

## Partnerships Present Achievements

Throughout the conference, partnerships demonstrated their ability not only to respond to change but to make positive changes and measure success as well. Presentations showcased examples of partnerships meeting new challenges in hospitals, communities and universities.

### **Creating Collaborative Practice at Sveti Duh**

At Sveti Duh General Hospital, Zagreb's largest hospital, little teamwork existed between doctors and nurses, and each profession seemed to work in a separate sphere. "One of the root causes of job dissatisfaction was that physicians didn't understand the professional role of nurses. They didn't have enough respect for us," said Jasna Kova, RN, a nurse in the internal medicine department at the hospital.

To foster better relationships and communications between doctors and nurses in the cardiology and orthopedics departments, practitioners worked together to create an environment where doctors and nurses could jointly make decisions about the care of patients. To begin the process of collaborative care, doctors in each department surveyed nurses about problems and potential solutions.

What they found surprised them: Only 5 percent of nurses in the orthopedic department were satisfied with their jobs. Fifty-five percent of cardiac nurses said that cooperation between nurses and doctors was lacking, and 75 percent were dissatisfied with the division of labor.

After meeting with partners from Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, Sveti Duh doctors and nurses started making changes. Orthopedic nurses designed a form that summarizes all procedures and problems encountered by a patient over a 24-hour period. The form helps smooth the transition as nurses change during shifts and offers doctors a comprehensive record of care.

"It improved both the quality and quantity of communication," said Biserka Kos, RN, head orthopedics nurse. "It also motivated nurses and made them active participants while showing doctors the level of care and professionalism we offered."

The cardiac department now holds routine meetings between doctors and nurses, and nurses feel more empowered, Kova said. "Whenever we're ordered around by a physician disregarding the needs of nurses, we say, 'Wait a minute, we've been to America and know they don't do it that way.'"

### **Decreasing Length of Stay at Vac Municipal Hospital**

A main objective of health reform in Hungary is increasing primary care. In response, practitioners and administrators at Vac Municipal Hospital have restructured the fundamental way patients are seen. By providing more outpatient services and patient education, the hospital has reduced the average length of stay from 9.6 days in 1996 to 8.2 days in 1996. And with 850 beds, that really adds up: Over the two years 40,000 patient days of hospital stay were prevented.

To achieve this, the hospital instituted an education program to teach patients and their families about their illnesses and care. As a result, patients are better able to take care of themselves and are being discharged earlier. Patient clubs and support groups also facilitate that process. In addition, administrators were given management training so that they could better guide the transition.

"Our experience now makes it possible to see the continuum of care between hospital and home. I am certain home care is a positive force and will be important for the future," said Agnes Katona, MD, head of the neurology department at Vac.

But this revamping hasn't been easy. The hospital faced financial problems in making the transition, although the increased outpatient services will eventually be cost-effective. It has also met resistance from family physicians, who have been hard to convince that home care is a viable alternative for some of their patients.

### **New Opportunities for Management in Romania**

As the health care landscape in Romania undergoes significant changes, the role of health managers will be key to ensuring a successful transition, said Silviu Radulescu, MD, director of the department of health insurance with the Romanian Ministry of Health.

"We have a crisis of authority, and old mechanisms don't work, but new mechanisms are not in place," he said. "In the past, everyone looked at the Minister of Health for solutions; now other organizations are involved in many of the solutions." These new participants include trade unions, patient interest groups, non-governmental organizations and the media.

In the midst of this turmoil, Carol Davila University of Medicine and Pharmacy in Bucharest, where Radulescu taught until recently, is repositioning its programs to help create managers to direct this change. New courses have been added on organizational analysis, management of change, communications and negotiation.

In developing their undergraduate and graduate curricula, faculty realized they had a scarcity of Romanian materials for teaching. To help remedy this deficit, faculty developed three case studies so that students could use real-life examples to learn problem-solving skills.

One case study focuses on the impact of introduction of a new information system on the structure of District Hospital in Sibiu, Romania. After reading a 5-page synopsis of the hospital's efforts to create a computerized data collection form for each patient, students are asked to discuss the new information system, forecast its evolution in the future and devise a plan to extrapolate Sibiu's experience for use at a national level. Other case studies focus on evaluation of wound infections and on health services reform in Brasov District of Romania.

In addition, educators realized that nurses were not being used to their full potential, and a similar management program was established to bolster the role of nurses. Today, the nursing department is being upgraded to a freestanding institution and courses are being added to help nurses become health care leaders.

### **Curbing Overuse of Antibiotics**

Over-prescription of high-cost antibiotics like vancomycin and cephalosporin were eating into the budget at Zagreb's Sveti Duh General Hospital, so physicians and pharmacists there decided to track how the drugs were being used.

At a conference plenary session, Slobodan Milutinovic, MD, PhD, consultant in Internal Medicine, Nephrology and Clinical Pharmacology at Sveti Duh, presented the results of a seven-month antibiotic study in four of the hospital's departments--ICU surgery, ICU internal medicine, ICU urology and gynecology. After an initial three-month assessment to determine which antibiotic drugs were most frequently used and which wards were high-use sites, 100 patients taking the hospital's top five antibiotics were monitored in order to identify debatable drug choices.

The study found that high-cost antibiotics were frequently prescribed for severe conditions, not severe infections; that many high-cost antibiotics were prescribed when cultures showed negative results; that treatment courses lasted too long and that physicians did not prescribe a switch to oral antibiotics at the appropriate time.

As a result of changes made in the wake of the study, Sveti Duh has been able to save 30 percent of what it previously spent on high-cost antibiotics--equaling \$50,000 per trimester--while quality of care has improved, Milutinovic said.