Scientific Hospital administration

There are several criteria to assess the scientific level of the perfect performance of hospital administration and the type of work in a general or specialized hospital. From these criteria, the followings:

1) Bed-occupancy rate: it is the number of days during which the bed is used by a patient per year (as an average). It depends on the type of hospital:
   a- Emergency hospital → 70 days/year is normal.
   b- Ordinary patients hospital (general hospital) → 110-150 days/year.
   c- Chronic patients hospital e.g. T.B., mental illnesses, → 180-210 days/year.
2) Period of hospitalization:
i.e. period of patient stay at hospital and this is variable according to the nature of the disease and nature of hospital

It is usually ranging between 5-13 days/year.
Average 9 days for females and 11 days for males.
Long stay reflect the chronicity of disease or poor nursing and late doctor care.
3) Result of patient at discharge:
It is a sensitive measure about the health services quality towards patient.
Condition at discharge could be:
Cure → best result.
Improved or progress → favorable.
Deteriorated or worsen (untreated) or death of patient before treatment.
Leave hospital → late consultation
 late treatment
 patient dissatisfaction with
disease progress.
patient has been told to
consult other doctor or
other hospital.

Death of patient → critical measure for skillful
treatment.
4) **Hospital records or statistics:**

Special record for each case admitted.

Mortality rate records including case fatality.

M.R. 3-4% medical ward, 1-2% in surgical ward/after 48 hours from admission.

Mortality rate records including disease specific morbidity rates.

Disability rate – distributed according to type of disability (specific rates).
5) **Consultation rate;** death conference for example. The higher the rate of consultation, the better is the result. It should be within the range of 15-20%.

6) **Cross infection rate.** Very common specially with tetanus or clostridium (rate =1-2%).

7) **Complication rate.** 3-4% of beds e.g. hepatitis from blood transfusion.

8) **Unnecessary or unqualified surgical interventions.** e.g. midwifery wards, tonsillectomy, appendicectomy, ... etc.
9) **Postmortem rate.**
This is more occurring in mental hospitals and when death is rare → 30-40% of such cases need postmortem to safeguard the responsibility of doctors and other hospital staff.

10) **Scientific conferences rate.**
Usually done for difficult cases diagnosis or about rare cases for teaching purposes. (various scientific individuals are necessary to meet such conference).