



Kingdom of Bahrain
Ministry of Health

HID INFO

line

A word to say Mastering Leadership

With the challenges that the Ministry of Health have to face to further improve the healthcare services given to all citizens and residents of the Kingdom, there are many areas that need to be revisited and a process of improvement is initiated. One important element to achieve the vision that we foresee for the future is the investment in human resources. Training, developing and recognizing the skills of employees are areas we should explore if we are to build for the future so to be more competitive, efficient and cost effective in providing healthcare services not only locally but, indeed, regionally and internationally.

Individuals must possess skills that will facilitate such achievements. Skills such as, leadership, management, planning, change management, etc. One that stands out from those mentioned is LEADERSHIP. That includes Leadership at all levels of the organization structure and not restricted to any.

There has been many works undertaken to aid us in defining and understanding leadership. Many individuals still confuse leadership with management. Simply, leadership can be defined as "a process of getting things done through people". Leadership means responsibility. It's a challenge and often fun, but it always means responsibility. The leader is the person the others approach to get the job done. Leaders within the Ministry must balance the vision with effective strategies and the ability to realize them.

It is safe to say that the main four variables that are involved in leadership are: the characteristics of the leader, the attitudes, needs, and other personal requirements of the followers, the nature of the Ministry, such as its purpose, structure, the tasks performed (Healthcare) and last, the social and cultural factors of the society.

To be a competent leader, by which others, not only in the Ministry, would respect and work with, you must possess the elements of leadership, which are;

- | | |
|---------------------------|-------------------|
| 1- Vision | 6- Motivation |
| 2- Performance Management | 7- Delegation |
| 3- Planning (strategic) | 8- Control |
| 4- Decision Making | 9- Organization |
| 5- Time Management | 10- Communication |

In year 2000, when attending the "Healthcare Management Diploma" program arranged by the Directorate of Training in collaboration with the Royal College Of Surgeons, Ireland, Leadership was covered as a module during that course. This reflects the importance of this skill to any organization, such as the Ministry, which needs to reform to face the challenges of the future.

Finally, we should realize that good leaders sit at different levels of the organization structure, they are those who can think clearly about strategy, make effective decisions, inspire others to action, and ultimately strive towards achieving a vision set for the future of Healthcare practice in the Kingdom.



Ebrahim Al Nawakda
Head of Technical Support Unit
Health Information Directorate

Staff information meeting

By: Manal Ahmed*

Employee satisfaction will always lead to the improvement in the productivity, and that cannot be done without a truthful bond between the staff and their managers. From this point of view, the idea of forming a monthly Staff Information Meeting (SIM) initiated at the end of year 2000.

The main purpose of the SIM is to disseminate information, updates, policies, procedures and benefits that pertain to the staff as well as the organization. The SIM is also used to discuss and answer any concerns that the staff may have to any

related topics. Gradually, the staff started to cohabit with the SIM. They begin to suggest changes in the work environment. And according to these suggestions, more than one Continuous Quality Improvement



(CQI) teams were formed and many internal training and clarification presentations were organized.

SIM is successful in narrowing the gap between the staff and the management. Currently, work issues and staff career fears can be discussed loudly in the meeting.

The main benefit we gained from the SIM as a whole management and employees is learning how to consult with each other with an open heart and an open mind.

*Manal : Senior Database Administrator

How to buy a PC ?

By: Mahish Ravindranathan*



Selecting the right personal computers for your small business/Home can be a daunting

process. With the wide range of configurations available on the market, how can you know what PC can meet your needs today, while giving you the power and speed you need in the future?

Use the pointers below to help you get the most out of your PC investment.

Processor

The PC's processor - or CPU - is the brain of the computer. Processor power or speed is frequently measured in megahertz (MHz) or gigahertz (GHz) - the higher the figure, the faster or more powerful the computer. Chip design can also impact processor power. Tip: Consider buying the most powerful processor you can afford.

Memory

Memory, or RAM, is where your computer stores the operating system, application software, and data you are currently using so it can be quickly accessed by the processor. As a result, RAM affects how quickly your computer works. Generally, the more memory you have, the faster your system's

performance. RAM is typically measured in megabytes (MB), or millions of bytes. Tip: Consider doubling the RAM your computer comes with to boost your performance and give you plenty of room to run future applications.

Drives

Your PC comes with several types of drives. Your hard disk is the equivalent of your computer's filing cabinet, in that it stores all the software and data when they're not in use. Many desktop PCs have hard drives of 40 gigabytes (GB; billions of bytes) or more. In addition, your PC will come with some type of CD-ROM drive, which is used to load software and other files. CD-R drives let you write once to a recordable CD; CD-RW drives allow repeated recording. DVD drives are like CD-ROM drives, but also play disks in the DVD format, which may be important if you plan to record or play video or other multimedia from your PC. Tip: Don't worry if your computer's hard drive capacity far outweighs your current needs. Programs and file sizes are growing with no end in sight, and you may use up the space faster than you think.

Monitor

Since you will be staring at your computer monitor all day, be kind to your eyes by purchasing one with a resolution of at least 800 x 600. Most computers today come with at

least a 17-inch monitor (measured diagonally). Tip: Consider flat panel displays, which are becoming increasingly affordable. They take up less desk space, and because they don't flicker like standard CRTs, they can be easier on the eyes. On the downside, they can be more expensive than traditional monitors, and are generally smaller in size.

Desktop or laptop?

Another choice you may face is the format of your PC. If desk space is limited, or you travel frequently and need portability, consider a laptop (notebook or portable) computer. Although the latest laptops have processing power comparable to many standard desktop PCs, you will pay for the portability in terms of a higher price tag and less flexibility and expandability. Some of the features to look for in a laptop include light weight, large screen size, flexible drive configurations, and long battery life.

Connectivity

Be sure the PC is configured to connect to the Internet to be sure you are able to take full advantage of email and the Web.



*Mahish: Computer Equipment Analyst

International guidance on health indicators

Health administrations in most countries of the world use a variety of indicators in their attempts to describe health problems, health care performance and the degree of achievement of their targets. A number such works are available as formal publications and others exist as grey literature, difficult to trace. At the international level there has been ever increasing tendency by international organizations dealing with health to develop and promote health and health related indicators. Notable examples are global indicators used for monitoring and evaluation of the Health for All Strategy (WHO 1981), World Summit for Children indicators (WHO & UNICEF 1994), or indicators for sustainable development (Bartelmus 1994).

Indicators are defined by WHO as variables that help to measure changes in the health situation directly or indirectly and to assess the extent to which the objectives and targets of a programme are being attained (WHO 1984). An initial set of twelve global indicators was established in early 1980s (WHO 1981) and subsequently modified in the light of experience of three monitoring and evaluation exercises. These indicators are recommended as tools to be used by countries for monitoring and evaluating national HFA strategies. They may also be useful for presenting regional and global summaries and making international comparisons.

There is a considerable quantity of indicators defined and promoted by WHO programmes. Many of these indicators are proven sound and useful in country situations. Others are still under development (e.g.: WHO 1992; WHO 1994). The Strengthening Country Health Information Unit at WHO, Geneva, is producing an "Indicator Catalogue" which assembles health indicators most strongly recommended by WHO programmes.

Other international organizations such as Aga Khan Foundation, UNICEF (WHO & UNICEF 1994), the German Agency for Technical Cooperation (GTZ), and others dealing with health have developed other lists of indicators and methods of their calculation.

By Amal Al Arrayed
Senior Technical Writer

Be our guest...!

By: Fakhriya Hashim*

The coordinator of Mother and Child Health (MCH), Dr. Sharifa Bucheery, has been in contact to talk about MCH system that is an automated system linked between the Health Information Directorate (HID) and the Health Centers.



Dr. Sharifa Bucheery

Dr. Shareefa started her talk by summarizing the main functions of the MCH system "MCH service is available in twenty (20) Health Centers with additional of two clinics provide only child health care whereas mother health care are given through other Health Centers within the catchments areas. The main business areas covered by MCH system are:-

Child Screening, Child Immunisation, Post Natal Services, Family planning Services, Post Abortion Services, and Women Screening".

She added "In the past, and with cooperation with BHIC (currently HID) a stand alone PC application built on Fox Pro was used to save the data of the MCH all over the Health Centers. Effectively from 1999 and to counter Y2K problem, an automated system on the network using Oracle Database was rolled

out place all over the 20 Health Centres. On the other hand, a support project has already been implemented called "Oracle Performance Tuning 2001 - OPT01" to set-up validation rules for preventing invalid data entry."

When we asked Dr. Shareefa about the major benefits they gained from implementing the system she answered "The availability of an automated MCH system at all Health Centers can be considered as follows:-

- 1) Better tracking of immunization and health care services will reduce mortality and morbidity of mothers and children in Bahrain.
- 2) Automated generation of statistical data will reduce the time spent on manual data preparation.
- 3) Better quality of service"

Dr. Shareefa ended her talk thanking all concerned personnel for implementing MCH system that has utilized by effective Mother and Child Health Care to all citizens and residents of the Kingdom.

*Fakhriya: Administrative Analyst

Health Information System in Kuwait Ministry of Health

By Khulood Al Askari*

We have received a brief from Mr. Salah Baqer the Director of Information Directorate, Ministry of Health, State of Kuwait. Mr. Baqer gave us a brief idea about the information systems design, development and production within the Kuwait Ministry of Health.



Mr. Salah Baqer

"The system in Ministry of Health covers a range of health applications, these are:

- * Electronic Patient Files - Primary Health Care Information System that covers and operates now in all 80 clinics within Kuwait.
- * Health Insurance System, registration, cards issuing, and creation of database.
- * Hospital Management Information System.

Mr. Baqer continued " all these systems are either being implemented (Primary Healthcare System), or currently under development (Health Insurance System), or waiting for final stages of selection (Hospital Management Information System). Moreover, our department is currently engaged in the development of MoH financial and administrative systems applications using Oracle database."

*Khulood: External News Coordinator

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“My screen is hard to read. Can I have a bigger monitor?”

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Send the answer no later than 25/03/2003 addressed to HID Editorial as shown below, either by post or email, and get the chance to win a prize.

Last issue winner: **Badriya A.Rahman Nurse, S. Salman HC.**

KEEP IN MIND

THE TOUGHEST PART OF GETTING TO THE TOP OF THE LADDER IS GETTING THROUGH THE CROWDS AT THE BOTTOM.

HID VISITORS

On 4th February 2003 HID with coordination of Family Practice Residency Program coordinator arranged an introductory session for a group of 15 Family Physicians from MoH Health Centers. The group acquired a comprehensive understanding about HID involvement for IT/IS/IM in MoH's healthcare providing functions. Participants visited all HID facilities, attended two presentations given by Mr. Ebrahim Al Nawakda and Ms. Auhood Esbai, at the end of the visit a collection of HID and MOH hands-out were distributed among them.



International Statistical Classification of Diseases and Related Health Problem

By: Siddiqa Al-Qassab*

Ministry of Health ICD-10 Project

The first 'International Classification of Causes of Death' was developed at the end of the nineteenth century. During the twentieth century periodic revisions, latter coordinated by the World Health Organization (WHO), have been produced almost every decade. The Ninth Revision was the first to be used in the Ministry of Health of Bahrain in the Salmanya Medical Complex (SMC) and Psychiatric hospitals. The ICD9 was used since 1991.

The ministry decided to upgrade the currently used ICD9 coding to the ICD10 version for several reasons such as:

- 1) Unification of ICD coding with WHO.
- 2) Standard coding among all MoH facilities.
- 3) More effective coding due to detailed disease description.
- 4) Accurate data of research.
- 5) Appropriate health planning.



One of the meetings held between the project members and users.

Due to the importance of ICD coding a committee was formed by June, 2002 chaired by Dr. Sameer Khalfan to coordinate among all the parties involved in ICD10 change, and as a result a project initiated by the end of July 2002, to upgrade the ICD coding in the ministry from ICD9 to ICD10, the aim of the project is to implement the modifications required in MDIS (current health information system used by the ministry) and SAS applications (currently, the statistical package used by the ministry of Health to analyze data). The project was introduced to the SMC and Psychiatric hospitals medical records and the Office of Utilization Review. The project manager is Siddiqa AlQassab and the project team members are Hussain Ahmed, Maban Mansoori, Ebrahim Adam and Mohammed Khalil.

Users of the medical records were trained on using the ICD10

codes by October 2002. By November 2002 an access to the TEST environment where the modified application exists, was given to the users for two purposes: to test the system and detect any errors in the menus and reports, and to give users more training on the new version. After user acceptance, the system was transferred to LIVE by end of December 2002, and launched by 1st January 2003. Now the system is running successfully due to the users and project team members cooperation.

ICD-10 Highlights

The purpose of the ICD is to promote international comparability in the collection, classification, analysis and presentation of mortality and morbidity statistics. The latest revision was developed by WHO together with nine international collaborating centers for the classification of diseases. These nine centers are based on regional and language groupings. The purpose of the periodic revisions is to stay abreast of medical advances in terms of disease identification and etiology and changes in medical terminology.

The ICD10 incorporates the most fundamental changes to the ICD for almost 50 years. The most important changes can be seen in the structure of the code, the addition of extra chapters and chapter renumbering, title changes, regroupings and restructuring, covering new areas, and finally in selection and modification rules

WHO have no immediate plans to develop an eleventh revision? Instead they have set up review groups that will consider possible changes on a case-by-case basis and advise on amendments to the classification on a more regular basis. It therefore is likely that the development of the ICD will be more evolutionary in future and that the current ICD10 will be the core of the classification well into the 21st century.

Finally I would to thank everybody who was involved in this big change, specially ICD10 project team members, users and ICD10 committee members.



*Siddeqa: Computer System Analyst
ICD-10 Project Manager