SITUATION ANALYSIS OF HOSPITALS IN LATIN AMERICA AND THE CARIBBEAN

Agreement between PAHO and ASPH

Carried out between December 2011 and October 2012

October 2012

Pan American Health Organization
Regional Office of the World Health Organization

Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD Y BIENESTAR SOCIAL

SITUATION ANALYSIS OF HOSPITALS IN THE REGION OF THE AMERICAS

Specific objectives linked to essential attributes of IHSDNs

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1. Methodology (1 of 4)

Information collected from 10 selected countries:

El Salvador, Jamaica, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Dominican Rep., Trinidad-Tobago and Uruguay

Interviews with authorities at Ministries of Health and Social Security

where they exist

1. Methodology (2 of 4)

In order to increase the number of qualified opinions, invitations have been sent to Hospital Directors of

Argentina, Bolivia, Costa Rica, El Salvador, Nicaragua, Panama, Peru and Dominican Rep.

(Chile, Colombia, Honduras and Uruguay to follow)

On-line questionnaire to directors (CEOs) and managers where their opinion is requested in different aspects related to the present and future of hospitals and its organisation

1. Methodology (3 of 4)

This questionnaire has been sent to 603 persons

Participation 32.5%

An on-line survey design and management tool has been used (LimeSurvey)

1. Methodology (4 of 4)

- It is an open source software for on-line surveys, written in PHP and it uses MySQL, PostgreSQL or MSSQL databases.
- Although results can be identified, data have been treated anonimously, splitting participants' identification data from their responses to the questionnaire.
- In English and Spanish

2. Essential attributes of Integrated Health Service Delivery Networks

Principal Domain: Model of Care

Population and Territory

Network of healthcare facilities

Multi-disciplinary first level of care

Specialized services delivery

Coordination mechanisms

Person-, family- and community-centered care

2. Essential attributes of Integrated Health Service Delivery Networks

Principal Domain: Governance and strategy

Unified system of governance

Social participation

Intersectorial action

2. Essential attributes of Integrated Health Service Delivery Networks

Principal domain: Organization and management

Integrated management

Human resources

Integrated information system

Results-based management

2. Essential attributes of Integrated Health Service Delivery Networks

Principal domani: Financial allocation and incentives

Adequate funding

Financial incentives

3. Provisional conclusions

Principal domain Model of care (1 of 4)

- Towards a hospital model more sufficient. The importance of PHC

1.-The future of hospitals is considered to be linked to its integration with primary healthcare providers

3. Provisional conclusions

Principal domain Model of care (2 of 4)

- Towards a hospital model more sufficient. The importance of PHC

2.- Hospitals should form networks with other entities to share functions and to generate integration between hospital and social services.

3. Provisional conclusions

Principal domain Model of care (3 of 4)

- Towards a hospital model more sufficient. The importance of PHC

3.-The continuum of care should be linked to the single management of multiple levels and subsystems.

3. Provisional conclusions

Principal domain Model of care (4 of 4)

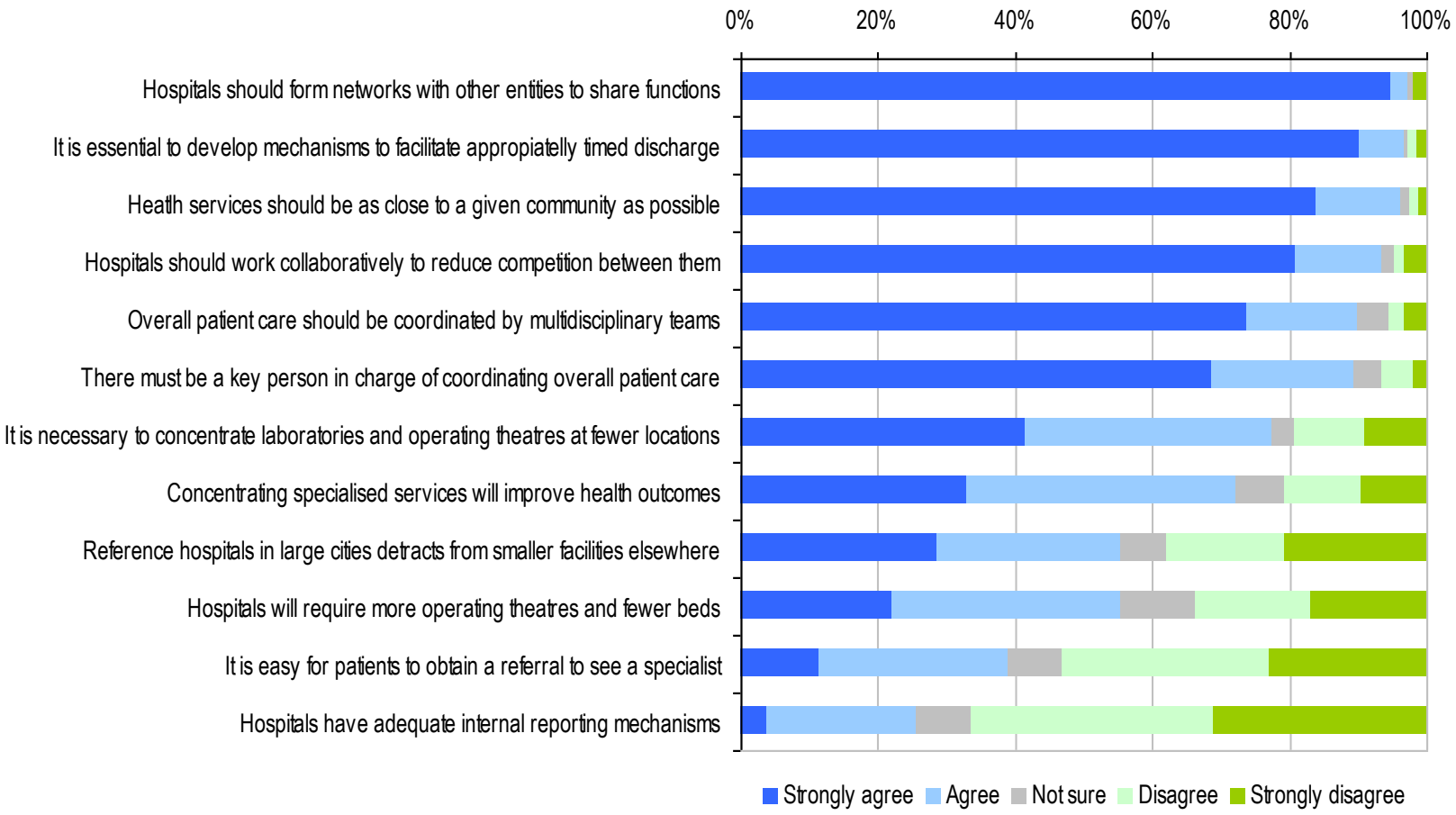
- Towards a hospital model more sufficient. The importance of PHC

4.-Management professionalization, both of healthcare providers and of service managers and CEOs, is of utmost importance.

3. Provisional conclusions

Model of care

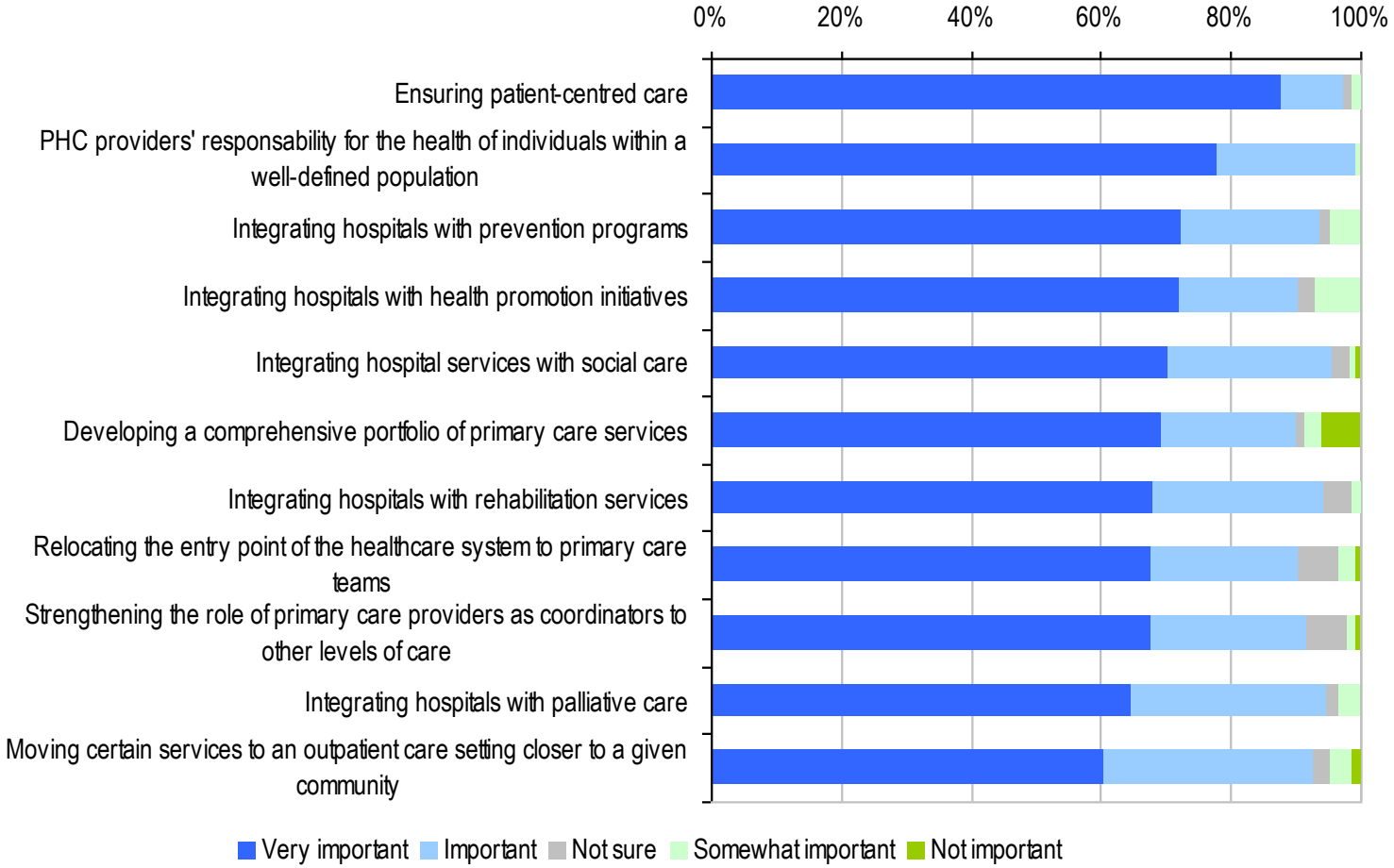
The hospital role



3. Provisional conclusions

Model of care

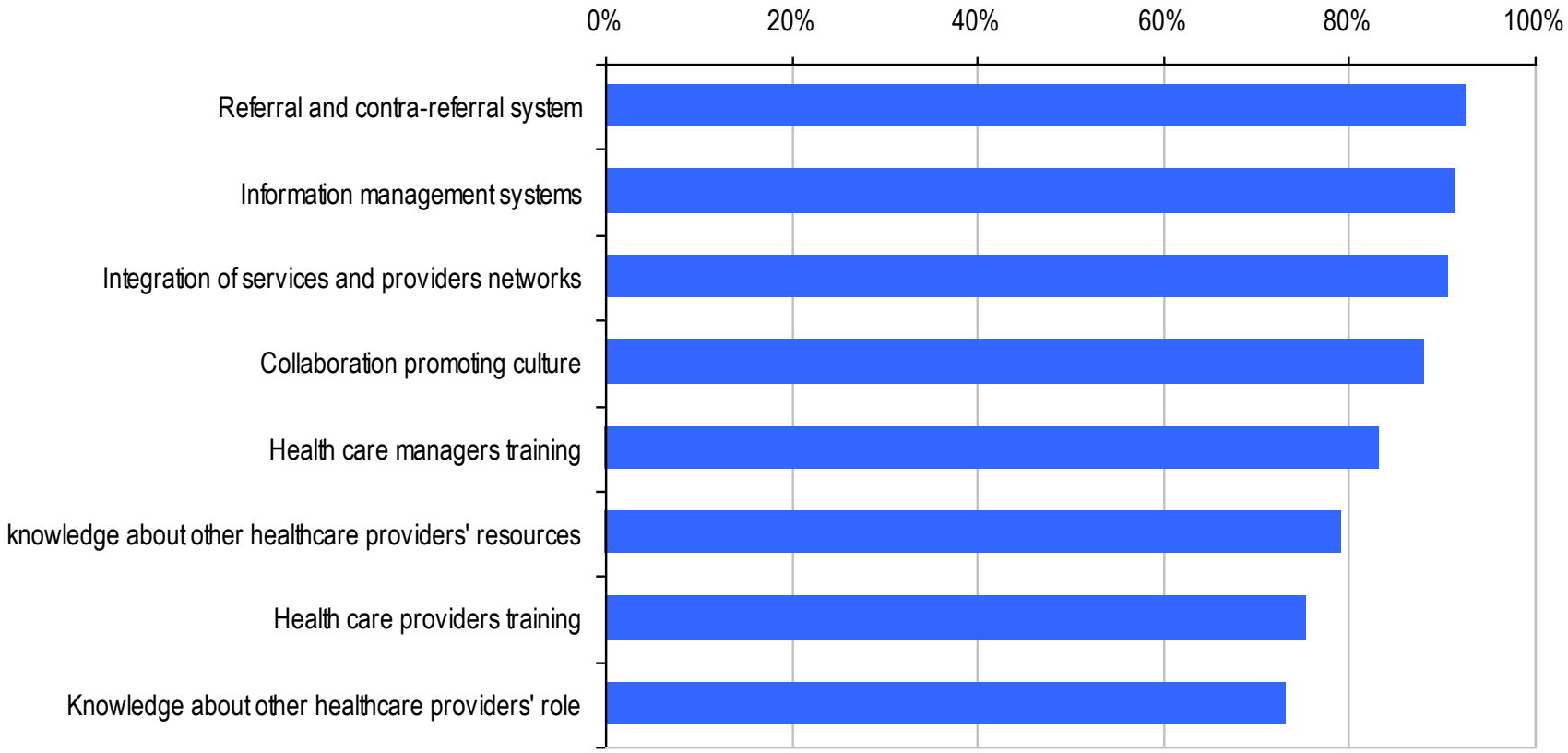
The integration with PHC



3. Provisional conclusions

Model of care

The Continuum of care



3. Provisional conclusions

Principal domain Governance and strategy (1 of 3)

1.- The citizen as client, owner and society. As part of the society, scarce resources would have to be distributed according to social needs

Principal domain Governance and strategy (2 of 3)

2.-Territorial management to facilitate continuum of care: PHC should/will play a leading role in healthcare. To finish with the difference between managerial structures in PHC and hospitals, unifying all healthcare facilities.

Principal domain Governance and strategy (3 of 3)

3.-Functions performed by hospital managers need a high dose of professionalism and technical capacity

VS

permanent amateurism, discontinuity and disruptions in strategies as well as the persistence of an important gap with professionals.

3. Provisional conclusions

Governance and strategy

Functions performed by CEOs

Principal domain: Organization and management (1 of 7)

1.-Hospitals assume the hospial-centric concept which encourage managers, professionals and politicians to carry out strategies for endless needs and a subsequent demand.

Principal domain: Organization and management (2 of 7)

2.-Hospitals are facilities too closed in themselves, at least at healthcare level, which conflicts with healthcare activities that require a continuous exchange of information.

Principal domain: Organization and management (3 of 7)

3.- Specialized human resources are concentrated basically in the capital city of each country.

Principal domain: Organization and management (4 of 7)

4.- Regulatory role by the authorities in the Ministry of Health can be improved.

Principal domain: Organization and management (5 of 7)

5.- Regulation of decision making actors about healthcare professionals training policies.

Principal domain: Organization and management (6 of 7)

6.- The service or functional unit has to be considered as an entity which should depend on health and economic outcomes.

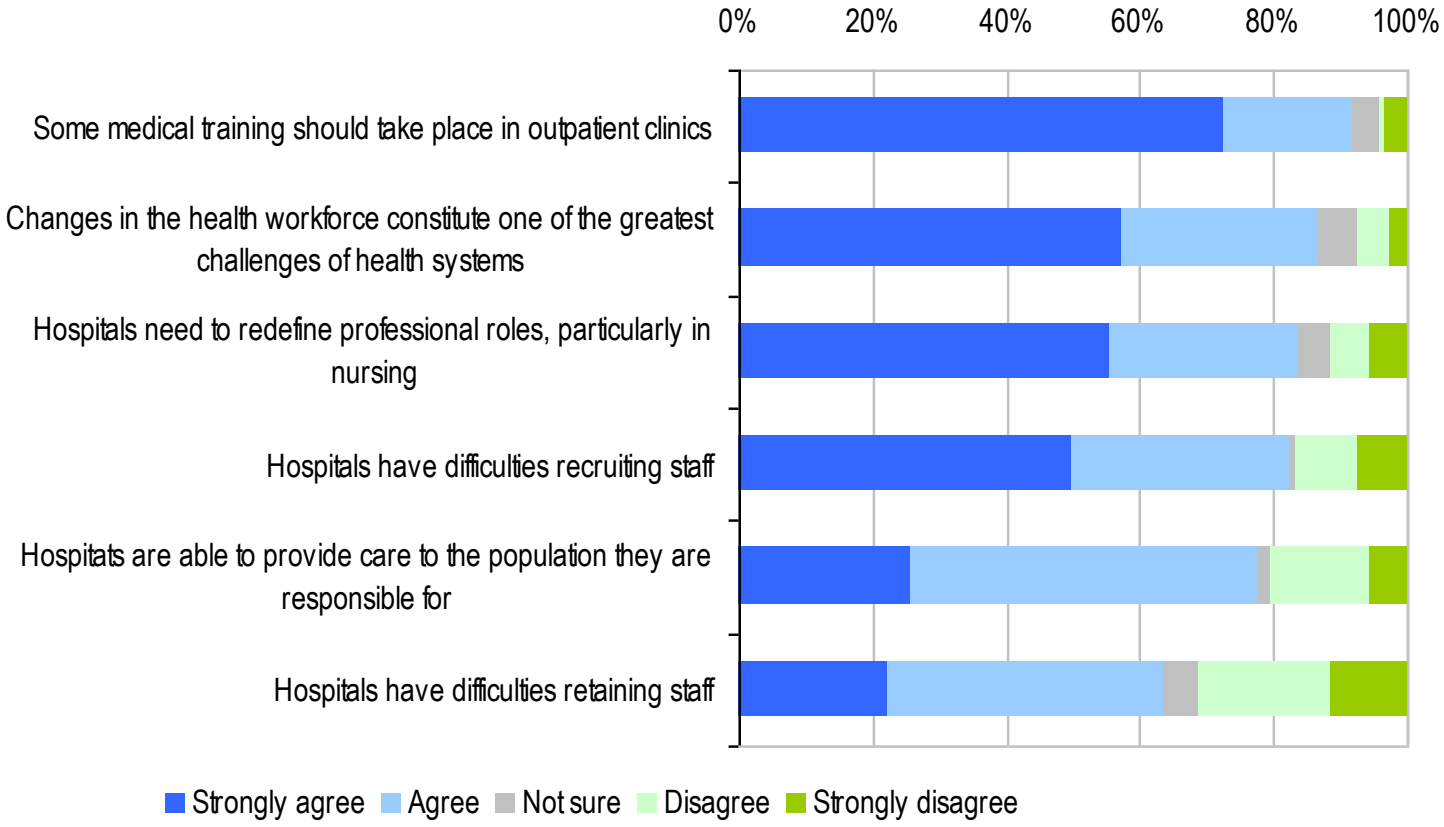
Principal domain: Organization and management (7 of 7)

7.- Each service or functional unit should agree a managerial contract with the centre managers/CEO which will be the basis for managing by objectives

3. Provisional conclusions

Organization and management

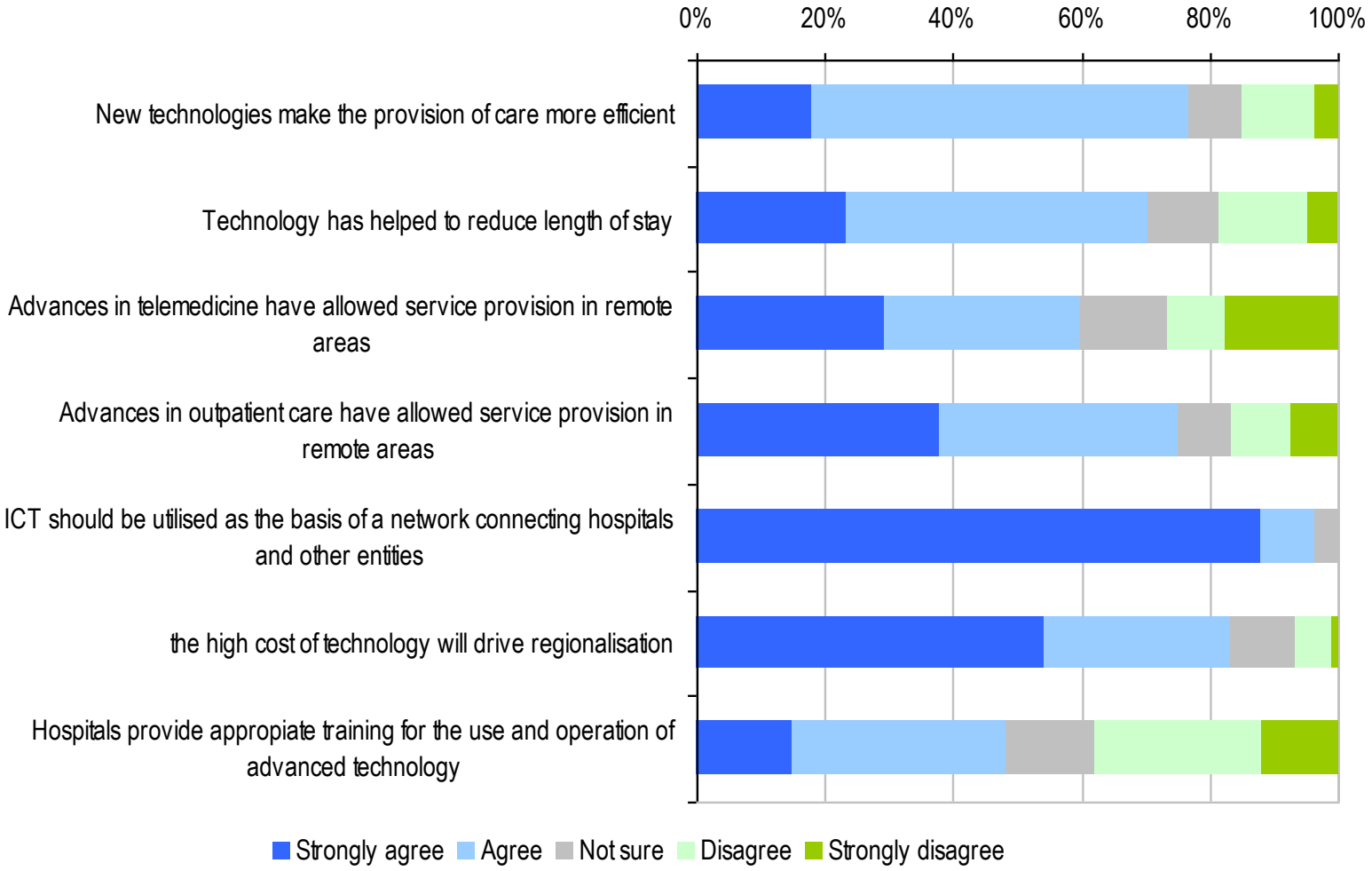
The hospital has to brake its boundaries



3. Provisional conclusions

Organization and management

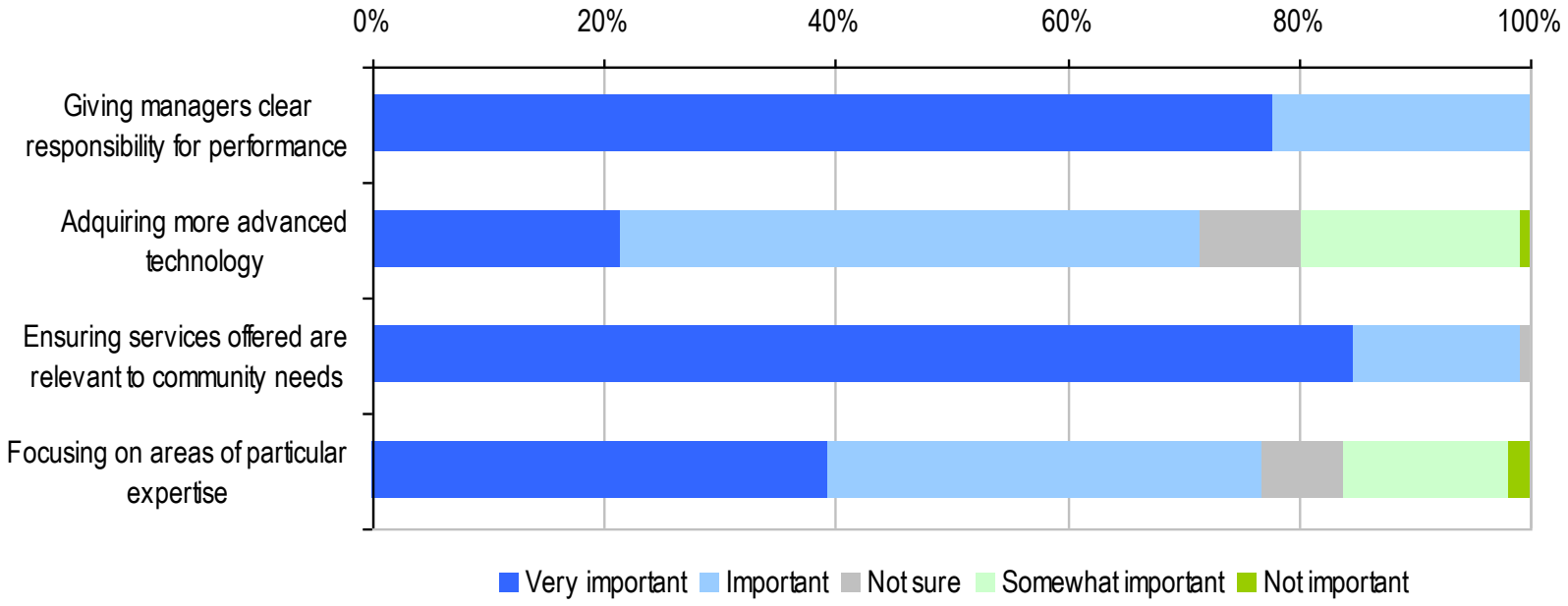
ICTs could be the basis for IHSDNs



3. Provisional conclusions

Organization and management

The importance of performance



Principal domain Financial allocation and incentives (1 of 4)

1.- Budget allocation and purchasing services procedures should be reviewed through demand control mechanisms. Lack of transparency of healthcare outcomes is not acceptable.

Principal domain Financial allocation and incentives (2 of 4)

2.- Budget allocation systems based on capitation could achieve coherence with territorial management strategy in the search for strategic aliances with other healthcare facilities.

Principal domain Financial allocation and incentives (3 of 4)

3.- Incentive systems are **not** considered as very important or important by respondants with regards to

salary increases,
favourable atmosphere or
recognition and appreciation

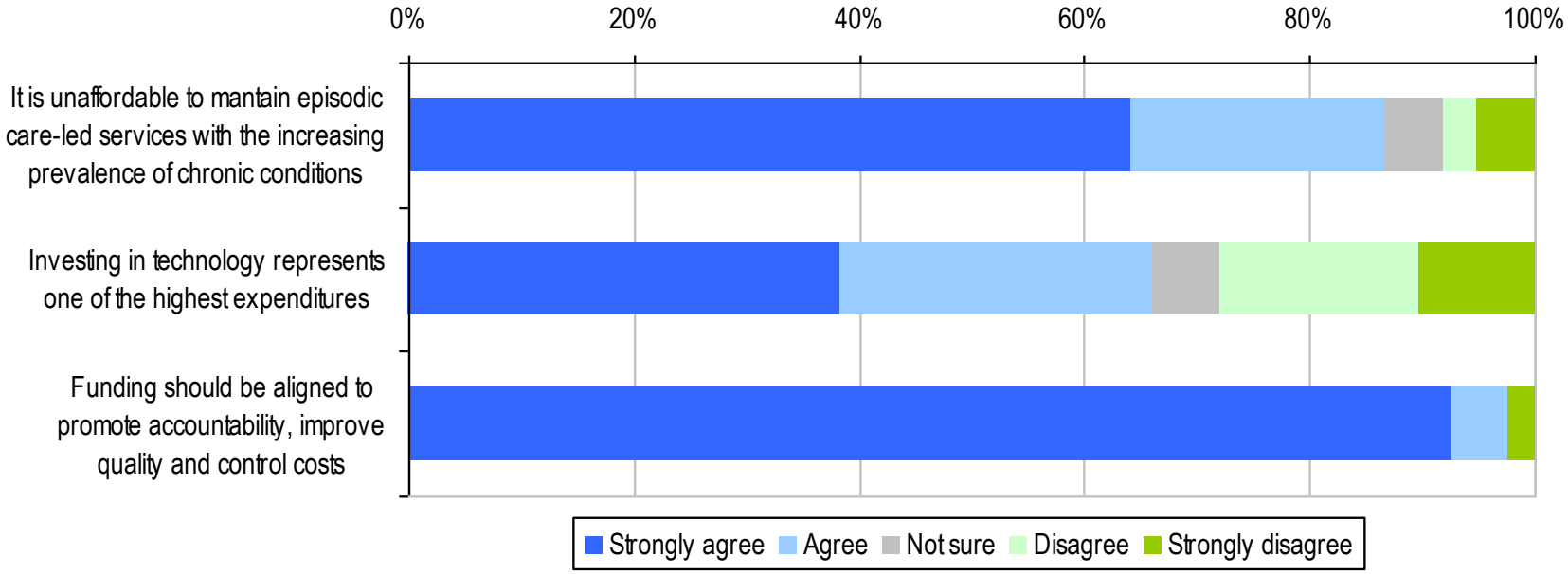
Principal domain Financial allocation and incentives (4 of 4)

4.- Incentives have to go along with the strategy to incorporate services in outcomes and sustainability, which will lead to improvement in the professionals' sense of belonging to the hospital.

3. Provisional conclusions

Financial allocation and incentives

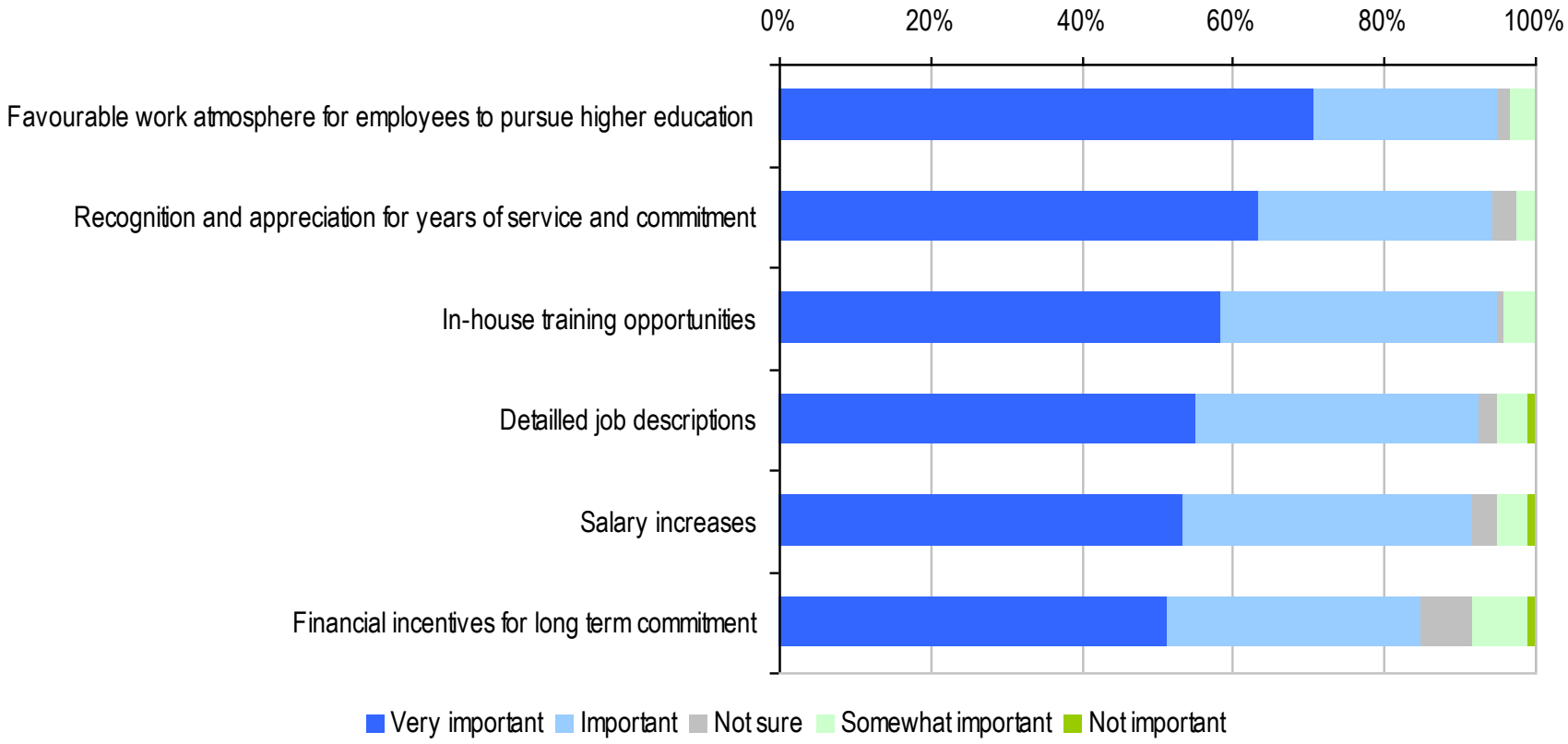
Funding should be linked to transparency



3. Provisional conclusions

Financial allocation and incentives

What to do to bind professionals



4.Proposal for recommendations (1 of 10)

1.- Greater budget allocations are needed in order to achieve a percentage of GDP compatible with the existence of a single, universal, free, fair, supportive and sufficient health system.

4.Proposal for recommendations (2 of 10)

2.-Identify those health administration levels that could remain left out the continous changes due to political partidism in order to achieve their capacitation and training.

4.Proposal for recommendations (3 of 10)

3.-Identify CEOs from hospital and PHC, as well as professional leaders identified with public services, chiefs of service or not.

4.Proposal for recommendations (4 of 10)

4.-Incorporate nurses in all sort of initiatives: they will provide high added value and will facilitate the transfer of all improvement measures to patient care.

4.Proposal for recommendations (5 of 10)

5.-The implementation of a system to set up shared objetives between Health Ministries and Social Security wherever they coexist, as well as between both levels of care and in each service or unit.

4.Proposal for recommendations (6 of 10)

6.-Accountability, signed agreement reviews and implementation of corrective and compensation measures, would contribute to strengthen the basis of IHSDNs pilars.

4.Proposal for recommendations (7 of 10)

7.-Competencies, knowledge and skills of chiefs of service or unit responsibles, both doctors and nurses, need to be defined as well as selection, assessment and removal procedures.

4.Proposal for recommendations (8 of 10)

8.-Initiatives for recovering the role of PHC as gate to the system have to be defined.

4.Proposal for recommendations (9 of 10)

9.- Referral and contra-referral administrative system is a good starting point for the design and implementation of a shared information system. It would help care networks rearrangement.

4.Proposal for recommendations (10 of 10)

10.- CEOs fora and professionals fora between both subsystems and levels of care to address common problems, to establish agreements or clinical/organizative protocols and guidelines consensus may facilitate cultural changes needed to advance towards networks.