

Costs operation in a. o.

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Třinec hospital, a. o.

- Number of beds – 401 (29 UIC+ARO)
- Investment - 88%
- ND - 6,8 (incl. Sequent care)
- Number of hospitalization - 17 800
- Number of surgeries – 7 000 (children)
- Number of childbirth – 980
- Number of employees – 825 (776 duties)
- Turn over (th. Kč) – 488 000
- Economy output (th. Kč) – 14 700 (1. – 10.)
- Doctor's aver. wage – 46 000 (1. – 10.)
- Aver. wage HIC – 21 800 (1. – 10.)

Trinec hospital, a.o.

Bed department

- Children department
- Anaplasty department
- Gynecological-maternity ward
- ARO
- Internal department
- Surgical department
- Orthopedical department
- ORL department
- Neurological department
- Medical rehabilitation department
- Multidepartment JIP

Nonbeds department

- Gastroenterology department
- Optical department
- Dermatology department
- Clinical biochemistry department
- Haematology-transfusive department
- Pathological-anatomy department
- Radiodiagnostic department
- Chemist
- Oncology ambulance
- Infectious ambulance

Major programme

- Children surgical center
 - children orthopedy
 - children anaplasty surgery
 - children surgery and traumatology
 - children ORL – project in cooperation with
KDCHOT FN Brno
- ICT center
 - trombosys, cooperations expactations with
Podlesí hospital - intervention

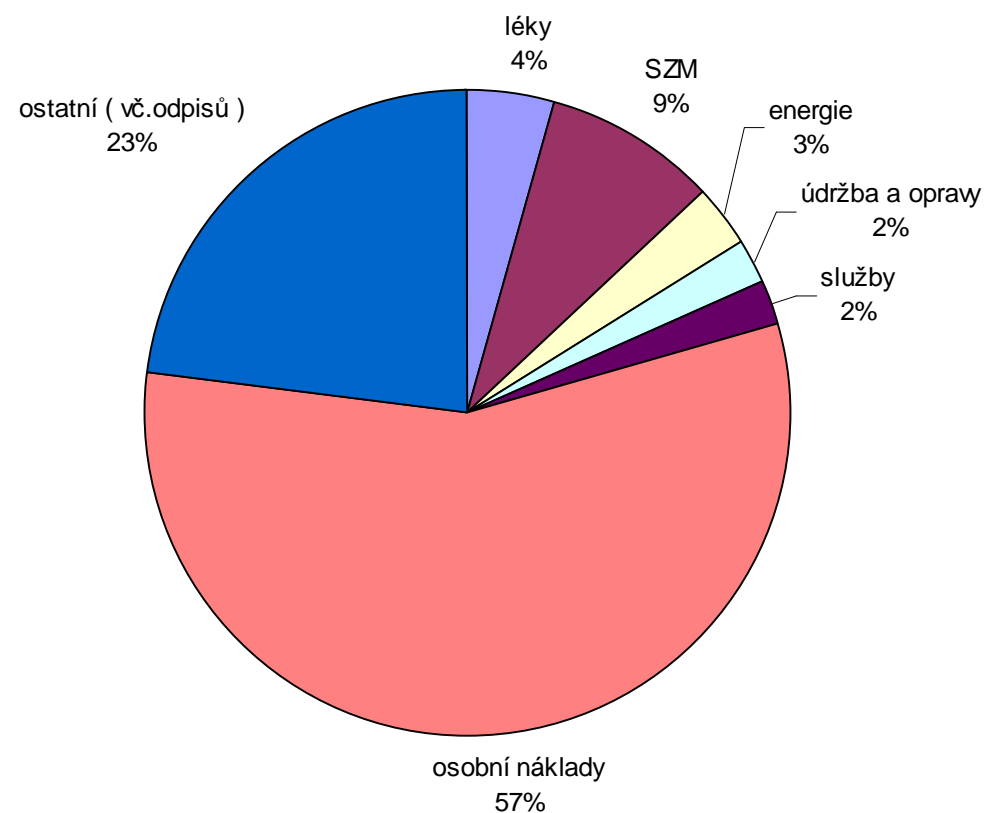


Třinec hospital, a.o.



- Hospital is in term of costs operation as every other company
- Hospital specific function is to fill public request for health services with price regulation
- It doesn't mean, that bed medical care is unprofitable – by contrast it is possible to provide quality care with well-balanced or positive budget

How to manage costs I?



How to manage costs II?

- To concentrate more on important costs (57% personal costs, 13% SZM and drugs).
- The lowest costs are those, which doesn't exist – redundant employees, useless drugs serving, waste of diagnostics performance (RTG, laboratory).
- To eliminate drugs waste, to motivate employees to think about efficient service providing and to invest more to primary treatment.

How to manage costs III ?

- To eliminate and reduce bed capacity wastage, implication of this is employees and other costs decrease (variable and fixed costs).
- To provide just demanded care, which is bigger than offer (to reduce small department duplicity in other hospitals).
- Our hospitals have cca unnecessary 20% capacities, so costs will dramatically decrease , if we cancel those capacities in the end.

What will happen?

Personal costs

- If the structure is adapted to hospital's demand, we can start to decrease an individual costs.
- Don't concentrate on details. If we decrease employee statue about 10 %, we save 5 – 6 % of total costs. If we decrease SZM price about 10 %, we save 1-2% of total costs.
- High personal costs doesn't evoke high employees salaries, but a total hospital costs, which are not necessary. Most of hospitals are overlarge in the number of beds and employees.
- We have to pay and motivate employees in a right way, so they can be faithful and uncorrupt.
- Big reserves are in ÚPS – doctors should be reasonable payed for their real work.

SZM and drugs

- **Selection procedure** – long legislative process, which doesn't follow the main target – lower costs, but gives an accent on a formal process. It is not necessary, if we cheaply purchase, but if we didn't break the law (advantage Inc. to a.o.)
- **Internet auction** – is convenient for a sporadic purchases. Market of SZM, instruments and drugs are very complication and unnoticed.

How at it?

- **Alliance purchases** – to aggregate demand for more hospitals
- Subsidiaries, who realize a reasonable purchases (solve demand, transport to department and financing)
- Motivation of crucial people, who realize commission and savings purchase and have an incorruption behaviour
- Transaction is centralized on a director and economist (doctor concentrates more on specification and instruments)
- Subsidiaries eliminate by its own purchase corruption

What more we can do?

- To plan amount of planned care and to adapt it to expectable earnings. We always have to have a reservation for acute care. Our duty is to inform health insurance company about changes in amount of provided medical services.
- Always find a possibilities.
- Reserves – take into account comfort and compromise doctor decisions especially in a state hospitals.
- We always have to adapt costs to earnings, but not contra (regulated earnings)
- Revenues – chemists, fee based services, foreigners

Last

- Health insurance companies' function is not to cover a hospital budget (costs) and to finance its business, but to purchase a medical care for its clients
- Hospitals are not a pillar of a regional social policy (according to employment), but they have to act as normal company, which has to adapt its service offer to a social service demand
- Personally, I do believe in market principles in public health. Favourable conditions enable to create a market principals, because of the offer outhang towards demand

Thank you for attention

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