

# The otolaryngologist as hospital director: a view from Thailand

BY NADTAYA MILLS

As part of our focus on ENT women in leadership across the globe, we're delighted to feature **Nadtaya Mills**, a female otolaryngologist and director of an entire hospital in Thailand. In this article, she offers a fascinating insight to the work she's done so far to improve resources and services in a challenging environment.



The main building of Bueng Kan Hospital.

In Thailand, hospitals are run by doctors and the director is in overall charge of the service. There are 113 provincial and general hospitals in the government system and eight of these are run by otolaryngologists! Only 18 of the directors are female. A background in ENT is helpful because the speciality has surgical and non-surgical aspects, enabling the director to have a practical understanding of both physicians and surgeons. My present post is at Bueng Kan Hospital, a 250-bed provincial hospital on the border with Laos serving a population of 418,000. It is 200 kilometres from our regional hospital, so we have to be largely self-sufficient because most of our patients are poor and have difficulty affording travel and accommodation for their families.

After completing my residency training

in Bangkok, I worked as an otolaryngologist specialising in otology at Khon Kaen Hospital, which is a large regional hospital in the North East of Thailand. After 17 years in full-time clinical practice, I decided I needed a new challenge. My first post in administration was as head of the supporting services in the hospital, a part time job which allowed me to continue working in the ENT department. Next I spent four years as the deputy director of the hospital. During this period, I stopped doing clinical work and devoted myself to running the hospital. In order to become a hospital director, I had to complete two training courses and pass an aptitude test. I also had to compete with other deputy directors from all over the country for one of the posts that become available each year.

The core hospital management team



The new director and her husband, Robert Mills, are welcomed to Bueng Kan Hospital by her predecessor.

consists of the director, a deputy director for medical services (also a doctor), the director of nursing, and a deputy director for administration (a non-medical person). Each of them chairs a number of committees that control different aspects of the running of the hospital (e.g. finance, procurement, quality control etc.).

The director's job encompasses a number of different areas:

**Man management:** This is the most important and the most challenging aspect of the job. Most of the hospital staff are government officials and cannot be dismissed easily. The quality of the service must therefore be maintained by motivation and persuasion, rather than coercion. Small hospitals in remote areas, including Bueng Kan Hospital, have a problem with recruitment and retention of staff. In order to recruit specialists, the hospital provides financial support to young doctors during their residency training in return for a three-year commitment to work in the hospital when they are accredited. Retention of staff is facilitated by offering opportunities for

**"After 17 years in full-time clinical practice, I decided I needed a new challenge"**



The director receiving a donation from a member of the public.



A management meeting in progress with the director in the chair.

continuing medical education and through regular meetings with the medical staff at which they can share their problems with the management team. Doctors are all provided with a flat on the hospital site and a parking space. Other groups of staff within the hospital require different approaches.

In every meeting the management team have to encourage a patient-centred approach to care and motivate our staff so that patients will have faith in our hospital.

**Financial management:** Most of the hospital's funding is provided on the basis of the number of patients treated and the nature of their diagnoses and treatment, using the International Classification of Disease (ICD). The basic salaries of the official staff and construction of new buildings are paid for directly by the government. It is the job of the director to ensure that quality services are delivered within the limitations of the hospital's income.

**Fundraising:** Donations are regularly sought to pay for new medical equipment.

The management team has a leading role in this process. I have introduced a more proactive system for seeking donations and we now receive around 200,000 Baht every month (£5000).

**Construction projects:** A new ward block was recently completed and will shortly be commissioned. A new main building, which will house a new emergency room, outpatient clinics, radiology department and some support services is planned. A bid for funding for this project was submitted and has been approved. The design of the building has been finalised in cooperation with architects from the Ministry of Public Health. The hospital director will manage the project with other members of the management team. My previous experience as deputy director of a 1000-bed hospital helping to project-manage the building of a cancer centre, a cardiac centre and a medical ward block has been of great value during this process.

**Public relations:** The director is the public face of the hospital. I meet regularly with the provincial governor and other local government officials and attend provincial

events as a representative of the hospital. I have had a Facebook page set up for the hospital and this has helped to raise its profile. It includes a mechanism for donations.

I have now been in post for seven months. During that period, I have reorganised the blood bank to ensure that we have adequate supplies of blood and overseen the completion of a covered, elevated walkway that links the various hospital buildings. This is particularly important in the rainy season when the low-lying areas of the site frequently flood. I have resolved conflicts within the management team, allowing them to move forward united.

I expect to be in my present post for two years and will then move on to a bigger hospital. My aim is to move the hospital forward as much as possible during that period. Improvements in infrastructure and environment, such as renewing the water and electrical supplies and demolishing old buildings, have been achieved already.

The choice of speciality is frequently related to the temperament of the individual and the kinds of people who choose otolaryngology are well-suited to consensus management.

**"I meet regularly with the provincial governor and other local government officials and attend provincial events as a representative of the hospital"**

#### AUTHOR



**Nadtaya Mills, MD,**

Board Certified Otolaryngologist, Thailand; MPH Epidemiology, Tulane University, USA.