

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 STRATEGIC LIFECYCLE

The researcher believes that as soon as the strategy to institutionalize human resources development reach “maturity lifecycle” or in other words, steps have been completely instituted, problems in sustaining the effectiveness and efficiency will be eliminated. The researcher recommends that OPTION 1 - Develop Revenue Enhancement Programs will be the next move to be followed by OPTION 3 - Institutionalize Networking Relationship.

Some immediate revenue enhancement programs are to be institutionalized. Assessments, charges, and fees to following beds, OPD, x-ray, laboratory, pharmacy with appropriate control system using proper issuance of receipts. Formalization of agreements with the previously mentioned LGUs for various supports should be executed.

6.2 PROBLEM IN TERMINATION OF CONTRACTUAL/CASUAL EMPLOYEES

The major foreseen problem is the termination of contractual employees at any period. Usually this happens at the end of the given fiscal year. Before this actual

termination happens, GSDH management should lobby with the local health board and/or the Sangguniang Panlungsod to reconsider any immediate decisions to terminate personnel.

6.3 STRATEGIC IMPLEMENTATION

The implementation schedule is presented in Gantt Chart (Figure 4).

Activity	J	F	M	A	M	J	J	A	S	O	N	D
1. Presentation of Plan Details	●											
2. Finalization of Guidelines on Human Resources					●							
3. Recruitment of Hospital Personnel						●						
4. Issuance of Newsletter (1st)								●				
5. Formalization of OPTION 1 Plan Details									●			
6. Newsletter (2nd)										●		
7. Formalization of OPTION 2 Plan Details											●	
8. Annual Report												●

Figure 1. Strategic Implementation

6.4 RECOMMENDATIONS

Given the analysis, the researcher highly recommends to the GSDH management to institutionalize human resources development program. The cost-benefits to be generated as presented earlier are hard figures i.e., over 1.2 million pesos of actual and realized savings, to consider both by the management itself and the local legislative body.

The discussions and the conceptual framework presented in the strategy formulation are strong indicators to implement the plan for the betterment of GSDH, the patient's welfare, and other stakeholders.

The researcher also recommends that this strategic move needs the utilization of a dominant coalition--a group of key individuals in the GSDH who makes strategic decisions i.e., department head, chief of hospital, chief nurse, chief medical officer and the administrative officer.

Along this idea comes, the GSDH management and directly concerned offices and individuals must welcome changes and not simply be content with the status quo.