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COMPREHENSIVE ASSESSMENT OF HEALTHCARE INSTITUTION PERFORMANCE AND DEVELOPMENT OF AN INTEGRATED MANAGEMENT MODEL

Summary. Introduction. In the context of healthcare system reforms in Ukraine, effective management of healthcare institutions is becoming increasingly important. Comprehensive evaluation of managerial activities and the development of integrated management models are key factors in ensuring the quality of medical care and the organizational sustainability of healthcare facilities.

Purpose. The purpose of this study is to conduct a comprehensive assessment of the management efficiency of a healthcare institution based on a balanced scorecard system and to develop an integrated management model aimed at improving the institution's performance.

Materials and methods. The study was conducted at the MNPE "St. Panteleimon Clinical Hospital" of the Sumy City Council over the period 2022–2024. A comprehensive assessment of the management efficiency of the healthcare institution was carried out using the Balanced Scorecard (BSC) system, which provides a multidimensional analysis of the organization's performance across four key perspectives: financial, internal business processes, staff development, and patient-centered. The indicator system was developed based on a review of international literature, the requirements of the National Health Service of Ukraine, and statistical data. An integrated management model for the healthcare institution was designed using the method of systems synthesis based on the results of the BSC assessment. Retrospective, statistical, and system-analytical research methods were used.

Results. The integrated assessment of the institution's performance using the BSC system for 2022–2024 demonstrated sustainable development of the healthcare institution during the study period. The highest overall indicator was recorded in 2023, alongside improvements across all four perspectives. The patient-centered perspective consistently demonstrated high values throughout the period, indicating the organizational stability of the institution and the effectiveness of the medical care quality management system. The greatest increase was observed in the staff development perspective, confirming the strategic role of human resources in ensuring organizational efficiency. Based on the results of the BSC assessment, an integrated management model for the healthcare institution was developed, encompassing 12 components across six hierarchical levels: strategic, tactical, operational, supporting, innovative, and integrative.

Further research in this area. The application of a comprehensive performance assessment using the Balanced Scorecard system in combination with an integrated management model creates a reproducible methodological framework for identifying development opportunities and justifying strategic decisions in healthcare institutions. Further research should focus on multicenter validation of the proposed model across institutions of various profiles and ownership types, which will allow for the evaluation of its universality and adaptability in the context of the ongoing transformation of the healthcare system.

Key words: management, administration, healthcare institution, Balanced Scorecard system, integrated model, multidisciplinary team, staff, patient-centeredness.

Statement of the problem. Effective management of healthcare institutions is a key factor in ensuring the quality of medical care, the rational use of resources, and the improvement of patients' clinical treatment outcomes. In the context of the growing demand for healthcare services, limited financial resources, and the accelerated implementation of medical technologies, the importance of management mechanisms that ensure the sustainability and effectiveness of the functioning of medical organizations is increasing [1].

Modern research shows that management practices in healthcare institutions have a significant impact on the quality of medical care, clinical outcomes, and the efficiency of resource utilization. A systematic review of global evidence demonstrated a consistent relationship between the quality of management processes in hospitals and healthcare performance indicators, including treatment effectiveness, patient safety, and satisfaction with medical services [2]. An important role is played by factors such as strategic leadership, an organizational culture of trust, effective human resource management, and the organization's capacity for adaptation and innovative development [3].

Analysis of recent research and publications. In recent years, systemic approaches to the management of healthcare organizations based on the integration of various management models have been actively developed in international practice. One such direction is the use of organizational maturity models, which allow a structured assessment of the level of development of management processes and help identify areas for their improvement. As demonstrated by Aiwerioghene E.M. et al., the application of maturity models in hospital management contributes to the systematic evaluation of managerial practices, the identification of problem areas, and the development of strategies aimed at improving organizational efficiency [4].

At the same time, specialized management models are being implemented in various areas of medical practice. In particular, structured models for the organization of trauma care have demonstrated effectiveness in optimizing the processes of hospitalization and treatment of patients with severe injuries, which contributes to reducing the time required to provide care and improving clinical outcomes [5, 6]. An additional factor in improving the efficiency of healthcare organizations is the development of teamwork among medical staff: the multidisciplinary team training programs enhances coordination among specialists and increases the effectiveness of medical care delivery [7].

Significant attention is also given to the human resource aspects of healthcare management. In particular, the Magnet Hospital model is considered an effective tool for creating a supportive professional environment and enhancing the retention of qualified medical staff, which positively impacts organizational outcomes and the quality of medical care [8]. At the same time, organizational learning concepts emphasize the role of managerial capabilities in healthcare institutions in ensuring their sustainable development and their ability to adapt to changes in the external environment [9].

Despite the active development of individual management models, the scientific literature notes a lack of integration among the various tools for assessing the effectiveness of healthcare organization management. The challenge of creating comprehensive management systems that simultaneously account for strategic, organizational, human resource and clinical aspects of healthcare institutions remains particularly relevant.

One of the most widely used tools for the comprehensive assessment of organizational management effectiveness is the Balanced Scorecard (BSC), which provides a multidimensional analysis of organizational performance and allows the integration of strategic objectives with operational processes [10]. The application of this approach in the management of healthcare institutions enables the systematization of key performance indicators and enhances the justification of managerial decisions.

In the context of the transformation of Ukraine's healthcare system, there is a growing need to develop comprehensive management models for healthcare organizations that are based on the integration of modern management tools and adapted to the specific characteristics of the national healthcare system [11]. At the same time, the issue of developing integrated management models based on a systematic assessment of healthcare institutions' performance using modern analytical approaches remains insufficiently studied.

The purpose of the study is to conduct a comprehensive assessment of a healthcare institution's management effectiveness using the Balanced Scorecard system and to develop an integrated management model aimed at enhancing the organization's operational performance.

Materials and methods. The study was conducted at the municipal non-profit enterprise (MNPE) "St. Panteleimon Clinical Hospital" of the Sumy City Council, which is a multidisciplinary medical institution providing highly qualified healthcare to the adult population of the region. The facility has an extensive infrastructure, including inpatient departments in therapeutic, surgical, neurological, trauma, and rehabilitation specialties, functional diagnostic services, laboratories, and an outpatient clinic. The analyzed period covers 2022–2024.

The comprehensive assessment of the healthcare organization's management effectiveness was carried out using the Balanced Scorecard (BSC) system, which enables a multidimensional evaluation of medical organizations' performance through four key perspectives: financial, internal business processes, staff development, and patient-centered outcomes.

The development of the indicator system was based on the methodological framework of the systematic review by Hadian S.A. et al. (2024), which covered 91 empirical studies and identified over 1,100 performance indicators for healthcare organizations [12]. The selection of indicators was carried out taking into account their prevalence in the international scientific literature; compliance with the requirements of the national healthcare system and contracting with the National Health Service of Ukraine (NHSU); the availability of statistical data in medical information systems; and their managerial relevance for assessing hospital performance.

The financial perspective included indicators reflecting the efficiency of resource use and organizational sustainability: Revenue Growth Index; Profit Margin Ratio; Assets Utilization Ratio; Financial Stability Ratio; Cost Efficiency Index; and Budget Execution Index. The internal business processes perspective characterized the organizational efficiency of healthcare delivery and included the following indicators: Bed Occupancy Rate; Bed Turnover Ratio; Length of Stay Efficiency Index; Emergency Department Turnaround Index; Laboratory Turnaround Time Index; and Equipment Availability Index. The learning and staff development perspective reflected the level of human resource capacity building and included the following indicators: Training Hours Index; Training Coverage Index; Teaching Activity Index; Research Output Index; Workload Balance Index; and Quality of Work Life Index. The patient perspective was aimed at evaluating the quality of medical care and patient experience and included the following indicators: Patient Satisfaction Index; Complaint Reduction Index; Readmission Avoidance Index; Mortality Reduction Index; Patient Experience Index; and Safety Compliance Index.

To ensure the comparability of indicators, a normalization procedure was applied, transforming indicator values to a scale from 0 to 1. The determination of weighting coefficients was carried out using a combined approach that takes into account the frequency of indicator use in international studies and their compliance with the national healthcare system requirements. The overall performance index was calculated as the weighted sum of normalized indicators within each perspective.

The integrated management model for the healthcare institution was developed using a systems synthesis approach based on the results of the BSC assessment. Retrospective, logical, statistical, and systems-analytical research methods were used.

Presentation of the main material of the research. The integrated assessment of the performance of the MNPE "St. Panteleimon Clinical Hospital" of the Sumy City Council for 2022–2024 is presented in Table 1. The study period covers the operation of the institution under martial law conditions, which led to a significant transformation of the external environment, additional pressure on the regional healthcare system, and the specificity of managerial decisions made under conditions of resource instability.

The obtained data reflect the dynamic development of the healthcare institution during the study period. The highest overall BSC indicator was recorded in 2023, indicating a balanced development across all key perspectives of the medical organization's activities and the institution's ability to ensure organizational effectiveness under challenging external conditions.

Table 1

Results of the performance assessment of the "St. Panteleimon Clinical Hospital" using the Balanced Scorecard (BSC) system

Year	Finance	Internal Business Processes	Staff	Patient-centeredness	Overall BSC Indicator
2022	0,776	0,458	0,548	0,892	0,668
2023	0,798	0,530	0,785	0,915	0,757
2024	0,557	0,487	0,652	0,887	0,646

Source: modified by all authors, based on Hadian S.A. et al. [12]

The financial perspective reached its highest value in 2023, reflecting the effective adaptation of the institution's resource management to the conditions of contracting with the National Health Service of Ukraine. The decrease in this indicator in 2024 was due to a combination of external factors characteristic of the martial law period, including increased operational expenses, changes in patient flow structures, and instability in healthcare system funding. The observed dynamics identify the financial component as a priority area for further managerial efforts in the development of the healthcare system.

The internal business processes perspective demonstrates a consistently positive trend throughout the observation period. The increase in the indicator from 0.458 (2022) to 0.530 (2023) reflects a sequential improvement in the efficiency of healthcare delivery, including the optimization of bed utilization, increased availability of diagnostic equipment, and the enhancement of medical process logistics. The maintenance of this positive trend in 2024 under martial law conditions indicates the sustainability of the operational improvements achieved and the adaptability of the institution's management mechanisms.

The most pronounced positive trend was observed in the staff development perspective: the indicator increased from 0.548 (2022) to 0.785 (2023). This reflects the institution's targeted policies in enhancing the qualifications of medical personnel, promoting scientific and educational activities, and fostering a sustainable professional environment under conditions of increased workload. The correlation between the growth of this indicator and the achievement of the maximum overall BSC value confirms the strategic role of human resource capacity in ensuring organizational effectiveness even under crisis conditions.

The patient-centered perspective demonstrates consistently high values throughout the study period, reflecting a persistently high level of patient satisfaction and the effectiveness of the medical care quality management system. The maintenance of a high value for this perspective in 2024, despite a decline in financial indicators, indicates the institution's commitment to clinical quality as a strategic priority that remains uncompromised under the resource constraints of wartime conditions.

Thus, the results of applying the BSC system demonstrated a key pattern: the healthcare institution demonstrated high organizational resilience in the context of martial law, maintaining consistently high clinical and patient-related outcomes despite a forced decline in financial performance. The stability of the patient-centered perspective amid fluctuations in the financial component indicates the institution's continued strategic focus on ensuring the quality of medical care and identifies the strengthening of financial sustainability as a priority for the organization's further development. The findings are consistent with international research, which highlights the direct relationship between the quality of management processes and clinical outcomes in healthcare organizations, confirming the diagnostic value of a multidimensional approach for supporting strategic decision-making under an unstable external environment.

Based on the results of the comprehensive assessment of the healthcare institution's performance using the Balanced Scorecard system, an integrated management model for the healthcare institution was developed, aimed at the systematic coordination of strategic, managerial, and operational processes.

The proposed model represents a multi-level management system that integrates the key components of the healthcare institution's organizational development and ensures the coordination of strategic planning, resource management, clinical processes, and performance evaluation mechanisms (Table 2).

Unlike the traditional use of the Balanced Scorecard system solely as a tool for monitoring performance indicators, the developed model expands its functional capabilities and utilizes the results of the BSC analysis as a basis for forming a holistic management architecture for the healthcare organization. This allows the performance assessment system to be transformed into a mechanism for strategic management and organizational development.

The architecture of the model includes 12 interconnected components, grouped into six hierarchical levels: strategic, tactical, operational, supporting, innovative, and integrative. This structure ensures vertical alignment of managerial decisions and establishes a systemic link between the institution's strategic objectives, management processes, and performance outcomes.

Each level of the model performs a specific managerial function and facilitates the implementation of the institution's strategic priorities through a system of interrelated management mechanisms (Figure 1).

The strategic level forms the conceptual foundation for the organization's functioning through interconnected components: leadership and organizational culture, as well as strategic planning. Transformational and ethical leadership is regarded as a system-forming factor for the quality and safety culture, while strategic planning, integrated with the BSC system, ensures the operationalization of the organization's mission and values into measurable objectives.

The tactical level translates strategic objectives into managerial processes through the following components: human resource management, financial management, and quality and safety management. This configuration is guided by the results of the BSC assessment: the identified deficit in the financial perspective and the significant correlation between staff development and overall organizational performance determined the priority status of these components at the tactical level of the model.

The operational level encompasses the management of patient flows, clinical processes, and information technologies. The institution already operates basic digital tools, electronic medical records, and data analytics systems, which provide the technological foundation for the next stage of digital transformation: integrating medical information systems, automating clinical processes, and implementing predictive analytics for resource management and patient flow planning.

The supporting level includes a performance monitoring system based on KPIs, internal auditing, and benchmarking, as well as mechanisms to ensure patient-centeredness. Unlike the operational level, which is process-oriented, the supporting level provides continuous feedback between performance outcomes and managerial decisions, forming an evidence-based foundation for organizational learning and strategy adjustment.

The innovative level builds the organization's capacity for sustainable development through knowledge management, research activities, and a culture of continuous improvement. Further development of this level

Table 2

Integrated management model for a healthcare institution

Model Level	Component	Constituent Elements
Strategic Level	1. Leadership and Organizational Culture	1.1. Ethical Leadership 1.2. Transformational Leadership 1.3. Trust-Based Management 1.4. Quality and Safety Culture
Strategic Level	2. Strategic Planning	2.1. Mission, Vision, Values 2.2. Strategic Goals 2.3. BSC System 2.4. Change Management
Tactical Level	3. Human Resource Management	3.1. Staffing 3.2. Professional Development 3.3. Motivation and Retention 3.4. Staff Evaluation 3.5. Organizational Learning
Tactical Level	4. Financial Management	4.1. Budgeting 4.2. Cost Control 4.3. Revenue Management 4.4. Financial Reporting 4.5. Investment Policy
Tactical Level	5. Quality and Safety Management	5.1. Quality Management System 5.2. Patient Safety 5.3. Clinical Protocols 5.4. Infection Control 5.5. Risk Management
Operational Level	6. Operations Management	6.1. Patient Flow Management 6.2. Capacity Planning 6.3. Logistics and Procurement 6.4. Supply Chain Management 6.5. Equipment Management
Operational Level	7. Clinical Management	7.1. Clinical Pathways 7.2. Multidisciplinary Teams 7.3. Case Management 7.4. Clinical Guidelines 7.5. Evidence-Based Medicine
Operational Level	8. Information Technology Management	8.1. Electronic Medical Records 8.2. Information Security 8.3. Telemedicine 8.4. Data Analytics 8.5. Interoperability
Supporting Level	9. Monitoring and Performance Evaluation	9.1. KPI System 9.2. Regular Reporting 9.3. Benchmarking 9.4. Internal Audit 9.5. Integrated Assessment
Supporting Level	10. Patient-Centeredness	10.1. Patient Rights 10.2. Patient Engagement 10.3. Patient Communication 10.4. Feedback 10.5. Patient Experience
Innovative Level	11. Innovation and Continuous Improvement	11.1. Research and Development 11.2. Innovation Implementation 11.3. Knowledge Management 11.4. Training Initiatives 11.5. Improvement Culture
Integrative Level	12. Cross-Sector and Cross-Level Coordination	12.1. Integration of Primary/Secondary Care 12.2. Coordination Between Departments 12.3. Interaction with Suppliers 12.4. Partnerships 12.5. Networked Collaboration

Source: own development by all authors

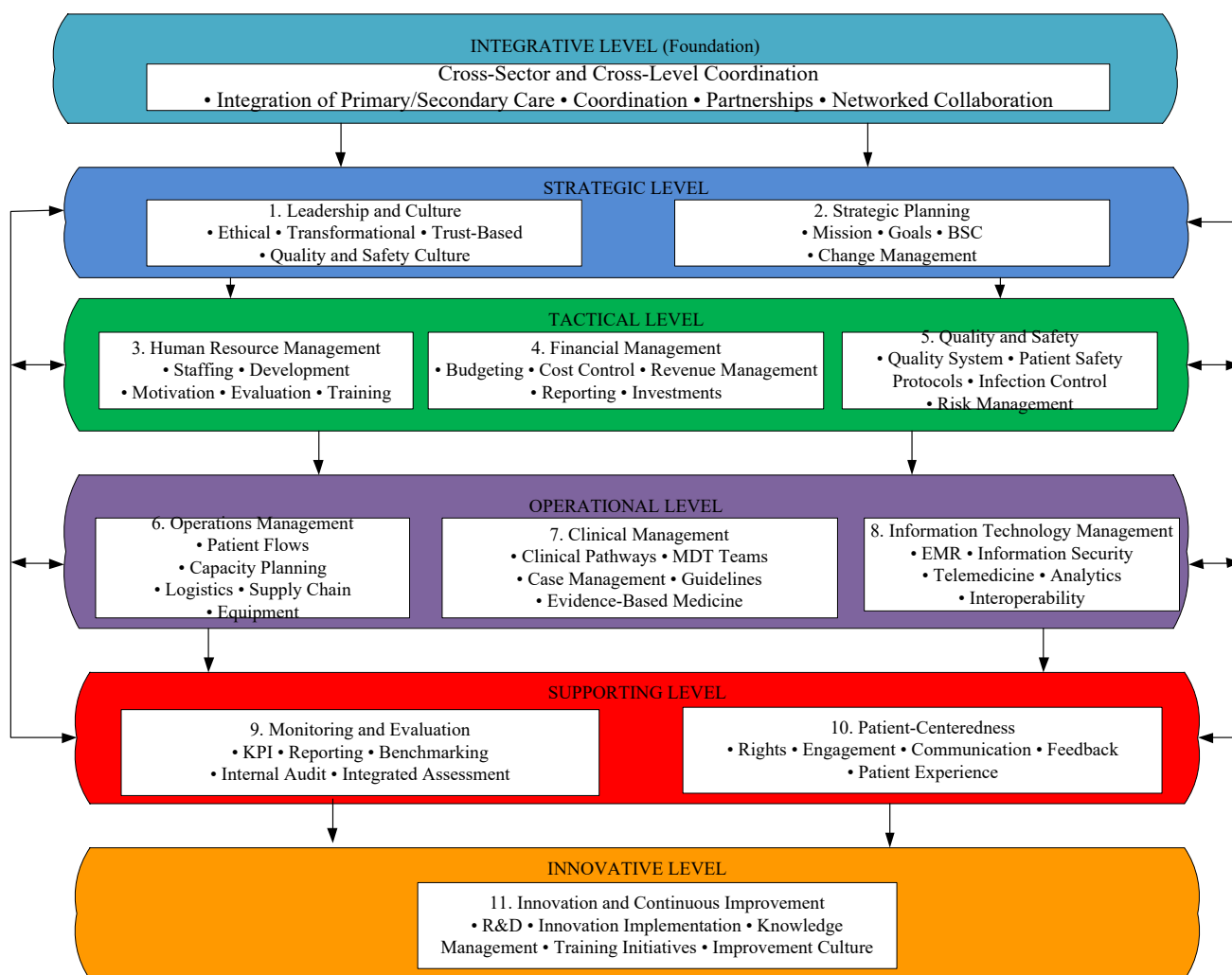


Fig. 1. Block Diagram of the Integrated Management Model for a Healthcare Institution

Source: own development by all authors

involves deeper integration of digital solutions into the institution's scientific and educational activities, creating the foundation for a transition from reactive to proactive management of the healthcare organization.

The integrative level ensures cross-sector coordination between primary and secondary care, the institution's structural units, and healthcare system partners. Implementing this level requires further development of the digital infrastructure for interorganizational interaction: standardization of medical data exchange formats and the creation of integrated information platforms that provide secure interdepartmental access to clinical information. Such coordination supports the formation of a continuous patient pathway and enhances the efficiency of resource utilization across the healthcare system as a whole.

The evaluation of each component of the model is carried out according to clearly defined criteria that reflect the level of process integration, the degree of formalization, and the regularity of execution. Quantitative measurement is performed using the Harrington scale, ranging from 0 to 1, which ensures the comparability of results and enables the monitoring of the organization's managerial maturity over the long term. Compared to existing organizational maturity models for healthcare institutions, the proposed model expands their diagnostic potential through the integration of digital and cross-sector dimensions and by moving beyond a purely evaluative tool toward a comprehensive management mechanism. This aligns with current international standards for healthcare organization management systems and provides a methodological foundation for further multicenter validation of the model in healthcare institutions of various profiles and ownership types.

Conclusions of this research and prospects for further research in this area. The conducted study enabled a comprehensive assessment of the healthcare institution's performance using the Balanced Scorecard system, providing a multidimensional analysis of the financial, organizational, human resource, and patient-centered aspects of the medical organization's functioning.

It was established that the highest level of overall organizational effectiveness was achieved in 2023, indicating the most balanced development across key management areas. The most stable indicators were those reflecting the quality of medical care and patient satisfaction.

The study results confirm the significant role of human resource capacity in ensuring the effectiveness of healthcare organizations: the development of staff professional competencies and the enhancement of employee training are accompanied by growth in the overall indicators of organizational effectiveness.

Based on the conducted assessment, an integrated management model for the healthcare institution was developed, combining strategic, tactical, and operational management levels and ensuring a systemic link between the organization's strategic objectives, managerial processes, and performance outcomes.

Future research prospects are related to the testing of the proposed model in healthcare institutions of various profiles and to the improvement of methods for assessing the performance of medical organizations using modern analytical and digital management tools.

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КОМПЛЕКСНА ОЦІНКА ЕФЕКТИВНОСТІ ДІЯЛЬНОСТІ ЗАКЛАДУ ОХОРОНИ ЗДОРОВ'Я ТА РОЗРОБКА ІНТЕГРАЛЬНОЇ МОДЕЛІ УПРАВЛІННЯ

Анотація. Вступ. В умовах реформування системи охорони здоров'я України ефективне управління закладами охорони здоров'я набуває особливої уваги. Комплексна оцінка управлінської діяльності та розробка інтегральних моделей управління стають визначальними факторами забезпечення якості медичної допомоги та організаційної стійкості медичних установ.

Мета. Метою дослідження є проведення комплексної оцінки ефективності управління закладом охорони здоров'я на основі системи збалансованих показників та розробка інтегральної моделі управління, яка спрямована на підвищення результативності діяльності медичної організації.

Матеріали і методи. Дослідження проводилося на базі КНП «Клінічна лікарня Святого Пантелеймона» Сумської міської ради за період 2022–2024 років. Комплексна оцінка ефективності управління закладом охорони здоров'я здійснювалася на основі системи збалансованих показників (Balanced Scorecard, BSC), що забезпечує багатовимірний аналіз діяльності організації з чотирьох ключових перспектив: фінансової, внутрішніх бізнес-процесів, розвитку персоналу та пацієнтоцентричної. Система індикаторів формувалася на основі огляду міжнародної літератури, вимог Національної служби здоров'я України та статистичних даних. Інтегральна модель управління закладом охорони здоров'я розроблена методом системного синтезу на основі результатів оцінки BSC. Використовувалися ретроспективний, статистичний та системно-аналітичний методи дослідження.

Результати. Інтегральна оцінка ефективності діяльності за системою BSC за 2022–2024 роки виявила стійкий розвиток закладу охорони здоров'я у досліджуваній період. Найвищий інтегральний показник зафіксовано у 2023 році при одночасному покращенні показників усіх чотирьох перспектив. Пацієнтоцентрична перспектива протягом усього періоду демонструвала стабільно високі значення, що свідчить про організаційну стійкість закладу та ефективність системи управління якістю медичної допомоги. Найбільший приріст зафіксовано у перспективі розвитку персоналу, що підтверджує стратегічну роль кадрового потенціалу у забезпеченні організаційної ефективності. На основі результатів BSC-оцінки розроблено інтегральну модель управління закладом охорони здоров'я, яка об'єднує 12 компонентів на шести ієрархічних рівнях: стратегічному, тактичному, операційному, підтримувальному, інноваційному та інтеграційному.

Перспективи. Застосування комплексної оцінки ефективності діяльності з використанням системи збалансованих показників у поєднанні з інтегральною моделлю управління створює відтворювану методологічну основу для виявлення резервів розвитку та обґрунтування стратегічних рішень у закладах охорони здоров'я. Подальші дослідження доцільно спрямувати на мультицентрову верифікацію запропонованої моделі у закладах різних профілів і форм власності, що дозволить оцінити її універсальність та адаптивність у контексті триваючої трансформації системи охорони здоров'я.

Ключові слова: управління, адміністрування, заклад охорони здоров'я, система збалансованих показників, інтегральна модель, мультидисциплінарна команда, персонал, пацієнтоцентричність.