

**UGANDA CATHOLIC MEDICAL
BUREAU**

Guidelines for Writing

**HOSPITAL ANNUAL ANALYTICAL
REPORTS**

Uganda Catholic Medical Bureau
Revised
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Introduction

This annual report format is made with in the context of the hospital taking a definitive role in delivering and supporting primary healthcare in the district it belongs to. This role is measured by the degree in which the hospital is integrated in the district health care system thus the reports have to be made for a wider set of readers. Hospitals should provide the kind of care and technical support which for some reason can not or should not be provided at the lower levels. The concentration of skills and resources should be used to strengthen improvement of the lower health centers and not to try and out-compete them in the primary services they are meant to provide. This is now more possible given the Health Sub district roles that many hospitals have taken. Hospitals should therefore be concerned to follow and demonstrate not only their outputs but also how their activities are having an impact on their catchment areas and the overall district health system. However both the inputs and outputs of the hospital should be made distinguishable from the total for the HSD and District in the report.

Objectives of the annual report

The aim of this document is to contribute to the enhancement of hospital management by improving the quality of hospital annual analytical reports in UCMB hospitals. Annual report information is collected for policy, technical and managerial purposes at local level and for use at intermediate and national levels.

The aims of making hospital annual reports should be as follows:

1. To give an account of data and events concerning the hospital itself
2. To draw attention to problems
3. To have a tool for reviewing and reflecting on hospital policies and activities - self evaluation or self assessment. This implies that the report will be used for making choices on resource allocation among competing activities. In doing this the report helps to make health activities more relevant more effective and more efficient
4. To have a basis for planning and development of the hospital and monitoring of progress
5. To relate hospital information to the local health system that aims at improving the health status of the community. Hospitals should look at the annual report in the context of the local health system
6. To have a mechanism to communicate with different organizational levels with in the health sector, the community and other stakeholders or partners national or international. This aspect makes the annual report a mechanism for joint policy development and planning for the health sector at district and national levels.

Writing a good quality annual report

Determining who the users of the annual report are and what information they need and in what format is an important starting point in the making of annual reports. There should therefore be an ample representation and balance of policy, technical and managerial information in the report in an easily understandable manner. The common users of the report are the board of governors, hospital management team, departmental teams, other health institutions, local authorities, district health office, Ministry of health, UCMB, sponsors of the hospital and representatives of organized community groups.

Writing annual reports calls for an attitude of constructive criticism and frankness leading to sound judgment

A high degree of uniformity and standardization makes annual reports more useful and this is an objective that UCMB has in suggesting this format of annual reporting that could possibly get adopted or adapted by the Ministry of health. The report format suggested below provides a framework for standardization that will enable the reports to become better instruments for wider reflection of the performance of hospitals.

There are two levels of standardization, internal and external. Internal standardization helps the hospital to review the various activities or aspects from year to year and will make it easier to make good quality reports not too dependent on the capacity of the author. External standardization enhances comparability of reports with other hospitals, making it easier for hospital management to comprehend activities, problems, approaches to problems etc in other hospitals thus shedding fresh light on situation in own hospital. External standardization also helps the district and national levels to combine information for statistical use and identify problems and solutions in the field. A good quality report should have the following characteristics:

- Clarity: Information presented in a logical sequence so as to make it more interesting to read
- Accessibility of information: The reader should be able to get a general view quickly and should also be able to find more specific information in the report quickly.
- Relevant information: Giving only information that is considered essential.
- Problem analysis: The report should have a reflective and evaluative character or a problem/action oriented approach so that it is a management tool.

The Report format (Chapters of the report)

Table of contents

1. Executive Summary
2. Introduction
3. The Hospital and its environment
4. The community and health status
5. Health Policy and District health services
6. Management
7. Staff
8. Finances
9. Activities
 - Curative
 - OPD
 - Wards
 - Theatre
 - Other special curative services
 - Supportive
 - Laboratory and blood transfusion
 - Pharmacy
 - X-ray
 - Medical records
 - Domestic Services
 - Ambulance Service
 - Preventive and promotive services

- The PHC department (Staff, responsibility for HSD, links with other departments and or the district)
- Brief about the work plan
- Attendance to preventive and promotive services
- Out reaches
- HSD functions carried out (Supervision, Training, and Logistical Support etc.)

10. Training

11. Planning for the future.

Develop and prioritize Problems and Objectives for the Future Plan (to reflect needs or problems highlighted from the current and past reports). Also highlight main strategies (where possible) and activities to be used to achieve the stated objectives.

12. Acknowledgements

13. List of References (if these have been used in the review – especially when describing the environment and the Community and health status of the community).

14. Annexes

Who writes the report?

The report is finally authored by the “Management” of the hospital or the top executive office e.g. CEO or Hospital director etc but not in the individual’s name. However the process of writing it should in one way or the other involve inputs from the different departments. For that purpose the format should be made available to each department or section that is going to write. Data analysis or processing, if well organized should be done centrally and used to give information to each department for making their reports. The final person writing the report examines reports from the different departments and synthesizes the issues that are important. He / she tries to see links between the different departmental reports and their implications etc. He/she drafts the final compilation. As much as possible the draft report hospital report should be shared with the other management staff and departmental heads before the final version is disseminated. Particularly the final proposals for the next year need the common understanding and agreement.