Department of Health Management and Health Economics English

Faculty of Medicine

University of Oslo

##### Written exam Tuesday 7 June 2011, 09.00-13.00

HME4209- Leadership and organization

Exam resources: English dictionary is allowed

Results will be available on Tuesday June 28, see the list on the board at the Department of Health Management and Health Economics, Forskningsveien 3A. The results will also be posted on Studentweb.

The receiving day of the results is the day the results are posted on the board at the Department. Appeals must be submitted within three weeks of this date.

The written exam consists of 4 pages including this page.

Put all your answers on the exam paper provided, and not in this exam questions form.

Remember to write down your candidate number so that you have it when the results are made available.

**Spring 2011**

**Examination paper HME 4209**

Both assignment 1 and assignment 2 are to be answered. In assignment 2, you must answer three of the five questions. Assignment 1 will be weighted as 60% of the total grade and assignment 2 as 40%.

**Assignment 1)**

The Patient Rights Act § 2-4 gives patients the right to choose a hospital and a GP. Most European countries award patients similar rights. However, the attached article presents a recent report from the publicly appointed Board of Technology stating that there is no real free choice of hospitals or GPs in Norway.

Use the article as an inspiration for your essay. Feel free to choose your own approach to the assignment, but your essay should have a clear problem formulation and should include relevant references to the course curriculum.

Give your answer to assignment 1 the following heading: Free choice of hospital

**Assignment 2)**

*Please answer three of the following five questions:*

a)    What is the prime coordinating mechanism in Professional Bureaucracy, according to Mintzberg?   
b)    What is meant by a reactive, compared to a formative organizational structure?   
c)    What is an open system perspective?   
d)    Give a short description of organizational learning.   
e)    Give a description of what might motivate healthcare workers and what could be barriers for motivation.

Give your answers to assignment 2 the following heading: Questions

Aftenposten

Published: 04.04.11 at23:19

**No real free choice of hospital in Norway**

**Norwegian patients know almost nothing about the quality of hospitals or GPs. The right of patients to choose a hospital and treatment centre has almost no value, says committee.**

BY ROBERT FENCE AND HELENE SKJEGGESTAD

**Useless information**

### Facts:

### Free choice of hospitals

**The Patients' Rights Act** gives the general population a right to choose a hospital/ treatment centre for examination, assessment and treatment.

**The right applies to** all public hospitals and district psychiatric centres and private treatment facilities that operate under contract with health authorities.

### What is The publicly appointed Board of Technology?

**An independent** public body for technology assessment that provides Parliament and other governmental bodies with input on technological choices.

**Created** by Royal Decree in 1999, following an initiative from Parliament. The Board of Technology has 15 government-appointed members.

**Sources:** The Major Norwegian Encyclopedia and Wikipedia.

For ten years, we have been told that we can pick and choose among the best facilities for treatment when we are sick. But now the publicly appointed Board of Technology claims that the politicians' speeches about freedom of choice are without consequence in practice – it is just talk.

In a report presented to Parliament today, the conclusion is clear. The information patients receive about the quality of health services is inadequate:

* Heart patients, COPD patients and most other patient groups are given almost no quality information, which makes it impossible to make real choices.
* No reliable information about GPs is currently available.
* Municipal Health Services provide some information, but this is almost inaccessible because it is presented in such an obscure way .
* The information that *is* available to hospitals is only of a general character and not related to diagnoses.

The director of the Board of Technology, Tore Tennøe, says the information is useless.

– In reality, a free choice of hospitals is a fake. It's okay to have knowledge of the list and the number of corridor patients, but as a patient, you want to know who can treat your diagnosis best, "says Tennøe.

– In Germany and Denmark, they have excellent systems providing real information about quality on the patient's own terms. Those who need a knee replacement or are to give birth, need to know where to get the best help. This is not yet possible in Norway, says Tennøe.

The Board of Technology presents today several proposals on how to spread better information about quality out to the public:

* Objective indicators for quality, information on survival after cancer treatment, hospital injuries, etc.
* A radical improvement of the current system of record-keeping and coding so that usable information can automatically be extracted.
* Feedback from patients to be made public on the Internet.
* Patients’ perceptions of whether they have received incorrect treatment or suffered as the result of errors or irresponsible practices, etc. should be published.
* Patients should be able to provide anonymous feedback.
* Patients must have access to information about the quality of each GP's practice.
* Patients' assessments of waiting time, how often the doctor is delayed, whether the doctor is prepared, if the doctor meets the patient with respect, etc. should be made public.

– But isn’t there a risk that a patient who does not get the medical certificate for sick leave that he wants, can take revenge on the doctor?

– Yes, but this can be solved by using standard evaluation forms that patients can fill out, and where the patient's satisfaction with medical certificates is not a separate item. However, if patients' experiences are to be taken seriously, then there will be some noise.

**Skeptical doctors**

The head of the General Medical Association, Trond Egil Hansen, is afraid that doctors will end up in the pillory.

- We encourage openness, but we must develop adequate indicators to measure quality. Patient satisfaction is an important quality, but poses some challenges. For example, there is not necessarily a correlation between how well the patient feels cared for and how good the quality of care actually has been. There may also be patients who demand treatment contrary to accepted guidelines.

**- Welcome openness and more information!**

The Deputy Managing Director of the South-East Health Region, Kristin Wieland, shares the publiclyappointed Board of Technology's view of the lack of information and is very positive about the proposals.

- This is something we warmly welcome. Putting patients in a position where they are able to ask for and evaluate information about their own health and make qualified choices, is important, she said. - We must, however, take on board that some elements of the proposal are difficult to realize. But this must not prevent us from making a start.