

Report from Medical Centre – Bitola



Medical Center

“Dr. Trifun Panovski”

Bitola

*grad. ecc. Dijana
Acevska – financial
director*

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Profile

- ✓ Regional center of the southwest part of Macedonia
- ✓ Serves 300,000 patients – secondary health care
- ✓ Complete diagnostics and secondary health care for Bitola, Resen, Demir Hisar and Kicevo – 150,000 population



Profile

- ✓ Stationary health care, service-diagnostics activities and professional basis of education and medical education of health care providers and collaborators.



Background

- Since 1913 – General hospital
- Since 1966 – Medical centre:
 - Hospital
 - Health Home
 - Town Pharmacies
- In 1971 the current hospital object was launched

Profile

- ✓ Number of beds and departments
 - 17 hospital departments
 - 4 daily hospitals
 - 662 hospital beds in 153 hospital rooms
 - 45 infant beds
- ✓ Average use 55 - 60%
- ✓ Most often involvement in patients and service structure:
 - Circulatory system
 - Neoplasm
 - Digestive system
 - Respiration system

Profile

- Total number of employed is 1561, out of which in general hospital there are:
 - 173 doctors
 - 214 nurses
 - 112 non-medical staff
 - 32 administrators
 - 22 assistant technical staff

Note: Because of small number of nurses and assistant technical staff, there are 160 contracted employed

Financial compromise between plan and results

Category	Paragraph	Fiscal year				
		2001	2002	2003	2004	2005
Plan	Total revenue (1000 denars)	865.600	988.700	960.105	1.009.100	1.033.700
	Number of ambulatory visits	750.400	786.900	775.770	784.200	788.000
	Number of hospitalised patients	14.100	14.050	13.900	14.050	14.100
	Average use (%)	56	56	56	55	54
	Average length of stay	9,5	9,0	9,0	9,0	9,2
Result	Total revenue (1000 denars)	852.068	943.665	856.445	848.178	
	Total expenditures (1000 denars)	853.147	947.010	881.197	864.408	
	Difference (1000 denars)	-1.079	-3.345	-24.752	-16.230	
	Number of ambulatory visits	764.761	740.614	780.838	790.320	
	Number of hospitalised patients	14.143	14.162	14.042	14.027	
	Average use (%)	55	58	54	55	
Filling results database	Average length of stay	9,0	9,5	9,0	9,3	
	Number of hospitalised uninsured patients	458	732	387	593	
	Unpaid services from uninsured patients	10.092	13.021	5.338	10.226	
	Invoiced to HIF			792.785	836.762	
	Unpaid resources from HIF throughout the year			792.785	761.436	
	Accumulated costs towards the providers			224.711	321.036	

Financial compromises between plan and results

COMMENTARY for 2004

➤ Planned revenue	1.009.100 denars
➤ Realised revenue	848.178 denars
➤ Difference	160.922 denars

- in 1000 denars

Reasons:

1. Smaller number of hospitalised patients
2. Decreased capacity use
3. Unpaid services by HIF
4. Unpaid services by uninsured patients
5. Increased average hospital stay

Financial compromises between plan and results COMMENTARY for 2004

➤ Expenditures	864.408 den
Staff salary	411.729 den
Food and travelling expenses	56.772 den
Separate life expenses	2.753 den
Other material expenditures	393.154 den
	- in 1000 denars

Financial compromises between plan and results COMMENTARY for 2004

➤ Debts 16.230 den

1. All realised and unpaid debts are recalculated as an expenditure of next years, thus 2005 began with expenditure of 125.566 denars

2. Unpaid obligations towards providers of 321.277 denars, out of which:

To Medical Centre 174.830 den

To HIF of RM 146.446 den

- In 1000 den

10 biggest companies to whom Medical Centre Bitola owes, in form of debts

Name	2003 (in 1000 den)	2004 (in 1000 den)
Zegin	27.720	21.669
Alkaloid	20.570	15.084
Farmatrejd	16.044	13.518
Replek	15.370	28.562
Lek	14.240	2.030
Dr. Panovski	11.634	33.035
Krka	9.111	7.159
Eurofarm	5.335	11.124
Farmahem	5.508	3.904
Avicena	-	9.776

10 biggest companies to whom Medical Centre Bitola owes, in form of debts COMMENTARIES

- All are providers of drugs, reagents and medical supplies
- Debts are accumulated over the years
- There are agreements for delayed debt payment
- More often appearance of executive court decisions
- Continuously blocked giro-account

Influence by constant financial difficulties over the work and efforts for their overcoming

Activity	Negative Influence	Efforts made
Internal processes	<ol style="list-style-type: none">1. Uneducated staff to follow modern trends in health management2. Difficulties to improve quality food for patients3. Problems in implementation of detailed expenditure control	<ol style="list-style-type: none">1. Continuous staff education in market work2. Improved software system

Influence by constant financial difficulties over the work and efforts for their overcoming

Activity	Negative Influence	Efforts made
Objects	<p>Difficulties in:</p> <ol style="list-style-type: none">1. Space expansion for production of infusion solutions2. Adaptation of sterilization space3. Reconstruction of internal diseases department4. Physical division of neuropsychiatry, psychiatry and neurology5. Dialysis room and emergency internal diseases ambulatory by dislocating specialists ambulatories6. Toilets refurbishment7. Replacement of old joinery8. Dislocation of administration and transfusion	<ol style="list-style-type: none">1. Requiring donations and sponsorships for construction and reconstruction2. Asking HIF to pay for provided services on time

Influence by constant financial difficulties over the work and efforts for their overcoming

Activity	Negative Influence	Efforts made
Equipment	<p>Difficulties in:</p> <ol style="list-style-type: none">1. Regular equipment maintenance:<ul style="list-style-type: none">◦ Defect removal◦ Fixing broken equipment◦ Spare parts procurement2. Employing technical staff for individual equipment maintenance and its professional education	<ol style="list-style-type: none">1. Negotiations with equipment maintenance firms for delayed obligations payment2. Negotiations with HIF about fixing computer tomography

Plan for reforming hospital finances

Period	Short-term (1 year)	Mid-term (3 years)	Long-term (5-10 years)
Task	Balance inflow and outflow of funds	Gain profit	Eliminate debts
Set goal		Increase profit for 3-5%	

Plan for reforming hospital finances

Internal
strategy

Revenue increase

1. Selling infusions and drugs of own production

2. Doctors to respect working hours

1. Introducing new diagnosis procedures
2. New services outside HIF benefit package

3. Activating the oven for medical waste destruction

4. Parking fee, renting space for shops and restaurants, private hospital apartments, renting space and equipment to private doctors, payment for scheduled check-ups

Plan for reforming hospital finances

<p>Internal strategy</p>	<p>Expenditure decrease</p>	<ol style="list-style-type: none">1. Cost decrease2. Ceasing daily meal of overnight staff3. Daily control of drugs and medical supplies expenditures	<ol style="list-style-type: none">1. Decrease the number of hospital days by using advanced technology2. Introducing economy units in all departments for maintaining expenses in predicted budget frames
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Plan for reforming hospital finances

<p>Internal strategy</p>	<p>Internal assumptions</p>	<ol style="list-style-type: none">1. Renting equipment from pharmaceutical warehouses2. New software for inventory of basic funds	<ol style="list-style-type: none">1. Introduction of new “upgrading system” of the employed
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Plan for reforming hospital finances

Period	Short-term (1 year)	Mid-term (3 years)	Long-term (5-10 years)
Task	To balance inflow and outflow of funds	Realisation of revenue	Eliminate debts
Set goal		Income increase for 3-5%	

Plan for reforming hospital finances

<p>External assumptions</p>	<p>Health Insurance Fund</p>	<ol style="list-style-type: none">1. Raising fee-for-services at HIF2. Defining standard treatment procedures in planned benefit packages	<ol style="list-style-type: none">1. Introducing internal compensations of debts between hospitals, drug warehouses and HIF2. Introduction of bilateral compensations between the hospital and HIF
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Plan for reforming hospital finances

External assumptions

Health legislation system

1. Regulating private practice of hospital doctors

2. Regulating payment for services of Albanian emigrants

3. Regulating payment of services from uninsured patients

1. Changes and amendments in the Law of Working Relations and Collective Agreements

Thank you
for your attention

