



Auditing Hospitals - Review and Preview

Lessons-learned after the COVID-19 pandemic?

Comparative audits (CA) “health care – hospitals”



2011/2013: 1st hospital audit

168th Comparative audit „health care – hospitals“

10 years after the first hospital audit:

Updated version of the hospital audit:

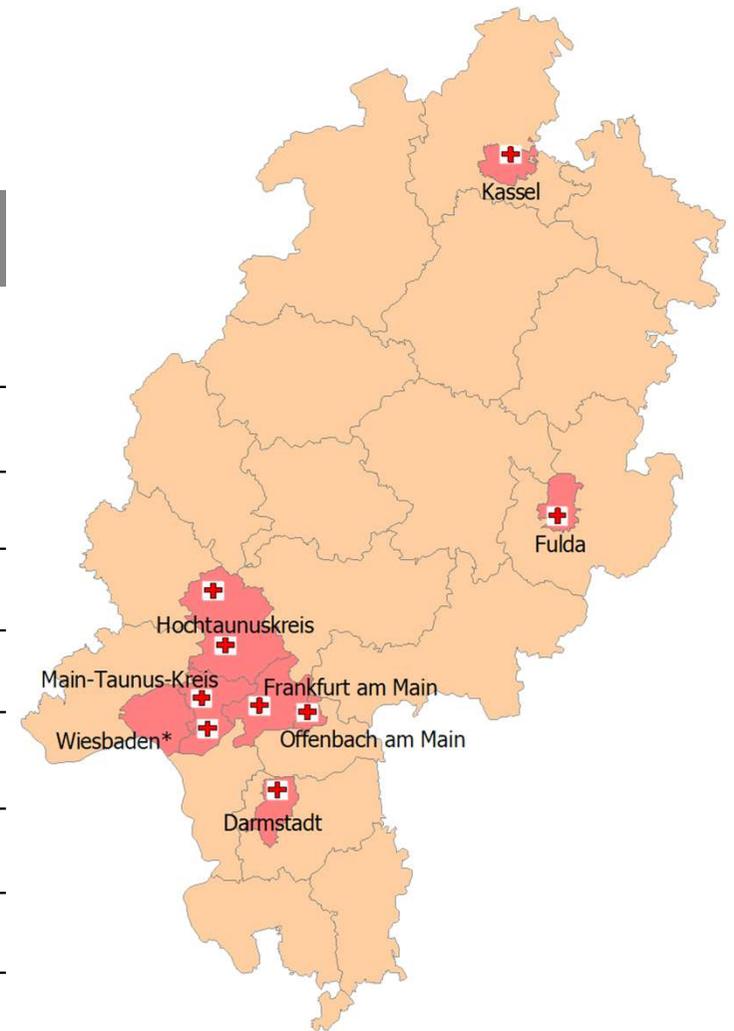
240th Comparative audit „health care-hospitals II“

- How did the hospitals develop?
- Which recommendations were implemented?

Comparative audits “health care – hospitals”

Review of the 168th comparative audit

Hospitals included	2011		2022	
	Number of buildings	Beds	Number of buildings	Beds
Klinikum Darmstadt Clinical Center Offenbach	2	863	2	1,000
Klinikum Frankfurt Höchst	1	986	Now part of Varisano hospital Frankfurt-Main-Taunus	
Klinikum Fulda	1	893	1	1,184
Klinikum Kassel	1	1,118	1	1,281
Klinikum Offenbach	1	891	1**)	900
Kliniken des Hochtaunuskreises Clinics of the	2	495	3	619
Kliniken des Main-Taunus-Kreises	2	523	3	1,500
HSK Kliniken Wiesbaden	*)		*)	
*) No information rights existent any longer			*) still applicable **) privatized by now	



Changes in the hospital sector of the audited municipalities

- 2011: 10 locations – 2022: 11 locations
- Increase in the number of beds
- Klinikum Offenbach (Sana) privatised
- Gesundheit Nordhessen Holding AG (without the district Kassel)

Scope of the 1st hospital audit (168th CA)

Organisation of the **investment administration** and management of the municipal corporations in relation to the hospitals

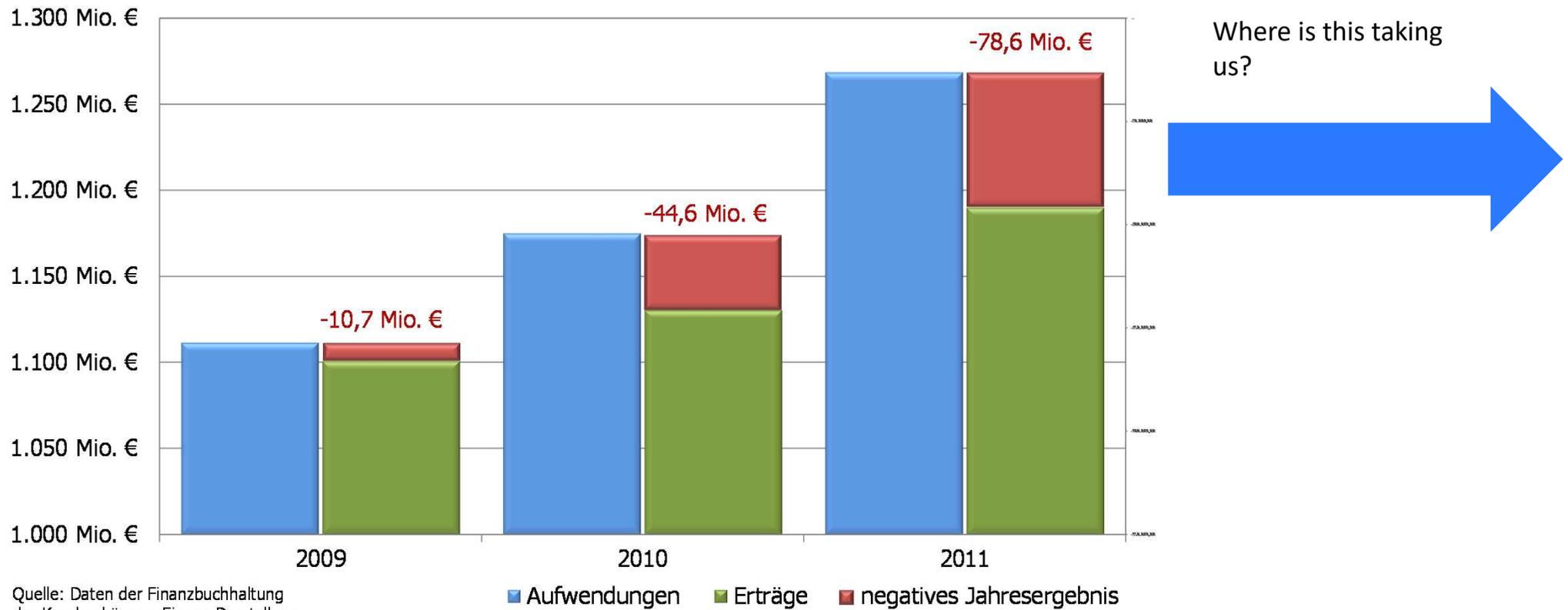
Analysis of the hospitals with regard to

- their economic situation and risks
- controlling
- human resources
- processes and
- organisation
- operating efficiency of selected hospital areas and business units,
- analysis and valuation of fixed assets.

Additional scope of the 2nd hospital audit (240th CA)

- **Follow-up review** of the 168th Comparative Audit "Health Care - Hospitals": Comparison of the implementation of the resulting findings and recommendations of the 168th Comparative Audit on the status at the time of the local surveys.
- Recommendations regarding **prioritization** of medical services
- Derivation of **potential for improving outcomes**
- Analysis of **the impact of the Corona pandemic** on the economic situation and on medical care (utilization of intensive care beds, postponement of necessary operations, compensation payments, economic efficiency of vaccination/testing services offered by hospitals).
- Ensuring mandatory staffing in light of **shortage of specialists** and facility-based compulsory vaccination (staffing ratio)
- **Risk prevention** by the corporate bodies to avoid fraudulent actions

Economic results of the 7 hospitals in the years 2009 - 2011



Results of the 168th CA – Scenarios for bed provisioning

Budgeted beds ¹	5,262		
Bed capacity at different control	Control I ²	Control II ³	Control III ⁴
	4,686	4,602	4,280
Difference to the bed capacity	576	660	982

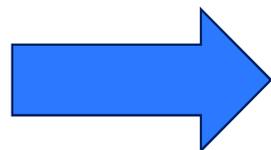
¹ Total number of budgeted beds (5767) excluding beds of psychiatric/psychosomatic facilities (505)

² Bed capacity I: 85% utilization rate

³ Bed capacity II: 85 % utilization rate and 20% reduction in length of stay for patients above the average length of stay

⁴ Bed capacity III: Bed capacity II plus 10% reduction in length of stay for patients below the average length of stay.

Source: DRG data of the hospitals from 2009-2011; own inquiry and illustration



Increasing the utilization rate (85%) and optimizing length of stay management will result in free capacity of more than 500 to 1,000 beds.

Sponsor-related statements (168th CA)

- Better information for municipal bodies through investment administration
- Adequate staffing and execution of tasks by the investment administration
- Involvement of professional medical expertise on supervisory boards
- Ensuring that the population receives the care it needs through effective hospitals (Article 3 (1) HKHG) instead of "parochial thinking".

Already at that time: inter-municipal coordination and cooperation

- **First steps:**
- Optimized length of stay management and capacity adjustment
- Centralization of secondary and tertiary service areas (supporting infrastructure), taking into account individual and legal circumstances
- Coordination and specialization of medical services (primary service area)
- **Further steps:**
- Regional network structure with public-law sponsorship

Search for new solutions

- Creativity in recruiting
- Prioritization of services
- Digitalization and inter-municipal cooperation are possible solutions
- Coordination of services within the region

Thank you very much for your attention.

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