Pan American Health Organization

Regional Office of the World Health Organization

PROPOSAL FOR THE DEVELOPMENT OF A REGIONAL AGENDA FOR HOSPITALS IN INTEGRATED HEALTH SERVICES DELIVERY NETWORKS

SUMMARY REPORT OF COUNTRY CONSULTATIONS

DR RAMON FIGUEROA,
HSS ADVISOR, PAHO/WHO
ECC, BARBADOS

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1902 - 2012

Objectives

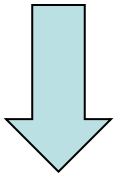
GENERAL OBJECTIVE

The main objective of the meetings was to document the views and recommendations of hospital managers and national directors of health services and identify key thematic areas for the development of a Regional Agenda for Hospitals in IHSDNs.

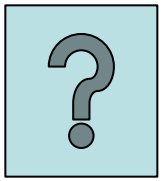
SPECIFIC OBJECTIVES

1. Gather and utilise comments and input from participants about the publication "Integrated Health Service Delivery Networks: The Challenge for Hospitals."
2. Discuss the 'future' of the 'hospital' and 'the hospital of the future'; it's role and functions in integrated networks of health services.
3. Define key areas and hospital strategies in IHSDNs.
4. Perform the registration of participants for Managers Survey on the Future of Hospitals in Latin America and the Caribbean (LAC).

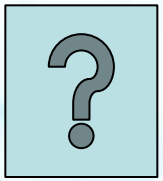
Health Systems Based on Primary Health Care



INTEGRATED HEALTH SERVICES DELIVERY NETWORK



ROLE OF HOSPITALS



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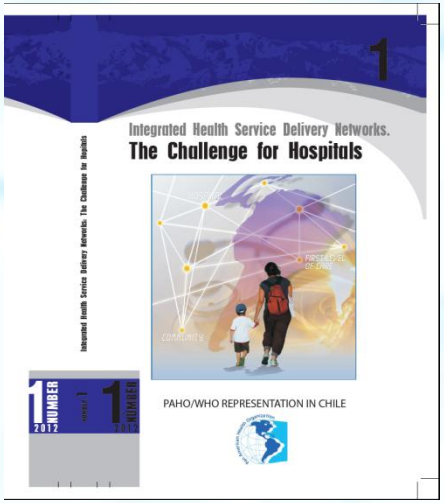
DISCUSSION QUESTIONS

- **What are the major changes affecting hospitals in the near future and how best should they be responded to?**

  - **Without hospitals there can be no IHSDNs;**
  - **With hospitals there will be no IHSDNs if the *status quo* of the current hospital organizational culture is allowed to persists; and**
  - **Without IHSDNs the hospital's current problems and challenges will not be resolved.**



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TECHNICAL MEETINGS

Countries	Date of Meeting	No of Participants	Observations
ECC countries	4-5th September, 2012	20	Primarily public
Jamaica	2nd October, 2012	22	Public
Bahamas	8th October, 2012	20	Public and private
Belize	3rd October, 2012	11	Public and private
Trinidad and Tobago	28th September, 2012	18	Public and private

RESULTS OF DISCUSSIONS

Countries	Challenges	Strategies/solutions	Agreement with IHSDN
ECC countries	-Migration -Aging -CNCD and re-emerging diseases -Urbanization -Violence/trauma -Increased expectations -Human Resource limitations -Political interference	-Proper HR planning and incentives. -Development of proper skill sets. -Use of Media/education -Financing mechanisms -Adopt appropriate technology	Yes, but has been tried in the past Functionality is dependent on changing political/ governance structures.
Jamaica	-Migration -Aging -Urbanization -CNCD -Increased demand -Weak social services -Violence and injuries -Political Interference -Limited private/public mix -Lag of technological incorporation. -HRH limitations	-Proper HRH planning -Incorporation of technology -Integration Primary care with Hospitals. -Patient focus -Public Education -Improved Quality of care.	Generally agree with premises; however it will not work if primary level is not strengthened.

Countries	Challenges	Strategies/solutions	Agreement with IHSDN
Bahamas	-Immigration -Aging -CNCD -Movement to urban settings. -Increased expectations -Human Resources limitations (in# and efficient use) -language barrier -Lack of information on Health Expenditures (NHA)	-Proper HR planning -Use of Media/education -Governance structure. -Greater investment in Primary Health Care.	Initiative not new; initial objective may be to integrate but in practice becomes expansionist driven by new technology.
Belize	-Political interference -Centralized structures -No communication between levels of care. -lack of proper Human Resources planning	-Use of Media/ communication -Use of technology, BHIS -Financing reforms -HR plans, new competencies. -Building new partnerships with private sector	Problems cannot be solved without IHSDN where hospitals play key role.

Countries	Challenges	Strategies/solutions	Agreement with IHSDN
Trinidad and Tobago	-CNCD -Aging -increasing expectations and demands --Lack of awareness of cost -increasing specialization - HRH deficiencies (# and efficient use) and retention issues -Weak social services -Re-emerging diseases; dengue -Poor communication between institutions	-Strengthen primary level preventive care. - Health Promotion - Public Education -Change health personnel training -HRH plans, new competencies, proper mix -development of community based social services - Strengthen environmental health prevention - Use information technology	Agreed with three premises: I-Hospitals are currently the "center" of our health systems and consume most of the resources II- current organization of hospitals is doctor centered III- Hospitals are burdened with primary care and social cases

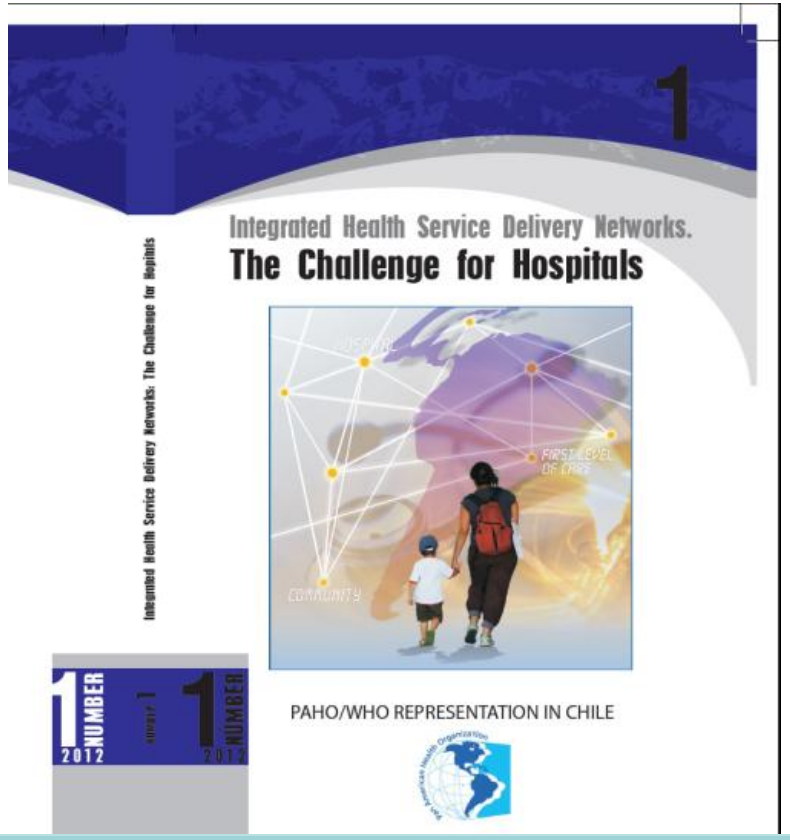
Summary of Conclusions/Recommendations

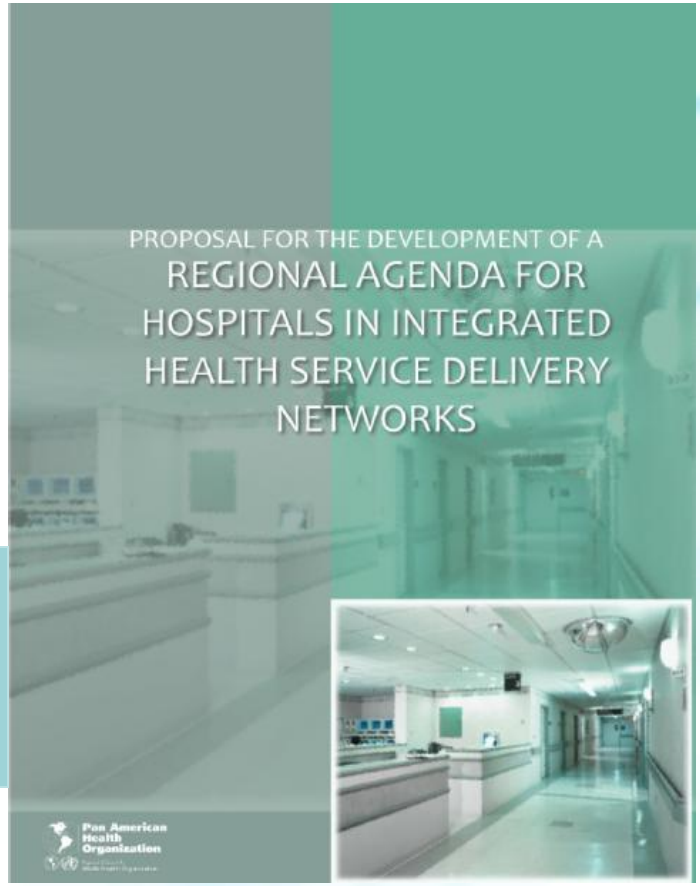
1. Hospitals faced with similar challenges:

   - Epidemiologic/demographic challenges: CNCD, aging population, urbanization, violence and trauma, re-emerging diseases.
   - Systemic Challenges: Poor planning and use of resources (HR, Finance, Strategic Plans, technology); lack of efficient/effective organization (centralized, poor-communication, duplication of structures); Need to strengthen Primary level.
   - Population: Increased expectations, lack of awareness on hospital role.
   - Political

Summary of Conclusions/Recommendations

2. Need for use of Social Media for public information, engaging public in what happens with health facilities so they can understand functions; Health Education to address lifestyle issues affecting population's health.
3. Hospitals represent a crucial link in the system.
4. Without functioning as a network, primary level of services as well as hospital services will continue to suffer same problems now and in the future. More investment needs to be made at primary level, including social service support (community based centers for long term care)
5. System must be sensitive to "internal" and "external" customers, with better HR planning and support and people focused services, all along the continuum of care.
6. Establishment of partnerships with Private sector.





THANK YOU!

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