFH, K and not in any other sister teaching hospital.

Table-1: Existing and Planned Services

4.3.1.1 Clinical Services

SERVICES	CURRENT	PLANNED
Surgery	**General Surgery** Orthopaedics Ophthalmology ***Neurosurgery*** Dentistry Ear Nose & Throat	Paediatric ***Cardio-Thoracic*** Vascular Maxillo-Facial Urology Plastic Surgery & Burns Unit
Internal Medicine	**General Medicine** Dermatology ***Cardiology*** Pulmonology Nephrology	Gastroenterology Neurology Endocrinology ***Oncology*** Rheumatology Haematology Infectious Diseases
Behavioural medicine		Clinical Psychology
Paediatrics	General Paediatrics Neonatology ***Cardiology***	Nephrology Haematology/***Oncology*** Endocrinology Neurology Infectious Diseases Neonatal ICU (independent)
Obstetrics and Gynecology	Obstetrics and Gynaecology Services Utrasonography Ante Natal Care	Fertility Services Oncology Obstetrics theatre Midwifery post natal services Baby friendly hospital initiative Well women clinic High dependency Ante- Natal Care
Accident & Emergency	Reception and triage	Poison management services Host the Ambulance Services base
Anaesthesia	General Regional Recovery	Pain Management services

Intensive Care Unit	Non –Invasive monitoring	Invasive monitoring High Dependency Care
Radiology	CT Scanning Ultrasonography Fluoroscopy General radiography	Mammography Angiography Dental Panoramic X-Ray
Medical Physics		Radiotherapy Diagnostic Nuclear Medicine
Pathology	Haematology Chemistry Parasitology Microbiology Serology Cytology	***Histology*** Immunology Blood Transfusion Unit Drug Monitoring Assays Molecular Biology

4.3.1.2 Clinical Support Services

SERVICES	CURRENT	PLANNED
Pharmacy	Clinical Pharmacy Drug storage & Supply services Medical /Surgical consumables Dispensing services ARV Supply	Drug Information services Extemporaneous Preparations Poison management information services. Radio-pharmacy Oncology reconstitution
Physiotherapy	Physiotherapy	
Dietetics		Dietetics
Occupational therapy		Occupational therapy
Speech & Audiology		Speech & Audiology
Clinical Psychology		Clinical Psychology
Social Work		Social Work
Optometry		Optometry
Dental		Dental Prosthetics Laboratory
Orthopedics		Prosthetics & Orthotics
CSSD	CSSD	

4.3.1.3 Training and Research

SERVICES	CURRENT	PLANNED
Training	**Interns (NUR)** KHI Students: - Nursing - Anaesthesia - Radiologists - Laboratory Technicians - Dental - Ophthalmic clinical Officers Student External placements Training Out Reach program	NUR undergrads Post Graduate Internal Med General Surgery Obs & Gyn Paediatrics Anesthetics Emergency Care Training Vocational Training Pharmacy Technicians (KHI) Post-Basic/Graduate Nursing and allied professions (Joint KHI)
Research		Establishment of a Research Centre in/for policy/research areas Procedures for conducting research

4.3.1.4 Administrative Support Services

SERVICES	CURRENT	PLANNED
Human Resources	Recruitment Payroll Management Performance Management Staff Planning Training & Development Leave Management Contract Management Industrial Relations	Integrated Human Resource Management
Finance	Budgeting Management Accounting Annual Accounts Working Capital Management Receivables & Payables Procurement Stores & Warehousing Procedure Manual Internal Control Billing Banking & Cash flow Management	Asset Management Debt Servicing Cost Centre Management Risk Management

<table>
<tr><td>General Administration</td><td>Patient Services
1. Reception
2. Filing
3. Secretariat
4. Switch Board
5. Mortuary Services
6. Referral Services
Transport
Public Relations
Housing</td><td>Patient Services
- Registry Services
- Legal Services
- Hospital Information Service
- Med. Records</td></tr>
<tr><td>Facilities Management</td><td>Facilities Management
1. Hard Facilities
2. Soft Facilities

Hard Facilities

- Building Maintenance
- Engineering Mech./ Electrical
- Bio-Medical Engineering

Soft Facilities
a) Catering
b) Security
c) Housing Keeping
d) Gardening
e) Laundry</td><td>Hard Facilities

- Estate Management

Soft Facilities

- Portering Services
- Waste Management</td></tr>
<tr><td>Cross Cutting</td><td>Information Technology & Statistics
Out Reach program services
Internal Audit
Customer Care
Public Relations
Marketing</td><td>Health Information
Infection Control
Quality Assurance
Occupational Safety
Health Technology Management
Resuscitation Service</td></tr>
</table>

4.3.2. Beds Allocation and Utilisation

King Faisal Hospital was initially designed to accommodate 200 acute beds, as discussed earlier, it has not been able to operate optimally to reach this level it has however grown and currently operates approximately 150 beds with an approximate bed occupancy rate ranging between 55% and 65%. In order to respond to the national health challenges especially in relation to reducing the number of patients referred abroad and building capacity of health professionals in the country, this hospital will grow and be developed to accommodate 350 beds. An attempt has been made to distribute these beds amongst different departments, in view of ensuring that as cost centres are implemented, it will be easy to manage and will optimize the utilization of these resources.

It will be required to continue refining these such that amongst the major departments beds are allocated to each of the respective sub-specialties. In allocating these beds, each department will also allocate a number of beds to the intensive care units (ICU) both adults and children as well as "Urusaro" rooms. Table-2 table below depicts the current and future possible allocation.

Table-2: Current and projected bed allocation

Services	Current Average Bed Utilised	Current Beds	Additional Beds	TOTAL
Surgery	23%	33	48	81
Internal Medicine	32%	46	66	112
Paediatrics & Neo-Natology	21%	30	44	74
Obstetrics and Gynecology	23%	33	48	81
Intensive Care Unit		8*		
Accident & Emergency		7*		
Urusaro Rooms				
TOTAL		**142**	**206**	**348 +2**

***: Not included in the total**

4.4 STRATEGIC GOALS AND OBJECTIVES

The King Faisal Hospital, Kigali strategic plan is an output of a rational and deliberate process that developed the Vision, Mission, Values, Key Success Factors, Goals, Objectives, Activities and Costs. There exists a logical link between these components. Information from one component provides input into the next level, the logic cascading down to lower level components in a hierarchical fashion.

In line with the ten key strategic issues and operational areas identified earlier, correspondingly, strategic goals and objectives have been developed in a manner that these are outcome based an approach that will be useful in the monitoring and evaluation of the implementation of the strategic plan over its five-year time horizon.

4.4.1. CLINICAL SERVICES

To strengthen existing and develop new clinical services that are responsive to the needs of the people of Rwanda and beyond

To have:

- Implemented a vibrant clinical governance program by end of 2009 and maintain it thereafter.
- improved existing medical services in line with accreditation standards by August 2010
- consolidated and developed clinical support services that are responsive to the needs of clinical care and that are able to meet international standards by the end of 2009
- developed non-existing medical services while sustaining the achieved quality level by 2009, resulting in a at least 50% decrease of 2004 number of patients referred abroad
- strengthened the quality of nursing care for all existing clinical services within two years and corresponding emerging services by 2010

4.4.2 TRAINING & EDUCATION

To strengthen and develop vibrant training and education capabilities to international standards in partnership with higher learning institutions, in order to continuously meet national health care needs

To have:

developed capacity such that we will accommodate 10 medical post graduate students each year from 2006

developed mechanisms that continuously support clinical education to students and graduates from all relevant institutions of higher learning by end of 2008.

4.4.3 RESEARCH

To develop a research centre of excellence that will contribute towards strengthening national research capabilities in our endeavours to reduce morbidity and mortality and improve service to the population

To have:

i) developed, and then maintained a culture of curiosity and investigation that produces research results, better care and stronger instruction by the end of 2010
j) initiated at least one research project in each clinical discipline by the end of 2009 and two per year thereafter
k) established a fully-fledged research centre while building research capacities by 2010.

4.4.4. HUMAN RESOURCES MANAGEMENT

To develop an integrated human resources management system that is responsive to all our clients' expectations.

To have:

a) developed a Human Resource plan that will ensure that KFH, K is adequately staffed to the level that is commensurate with the existing and emerging services by mid 2009
b) developed and implemented a recruitment and retention strategy by the end of 2009 that meets and sustains improved service delivery.
c) strengthening mechanisms that will ensure sound and cordial industrial relations between employees and employer in compliance with applicable legislation by the end of 2009
d) developed and implemented an integrated performance management system by end of 2009 that will ensure improved and sustainable productivity
e) improved the knowledge and skills of all employees, continuously meeting their needs and those of the organisation through to 2010

4.4.5. FINANCIAL MANAGEMENT

To build a robust, sound and integrated financial management system that will yield long-term financial sustainability.

To have:

a) developed a debt servicing program by end of 2009 that will be implemented to meet the expected repayment periods
b) established mechanisms that will improve our supply chain and be in compliance with the national procurement guidelines by end of 2009
c) developed a financial risk management strategy by end of 2009
d) strengthened and developed a sound financial management system by the end of 2009
e) established cost centres that will ensure effective utilization of our resources by end of 2009
f) established a well functioning asset management portfolio by 2009
g) reduced the GoR operating subsidy to 50% of 2005 level by 2010

4.4.6. ADMINISTRATIVE SUPPORT SERVICES

To establish and consolidate an administrative support service that is efficient and responsive to all user needs and expectations

To have:

a) improved patient services' support to facilitate their optimal functioning by 2009 and continuously adapt to the hospital future growth.
b) established a legal advisory service by the end of 2006

4.4.7. FACILITIES MANAGEMENT

To enhance and develop facilities management systems that will meet constantly evolving service delivery requirements

To have:

a) completed the rehabilitation of KFH,K existing facilities by mid- 2010
b) established a preventive maintenance program of all hard facilities by end of 2009
c) completed the current infrastructure development program based on our service delivery needs, by 2010.
d) upgraded hospitality services in compliance with international standards by 2010

4.4.8. QUALITY AND SAFETY

To achieve world-class quality services in a safe and well managed environment that will lead to attaining and consistently maintaining accreditation status

To have:

a) strengthened management advisory & technical committees by the end of 2009
b) built capacity for all our employees in QA knowledge and skills by the end of 20010
c) developed all emerging services and programs, in line with hospital accreditation requirements by end of 2010.
d) developed and implemented performance monitoring and evaluation systems by the end of 2010.
e) evaluated and strengthened all the emerged services, systems and programmes by the end of 2010
f) achieved accreditation status by December 2010 and sustained it thereafter

4.4.9. INFORMATION SYSTEMS AND COMMUNICATION TECHNOLOGY

To create an environment where information, communication technology and systems are utilised to support excellent service delivery, training and research

To have:

a) ensured the integration of ICT facilities within the infrastructural development program by the end of 2010
b) established an ICT risk management system by the end of 2010
c) ensured that all information systems utilized throughout the hospital are integrated and able to interface by 2010
d) institutionalized the use of ICT resources to optimize efficiency through out the hospital by the end of 2010
e) developed an effective and integrated health information system that will support research and high quality care by 2010

4.4.10. GENERAL MANAGEMENT & CORPORATE GOVERNANCE

To provide effective leadership that will create a superior corporate image and brand, which inspire confidence in our people, organisation and clients

To have:

f) developed a monitoring and evaluation framework to measure the successful implementation of KFH, K strategic plan by end of June 2010 and implement it thereafter
g) put in place effective leadership mechanisms based on a high involvement approach at all levels of management by December 2010
h) ensured the development and implementation of policies and procedures for the hospital and its functional areas by December 2010
i) revised the corporate and organizational structure to support in a manner that is responsive to service delivery by December 2010
j) developed and implemented a marketing and public relations strategy that will promote superior corporate image by December 2009
k) coordinated all risk management programmes by December 2009.
l) broadened service accessibility by 2010 and maintained it thereafter
m) strengthened the internal audit function to ensure that key systems and control areas within the hospital are operating economically, efficiently and effectively by Dec. 2010 and sustain it thereafter.

4.5 STRATEGY IMPLEMENTATION

Inherent to this strategy are numerous departmental operational plans. They contain more detailed and specific information to guide implementation at each operational level. Each departmental plan contains objectives, activities with time lines, the responsible person, performance indicators and expected results. All these are aligned to the hospital implementation plan. The link between these two is the departmental operational objectives which make up activities for the hospital overall implementation plan which is attached as: **Annexure A**.
As soon as this plan has been approved, a cascading strategy will be developed to ensure it is understood and that facilitate its real implementation.

The requirements to implement this plan and their corresponding estimated costs have been worked out as explained below. The aggregate of these costs comprise the total budgeted investment to successfully implement this strategic plan.

4.6 FUNDING REQUIREMENTS

The implementation of this strategy will by any means not be possible unless the necessary funding is secured in time. It is indeed crucial for its successful implementation. As KFH, K is not able to generate the necessary funding from its own internal revenues; this will enable it to source the said funding from all possible funding sources including the GoR, its members and other external sources.
Henceforth, a costing process as part of this strategic process was undertaken with the objective of deriving the total estimated and projected costs (in USD), of implementing the King Faisal Hospital's Strategic Plan which in turn have been consolidated into a budget indicating what investment is necessary to bring about the centre of excellence that KFH,K aspires to become.

4.6.1. Costing Approach

We have employed the marginal and activity based costing approach, whereby only costs of additional items required for each new service were considered. The costs have been aligned into what is potentially to become high level cost centers in their current configuration as follows:

- General Management
- Administration
- Finance
- Clinical services
- Clinical support services

Each unit or department developed a set of activities per objective to undertake in order to achieve the implementation of that objective. For each activity, there was a set of requirements, falling in any of the following categories:

- Facilities (Buildings)
- Medical equipment
- Non-medical equipment (Furniture)
- ICT
- Staffing
- Training of Professionals

4.6.2. Significance

The costs as presented are according to the proposed cost centers for the hospital. A part from portraying the costs in a global manner, this approach is useful in depicting the costs borne by each cost center. This gives an indication of distribution of budgetary requirements within the hospital and infuses a sense of responsibility to management at all levels. It will guide resource allocation, encourage responsible use of funds and promote accountability during implementation of this plan.

4.6.3. Assumptions

In converting local currency to USD, a conversion factor of 560 frw to 1 USD was used
It is anticipated that the USD will remain relatively stable in the next five years, the period of this strategic plan. It is also envisaged that inflation will increase by 4% per annum on average[11] and that Real GDP will grow at 6% over the duration of the strategic plan [12]

The total cost amounts to an estimate of **$ 27,752,659**(excluding staffing costs which have been reflected under the operational budget)**;** out of which **USD 7,698,800** is available as tabulated in the table below:

Table-3: Consolidated Costs

DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL REQUIRED
MEDICAL EQUIPMENT	5,792,308	3,280,769	2,053,846	884,615	6,923,077	15,434,615
NON MEDICAL EQUIPMENT	383,928	175,068	64,337	1,632	596	625,561
FACILITIES	2,408,850	0	6,565,100	0	0	8,973,950
HIS & ICT	719,469	624,516	59,850	8,114	5,080	1,417,029
PROFESSIONAL TRAINING	282,704	458,600	366,200	97,000	97,000	1,301,504
GRAND TOTAL FUNDING REQUIRED	**$9,587,,259**	**$4,538,953**	**$9,109,333**	**$991,361**	**$7,025,753**	**$27,752,659**
FUNDING AVAILABLE	**$5,053,000**	**$53,000**	**$6,053,000**	**$39,800**		**$7,698,800**
FUNDING NEEDED	**$4,534,259**	**$4,485,953**	**$3,056,333**	**$951,561**	**$7,025,753**	**$20,053,859**

The above table shows a breakdown of the total estimated costs, available funding and additional funding required for respective areas in corresponding years. The accompanying explanatory notes below, give the reader, the rationale that led to the different figures against each costing element and the corresponding years.

[11] HSSP, pg 70

[12] HSSP, pg 70

4.6.4. Medical equipments

This is expected to cost approximately a total of USD 15 million for a period of 5 years; 38% in first year, 21% in 2nd year, 13% in the 3rd year, 6% in the 4th year and 45% in 5th year. The huge investment in medical equipment is attributed to investment in new services which include among others; surgical sub-specialties, ICU and radiotherapy as indicated in the strategic plan and in line with the accreditation expected in 2007. Some of the new services will be accommodated in the existing facility, while others will be accommodated in the expanded facility approximately in the third year. Equipment however, will be secured at the time of rehabilitation and expansion so that they are ready to be put into use in the third year when expansion is expected to be completed. **Annexure C** attached hereto indicates high level details of the costs per clinical or clinical support departments

4.6.5. Non-Medical equipment

A total of USD 626,000 is estimated for non-medical equipment for the next five years. This will go into furnishing the existing offices, which clearly lack the necessary furnishings. It will cater for both administrative offices and consulting rooms. 61% and 28% will be spent in 1st and 2nd year respectively. The relatively high amount will be spent in the 1st year for procuring the non medical equipments that will be used for furnishing all the facilities including consulting rooms for both existing and new services as part of the rehabilitation phase. **Annexure D** attached hereto indicates a high level details of the costs per departments

4.6.6. Facilities

This largely refers to the rehabilitation of the existing facilities to improve the existing services as well as expansion to accommodate the planned new services. About USD 9 million is to be spent for the next five years. This is however; an estimate according to the preliminary study by Oz Architects. The rehabilitation and expansion are planned in two phases; USD 2.4 million to be spent in the 1st phase (2006) and USD 6.6 million in the 2nd phase (2008). Out of the estimated required USD 9 million, USD 8 million will be financed by the Saudi Development Fund; USD 1.5 million and USD 6.5 million in the 1st and 2nd phase respectively.

4.6.7 Information and Communication Technology

ICT is expected to cost the hospital about USD 1.4 million for the next five years, 51% of which will be spent in the 1st year and 44% in the second year. The hospital plans to have a fully integrated and interfaced IT system in the next two years, where information sharing by all users is made easy. Investment in this area will cater for the hospital management software (including financial software), computers and networking all departments. This is expected to be effected in the first and second year and hence the justification for the spending of 51% and 44% in the first and second year respectively. **Annexure E** attached hereto indicates a high level details of the costs per departments for their respective ICT requirements.

4.6.8. Staffing

USD 5.4 million will be spent on additional staffing in the next five yrs, a bulk of which will be spent in the 1st and 2nd years; 35% and 32% respectively. The number of staff will increase in the first year in order to provide new services as well as improve on the existing ones. Most of the new services are specialised services, which will require a significant number of nurses, specialists and senior specialists. Out of the USD 1.9 million required in the 1st yr, USD 1.5 million goes into clinical staff, 95% of which will cater for specialist staff in various clinical areas as the attached table shows. A total of 37 specialists in various clinical areas will be recruited for the next five yrs. These will serve for a period of time as the hospital/nation invests in human resource development and particularly in the medical field as the section below further explains. **Annexure F** attached hereto indicates high level details of the costs for additional staffing per departments. Important to realize is that the current GoR's subsidy will continue to be required until such time that the hospital becomes self-sustaining. However, some costs related to the national effort in capacity building for health professionals doctors in particular will continue to be born by the MoH. This will be demonstrated in the next phase where a business plan is about to be developed. **Annexure G** shows the current staffing levels. The total cost for staffing however, has been reflected in the consolidated budget under the recurrent budget section (page 26).

4.6.9. Professional training

Professional training is expected to cost the hospital USD 1.3 million for the next five years. This is in line with building the capacity of medical professionals in Rwanda, by facilitating specialized training and develop a pool of trained specialists to replace expatriate staff progressively. This amount will cater for training of highly desired specialized staff in areas where Rwanda is not able to provide this training under the postgraduate programs currently underway. These include areas like Ear Nose & Throat, Neurology, Neuro-Surgery cardiology, oncology, and urology and theatre technicians.

The cost of training is based on regional universities, except where such training is not available in the region. It is important to note that, while the hospital has established a budget line for this item, the support from the GoR in facilitation of this highly desired specialized training, is crucial, as it would serve the needs of the country. **Annexure H** attached hereto indicates high level details of the costs per clinical departments whereas, the cost related to remunerating desired specialists has been considered in the additional staffing costs.

Even though a rigourous costing process has been undertaken, it is crucial to realize that as indicated above, this is limited to the cost of investment. The next step now that the strategy has been drafted, a business plan can be developed. This business plan which shall be completed early next year will be able to demonstrate amongst many things the following:

- When will this investment break even,
- How progressively will KFH reduce the Government subsidy,
- What services will be able to self-sustain (such as Radiology, Laboratory, Dental, Pharmacy etc)… and which ones will require cross-subsidization from within KFH, K and those that will continue to require subsidy from the GoR (such as Internal Medicine: e.g. Renal Dialysis, Oncology etc and Surgery: e.g. Cardiovascular Surgery, Neurosurgery etc. and other speciased services that aim at reducing or eliminating referrals abroad;
- What portion will the GoR take care of irrespective of the self-sustainability achieved

4.6.10. Consolidated budget 2006 - 2010

The table on page 26 shows a consolidated budget for the entire period of the Strategic plan. It shows the GoR subsidy required on the recurrent budget, on the Investment budget and gives a consolidation of the total requirement for both budgets for the entire period. While Investment Budget needs to be funded by the GoR in total, recurrent budget will be subsidized up to 2008, beyond which the hospital is expected to be able to generate sufficient revenues to support her recurrent budget. Total funding required from GoR for both Recurrent and Investment budget is frw 16 billion for the entire period.

5. PERFORMANCE MONITORING AND EVALUATION

The monitoring and evaluation framework is an important aspect of this strategic plan. It provides the mechanisms for monitoring, reviewing, and evaluating progress towards attainment of the strategic objectives and goals.

The implementation of this plan will be monitored against the following parameters; the planned dates of commencement and completion of an activity using performance indicators as indicated here in. however, the BoD is still expected to establish a monitoring and evaluation framework where all these will be packaged.

5.1. Performance indicators

The performance indicators proposed to be used are specific to this strategic plan. They are a mixture of input, process and output indicators. Some are numeric in nature i.e. numbers, ratios, fractions, percentages, proportions and averages, while others are check-lists, meant to establish the presence or absence of a specific physical entity, or a change from one state to another, which can be verified. Each activity will be evaluated on its contribution towards the attainment of the strategic objective which it addresses.

The main sources of data for monitoring, review and evaluation of the strategic plan will be from progress reports from units and departments, inspection reports, reports of supervisory visits, reports from external audits and surveys.

There will be regular meetings and reviews by management, to ensure that the implementation process progresses as envisioned.

6. CONCLUSION

We hold the strong view that this strategic plan is a road map that will guide King Faisal Hospital, Kigali achieve an internationally recognized status. The plan crystallizes the numerous thoughts and aspiration of the members of the King Faisal Hospital, Kigali's community.

A spirit of teamwork and a sense of ownership have suddenly engulfed members of this organization. There has been an apparent increased commitment on rowing the boat together, and a renewed sense of shared purpose. These are positive developments that will facilitate the implementation of this plan.

Our greatest challenge is to ensure successful implementation of this plan. The management recognizes this challenge, and will strive to create a supportive environment to realize this.

It is indeed imperative to note that this document is a guide to any management at any given time, to stay focused on our shared vision, mission, objectives and values.

Refer Implementation Plan: Annexure A and Financial: Annexure B