

MANAGERIAL PRESENCES IN THE ACTIVITY OF “REGINA MARIA” MILITARY EMERGENCY HOSPITAL FROM BRASOV

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Abstract: *In 2016 the hospital celebrated 225 years of existence in the service of urban structure from Braşov, which generated for its soldiers, inhabitants and employees varied and special conditions for assisting their health state, as a result of its agglomeration, dynamism and specific activities in the two and one quarter centuries.*

We celebrated the event accordingly, we updated and filled in the historical register of the hospital as a sign of honouring those who built and maintained the unit and the health state serving capacity of the soldiers and population from Braşov, Covasna, Harghita and Mureş.

In the analysis and elaboration of the management study herein, the time factor will play an important role, especially in the component of technical and material hospital development.

In the spirit of the above, we present the managerial presences in the development and modernization activity of “Regina Maria” Military Emergency Hospital from Braşov.

Keywords: *Managerial presences, management analysis, managerial vision, strategic position, general and functional management.*

JEL Classification: *M10, M12, I10*

1. Brief history of hospital management

As a sign of cherishing the history, in general and the history of our hospital, in particular, we further present the most important moments from the existence and management of “Regina Maria” Military Emergency Hospital from Brasov, hospital with a very old tradition, reference unit for the medical network of the Romanian Army.

In the middle of the tumultuous historical period marked by the Russian-Turkish war, a military surgeon from the regiment quartered in Brasov requests the Magistrate of Brasov on July 10th 1773 to carry out modification works at

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the barrack construction in which the Military Hospital was to be installed and on August 14th the same year, the construction inspector Johann Bruss submits a report in this respect. It is the oldest document which mentions the existence of our bisecular hospital.

The hospital management took into account that Brasov of that time was hosting around 20.000 inhabitants, with a share of 40% Germans, 40% Romanians, 13% Hungarian and the rest of 6-7% Jews, Roma, Bulgarians, Greeks and other ethnicities. The Romanians were enjoying the fresh recognition of civic rights by the Emperor Joseph the 2nd of the Saint Roman Empire and sovereign of Transylvania. The city was recognized after the last devastating fire and it was still remembering the ravages of the last plague epidemic from 1756. A few years later, the public illumination with oil lamps was introduced for the first time.

The military garrison was installed in what we now call old centre. On the three parallel streets, Porții Street (Republicii in the present), Neagră Street (Nicolae Bălcescu in the present) and Castelului Street, different military barracks were found during the studied period. The building mentioned before, on Porții Street, number 53, was initially the local penitentiary. It was a building which did not correspond at all with its destination. Thus, under the pressure of military authorities, the city elected officials thought to solve two problems at once. They temporarily moved the detainees to Turnul Sfântului (the Saint Tower) (where they had problems with their escapes) and started in parallel the construction of a corresponding penitentiary and the rehabilitation of existing construction in order to face the army needs. In 1766 we already find this barrack in full operation.

Starting with 1784, a new barrack is constructed on Neagră Street, on the place of three old houses, construction to which is added an extension with internal yard in 1791, so that the limitary unit was moved in the modern and more spacious building and the Military Hospital was installed in its place.

The hospital epopee is already at the beginning with this event. We know that the extension cost over 25.000 florins and that most of the money came as reward for the services from the war against the Turks. It seems that this extension did not cover the necessary space and thus another location for the military barrack is searched. It is obvious that in the second decade of the next century, the 19th, the Military Hospital is moved in what seems to have been the Black Barrack, on the actual Nicolae Bălcescu Street, in the

place in which the Faculty of Medicine of Transylvania University is found in the present. The building from Porții Street, initially a penitentiary, then a barrack and military hospital, is subsequently purchased by an Austrian-Hungarian bank. In the present, with other appearance and size, it houses the public prosecutor's office.

Housed on Neagră Street for more than a half of century, the importance of the Military Hospital in the life of the city increases. So that in the penultimate decade of the 19th century, the problem of a new location for the already old hospital arises. The Prefecture from Brasov decides to build modern buildings at Gâtul Cetății in order to provide higher conditions to our institution and the construction works on the place of the public garden near Tâmpa Mountain begin in 1885. The works last two years and in 1887 the medical personnel and the patients are moved in the new, beautiful and spacious building.

Although the rank of the Military Hospital from Brasov was that of army hospital, the prefecture from Brasov was the one which financed and supported its optimum operation and development.

On February 1st 1919, the Military Hospital from Brasov passes under Romanian administration, as hospital of Division 18, being equipped with 150 beds. In this period, the Romanian army has 11 military hospitals in Transylvania, equipped in total with 2950 beds, the largest ones being located in Dumbrăveni, Timișoara and Alba Iulia.

Also in this period in Brasov, there were 3 hospitals besides the Military Hospital: Municipal, Ophthalmology and Contagious Disease, situated in other locations than the actual ones, with lower capacity than the Military Hospital.

As a conclusion, the Military Hospital is the oldest medical unit from Brasov, especially among those functioning in the present, being the hospital with the oldest current location.

Based on the royal decree of King Ferdinand who respected the consent of his famous wife, our hospital is attributed the name of "Regina Maria" from May 15th 1922, receiving also the unique character of institution which the "soldier queen" accepted to bear her name even during her life. In this period, our hospital becomes military corps hospital.

The first two Romanian convicted people of our hospital were: Major Dr. Teodor Zbârcea and Colonel Dr. Dumitru Oprescu. Under their command, it was passed to the hospital re-equipment (with strong

preoccupation on the laboratory, imaging and sterilization), rehabilitation and decoration because the internal view of the hospital was and is always beautiful and special, benefiting also from a natural exceptional location.

The largest capacity of the hospital was reached in the Second World War, when it had 500 beds and the surgery department was dislocated to Codlea and the one of internal diseases, as well as the pharmacy to Râșnov, in order to face the flow of injured and ill persons. After the war and the return of the hospital to its old location, the departments of internal diseases, ENT and Dermatology and Sexually Transmitted Diseases were developed, the polyclinic and mechanical laundry room were founded and the internal alleys were asphalted for the first time. Still in this period, a high interest for the management of human resources is manifested, the entire senior personnel of the hospital being stimulated to improvement and specialization, so that in 1959 all physicians graduated the training and specialist and primary physician examinations according to the new requirements of the time.

The largest capacity reached by our hospital in the post-war period was 330 beds, from 1982, along with the new department of orthopaedics – traumatology, capacity maintained until 1999.

The hospital is classified in the present in the 3rd category within the national classification of hospitals based on competence criteria and the average complexity index of cases solved in the last five years was supraunitary. The total medical specialties covered by our personnel in the different forms of care is 27, average complexity index of cases solved by the physicians in 2011 and 2015 being supraunitary and the average of hospital discharges from the last years was between 7500 – 8500.

Since 2010, an ample process of re-equipment and modernization in all sectors of our institution was carried out, both by energetic attraction of investments through the Medical Directorate of the Ministry of National Defence and also by mobilization of own resources, donations and sponsorships especially from Medica Milenium III foundation.

2. Analysis of hospital management state

2.1. Strategic position: ensures structural medical support of the National Defence System in the Central area of Romania

In the national strategic defence vision of Romania the health dimension is positioned within the action directions and main ways of ensuring national security. With respect to us, we have the mission to contribute to the development of the health system in the Central area of Romania by conceiving and creating planning mechanisms on programs, projects and performances, by stimulating hospital scientific research in correlation with the health system and to develop the health culture by promoting values, norms, attitudes or actions that allow the assimilation of health concept in national security. As part of the national health system from Romania, our hospital wishes to carry out the medical act at local and regional level and to act as a public service in the service of patients from Brasov, Covasna, Harghita and Mureş Counties.

2.2. Managerial vision

We intend, as a sign of our responsibility and based on the medical management of scientific nature, to build a health centre, in which professionalism is the main and decisive value both for physicians and average and auxiliary personnel.

We intend to obtain a vision on internal and external image of our hospital by: (1) the continuous increase of medical act quality; (2) the organizational and managerial culture which promotes work satisfaction with emphasis on merit recognition; (3) the development of collaboration relations and participative management; (4) the transparency of managerial and medical act.

In the process of the qualitative medical act, materialized by professional, civic and scientific responsibility, the physician and his/her collaborators (nurses and auxiliary sanitary personnel) to which it is added the administrative personnel, must act in an effective and efficient way in the service of the patient and next of kin.

The hospital mission is to contribute to the improvement of the community health state from the area which we cover from medical point of view and to excel at the chapter of quality of services provided for ill

persons and patients. We intend that our hospital becomes a good provider of medical emergency services.

Through our vision, we wish to build the image of a famous medical centre, representative for the military medical system, a hospital with special personality in the system of medical institutions from Brasov.

From the point of view of value, we position in our organizational and managerial culture the dignity and respect in relations with our patients and their families, honesty in what are doing with emphasis on quality and safety guarantee of the medical act.

2.3. General and functional management

2.3.1. General management

From managerial perspective, we act in order for the reform of sanitary system to involve institutional restructuring, reformation of mentalities which underlie the functioning of the actual system, accompanied by financial adequate efforts. In this undertaking, the hospital management implies the efficient collection and processing of information, adequate use of competences, and implementation of calculation technique in all departments and fast dissemination of information to patients.

Starting from these premises, we focus the general effort on the implementation of medical management in our hospital, by training the management personnel concerning the fund of basic managerial knowledge, principles, methods and techniques of medical management science. We take into account not only the appropriation of the main knowledge fund of medical management but also the formation of modern thinking of medical management, doubled by the development of main managerial-medical attitudes and behaviours.

Within the managerial-medical training program of hospital personnel, we insist on topics like: managerial-medical process; planning of strategy and sustainable development policies of the hospital; managerial organization of medical services; information system and its use in medical management practiced in our hospital, decisional-participative system; managerial-medical methods, techniques and instruments; control in the managerial-medical activity; communication with personnel and patients; formation and development of managerial team; management of medical scientific research activity; management of medical technical-material

supply; management of performing the medical service activity; medical marketing; financial management in the military emergency hospital; management of human resources; managerial science and profile of military hospital manager; attributions, responsibilities and authority of military manager; profession, style and behaviour in the military hospital; manager and medical and sanitary personnel; manager and managerial team; assuming the risk by the manager of military hospital; fight against managerial stress; profession and efficiency. It is possible to add other topics during time. With respect to their spread over time, we take into account the priority and usefulness of topics in the managerial development process of the hospital.

Concretely, in “Regina Maria” military emergency hospital from Brasov, the management is exercised by the manager, board of directors, steering committee, medical council and ethical council.

The manager position is treated as a permanent act of creation of conditions for the efficient use of hospital human, material, financial and time resources. The exercise of hospital manager position requires an adequate baggage of managerial, medical, economic, legal and medical psycho-sociology competences because management became scientific in all its aspects. It is also required the development of work capacity with hospital personnel for training it in order to reach the objectives of military-hospital unit.

By reference to personal characteristics specific to the position of military emergency hospital manager, we outline the psycho-socio-professional profile of the manager of this institution: medical management knowledge doubled by managerial practices and skills; preoccupation for continuous learning; moral – volitive, enterprise, innovative and courageous character and traits; energy; perseverance, mobility, mental and physical solidity, wide and prospective vision, human attitude to unit personnel and its patients; capacity to know people and work with them; flexibility of medical and managerial thinking, motivation and cultural horizon toward the development of hospital organizational culture and managerial culture.

In exercising the hospital manager position, the process of exercising managerial attributions, responsibilities and activity is treated differently. We act for the structure of managerial personality by reference to position, style and behaviour. In practising the manager position, the strategic vision is treated as modality to conceive the hospital medical strategy. We act with

feelings of respect and cherishment of personnel and managerial team, managerial pillars, successful factors and medical performance. The non-conflictual management is practised, the dynamics and consequences of conflictual states are aimed and it is acted for avoiding conflicts in exercising the manager position. The information-decisional system is used according to managerial principles and transparency in contacts and rigour in the managerial communication and participation system are provided. The new and change in exercising the manager position is placed on the first place and the cases of resistance to change are fought against wisely and tactfully. The risk in exercising the position is assumed regardless of the field in which it will be present and efforts are made to obtain success and performance in exercising the manager position.

The activity with the managerial team is situated on the first place in the work style, insisting on the essence of team work (planning of responsibilities, manager position, position of team members, balance between manager and team members). The interpersonal act in the managerial team is aimed and developed and the passage from interpersonal relations to group psychology of the managerial team is provided.

This is how our managerial case looks like and efforts are made to achieve it as a sign of military discipline and responsibility and taking into account the conclusions resulted from the analysis of internal and external hospital situation.

2.3.2. Components of functional management

2.3.2.1. *Financial management of the hospital*

The entire management personnel of our hospital treats financial management as the expression of the specific field of managerial activity, field in which the financial decisions are substantiated, elaborated, adopted and completed, by revealing the entire managerial potential at hospital level.

We conceive financial management as a function, the essential purpose of which consists in providing the hospital with permanent and regulated necessary funds and in exercising the control on the efficiency of operations engaged with these funds.

In solving the tasks pertaining to the financial activity, a department with the following functional divisions operates in our hospital: a) financial planning; b) reimbursement without cash; c) approval of acts related to

collections and payments; d) remuneration; e) cash desk; f) prices and tariffs; g) economic and financial analyses; h) internal financial control.

Within the hospital, the financial activity is managed by the economic director. With respect to the relation between the hospital manager and economic director, the latter submits to the unit commander fundamental proposals for the elaboration and development of the hospital financial policy and his/her recommendations aim mainly concrete modes of financial function supervision, including accounting, closing of balance sheet, banking relations, budgetary control, collections and payments, work methods and financial statistics, financing and payrolls of employees. Another important field refers to the mode of their conservation and use. Special attention is given in hospital to the process of elaboration and formulation of financial plans. We maintain normal relations with financial and banking institutions which favour the attitude of mutual respect.

We have a financial mechanism which helps us exercise the financial management in the hospital. In this context, a special place is given to the elaboration process of the income and expenditure budget, which helps us ensure the permanent financial balance.

Our financial management involves the existence of accounting which informs the hospital manager and his/her assistants about the hospital pulse, mode of exploitation and which allows forecasts and measures to be taken when needed.

The partial conclusion resulting from the above is obvious: due to the judiciously conceived and rationally applied financial management, the financial results of the hospital are adequate.

2.3.2.2. Management of performing the medical service activity

The hospital manager and his/her managerial team and the entire management personnel at the level of departments treat the management of providing medical services in the context of the fast rhythm of medical science and technique achievements and in the practice of exercising the medical act which places the medical services at the level of an existential problem, the solving of which depends on the level of economic and social efficiency of the hospital.

The directions and components of inter influence between the management of providing medical services and the continuous increase of economic and social efficiency involve the combination and use of material,

financial, human and time resources in the process of providing medical services in order to execute a certain quantity of medical services, of a certain quality, at the established terms and with minimum costs. The techniques, which, applied correctly prove to be useful and can be intended for the efficiency verification of performing hospital operations and the assimilation of new services, are approached.

Within the management of providing medical services that we practice, we solve two main tasks. The first of them refers to designing the system of providing medical services. This implies decisions concerning the performance of medical services and wanted levels of services provided in the hospital. Also here is integrated the decision on apparatus and its location, the technologies and methods of management and control used.

Secondly, we act for substantiating the operation of the system of providing medical services so that it fulfils the established performance criteria. Here we include the planning and management of medical services, administration of inventories and quality control.

We give high importance within the management of service provision to the programming, launching and tracking of medical services.

For carrying out the programming of medical services, we conceive the assembly of activities by which we indicate the quantity of medical services required to be provided within a period of time, in rhythmicity, quality and labour costs conditions, based on the complete information concerning the technical possibilities of providing medical, financial and time services. Programming is carried out at the level of hospital management, at operational level and at the level of hospital departments.

In our hospital, the maximum use of capacities of medical services plays an important role. The hospital manager organizes and monitors the mode in which the capacities of medical services are known, used and evaluated and the process for substantiating the rational use plans of medical apparatus are improved based on this. In order to provide as many medical services as possible on the apparatus unit, we systematically carry out actions and analyses which make possible the emphasis and sizing of existing reserves in each department and place for providing medical services.

In our hospital, the standardization of medical services is treated as an important function of the management for providing medical services. For this purpose, the assembly of technical and medical mandatory rules is

established, which helps to determine the technical characteristics, namely the content, configuration, size, use conditions which must be met by the medical service.

In this managerial field, the effort was focused on the improvement of medical service performance. The feasible plan was carried out, substantiated on resizing and extending the hospital according to the norms in force and the needs of the medical unit. The existence and integrity of goods found in the hospital patrimony were verified. Maintenance works were carried out based on substantiation studies and technical documentation. The non-functional apparatus was repaired and rehabilitated and the apparatus service contract was revised. The newly purchased apparatus was installed and put into operation and the personnel detached to the new apparatus was trained. The study of patient/next of kin satisfaction was carried out. The performance indicators were monitored.

2.3.2.3. Management of human resources

In our hospital, human resources are conceived and treated as strategic resource with major influence in the increase of economic and social efficiency of the hospital unit. We take into account the fact that human resources have double affiliation: on one hand, to the demographic sphere and on the other hand, to the exercise of medical act, adapting and modelling itself according to the laws of both fields.

Also, we take into consideration that the intervention of human resources in the dynamics of hospital activity depends on numerous driving instruments, among which the significant role belongs to the system of norms which facilitate the personnel integration in medical activities, cooperation and performance of activities, amplification and deepening of human potential in the process of providing medical services to patients.

In the systemic conception of activities for providing medical services, we involve the approach of human resources in interdependence with material, financial and time resources.

From here comes the need to organize the management of hospital human resources. The general objectives set of the management of human resources are the following: (1) definition, development and administration of political strategy and program of human resources management; (2) conception of the adequate and efficient personnel structure; (3) supply of

qualified personnel and correct and fair treatment; (4) institution of impartial rule and practice, with real possibilities of stimulation and professional motivation; (5) supply of labour protection. These objectives were adapted to the concrete specific requirements and conditions of the hospital.

The following main fields of hospital human resources management have been defined: (1) attraction and use of human resources and manager assurance that the positions are occupied by qualified competent personnel and the expenses for remuneration are rational and efficiently defined; (2) correct evaluation of due salary; (3) creation of a system of relations with the employees which brings satisfaction and the possibility to correctly combine personal interests with hospital interests; (4) organization and provision of services for employees.

In the organizational chart of the hospital, we have a department of human resources management, the attributions of which were rigorously defined in the organization and functioning regulation of the hospital and in the internal regulation.

The hospital process of human resources management aims the: (1) recruitment and maintenance of personnel; (2) professional orientation and selection; (3) assimilation and integration of new employees; (4) formation and increase of professional level; (5) promotion of employees; (6) proposals of employees and mode of their collection, selection and stimulation by the manager; (7) administration of remuneration; (8) appreciation of employees in the order of the merits; (9) problems of health and labour protection; (10) organization of services for the employees; (11) morale investigation of employees.

In order to improve the management of human resources, the substantiation note was elaborated for the necessary personnel in departments, efforts were made to obtain approvals for hiring personnel adequate to the needs and tender for vacant positions.

The following indicators of human resources management are targeted: (1) increase of employed personnel number; (2) number of new services and procedures provided by the medical personnel; (3) complexity degree of patients treated in the hospital; (4) number of participations of hospital personnel to courses and scientific events; (5) share increase of trained medical personnel; (6) number of procedures and diagnoses codified correctly and reported; (7) number of participations to conferences and congresses; (8) number of articles published in specialized magazines and

other publications; (9) number of clinical studies carried out; (10) number of acquired competences; (11) number of courses carried out; (12) proportion of physicians from the total personnel; (13) proportion of medical personnel from the total employed personnel of the hospital; (14) proportion of medical personnel with higher studies from the total nurses; (15) average number of hospital discharged patients/attending physician; (16) average number of hospital discharged patients/nurses.

2.3.2.4. Management of scientific research activity

In the current stage, the efficient organization and performance of scientific research in medicine became a decisive progress factor. From here results the major obligation of the hospital manager to thoroughly organize the research activity and to maximally capitalize the medical technical-scientific progress. The more so as the management of scientific research activity was not sufficiently in our attention both at the level of hospital manager and heads of departments.

Therefore, the hospital management insisted that the scientific research activity to have a decisive role followed by positive influence of medical services and special planning methods which take into account the particularities of this activity for our hospital.

The central objective of the scientific research activity was the substantial increase of the technical and qualitative level of the entire hospital activity by intensifying the modernization and redesign works, structure improvement of medical services and stimulation of new medical services with higher performance.

The implementation of these objectives required the adoption of competent actions for substantive reconsideration of functioning mechanisms of scientific research management, as well as the managerial policy in medical science and technology of our hospital.

The intensification and focus of efforts on these coordinates imply profound mutations in the structural configuration, functionality and manifestation forms of scientific research management in the hospital. From here comes the requirement that the determination of scientific research efficiency and its expression synthetically and unitary is a very complex problem. The risk in scientific research will have to be assumed and understood as necessity. Among the problems that can be confrontation

elements from this point of view, we mention: (1) human implications of creation process in scientific research; (2) training and improvement of medical personnel engaged in scientific research; (3) motivational system and problems of satisfaction irradiation in research process; (4) use of interests for efficiency increase of scientific research activity.

During the entire scientific research process, we cultivate and request an active attitude and high sensitivity to new, curiosity and self-controlled attitude to reasonable risks.

2.3.2.5. Management of total quality in hospital activities

Among the numerous and complex tasks of the hospital, a special place is occupied by the drive and coordination of unit personnel efforts in order to perform the activities at high quality level, able to attract efficient and satisfaction.

Fundamental coordinate of hospital activity, expression and condition of its optimum performance, the provision and development of total quality management is the essential requirement and general strategic solution. The quality research of medical services and efficiency level that accompanies it was started. As basic indicators in appreciating the efficacy of research activity of medical service quality provided by us, we use: (1) the number of patents or intellectual property titles; (2) number of specialized publications in which articles signed by hospital personnel appeared; (3) number of books or articles belonging to hospital physicians; (4) number of references in the literature.

We especially focused on the problems of influencing the efficiency of total quality management. For this purpose, we acted in the following directions: (1) maintenance of costs at rational level, by fair appreciation of their opportunity and avoidance of any wastage of labour and materialized labour costs; (2) improvement of provided medical service characteristics; (3) use of new methods of management, control and organization of the process of providing medical services.

The attitudes and behaviours of physicians – scientific researchers are analyzed periodically, with emphasis on the mode of using the time for research, information and documentation, for exchange of information, with scientific reunions and others. The motivational factors in choosing the

research topics or research methods are influenced and the researchers are trained in improving own styles of investigational thinking.

In approaching such problems of functional management, we insist on achieving cohesion, collaboration and maintenance of team spirit which are so necessary for the increase of economic and social efficiency of the entire hospital activity.

Conclusions

The management elements from the activities of “Regina Maria” Military Emergency Hospital from Brasov give a large space to the hospital presentation, dysfunctionalities identified in the main fields of general management and functional management. The causes which generated and favoured them were determined by means of Pareto analysis and the measures for eliminating the deficiencies were conceived under the form of a managerial efficiency program of the medical act. The measures are actional leverages for exercising the attributions of hospital manager, by efficient management, together with the managerial team and entire hospital personnel, as decision centre and practical activities.

In order to reach the growth objectives of efficiency and functionality of hospital sections and departments, in order to outline guidelines for ensuring the good personnel training, increasing the transparency in hospital and improving the relation between physicians, we used managerial methods and instruments from the medical genera and functional management.

For reaching these objectives, we elaborated Gantt-type managerial control program for each objective and managerial program, setting precise terms of implementation and responsibility, which will be presented in the future number of the magazine.

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