Celebrating the Past and 2020 Vision for the Future: 90th Anniversary of the International Hospital Federation

In this final edition of the World Hospitals and Health Services (WHHS) Journal, we will celebrate the closing of the 90th Anniversary Year of the International Hospital Federation and reflect on the future of the State of Hospitals in the world of tomorrow.

The International Hospital Federation (IHF) was formed in 1929, as the International Hospital Association (IHA). During the Second World War, the organization ceased to function, until re-forming in 1947 under its present name, after the first International Hospital Congress in Atlantic City, New Jersey. The Congress situated the IHF Secretariat in London, UK where it would remain for over 50 years. After being moved to Ferney-Voltaire, France in 2002, the IHF was relocated, in 2011, to its current location of Bernex, within the Canton of Geneva, Switzerland.

Ninety years ago, in the same fateful year as the IHF was created, the New York Stock Exchange (NYSE) crashed, ending an eight-year bull market, fueled by unrestrained speculation and stock manipulation. The collapse of the financial market led to a 83% drop in the pre-crash value of Stocks on the NYSE and a dramatic impact on human conditions throughout the world.

But out of the ashes of destruction came reconstruction. Franklin D. Roosevelt was elected President of the United States of America. His first major accomplishment was to implement his New Deal domestic agenda in response to the worst economic crisis in U.S. history.

The State of Hospitals in 1929 was as dire as the global economy at that time. In his now legendary book The Hospitals 1800–1948, the British Economist Brian Able-Smith, provides a vivid chronicle of the conditions of hospitals at that time in the UK, which was not unlike what you would have in other part of Europe and North America. This was a little over 20 years before the creation of the British National Health Service and almost 40 years before the Medicare Act in the USA. There was no country in the world with a universal health care system. Although Penicillin was discovered in 1928 by Scottish scientist Alexander Fleming, the medical profession only began using it to treat infections in 1942. Most patients needing care still tried to avoid hospitals at all cost. Those who did enter a hospital alive during that era were often taken out in a coffin.

On December 29, 2019 Nicholas Kristof, an opinion columnist for the New York Times, wrote that although there may be plenty of things to get depressed about in the current global political situation: “This Has Been the Best Year Ever: For humanity over all, life just keeps getting better.” As evidence for this claim he notes that 2019 throughout the world was probably the year in which children were least likely to die before adulthood, adults were least likely to be illiterate, poverty was less than ever and we had found ways to prevent, treat, delay and palliate many excruciating and disfiguring diseases. He notes that “every single day in recent years, another 325,000 people got their first access to electricity. Each day, more than 200,000 got piped water for the first time.” Such advances have enormous implications for sanitation and health outcomes. Historically, almost half of all humans died in childhood. Today in most western countries under-five mortality is less than 10 percent and in middle-income countries less than 20 percent, a dramatic improvement that would have been unimaginable in 1929.

Had Isaac Asimov been old enough to write a first science fiction novel on hospitals in 1929, he would have been hard pressed to invent a story that would have captured the unimaginable State of Health service delivery today. How could anyone in 1929 imagine a world in which essential drugs were delivered to children in villages by remote controlled drones, medical staff communicate with each other and access patient medical records wherever they are wirelessly, robotic surgery and artificial intelligence, etc.

Today, hospitals matter to everyone, in ways that are complex and interdependent. Hospitals are critical assets for communities, both routinely and in response to outbreaks and emergencies. They’re part of all our lives, delivering vital services from our first moments to our last; they’re also a platform for training and research.

Hospitals have a great legacy of achievement and service; and the
Editorial

Special Anniversary Issue: A Bold Vision for Future of Hospitals and Health Services in the 21st Century

The end of the day for each of us our health is our greatest asset. Participating in the decisions at the policy and institutional level. Here when they seek health services is fast evolving in a direction toward more way health service provision is organized. Fully monitored and controlled. This will have major consequences on the horizon beyond the scope of this editorial. But the following are trends that are likely to continue.

First and foremost, hospitals are here to stay at least in the foreseeable future. It is also clear that in most countries the days of long inpatient hospitalization are over. Instead we are seeing a strong shift to short intensive periods of hospitalization for conditions that need to be treated in a highly controlled environment by a very specialized team. Most other conditions are increasingly being treated on an outpatient and ambulatory basis—often by staff linked to hospitals or hospital networks. Both primary care and in-patient specialized care will continue to be strengthened by improvements in communication, electronic medical records and techniques in telemedicine. The concept of “hospitals without walls” is quickly becoming a reality. Even in the case of hospitals that have walls, those walls can be modular, adapting quickly to changes both needed for space and location. Countries faced with major natural disasters and epidemics often do not have the permanent reserve capacity to deal with such events. Rather than build costly and permanent infrastructure, modular and prefabricated structures can be set up for the urgent treatment of large populations in a matter of hours or days.

Second, there will continue to be a push for technological innovation (both in new drugs and medical technology). The current emphasis is clearly on miniaturization, portability and connectivity to allow treatment to get to the patient rather than the patient coming to the health facility.

Third, we are at a tipping point of potential shift between the benefits of standardization of processes and approaches bringing better quality and reducing individual cost and individualization of treatment and processes that provide better outcomes possibly with costs that can be fully monitored and controlled. This will have major consequences on the way health service provision is organized.

Fourth, the involvement of people in the community and as patients when they seek health services is fast evolving in a direction toward more responsibility for their health and for the care when needed but also in participating in the decisions at the policy and institutional level. Here differences are still very important according to countries in regard to their culture and level of development, but this trend should grow because at the end of the day for each of us our health is our greatest asset.

Finally, health care costs are almost certainly going to continue to increase as the middle-class and Gross Domestic Product grow over time in most countries. A major challenge for the future is, therefore, how to make this growth sustainable, more equitable and of higher value for money spent. Even in this area, we are seeing major progress. Better financial information systems improve our understanding of how money is being spent and to what effect. This allows adjustments to eliminate waste and allows us to realign the system as it evolves.

Historically, hospital reforms have centered on cost containment and improving quality, efficiency and productivity to do more or better of the same. However, the major trends highlighted above, call for bold transformations to make hospitals fit for purpose in this rapidly evolving environment. Increasing the contribution of hospitals to universal health coverage requires two approaches running alongside one another. Internally, hospitals need to be re-organized in ways that deliver person-centred care, strengthen clinical and administrative performance, and open their doors both to pre- and post-hospitalization partnerships. Externally, the roles and functions of hospitals need to be re-defined within renewed health and social care partnerships. The two approaches are closely intertwined: a hospital’s internal organization and ability to work across institutional boundaries are constrained by its position within the system. Similarly, a hospital that is poorly governed, does not collect good performance data, focuses on volume and profits instead of quality, and is unable to take on new roles that would benefit society as a whole.

In World Health Organization’s vision for hospitals, they are moving away from their traditional definition as physical buildings (bounded by walls and beds) and instead see themselves as flexible organizations that concentrate knowledge and technology and functions as a resource hub for patients but also for other health and social care providers. Second, they are leaving behind their isolating status as institutions uniquely responsible for individual patients requiring highly specialized acute care and are embracing joint responsibility with other care providers for population health. Third, they are broadening their focus from immediate, acute episodes, to save lives to integrated care pathways to improve health. While aligning with national health system objectives, they are responsive to local conditions and priorities. They also lead by example in sustainable development. Numerous examples across the world, in a wide variety of settings, demonstrate that this transformation is already underway and delivering stunning results.

As a result, hospitals are often becoming smaller in size (as measured by number of beds) and hybrid models are mushrooming, giving them more “agility” (with a recognition that “smaller is beautiful”). The hospital sector landscape is more varied, extending far beyond the “one-size-fits all” technocratic models organized around 3 or 4 hospital types along a strict pyramid of care. Even in the low income countries and fragile states, hospitals are examining how they can serve as the hub for improving the health of their communities and the strength of their national health workforce.

In closing this Editorial, we would like to announce some exciting news about the World Hospitals and Health Services Journal itself. In 2020 and going forward, the traditional quarterly printed version of the World Hospitals and Health Services Journal will be replaced by a new and more dynamic on-line system of reporting. We are confident that this will be a better vehicle for keeping members and others updated on current topics, shared experiences and in-depth analysis than the traditional quarterly printed Journal. This is in keeping with current trends and we feel confident that it will be welcomed by our members and readers once they become familiar with the new approach. Providing the information and the knowledge that health service decision makers need is our goal and we will save no efforts to fulfill it including making this in a more participatory and agile format.

Wishing you a healthy and prosperous year in 2020.

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