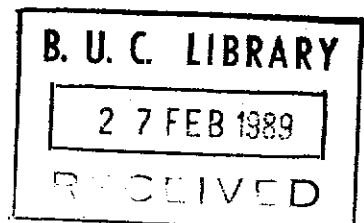


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RECOMMENDATIONS FOR EXPANSION OF HOSPITAL
FACILITIES IN LEBANON:
A SURVEY OF ONE HOSPITAL'S NEEDS

A Research Topic
Presented to the Graduate Faculty
Beirut University College

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Business Management



By
NADA KARANOUEH
December, 1986

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APPROVAL OF RESEARCH TOPIC

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Master of Science in Business Management
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Title of Research Topic:


Recommendations for Expansion of Hospital
Facilities in Lebanon: A Survey of One
Hospital's Needs.

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CHAPTER 1

INTRODUCTION

Importance and Validity of the Topic

A hospital is an organization that brings together a group of people with a variety of skills, to coordinate their pooled efforts in a physical plant designed for and with the necessary equipment to :

- Care for the sick and injured,
- Educate physicians, nurses, and other personnel,
- Promote public health,
- Advance medical research.¹

The determination of particular hospital needs is a thorny problem and fundamental to this determination is the comparison of costs and available facilities. Planning facilities for the future is important not only to hospitals but also to chronic disease units, nursing facilities, visiting nurse services, and other supplemental care organizations.

¹Malcolm T. MacEachern, Hospital Organization and Management (Chicago, 1957), pp. 29 - 34.

In the last couple of years the population in the areas surrounding Makassed General Hospital has grown rapidly. Because of this, the hospital is suffering from a shortage of beds and patient care facilities. Now, in order to meet the increased need of its community, it is planning to expand its services.

Background

Makassed General Hospital is an Islamic institution that handles medical, educational and social affairs. The Association started its medical care in 1878. At the time, the medical care mostly consisted of doctors' visits to patients' homes.

In 1921, however, a committee of the members of the Association started seriously thinking of building an Islamic hospital. Makassed General Hospital was built in Tarik-El-Gedideh area which is known for its large population, from the middle and low classes of society.

In 1930 two floors were built and a committee named "The Committee of Islamic Hospitals in Beirut" administered it. The hospital started its operations until World War II, when the Ministry of Civil Defense took over part of the hospital for wounded.

In 1941 the Association took over the supervision of the hospital and selected a committee to handle the management matters.

In 1958 the hospital was financially unable to continue its functions. This led to the intervention of the Association through financial, personnel and technical support and direct supervision of the hospital matters by a committee selected

from the members of the Board of Trustees.²

Today, Makassed General Hospital consists of six floors with a total of 216 beds. It has a variety of medical facilities like:

- General Surgery
- Obstetrics
- Gynecology
- Internal Medicine
- Pediatrics
- Intensive Care Unit
- Kidney Dialysis
- Laboratories
- Blood Bank
- Outpatient Care
- Private Clinics

According to the records of the Lebanese Ministry of Health, the population of Lebanon was 3,692,731 persons in 1984. Beirut, East and West, has 516,352 registered persons.³

² Makassed Association, The Development of Makassed General Hospital (Beirut, 1984).

³ Lebanese Ministry of Health, "Views of Medical Situation in Lebanon", Records of Deliberations, 1985.

The hospital is surrounded by four main areas:

- Horj,
- Tarik-El-Gedideh,
- Mazraa, and
- Mallaab.

There are 22,458 dwelling units in these areas.⁴ In developed countries the average number of persons per dwelling unit is 7.⁵ Therefore, the projected total population around the hospital is 157,206 persons.

Because of the Israeli invasion in 1982, three issues affecting the community of service have arisen:

- Palestinian hospitals stopped operating.
- The invasion of South Lebanon increased the number of refugees in the southern suburbs.
- There was an influx of refugees from downtown, Sodico and along the Green Line.

⁴ Makassed Association, Statistical Department, Number of Population in Beirut (Beirut, 1984).

⁵ World Bank/International Monetary Fund, World Development Report (August, 1979), p. 159.

At present the 700,000 persons (including 300,000 Lebanese and Palestinian refugees) living in the southern suburbs are served by two hospitals with a total of 200 beds.⁶

In Lebanon, there are 120 institutions that offer medical treatment. Twelve of these institutions are for specialized treatments only.⁷

The remaining, 108 institutions are called "general hospitals" for medical and surgical treatment including heart surgery, kidney, pediatrics, obstetrics, gynecology, emergency services, laboratory and X-ray analysis.

Of the 120 institutions, 106 are private hospitals with 7,258 beds and 14 public hospitals with 613 beds (Table 1). The private hospital beds are distributed geographically according to Table 2.

⁶ A.H.Ladki, Assistant Manager for Financial Matters, Makassed General Hospital, Interview, January 1986.

⁷ Lebanese Ministry of Health, Committee of Physicians, "Views of Medical Situation in Lebanon", Records of Deliberation, 1985.

Table 1

Beds in Public and Private Hospitals in Lebanon
(1985)

	<u>Number of</u>		<u>Beds to Total</u>
	<u>Hospitals</u>	<u>and Beds</u>	
Public			
Hospitals	14	613	8%
Private			
Hospitals	<u>106</u>	<u>7258</u>	<u>92</u>
Total	<u>120</u>	<u>7871</u>	<u>100%</u>

Source: Lebanese Ministry of Health, Committee of Physicians,
"Views of Medical Situation in Lebanon," Records of
Deliberations, 1985.

Table 2
Private Hospital Beds by Geographic Areas
(1985)

	<u>Number of</u>		<u>Beds to</u>
	<u>Hospitals</u>	<u>and Beds</u>	<u>Total in Each Area</u>
Beirut	24	2,392	33%
Mount Lebanon	39	2,484	34
South	17	1,072	15
North	15	808	11
Bekaa	11	505	7
Total	<u>106</u>	<u>7,258</u>	<u>100%</u>

Source: Lebanese Ministry of Health, Committee of Physicians,
"Views of Medical Situation in Lebanon," Records of
Deliberations, 1985.

Statement of Problem

Under normal conditions the capacity of Makassed General Hospital is more than adequate. However, because of the increase in refugees and the destruction of most Palestinian hospitals, Makassed Hospital estimated that it would be called upon to serve significant numbers of Palestinian and Lebanese refugees and residents of the southern suburbs.

As mentioned previously, the management of the hospital decided to increase facilities and thought of adding up to 315 beds. However, the management left the order of priorities to be decided by the actual needs of the population taking into consideration the amount of funds needed to be raised for expansion. At the beginning of this year, the expansion of the pediatrics department was completed and the beds were increased in number.

Thus, the problem was to decide in which direction, if any, to continue expansion.

Problem Questions

A need may be defined as a "requirement of the patient which, if supplied, relieves or diminishes his immediate distress or improves his immediate sense of adequacy or well-being."⁸ The following questions will be addressed in this research project:

- Is there a perceived (by potential patients and doctors) need for expanded facilities and services at Makassed General Hospital?
- If expansion is to occur, what direction should it take
 - more beds?
 - expanded existing services?
 - new services?
- Is there a favorable cost/benefit relationship in proposed expansion efforts?

⁸ Ida J. Orlando, The Dynamic Nurse/Patient Relationship (New York, 1961).

Hypothesis

The hypothesis of this research is that Makassed General Hospital should expand, to meet the present needs and desires of the community it serves, in the following ways:

1. Increase the number of beds in existing facilities:
 - a. General and Specific Surgery
 - b. Obstetrics
 - c. Gynecology
 - d. Internal Medicine
 - e. Pediatrics
 - f. Intensive Care Unit
 - g. Kidney Dialysis
2. Expand professional services already rendered:
 - a. Laboratories
 - b. Blood Bank
 - c. Electrocardiography and Electroencephalography
 - d. Physical Therapy
 - e. Pharmacy
 - f. Radiology
 - g. Pathology
 - h. Outpatient Care
3. Implement new facilities not previously available:
 - a. Special Burn Treatment Center
 - b. Cornea Transplant

c. Open-Heart Surgery

d. Microsurgery

Statement of Purpose

The reason for selecting this subject is to help the hospital determine its future direction. The determination of particular hospital individual needs is a thorny problem. The need for a facility, the development of existing facilities and services and the addition of new facilities and services are all fundamental to decide the course of action to be taken in the future. Thus, this research will help the hospital's management determine its future course of action in trying to meet the population's needs.

Performance Objectives

The performance objectives of this research are to

- obtain relevant data regarding surgical and medical services provided and capacity for the years 1983, 1984 and 1985 from hospital records.
- obtain views of the Lebanese Ministry of Health concerning medical and surgical needs for the future.
- obtain data on geographical and population segments that are served by Makassed General Hospital.
- obtain views of doctors, patients and hospital administrators on the need for and the direction of expansion.
- synthesize and analyse data collected.
- recommend specific areas for expansion for Makassed General Hospital.

Definition of Terms and Symbols

The following terms and symbols will be used throughout this report:

- OPD is the abbreviation used for the Outpatient Department.
- OBS/GYN is the abbreviation used for Obstetrics and Gynecology.
- ICU is the abbreviation used for Intensive Care Unit.
- ENT is the abbreviation used for Ear, Nose, and Throat.
- EKG and EEG are the abbreviations used for Electrocardiography and Electroencephalography.

CHAPTER 2

REVIEW OF LITERATURE

In the Hospital Audit Guide, patient service revenue is comprised of three major classifications:

- Revenue from daily patient services classified as medical, surgical, pediatrics, intensive care, psychiatrics, obstetric and nurseries.
- Revenue from nursing services classified as operating, recovery and delivery rooms, central services and supply; intravenous therapy and emergency service.
- Revenue from professional services classified as laboratories, blood bank, electrocardiography, radiology, pharmacy, anesthesiology and physical therapy.⁹

The same categories will be used throughout this research excluding psychiatric services.

⁹American Institute of Certified Public Accountants, Hospital Audit Guide, (New York, 1983), p. 29.

In the medical magazine, Hospitals, Dr. Joe M. Inguanzo and Mark Harju conducted a study of the reasons that make patients select a particular hospital.¹⁰ They found that consumers prefer good medical care as the main reason for selecting one hospital over another. Their survey included the following questions:

- Why is a hospital preferred?
- Other than for an emergency, what factors are the most important when choosing a hospital?
- Why is a particular hospital actually used? Is it for its new technology or equipment available, staff courtesy, specialist availability, doctor's recommendation, near their home or because it's less costly?

After collecting the answers, the two researchers, came up with the following percentages:

● Good Medical Care	47.7%
● Location	23.2%
● Tradition	13.2%
● Doctors' recommendation	8.3%
● Other Reasons	7.7%

¹⁰Dr. Joe M. Inguanzo and Mark Harju, "What Makes Consumers Select a Hospital?" Hospitals, 59 (March 16, 1985), pp. 90-94.

The study by Dr. Inguanzo and Harju is a good basis to adopt in this research, but the first question is too broad in scope to be appropriate here, however, the third one, which is more specific, will be used in the questionnaire for interviewing patients.

In another issue of Hospitals, the same authors found that, in some instances, marketing the price of specific services to target audiences could prove beneficial.¹¹ Therefore, this research will collect data concerning the sensitivity of patients to hospital costs.

Furthermore, emergency care is the form of treatment that most consumers associate with a particular hospital followed by pediatrics and maternity services. Thus, part of this research is to collect data from households with previous hospital experience.

¹¹ Dr. Joe M. Inguanzo and Mark Harju, "Are Consumers Sensitive to Hospital Costs?" Hospitals, 59 (February 1, 1985), pp. 68 - 69.

Walter J. McNerney, in his book Hospital and Medical Economics,¹² says that the association between availability and use of facilities having been established, it is only natural that the next matter of concern should be whether there are more or less beds than necessary. One purpose of this research is to measure beds needs by employing crude formulas like citing the existing supply of beds, examining plans for expansion and stressing the implications of these data.

The same procedure will be adopted concerning beds needed, the existing supply of beds and plans for expansion of other hospitals, too.

¹² Walter J. McNerney and Study Staff, Hospital and Medical Economics, vol. 1 (Chicago, 1962), p. 39.

CHAPTER 3

METHODOLOGY

Data Collection Techniques

Approaches and techniques used in this research to resolve the problem are:

- Obtaining selected information from hospital records regarding the capacity of the hospital and number of cases served during the past three years.
- Gathering data from patients, doctors and hospital administrators regarding the need for expansion and its direction.

The data, after collection, will be analyzed to develop the trend of usage and the need for the facility or service. These trends will support recommendations concerning the direction of expansion.

Data, regarding views of patients, doctors and hospital administration will be gathered through interviews using questionnaires prepared for this specific purpose. The reason for selecting this method is that a personal interview permits and encourages more lengthy exposition of ideas.

The questions are easy to answer. They call for check mark

answers that don't need much thinking or recall and won't embarrass the respondent by seeming to call for "right" or "wrong" answers.¹³ The questionnaires are included in Appendix C.

¹³ Bertram Schoner and Kenneth P. Uhl, Marketing Research: A Short Course for Professionals (1976), p. 13.

Sampling Plan

The population of Lebanon was 3,692,731 persons in 1984; Beirut numbered 516,352 at the time. Based on dwelling units in the four areas surrounding Makassed General Hospital there were 157,206 inhabitants in the immediate vicinity. Considering the 350,000 Palestinian and Lebanese refugees, the total would be about 500,000.¹⁴

If a 90% confidence level is expected for our sample, or a 90% probability that the population lies under the normal curve, and an estimated standard deviation equal to 3% is required, then the size of the sample for each year is 52.¹⁵ Since the population figure for 1984 is the only one available, subsequent years were estimated based on a 2.9% increase in population occurring each year.¹⁶ If we apply this rate throughout the period,

¹⁴ Makassed Association, Statistical Department, Number of Population in Beirut (Beirut, 1984).

¹⁵ Alvin Arens and J. Loebbecke, Auditing: An Integrated Approach (New Jersey, 1985), pp. 402 - 404.

¹⁶ World Bank/International Monetary Fund, World Development Report (August, 1979), p. 159.

the total population will not change much. Therefore, the same sample size is used for each of the four years.

The source from which the sample of patients was selected was the chart of daily admissions of patients used by the hospital. A five-digit random number table was used. Since a year is 365 days, the first three digits of the random table were assigned to days. January 1st has the number 001 and December 31st the number 365. For the current year, the last number selected from the table is for June 30th, 1986* which is 181.

The last two digits were assigned to patients admitted to the hospital. The maximum patients admitted per day is 100, therefore, the first patient number is 01 and the last is 99.

The selection of numbers began from a randomly selected starting point and every number in the table was included consecutively in the sample.

The hospital has 60 doctors on its staff. Two doctors were selected from each specialty from hospital records. Former doctors interviewed were those who had a contract for three years with the hospital and were considered "full timers". They had left the hospital even though they had attractive conditions and terms included in their contracts.

* Reasons for continuing sampling plan through mid-1986 are explained on Page 42.

Interview Presentation

When the interviews were held with patients, they weren't informed that their names were obtained from hospital records but rather were told that a study was being conducted for the hospital on a "no name" basis. They were asked if they, or any member of their family, had been in a hospital in the last three years and which hospital they had used. If the answer was positive and they told the name of the hospital (Makassed) the interview continued. If they didn't say that they had used Makassed's services in the past three years, the interview was terminated.

The reason for this was the interviewer's unwillingness to tell the patients that their names had been obtained from confidential hospital records.

Analysis of Data

After the data was gathered, the Chi square technique was used to test the significance of the results. This technique permits testing for the significance of divergence of observed frequency of responses from that expected on the basis of an equal probability hypothesis.

The formula for Chi square is:

$$x^2 = \sum \left[\frac{(f_o - f_e)^2}{f_e} \right]$$

where $(f_o - f_e)^2$ is the squared differences between the observed and expected frequencies, f_e is the expected frequency in terms of some hypothesis about population, and Σ means the sum of.¹⁷

The result of the calculation is compared to a table of significance at a variety of probability levels to determine whether the pattern of responses should be attributed to chance or had true significance.

¹⁷ John C. Townsend, Introduction to Experimental Method (New Jersey, 1985), pp. 156-159.

The purpose behind using both the random sample and Chi square techniques is that, there was no guarantee that every member of the population surrounding Makassed Hospital had an equal chance of being included in the sample. If any person walking in the street was picked, they may not have been patients of or have had useful information for Makassed Hospital. Since the patients of the last three years were the target, hospital records were used for our sample selection, thus excluding a large number of potential patients.

The use of the Chi square technique tested the significance of our results and compared the observed results according to a hypothesis stating that "chance" would result in a 50-50 distribution of responses.

CHAPTER 4

SURVEY RESULTS AND ANALYSIS

A variety of data was collected during this research. These data are presented and analysed according to the "Performance Objectives" discussed earlier in Chapter 1.

1- Data regarding surgical and medical services provided and capacity for the years 1983, 1984 and 1985.

- a. Admission by Year (Table 3 and Figure 1). The first analysis is about admission. It is definitely clear that over the last three full years the admissions at Makassed Hospital were decreasing. In 1983, the ratio was 38%; by 1985 it had dropped to 30%.
- b. Admission Rate by Service Centers (Table 4 and Figure 2). The three major service centers are: Emergency Room, Doctor's Clinics and OPD. During the three years under study, the Emergency Room had the highest rate of admission of the three service centers. The Emergency Room during these years had increased from 47% to 51% while, on the other hand, the Doctor's Clinics had decreased from 44.5% to 39%. However, OPD stayed about the same.

Table 3

Admissions by Year

(1983-1985)

<u>Year</u>	<u>Number of Admissions</u>	<u>Admissions to Total</u>
1983	9,917	38%
1984	8,463	32
1985	<u>7,853</u>	<u>30</u>
Total	<u>26,233</u>	<u>100%</u>

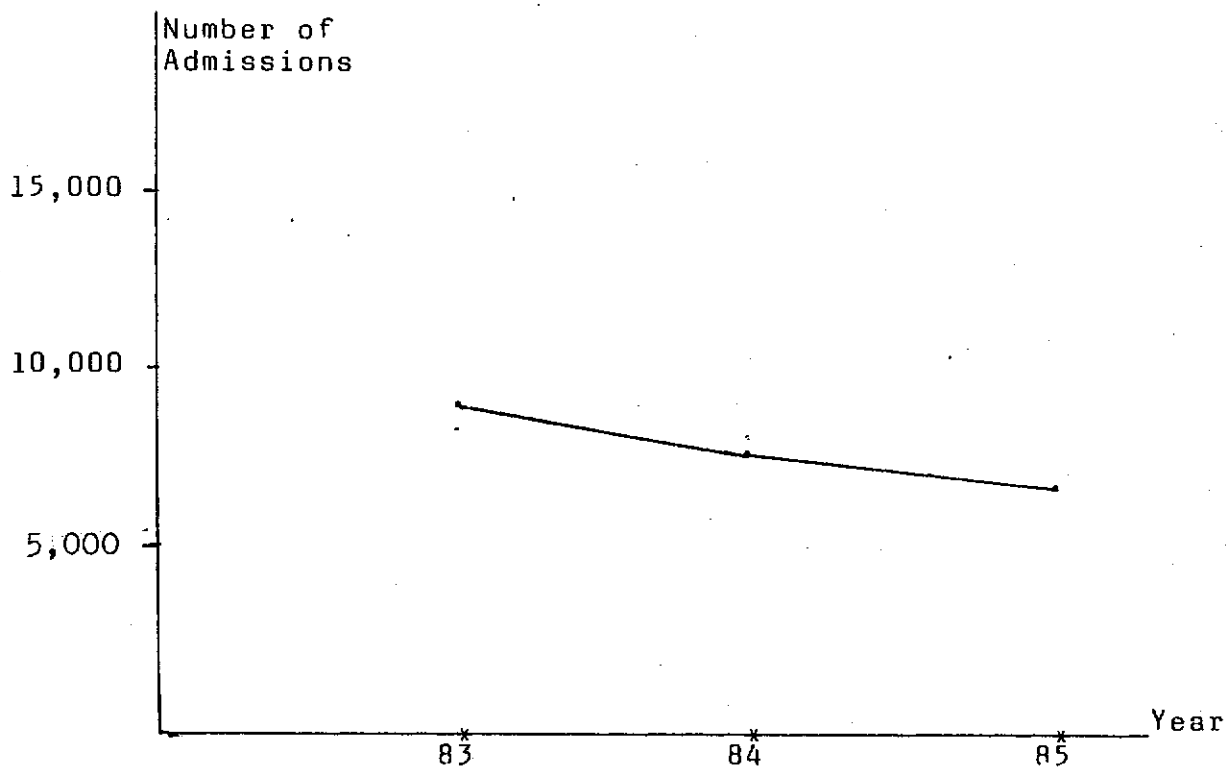


Figure 1: Admissions by Year, 1983-1985.

Source: Makassed General Hospital, Statistical Department, Yearly Statistical Reports, 1983-1985.

Table 4

Admission Rate by Service Centers

(1983-1985)

<u>Year</u>	<u>Emergency Room</u>	<u>Doctor's Clinics</u>	<u>OPD</u>	<u>Total</u>
1983	47%	44.5%	8.5%	100%
1984	51	42	7	100
1985	51	39	9	100

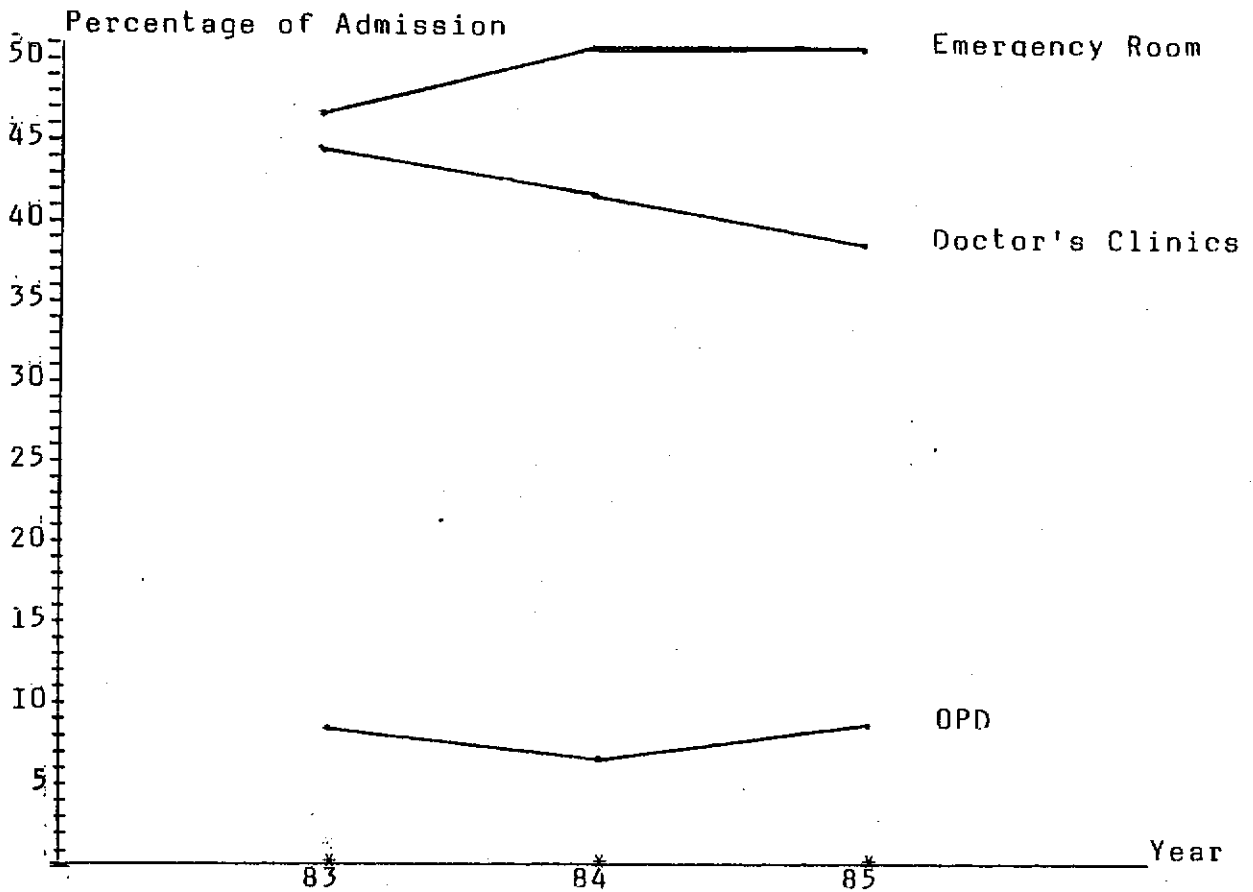


Figure 2: Admission Rate by Service Centers, 1983-1985.

Source: Makassed General Hospital, Statistical Department,
Yearly Statistical Reports, 1983-1985.

c. Admission by Clinical Departments (Table 5 and Figure 3). Table 5 shows the number of patients admitted by each department. Each of these departments reveals a downward trend in admissions over the last three full years.

Of the four departments, the surgery department has the highest number of admissions. It is important to note here that the hospital increased the number of rooms for the Pediatric department, even though the patients in this division were decreasing. It started with 37% in 1983 and dropped to 29% in 1985.

d. Admission by Nationality (Table 6). In 1983, the rate of Palestinian patients was 11.87% of the total admissions. On the other hand, 1984 and 1985 had the same ratio of 9.9%. There was no explanation for the reason behind the decrease in rate during 1984, but for 1985, the Camp's War that started in June, made the Palestinian patients and injured unable to go outside the camps and they used the medical facilities that were available for them there.

e. Occupancy Rate (Table 7 and Figure 4). Occupancy rate is the rate of occupancy of beds by patients, that is to say, the percentage of avail-

Table 5

Admission by Clinical Departments
(1983-1985)

Year	OBS/GYN		Surgery		Internal Medicine		Pediatrics	
	Ratio	Ratio	Ratio	Ratio	Ratio	Ratio	Ratio	Ratio
1983	2,090	34%	4,280	41%	2,288	36%	1,259	37%
1984	2,027	33	3,238	31	2,086	33	1,182	34
1985	<u>2,055</u>	<u>33</u>	<u>3,008</u>	<u>28</u>	<u>1,916</u>	<u>31</u>	<u>986</u>	<u>29</u>
	<u>6,172</u>	<u>100%</u>	<u>10,526</u>	<u>100%</u>	<u>6,290</u>	<u>100%</u>	<u>3,427</u>	<u>100%</u>

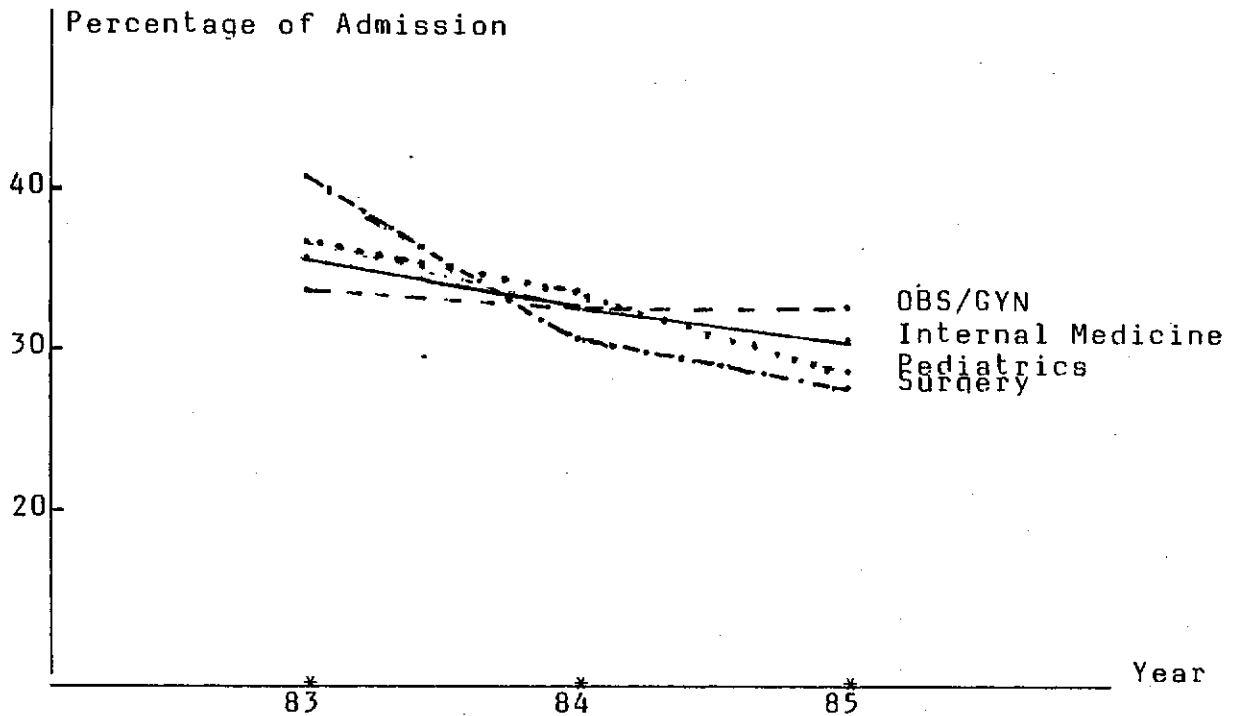


Figure 3: Admission by Clinical Departments, 1983-1985.

Source: Makassed General Hospital, Statistical Department,
Yearly Statistical Reports, 1983-1985.

Table 6
Admission by Nationality
(1983-1985)

<u>Year</u>	<u>Lebanese</u>	<u>Palestinian</u>	<u>Other</u>	<u>Total</u>
1983	87.46%	11.87%	.67%	100%
1984	89.74	9.83	.43	100
1985	89.70	9.94	.36	100

Source: Makassed General Hospital, Statistical Department,
Yearly Statistical Reports, 1983-1985

Table 7
Occupancy Rate
(1983-1985)

<u>Year</u>	<u>Rate</u>
1983	83.00%
1984	79.55
1985	78.99

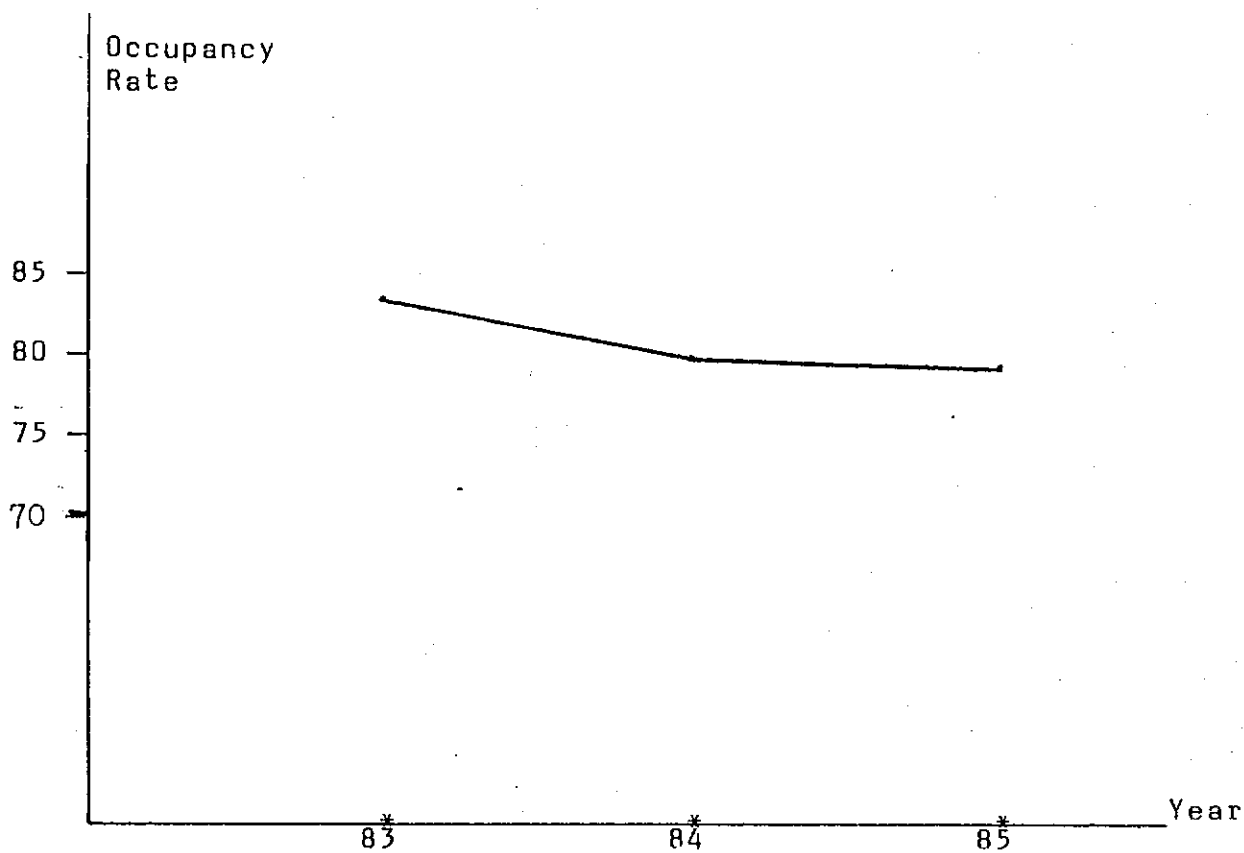


Figure 4: Occupancy Rate, 1983-1985.

Source: Makassed General Hospital, Statistical Department, Yearly Statistical Reports, 1983-1985.

able beds used by patients. The occupancy rate has declined over the last three full years, however, the decline from 1984 to 1985 was relatively insignificant.

- f. Outpatient services (Table 8). Services rendered by the OPD and Emergency Room are treated separately from other clinical departments. Table 8 shows Outpatient and Emergency Room Services provided and hospital admissions through the Emergency Room. In 1984, there was a sharp decrease in the total number of patients that used the Emergency Room; but the decrease in 1985 was considerably less. In contrast, OPD cases were increasing throughout the period. It started with 9,781 patients in 1983 and reached 13,864 in 1985.
- g. Specialized Treatment Sessions (Table 9 and Figure 5). This treatment has to do with Kidney Dialysis, Physical Therapy and Laser. Kidney Dialysis and Laser treatments increased during the period. On the other hand, Physical Therapy declined drastically after it began service in 1984.
- h. Professional Services or Procedures (Table 10 and Figure 6). Professional services and pro-

Table 8

Outpatient Services

(1983-1985)

<u>Year</u>	<u>Outcase</u> <u>Visits</u>	<u>OPD.</u>	<u>Emergency</u> <u>Room</u>	<u>E.R. Admission</u>
1983	-	9,781	28,785	4,676
1984	978	12,250	20,319	4,298
1985	1,193	13,864	19,560	4,020

Source: Makassed General Hospital, Statistical Department,
Yearly Statistical Reports, 1983-1985.

Table 9

Specialized Treatment Sessions

(1983-1985)

<u>Year</u>	<u>Kidney</u>	<u>Rate</u>	<u>Physical</u>	<u>Rate</u>	<u>Laser</u>	<u>Rate</u>
	<u>Dialysis</u>		<u>Therapy</u>			
1983	6,115	28%	-	0%	137	33%
1984	7,683	35	1,458	83	57	14
1985	8,278	37	291	17	219	53
	<u>22,076</u>	<u>100%</u>	<u>1,749</u>	<u>100%</u>	<u>413</u>	<u>100%</u>

Source: Makassed General Hospital, Statistical Department,
Yearly Statistical Reports, 1983-1985.

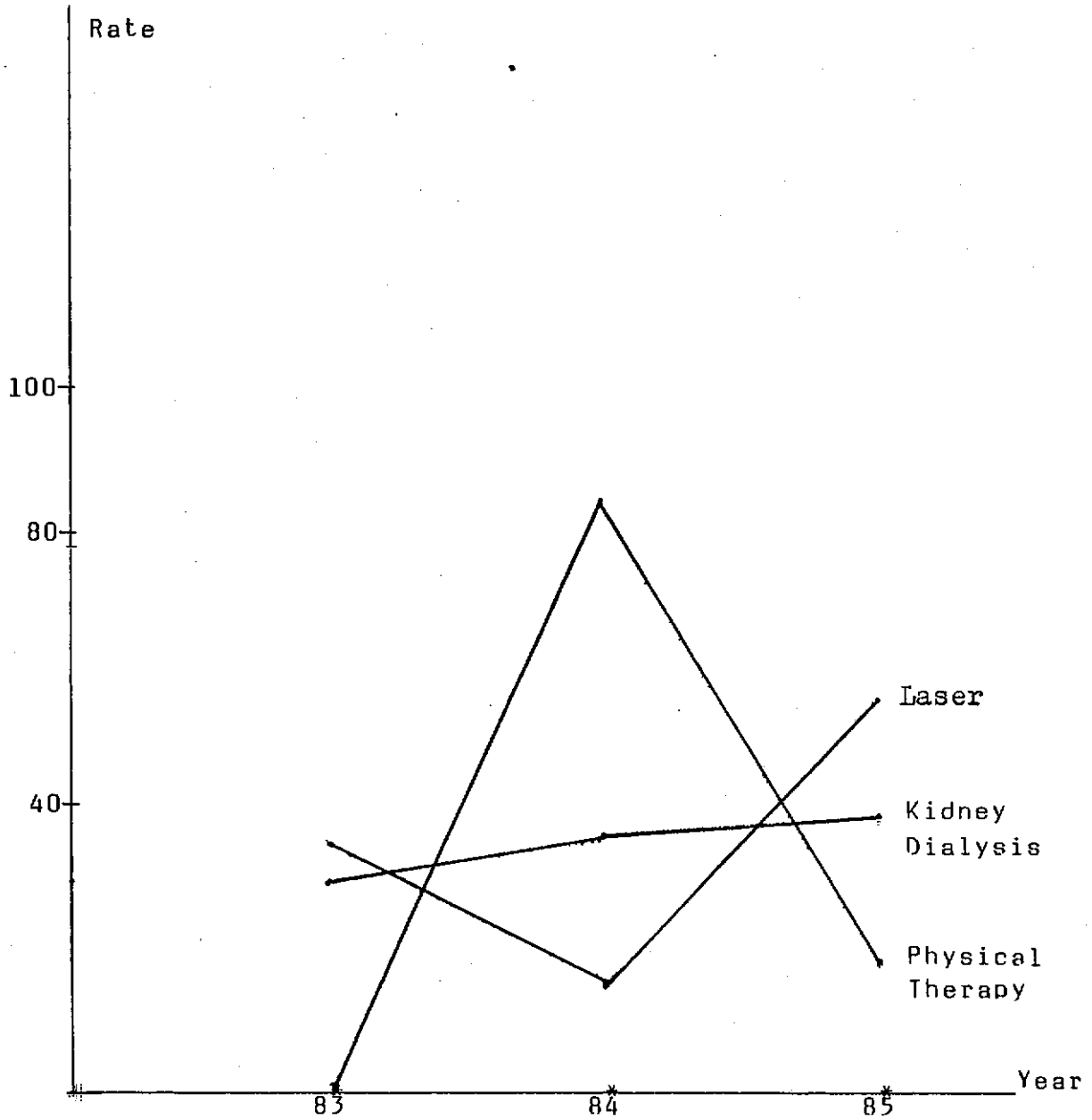


Figure 5: Specialized Treatment Sessions, 1983-1985.

Source: Makassed General Hospital, Statistical Department, Yearly Statistical Reports, 1983-1985.

Table 10

Professional Services or Procedures

(1983-1985)

<u>Year</u>	<u>Laboratories</u>	<u>Rate</u>	<u>EKG</u>	<u>Rate</u>	<u>EEG</u>	<u>Rate</u>	<u>X-Ray</u>	<u>Rate</u>	<u>Pathology</u>	<u>Rate</u>
1983	28,169	4%	4,992	25%	-	0%	4,863	8%	3,141	33%
1984	315,321	47	7,112	36	444	57	30,185	47	3,090	32
1985	<u>323,113</u>	<u>49</u>	<u>7,748</u>	<u>39</u>	<u>338</u>	<u>43</u>	<u>28,598</u>	<u>45</u>	<u>3,296</u>	<u>35</u>
	<u>675,603</u>	<u>100%</u>	<u>19,856</u>	<u>100%</u>	<u>782</u>	<u>100%</u>	<u>63,646</u>	<u>100%</u>	<u>9,527</u>	<u>100%</u>

Source: Makassed General Hospital, Statistical Department, Yearly Statistical Reports, 1983-1985.

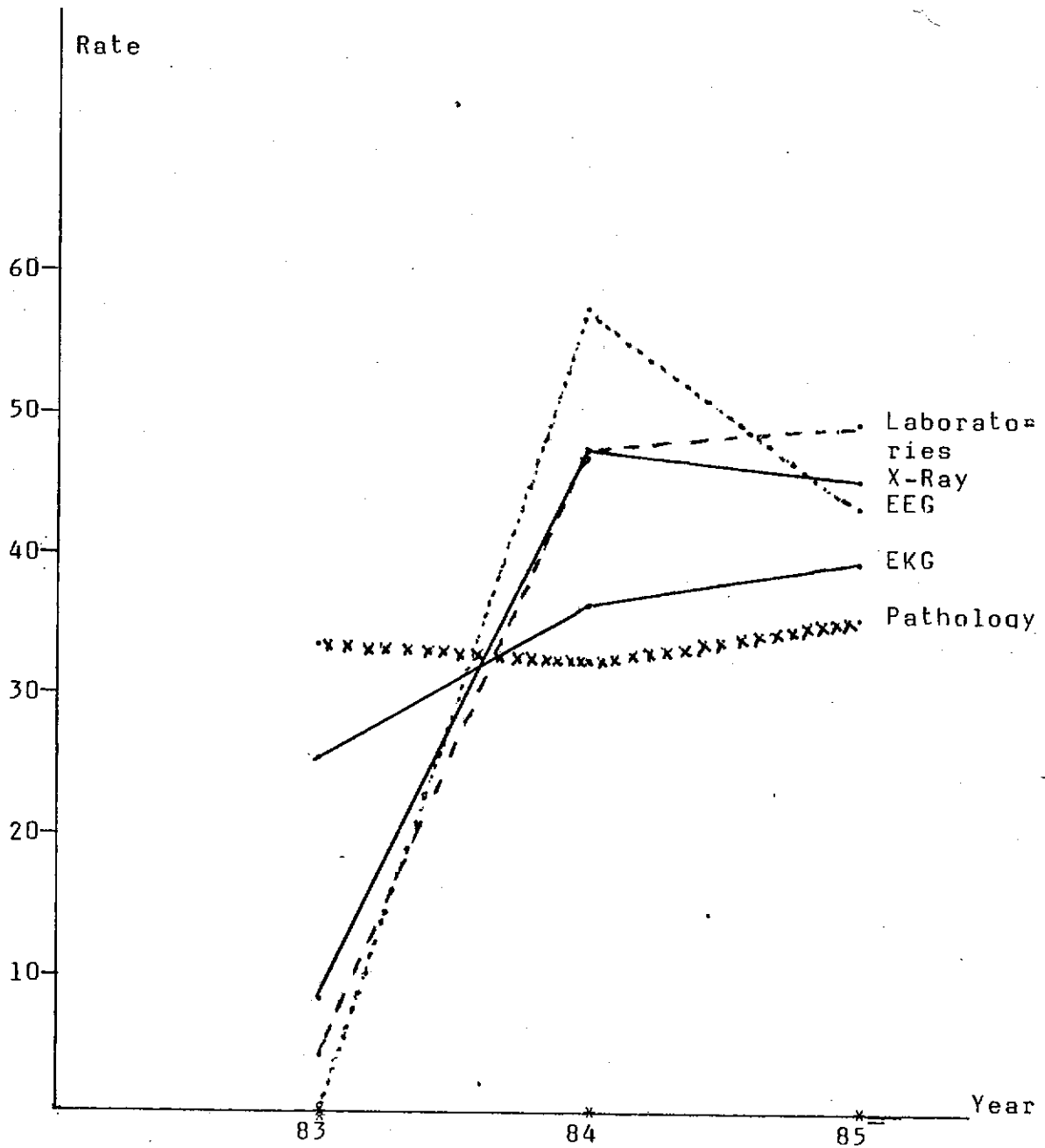


Figure 6: Professional Services or Procedures, 1983-1985.

Source: Makassed General Hospital, Statistical Department, Yearly Statistical Reports, 1983-1985.

cedures are those performed by Laboratories, EKG & EEG, X-ray and Pathology. EKG and Pathology had their highest rates in 1985.

Throughout the period the usage of the Makassed Hospital Laboratory increased tremendously. The reason behind this was the purchase of new advanced equipment for laboratory tests.

2. Views of Lebanese Ministry of Health concerning medical and surgical needs for the future.

An interview was held with Dr. Mohammad Mouhanna from the Ministry of Health, who was asked his opinion on the medical and surgical needs of the country. He declared that the Lebanese society should be concerned more with proper medical care in clinics and doctors' offices than about hospital facilities expansion. He believes that some doctors send their patients directly to the hospital before diagnosing the illness properly. Dr. Mouhanna also believes that patients like to be checked into the hospital for treatment. He estimates that 70% of all medical costs in Lebanon are paid to hospitals.

Finally he said, that medical care is

not measured by the number of hospitals but rather by educating people and making them know when to go to a hospital. To him, the important thing is to have good health care, and after that no hospital will consider expansion.

According to recent statistics in The World Almanac,¹⁸ most of the countries that surround Lebanon have a lower number of beds per capita. For example, Iraq has 177 beds per 100,000 while Syria has only 74 beds. There are some other countries that have higher numbers such as Cyprus where the number is 600 and the United Kingdom has 896 beds.

So compared to most international standards, Lebanon, with 384 beds per 100,000 population, seems relatively well served.

3. Views of patients, doctors and hospital administrators on the need for, and direction of, expansion.

a. Patients

In the sampling plan explained in Chapter 3, the size of the sample for each year is 52. Thus the total number of the sample is 208 patients. Out of this total, 120 patients

¹⁸ The World Almanac and Book of Facts (New York, 1986).

were interviewed. The remaining were excluded because they had no known address, they lived outside Beirut or disqualified themselves as discussed in Chapter 3. Table 11 shows the number of patients interviewed for each year. The reason for adding the year 1986 to 1983-1985 data and sample was to find the present opinions of patients, since more equipment has been added and more progress has taken place within the hospital.

Table 11

Number of Patients Interviewed

<u>Year</u>	<u>Selected Patients</u>	<u>Respondents</u>
1983	52	15
1984	52	25
1985	52	30
1986	<u>52</u>	<u>50</u>
Total	<u>208</u>	<u>120</u>

Source: Patients Selected from Makassed General Hospital's Admission Records for Years Listed. (First Six Months of 1986.)

After analysing and classifying the data collected from patients, the following information is reported.

Summary of Patient Responses

	<u>Number of Responses</u>
1. Where do you live?	
a. Tarik-El-Gedideh and surrounding areas (Palestinian Camps)	42
b. Museitbeh, Borj Abi Haidar, Basta, Mar Elias, Zarif	54
c. Ras Beirut	12
d. Southern Suburbs	<u>12</u>
Total	<u><u>120</u></u>
2. How many in your family?	
a. 1-3 persons	36
b. 4-7 persons	54
c. 8-14 persons	<u>30</u>
Total	<u><u>120</u></u>
3. Through which facility did you enter the hospital?	
a. OPD	20
b. Emergency	52
c. Doctor's Clinics	16
d. Normal procedures	<u>32</u>
Total	<u><u>120</u></u>

	<u>Number of</u> <u>Responses</u>
4. You chose Makassed General Hospital because:	
a. Near your home	40
b. Cost lower than others	30
c. Specialists available	22
d. New technology and equipment available	24
e. Doctor's recommendation	54
f. Other	30
Total	<u>200*</u>
5. Would you like to have these existing services expanded?	
a. General Surgery	38
b. Internal Medicine	24
c. OBSYGYN	26
d. Pediatrics	36
e. Kidney Dialysis	18
f. ICU	30
g. Bphysical Therapy	12
h. Laboratories	4
i. Pharmacy	12
j. Pathology	4
k. Blood Bank	44
l. EKG & EEG	6
m. OPD	6

Number of
Responses

n. Other:

• Hospital in general	10
• Miscellaneous Other	10
• No need	<u>28</u>
Total	<u>308*</u>

6. Would you like to see these non-existing services developed?

a. Special burn treatment center	80
b. Cornea transplant	68
c. Open heart surgery	60
d. Microsurgery	76
e. Other	8
f. No answer	<u>10</u>
Total	<u>302*</u>

* Includes multiple responses.

The questions asked are of great significance to the research. The first question, "Where do you live?" showed that 45% were from areas far from the hospital although the aim of this question was to find whether the hospital was used because of its close proximity to their own homes.

The third question, concerned the way in which those patients came to the hospital. The aim behind this question was to see the percentage contribution of each department's admissions to the total for the year. The highest rate is for the Emergency Room which is 43.3%.

The fifth question was to help us know why the patients selected the Makassed General Hospital instead of another. 45% chose the Makassed on doctors' recommendation. The second reason was its location.

The last two questions dealt with the preference of patients whether to expand the existing services or to implement new ones.

As explained in Chapter 3, the Chi square is used to test the significance of the patient's responses. In applying the Chi square, the observed results are compared with the expected ones according to a 50-50 hypothesis in which fifty answers for expansion and fifty answers against are to be expected based on pure chance.

Those items with greatest significance in question 7 were:

● Blood bank	44
● General surgery	38
● Pediatrics	36
● ICU	30

The Chi square is also applied to test the significance of developing new facilities.

The results are presented in Table 12.

Table 12

Significance of Patients' Responses

<u>Hypothesis</u>	<u>Positive Responses</u>	<u>Value of Chi square</u>	<u>Degrees of Freedom</u>	<u>Conclusion</u>
-Expansion of General Surgery	38	16.30	1	Reject *
-Expansion of Blood Bank	44	8.52	1	Reject *
-Expansion of Pediatrics	36	19.20	1	Reject *
-Expansion of ICU	30	30.00	1	Reject *
-Development of Open-Heart Surgery	60	0.00	1	Reject **
-Development of Special Burn Treatment Center	80	13.30	1	Accept *
-Development of Microsurgery	76	8.53	1	Accept *
-Development of Cornea Transplant	68	2.13	1	Accept ***

* Significant at 1% confidence level

** Significant at 99% confidence level

*** Significant at 10% confidence level

b. Views of Present Doctors

The doctors affiliated with the Makassed General Hospital are 60 in number. Since the population is small, no statistical sampling method was applied. Two doctors of each speciality were chosen for interview.

There were twelve interviewees and the duration of affiliation with the Makassed General Hospital varied between one and fifteen years. These doctors chose the Makassed General Hospital because of the community it serves, the available equipment and the staff.

These doctors were asked if they had ever been forced to send patients to other hospitals or postpone non-critical treatment because of lack of space or facilities at Makassed. They were almost unanimous in responding positively to both questions. Ten of the twelve recommended additional beds. The Chi square for this response is significant at a 20% confidence level.

Summary of Present Doctors' Responses

	<u>Number of Responses</u>
1. Where do you practice?	
a. Near hospital	4
b. Far from hospital	<u>8</u>
Total	<u>12</u>
2. How long have you been affiliated with Makassed General Hospital?	
a. 1-5 years	4
b. 11-15 years	<u>8</u>
Total	<u>12</u>
3. Why did you choose Makassed General Hospital?	
a. Community, equipment, staff	4
b. Located near your office	2
c. Other reasons	2
d. No answer	<u>4</u>
Total	<u>12</u>
4. Have you ever sent any of your patients to a hospital other than Makassed because of:	
a. Lack of treatment facilities	0
b. Lack of beds	8
c. Other	<u>4</u>
Total	<u>12</u>

Number of
Responses

5. Have you postponed non-critical surgery or treatment for your patients because the Hospital did not have available beds?

a. Yes 10

b. No 2

Total 12

6. Do you think that the Hospital should expand?

a. Yes 10

b. No answer 2

Total 12

e. Views of Doctors--Former

The same questions were put to four doctors who had left the Hospital's staff in recent years. With this group, too, the respondents were unanimous in recommending additional beds. These doctors were also asked why they had left the Hospital but the responses showed no direct correlation between those reasons and the need for expansion.

Summary of Former Doctors' Responses

	<u>Number of Responses</u>
1. Where do you practice?	
a. Near hospital	0
b. Far from hospital	<u>4</u>
Total	<u><u>4</u></u>
2. For how long did you remain affiliated with Makassed General Hospital?	
a. 1-2 years	0
b. 3-5 years	<u>4</u>
Total	<u><u>4</u></u>
3. Why did you choose Makassed General Hospital?	
a. Good offer	4
b. Other	<u>0</u>
Total	<u><u>4</u></u>
4. Have you sent any of your patients to a hospital other than Makassed General Hospital? because of:	
a. Lack of treatment facilities	0
b. Lack of beds	2
c. Other reasons	<u>2</u>
Total	<u><u>4</u></u>

	<u>Number of</u> <u>Responses</u>
5. Have you postponed non-critical surgery or treatment for your patients because the hospital did not have available beds?	
a. Yes	4
b. No	<u>0</u>
Total	<u>4</u>
6. Do you think that the Hospital should expand, especially in the quantity of beds?	
a. Yes	4
b. No	<u>0</u>
Total	<u>4</u>
7. Why did you leave the Makassed General Hospital (more than one reason)	
a. Contract terminated	4
b. Opened private clinic	4
c. Other	<u>3</u>
Total	<u>11</u>

d. Views of Administrators

Interviews were held with the assistant managers of the hospital for Administration and Nursing. These interviews were unstructured. The two administrators were, however, advised of the results of the interviews of patients and doctors. The main idea expressed by the administrators was to increase the number of beds to 350 in order to meet the needs of the community and to improve the quality control check for medical, nursing and administration to make the Makassed General Hospital a first class hospital.

Of the four most frequently mentioned needs by patients (see Section a, above), the hospital administrators considered only Kidney Transplant as a possibility. As to the other three:

- Special Burn Treatment Center-- no specialist available
- Open Heart Surgery Center-- cost too high
- Microsurgery Center-- considered too difficult to operate.

The hospital administrators are not the ultimate decision makers. Their job is to find the needs by collecting information related to the subject of expansion. They will present their ideas and suggestions supported with necessary studies and data to a committee that will study the project. Later on the Board of Trustees will meet and decide what to

e. Overall Summary of Responses

Table 13 summarizes all responses on the need to expand existing Hospital services; Table 14 summarizes all responses on the need to extend Hospital services into areas beyond those presently existing. The following paragraphs highlight those responses considered to be most significant.

The respondents showed a strong preference for implementing these new services:

- Special Burn Treatment Center
- Microsurgery
- Cornea Transplant

Moreover, they expressed a desire for expanding these existing services:

- Increase the number of beds:
 - General Surgery
 - OBS/GYN
 - ICU
 - Pediatrics
- Expand the capacity of Blood Bank

On the other hand, little interest was shown in expansion or implementation of:

- Internal Medicine
- Kidney Dialysis
- Physical Therapy

- Laboratories
- Pharmacy
- Pathology
- EKG & EEG
- OPD
- Open Heart Surgery

The administration, apparently agrees with the views of the other respondents with respect to the increase in the number of beds, since this course of action involves the least risk. However, they are continuing to consider expansion of other existing services and development of new competitive services. The recommendations which follow in Chapter 5 are intended to help them in their decision making process.

Table 13

SUMMARY OF ALL RESPONSES

EXPAND EXISTING SERVICES

	SERVICES															
	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p
PATIENTS																
1983	4	4	2	2	2	4	0	0	4	0	8	0	0	1	2	4
1984	4	0	2	2	3	4	0	2	0	0	10	2	0	1	2	4
1985	8	0	3	8	4	2	0	0	0	0	6	0	0	2	2	4
1986	22	20	17	24	9	20	12	2	8	4	20	4	6	6	4	16
SUBTOTAL	38	24	26	36	18	30	12	4	12	4	44	6	6	10	10	28
DOCTORS																
PRESENT	1	3	3	2	2	1	0	0	0	0	0	0	0	0	0	0
FORMER	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
ADMINISTRATORS	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	0
TOTAL	42	30	31	41	22	34	14	6	12	4	44	6	6	10	10	28

Source: Tabulation of interview responses

Key: a. General Surgery; b. Internal Medicine; c. OBS/GYN; d. Pediatrics;
 e. Kidney Dialysis; f. ICU; g. Physical Therapy; h. Laboratories; i. Pharmacy; j. Pathology; k. Blood Bank; l. EKG & EEG; m. OPD; n. Hospital in general; o. Miscellaneous other; p. No need.

Table 14

SUMMARY OF ALL RESPONSES

RESPONDENTS	ADD NEW SERVICES						OTHER	NO ANSWER
	BURN CENTER	CORNEA	OPEN HEART	MICROSURGERY	OTHER	NO ANSWER		
	TRANSPLANT	SURGERY						
PATIENTS								
1983	12	12	10	14	3	2	2	
1984	4	10	2	8	2	4	4	
1985	18	12	12	16	1	2	2	
1986	46	34	36	38	2	2	2	
	80	68	60	76	8	10	10	
DOCTORS								
PRESENT	2	2	2	0	2	4	4	
FORMER	1	1	1	1	0	0	0	
ADMINISTRATORS	1	1	1	1	0	0	0	
	84	72	64	78	10	14	14	

Source: Tabulation of interview responses.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

The data gathered showed there is a perceived need for expansion of Makassed General Hospital. Patients favored more the development of non-existing facilities than was the case for existing services. But there is an element of bias in the data collected from patients for two reasons. First of all, most of the patients questioned were uneducated and didn't know exactly what was meant by "expansion."

Another reason was that some couldn't recall exactly through which facility they were admitted to the hospital.

Some opinions, given gratuitously by patients, concerning nursing services and medical care, are included in Appendix A for consideration by the Hospital's administration.

As to the opinions of doctors, all of them stressed the importance of increasing the number of beds. It was found that most of them had postponed treatments or transferred their patients because of lack of beds at certain times.

Finally, hospital administrators were concerned most with expansion that will yield higher profit at minimum risk. Thus their interest was more investment than needs oriented.

Hospital records show that the number of patients was decreasing. This may be because the years 1983-84 were critical years while in 1985 the situation was a little bit better.

As was stated in Chapter 1, our hypothesis was that Makassed General Hospital should expand, to meet the present needs and desires of the community it serves, in the following ways:

1. Increase the number of beds in existing facilities:
 - a. General and Specific Surgery
 - b. Obstetrics
 - c. Gynecology
 - d. Internal Medicine
 - e. Pediatrics
 - f. Intensive Care Unit
 - g. Kidney Dialysis
2. Expand professional services already rendered:
 - a. Laboratories
 - b. Blood Bank
 - c. Electrocardiography and Electroencephalography
 - d. Physical Therapy
 - e. Pharmacy
 - f. Radiology
 - g. Pathology
 - h. Outpatient Care
3. Implement new facilities not previously available:
 - a. Special Burn Treatment Center
 - b. Cornea Transplant
 - c. Open-Heart Surgery
 - d. Microsurgery

Our problem questions addressed in the research and mentioned in Chapter 1, were:

- Is there a perceived (by potential patients and doctors) need for expanded facilities and services at Makassed General Hospital?
- If expansion is to occur, what direction should it take
 - more beds?
 - expanded existing services?
 - new services?
- Is there a favorable cost/benefit relationship in proposed expansion efforts?

Here is a summary of the research methodology used to test the hypothesis and address the problem questions:

- Information was gathered from Hospital records regarding the capacity of the hospital and the number of cases handled since 1983. In addition, the opinion of patients, doctors and Hospital administrators was gathered concerning their views on the need for expansion of existing services and the implementation of new services.
- The information was collected from the three survey groups by personal interview structured by "Interview Guides" which focused questioning on elements of the hypothesis.
- The data collected was tabulated, tested for statistical significance, analyzed and interpreted.
- The interpretations are presented in the form of specific recommendations for consideration by the Board of Trustees of Makassed General Hospital.

Recommendations

As a result of this research, the following recommendations are presented for consideration by the board of Makassed General Hospital.

1. Certain assumptions used by Makassed Hospital in determining the need to increase the number of beds seem to be insupportable based on subsequent experience and research into the Hospital's records. Most notably the predicted influx of Palestinians has not, in fact, caused a rise in the number of Palestinian patients entering the Hospital over the three years but, rather, a decline (see Table 6). In addition, expansion of the Pediatrics Department in 1985 was followed by a drop in admissions to that department (see Table 5). Also, views presented by the Lebanese Ministry of Health and recent statistics of The World Almanac, showed that Lebanon is relatively well served. The Board should carefully review all its assumptions before making further decisions based on that data.
2. The Hospital should expand by implementing a center for the treatment of serious burns. The data gathered showed that this center got the highest rate of preference (80 responses). It's understood that the physical facilities for this center are already available and can be opened as soon as a specialist doctor can be recruited.
3. The Hospital should consider implementing a center for Microsurgery. The data gathered showed that 76 respon-

dents wished to have such a division to restore lost limbs.

4. The Hospital should consider the development of a center for cornea transplant. The data gathered showed that 68 respondents wished to have such a division.
5. The Hospital should disregard consideration of developing an open-heart surgery division. There were only 60 responses (50%) favoring this course of action. In any case, the hospital administrators are not considering this matter because the cost/benefit relationship is not favorable..
6. The Hospital possibly should consider increasing the number of beds in certain existing facilities based more on the opinions of doctors and administrators than of patients but after reviewing all assumptions..

The departments which should be considered for added beds are:

- General Surgery Department
- OBS/GYN Department
- Intensive Care Unit

7. The Hospital should not consider the expansion of the following divisions because the responses in each case did not have positive statistical significance. These divisions are:

- Internal Medicine
- Kidney Dialysis
- Physical Therapy
- Laboratories

- Pharmacy
- Pathology
- EKG & EEG
- OPD

Abstract

This research project was undertaken to explore the problem of whether Makassed General Hospital should expand its facilities and services to respond to the needs of its community. A further purpose of the project was to try to determine the direction of such proposed expansion.

The major elements of the hypothesis set for the research were:

Makassed General Hospital should expand its existing facilities to meet the present needs and desires of the community. it serves in the following ways:

- Increase the number of beds in existing facilities
- Expand professional services already rendered
- Implement new services not previously available

Interviews were conducted with patients, doctors and Hospital administrators to collect the data responsive to the hypothesis. The data were tabulated, tested for statistical significance, analyzed and interpreted.

These specific recommendations resulted:

1. Review all assumptions before making decisions,
2. Implement a special burn treatment center,
3. Consider implementing a center for microsurgery,
4. Consider implementing a cornea transplant center,
5. Disregard consideration of implementing an open-heart surgery division,
- 6.- Add beds in four specified departments of the existing facilities,
- 7.. Do not consider implementation or expansion in eight specified areas or departments.

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Appendix A

Several patients gratuitously told the researcher that they felt nurses had an improper attitude towards the patients' needs in terms of prompt attention and responsiveness to physical and psychological needs.

Specifically they said:

- There were long delays in nurses responses to patients' calls for assistance.
- There were long periods of inattention following surgical procedures.
- Little consideration was given to the psychological well-being of patients and their families.

More specifics can be found in the following copies of research interview notes.

(السنة ١٩٨٣)

١- في أية منطقة تسكن :

٢- عدد افراد عائلتك : ٣

٣- عن اي طريق دخلت الى المستشفى : (ضع علامة * في المربع المناسب)

العيادات الخارجية

الطوارئ

العيادات الخاصة

الطريقة المادية يدفع المال المترتب علينا .

٤- هل انتظرت طويلا كي تدخل الى المستشفى ؟ ما هي المدة : فورا

٥- ما نوع المرض الذي كنت تعالجه :

٦- هل اخترت مستشفى المقاصد لانها (ضع علامة * في المربع المناسب) ويمكن اختيار اكثر من سبب واحد)

لانها قريبة الى المنزل

كلفتها اقل من باقي المستشفيات

توفر الاختصاصيين

وجود معدات حديثة

بناء لطب الطبيب المعالج

اسباب اخرى (الرجاء ذكرها) لأنه مستشفى إسلامي

٧- هل تظن ان المستشفى بحاجة الى توسيع اى من الاتسام التالية :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

دائرة الجراحة العامة

الطب الداخلي

جراحة وامراض النساء

طب الاطفال

وحدة العناية الفائقة وجراحة القلب

قسم غسيل الكلى

التدليك الطبيعي الفيزيائي

المختبرات وقسم التخطيط

الصيدلية

بنك الدم

العيادات الخارجية

المبيسات الخاصة

آراء اخرى (الرجاء ذكرها) **انما كاهة لتضيق الطعم المشوي**
جميعة اعادة التوزيع في المرحلة
وتأخذ في المرحلة الثانية

هل تظن ان مستحسن المقاصد بحاجة الى ايجاد اقسام جديدة مثل :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب) .

نعم لمعالجة الحروق الصعبة

نعم لمعالجة شبكة العين

نعم لمطبات القلب المفتوح

نعم لتركيب الاطراف (اليدين والقدمين)

اسم لم ترد (الرجاء ذكرها) الطب عمل انساني وليس علمي
المهم المحاربة الانسانية والعمل الخالص لوجه الله والباقي
لا شيء في المرحلة الثانية

(السنة ١٩٨٤)

١- في أية منطقة تسكن : *المحيطة*

٢- عدد افراد عائلتك : *أربعة*

٣- عن أي طريق دخلت الى المستشفى : (ضع علامة x في المربع المناسب)

العيادات الخارجية

الطوارئ

العيادات الخاصة

الطريقة العادية

٤- هل انتظرت طويلا كي تدخل الى المستشفى ؟ ما هي الـ *نعم* . *اربعة ايام*

٥- ما نوع المرض الذي كنت تعانیه : *خناق*

٦- هل اخترت مستشفى المقاصد لانها (ضع علامة x في المربع المناسب) ويمكن اختيار اكثر من سبب واحد)

لانها قريبة الى المنزل

كلفتها اقل من باقي المستشفيات

توفر الاختصاصيين

وجود معدات حديثة

بناء لطلب الطبيب المعالج

اسباب اخرى (الرجاء ذكرها)

٧- هل تظن ان المستنق بحاجة الى توسيع اى من الاتسام التالية :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

دائرة الجراحة العامة

الطب الداخلي

جراحة وامراض النساء

طب الاطفال

وحدة العناية الفائقة وجراحة القلب

قسم غسيل الكلوي

التدليك الطبيعي الفيزيائي

المختبرات وقسم التخطيط

الميدلينة

بنك الدم

العيادات الخارجية

المبيدات الخاصة

آراء اخرى (الرجاء ذكرها) الاستشارة بالمرضى

د هل تظن ان مستشفى المقاصد بحاجة الى ايجاد اقسام جديدة مثل :
• (الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

قسم لمعالجة الحروق الصعبة

قسم لمعالجة شبكة العين

قسم لمطبات القلب المفتوح

قسم لتركيب الاطراف (اليدين والقدمين)

اقسام لم ترد (الرجاء ذكرها)

(السنة : ١٩٨٨)

١- في أية منطقة تسكن :

٢- عدد أفراد عائلتك : ٣

٣- من أي طريق دخلت إلى المستشفى : (ضع علامة * في المربع المناسب)

العيادات الخارجية

الطوارئ

العيادات الخاصة

الطريقة العادية بدفع كافة المصاريف

٤- هل انتظرت طويلا كي تدخل إلى المستشفى ؟ ما هي المدة : فورا

٥- ما نوع المرض الذي كنت تعانيه : -

٦- هل اخترت مستشفى المقاصد لأنها (ضع علامة * في المربع المناسب) ويمكن اختيار أكثر من سبب واحد)

لأنها قريبة إلى المنزل

كلفتها أقل من باقي المستشفيات

توفر الاختصاصيين

وجود معدات حديثة

بناء لطب العيوب النعال

اسباب اخرى (الرجاء ذكرها) لأنه مستثنى إسلامي وحب تشجيعه

٧- هل تظن ان المستشفى بحاجة الى توسيع اى من الاقسام التالية :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

دائرة الجراحة العامة

الطب الداخلي

جراحة وامراض النساء

طب الاطفال

وحدة العناية الفاتكة وجراحة القلب

قسم غسيل الكلي

التدليك الطبيعي النيزيائي

المختبرات وقسم التخطيط

الصيدلية

بنك الدم

العيادات الخارجية

العيادات الخاصة

آراء اخرى (الرجاء ذكرها) قسم للمرضى النفسيين تابع للمقاصد

هل تظن ان مستشفى المقاصد بحاجة الى ايجاد اقسام جديدة مثل :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

قسم لمعالجة الحروق الصعبة

قسم لمعالجة شبة العين

قسم لعطيات القلب المفتوح

قسم لتركيب الاطراف (اليدين والقدمين)

اقسام لم ترد (الرجاء ذكرها) قسم خاص بالفقرى والمرضى الذين

لا يقدر على دفع التكاليف الباهظة و الذين يموتون

قبل دفعول المستحقين اذا لم يدفعوا التاخذ المطلوب

منهم لذلك نرجو الخدمة الانسانية لهذه الفئة

وذلك لوجه الله تعالى .

(السنة : ١٩٨٦)

١- في اية منطقة نكن : جردان -

٢- عدد اسراد عائلك : (٥) همة

٣- عن اى طريق دخلت الى المستشفى : (ضع علامة x في المربع المناسب)

العيادات الخارجية

الطوارئ

العيادات الخاصة

الطريقة العادية

٤- هل انتظرت طويلا كي تدخل الى المستشفى ؟ ملحق الحدة : كلا

٥- ما نوع المرض الذى كنت تعانيه :

٦- هل اخترت مستشفى المقاصد لانها (ضع علامة x في المربع المناسب) ويمكن اختيار اكر من سبب واحد)

لانها قريبة الى المنزل

كلفتها اقل من باقى المستشفيات

توفر الاختصاصيين

وجود معدات حديثة

بناء لطب الطيب المعالج

اسباب اخرى (الرجاء ذكرها)

٧- هل تظن ان المستشفى بحاجة الي توسيع اى من الاتسام التالية :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

دائرة الجراحة العامة

الطب الداخلي

جراحة وامراض النساء

طب الاطفال

وحدة العناية الفائقة وجراحة القلب

قسم غسيل الكلى

التدليك الطبيعي الفيزيائي

المختبرات وقسم التخطيط

الصيدلية

بنك الدم

العيادات الخارجية

المبادئ الخاصة

آراء اخرى (انرجاء ذكرها)

هل تظن ان مستنقى المقاصد بحاجة الى ايجاد اقسام جديدة مثل :
(الرجاء وضع علامة x في المربع المناسب ، ويمكن اختيار اكثر من جواب)

قسم لمعالجة الحروق الصعبة

قسم لمعالجة شبكة العين

قسم لمليات القلب المفتوح

قسم لتركيب الاطراف (اليدين والقدمين)

اقسام لم ترد (الرجاء ذكرها)

المتنفس بحاجة الى تطوير وتنحية

المعاملة الاثنائية -

(السنة ١٩٨٦)

- ١- في اية منطقة نكن : **صبرا**
- ٢- عدد انفراد عائلتك : **٩ أشخاص**
- ٣- عن اي طريق دخلت الى المستشفى : (ضع علامة x في المربع المناسب)
- العيادات الخارجية
- الطوارئ
- العيادات الخاصة
- الطريقة العادية
- ٤- هل انتظرت طويلا كي تدخل الى المستشفى ؟ ما هي المدة : **فورا**
- ٥- ما نوع المرض الذي كنت تعالجه : **اصحاب برصاص طائفة**
- ٦- هل اخترت مستشفى القاصد لانها (ضع علامة x في المربع المناسب) ويمكن اختيار اكثر من سبب واحد)
- لانها قريبة الى المنزل
- كلفتها اقل من باقي المستشفيات
- توفر الاخصائيين
- وجود معدات حديثة

بناء لطب الطبيب المعالج

اسباب اخرى (الرجاء ذكرها)

٧- هل تظن ان المستشفى بحاجة الى توسيع اى من الاقسام التالية :
(الرجاء وضع علامة * في المربع المناسب، ويمكن اختيار اكثر من جواب)

دائرة الجراحة العامة

الطب الداخلي

جراحة وامراض النساء

طب الاطفال

وحدة العناية الفائقة وجراحة التلب

قسم غسيل الكلوي

التدليك الطبيعي الفيزيائي

المختبرات وقسم التخطيط

الصيدلية

بنك الدم

العيادات الخارجية

كلا

المساعدات الخاصة

آراء اخرى (الرجاء ذكرها)

هل تظن ان مستنقى المقاصد بحاجة الى ايجاد اقسام جديدة مثل :
(الرجاء وضع علامة * في المربع المناسب ويمكن اختيار اكثر من جواب)

نعم لمعالجة الحروق الصعبة

نعم لمعالجة شبكة العين

نعم لعمليات القلب المفتوح

نعم لتركيب الاطراف (اليدين والتدمين)

اقسام لم ترد (الرجاء ذكرها)

هناك نقطة اود طرحها وهي انه الطبيب بعد

انه قام باستعمال ارضاصه، ثم حرقه

ثانيه وقد اصبحت باستعمالها من براود الاسترمتار

APPENDIX B

List of Patients Selected for Interview

<u>Name</u>	<u>Re-</u> <u>sponded</u>	<u>Re-</u> <u>fused</u>	<u>De-</u> <u>ceased</u>	<u>Moved</u>	<u>No</u> <u>Address</u>	<u>Outside</u> <u>Beirut</u>
Adadah, Moh'd	X					
Abdallah, Asaad				X		
Alaeddin, Najwa	X					
Alloush, Moh'd			X			
AbouHosn, Moh'd		X				
AbouShallah, Maha					X	
Awada, Rajeieh	X					
Abdulhak, Wassim		X				
Abbas, Maysara	X					
Ashhab, Ibrahim					X	
Akkawi, Ibrahim			X			
Akkawi, Wahida	X					
Akkawi, Hadi	X					
Akkawi, Amira	X					
AbouAli, Hasan				X		
Anouti, Moh'd	X					
Alwan, Moh'd			X			
Assi, Wafa	X					
Amouni, Maha	X					
Akkawi, Haifa	X					
Amkieh, Zahra	X					

Name	Re-	Re-	De-	Moved	No	Outside
_____	<u>sponded</u>	<u>fused</u>	<u>ceased</u>	_____	<u>Address</u>	<u>Beirut</u>
Aboud, Yousra		X				
AbdulWahab, Samir	X					
AbouFarwa, Sobhi					X	
Abadi, Fatme					X	
Adra, Rabee	X					
Abed, Saeed					X	
Ali, Moh'd	X					
Assaf, Nancy	X					
Abdallah, Rashida	X					
Azmi, Mostapha	X					
Arab, Halima					X	
Asouma, Meheddin					X	
Assaf, Zainab	X					
Alyan, Aida		X				
Bashir, Saadat					X	
Bitar, Darwish					X	
Bakkar, Dima	X					
Bader, Mahmoud	X					
Balaa, Salah	X					
Badawi, Nahla					X	
Barraj, Nada	X					
Bostani, Mirvat	X					
Badawi, Ahmad					X	
Banna, Fadi	X					
Basha, Aida	X					

Name	Re- <u>sponded</u>	Re- <u>fused</u>	De- <u>ceased</u>	Moved	No <u>Address</u>	Outside <u>Beirut</u>
Bilani, Souhail		X				
Barish, Hasan	X					
Bohsali, Abed			X			
Bawab, Layla	X					
Bekdash, Saad	X					
Bekdash, Wahida	X					
Chehab, Fatme	X					
Chammaa, Mosbah	X					
Diab, Tarfa					X	
Danash, Zamzam				X		
Dimashkieh, Nizar	X					
Daees, Rihab	X					
Daouk, Mona					X	
Dagman, Mahmoud					X	
Dimashk, Yousef						X
Daher, Wafa	X					
Faour, Meheddin				X		
Farhat, Hamman	X					
Fatash, Husein						X
Faraj, AbdulKarim	X					
Fares, Basima	X					
Fouaani, Ahmad						X
Freij, Hamdan					X	
Freij, Nada					X	
Farhat, Samir					X	

Name	Re- <u>sponded</u>	Re- <u>fused</u>	De- <u>ceased</u>	Moved	No <u>Address</u>	Outside <u>Beirut</u>
Fawaz, Sabah	X					
Fawaz, Husein	X					
Gotaymi, Khadije				X		
Goson, Naser	X					
Gadieh, Sana						X
Galayini, Nerva			X			
Gazal, Karimeh	X					
Gannam, Merii						X
Gannam, Zena	X					
Harb, Fadl	X					
Hammoud, Souheil	X					
Hasan, Badawieh					X	
Harir, Dalal	X					
Habib, Bashir	X					
Halawi, Reslan	X					
Halawi, Naeem	X					
Halabi, Anis	X					
Hasan, Moh'd	X					
Hamama, Iman					X	
Hasan, Samia	X					
Huseini, Husein						X
Huseini, Ahmad	X					
Habbal, Mona	X					
Hatab, Mazen	X					
Hamdan, Ali					X	

Name	Re-	Re-	De-	Moved	No	Outside
	<u>sponded</u>	<u>fused</u>	<u>ceased</u>		<u>Address</u>	<u>Beirut</u>
Hammoud, Mousa	X					
Hajjar, Ahmad	X					
Ido, Talal	X					
Imam, Jamil	X					
Ibrahim, Wael						X
Ibrahim, Monerah	X					
Ibrahim, Wafa						X
Ibrahim, Layla	X					
Itani, Hana	X					
Itani, Souhair	X					
Jeezi, Osman	X					
Jibawi, Rida	X					
Jaber, Fadl	X					
Jamal, Moh'd	X					
Jahin, Arar					X	
Jallad, Hana	X					
Janoun, Ahmad	X					
Jaroudi, Nora	X					
Jawhari, Afif			X			
Khaled, Amira	X					
Koleilat, Habiba		X				
Kaisi, Iman		X				
Koubki, Basima	X					
Kabbani, Houda		X				
Kronfol, Meheddin	X					

Name	Re- <u>sponded</u>	Re- <u>fused</u>	De- <u>ceased</u>	Moved	No <u>Address</u>	Outside <u>Beirut</u>
Kayouf, Najat					X	
Kalb, Fayez					X	
Kayyal, Ibrahim					X	
Khateeb, Muafac					X	
Kobtan, Rajab			X			
Kalash, Nadia					X	
Khazaal, Amira	X					
Khaled, Fawziéh	X					
Karanouh, Bassam	X					
Kourdi, Moh'd					X	
Kadri, Khouloud	X					
Kheshen, Jihan	X					
Kaoun, Abda	X					
Kourdi, Zahra					X	
Karanouh, Abed	X					
Karaje, Mona	X					
Karimeh, R.A	X					
Lahia, Sobheih					X	
Mirza, Afif		X				
Maarouf, Montaha	X					
Mezraani, Ibtisam		X				
Mneimneh, Mahmoud	X					
Mahmoud, Jamal	X					
Masri, Saad						X
Mograbi, Mahmoud					X	

Name	Re-	Re-	De-	Moved	No	Outside
<u> </u>	<u>sponded</u>	<u>fused</u>	<u>ceased</u>	<u> </u>	<u>Address</u>	<u>Beirut</u>
Moussa, Nisrine					X	
Mishlawi, Saleh					X	
Nasrallah, Khalil	X					
Naser, Zouhair			X			
Naser, Maha	X					
Naser, Amin	X					
Nahas, Salah	X					
Nemeh, Wafica		X				
Osman, Bahia	X					
Omran, Maha	X					
Okasha, Kasem						X
Okaili, Yousef					X	
Rahawi, Ahmad	X					
Remmo, Rajab					X	
Rabah, Ayman	X					
Rawas, Monirah	X					
Romani, Wisam	X					
Rawas, Wael	X					
Ramadan, Moh'd	X					
Sayegh, Rahme	X					
Sreis, Safia				X		
Shatila, Hala	X					
Saadi, Fawzi				X		
Samra, Samar		X				
Saleh, Wafica	X					

Name	Re- <u>sponded</u>	Re- <u>fused</u>	De- <u>ceased</u>	Moved	No <u>Address</u>	Outside <u>Beirut</u>
Shamsedine, Maysara		X				
Safa, Aziza	X					
Sharif, Majida	X					
Shanouha, Saad						X
Sarhan, Jamileh	X					
Saed, Said	X					
Salame, Hisham					X	
Sreis, Kasem						X
Sleem, Souad	X					
Sleem, Hassan					X	
Sawan, Marwan	X					
Saadi, Wisam	X					
Salam, Khalil		X				
Salam, Abdallah	X					
Tahnir, Souzan	X					
Tarhini, Husein	X					
Tahan, Samar	X					
Tarraf, Moh'd					X	
Tabbarah, Hasan			X			
Watwat, Issa						X
Yasin, Sana	X					
Yasin, Sawsan	X					
Yasin, Fatmeh		X				
Yaman, Wafa	X					
Yheq, Farah					X	

Name	Re- <u>sponded</u>	Re- <u>fused</u>	De- <u>ceased</u>	Moved	No <u>Address</u>	Outside <u>Beirut</u>
Zein, Salah	X					
Zein, Jamil		X				
Zaatari, Ahmad		X				
Zaarour, Khodor			X			
Zaza, Akram					X	
Zouhairi, Maher		X				
Zaidan, Moh'd	X					
Zouain, Akram	X					
Zarif, Moh'd	X					
Zeid, Ahmad			X			
Zoubair, Layla	X					
Totals	<u>120</u>	<u>18</u>	<u>11</u>	<u>7</u>	<u>39</u>	<u>13</u>
Grand Total	<u>208</u>					

Source: Patients selected from Makassed General Hospital's admission records for 1983, 1984, 1985 and first six months of 1986.

List of Doctors Selected for Interview
(Former and Present)

FORMER DOCTORS

Name

Abdlmour, Edward
Nousouli, Gazi
Sidani, Mostapha
Shaaban, Hoda

PRESENT DOCTORS

Name

Cehade, Issam
Diab, Adnan
Itani, Walid
Itani, Saed
Kharma, Khalil
Naja, Ziad
Rifaii, Rafic
Rajab, Mariam
Raed, Ali
Shehab, Haitham

Source: Doctors selected from Makassed General
Hospital's records, 1986.

Appendix C

MAKASSED GENERAL HOSPITAL NEEDS SURVEY

INTERVIEW GUIDE

PATIENTS

1. Where do you live?
2. How many in your family?
3. Through which facility did you enter the hospital:
 - a. OPD?
 - b. Emergency?
 - c. Doctor's clinics?
 - d. Normal procedures?
4. Did you have to wait to be admitted to the hospital? If so, how long?
5. What was wrong with you?
6. You chose Makassed General Hospital because
 - a. It was near your home?
 - b. Its cost is lower than the other hospitals?
 - c. Specialists available?
 - d. Doctor's recommendation?
 - e. Other? (please explain)
7. Would you like to have these existing services expanded:
 - a. General Surgery ?
 - b. Internal Medicine ?
 - c. OBS/GYN ?

- d. Pediatrics?
 - e. Kidney Dialysis?
 - f. ICU?
 - g. Physical Therapy?
 - h. Laboratories?
 - i. Pharmacy?
 - j. Pathology?
 - k. Blood Bank?
 - l. EKG & EEG?
 - m. OPD?
8. Would you like to see these non-existing services developed?
- a. Special Burn Treatment Center?
 - b. Cornea Transplant?
 - c. Open-Heart Surgery?
 - d. Microsurgery?
 - e. Any other not listed, please describe:

MAKASSED GENERAL HOSPITAL NEEDS SURVEY

INTERVIEW GUIDE

PRESENT DOCTORS

1. Where do you practice?
2. How long have you been affiliated with Makassed General Hospital?
3. Why did you choose Makassed General Hospital?
4. Have you ever sent any of your patients to a hospital other than Makassed because of:
 - a. Lack of treatment facilities? Please explain:
 - b. Lack of beds?
 - c. Other? Please explain:
5. Have you postponed non-critical surgery or treatment for your patients because the Hospital did not have available beds?
6. Do you think that the Hospital should expand? Please explain:

MAKASSED GENERAL HOSPITAL NEEDS SURVEY

INTERVIEW GUIDE

FORMER DOCTORS

1. Where do you practice?
2. For how long did you remain affiliated with Makassed General Hospital?
3. Why did you choose Makassed General Hospital?
4. Have you sent any of your patients to a hospital other than Makassed General Hospital because of:
 - a. Lack of treatment facilities? Please explain:
 - b. Lack of beds?
 - c. Other? Please explain:
5. Have you postponed non-critical surgery or treatment for your patients because the hospital did not have available beds?
6. Do you think that the Hospital should expand, especially in the quantity of beds?
7. Why did you leave the Makassed General Hospital?
 - a. Contract terminated?
 - b. Opened private clinic?
 - c. Other? Please explain: