EVOLUTION AND FUTURE TRENDS OF HOSPITALS

SYSTEMATIC LITERATURE REVIEW

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Pan American Health Organization
Regional Office of the World Health Organization

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Técnicas de Salud

This presentation shows the results of the systematic literature review on THE HOSPITAL OF THE FUTURE: HOSPITAL NETWORKS, under the agreement between PAHO and the Andalusian School of Public Health (Granada, Spain), carried out between October 10th and December 7th, 2011, by the ASPH in collaboration with Técnicas de Salud, S.A

The review focuses on state of the art approaches to re-establishing and redefining the functional boundaries (limits) of hospital services:

- What health services are being produced (profiles), in what circumstances and for whom?
- Delivered by whom, where and when?
- How is each service delivered in the different parts of the world?

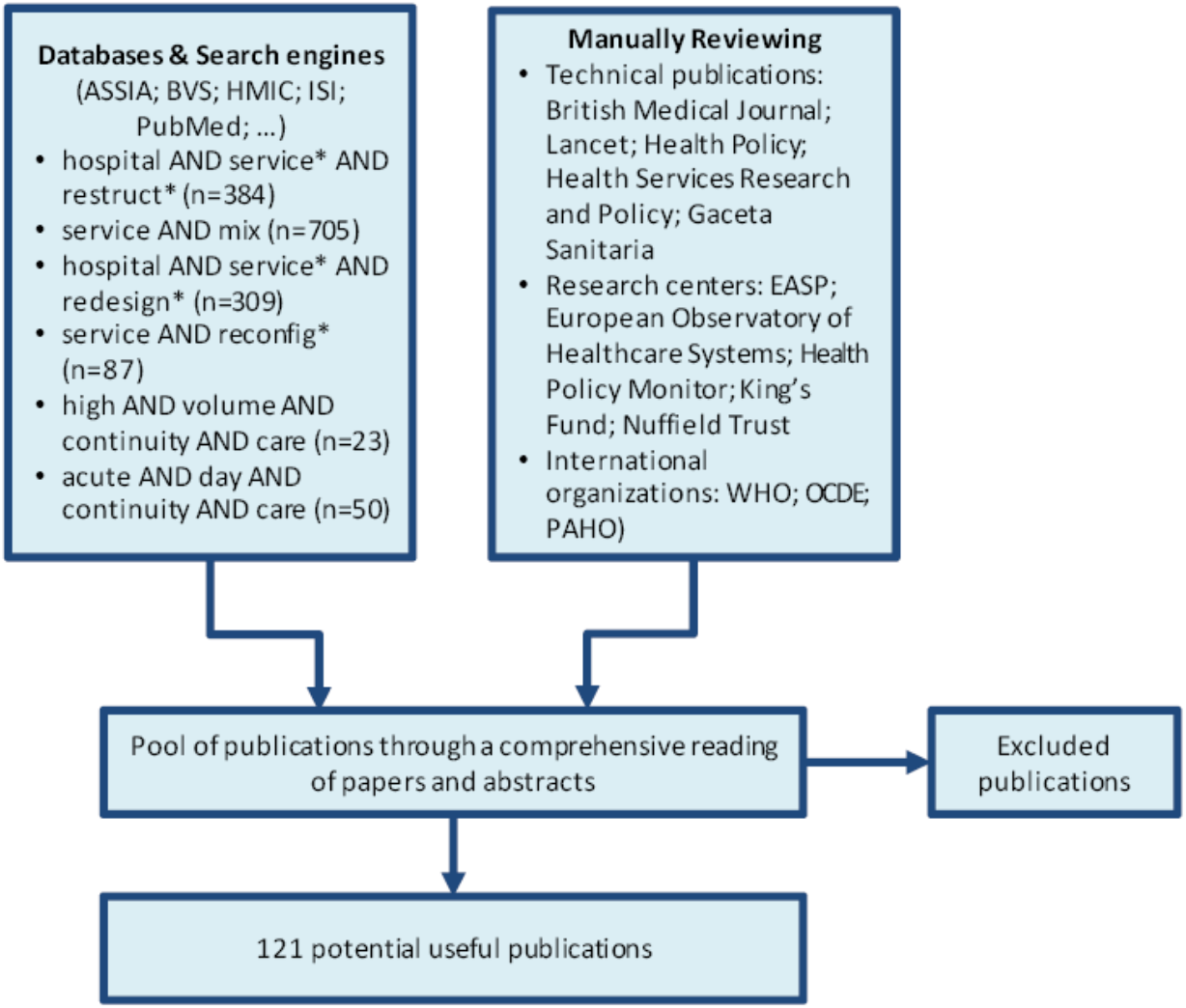
Structure of the presentation:

1. Methodology for the literature review
2. Current pressures on how health services are organised and managed
3. Innovations in health services organization
4. Summary and Conclusions

1. Methodology (1 of 6)

- Selection of search terms
- Search engines and manual review
- On-line resources from research centres and international agencies
- All countries
- From 2001 onwards
- Publications in English and Spanish

1. Methodology (2 of 6)



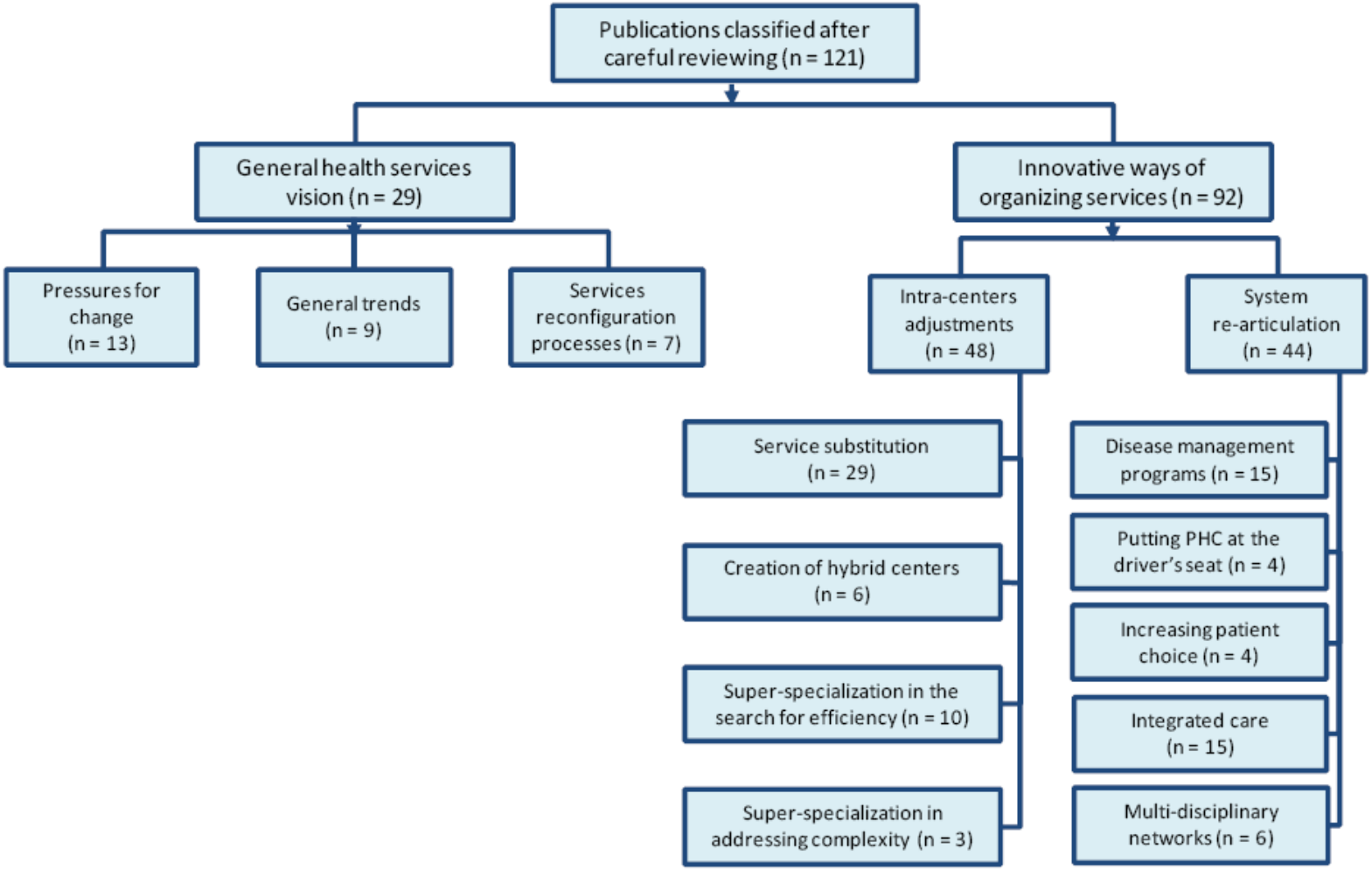
1. Methodology (3 of 6)

Exclusion criteria:

- Lack of a macro/meso perspective of the process of redesigning hospital services
- Documents whose analysis were limited to a single case or experience
- Editorials or opinion articles

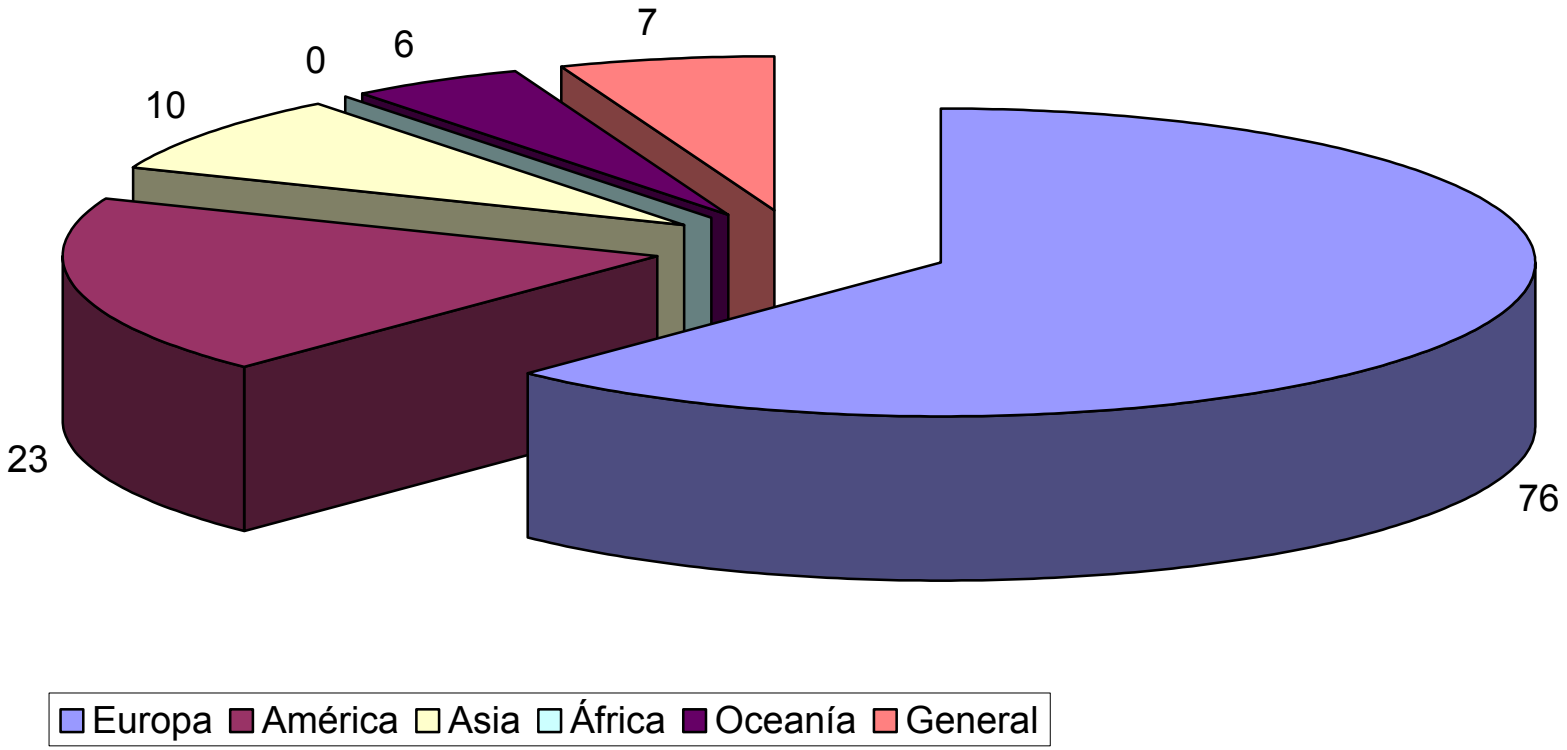
1. Methodology (4 of 6)

Results of the review:



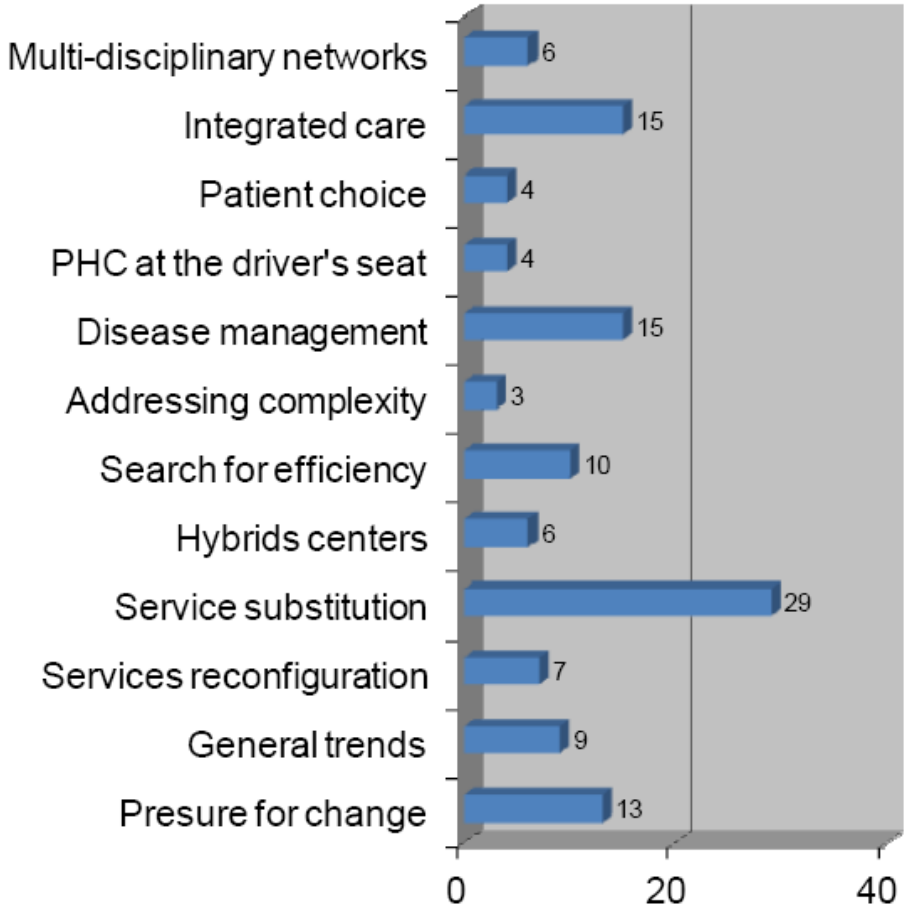
1. Methodology (5 of 6)

Results: Distribution by Geographic Zone:



1. Methodology (6 of 6)

Results: Distribution by keywords:



2. Current pressures on the way health services are organized and managed (1 of 2)

- New technologies
- Changes in user preferences
- Increasing service production costs

2. Current pressures on the way health services are organized and managed (2 of 2)

Two findings:

A. Traditional structures are readjusting to changes

A. Adjustments end up affecting the whole system, which needs to re-articulate

3. Innovative ways to organize services (1 of 3)

Innovations are presented in two separate dimensions:

(A) *adjustments in centres*, with four variants; and
(B) Modalities related to *redesigning the health system* as a consequence of the above, with three main variants

3. Innovative ways to organize services (2 of 3)

A. Adjustments in centres

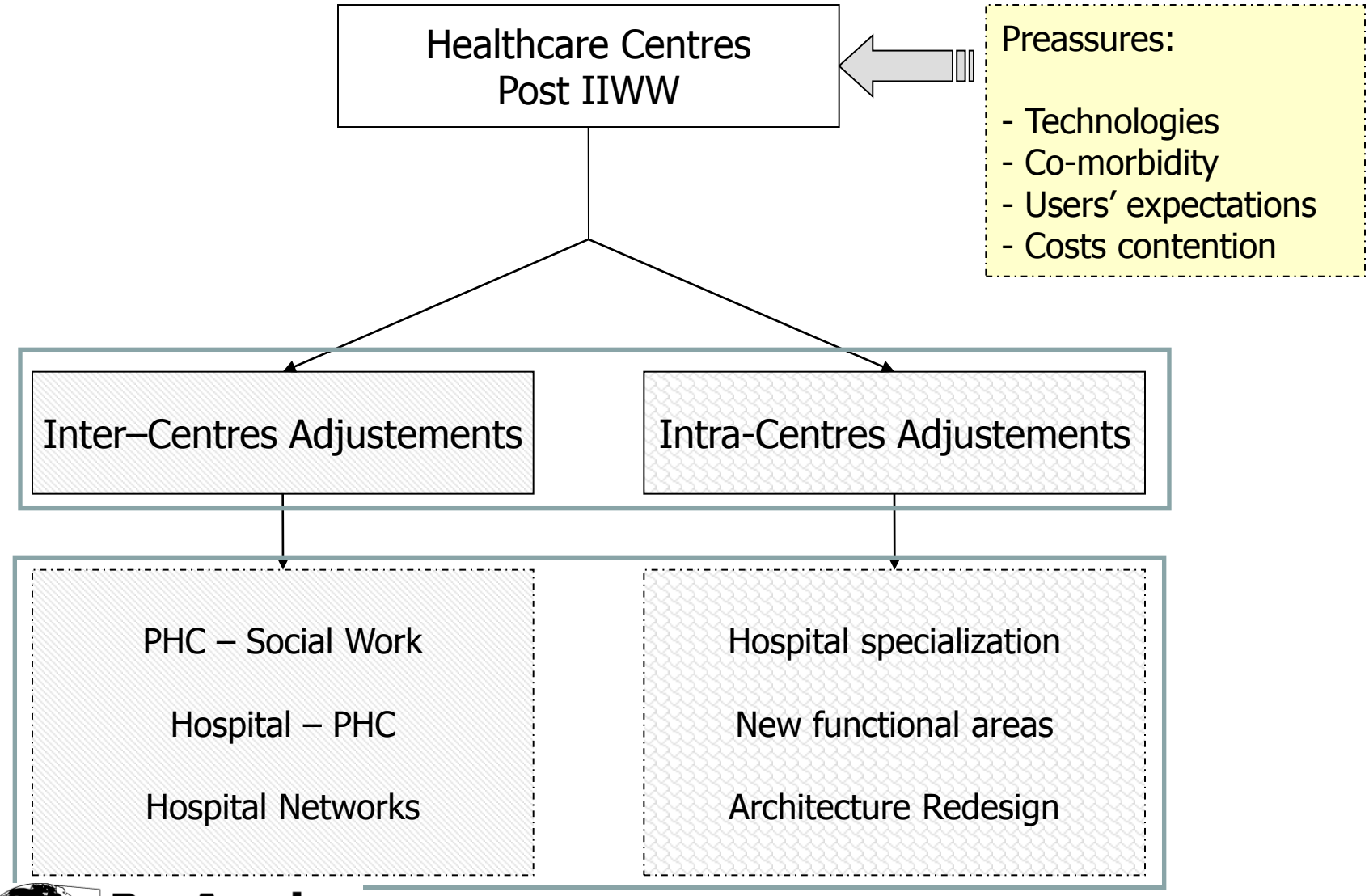
1. Service substitution and rationalization
2. Creation of hybird centres
3. Super-specialization in the search for efficiency
4. Super-specialization in confronting complexity

3. Innovative ways to organize services (3 of 3)

B. Redesigning Systems

1. "*Disease management*" programs
2. Putting PHC in the driver's seat
3. Increasing patient choice

4. Summary and Conclusions (1 of 8)



4. Summary and Conclusions (2 of 8)

It could be reasonable to expect more feasible *medical practices* endowed with more equipment and higher resolution capacity, that could encourage the integrated management of persons with similar illness.

They could work independently of each other or as a network

4. Summary and Conclusions (3 of 8)

"*Day-*" or "*intermediate-care*" surgical units, with improved anaesthetic procedures and less invasive surgical procedures will allow a quicker recovery of patients and will shorten *inpatient* lengths of stay.

Regardless the way units are organised -independently or as a network-, its implementation will require (beyond its technical viability) some sort of incentives for professionals

4. Summary and Conclusions (4 of 8)

Collaboration between various centres (hospitals and non-hospitals; nacional and internacional) will be frequent and necessary.

Management by processes and clinical guidelines will be of utmost relevance in order to improve inter-level flow and prevent bottlenecks in hospitals

4. Summary and Conclusions (5 of 8)

Hospitals will have to go from treating acute cases on inpatient basis to coordinating patient care at other levels of care (including family care) for better outcomes.

There are no easy solutions to this situation and it is quite likely that a *trial and error* method will proliferate in the search for organizational arrangements.

4. Summary and Conclusions (6 of 8)

Architecture in health-related institutions will need to emphasize flexibility as never before.

The design of multifunctional buildings and multi-use rooms will be essential, creating adaptable spaces that allow care to be provided in different ways in the same place without moving the patient, will be essential.

4. Summary and Conclusions (7 of 8)

To adjust human resources levels will have to precede any possible solution taken into account. The health sector is intensely dependent on their use.

4. Summary and Conclusions (8 of 8)

In any case, improved coordination mechanisms; greater regulatory efforts; effective ICT-based information systems; as well as strategies for involving all stakeholders will be needed.