

# Team Latvia

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Hope Exchange Programme 2019

Evidence-informed decision-making in healthcare management

#### **Facts about Latvia**

• Official title: Republic of Latvia

Capital: Riga

Political System: Parliamentary

democracy

• **Area:** 64.589 km<sup>2</sup>

• **Population:** 1.9 million

Official language: Latvian

 Nationality: Latvian 60.5% / Russian 26.6%

• **Currency:** Euro introduced in 2014

110 municipalities

9 cities



Parliament of the Republic of Latvia (Saeima)

## **Latvian Health Care System**

Health care system based on residency principle

State pays for all services except those excluded from scope

Free choice of health care institution and specialist

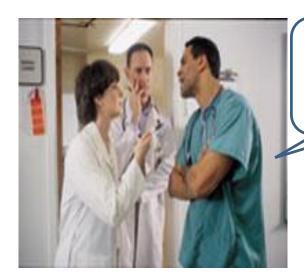
Health and social care services funded separately

Health care services available at state, municipal level and at private inpatient and outpatient health care institutions

## Latvian challenges



Burnout syndrome



Shortage of doctors and nurses

Underdeveloped infrastructure



Strategic planning and ministerial collaboration





Underfunding of healthcare & Low salaries



**Cultural diversity** 

# Evidence informed Decision Making in Health Management

- Green corridor for oncological diseases
- Quality, patient safety & complaints management
- Nurse resource management
- Electronical solutions for outpatient services, BI systems for record management
- Evolved hospital chaplaincy services
- Development of new facilities & services (e.g. ECT, Teenager services, Child Adolescent Psychiatry, new hospitals etc)

#### **Green Corridor**

Efficient and fast health care program for early detection of oncological diseases

- Drivers
  - Long waiting list (suspected cancer)
  - ☐ Delay in diagnosis
  - Green Corridor fast track
  - ☐ Implemented in Oct, 2016
  - ☐ Governmental funded
  - ☐ Involvement of GP, specialists in hospitals
  - ☐ Defined pathway (Time, Specialist, Setting)



#### Pathways in the green corridor

Nacionālais veselības dienests

Referral
Recognition Examination
Time - 10
working days
from patient
application

Time for consulting - 10 working days from the time when the GP applies for consultation

- Visit to GPs
  - · Signs and symptoms;
  - Physical examina+'jn;
  - Medical history evaluation;

Referral

Examination in any institution, near home

- Patient application
- Examination procedure
- Description of examination

- Repeated visit to GPs
  - Analysis of the results of examination

Referral to the specialized clinic

Specialized medical institution

- Patient application to the specialist for a consultation
- Specialist consultation

Certain diagnoses that identify the referral

The description of the examination is provided within 5 working days

Certain
diagnoses that
identify a
referral, which
are valid for only
5 certain
medical

institutions

Time for examination – 30 days from the time when examination was applied

# Green corridor – Pauls Stradins Hospital



- First consultation/examination/scan 10 days (since appointment is requested by patients FD or GP)
- Treatment plan 30 days since the first visit
- Treatment 60 days since the first visit.
- •2018: 85% of patients within green corridor
- •Average: 40 patients consultation, 10 diagnosed with oncology related illness.

#### Patient experience measurement

A pilot experience with the Riga Children's University Hospital



**HSPA Latvia** 

**PREMs** 



Same questionnaire used at the Meyer Paediatric University Hospital in Florence



Opportunities of data comparison

at the international level



#### WHAT IS EVIDENCE?





EVIDENCE

Valid information

SOURCE

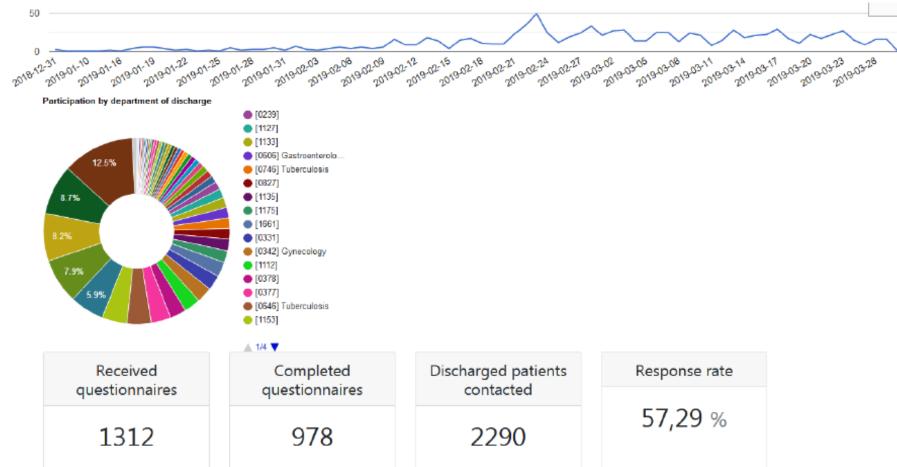
Patients & Families

CHANNEL

Online
questionnaire
Engagement

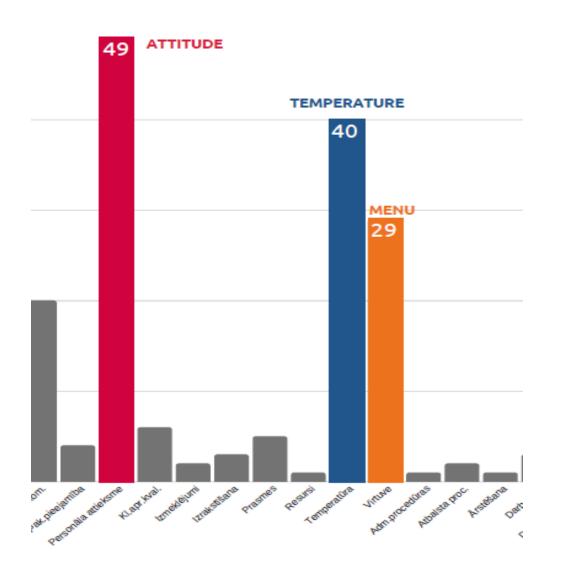
# Riga Children's Hospital Results Q1/2019





#### **Survey Findings - Actions**





- Improvement of Communication
- Share outcomes
- Involvement of families
- Changing the Chef
- Ongoing work on ventilation





# Shortage of nurses: how to decide the number of nursing for each department/ward

- Levels of patient care
- Pediatric patient classification (PPKS)
- Neonatal patient classification (NPKS)
- •Intensive care patient classification -Therapeutic Intervention Scoring System (TISS-28)
- Mental care patient classification (GVAL)
- Rehabilitation (RAL)

	I	П	III	IV	
PPKS	1/9	1/7	1/5	1/3	
NPKS	1/4	1/3	1/2	1/1	
TISS -28	1/3	1/1.6	1/1	2/1	
GVAL	1/8	1/6	1/4	1/1	



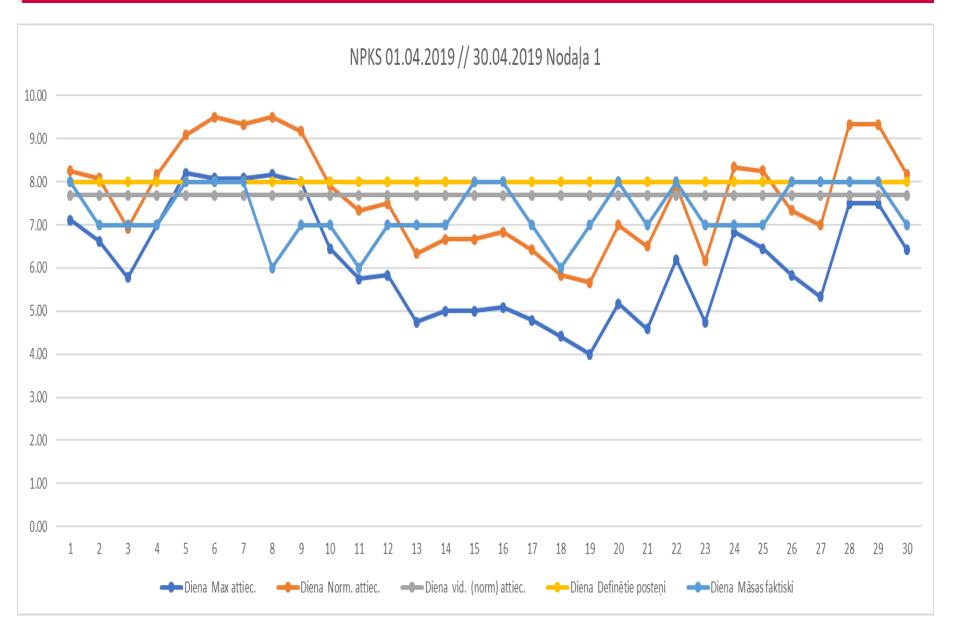
#### WHAT IS EVIDENCE?



Unit	Beds		Nurs	Nurses		Nurses assistant	
	working		working				
Profile	days	holidays	days	holidays	working days	holidays	
neonatology	34	34	5/4	5/4	4/2	4/2	
surgery (abdominal, thoracic, cardio),							
cardiology	26	21	6;5/4;3	4/3	4/2	3/2	
surgery, orthopedics	32	21	6/4	4/4	4/2	3/2	
endocrinology, gastroenterology,							
rheumatology	28	19	5/4	4/3	4/2	3/2	
neurology, neurosurgey, nephrology	21	17	3/3	3/2	3/2	3/2	
allergology, dermatology, pulmonology	26	22	5;4/4;3	4;3/3	3/2	3/2	
infectious	25	25	4/4	4/4	4/3	4/2	
LOR and ophthalmology	17	9	3;2/2	2/2	2/1	1/1	
somatic	27	25	4/3	4/3	3/2	3/2	
hematoonkology	19	19	4/4	4/4	3/2	3/2	
Intensive care	8	4	5/5	4/4	4/2	4/2	
rehabilitation	10	0	1/1;0	0/0	1/0	0/0	
Intensive care (neonatology) NICU	18	18	8/7	8/7	4/3	4/3	
psychiatry	19	15	3/3	3/3	3/2	3/2	
	310	249	62;59/52;49	59;58/46	46/27	41/26	
ambulatory care	-	-	21	-	-	-	
day hospital		-	6	-	4	-	
day hospital (psychiatry, rehabilitation)		-	3	-	2	-	
emergency	36	36	9/9	9/9	6/6	6/6	
emergency II	10	10	2/2	2/2	2/1	2/1	
anesthesiology			11/1	1	-	-	
operation	9 rooms		10/2	2	3/1	1	

#### WHAT IS EVIDENCE?

















# **Paldies**









Veselības inspekcija

