

IS THERE ANY HOPE FOR TODAY HOSPITALS?

WHICH HOSPITALS ARE NEEDED NOW? WHY?

A TRADITIONAL HOSPITAL LOOKS LIKE...

FUTURE HOSPITALS SHOULD BE LIKE A...?

Francisco Javier Elola Somoza
Instituto para la Mejora de la Asistencia Sanitaria (Fundación
IMAS) (Institute for Healthcare Management Foundation)

04 de mayo de 2015

A TRADITIONAL HOSPITAL LOOKS LIKE...



Castles, Penitentiaries, Cathedrals... Hospitals

HOSPITAL

Health center for specialized and continuous care of patients on institutionalized basis (at least overnight), whose main purpose is the diagnosis or treatment of patients, ... moreover it provides health care on ambulatory basis.

EESCRI. MSSSI

WHICH HOSPITALS ARE NEEDED NOW?

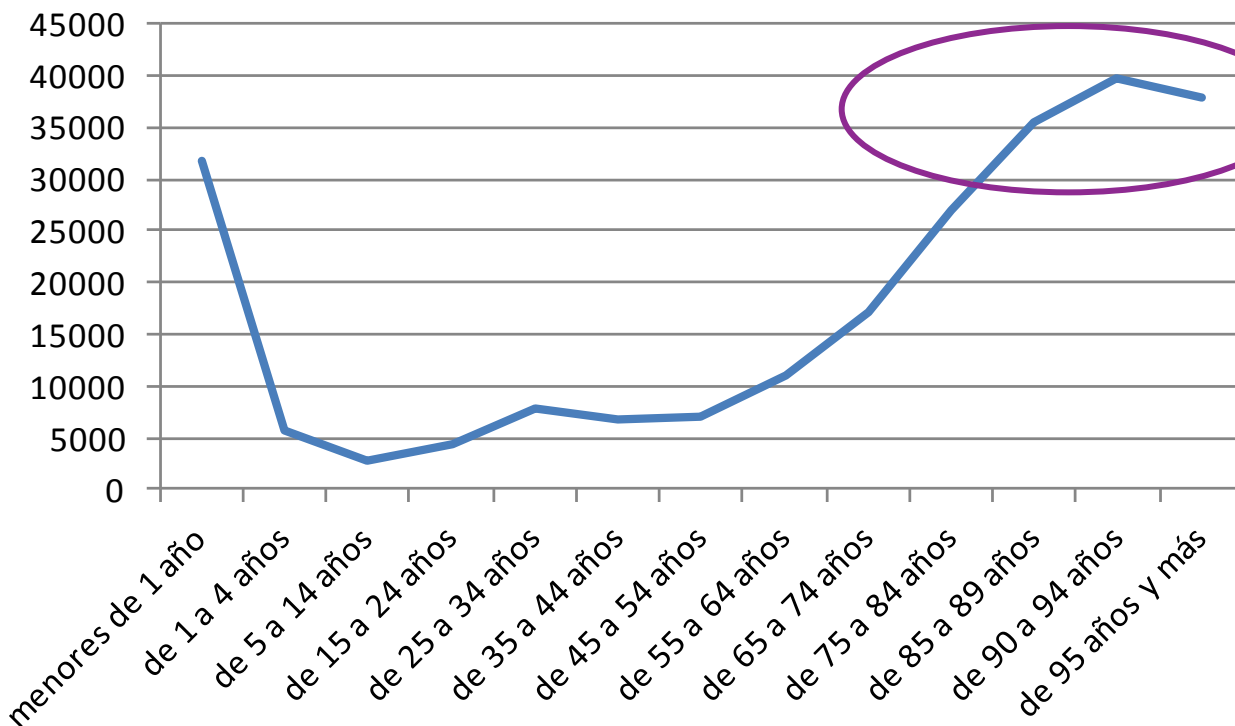
DRIVERS OF CHANGE

- **Demography / epidemiology**
- **Technology / efficiency**
- **Patient safety**
- **Citizen expectations**

DEMOGRAPHY / EPIDEMIOLOGY

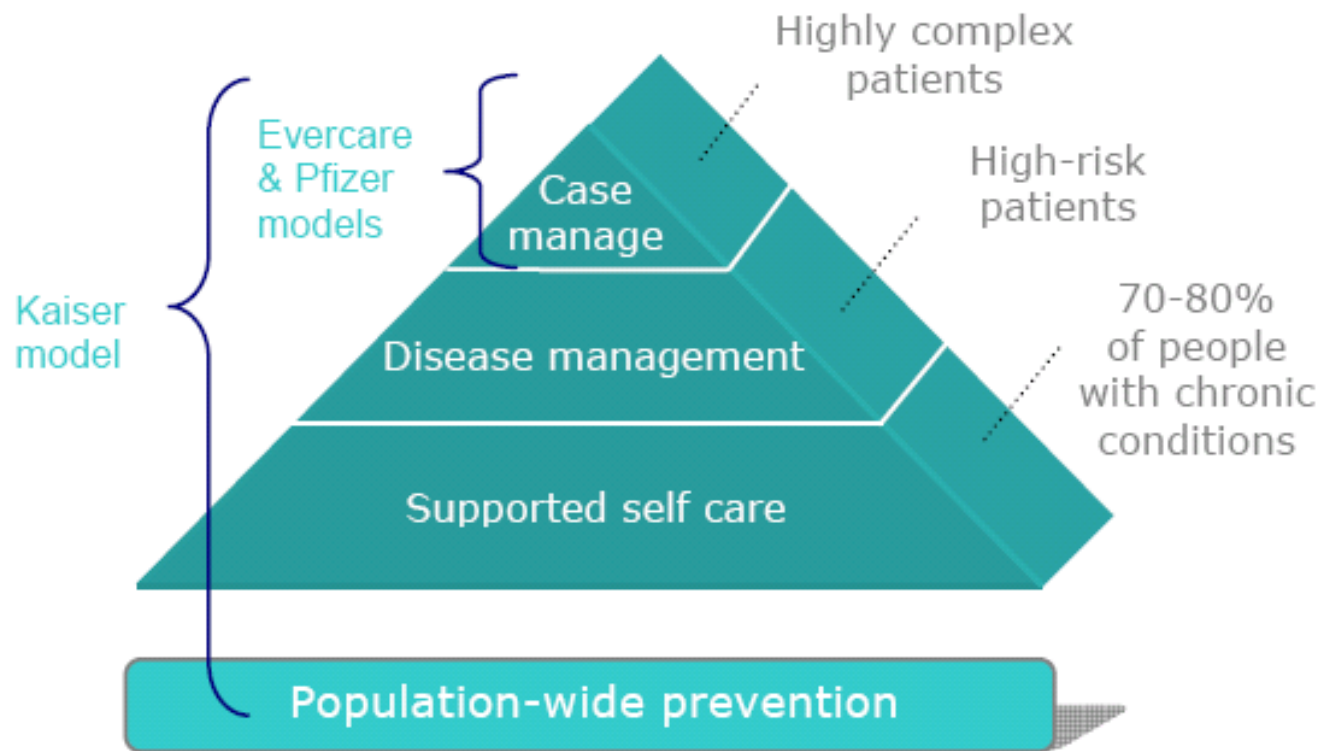
DEMOGRAPHY / EPIDEMIOLOGY

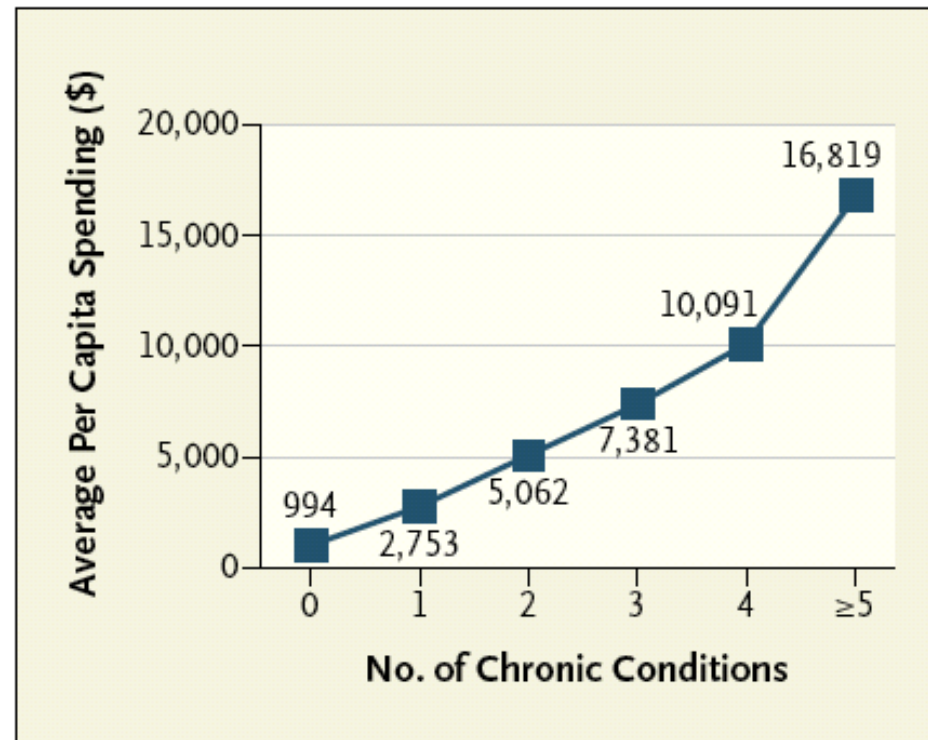
- Increase of life expectancy
- Increase of chronic conditions, comorbidity, fragility and dependency



9,2% Population (> 74
years old) ☒ 27,5%
hospital admissions,
37,6% hospital days

The 'Kaiser Triangle' illustrating different levels of chronic care





Average Annual Per Capita Spending for Patients with Different Numbers of Chronic Conditions.

Data are from Anderson.¹



Attribute	Examples from Kaiser Permanente Northern California and Colorado regions
Information Continuity	<p>Comprehensive health information management system integrating electronic health records with physician order entry, decision support, population and patient-panel management tools, appointments, registration, and billing systems.</p> <p>Member Web portal for online access to health information and educational resources, shared medical record, visit history, appointment scheduling, prescription refills, lab test results, and secure messaging with the care team.</p>
Care Coordination and Transitions System Accountability*	<p>Regional health plans are evaluated on how well they manage patients across the lifetime continuum of care (not just a care episode), including ongoing linkage with an accountable primary care physician and team. There is "in-reach" at every patient contact to check on and address outstanding preventive care needs.</p> <p>Stratified population and patient-panel management: proactive primary care teams leverage ancillary staff and information systems to deliver proven preventive therapies and support patient self-care and lifestyle change. Care and case management and transitional care is provided for patients with uncontrolled disease or complex comorbidities.</p> <p>Primary care teams in Northern California include a behavioral medicine specialist (licensed clinical psychologist or clinical social worker) who co-manages patients with mental health conditions to support improved outcomes.</p>
Peer Review and Teamwork for High-Value Care	<p>Integrated prepaid group-practice model inculcates a culture of group accountability for quality and efficiency supported by peer feedback and sharing of unblinded performance data within the group. Medical groups identify and develop internal clinical leaders.</p> <p>Labor-management partnership defines common vision and commitment to shared decision-making involving managers, physicians, and employees.</p>
Continuous Innovation	<p>Promotes organizational learning through in-house journal, annual innovation awards, workshops, site visits, and local clinical champions. Care Management Institute convenes interregional expert teams to develop evidence-based guidelines, programs, and tools; identifies causes of variation and best practices for local adoption.</p> <p>21st Century Care Innovation Collaborative tests and spreads innovations to transform primary care using information technology. Kaiser hospitals are engaged in collaborative learning to attain the status of World Class Hospitals using rapid-change interventions.</p> <p>Garfield Innovation Center serves as a learning laboratory to support simulation, prototyping, and evaluation of innovations to improve health care delivery.</p>
Easy Access to Appropriate Care	<p>Multiple entry options include call centers for primary care appointments and 24-hour nurse advice, after-hours urgent care, scheduled telephone visits, and electronic messaging with the care team. Group visits offer regular contact with a multidisciplinary care team and peer support for patients with chronic illness.</p> <p>Culture-specific patient-care modules allow patients to communicate in native language with bilingual staff oriented to cultural norms. Institute for Culturally Competent Care designs programs and tools and guides Centers of Excellence. Training programs develop bilingual staff and certify health care interpreters.</p>

Source: Kaiser Permanente: Bridging the Quality Divide with Integrated Practice, Group Accountability, and Health Information Technology . The Commonwealth Fund. 2009

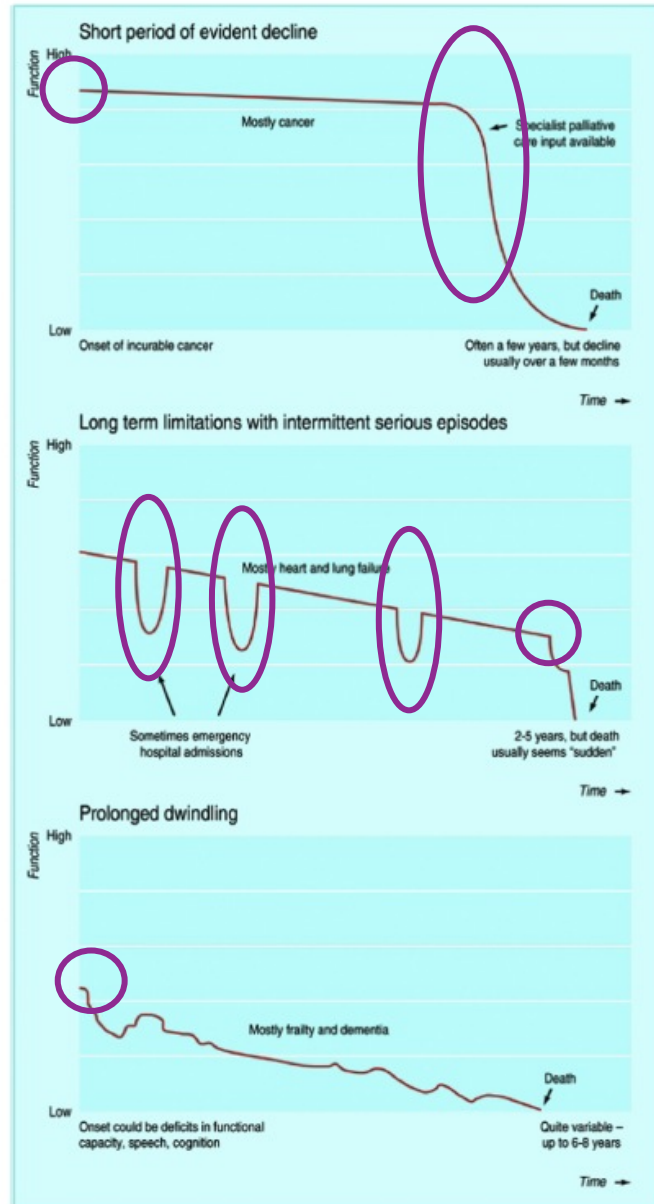
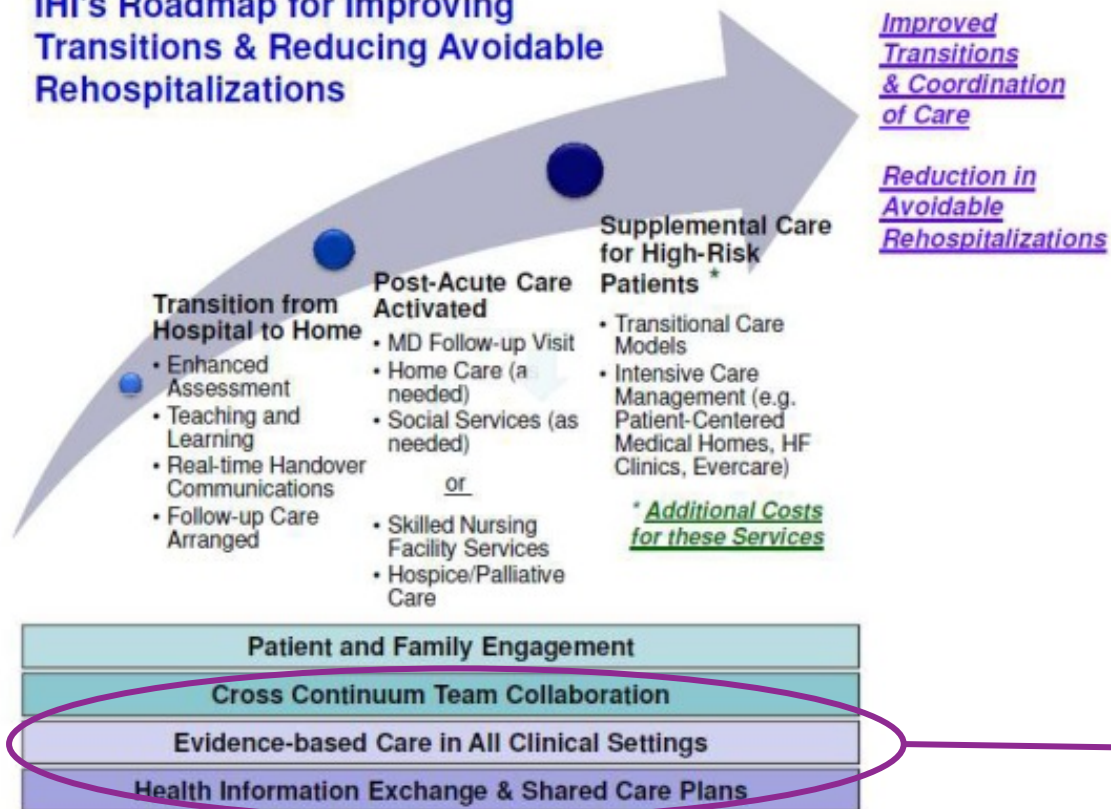


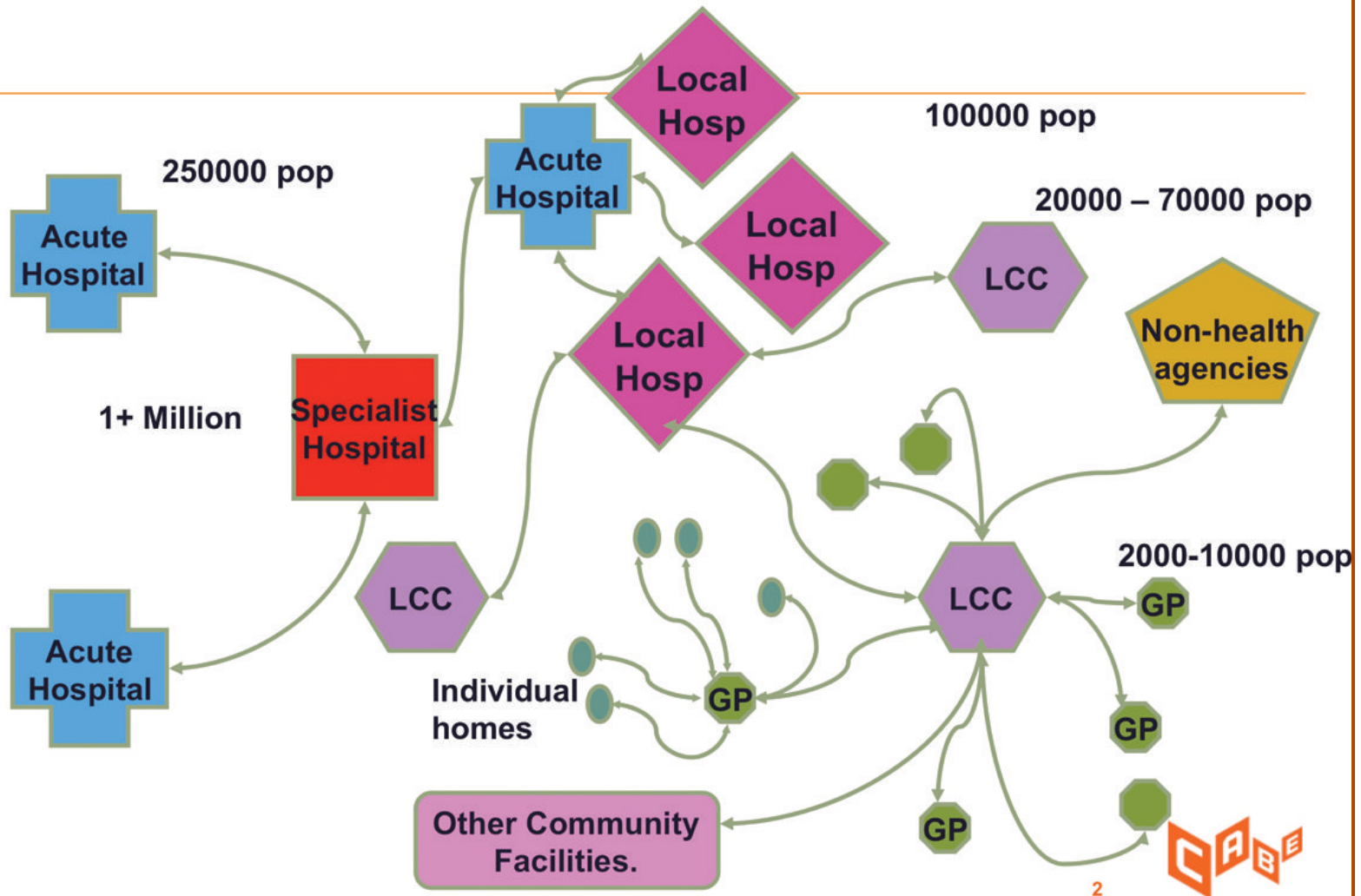
Fig. 1. Classic illness trajectories. (From Lynn J, Adamson DM. Living well at the end of life. Adapting to health care to serious chronic illness in old age. Washington: RAND Health; 2003; with permission; and Data from Murray SA, Kendall M, Boyd K, Illness trajectories and palliative care. BMJ 2005;330:7-11.)

IHI's Roadmap for Improving Transitions & Reducing Avoidable Rehospitalizations



From isolated hospital to hospitals in a network of health care and social services

Northern Ireland strategic plan

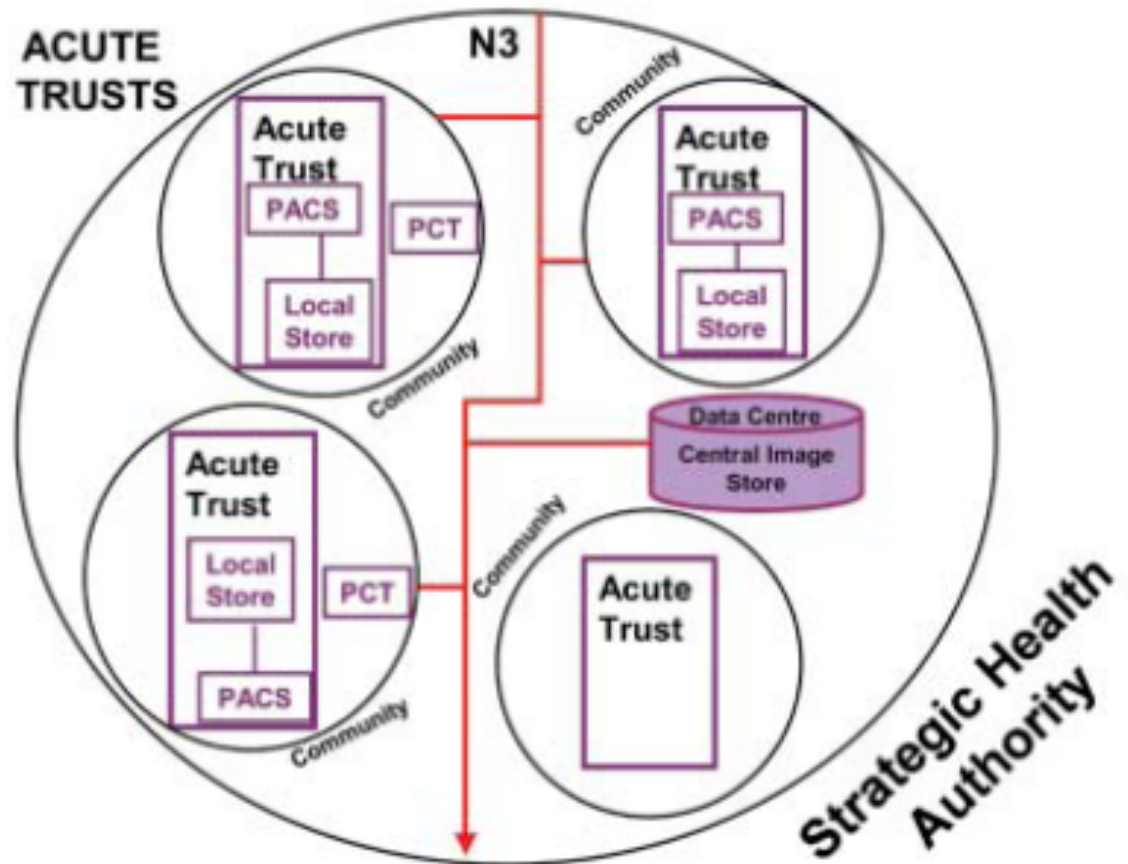


Healthcare networks also matter in acute conditions (AMI, stroke, polytraumatism...)

TECHNOLOGY / EFFICIENCY

TECHNOLOGY

Hospital central y
afiliados



SL: laboratorio satélite

● : POCT

TECHNOLOGY

**High cost and fast obsolescence of “heavy” equipments more
I&CT: image and lab, but also: catheterization lab,
electrophysiology lab, radiotherapy equipment, lithotripsy,
“hybrid” operating rooms,...**



**Regionalization: concentration of resources shared for the
components of the network (regional, “area” and local
hospitals, primary healthcare centers, ...)**



From isolated hospitals to hospitals in healthcare networks

PATIENT SAFETY

PATIENT SAFETY

- Percutaneous coronary intervention.
- Coronary artery bypass.
- Cancer surgery.
- Carotid endarterectomy.
- Aortic aneurism repair.

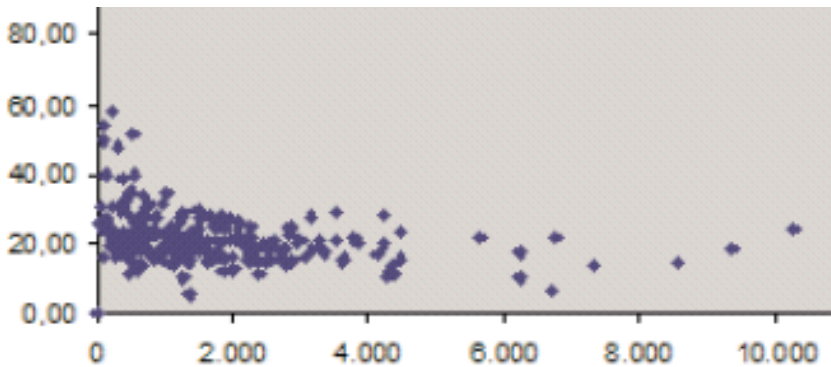
For a wide variety of surgical procedures and medical conditions, higher volume (whether assessed by hospital or by physician) is associated with better health outcomes. The uniformity with which the published research documents or confirms the existence of this association is compelling

Source: Interpreting the Volume–Outcome Relationship in the Context of Health Care Quality. Hewitt M, for the Committee on Quality of Health Care in America and the National Cancer Policy Board. Workshop Summary by Institute of Medicine, Washington, D.C. 2000.

PATIENT SAFETY

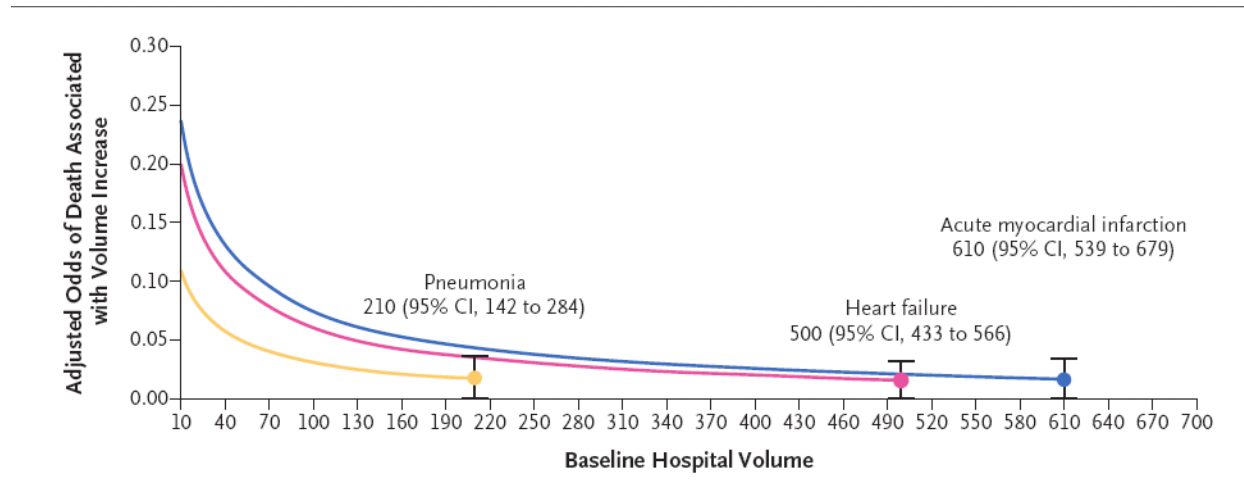
IMAS

Instituto para la Mejora
de la Asistencia Sanitaria



	< 600	600-1200 <	1200-2400	> 2400	Total
Número	53	41	58	47	199
Media Cesáreas	26,13	21,82	20,30	18,62	21,70
DS (+/-)	10,60	5,34	4,98	4,62	7,35
< 600 : 600-1200	0,01				
< 600 : 1200-2400	0,0004				
< 600 : > 2400	0,00001				
600-1200 : 1200-2400		0,14			
600-1200 : > 2400		0,004			
1200-1400 : > 2400			0,07		

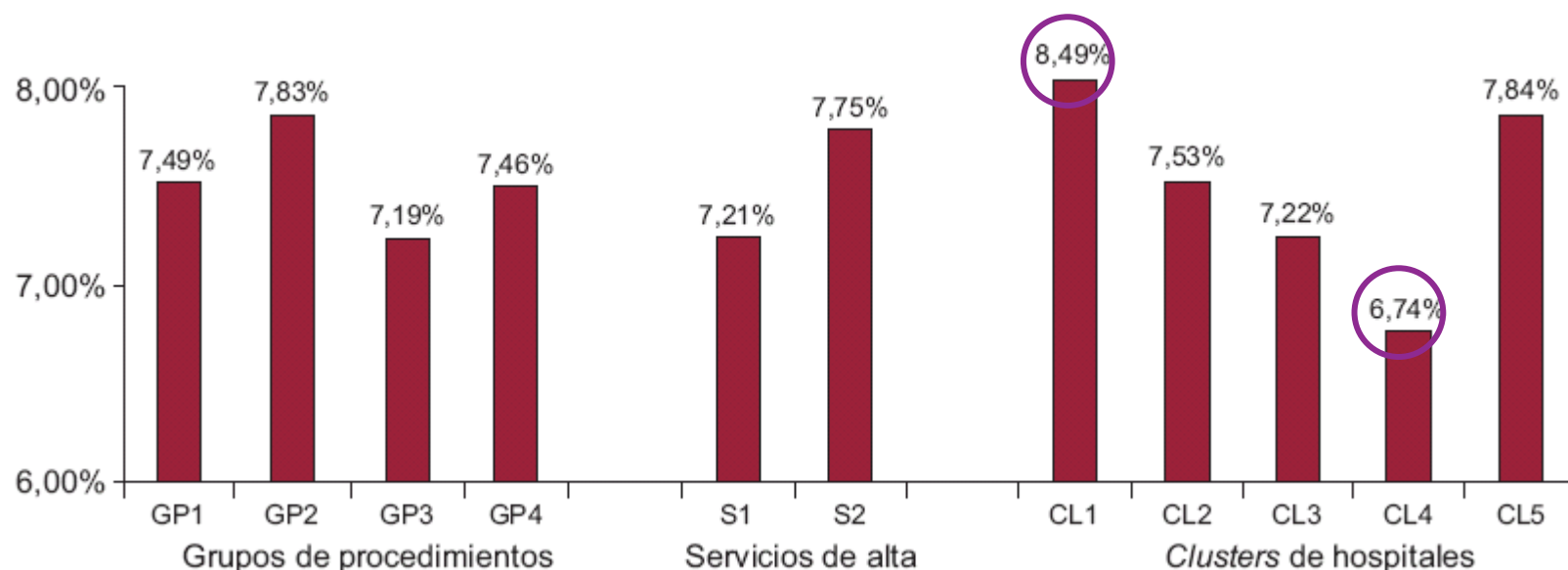
Source: Atención Hospitalaria al Parto. Estándares y recomendaciones. Agencia de Calidad del SNS. 2009.



Hospital Volume and 30-Day Mortality for Three Common Medical Conditions

N Eng J Med 2010;362:1110-8

Joseph S. Ross, M.D., M.H.S., Sharon-Lise T. Normand, Ph.D., Yun Wang, Ph.D.,



In-hospital Mortality Due to Acute Myocardial Infarction. Relevance of Type of Hospital and Care Provided. RECALCAR Study

Vicente Bertomeu,^a Ángel Cequier,^b José L. Bernal,^c Fernando Alfonso,^d Manuel P. Anguita,^e Javier Muñiz,^f José A. Barrabés,^g David García-Dorado,^g Javier Goicolea,^h and Francisco J. Elola^{i,*}

Rev Esp Cardiol. 2013;66(12):935–942

Conclusions: The typology of the hospital, treatment in a cardiology unit, and percutaneous coronary intervention are significantly associated with the survival of a patient hospitalized for myocardial infarction. We recommend that the Spanish National Health Service establish health care networks that favor percutaneous coronary intervention and the participation of cardiology units in the management of patients with acute myocardial infarction.

PATIENT SAFETY

Regionalization: concentration of resources; shared staff, protocols and information



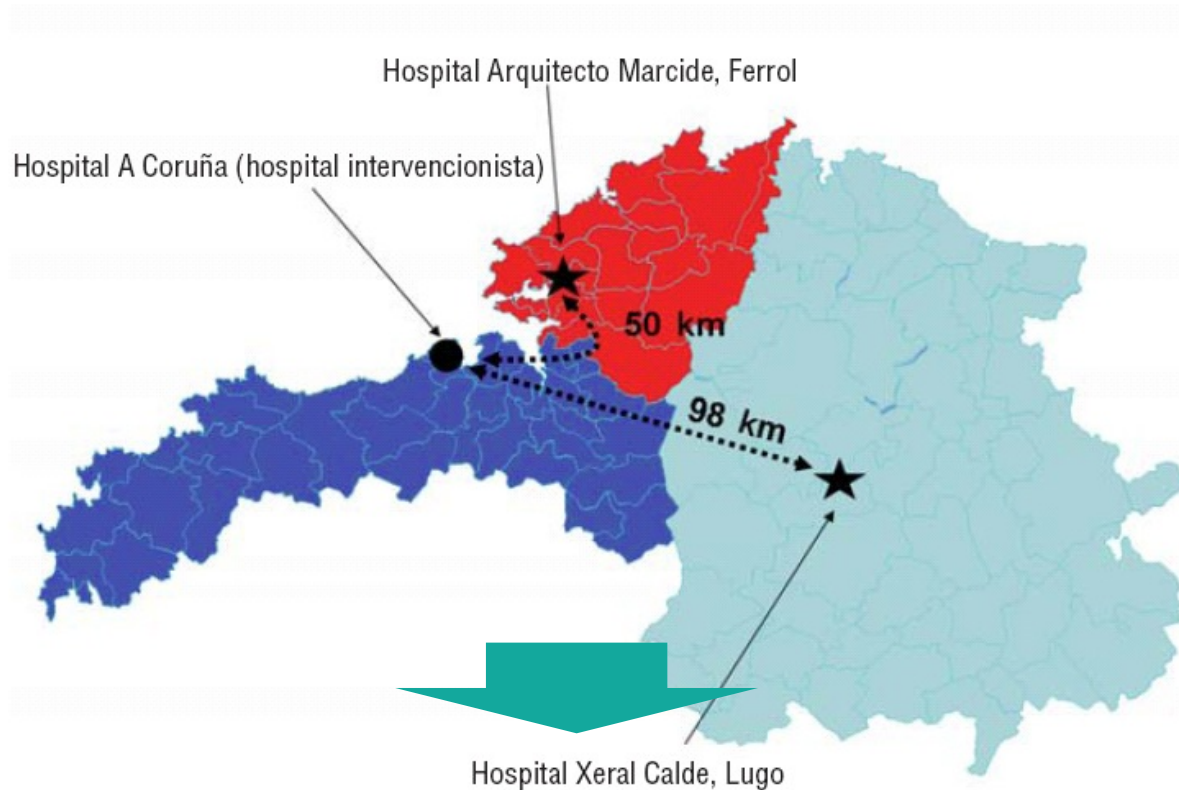
From isolated hospitals to hospitals in healthcare networks

CITIZEN EXPECTATIONS

- **Access to the best available treatment**
- **Minimum disruption of social / working life**
- **Care as close to their homes as possible**
- **To be informed about their health condition**
- **To participate on choices about their health management**

CITIZEN EXPECTATIONS

Access to the best available treatment & care as close to their homes as possible



Hospitals centered on patient experience

From isolated hospitals to hospitals in healthcare networks

- **Demography / epidemiology**
- **Technology / efficiency**
- **Patient safety**
- **Citizen expectations**



changes

- **Vision**
- **Organization**
- **Design**

In the hospital of the future:

- 1 Fundamental standards of care must always be met.
- 2 **Patient experience** is valued as much as clinical effectiveness.
- 3 Responsibility for each patient's care is clear and communicated.
- 4 Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
- 5 Patients do not move wards unless this is necessary for their clinical care.
- 6 **Robust arrangements for transferring of care are in place.**
- 7 Good communication with and about patients is the norm.
- 8 Care is designed to facilitate self-care and health promotion.
- 9 Services are tailored to meet the needs of individual patients, including vulnerable patients.
- 10 All patients have a care plan that reflects their individual clinical and support needs.
- 11 Staff are supported to deliver safe, compassionate care, and committed to improving quality

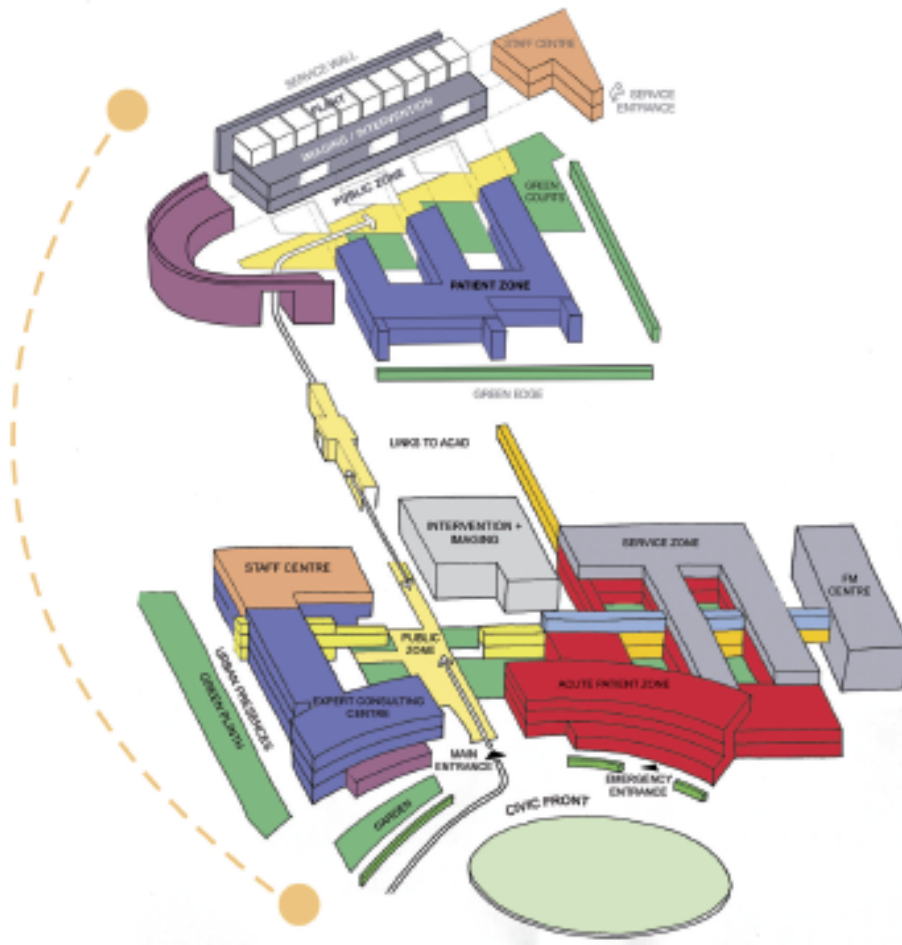
Hospitals centered on patient experience

Differentiating acute and chronic health care

Safe health transitions / continuity of health care

From isolated hospitals to hospitals in healthcare networks





North West London Hospitals NHS Trust

Tomorrow's healthcare environments – towards a sustainable future. 2011

The background image shows four people silhouetted against a bright orange sunset sky. They are standing in shallow water, pulling a large fishing net. The sun is low on the horizon, creating a strong reflection on the water. The overall scene is peaceful and evokes a sense of traditional labor.

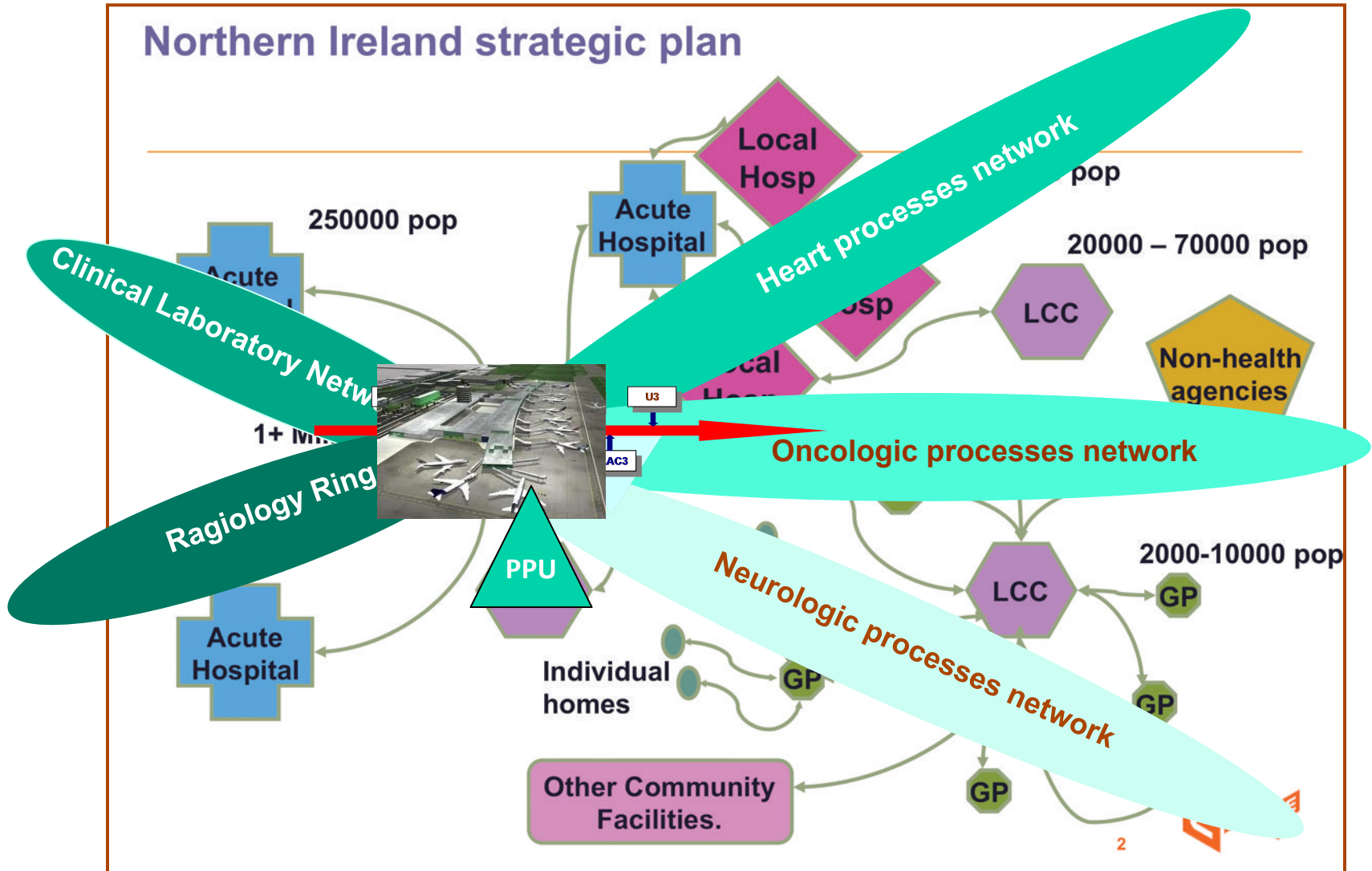
What are the strings of the net ?

Health processes

Who manages the health processes ?

The clinical units (healthcare services)

Northern Ireland strategic plan



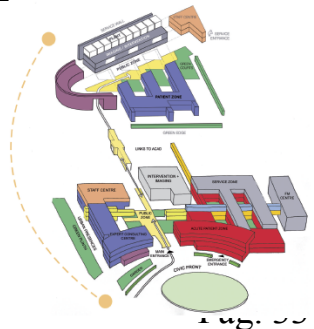
HOSPITAL

Health center for specialized and continuous institutionalized patient care, whose main purpose is the diagnosis or treatment of patients with acute diseases or chronic diseases in acute phase, which supports medical and surgical health care units and healthcare networks of different areas of knowledge, for the development of their activities (including those that do not require hospitalization) and meets functional, structural and organizational requirements, so that guarantees the security, quality and efficiency appropriate to the level of care required by the patients

**DO NOT THINK ABOUT CASTLES,
CATHEDRALS, OR PRODUCTION LINES**



**BUT ON AIRPORTS OR
LOGISTIC PLATFORMS (HUBS)**



**I HOPE YOU HAVE NOT LOST YOURSELVES
TODAY IN THE HOSPITAL OF THE FUTURE**