CEO GROUP

MBA HEALTHCARE MANAGEMENT | HCM640

STUDENT ASSIGNMENT BRIEF

Applied Hospital Service Evaluation Report

From hospital performance evidence to a board-ready monitoring and improvement plan

SUGGESTED LENGTH

2,500–3,000 words

PROPOSED ASSESSMENT

100 raw marks

WHAT YOU WILL SUBMIT

- An analytical hospital service evaluation report
- Annex A | KPI dictionary
- Annex B | Dashboard and data analysis
- Annex C | Integrated M&E and improvement plan

01 / STUDENT BRIEF

Your assignment

Prepare an evidence-based evaluation of hospital services and turn your analysis into a practical recommendation for the hospital executive board.

YOUR ROLE AND SCENARIO

You are the **Performance Improvement Manager** of a **fictional 180-bed general hospital**. You will work with 12 months of hospital performance information, identify credible improvement opportunities and present a board-ready monitoring and evaluation (M&E) plan.

Evidence you will analyse

The case dataset covers **waiting times, bed occupancy, discharge delays, incident reports and patient experience**. Your report must consider the quality and limitations of these measures, not just whether a number rises or falls.

IMPORTANT - CASE DATA PACK

The HCM640 specification describes a **separately issued 12-month dataset**; it does not include that dataset. Obtain the approved fictional case-data file from your teaching centre before starting. Do not fabricate missing observations or present lecturer examples as the assignment dataset.

Select one regional governance context

Choose **one** of the following contexts for the regulatory/accreditation discussion. Explain how that context affects accountability and what evidence a hospital needs; do not treat these authorities as interchangeable.

Context	Reference framework / governance lens
Egypt	GAHAR hospital accreditation and quality-governance context.
Saudi Arabia	CBAHI hospital standards and quality/safety evidence context.
Oman	Ministry of Health and Oman Healthcare Accreditation System (OHAS).
Dubai, UAE	Dubai Health Authority (DHA) regulatory approach to external accreditation; requirements are jurisdiction-specific.

Evidence boundary: A fictional hospital analysis must not be presented as accreditation compliance, regulator certification or proof of causality. Verify current requirements before using them in your argument.

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What you must do

Complete all five tasks. The marks shown are the **proposed raw-mark allocation** in the course specification, not a confirmed module assessment weighting.

01 Context, questions and evaluation framework | 15 proposed marks

Explain the hospital performance issue and establish how it will be evaluated.

- Identify the management problem, relevant stakeholders and purpose of the evaluation.
- State focused evaluation questions and select an appropriate hospital performance or evaluation framework.
- Explain why the framework fits the case and where it may have limitations.

02 KPI selection, definitions and rationale | 20 proposed marks

Build a defensible indicator dictionary from the available measures.

- Select and justify indicators across the relevant quality, safety, access, experience and efficiency dimensions.
- For each KPI, define the numerator, denominator or unit, data source, reporting frequency and intended interpretation.
- Identify potential misleading denominators, missing values and balancing indicators.

03 Data analysis, interpretation and limitations | 25 proposed marks

Analyse the 12-month evidence and explain what it supports.

- Use appropriate tables, charts and comparisons to show important trends and variations.
- Identify data quality issues, possible bias and weaknesses in comparisons.
- Distinguish observed change from an established cause and explain relevant uncertainties.

03 / STUDENT BRIEF

From evidence to decisions

Translate your findings into a justified improvement agenda that a hospital board could review and monitor.

04 Critical evaluation, context and priorities | 20 proposed marks

Weigh competing explanations, regulatory context and management trade-offs.

- Select the **three highest-priority improvement actions** and justify each using evidence.
- Explain how your selected national context shapes the hospital's governance and evidence expectations.
- Discuss risks, equity, unintended consequences and limits of the available evidence.

05 Integrated M&E and improvement plan | 20 proposed marks

Present an actionable plan with clear responsibility and review arrangements.

- Specify the priority indicators, credible baselines/targets, data collection and reporting cadence.
- Assign owners and oversight responsibilities; identify triggers for review or escalation.
- Describe practical improvement actions, how progress will be evaluated and the balancing measures required.

Submission package described in the specification

Component	Required content
Main report	Suggested length: **2,500–3,000 words**; coherent analysis and board-ready recommendation.
Annex A - KPI dictionary	Operational definitions, sources, denominator/units, ownership and rationale.
Annex B - Dashboard	Readable performance figures and trends with dates, units and meaningful captions.
Annex C - M&E plan	Monitoring, reporting, accountability, improvement and escalation arrangements.

The specification suggests a **2,500–3,000-word report** with the three annexes submitted in addition. The centre must confirm exact word-count rules, submission format, deadline and platform.

04 / STUDENT BRIEF

Proposed marking criteria

These criteria are quoted in substance from Section 7 of the HCM640 specification and show what your evidence should address.

Assessment element	Marks	CLO
Context, evaluation questions and framework	15	CLO1
KPI selection, operational definitions and rationale	20	CLO2
Data analysis, interpretation and limitations	25	CLO3
Critical evaluation, regulatory context and priorities	20	CLO4
Integrated M&E plan, reporting and improvement recommendations	20	CLO5
Total	**100**	All

HOW TO PRESENT A STRONG REPORT

Support claims with **traceable hospital data and credible sources**. Explain assumptions, methods, denominators and uncertainty. Make the connection between findings, priorities, owners and follow-up actions visible. Your final recommendation should be feasible, not merely aspirational.

Academic integrity and data protection

- Use only anonymised, synthetic or publicly released information; do not include identifiable patient or staff records.
- Acknowledge the origin of data, concepts, graphics and external frameworks. Follow the centre's current referencing and academic-integrity instructions.
- Check the effective date and jurisdiction of any accreditation or regulatory statement. Historical circulars are not evidence that a requirement remains unchanged.
- Do not claim the fictional case provides real-world compliance evidence or demonstrates causal impact.

Assessment status

This is a **proposed academic-design brief** based on HCM640 specification v1.1 (27 October 2026). EIU approval, course weighting, pass threshold, due date, moderation, resubmission and final submission instructions **have not been confirmed in the source specification**.

05 / STUDENT BRIEF

Annexes and submission check

Use these scaffolds to organise your supporting materials. They are **guidance**, not additional grading criteria.

Annex A - KPI dictionary fields

Field	What to record for each indicator
KPI name and purpose	The specific process or outcome the indicator is intended to assess.
Operational definition	Numerator/denominator, inclusion/exclusion rules, unit and period.
Evidence and frequency	Source system, data quality limitations and refresh schedule.
Responsibility and thresholds	Owner, baseline/target, review trigger and balancing indicator.

Annex B and C - presentation checklist

Dashboard (Annex B)	M&E plan (Annex C)
Metric name, dates, units and denominators.	Objectives, priority actions and accountable owners.
12-month comparison and notable gaps.	KPI source, target, reporting frequency and forum.
Data-quality annotations and caveats.	Escalation trigger, evaluation approach and next review.

Before submitting

- I have used the correct centre-issued 12-month case dataset and checked calculations.
- I have completed all five task areas and justified **three** improvement actions.
- I have included the KPI dictionary, dashboard and integrated M&E plan.
- My tables and figures have titles, units, sources and clear interpretation.
- I have identified data limitations and avoided unsupported compliance or causal claims.
- I have checked the centre-issued deadline, submission method and academic-integrity policy.

Source and regulatory reading

This brief is adapted from **HCM640 - Monitoring and Evaluation of Hospital Services**, course specification **v1.1, 27 October 2026**, Section 7. For the selected country context, consult current official documents from **GAHAR, CBAHI, Oman MOH/OHAS or Dubai DHA**. The DHA external-accreditation circular listed in the source specification is dated **2020** and must be checked for current applicability.

Questions about the case-data pack, approval status or submission rules should be directed to the module coordinator or teaching centre.