

STRATEGIC PLANNING FOR INFRASTRUCTURES

« BOTTOM-UP » APPROACH FROM BASES BACK TO PLANNING...

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SUMMARY

FROM THE « BOTTOM » = THE HOSPITAL

WHICH SPECIFICATIONS « UP » FOR A STRATEGIC PLANNING ?

- FRENCH SYSTEM FOR HEALTH STRATEGIC PLANNING
- CLASSICAL ISSUES IDENTIFIED (France)
- NEW PEOPLE : NEW PATIENTS & NEW WORKFORCES
- THE INFRASTRUCTURE PART OF A CHAIN – CASE OF FRANCE

FRENCH SYSTEM FOR HEALTH STRATEGIC PLANNING

REGION LEVEL = HEART OF STRATEGIC PLANNING DECISIONS

- PSRS : REGIONAL STRATEGIC PLANNING FOR HEALTH
= STRATEGIC ANALYSIS & ORIENTATIONS (PUBLIC HEALTH APPROACH)

TERRITORY = DEPARTMENT LEVEL

- SROS : REGIONAL ORGANIZATION FOR HEALTH
= NEEDS AND OBJECTIVES OF EACH TERRITORIES

HOSPITAL LEVEL = PLACE OF THE CHANGES

- CPOM : CONTRACT (REGION//HOSPITAL) OVER 5 YEARS WHICH SPECIFIES WHAT WILL BE THE GOALS AND MEANS
= WHO WILL DO WHAT? WHAT ABOUT VOLUMES (=> LEADS TO FINANCING WITH THE ACTIVITY TARIFICATION) ?
- HOSPITAL PROJECT : OVER 5 YEARS

2 Difficulties : many existing buildings to renovate with few money / PPP of CHSF

CLASSICAL ISSUES THAT IMPACT INFRASTRUCTURE

OUT OF ORIENTATIONS OF PSRS

- ACCESS INEQUALITIES // PLACE ? EQUIPMENT ? PRICE ?
- PATIENT COURSE MORE AND MORE COMPLEX (EX: CLIC)
- EQUIPMENT BASED NETWORK
- EMERGENCY « ENTRANCE » PROBLEM => need of structure for selective sorting
- PERFORMANCE (OPTIMIZE SPACE, ENERGY, TIME,...) (EX : short circuits & fast tracking, STM adm, badge readers, locations,...) => working on networks
- « FOCUSING ON THE JOB » : POOLING & EXTERNAL SERVICES => working on delivery spaces (EX STM kitchen // laundry)
- QUALITY & RISK MANAGEMENT APPROACH : SECURITY ! in the building (usual like firefighting and now videoprotection...), close to the patients, with information transferring

LEADS TO PATIENT CENTERED APPROACH...

SMALL THINGS WILL IMPACT THE FINAL QUALITY OF SERVICE

(DESPITE OF A GOOD & STRATEGIC PLANNING...)

NEW PEOPLE : NEW PATIENTS

FROM THE CURE TO THE CARE

- INCREASE OF CHRONICLE DESEASES (12M in France in 2015)
- INCREASE OF AGING (+40% in France from 2000 to 2040...)
- INCREASE OF DISABILITY WITH AGING (INCLUDING DEMENTIA = RUN AMAY RISK)
- INCREASE OF COMFORT EXPECTATIONS (ex of exit satisfaction survey – « eat smile clean »)

MEANS :

- WELLCOMING & « ERGONOMIC » ENVIRONMENT (ex spaces for perambulation, suicide prevention)
- STRONG WORKFORCE : MORE PROFESSIONNALS WITH MORE EQUIPMENT (caring)
- NETWORKING (with social & home professionnals)
- PATIENTS THERAPEUTIC EDUCATION (help them to be their own nurse) => which facilities?
- NEW TECHNOLOGIES / APPROACHES INTEGRATION (ex therapeutic appartments)

BUT... EXISTING INFRASTRUCTURES AND MONEY PROBLEMS...



NEW PEOPLE : NEW WORKFORCE

- FROM NUNS TO ACTUAL SYSTEM
- TIGHT MARKET OF PROFESSIONNALS (MEDICAL & REHABILITATION)
- NEW JOBS (spaces to adapt, new equipment to integrate, teams to educate)

FEW PROFESSIONNALS MEANS

1/ NEED TO BE ATTRACTIVE

AMPLIFIED BY ACTIVITY TARIFICATION...

an infrastructure adapted to the workforce expectations too (ex STM of massage therapist)

2/ INTERNATIONAL RECRUITING

HELPED WITH NEW COMMUNICATION MEANS, AIR TRAFFIC, TELEMEDECINE, EUROPEAN LAWS...

Driving to international standards? What about languages teaching/learning/translating facilities?



THE INFRASTRUCTURE PART OF A CHAIN (FRANCE)

« WHAT DO THEY THINK FOR YOU? »

THE INFRASTRUCTURE IS PLANNED IN THE PSRS FOR A SPECIAL INTEGRATION
IN THE EXISTING ENVIRONMENT = YOU HAVE TO FIT THE EXPECTATION

BUT THIS EXPECTATION MAY NOT FIT YOUR INCOME EXPECTATION...

=> FIGHT FOR THE BEST CASE MIX

THE INFRASTRUCTURE PLANNING SHOULD INTEGRATE
THE FINANCIAL RELIABILITY OF THE CASE MIX

THE INTERNATIONAL « NOT WELL VISIBLE BUT EXISTING » CHAIN...

international patients/customers... => infrastructures have to fit special
specifications for special expectations...

international crisis & pandemic approach (ex of hospitals close to airports...) =>
infrastructures have to integrate the idea of managing great flows of people

CONCLUSION

THE SUCCESS OF A STRATEGIC PLANNING FOR HEALTH INFRASTRUCTURE DOESN'T RELY ONLY ON THE GOOD STATISTIC MADE IN A FAR AWAY OFFICE...

THE SUCCESS SEEMS TO RELY ON A COMPREHENSIVE APPROACH OF THE FUTURE :

- WHAT ARE THE CONCRETE NEEDS OF TOMORROW PATIENTS?
- WHAT WILL BE THE WORKFORCE & THE FUTURE EQUIPMENT?
- WHAT EXISTING INFRASTRUCTURE WILL REMAIN AROUND?

FITTING THOSE THREE... IS THE RIGHT TOOL :

THE NEW or RENOVATED
INFRASTRUCTURE

