

# [Southeast medical center case study](https://assignbuster.com/southeast-medical-center-case-study/)

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Review of Southeast Medical Case Study   
Southeast medical center, a hospital established in 1920s has undergone various challenges and transformations about facilities, competition, management, reduced funding, and health care provision. SMC that started as a public hospital providing necessary health care transformed into a teaching and referral center with complex health programs and provision of charitable care.   
In 1920s, SMC had a bed capacity of 250 which expanded to 550 in 1982 after funding from States’ capital improvement programs. The hospital increased its association with local Universities and have since been a center for medical research, teaching, and patient care. In addition, other development projects resulted in the establishment of freestanding rehabilitation center with a 59 bed capacity. Moreover, SMC management also established a physicians’ building that served as their office. Besides, in 1989 the hospital acquired medical helicopters and expanded its trauma services. Furthermore, the hospital has grown into a neonatal, transplant care, and burn center within the State.   
Other strategic plans have led into SMC expansion into a large referral center for both local and international health care. The hospital boasts of more than 800 beds for acute care. In addition, development projects have resulted into establishment SMC community centers in various locations across the State. Consequently, the hospital has specialized in the provision of unique, sophisticated medical services that attracts numerous foreign patients. Moreover, SMC provides ambulatory services and facilities for health plan. The hospital operates an HMO health plan for charity care patients. The health care plan acts as a Medicaid insurance for States citizens who cannot afford health services (Wolper, 2011).   
SMC has also undergone various changes in its governance form public hospital to a private institution. In 1920s hospital board managed the hospital that later changed to a public authority. After board of trustees voted to turn the hospital over to private management, SMC has remained a not-for-profit academic health facility.   
Despite expansion of SMC, the hospital struggles from financial shortage. Shortage of finances has resulted from State’s decision of not providing a subsidy for SMC. Shortage of finances has resulted into the hospital loss of competitive advantage in the market. In addition, SMC cannot afford modern facilities relevant for teaching, research, and provision of health care. Consequently, SMC decided to increase costs of medical services above other local health centers. The decision has resulted into loss of customers who opts for other available cheaper services. Therefore, the hospital has continued as a provider of high-tech medical services and charitable care.   
Recommendations   
It is compelling for health care systems to focus on core competencies instead of providing vast patient services. Centralizing within competent fields is vital for the provision of quality care and maintenance of market competitiveness. SMC ought to have identified a specific heath care service such as teaching and referral, charitable care, or trauma services. Such choice would have enabled SMC to focus on a special task, provide quality care, remain competitive, and have adequate finances (Wolper, 2011).   
It is essential for governance of hospitals at corporate level to remain strategic in nature. In addition, institutional level management should remain operational in nature with the main focus of meeting regional or community health care needs (Mordelet, 2009). SMC would not have succumbed to governance problems if there were a vivid description of roles and purpose of management at corporate and institutional level.   
SMC should develop a detailed mission statement and clearly outline behavioral norms that would guide its operations. Establishing a working culture is indispensable in promoting cohesiveness and commitment to organization’s vision (Kirkpatrick et al, 2013).   
References   
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