Summary of Hospital for the Capital Region

Hospital Plan 2007
Summary of the Hospital Plan for the Capital Region

The structure of local government in Denmark changed in 2007. The reform carried out that year reduced the number of municipalities, but eliminated the counties and instead divided the country into five new regions. One is the Capital Region of Denmark, which formally came into being on January 1st 2007 when Denmark’s “structural reform” took effect. As of that date, the Capital Region assumed responsibility for providing the region’s 1.6 million citizens in parti-
cular, and in some respects the Danes in general, with a hospital system that would be distinguished by its professionalism, cohesion, and good quality of service.

The document summarized here, the Hospital Plan for the Capital Region, is the first step on the road to creating a truly unified regional health service.

The Hospital Plan gathers a wide range of health services in fewer units. The aim of this is to reinforce the professional quality of care, and to provide a better basis for research and development. All hospitals in the region will continue to give research a high priority, and those hospitals that host specialized functions will have special research obligations. One focus area in the years to come will be research in the major endemic diseases affecting the Danish population.

Besides ensuring better patient treatment and care, the Hospital Plan will help create an attractive and dynamic working environment for the Capital Region’s 36,000 employees. We want our facilities to be the hospitals of choice for patients and staff alike.

In November 2006 the Preparatory Committee for the Capital Region of Denmark reached a consensus on the fundamental principles upon which the Hospital Plan should rest. This consensus crystallized into the regional statements of intent on health policy. These documents constitute the political framework for the Hospital Plan, and they identify and explain various considerations that the plan must address. The subcommittee’s findings were then compiled into a study that analyses the population base for, and the interactions among, the various specialties.

The four planning districts

The Hospital Plan geographically divides the Capital Region’s hospital service into four planning districts: North, Middle, City, and South.

These planning districts, which are applied in this Hospital Plan and in the corresponding Psychiatry Plan, will define the geographical layout of hospital treatment and care in the future. Citizens living within each of the four planning districts must be ensured a uniformly high level of quality and services.

Each planning district has a population base of 310,000 to 400,000. This volume allows the most commonly occurring illnesses and diseases to be treated close to the region’s citizens, while maintaining focus on providing a continuum of care for the individual and avoiding unnecessary transfers. Each planning district is equipped to handle emergency services involving surgical procedures, orthopaedic surgery, childbirth and pediatrics, care, anaesthesia and intensive care, and medical care in general, including neurology.

The planning districts in the Capital Region follow the lines of the new municipalities and city precincts as defined by the structural reform of 2007. The resulting changes were necessary in order to create unambiguous lines of contact with the region’s citizens, and with the municipal partners of the various hospitals.

All hospitals in the region – except Rigshospitalet (the national hospital) and Bornholms Hospital – are associated with a planning district. The aim is that hospitals within a given district will cooperate to handle the hospital-related tasks that arise, thereby ensuring that patients receive appropriate treatment and care.

Rigshospitalet holds an exceptional position in Denmark, because as a national hospital it hosts many highly specialized functions receiving patients from the entire country. However, it also handles a number of main functions for the City district. Similarly, Bornholms Hospital holds a special position because of the unique geographical conditions that characterize the island of Bornholm, and while it handles all common hospital-related tasks, it is organizationally linked to Rigshospitalet.

Local hospitals

Proximity to home is typically a major concern for medical patients. Each planning district therefore has one or two facilities designated as local hospitals.

These local hospitals cooperate with the relevant district hospital – which also serves as a local hospital – to give patients proximity to their own homes and neighbourhoods during treatment and care. The local hospitals also work closely and constructively with the local municipal authorities.

This means that in the major specialties of internal medicine, the four planning districts are subdivided into smaller catchment areas. Like the planning districts, the medical catchment areas follow the areas of the municipalities and city precincts, enabling the citizens in each municipality and precinct to be linked, at least in the first instance, to a single hospital.

The local hospitals can receive some emergency medical patients from their catchment area, but their primary task is to carry out scheduled examinations, tests, treatments and procedures, sometimes in outpatient settings.

To continue to offer citizens treatment for emergency but minor injuries in reasonable proximity to their homes, the local hospitals will maintain their emergency rooms. These emergency rooms will be open round the clock for patients presenting themselves for care.

The district hospitals will have a triage function, so that any doubts concerning patients dialling the Danish emergency number (112) can be resolved swiftly by the ambulance team and the triage nurse.

The local hospitals do not carry out emergency surgery. However, they do have elective-surgery clinics for certain courses of treatment, which offer clinical pathways for a scheduled procedure and follow-up programme, and which focus on professional quality and patient service.

In order to cope with the anticipated pressure on the available surgical capacity, which is partly a result of the Danish government’s national one-month treatment guarantee, each planning district will make a coordinated effort to plan and distribute the elective-surgery tasks among its district hospital and local hospitals.

District hospitals

Each of the four planning districts has one district hospital, which handles emergency surgical and medical treatment.

The location of each district hospital is well suited to its district-wide function in terms of geography and traffic. The physical framework and capacity of each district hospital has a potential for expansion that will enable it to handle treatment for the whole district at main-function level, and to host certain selected special functions.

All district hospitals will establish a joint admission for emergency medicine (EM) for the entire planning district. This makes the district hospitals the primary entry point for patients with illnesses and diseases that require treatment, both for citizens presenting themselves personally and for citizens whose first contact is through the emergency number 112. The joint AEM functions cover the previously existing emergency-room and reception functions, and in accordance with the recommendations from the National Board of Health, each emergency department is organized as the only entrance to the hospital for emergency cases.

A district hospital handles all of the district’s emergency admissions for surgery and medical cases, and for births, with one exception: The maternity department...
The Hospital Plan merges a large number of specialties into fewer units. The new allocation of specialties reflects the Capital Region’s new division into more sustainable planning districts, resulting in a new between the district hospitals and local hospitals.

It also reflects the region’s general wish to gather the specialties in fewer locations with the aim of ensuring a high and uniform quality. The specialties are distributed among the region’s hospitals as set out in the table below.

<table>
<thead>
<tr>
<th>Function</th>
<th>Hospital</th>
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<tbody>
<tr>
<td>General surgery</td>
<td>Bornholms Hospital</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>Frederikssund Hospital (local hospital for North)</td>
</tr>
<tr>
<td>Chest surgery</td>
<td>Bispebjerg Hospital (local and district hospital for North)</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Herlev Hospital</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Gentofte Hospital (local hospital for Central)</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Hvidovre Hospital (local district hospital for Middle)</td>
</tr>
<tr>
<td>Pulmonary medicine</td>
<td>Glostrup Hospital (local hospital for South)</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Amager Hospital (local hospital for South)</td>
</tr>
<tr>
<td>Neurology</td>
<td>Frederiksund Hospital (local hospital for North)</td>
</tr>
<tr>
<td>Radiology</td>
<td>Rigshospitalet (highly specialized function hospital)</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Bornholms Hospital (local hospital for the island of Bornholm)</td>
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Allocation of specialties among the hospitals in the Capital Region

The Hospital Plan merges a large number of specialties into fewer units. The new allocation of specialties reflects the Capital Region’s new division into more sustainable planning districts, resulting in a new between the district hospitals and local hospitals.

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The specialties fall into two categories: Main functions, which include the most common interventions within the given specialty, and special functions, which include rare, expensive and/or complicated interventions.
### Summary of the Hospital Plan for the Capital Region

The aim of the Hospital Plan is to enable the region to optimize performance and effectively utilize the financial resources employed. Overall, bringing the functions together at fewer locations will result in operational savings, and simplifying the administrative and managerial organization will liberate resources that can be used for clinical work.

In financial terms, projections say that when fully implemented the rationalization efforts embodied in the Hospital Plan may lead to savings in the range of DKK 250–300 million per year.

A precondition for implementing the Hospital Plan is that significant investments are made in reconstructing and adapting the existing buildings and installations to suit their future use. This is particularly true of Rigshospitalet and the four district hospitals, where major investments will be needed to achieve an appropriate functionality and size.

The capital investments expected to arise from the changes outlined in the Hospital Plan total roughly DKK 13 billion, distributed over a period of several years. About two-thirds of this amount arises directly from the restructuring stipulated in the plan, while about one-third is associated with necessary and, in some cases, planned renovations that would, and will, have to be completed in all events.

### Allocation of specialties among hospitals in the Capital Region

<table>
<thead>
<tr>
<th>North</th>
<th>Central</th>
<th>City</th>
<th>South</th>
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<tbody>
<tr>
<td>Hillerød</td>
<td>Hvidovre</td>
<td>Holbæk</td>
<td>Glostrup</td>
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Implementing the Hospital Plan

The Hospital Plan cannot be implemented all at once. Some of the changes sketched out in the plan call for reconstruction and adaptation of existing physical facilities at the locations in question. Furthermore, relocation will sometimes involve several departments in an interlinked process – since one department must be moved out in order for another to move in.

The Capital Region aims to implement the Hospital Plan as quickly as possible, both out of consideration for the region’s citizens and, no less importantly, out of consideration for the many hospital employees who will be affected as the new structure takes shape.

The region expects to implement most of the Hospital Plan between 2007 and 2012.

Management and employees

The Capital Region appreciates that implementing the Hospital Plan is a complex process. Reallocating specialties and reorganizing the cooperation between hospitals, the plan will bring wide-ranging changes for many of the region’s employees with respect to their job content as well as their physical working location, colleagues, and management. This will place great demands on the employees, while significantly increasing managerial and administrative challenges in the years to come.

The Hospital Plan includes a series of general, staff-related initiatives aimed at ensuring flexible transitional arrangements during the reorganization process. These initiatives also aim to ensure professional, high-quality handling of hospital-related tasks throughout the planning period. They are likewise intended to promote the growth of a common culture and a shared identity across all four planning districts, thereby ultimately strengthening regional coherence.