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## Volume 11, Issue 1 / 2009 - Country Focus: Lithuania

### Recent Challenges in Lithuanian Hospital Activities

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Since restoration of Lithuania's independence in 1990, the most significant changes in the country's health system have taken place in the area of inpatient treatment. Lithuania inherited an expensive model from the Soviet Semashko system; a system in need of refocusing on the market model by a gradual reduction of inpatient beds and hospital network. This process was carried out in several stages.

#### Facts and Figures

In 1990 there were 198 inpatient treatment institutions in the country: 8 state and university hospitals, 7 republican rehabilitation hospitals, 3 scientific research institutes, centres and clinics, 20 city hospitals, 1 children's hospital, 4 maternities, 78 district hospitals, 31 small neighbourhood hospitals, 7 nursing and 24 specialised hospitals (3 hospitals of infectious diseases, 10 of tuberculosis, and 2 of skin, venereal diseases, 8 psychiatric hospitals). In addition to these, there were 15 facilities with stationary departments (tuberculosis, skin - venereal diseases, oncology, psycho neurological, rehab centres).

Thus, in total there were 46,175 hospital beds in the country, and 124.73 beds per 10,000 inhabitants, 2.5 times above the EU average.

#### Number of Beds

During the period of 1990-2000 (in 1997, hospitals became public institutions) the number of inpatient hospitals established in the country experienced little change and at the end of 2000 there were 187 establishments. However, during the current decade, the number of beds has decreased by 26 percent (12,000). The most significant decrease was noted in the therapeutic, obstetrics- gynaecology and surgery type of beds. Many small hospitals have been converted to nursing and supportive treatment units. In 2000, nursing and support treatment hospitals had 3,233 beds (9.2 beds per 10,000 inhabitants), but their territorial distribution was uneven.

Until 2000, there were no private hospitals in Lithuania.

#### Hospitalisations

In 1990 hospitalisation rates were 18.68 cases per 100 inhabitants, and it grew until 1999, when it reached 25.69 cases. There are two main reasons for this increase: a difficult economic situation after the restoration of independence with high inflation, increased morbidity and repercussions of the Russian crisis, but also the transition to a new funding system in 1997; after the introduction of medical insurance and without any quota for inpatient services, many patients were hospitalised because it was financially beneficial to hospitals.

#### Restructuring

In 2003 the government of Lithuania adopted a resolution on the restructuring strategy of healthcare facilities. Healthcare establishments were to be restructured in two phases – the first period in 2003-2005, and second in 2006-2008.

Among many problems the most important was to restructure the network of healthcare institutions, by improving the efficiency of healthcare facilities, reducing inpatient services and accelerating the expansion of a wider range of ambulatory health care services.

While the country's inpatient institutions were being restructured, day care, day surgery and outpatient rehabilitation services were significantly developed. During the restructuring process, specialised tuberculosis, infectious, gerontology, psychosomatic, eyes, ENT and other specialised units were closed in many municipal and regional hospitals, and these services were transferred to the multiprofile, specialised sections of district and university hospitals.

In the country's largest cities Vilnius, Kaunas (and others), hospitals were merged and grouped together. Thus, by the end of 2006 the country already counted only 104 hospitals with a legal status.

Compared with 2000, the number of inpatient institutions fell by as much as 44.4%, and accordingly, the number of hospital beds declined by 41.3 percent, whereas the number of beds per 10,000 of population was 80.1.

### **Consequences of Restructuring**

The hospitalisation rate from 2000 until 2007 gradually declined and reached 20.3 cases per 100 inhabitants, i.e. fell by more than 10 percent.

The results of the first restructuring phase of healthcare institutions indicated that specific changes have taken place regarding the basic indicators of the country's healthcare system: a significant decrease of inpatient beds in the country's institutions and a hospital admission rate per 100 inhabitants that fell from 23.2 to 20.9 of patients. The average length of stay was 2.2 days less, going from 10.2 to 8 days, and the occupancy of beds increased from 284 to 308 days.

In 2007, compared with 2006, healthcare institutions provided 675,000, i.e. 10% more priority services (outpatient specialist, acceptance and emergency assistance, day care, day surgery, observation, short-term treatment). During that period, the number of inpatient hospital services was reduced by 11%.

Within the framework of goals and tasks required in the second phase of restructuring in the inpatient area, there are plans to facilitate the infrastructure of consultative outpatient facilities and emergency (reception) departments, and to develop outpatient rehabilitation services, day hospital and day surgery.

In addition, the optimisation of hospital activities requires municipal hospitals to enhance the infrastructure of departments for treatment of the most common and easy to treat diseases and to concentrate the diagnosis and treatment of complex diseases in university hospitals and hospitals in large cities, by providing them with sufficient modern equipment and latest technologies.

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Published on : Mon, 23 Feb 2009