# Why hospitals have to change

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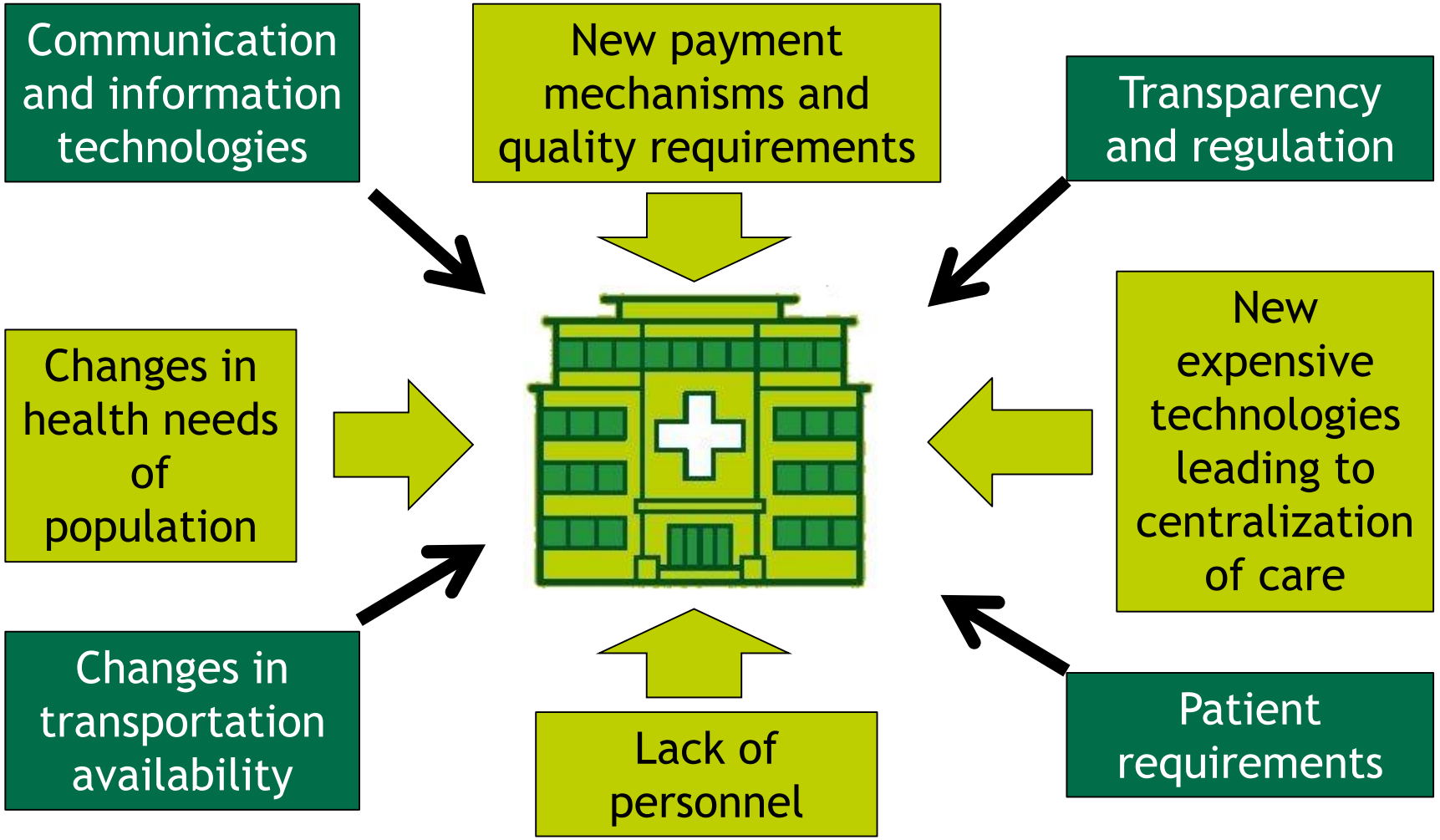
# Content of presentation

- **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



# 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

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# Conference structure

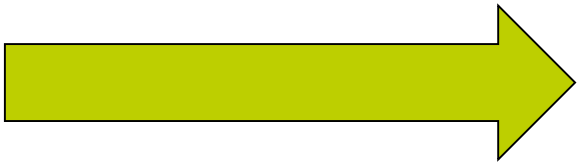
1. Improving internal processes and organizational structure in hospitals
2. Regional hospital networks
3. Integrating hospital and outpatient care

# 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

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# 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