

Balanced Scorecard (BSC) of family health centers attached to the municipal health department in the commune of Puerto Montt, Chile

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ABSTRACT The use of Balance Scorecards (BSC) has gradually increased in the Chilean health sector. Since 2006, it has been used by various Municipal Health Departments and Family Health Centers (Cesfam) attached to such departments.

The BSC is a management model that translates strategy into related objectives that are measured by indicators and linked to certain action plans that allow to adjust the behavior of the members of an organization. The usefulness of BSC does not depend on the type of company but on the problems it faces. In fact, it has been implemented in both small and large companies and for-profit and non-profit organizations, as shown in this case.

This study discusses the development of Cesfam strategic planning in the commune of Puerto Montt, Chile, using the Balance Scorecard (BSC).

The implementation of this model involved the work and commitment of each Cesfam's managing team in the strategic planning process and the determination of all components in the Balance Scorecard.

KEYWORDS strategy, management, planning, public health.

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Cuadro de mando integral (CMI) de los Centros de Salud Familiar del Departamento de Salud Municipal de la comuna de Puerto Montt, Chile

RESUMEN El uso del cuadro de mando integral (CMI) ha aumentado de manera creciente en el sector salud en Chile. A partir del 2006, comenzaron a emplearlo diversos Departamentos de Salud Municipales y Centros de Salud Familiar (Cesfam) dependientes de esos departamentos.

El CMI es un modelo de gestión que traduce la estrategia en objetivos relacionados, medidos a través de indicadores, y ligados a unos planes de acción que permiten alinear el comportamiento de los miembros de la organización. La utilidad del CMI no depende del tipo de empresa sino de los problemas que enfrenta, y de hecho se ha implementado en grandes y pequeñas empresas, y en organizaciones con y sin ánimo de lucro, tal como se demuestra en este caso.

Se presenta en este estudio el desarrollo de la planificación estratégica de los Cesfam de la comuna de Puerto Montt, Chile, empleando el cuadro de mando integral (CMI) o Balanced Scorecard (BSC).

La implementación del modelo implicó el trabajo y compromiso de los equipos gestores de cada uno de los Cesfam en el proceso de planificación estratégica y la definición de la totalidad de los componentes del cuadro de mando.

PALABRAS CLAVE estrategia, gestión, planificación, salud pública.

Balanced Scorecard dos centros de saúde familiar do departamento de saúde municipal da comunidade de Puerto Montt, Chile

RESUMO O uso do Balanced Scorecard (BSC) vem aumentando de maneira crescente no setor de saúde no Chile. A partir de 2006, diversos Departamentos de Saúde Municipais e Centros de Saúde Familiar (Cesfam) dependentes desses departamentos começaram a utilizá-lo.

O BSC é um modelo de gestão que traduz a estratégia em objetivos relacionados, medidos por meio de indicadores e ligados a planos de ação que permitem alinhar o comportamento dos membros da organização. A utilidade do BSC não depende do tipo de empresa, mas sim dos problemas que enfrenta e, de fato, vem sendo implantado em grandes e pequenas empresas, além de organizações com ou sem fins lucrativos, tal como se demonstra neste caso.

Apresenta-se, neste estudo, o desenvolvimento do planejamento estratégico dos Cesfam da comunidade de Puerto Montt (Chile) utilizando o BSC.

A implantação do modelo implicou o trabalho e o compromisso das equipes gestoras de cada um dos Cesfam no processo de planejamento estratégico e na definição da totalidade dos componentes do BSC.

PALAVRAS CHAVE estratégia, gestão, planejamento, saúde pública.

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Introduction

The model of Primary health attention is a comprehensive attention proposal adapted to the new health demands of the community that was approved by the Ministry of Health in Chile (Superintendencia de Salud, 2009).

Nowadays, medical experience by itself does not manage to render accounts of the complexity of the health problems that affect society, characterized by the large amount of modern life factors that affect human health.

For this reason, it has become essential complementing a comprehensive vision of the different disciplines that interact for the welfare and promotion of health care, improving life quality, preventing risk factors and – perhaps most importantly – favoring a role change from “patient” to “participant subject” in the care and prevention of his/her health.

The primary attention level is characterized for being the attention that practices and rural health centers provide along the country. They are considered the gateway to the public health system, which means the first contact of people, family and community with the health care system, providing outpatient care through:

- Health centers (CES)
- Family health centers (Cesfam)
- Community family health centers (Cecosf)
- Rural health centers (PSR)
- SAPU (Urgency primary attention service)

These Health Centers are entirely administered by municipalities, as they are transferred services, according to Ley No. 18.695 Organica Constitucional de Municipalidades (Organic Constitutional Law No. 18.695 of Municipalities), according to what was established in DFL No. 1-3063 of 1980.

The purpose of primary attention is to provide fair care with good quality, directed to people and their families, focused on preventative and promotional elements, i.e. anticipating the disease, according to the comprehensive health model with a family and community approach (Ministerio de Salud, Subsecretaría de Redes Asistenciales - Ministry of Health, Deputy Secretariat of Assistential Networks, 2008).

Family Health Centers provide basic health care, with promotion, prevention, healing,

treatment, home care and health rehabilitation events, and they provide support in an outpatient basis. A Cesfam works according to the comprehensive health model with family and community approach; and focuses mostly on health promotion and prevention; focusing mostly on community participation; working with a primary care health team that takes care of the whole family during illness or otherwise and with these actions aims to improve life quality of people (Ministry of Health, 2012).

Strategic planning on Chilean public administration

According to Hax & Majluf (1996), strategic planning has to deal with the future effect of the decisions taken today. An essential component is the identification of opportunities and threats in the environment where the institution delves, and its contrast with the strengths and weaknesses of the organization. This means that they have to decide in advance what will be done and how; this includes different aspects, ranging from determination of priority character goals up to development policies, incorporating goals, programs and actions set to achieve them. For Armijo (2009), an essential characteristic of the strategic process is the establishment of action courses (strategies)¹ to achieve such goals.

Strategic planning is an essential tool that supports public management. Its process started at mid-80s in the OECD, within the framework of the initiatives of the new public management. Its application in a public field is conceived as an essential tool to identify priorities and resource allocation in a context of changes and a high need to move towards a management committed with results.

The methodologies to develop strategic planning processes are varied and we can find different approaches in literature. In their application to public organizations there is not a model to follow,

¹ The term “strategy” comes from Greek “strategos” which means, literally, “general of the army”. Each one of the ten tribes of the ancient Greece choose every year a strategos to lead his platoon. In the battle of Marathon (490 b.C.), the strategos gave counsel to the political ruler as an advice. They provided “strategical” mentoring on war management to win the battles, instead of providing council on management “tactics” of troops to win the battles.

and it is possible to find methodologies with a higher or lower degree of complexity (Salinas M. *et al.*, 2012). Among the models applied on Chilean public management we can highlight Balanced Scorecard (BSC), (Leiva H. & Flamm M., 2007).

For the simplification of the strategical process for the Chilean public administration, the Budget Direction (Dirpres) provides *strategical definitions* that correspond to a tool that provides information on the orienting axes of the current endeavors of the institution. The information is related to the mission, strategic goals, strategic products (goods or services) and users or beneficiaries. The purpose of their incorporation is to support management improvement programs (PMG in Spanish) of the Chilean public institutions, a process based in Act No. 19.553 of 1998.

Objectives

To describe the making of the Strategic Plan of Cesfam in the Municipal Health Department of Puerto Montt, Chile, using Balanced Scorecard methodology.

Material and methods

The tool used for the development of the strategic planning development of the Family Health Centers (Cesfam) is the Balanced Scorecard (BS).

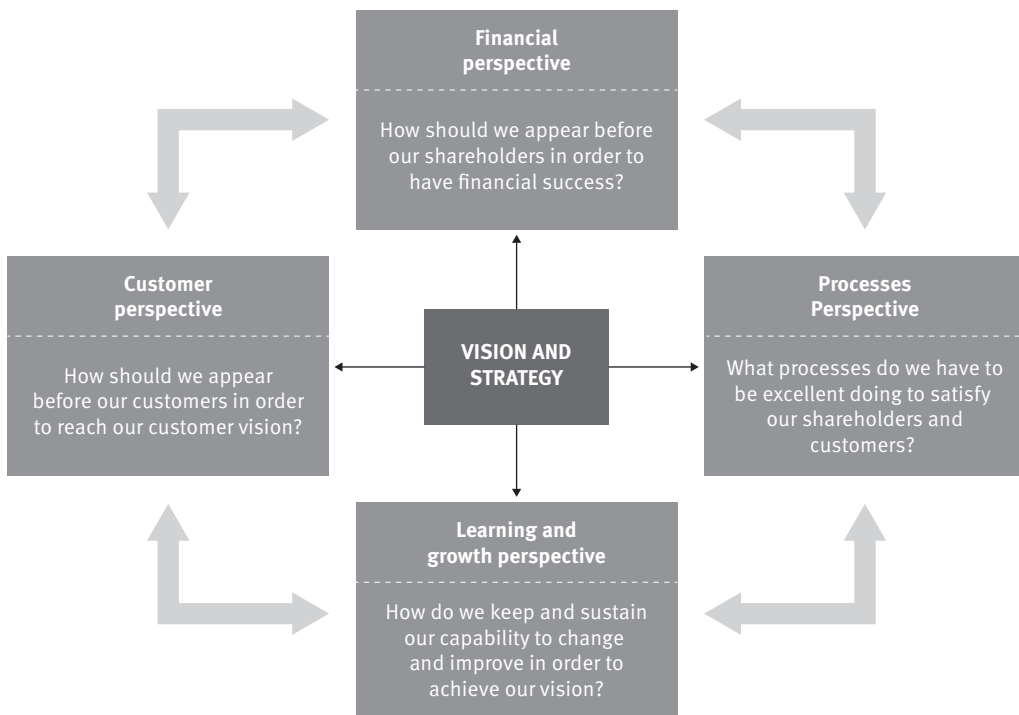
The Balanced Scorecard is a strategical operational model that allows to develop, implement and control the application of a strategy in an organization, as it translates the strategy in related goals, measured through indicators and bound to some action plans that allow to align the behavior of the organization members.

Conceptually speaking, the Balanced Scorecard is a strategical management tool that offers an integrated and balanced vision of the organization, which in turn allows to develop a strategy in a clear manner; to do so it forces to define corporative strategies, revising clinical and administrative processes, and define strategic goals that will help as a guideline for the behavior and performance of directive teams in health (Benavente, 2012).

The model is composed by:

- Strategic corporate statements that set the course of the organization.

FIGURE 1. Balanced Scorecard (BS), the four perspectives



Source: own elaboration based on Kaplan and Norton, 1996

- A set of strategic objectives placed in four perspectives.
- A set of indicators associated to the objectives.
- A reference directionality where we aim to take or move each benchmark.
- A set of actions to be made to achieve the expected value of each benchmark.

Methodologically speaking, Strategic Planning 2014-2016 was developed in three stages:

1. Strategic analysis: it consisted of fieldwork to gather information and its subsequent analysis and systematization.
2. Planning development: it corresponded to the development of planning workshops with participation of the managing teams, in which the strategic goals for each Cesfam were set and the planning matrix for the action plans 2014-2016 were built.
3. Design of a follow up system composed by three elements: a functional follow up and control structure, a set of management control tools and an information system especially designed for this purpose.

Strategic analysis

The analysis consisted of:

- Document review of the institutional Pladeco, Review of the Community Health Plan 2013-2016.
- Revision of the Care Model with a family approach on primary care, reviewing the certification trend, especially in the five Family Health Centers that depend on the Municipality of Puerto Montt.
 - Angelmó Family Health Centre
 - Antonio Varas Family Health Centre
 - Alerce Family Health Centre
 - Carmela Carvajal Family Health Centre
 - Padre Hurtado Family Health Centre
- Diagnostic survey of the infrastructure of each Cesfam through observation and user interviews.

- Diagnostic survey of the internal and operative management of each Family Health Centre, according to the family health model through observation and interviews with Cesfam users and staff.

Planning development

It relates to the development of workshops, information systematization and prioritization of key informant proposals in order to create the following elements:

Definition of mission, vision, values, strategic map and scorecard

To define the mission, vision and values we did two workshops in each one of the Family Health Centers. The first one summoned the managing teams and a group of officers of each Cesfam².

The workshop started with a presentation of the basic theoretical issues considered by the creation of a strategic planning by an organization. We paid special attention to the definition of mission, vision and values as base elements of that process and to the Balanced Scorecard methodology. The presentation was supported by audiovisual media. The second part of this workshop consisted in splitting the participants in groups of five people, so that those groups could draft what they considered was the mission, vision and values of their Cesfam.

The Second workshop summoned the managing teams of each Cesfam, which agreed to make a single statement of mission, vision and values for the whole group of Health Centers.

In order to determine the strategic goals and the construction of the corresponding strategic maps we held two workshops with the managing teams of each Cesfam.

Once the strategic maps were defined, we worked, also in a workshop, in the construction of planning matrix whose format was defined for this consulting. Such matrix represent the scorecard, with objectives, goals, responsible persons and benchmarks additional to alert criteria.

We did three workshops with the managing teams. Meanwhile each managing team put some additional time to complete and review its matrix.

² The participant officers in this workshop were chosen by each Cesfam

For the diffusion of the strategical planning we did three socialization sessions according with the progress of the consultancy, supported by audiovisual and printed material.

Follow up system

It was imperative for the follow up and control of the Plan to count with a system specially designed for such purpose; for that reason a computational software was developed for each Cesfam based on Excel spreadsheets and use of macros that allows the control and follow up of the planning and the calculation of the specific benchmarks.

Results and discussion

Next we will present the results of the Strategic Planning of Cesfam of the Department of Municipal Health of Puerto Montt, Chile, using the Balanced Scorecard.

The managers of each Health Centre can view the Strategic Planning 2014-2016 through a drop-down menu on intranet to ease its knowledge and consultation.

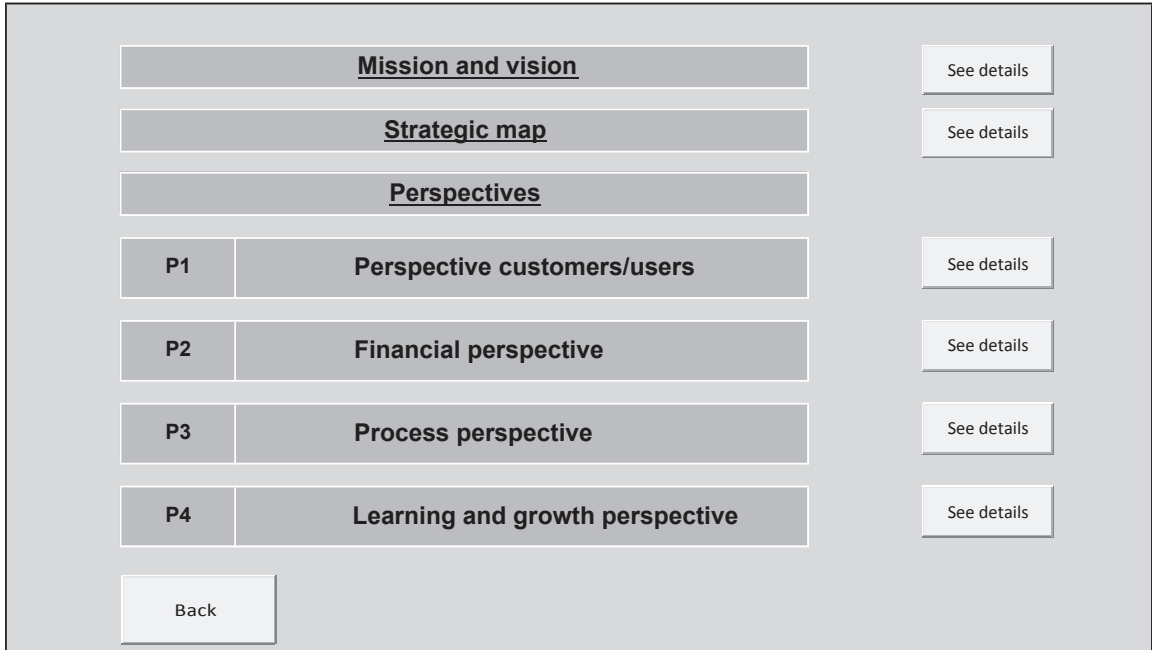
Next we can see the software images in Angelmó Cesfam.

FIGURE 2. Cover



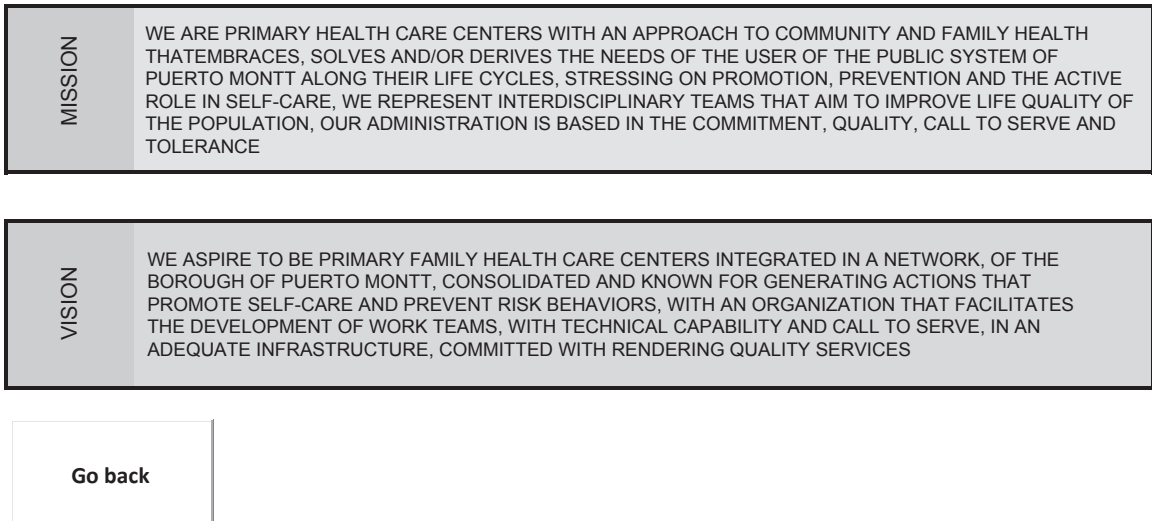
Source: own elaboration

FIGURE 3. Main menu



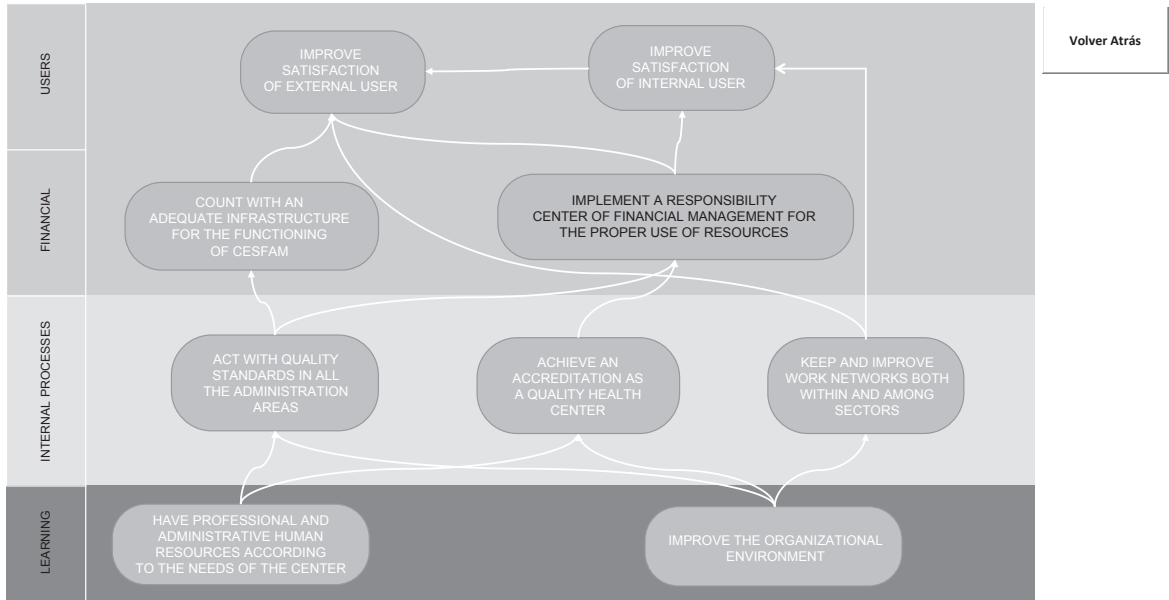
Source: own elaboration

FIGURE 4. Mission and vision



Source: own elaboration

FIGURE 5. Strategic map



Fuente: own elaboration

FIGURE 6. User perspective

PERSPECTIVE: USER			
STRATEGIC TARGET	1	IMPROVE CARE OF EXTERNAL USER	1.1 Deliver timely care 1.2 Make a biopsychosocial approach 1.3 Provide a kind treatment on care 1.4 Deliver relevant information for the user
	2	IMPROVE CARE OF INTERNAL USER	2.1 Improve common and care areas 2.2 Improve internal information 2.3 Promote self-care 2.4 Improve treatment to the internal user

Go back to the menu

Fuente: own elaboration

FIGURE 7. Financial perspective

PERSPECTIVE: FINANCIAL					
STRATEGIC GOAL	1	COUNT WITH THE PROPER INFRASTRUCTURE FOR THE OPERATION OF CESFAM	STRATEGIES	1.1	Improve infrastructure
	2	IMPLEMENT A FINANCIAL MANAGEMENT RESPONSIBILITY CENTER FOR THE PROPER USE OF RESOURCES		2.1	Count with disaggregated and timely information

Fuente: own elaboration

FIGURE 8. Internal process perspective

PERSPECTIVE: INTERNAL PROCESSES					
STRATEGIC OBJECTIVE	1	ACT WITH QUALITY STANDARDS IN ALL THE MANAGING AREAS	STRATEGIES	1.1	Consolidate the implementation of physical and computing records
				1.2	Raise process and attention protocols
				1.3	Foster a continuous improvement
				1.4	Improve center gear
				1.5	Develop a proper research of the endeavors of Cesfam Angelmó
	2	ACHIEVE AN ACCREDITATION AS A QUALITY HEALTH CARE CENTER		1.6	Generate conditions for the development of teaching associated with the endeavors of the center
				1.7	Attract agreements and projects
				2.1	Obtain the accreditation of the Cesfam Angelmó
	3	KEEP AND IMPROVE WORK NETWORKS WITHIN AND AMONG SECTORS		2.2	Keep the Higher Level certification of Cesfam
3.1			Use networking		

Go back to menu

Source: own elaboration

FIGURE 9. Learning perspective

PERSPECTIVE: LEARNING					
STRATEGIC OBJECTIVE	1	HAVE PROFESSIONAL AND ADMINISTRATIVE HUMAN RESOURCES ACCORDING TO THE NEEDS OF THE CENTER	STRATEGIES	1.1	Choose staff
	2	IMPROVE THE ORGANIZATIONAL ENVIRONMENT		2.1	Diagnose organizational environment
				2.2	Improve motivation
				2.3	Make training
				2.4	Improve communications

[Go back to menu](#)

Source: own elaboration

FIGURE 10. User perspective: Objective, strategy, actions, benchmarks, alert criteria, responsible and goal

USER PERSPECTIVE									
STRATEGIC OBJECTIVE	1.- IMPROVE CARE OF EXTERNAL USER								
									Go back
STRATEGY	ACTIONS TO ACHIEVE GOAL FULFILLMENT	BENCHMARKS	BENCHMARK CALCULATIONS	MEASUREMENT FREQUENCY	ALERT CRITERIA	RESPONSIBLE OF ACCOMPLISHING THE GOAL	META		
1.1.1	DELIVER TIMELY ATTENTION	Manage hiring of more than 50% of critical professional hours of health area. Consider a family doctor per area	Amount of new hours hired (No. new hours hired/Total number of current base hours)*100	Quarterly	% medical hours hired	Cesfam director/ Direction of municipal health (Disam)	As of December 31, 2014 we have hired more than 50% of critical professional hours of the health area and we have a family doctor per sector		
No. new hours hired			0%		Alert type				
No. total current hours			Less than 50%						
		No. of meetings			50% or more				
		No. of critical professionals	Percentage						
1.1.2		Have a hour scheduling agenda open with more than 6 months in advance	No. hours available for scheduling YES/NO	Monthly	Alert type		Chief of SOME	From 2015 we have an hour scheduling agenda available with open hours with 6 months in advance	
					No agenda is available				
					An agenda was implemented				
									Go back

Source: prepared by the authors

FIGURE 11. Financial perspective: objective, strategy, actions, benchmarks, alert criteria, responsible and goal

STRATEGIC OBJECTIVE		FINANCIAL PERSPECTIVE						Go back
1.- COUNT WITH PROPER INFRASTRUCTURE FOR CESFAM OPERATION								
STRATEGY	ACTIONS TO ACHIEVE GOAL FULFILLMENT	BENCHMARKS	BENCHMARK CALCULATIONS	MEASUREMENT FREQUENCY	ALERT CRITERIA	RESPONSIBLE OF ACCOMPLISHING THE GOAL	GOAL	
1.1.1	IMPROVE INFRASTRUCTURE	Manage reposition project of Cesfam Angelmo	Incorporation of investment in Community Health Plan YES/NO	Monthly	Alert type		Cesfam director Managing team	Incorporate investment in new Cesfam infrastructure in Community Health Plan, 2014
					No investment is incorporated			
1.1.2		Create and execute maintenance program of current physical facilities of Cesfam	Maintenance program of physical facilities YES/NO Percentage of fulfillment of maintenance (No. of maintenance events made/No. of maintenance events required)*100	Monthly	% of maintenance events programmed		Deputy director	On December 31 each year we had maintenance on 100% of the physical installations incorporated to the Program
					Less than 50%			
					More than 50%, less than 80%			
					All the facilities have received maintenance			

Go back

Source: own elaboration



FIGURE 12. Internal processes perspective: objective, strategy, actions, benchmarks, alert criteria, responsible and goal

STRATEGIC OBJECTIVE		INTERNAL PROCESSES PERSPECTIVE						Go back
1.- ACT UNDER QUALITY STANDARDS IN ALL THE MANAGEMENT AREAS								
STRATEGY	ACCIONES PARA ALCANZAR CUMPLIMIENTO DE LA META	BENCHMARKS	BENCHMARK CALCULATIONS	MEASUREMENT FREQUENCY	ALERT CRITERIA	RESPONSIBLE OF ACCOMPLISHING THE GOAL	GOAL	
1.1.1	CONSOLIDATE IMPLEMENTATION OF COMPUTING RECORD SYSTEMS	Manage implementation of 100% of computing devices in all the health center	Box record with complete computing devices YES/NO	Quarterly	Alert type		Director Deputy director	As of December 31, 2014 we have handled the purchase of 100% of the missing devices with their licenses
					% of devices and licenses missing			
1.1.2		Training and use of the computing app by 100% of the officers	Percentage of officers with computing training. (No. of officers trained/total no. of Cesfam officers) 100% officers using the implemented system	Monthly	% of officers trained		Director Deputy director	As of December 31, 2014, 100% of the officers are trained with a computing license
					Less than 50%			
					More than 50% but less than 100%			
					100%			

Go back

Source: own elaboration

FIGURE 13. Learning perspective: objective, strategy, actions, benchmarks, alert criteria, responsible and goal

LEARNING PERSPECTIVE								
STRATEGIC OBJECTIVE		1.- HAVE PROFESSIONAL AND ADMINISTRATIVE HUMAN RESOURCES ACCORDING TO THE NEEDS OF THE CENTRE						Go back
STRATEGY	ACTIONS TO ACHIEVE GOAL FULFILLMENT	BENCHMARKS	BENCHMARK CALCULATIONS	MEASUREMENT FREQUENCY	ALERT CRITERIA	RESPONSIBLE OF ACCOMPLISHING THE GOAL	META	
1.1.1	CHOOSE STAFF	Manage staff hiring according to the profile defined by the Centre and Disam	No. of people hired according to the profile defined No. of profiles defined No. of meetings to define profiles		Quarterly	Alert type No hiring was done according to the profile  Hiring is related to defined profiles 	Cesfam director Deputy directo	As of December 31, 2014 we managed staff hiring according to the profile defined by the Centre and Disam
							Go back	

Source: own elaboration

Conclusion

We have presented the application of the Balanced Scorecard in a health organization. Its design and kickoff are responsibility of each Cesfam. Particularly the director and his/her managing team are in charge of executing the planned actions; however, each Cesfam has to incorporate inside its organizational structure a person or unit with the duties of gathering, periodic updating, systematization and analysis of the information produced by each one of the responsible persons of achieving such goal. The commitment of managing teams with the model will provide benefits in the four perspectives.

Using BSC as a methodology to design a strategic planning allows for strategic guidance. The Balanced Scorecard makes feasible an effective planning, understanding and communicating the defined strategy, managing better with a global vision in the long term. The evaluation process and the tool are a vehicle that routes initiatives establishing synergies and a causality relationship between the different perspectives. It was possible to identify the intervention areas and the improvement processes that have to be done in a coherent manner, as well as conveying and engaging all the actors.

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