**Erasmus School of
Health Policy
& Management**

(Re)structuring hospitals

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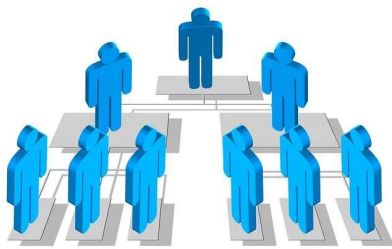
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Research question

What different types of hospital designs can be identified in the Netherlands and what is the rationale behind these designs?

Methods

Document analyses of organigrams and yearly reports (2019) of all 120 (locations of) general hospitals in the Netherlands

30 semi-structured interviews with medical directors, unit managers, doctors, program directors value base health care and consultants (involved in restructuring hospitals).

Three types of hospital structures

1. **Unit structure**: units mostly based on a specific medical specialism.

2. **Cluster structure**: specialisms/units are mostly functionally clustered based on
   - care type (acute, surgical, diagnostic, supportive **or** acute, elective, chronic, supportive) or
   - capacity type (outpatient, clinic, supportive).

3. **Thematic structure**: the hospital is structured around centres or themes (primarily) based on patient conditions.
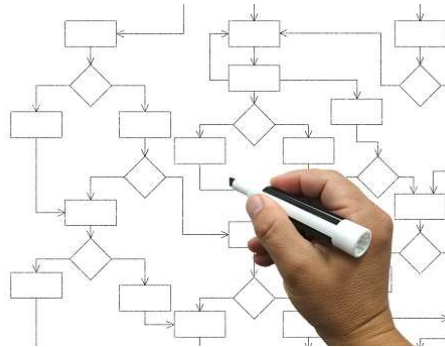
Efforts towards more patient-oriented structures

- **Result Responsible Units**

- **Dual Management**

- **Adding centres to existing structures**: e.g Oncology; Mother/child; Exercise & Sports; Elderly & Brain, Heart & Vascular.

- **Introducing patient-centred approaches**: Value Based Health Care, Lean, patient pathways.

From specialist centered to patient centered

Via organizational design:

- Multi-speciality units/clusters→ clinical centers
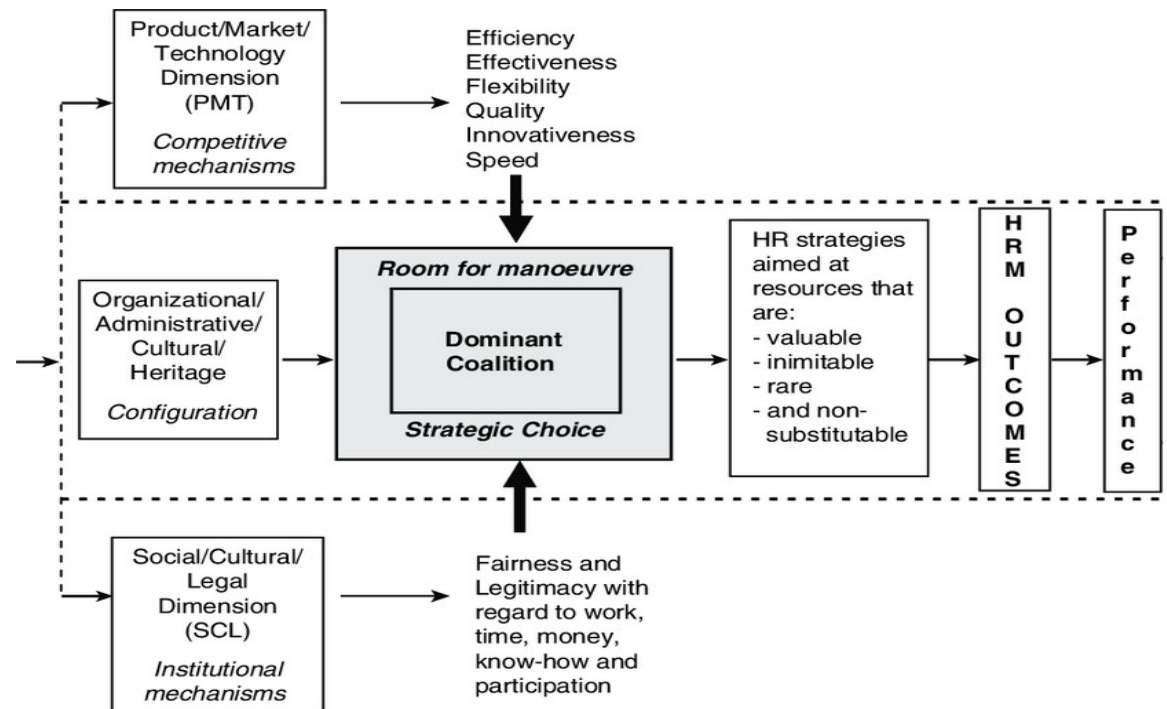- Thematic approach with patient pathways

Via decentralization and coordination:

- RRU's and dual management
- Lean
- Pathways
- Coordination mechanisms

Contextually Based Human Resource Theory by Paauwe

Influencing mechanisms

Competitive mechanisms	Institutional mechanism
• Patient population • Level of competition • Type of competition • Volume norms	• Price setting • Knowledge and technology • Trends
Heritage • Size • Existing structure/culture • *Previous experiences with restructuring/change* • Excellence • Power distribution	**Dominant coalition** • Doctors decide • Internal focus on multi-disciplinary care • External focus on network medicine and prevention

Conclusion

From specialist centered to patient centered:

- Hospital designs are compromises between competing interests.

- Most hospitals opt for incremental evolution instead of radical redesign.