Why hospitals have to change

MUDr. Pavel Hroboň, M.S.
Advance Healthcare Management Institute
CZECH REPUBLIC
Content of presentation

- Why hospitals have to change?
- Main changes and conference structure
- How to achieve these changes?
Diseases, medicine and world have already changed - hospitals have to change too

- Communication and information technologies
- New payment mechanisms and quality requirements
- Transparency and regulation
- New expensive technologies leading to centralization of care
- Patient requirements
- Changes in health needs of population
- Changes in transportation availability
- Lack of personnel
- Changes in transportation availability
Changes in health needs of population

- Nowadays, the main problem are chronical diseases. We are able to ease their impacts and extend life of patients but usually we cannot cure them.
- Modern medicine can do miracles but too often, at high costs, we only correct complications that may not have happened at all.
- Ageing of population just underlines the situation, moreover hospital is highly inappropriate place for older people.

*We need integration of care in order to ease impacts of chronical diseases.*
*One of the results could be a significant reduction in hospitalizations.*
New medical technologies

• They are usually highly specialized and very expensive - therefore they have to be used as long as possible during day

• For urgent patients they must be available 24/7

• They require specialized personnel who must „stay fit“ by providing care to a large number of patients

• These reasons (economic and quality of care) lead to increasing concentration of specialized care

• New technologies often allow significant shortening of the length of hospitalization stay
Modern payment mechanisms and quality requirements

• Acute hospital care is de facto paid for released and (healed) patient

• Costs for the treatment of preventable complications, including rehospitalizations, will be gradually transferred on hospitals

• In addition to economic growth, the competitive and regulatory pressure on quality of care increases

• Comparison of financial results of hospitals leads to increasing reluctance of funders to provide operational subsidies
Lack of specialized personnel

- Lack of specialized personnel is an essential problem for most hospitals

- International comparisons show that there is no absolute shortage of medical personnel in Czechia and Slovakia, we just cannot use it properly

- The main reason why young physicians are leaving Czechia is postgraduate education system and organization of work

- Therefore, lack of personnel is not fully solvable by increasing of wages or number of students, changes in organization of work are needed
Patient requirements

- Requirement for availability of elementary and long-term care in neighbourhood
- Willingness to commute long distances for one-off medical procedure
- Increasing preference for spending the last period of life outside the hospital
Communication and information technologies

- Enable increasing of transparency as mentioned above
- Patients are better informed when arriving to hospitals
- Enable providing of long distant care in a range we would not have imagined recently
- One of the few answers we have on impending shortage of personnel in outpatient area
- Enable significantly more efficient management of hospitals and flow of patients among providers
Content of presentation

• Why hospitals have to change?

• Main changes and conference structure

• How to achieve these changes?
Conference structure

1. Improving internal processes and organizational structure in hospitals
2. Regional hospital networks
3. Integrating hospital and outpatient care
Improving processes and organizational structure - teaching hospital

- Traditionally divided into clinics (previously even multiple)

- In the last decade - examples of unification of closely related fields, e.g. formation of cardio- or endoscopic centres and coordination of care across clinics, e.g. complex oncology centres

- Process orientation necessarily leads to strengthening the matrix structure “expertise - organizational unit”
Change of hospital status within the regional network

From individual unit which tries to provide the broadest possible spectrum of care in its catchment area

To closely cooperating network of interconnected providers

There are extensive flows of information, patients and personnel among cooperating hospitals
Regional hospital networks

• Nowadays, natural unit for ensuring hospital care is not a district (approx. 120,000 inhabitants), but a region (approx. 300,000-million or more inhabitants)

• Especially in case of bigger regions, there is both vertical cooperation (hospitals of different sizes, focuses and levels of specialization) and horizontal cooperation (hospitals of similar size but different specialization)

• The goal is appropriate setting of patient and personnel flow

• Significant personnel and financial savings are gained by division of work, higher specialization, and sharing of administrative and complementary services (e.g. laboratories)
Integrating hospital and outpatient care

- The goal is reduction of acute bed care on clearly indicated cases

- The prerequisite is accessible and coordinated outpatient and home care and cooperation of providers with the hospital

- Improvement of coordination with other providers is possible both in the pre-hospitalization period and in the period of discharge planning and ensuring of sufficient outpatient care
Content of presentation

• Why hospitals have to change?

• Main changes and conference structure

• How to achieve these changes?
Change is not a threat but an opportunity

• Every change is often considered as a threat and maintaining the (untenable) status quo is considered as the only option how to provide available and high-quality care

• Reality is completely opposite - ensuring of available and high-quality care requires changes

• Changes are not easy but in many places in Czechia and Slovakia, they have already been made successfully (not mentioning foreign countries)

• Well-made changes lead to better quality of medicine and also to more stable hospitals and more satisfied personnel
Current and new roles for district and smaller hospitals

• Fundamental urgent and acute care including 24/7 diagnostics
• Specialized elective procedures provided in sufficient volume
• Common hospitalization care
• Common but also highly specialized outpatient care (e.g. oncology in cooperation with oncology centres)
• After and long-term care
• New role in providing primary and specialized outpatient care - even outside hospitals
• Close cooperation with RS
• Centres of mental health
Ensuring professional attractiveness and development in smaller hospitals

- Continuous cooperation of physicians and nurses in different hospitals:
  - Education and standardization of services
  - Possibility of consultations
  - Implementation of specialized surgeries in hospitals with complex spectrum of acute services (clinical days)

- Long-term personnel internships in other hospitals

- Full credit recognition for work in smaller hospitals into educational plan - common accreditation