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Assessment of the implementation Status of the Hospital Comprehensive Plan: A Case Study of Iringa Regional Referral Hospital in 2024/2025

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Abstract:

- ***Background***

The Comprehensive Hospital Plan (CHP) is a strategy framework for improving healthcare delivery in hospitals via better services, facilities, and resource management. Effective implementation of the CHP is crucial for enhancing healthcare quality, yet many health facilities encounter challenges that hinder the optimal use of resources, resulting in delays or incomplete execution of planned activities, the current case study aims to analyze variables impacting the implementation status of the Iringa Regional Referral Hospital's comprehensive plan for the years 2024/2025.

- ***Methodology:***

A retrospective descriptive case study utilized secondary data from Hospital Quarterly (Q) Comprehensive Plan progress reports and an Excel monitoring database for the fiscal year July 2024 to June 2025. The standardized data extraction technique was employed to gather performance indicators, objectives, and expectations aligned with scheduled activities. Data were presented in frequency and percentage, with trend analysis conducted to summarize implementation levels across strategic objectives and reporting periods. Results were illustrated through tables, charts, and narrative summaries.

- ***Results:***

In an assessment of the Comprehensive Hospital Plan for fiscal year 2024/2025, the case study at Iringa Regional Referral Hospital revealed that out of 142 planned activities about 127 (89.40%) of all scheduled activities were implemented. During the review of the Comprehensive Hospital Plan for fiscal year 2024/2025, the following were the implementation rates for scheduled activities: 83.30% in Q1, 89% in Q2, 91.2% in Q3, and 94% in Q4. The major reasons for unimplemented operations were a lack of funding, a lack of staff, and a lack of critical guidelines. Overall, despite significant advances, funding and staffing restrictions impeded full implementation.

- ***Conclusion:***

The Comprehensive Hospital Plan was implemented at 89.40%, with the remaining percentage hampered by funding issues, lack of guidelines, personnel transfers, insufficient staffing, and absence of the Health Advisory Board (HAB). The case study suggests that the hospital management team, alongside the Ministry of Health and Ministry of Finance, should establish a mechanism to secure funding, enhance human resources, and ensure that comprehensive guidelines for budget disbursement and utilization are in place.

Keywords*: Comprehensive Hospital Plan, Implementation Status.*

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I. INTRODUCTION

Global health systems have problems in providing high-quality treatment, guaranteeing patient safety, and successfully managing resources. Comprehensive Hospital Plans are intended to solve these difficulties by establishing a framework for health-care delivery. However, administrative assistance, stakeholder engagement, resources allocation, political commitment, organization capacity, and local health regulations can all have a substantial impact on how these strategies are actually implemented (1). Previous research highlights key elements affecting health plan implementation, such as organizational culture, staff training, leadership commitment, and stakeholder participation. This study focuses on these elements within a specific health institution to enhance targeted improvements (2).

Health systems have increasingly acknowledged Comprehensive Hospital Plans (CHPs) as valuable frameworks for improving organizational efficiency, patient care quality, and health outcomes. Nonetheless, the implementation success of these programs varies across institutions, leading to service gaps, inadequate resource allocation, and decreased patient satisfaction. A previous literature found that the implementation of the strategic plan impacted the major improvement in drug cost containment, improved ambulatory care pharmaceutical services, resulted oriented performance appraisal system, more support of the clinical education programs, and substantial increase in support for research (3).

Furthermore the health services performance is widely influenced by the organization structure, communication system, resources allocation, and the human resources management; all these may affect the hospital plan hence quality of health services provision (4). Collectively action for implementation of the health financing reforms has widely affected lack of systematic information which affects the healthcare system which leads to shortage of medicines in the particular health facilities (5).

Despite having standards and goals, empirical data on CHP implementation in health institutions is lacking. Research indicates that many hospitals encounter challenges, including inadequate staff training, limited financial resources, and lack of stakeholder engagement, hindering effective implementation. Without a comprehensive review, health institutions may remain unaware of their deficiencies, missing out on the full benefits of CHP. The information and communication technologies are factors influencing the healthcare's' infrastructure, human resources management, financial resources, and leadership styles hence can have an impact on the implementation of the hospital comprehensive plans (6).

The effective deployment of a CHP is closely related to higher quality of care. This study will analyze the implementation status to see how successfully these strategies transfer into real practice and their influence on patient outcomes. Health-care institutions sometimes operate with limited resources. Understanding the hurdles and facilitators to adoption can assist optimize resource allocation, improve operational efficiency, and ensure that healthcare resources are efficiently used(7).

The study emphasizes the importance of effectively implementing comprehensive hospital plans (CHOPs) in healthcare facilities to address increasing patient demand, regulatory challenges, and the need for improved outcomes, which are vital for sustainable health service delivery and are critical for hospital administrators and healthcare providers.

The study aims to assess the implementation status of the Comprehensive Hospital Plan and identify key factors affecting its effectiveness in the fiscal year 2024/2025. The goal is to provide actionable insights for health administrators and policymakers to enhance comprehensive hospital planning, ultimately improving patient care and facility operations.

II. METHODOLOGY AND MATERIALS

- *Study Design.*

A retrospective descriptive case study was conducted using secondary data from Hospital Quarterly Comprehensive Plan progress reports and an Excel monitoring database for the fiscal year July 2024 to June 2025.

- *Study Area.*

The study was carried out at Iringa Regional Referral Hospital in Iringa during the fiscal government budget year July 2024 to June 2025. According to national census 2022 Iringa region has approximately 1.2million people with five district councils; Iringa Municipal, Iringa Rural District, Kalolo District , Mafinga Town, and Mufindi District; in all district council hospitals and health facilities the referral point of patient is Iringa Regional Referral Hospital (8)

- *Study the Population.*

The population consisted of all data linked to the implementation of CHP operations, as well as CHOP reports created at IRRH during the course of one fiscal year. All data pertaining to reports from CHP implementation in fiscal budget year 2024/2025 were included, while data gathered and

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reported but unlinked to CHP for fiscal year 2024/2025 were excluded.

➢ *Study Sample and Sampling Procedure.*

The sample technique was convenient sampling, which comprised collecting data from publicly available reports for the fiscal year 2024/2025.

➢ *Data Collection Tools.*

The data was collected using a standardized data extraction form that comprised all four quarterly reports. The standardized data extraction technique was utilized to capture performance indicators, objectives, and expectations related to scheduled activities.

➢ *Data Processing and Analysis.*

Excel-extracted sheets were utilized to evaluate the data, and the four quarterly process reports were examined. Data were presented in frequency and percentage formats, with trend analysis utilized to aggregate up implementation levels across strategic objectives and reporting periods. The findings were provided as tables, figures, and narrative summaries.

➢ *Ethical Clearance*

Ethical concerns were followed; only data for research purposes were retrieved and extracted from the hospital's electronic data system, and the quarterly Comprehensive Hospital Plan reports were reviewed with secrecy and privacy.

III. RESULTS

➢ *Overall Implementation Status of Comprehensive Hospital Plan*

In the year 2024/2025 there were several activities planned to be implemented in the period of three months which referred to as Quarter (s), therefore in the year, there are four quarters whereby the implementation of the Comprehensive Hospital Plan (CHP) differ from one Quarter to another, and also the factors affecting the implementation were either the same or not the same. The average implementation status of the CHP was 127 (89.40%).

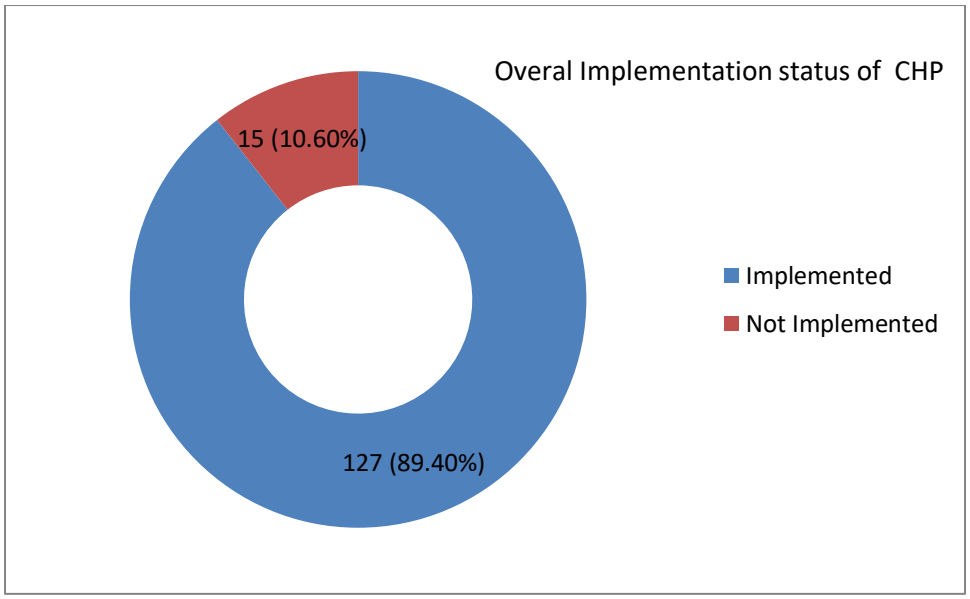

Fig 1 Overal Implementation status of CHP

➢ *Trends of the Implementation status of the Comprehensive Health Plan across four Quarters*

A total of 36 activities were planned to be implemented during the first quarter (Q1) of the fiscal year of 2024/2025; About 30 (83.30%) activities were successful implemented, the remain percentages were not implemented due to; inadequate funds which account for 66.6% and the absence of guidelines which account for 33.4%.

For the Second Quarter, a total of 36 activities were planned to be implemented during the second quarter about 32 (89%) were successful implemented. The remain percentage were not implemented due to Insufficient funds 33%, Auditing/Tanzania Revenue Authority (TRA) transfer of staffs 33%, and absence of Health Advisory Board (HAB) 34%.

For the Third Quarter, a total of 34 activities were planned to be implemented during the third quarter and about 31 (91.2%) activities were successful implemented, the remaining percentages were not implemented due to inadequate staffing/rehabilitation 25%, no funds 50% and the absence of Health Advisory Board 25%.

And for the Fourth Quarter, a total of 36 activities were planned to be implemented during the fourth quarter and about 34 (94%) activities were successful implemented. The

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unimplemented activities were due to inadequate staffing and the shortage of funds. For the trends of both quarters refers to table 1 and figure 2.

Table 1: Trends of the Implementation Status of CHP Across Four Quarters

Quarter	No Planned activities	Implementation Status		Trend
		% Implemented	% Not Implemented	
Quarter 1	36	83.30%	16.70%	Initial Implementation
Quarter 2	36	89%	11%	Increasing
Quarter 3	34	91.20%	8.80%	Continued Improvement
Quarter 4	36	94%	6%	Highest implementation

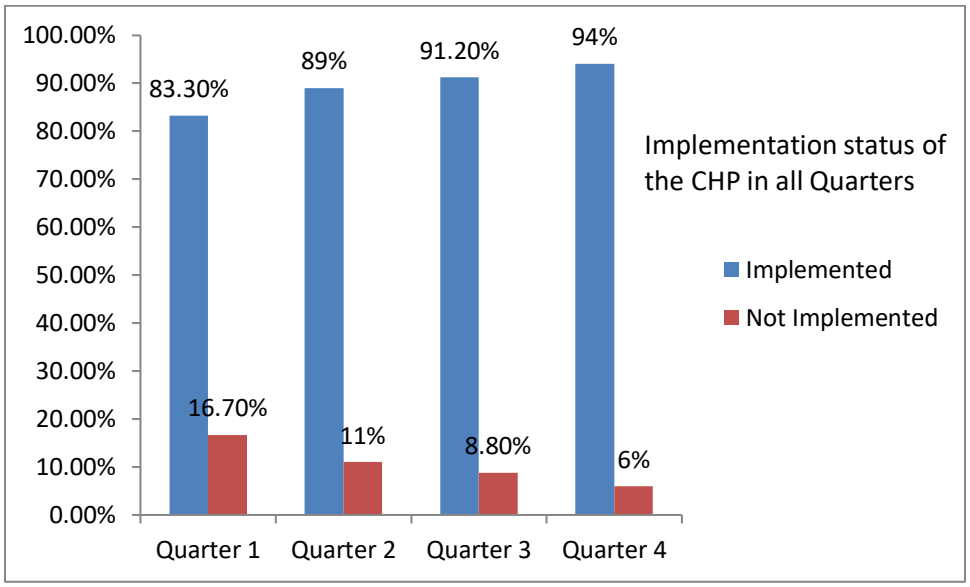

Fig 2: Implementation Status of the Comprehensive Hospital Plan Across Four Quarters

IV. DISCUSSION

The study offers valuable insights for health administrators and policymakers by identifying effective techniques and common errors that could impact future policy development and decision-making in hospital planning and administration.

The current study found overall high implementation status of the Comprehensive Hospital Plan for the fiscal year July 2024 to June 2025 was 89.40%. Unlike the previous studies found the weak implementation status of the strategic plan 53.71% and it was significant statistical correlation were observed in between the incentives of developing strategic plan, and status of evaluating phase, and between status of implementation phase and having documented strategic plan (9).

In the current case study of the review of the implementation status of the Comprehensive Hospital Plan for the fiscal government budget year of the 2024/2025, it was found that about 83.30% of the planned activities were implemented as planned in the first quarter, and the remain percentages were not implemented due to inadequate funds and the absence of the guidelines. This corresponds to the study which found that limited funds, unskilled healthcare providers, cultural barriers, and inadequate infrastructure affects the implementation of the Health Information System in the health facilities which affects the quality of data and care provided (10).

In the second quarter of all 36 planned activities under implementation about 89% were achieved and the few percentages which were not achieved were due to insufficient funds, auditing/TRA transfer of staffs, and absence of HAB. The previous study on factors affecting the excursion of the strategic plan process in the public health care found that Implementation Failure Factors in public healthcare facilities in developing countries must be considered in order to enhance success in implementation of the healthcare plans (7).

In the third quarter of all 34 planned activities about 91.2% of them were implemented while few were not achieved due to inadequate fund, inadequate staffs/rehabilitation, and absence of HAB. The study conducted in South Gondar Zone in Public Hospital in Ethiopia on factors affecting the implementation of

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the health projects, found that the project funding, project planning, and human resources are affecting the plan and project excursion (11)

In the fourth quarter the analysis and the review of the report found that out of 36 planned activities about 94% were implemented while the remain percentages were mot implemented due to inadequate staffing and no funds. Likewise a study on implementation process of strategic planning at district general hospital in Indonesia found that the implementation process of strategic plan was affected by the factors such as; ineffective communication, lack of quality and quantity of human resources, inadequate information, ineffectively utilization of the budget, weak disposition of some implementers, n irrelevant, and maladjusted bureaucratic structure (12).

V. CONCLUSION

The Comprehensive Hospital Plan was implemented by 89.4%; however, the remaining percentage could not be implemented owing to limited/insufficient/no funding, lack of guidelines, auditing/TRA transfers of personnel, insufficient staffing, and absence of Health Advisory Board. Based on the current study's findings, the hospital management team, through the Ministry of Health and the Ministry of Finance, should implement a mechanism to address the issue of funding the hospital plan's implementation, strengthen human resources, and ensure that all necessary guidelines for disbursement and utilization of the budget for the Comprehensive Hospital Plan's implementation are available and in order.

STRENGTHS AND LIMITATIONS OF THE RESEARCH

- Strength: The study employs routinely gathered data, represents actual implementation under real-world hospital settings, allowing for the examination of implementation trends across several quarters, and offers information to support hospital management, planning, monitoring, and policy choices.
- Limitation: The study does not show cause-and-effect linkages; instead, it describes implementation status and differences in performance over quarters.
- Ethical considerations: Permission from hospital administration was acquired to access quarterly reports and hospital database records.
- Acknowledgement: The authors would like to recognize the hospital administration's assistance in obtaining the data.
- Funding statement: The study received no particular funding or sponsorship.
- Competing interest: None declared
- Authors Contribution: ALM; Make a substantial contribution in design the study and development of concept note, data collection, data analysis, and participate in preparation of the manuscripts while SM & OGG; participate in designing the study, providing guidence, data intepretation, and reviewing the final manuscripts

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