



Extract from the report to the  
Public Accounts Committee on  
the use of staff resources at  
Danish hospitals

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# 1. Introduction and conclusion

## 1.1. Purpose and conclusion

1. This report concerns the planning and management of the use of staff at Danish hospitals. The report has particular focus on the use of doctors and nurses at the hospitals, including staff in the operating theatres. At one hospital, the daily average costs for a surgical team performing one particular type of operation have been estimated at approximately DKK 25,000, which makes staffing of operating theatres quite cost-intensive. Rigsrevisionen initiated the study in March 2014.

2. In the financial agreement for 2015, the Danish government and the Danish Regions agreed on a cross-regional project, which was intended to clarify if resources at the hospitals can be used more efficiently and effectively and thereby contribute to achieving more health for the money.

3. We have examined how four departments of orthopaedic surgery plan their activities, in order to determine whether the hospitals plan and manage the use of resources in a manner that underpins cost-effective use of resources in the wards. In that connection, we have examined whether the department managers are working to make the work schedules more flexible and whether they prioritise cost-effective use of the staff resources and operating theatres in their planning, management and follow-up on activities and the use of resources.

4. The annual salary and staff costs at Danish hospitals make up approximately DKK 45 billion. The mere size of this amount makes it particularly important to focus on cost-effective use of the resources.

5. The purpose of the study is to assess if the use of resources is planned, managed and followed up at the hospitals in a manner that underpins cost-effective use of resources. The report answers the following questions:

- Do the department managers support the ward managers' planning and efforts to optimise the work processes in order to use resources cost effectively in the wards?
- Do the hospital management teams and department managers manage and follow up on the wards' use of staff resources in a manner that provides the necessary transparency?

*Orthopaedic surgery is surgery performed by a medical specialist. It includes prevention, assessment and treatment of innate and acquired diseases of the bones, joints and muscles. Rehabilitation is an important aspect of this medical specialty also.*

*A department of orthopaedic surgery includes outpatient clinics, bed units and operation theatres all placed in one surgical ward. Some hospitals have central surgical wards, which means that both the department of orthopaedic surgery and all other hospital departments have access to the operation theatres in this department.*

**Extended normal working hours for senior hospital doctors**

*In the collective agreement with the regions from 2013, the senior hospital doctors' normal working hours were extended from 06:00 p.m. to 09:00 p.m. for planned treatments and from 06:00 p.m. to 11:00 p.m. for emergency treatments.*

**Staff scheduling** is planning of working hours in institutions where employees are working irregular hours that are placed entirely or partly outside normal daytime working hours.

## CONCLUSION

It is Rigsrevisionen's assessment that more can be done at the hospitals to support cost-effective use of resources by planning, managing and following up more diligently on activities and the use of resources. This can be achieved by adding flexibility to the work schedules, optimizing the use of staff resources and operating theatres and improving the transparency of the use of resources.

The study shows that the department managers only on occasion use the opportunities provided through the collective agreements to incorporate more flexibility into the work schedules. Rigsrevisionen recommends that the department managers explore the possibilities of entering more local agreements and – if economically viable – take advantage of the extended normal working hours of senior hospital doctors. Only in one department is work regularly scheduled in the evenings on the basis of the extended normal working hours of the senior hospital doctors. Greater flexibility can be achieved if the department managers consider this possibility in their planning process. In the opinion of Rigsrevisionen, it is essential that the regions take advantage of the opportunities provided in the collective agreements.

Staff scheduling does not, consistently, underpin cost-effective use of the resources in the wards. In most of the wards, for instance, staff scheduling does not ensure full utilization of the working hours. Rigsrevisionen recommends that the regions and the hospitals join forces to professionalise staff scheduling and thus optimise the use of working hours in the wards.

The study shows that not all department managers define clear performance targets and follow up on the use of resources, consistently. The management information systems at the hospitals include large amounts of data that the hospital management teams and department managers need to address. Rigsrevisionen recommends that the regions and the hospitals should consider whether the amount and type of management information that is currently available, adequately underpins strategic resource management.

The hospital management teams are generally responsible for ensuring that work schedules and the management of resources underpin cost-effective use of resources. In the financial agreement for 2015, the Danish government and the Danish Regions agreed on a cross-regional project concerning the utilisation of capacity at the hospitals. Rigsrevisionen recommends that this project should address also the aspect of increasing the transparency of the utilisation of capacity to allow the department managers to use the resources more effectively. Increased transparency will give the department managers greater insight into the running of the wards and the hospital management teams a clearly defined framework within which they can prioritise and target efforts and resources in and across wards.

It is essential that the parties focus on cost-effective use of staff resources and thus contribute to creating financial latitude for better and more patient care.

Rigsrevisionen has put together a list of items for attention and examples of good practise, cf. appendix 3, that all hospitals are invited to consult for inspiration and adapt to local conditions to underpin more cost-effective use of resources.