



# THE FUTURE HOSPITAL AGENDA

Some reflections on hospital development  
internationally and IHF response

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Geneva, Switzerland, 25<sup>th</sup>-28<sup>th</sup> May 2008



# MANAGEMENT CONCERNS / PROBLEMS IN THE FUTURE

**Diminishing Authority  
of  
Medical Profession**



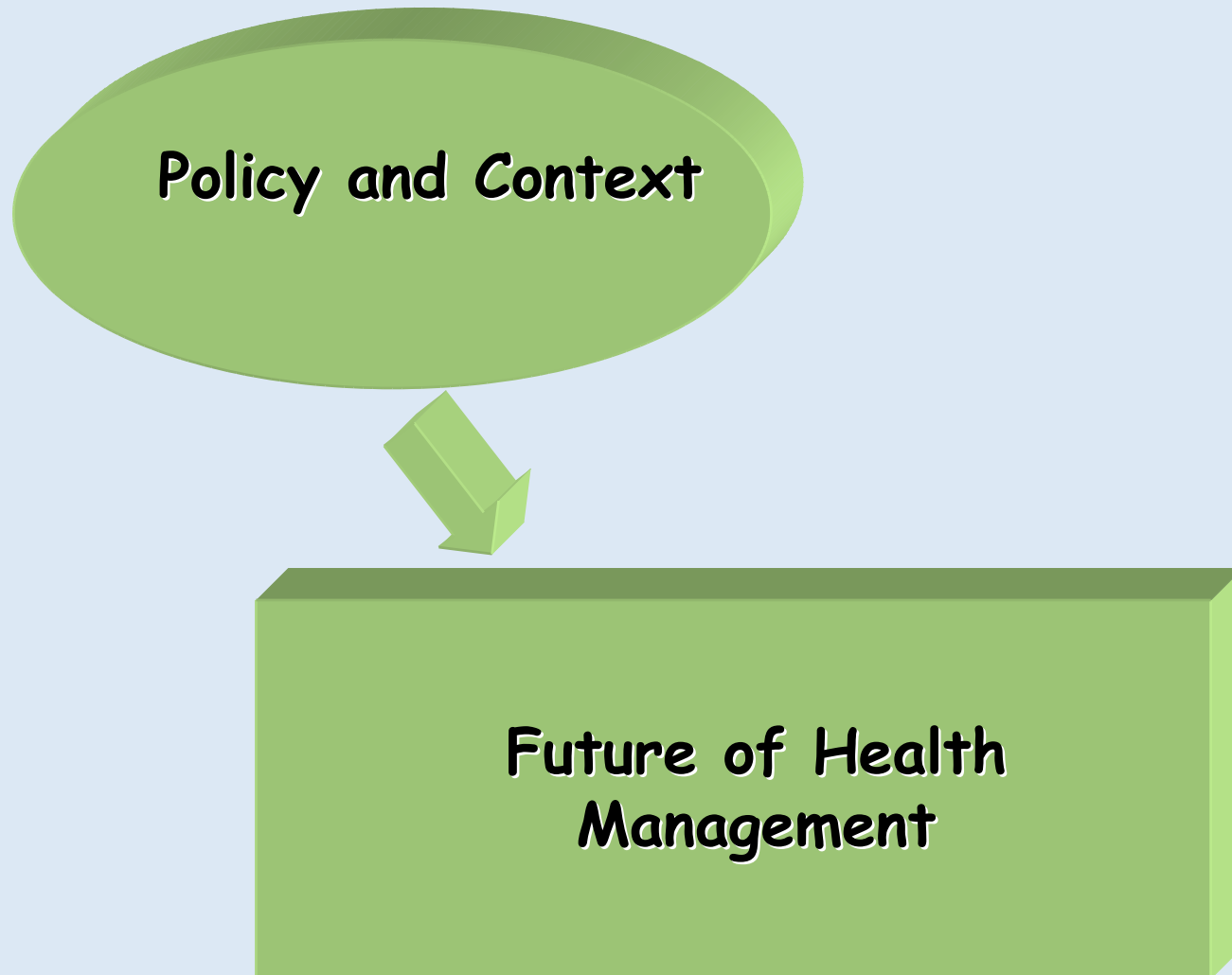
**Future of Health  
Management**



# MANAGEMENT CONCERNS / PROBLEMS IN THE FUTURE

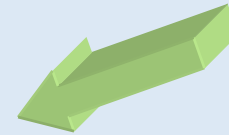






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Future of Health  
Management

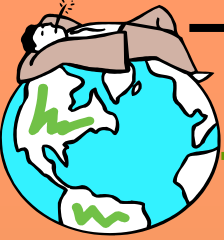


System  
(not person)  
Centered  
Healthcare  
Organisations



# BASED ON A SURVEY OF SELECTED COUNTRIES IN ALL SIX WHO REGIONS SOME CONCLUSIONS WERE MADE:

- Independent of country, it seems that the initiative of quality schemes such as accreditation, ISO etc generally comes from the funding organisation.
- In some systems, this might be the Ministry of Health. In others, it is the insurance industry.



- Another conclusion from the WHO survey is that quality systems were in place or being considered in a majority of the developing country case studies. The plea to be made is that quality assessment systems should not be imported and copied as blueprints from countries with very different health systems. Instead they should be reflective of the relevant country's health service organization, available finances, culture and social context, and the timing of their introduction should be chosen with care. The key question is not theoretical but practical. Will they deliver substantial benefits in this particular country at this time?

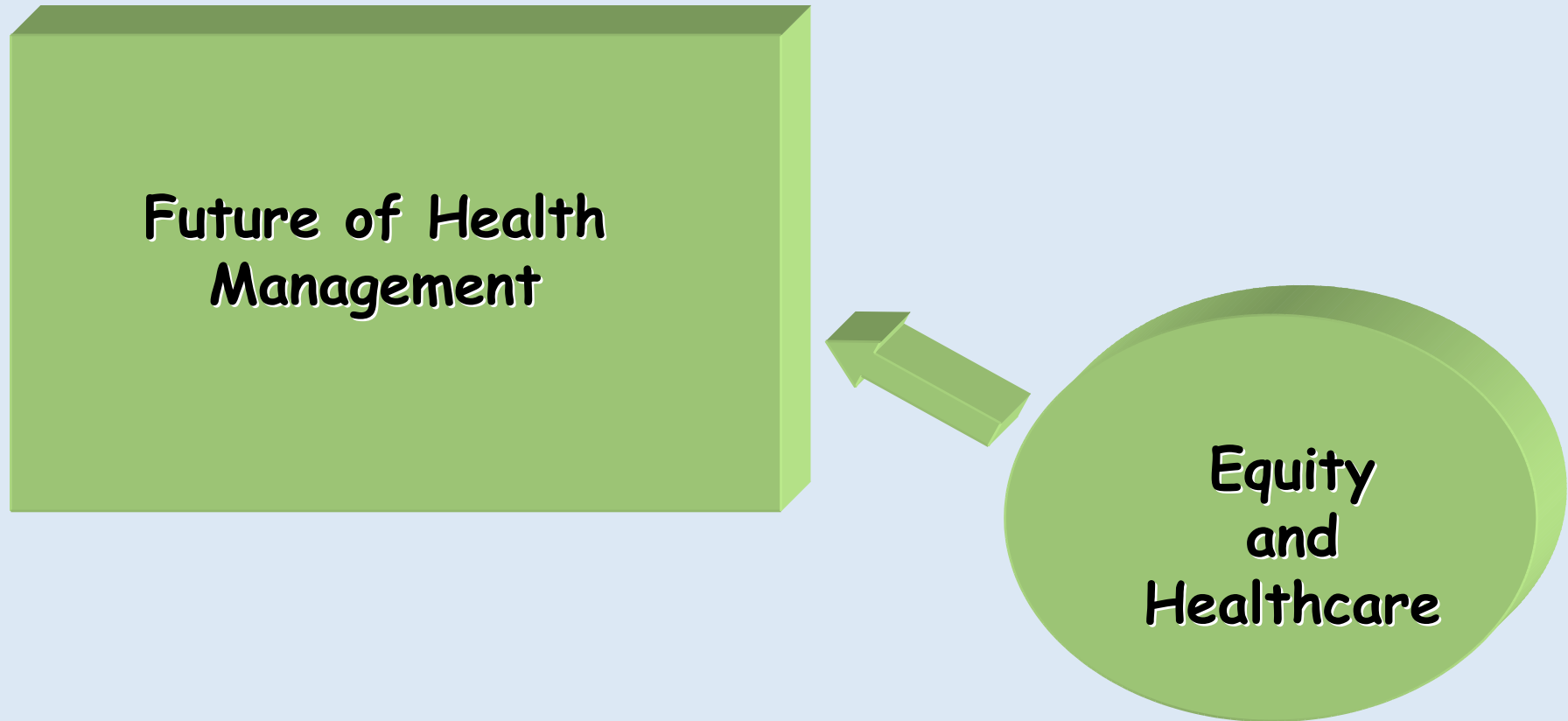


DR MULLIGAN DOESN'T BELIEVE THE COMPUTER MODEL HAS ANYTHING TO TEACH HIM ABOUT EFFECTIVE DRUG DELIVERY SYSTEMS



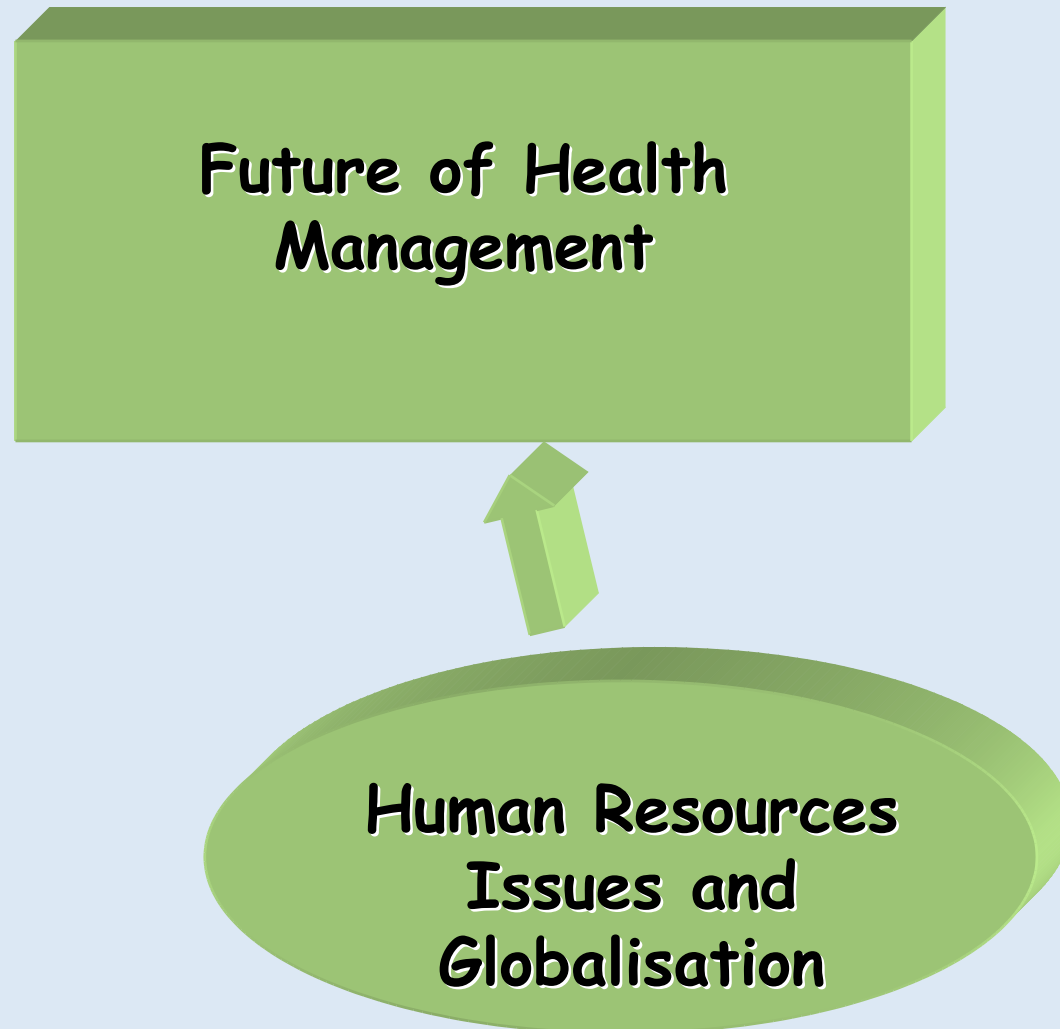


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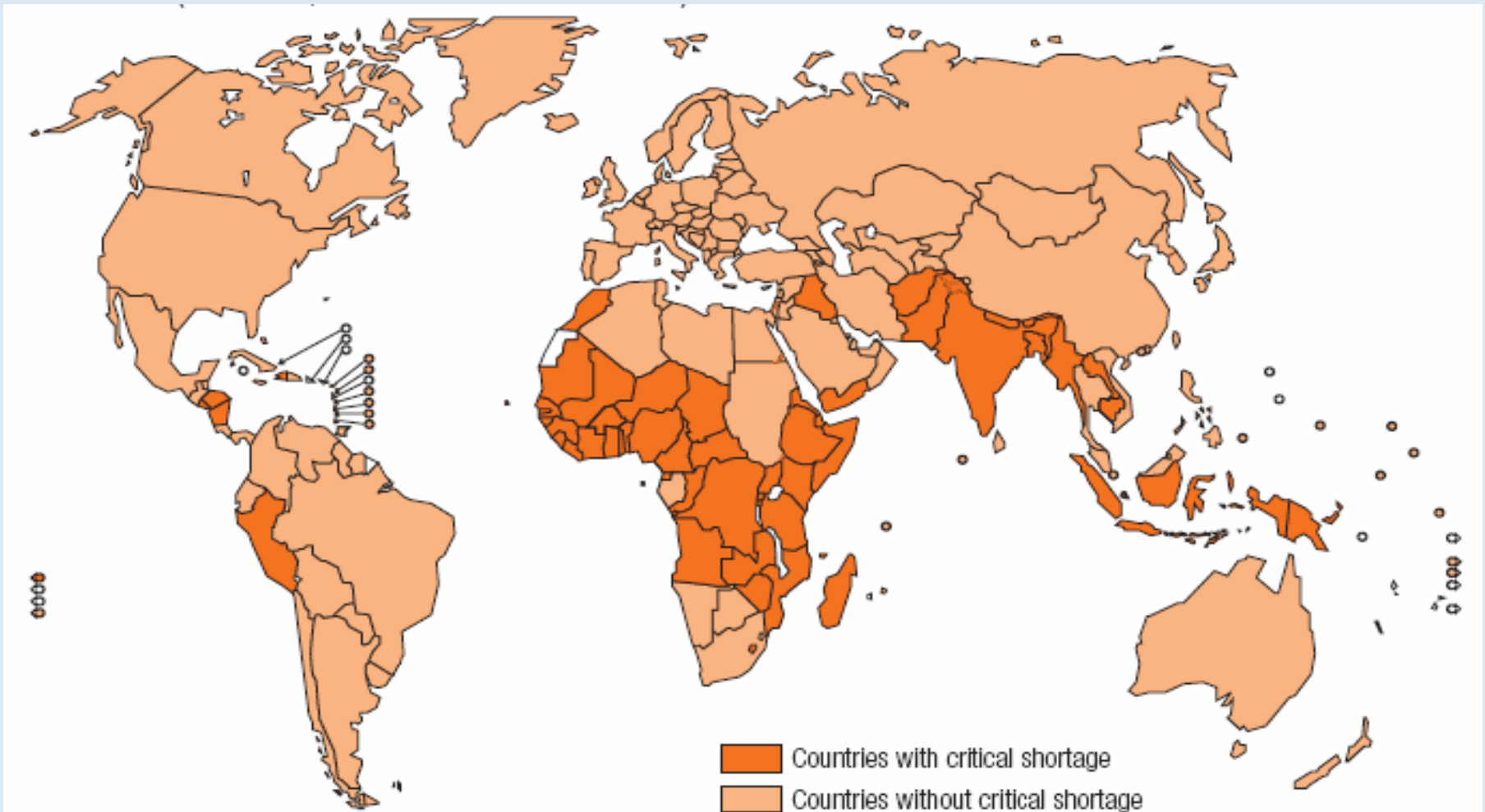
## Global Health Workforce, by Density

WHO region	Total health workforce		Health service providers		Health management and support workers	
	Number	Density (per 1000 population)	Number	Percentage of total health workforce	Number	Percentage of total health workforce
Africa	1 640 000	2.3	1 360 000	83	280 000	17
Eastern Mediterranean	2 100 000	4.0	1 580 000	75	520 000	25
South-East Asia	7 040 000	4.3	4 730 000	67	2 300 000	33
Western Pacific	10 070 000	5.8	7 810 000	78	2 260 000	23
Europe	16 630 000	18.9	11 540 000	69	5 090 000	31
Americas	21 740 000	24.8	12 460 000	57	9 280 000	43
<b>World</b>	<b>59 220 000</b>	<b>9.3</b>	<b>39 470 000</b>	<b>67</b>	<b>19 750 000</b>	<b>33</b>

Note: All data for latest available year. For countries where data on the number of health management and support workers were not available, estimates have been made based on regional averages for countries with complete data.

Data source: World Health Organization. *Global Atlas of the Health Workforce* (<http://www.who.int/globalatlas/default.asp>).

## Countries with a critical shortage of health service providers (doctors, nurses and midwives)





## The Global Health Workforce Alliance (GHWA)

- “Populations living longer in developed countries, demanding extended care for pain free life
- Disease burden in low income countries especially in Sub-Saharan Africa is increasing
- Global shortage of health workers estimated at 4 million
- Long history of neglect: complexity, wrong policies, professionalism in developed countries
- African Health Ministers’ outcry at three consecutive World Health Assemblies”

**“Things may get worse in the future”**

**Dr. Francis Omaswa, 2007**

**Executive Director**

**Global Health Workforce Alliance (GHWA)**



***“Certainly globalization is already having impact on hospital care – worker migration, medical tourism and outsourced medical services are obvious examples”***

**Source:**

**Draft Joint Commission Report on Hospital of the Future, 2007**



**Integration of  
services**



**Future of Health  
Management**

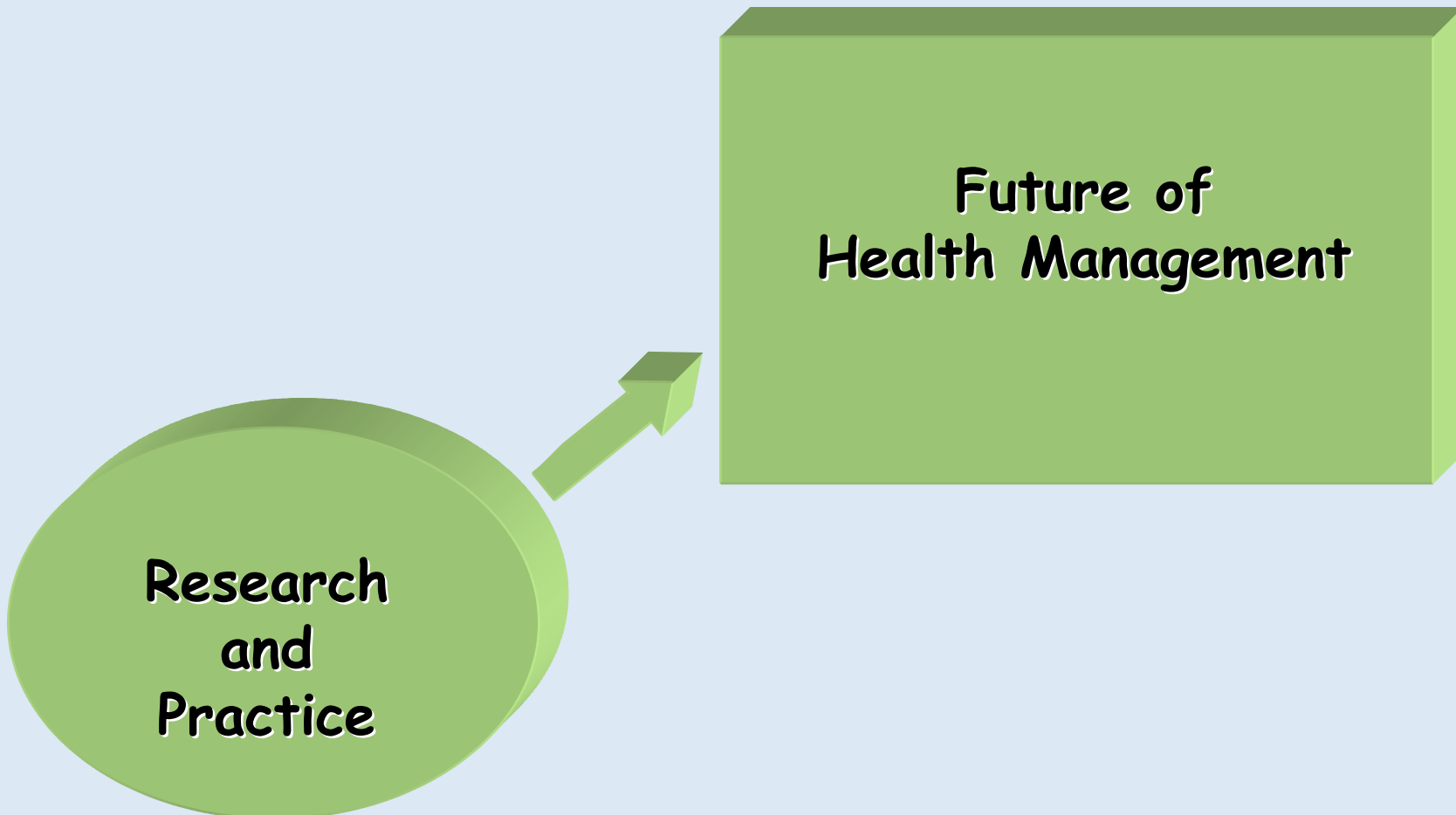


# THE NEED FOR COORDINATION





# MANAGEMENT CONCERNS / PROBLEMS IN THE FUTURE



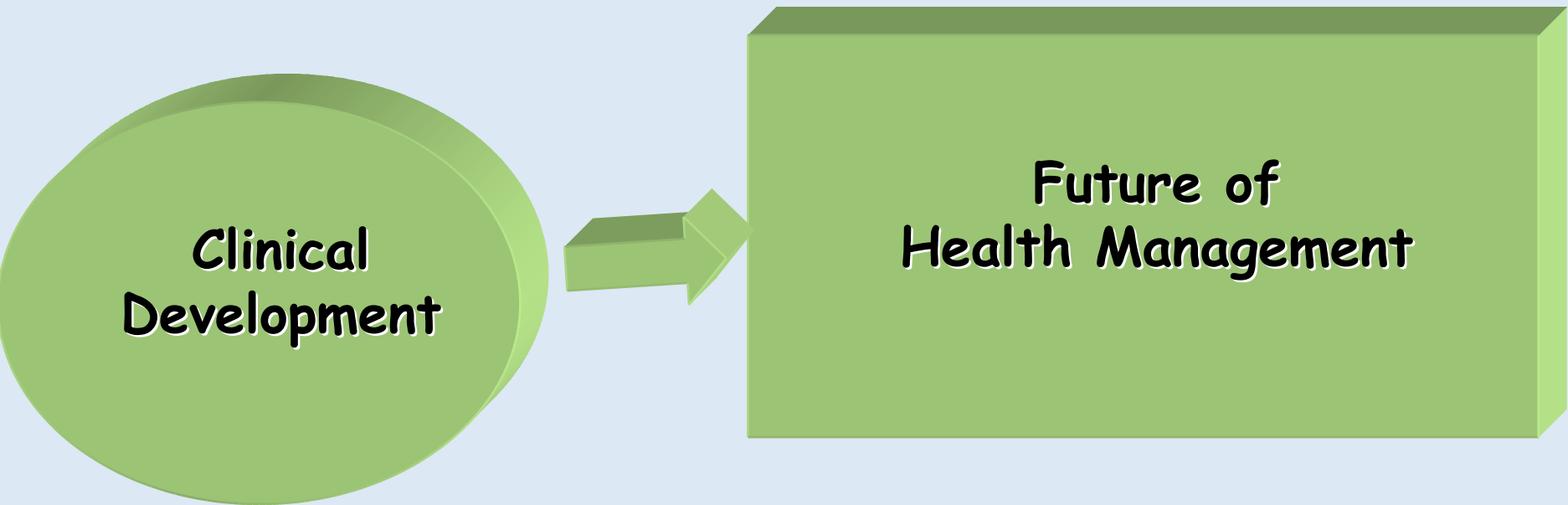


**Effects attributable  
to Health Care ?**

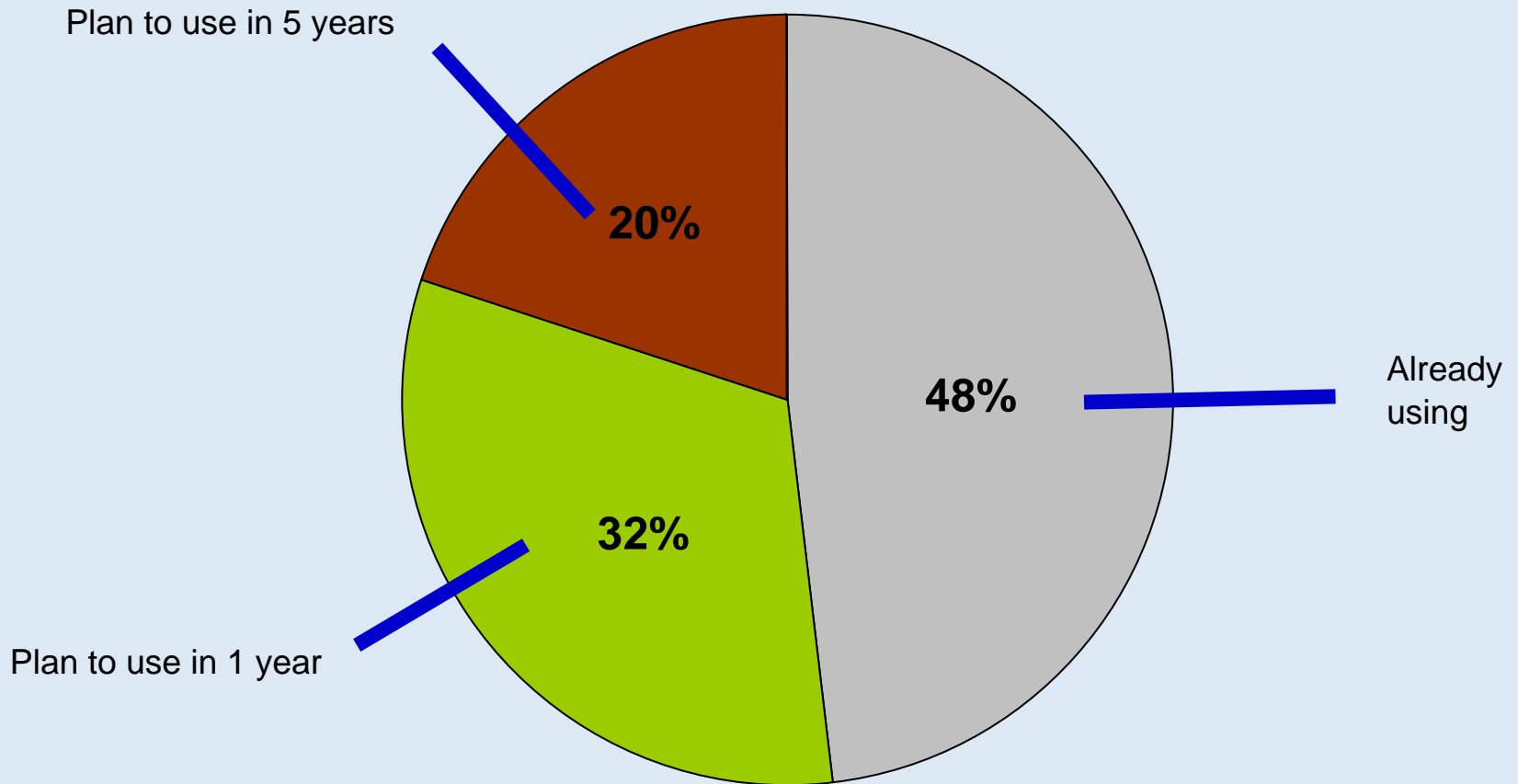


**Future of Health  
Management**

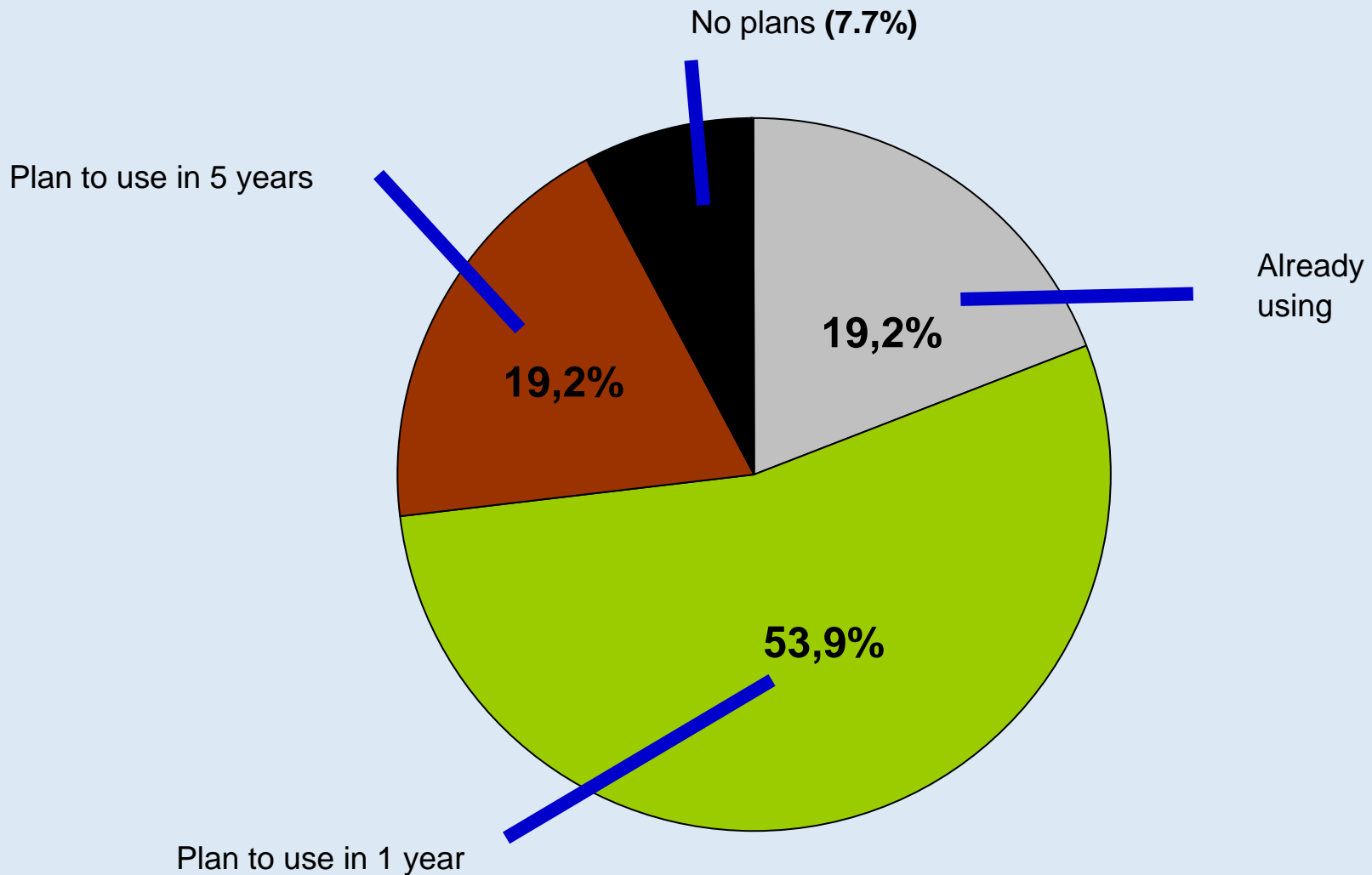
# MANAGEMENT CONCERNS / PROBLEMS IN THE FUTURE



# Electronic health records



# PAC systems (eRadiology)







**Financing  
Public/Private ?**



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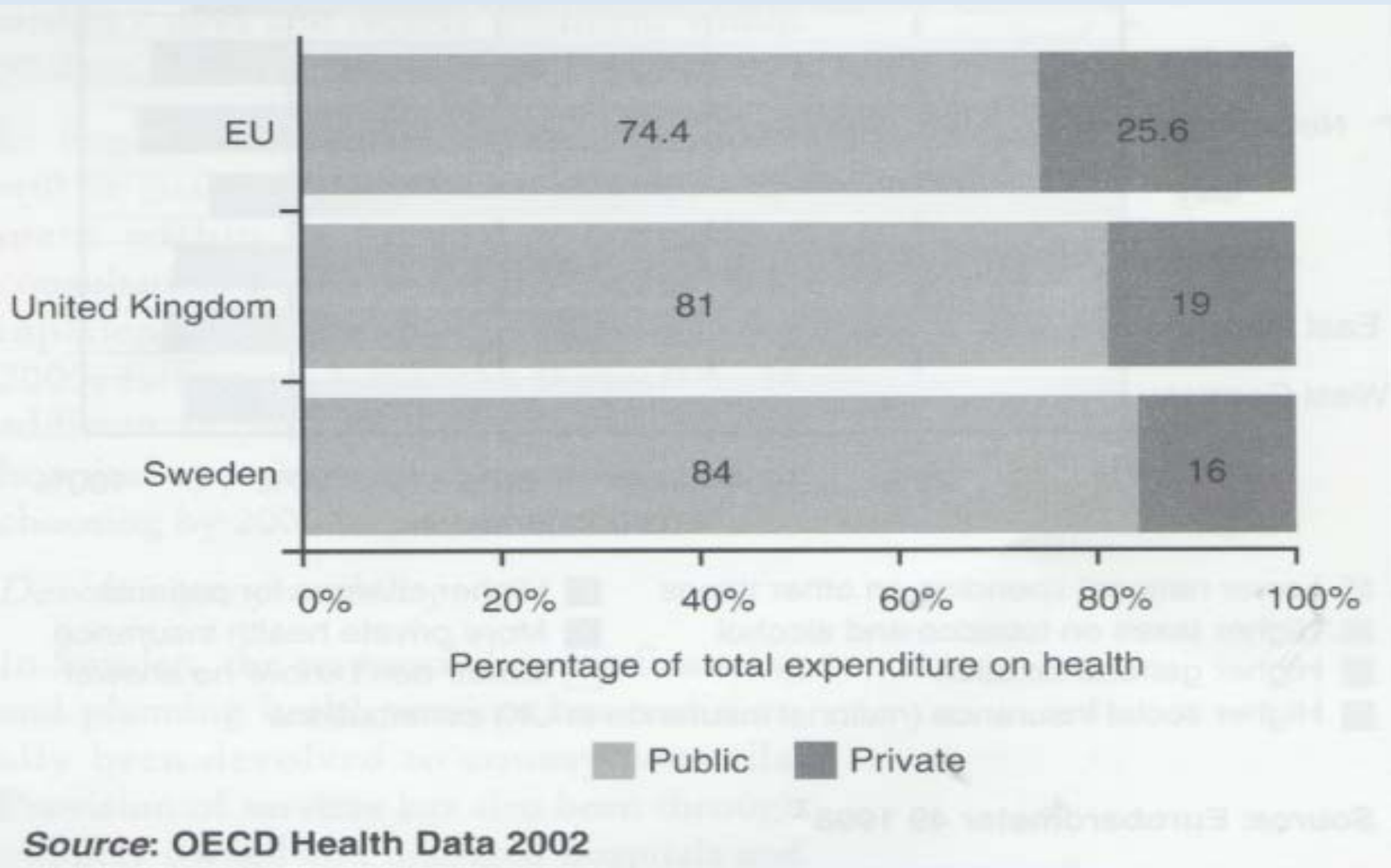


## Methods of Financing Health Care in EU Member States

COUNTRIES	PREDOMINANT SYSTEM OF FINANCE	MAIN SUPPLEMENTARY SYSTEM OF FINANCE
Finland, Greece, Ireland, Italy, Sweden, Spain, United Kingdom	public: taxation	private voluntary insurance, direct payments
Denmark, Portugal	public: taxation	direct payments
Austria, Belgium, France, Germany, Luxembourg	public: compulsory social insurance	private voluntary insurance, direct payments, public taxation
The Netherlands	Mixed compulsory social insurance and private voluntary insurance	public taxation, direct payments



## Percentage of total health expenditure from public and private sources in UK, Sweden and the EU average, 2000





**Whatever type of system –  
Public, private or mixed –  
Regulation is required to ensure that  
Decision-making is consistent  
with broader social objectives.**



**Much, much more**



**Future of Health  
Management**



The Hospital of the Future (around 2020) is dependent on :

- The world of the future
- Health Forecast
- The Patient in Future
- Medical technology Development
- Pharmaceuticals of the Future
- Communications and Information Systems Development
- Health Care Economics and Funding
- Health Reforms
- Primary Care and Community Care Networks
- Caring for the Whole Person



The demands on the 2020 Hospital will depend on all these (and other) determinants and trends :

Therefore, the 2020 Hospital will :

- still need to reduce the number of beds. This is due to development of “hospital at home” and primary care centres
- use less invasive surgery which will result in many more day cases.

Further, the role and operation of hospitals has changed :

- they operate to a larger extent within an integrated service.
- they provide knowledge, diagnosis and advice by video, remote sensing and imaging links to primary care practitioners and they run outreach clinics in primary care centres.
- as clinics and hospitals are more specialised, they need to link to other hospitals for knowledge support.



- hospitals are also linked to medical schools for continuous education of their staff, that has to learn to integrate this updating in the daily work.

### The typical 2020 Hospital :

- will divide their functions between emergency medicine (maybe on a different site) and specialist treatment units.
- therefore teleconferencing will provide an appropriate tool for planning of treatment.
- the patient will be moved to a treatment centre after being stabilized at the Emergency clinics.
- the patient may also be directed depending on status to home care or patient hostel that provides low intensive nursing for short periods of time.



## Treatment units :

- will bring together skills and resources for patients with similar requirements.
- in order to achieve economics of scale for staff and equipment, they have around 100 beds with a throughput of some 10000 inpatients and 50000 outpatients per year.
- there will probably be 3-7 such units in a hospital.
- form natural patient centered knowledge management facilities.
- in order to avoid the increasing spread of infections (due to misuse of antibiotics, staff behaviour, hospital design, etc ...), units are separated to avoid cross infections.



Hospitals specialised in treatment of chronic patients :

- will provide assessment and training for patients and carers.
- will provide emergency intervention in support of primary care based treatment protocols.
- will give patients hand hold computers which will guide self-care, monitor Key variables and help coordinate local care.
- will provide emergency call out when required.

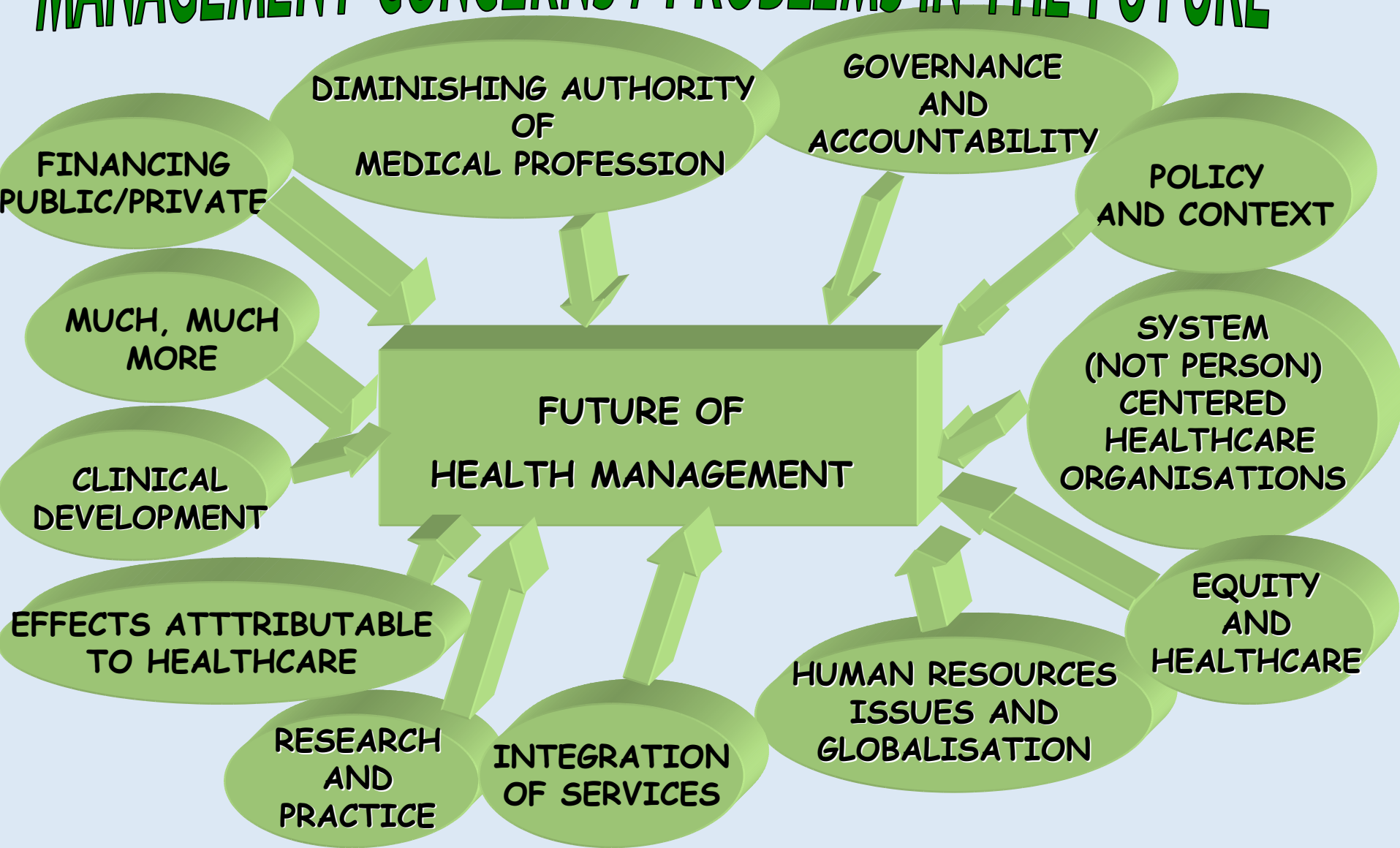


Within primary care units and community hospitals, there will be a range of local treatment units that will provide a variety of day treatment and intermediate care and also be able to handle more complex cases with support of telemedicine facilities.

As the number of hospital beds has been reduced, hospitals also provide space for primary care centres, that sometimes, also contain positive health facilities such as fitness centres.



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“I never think of the future. It comes soon enough.”

Albert Einstein.

“If you want to know your part, look into your present conditions. If you want to know your future, look into your present actions.”

Buddhist saying.

“Prediction is very difficult , especially of the future.”

Niels Bohr