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## Volume 15, Issue 4/2013 - Country Focus: Lithuania

### Reform of Lithuanian Hospitals During the Economic Crisis

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**Author:**

**Edmundas Baltakis**

*Chairman of the Lithuanian Association of*

*Hospital Managers*

*Head Doctor of Joniskis Hospital*

Over the past five years, the number of state hospitals has fallen by 17.6 percent, meaning that as many as 18 facilities (mainly specialised – 47.6 percent) were merged into separate legal entities. This has resulted in a more effective network of institutions, joining them into larger legal entities and integrating mono-profile hospitals to multiprofile institutions. Hospitals providing specialised treatments for children, tuberculosis, psychiatry, infectious diseases, maternity services were mostly integrated to multi-profile institutions. This allowed the development of a streamlined service structure, redistributing patient flows, consolidating the infrastructure and resources of district hospitals for treatment of widespread diseases, while concentrating diagnostics and treatment technologies of complicated cases in large hospitals.

Based on the criteria set in the programme for the third phase of the restructuring, all Lithuanian hospitals were divided to national, regional and district facilities. Two university hospitals were attributed to the national level – Lithuanian Health Science University Hospital Kauno Klinikos (with over 2,000 inpatient beds), and Vilnius University Hospital Santariškiu Klinikos (with over 3,000 beds). The range of healthcare services was approved for each level hospital or their groups, based on specific criteria. District-level hospitals were further divided into 2 groups – 11 district hospitals (with 85 to 130 beds), as non-conforming to some of the requirements, with a small number of services (300 births, or 660 and less major surgeries per year), and failing to ensure their growth and efficient use of human and material resources, were not allowed to have departments of surgery and traumatology, obstetrics, and to provide level II intensive care services. The other 21 district hospitals that were compliant with requirements (with 130 to 200 beds) were certified to deliver such services. Currently, the country has 11 licensed regional hospitals (from 188 to 466 beds), 5 national (over 1,000 beds), and others.

Compared with previous years, the average duration of one treatment in general hospitals is declining and was 7.09 days in 2012.

The number of hospital beds in Lithuania fell by more than 2 percent between 2008-2012. This is explained by the declining Lithuanian population – by about 400,000 during this period of economic crisis, mainly because of emigration (to England, Ireland Norway, Sweden, Germany, etc.). These processes affect changes in the relative number of beds.

Over the last 2 stages of the restructuring, the country's PHIs failed to achieve any one of the objectives – the target hospitalisation rate per 100 population – 18, although the inpatient services decreased by 2.6 percent in 2009 compared to 2011. The achieved indicator of 20.77 hospitalisations per 100 population reflects the country's demographic processes – ageing society, increasing number of diseases in 2012.

A positive trend is the significant growth of outpatient services: 7,944 thousand of these services were provided in 2009 and as many as 8,595 thousand in 2011 (i.e. 651 thousand or 8.2 percent more than in 2009). Cost-effective services are also growing: in 2011 as compared to 2009, the day inpatient service growth was +25 percent, day surgery +21.6 percent, reception and emergency care +6.4 percent, while monitoring services increased as high as 56.5 percent.

In order to improve the delivery of healthcare services in the country's hospitals, improving their quality and accessibility, more than 90 projects were implemented from the EU Structural Funds during the period from 2008 till the first half of 2013, utilising more than 73.5 million euros, allowing the modernisation of inpatient healthcare institutions:

- To improve accident and emergency care, infrastructure was upgraded in 29 health facilities (district, regional and republic level hospitals). This included the renovation of premises, acquisition of modern medical equipment (defibrillators, monitors for cardiovascular function monitoring, electrocardiographs, etc.) and medical vehicles for patient transportation.
- The development of day surgery services included the upgrade of 35 public (district, regional and republic level hospitals), and 9 private personal healthcare facilities. Operating and procedural rooms were renovated as were observation wards for day surgery services, patient and accompanying person waiting rooms. Medical equipment was modernised: operating tables, vital signs monitors, operating lighting, ventilation and anaesthesia, galvanocaustic machines, defibrillators, laparoscopy and other devices.

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- Development of nursing and palliative care services included the upgrade of the infrastructure of 51 health facilities providing inpatient nursing and supportive care and/or inpatient palliative care services: renovation of premises, acquisition of modern medical and nursing equipment.

It should be noted that regardless of the base rate reduction for inpatient hospital services by 19, 11, 9 and 8 percent since 2009, the joint efforts of the Ministry of Health, the National Health Insurance Fund, the Lithuanian Association of Hospital Managers, heads of individual healthcare institutions and hospital communities allowed to mitigate the negative consequences in the health sector. The level of health services has been so far been maintained without compromising their accessibility to patients. By providing more outpatient, day surgery and other alternative services and developing prevention programmes, the Lithuanian health system has demonstrated its viability during the period of crisis.

Published on : Mon, 3 Feb 2014