Background information

St. Paul’s Hospital Millennium Medical College is a referral hospital in Addis Ababa under the Ethiopian Federal Ministry of Health (FMOH). It is the second largest public hospital in the nation, built by the Emperor Haile Selassie in 1961 with the help of the German Evangelical Church. The hospital was established to serve the economically underprivileged population, providing services free of charge to about 75% of its patients. In 2007 it became a medical college and its core services include the provision of medical care, teaching and research. 275 medical students attend the college, and its new and integrated curriculum stands out in comparison to the country’s other medical schools. Although its transition to a medical college had its own challenges, the staff members at St. Paul are striving to set high academic standards which produce competent and compassionate physicians. It has 800 clinical and non clinical staff members that provide medical specialty services to an estimated 110,000 people annually who are referred from all over the country.

St. Paul’s previous reforms: Challenges and successes

In the past three years, St. Paul has been in the process of implementing many reforms to improve the quality of medical care provided, reduce overall cost and improve timeliness. Some of the major reforms have included Business Process Reengineering (BPR), Blueprint hospital standards and Hospital Reform implementation guidelines. These reforms intend to address some of the most important performance weaknesses such as patient flow, long outpatient waiting time, surgical waiting list, inadequate availability of essential drugs, and the need for more skilled human resources. Initially there was enthusiasm for implementing these reforms, but the hospital’s leaders struggled to maintain the momentum for change as the reforms required additional work for most staff.

St. Paul, with strong support from the FMOH, has made some progress in overcoming these challenges. For example, the hospital has succeeded in improving the emergency care system with emergency room triaging, decreased the surgical waiting list and outpatient waiting time, improved management of all referrals and beds (admission and discharges), and implemented a patient complaint handling system.

BSC is key for addressing some major challenges

While St. Paul experienced some general progress, specific areas of improvement were not strategically identified, measured and supported by evidence. The management team spent most
of its time solving operational issues instead of strategic ones. The leadership team similarly had limited capacity to communicate the strategic vision and performance goals. Consequently, the staff at St. Paul did not fully own the vision and goals for the organization and were not working together as one team to meet the organization’s broader objectives.

Other organizations within the health sector in Ethiopia share these challenges. In 2008, to address this ongoing issue, Hon. Minister of Health Dr. Tedros Adhanom Ghebreyesus requested support from the Ministerial Leadership Initiative for Global Health (MLI) to implement the Balanced Scorecard (BSC), a strategic planning and performance management tool, and to apply it throughout the health sector in Ethiopia. With MLI’s support the FMOH selected the Balanced Scorecard Institute (BSCI) to provide the technical support for the implementation of the Balanced Scorecard.

Progress with BSC implementation at St. Paul

After the leadership team of St. Paul participated in a two week Balanced Scorecard Master professional training with BSCI, they quickly realized implementing the BSC would help address many of the key problems within the organization. The BSC would help St. Paul strategically focus its activities, align the day to day work of employees with the hospital’s overall strategy, and transform the hospital’s daily operations. The leadership team also learned that the BSC is a great tool for developing key performance indicators at different levels of the organization, which assists leaders with tracking progress over time and making timely, evidence-driven decisions. The BSC enables everyone within the hospital to take ownership of St. Paul’s vision and mission and creates an accountable and transparent system by assigning staff as “owners” of objectives and performance at different levels. But even with this appreciation for the BSC as a tool, building and implementing the BSC did not happen immediately.

The Health Sector BSC was designed during a workshop with leaders from Federal and Regional levels of the health sector. The FMOH shaped its own BSC by drawing upon the over-arching Health Sector BSC. Following the development of the FMOH BSC, one of the directorates within the FMOH, the Medical Service Directorate (MSD), built its BSC by further adapting the FMOH BSC. The MSD provides technical support and monitors the quality of services that St. Paul provides, so it was logical to build St. Paul’s BSC based on the MSD’s model. St. Paul’s leadership team built its BSC, and subsequently developed the hospital’s mission, vision, strategic themes, strategic maps, performance measures and initiatives by working closely with BSCI.

Going through the process of developing the elements of the BSC clarified how realistic targets and initiatives would help St. Paul achieve its objectives in line with its Mission and Vision. The BSC would help the hospital to more clearly articulate who they serve, their clients’ needs and

“Before the training course, you just came to work every day and then you left. You didn’t get to see the bigger picture...We weren’t working for a larger goal. We were just putting in the hours.”

-Dr. Lina Mohammed, Emergency Department Specialist, St. Paul Hospital, Ethiopia
expectations, their priorities in the coming years, where they need to focus, what kinds of results could be expected, and how performance measures could help track progress in key areas.

St. Paul chose to focus on three strategic themes (Pillars of Excellence) to achieve its vision of becoming a preferred medical facility and a prestigious academic center by the year 2020. The strategic themes are:

I) Service delivery (medical care and teaching),
II) Leadership, and
III) Infrastructure.

St. Paul also developed a strategic map with 13 objectives organized under four different performance lenses. These objectives are framed in a cause and effect relationship showing how St. Paul can create value for its customers (patients, non patients, and students). Staff members were assigned to collect, analyze, and produce unbiased performance reports for each objective that they were assigned.

Moving Forward

Now that St. Paul has built an organizational BSC, they are trying to implement (or “cascade”) it to all 13 departments, the respective case teams and individuals within each department in a timely manner. The leadership understands that this is not only about building and implementing the BSC but about changing the hearts and minds of employees to drive the right behaviors. To ensure a sustainable change, St. Paul will establish a Change Management Team that will facilitate management, communications, and conflict resolution using the BSC.

How St. Paul envisions using the BSC in the near future

Once the BSC is fully implemented within St. Paul, the hospital will operate with strategic focus. The BSC will help leaders at St. Paul evaluate the hospital's performance along key areas in line with meeting its mission, vision and established targets. Successful implementation will mean every employee will understand St. Paul's mission and vision and will work toward achieving shared targets. Leaders will also spend their time addressing strategic issues rather than operational ones, evaluating performance mainly based on the BSC elements, and continuously refining its BSC to ensure the hospital is getting closer to achieving its mission and vision. The BSC will help identify and reward high performing individuals, eventually leading to the retention and promotion of valuable staff within the hospital. Finally, St. Paul believes maintaining communication between all levels of the hospital is the key to achieving its desired outcomes. The BSC will start moving the hospital in the direction it chooses, even if the road is unfamiliar.

“There was a lot of resistance when it (BSC) was perceived only as a monitoring tool, but once the FMOH started introducing this tool as a strategic planning and performance management tool that helps improve the performance of employees, that it is not a punitive tool, then people become more receptive. So the change management office will have this kind of role, making sure that they are communicating this tool and providing the right information to the clients to ensure that there is no resistance.”

-Rahel Gizaw, MLI Country Lead, Ethiopia

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About MLI

The Ministerial Leadership Initiative for Global Health (MLI) works with ministries of health in Ethiopia, Mali, Nepal, Senegal, and Sierra Leone to advance country ownership and leadership in three inter-related policy areas: health financing to ensure sustainable health care for all; donor alignment to ensure that donors work together to support country led priorities; and reproductive health because the health of women is central to the health and stability of communities and nations. MLI is a program of Aspen Global Health and Development, a legacy program of Realizing Rights and is funded by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation. MLI partners are the Results for Development Institute and the Council of Women World Leaders.