

# Beyond hospital data: Changes in governance and data use during COVID-19



**2022 HOPE Agora**  
Using Evidence in Healthcare Management

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# Plan for the next 15 minutes

- About the „Beyond hospital data” project.
- How COVID-19 influenced data-driven collaboration around Europe?
- What were the priority areas, including examples, of these collaborative efforts?
- Can these changes be sustained and how?

# Beyond hospital data

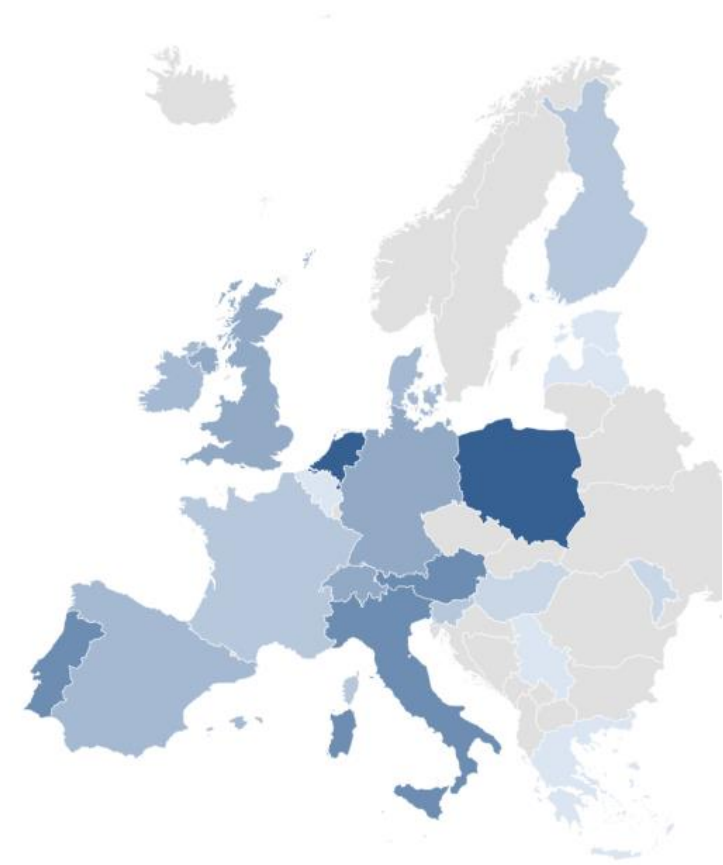
## About the project?

- HOPE has a long history of building and maintaining a **community** of healthcare professionals with managerial responsibilities around Europe, mostly affiliated to hospitals.
- Since the outbreak of the COVID-19 pandemic, the HOPE community (*you!*) has been on **the frontlines** of fighting the crisis, making you highly relevant partners in
  - exploring the **impact of the COVID-19 pandemic on data-driven collaboration** between hospitals and other healthcare organisations in Europe during 2021; and
  - **keeping in touch** with each other and **exchanging experiences**, even during the 2020-2021 Exchange Programme hiatus.

# Beyond hospital data

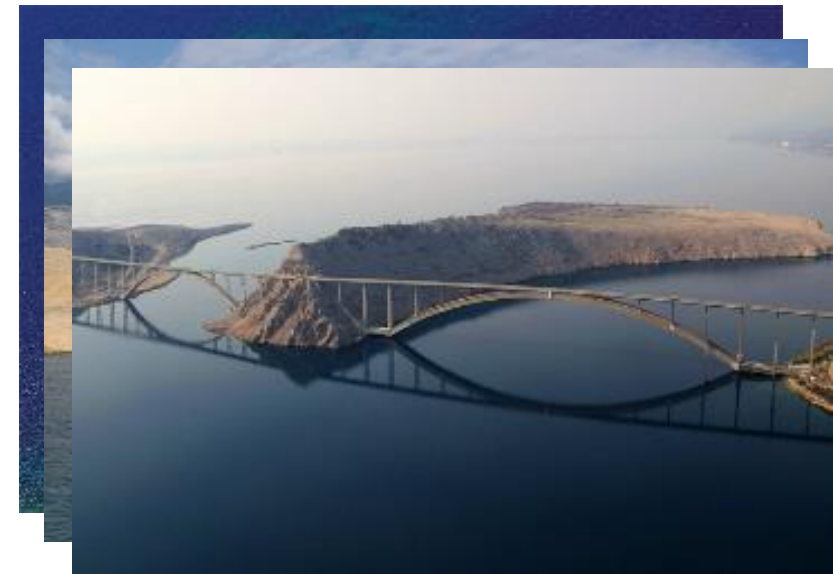
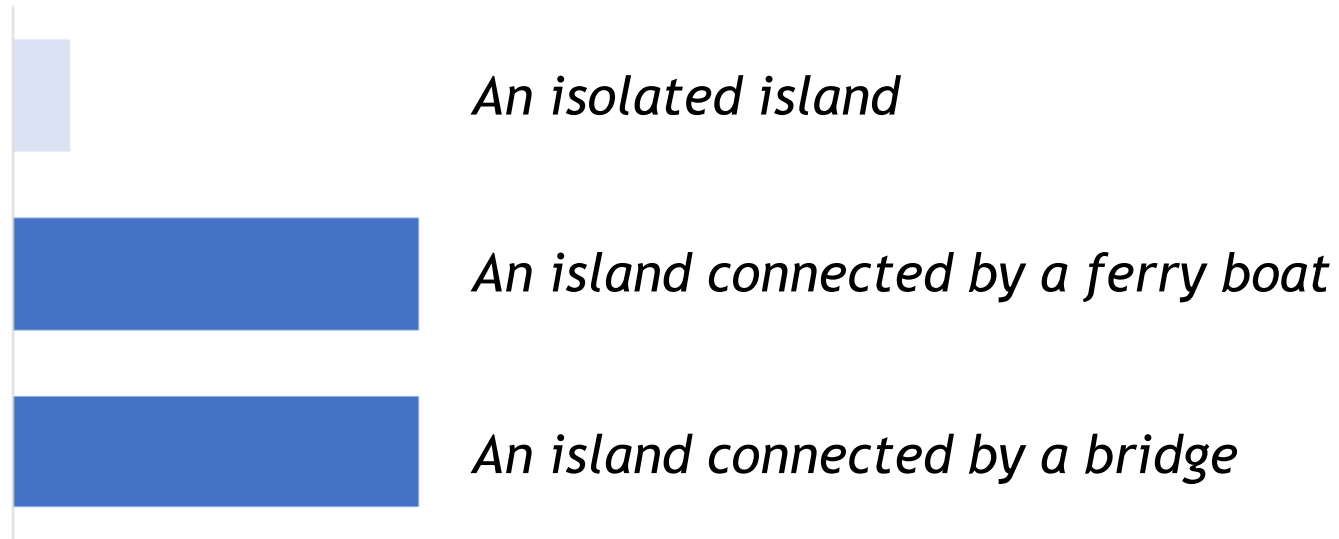
## What we did in 2021?

- A rapid survey (January - February, 2021),
- Interviews to collect country case studies (April - June, 2021),
- Two webinars (February and June, 2021) and
- Scientific paper (submission planned June, 2022).



# A rapid survey

- ✓ Which of the following images best describes your hospital in relation to other healthcare organisations when it comes to exchanging data on COVID-19?



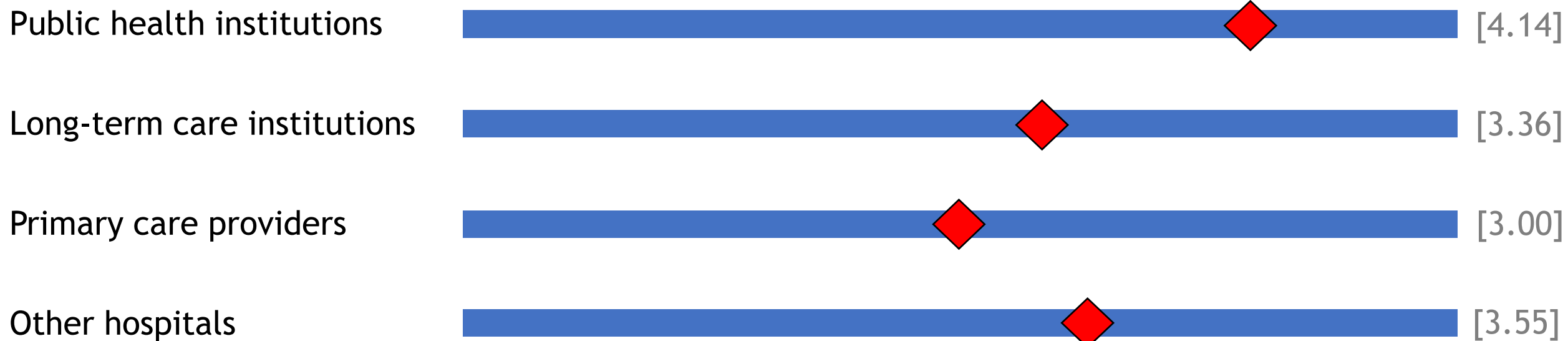
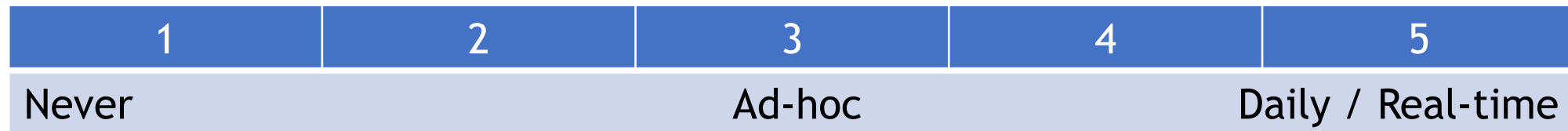
# How COVID-19 influenced data-driven collaboration?

✓ *Collaboration with other healthcare organisations during the COVID-19 pandemic has...*



# How COVID-19 influenced data-driven collaboration?

✓ *To what extent does your hospital exchange COVID-related data with the following organisations and their data systems?*



# How COVID-19 influenced data-driven collaboration?

✓ Please elaborate on lessons learnt with the exchange of COVID-19 related data.

## Positives

- ✓ Crisis as an opportunity for more (online) collaboration and interaction.
- ✓ Testing, treatment and vaccination as a test for data systems (infrastructure and/or governance).
- ✓ Improvements in semantic and technical aspects of data exchange.
- ✓ Improved links to other care levels and organisations. Improved links within the organisation itself.

## Negatives

- ✓ Siloed data systems and governance.
- ✓ One directional sharing of data.
- ✓ Data production increased but not in an organised way.

## Neutrals

- ✓ Nothing changed.
- ✓ Still a lot to learn!



# Priority areas of data-driven collaboration



## Partnerships



## Care provision

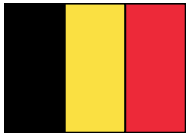


## Data infrastructure



*In the future, there will be more patient data in hospitals (any beyond) but less patients in hospitals.*

*Having data is important but it is sharing data that creates value!*



## **Belgium:** Private hospitals were added to an existing Brussels-wide collaborative network of public hospitals, exchanging data real-time

*Historically, we have been quite „distant” from private hospitals.*

But, when the crisis started, an existing network of five Brussels hospitals, integrated two of the largest private hospitals in the city to their network. Specifically, to discuss COVID-19 patients and their data. At the peak of the pandemic, weekly meetings were held between medical directors of all seven hospitals, public and private, to discuss what were the specific needs. Dashboards were developed which included data from all seven hospitals.

*The discussion to add private hospitals to the network started pre-COVID but when COVID-19 struck, the decision was made in two days.*



## **Ireland: Agreements between the government and the private hospitals enabled provision of surge capacity care in private hospitals during pandemic's peaks**

*Prior to the pandemic, public and private hospitals in Ireland shared little to no data between each other.*

During the pandemic, the Health Service Executive initiated “safety net” agreements with multiple private hospitals. This enabled provision of surge capacity care to patients in private hospitals during the pandemic's peaks and dealing with backlog in diagnostic and therapeutic procedures, following peaks. To be able to link data across organisations, a nation-wide temporary unique patient identifier was introduced.

*Administrators in the public hospital would first assign this number to a patient and then communicate it to the private hospital. Private hospitals then logged everything under this code. This worked well but was very manual. Input, print, scan, email...*



## France: Previously „impossible” collaboration and communication between public and private hospitals in France became possible

*Our financing systems are very different. We are basically in competition. So, we don't really share much information between us.*

This changed with COVID-19, especially in April/May 2020, November 2020 and, most recently, in March 2021, during peak waves of the pandemic. Both Ministry of Health, on the national level, and regional health authorities, invited public and private sector to the same table. To share information and coordinate provision of care.

*This was impossible before 2020! And has, to this day, continued in the form of more intense communication and collaboration.*



## **The Netherlands: A new IT system connecting and integrating geriatric hospital departments and long-term care homes in Amsterdam (and beyond)**

*Hospitals in the Netherlands are competing with each other usually... mostly caused by volume-based contracting agreements.*

The pandemic sped the development and implementation of several IT systems that connect hospitals and long-term care institutions in Amsterdam (and later in the whole Noord-Holland province). This enabled to transparently see and manage hospital and long-term care bed capacity, the exchange of doctor and nurse letters and later - full patients' electronic health records among organisations.

*Nowadays, because of COVID-19, everybody knows a lot more about each other.*

# Findings in a tweet



- COVID-19 pandemic increased data-driven collaboration.
- Collaboration was highly goal-oriented and involved re-thinking of the position and role of hospitals in the healthcare system.
- This required
  - new partnerships,
  - improvements to data (infrastructure),
  - changes to existing (competitive) economic models, and
  - innovation in care provision.



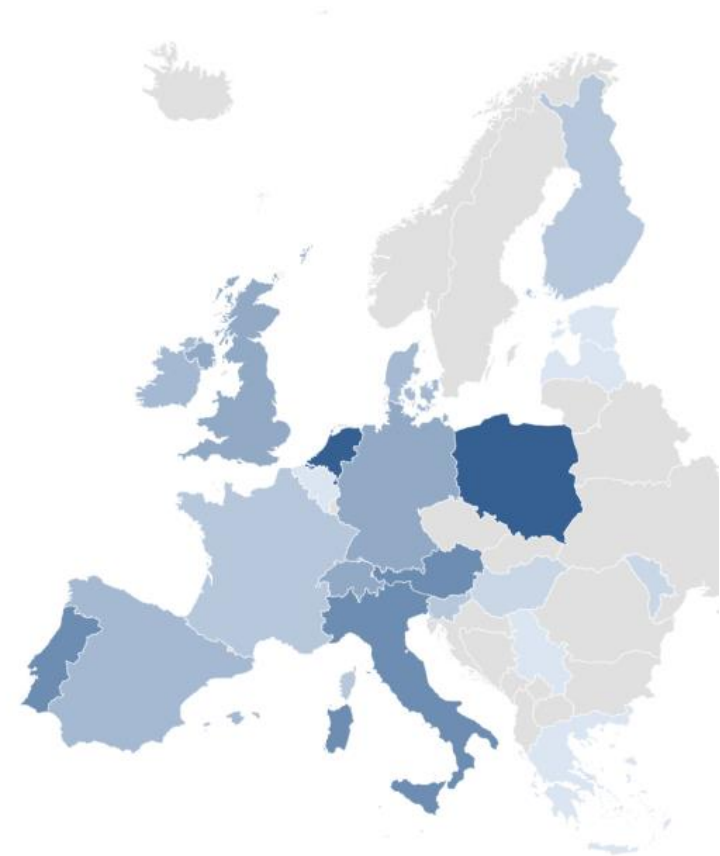
# Can these improvements sustain?

*The crisis allowed us to, temporarily at least, overcome system complexities.*

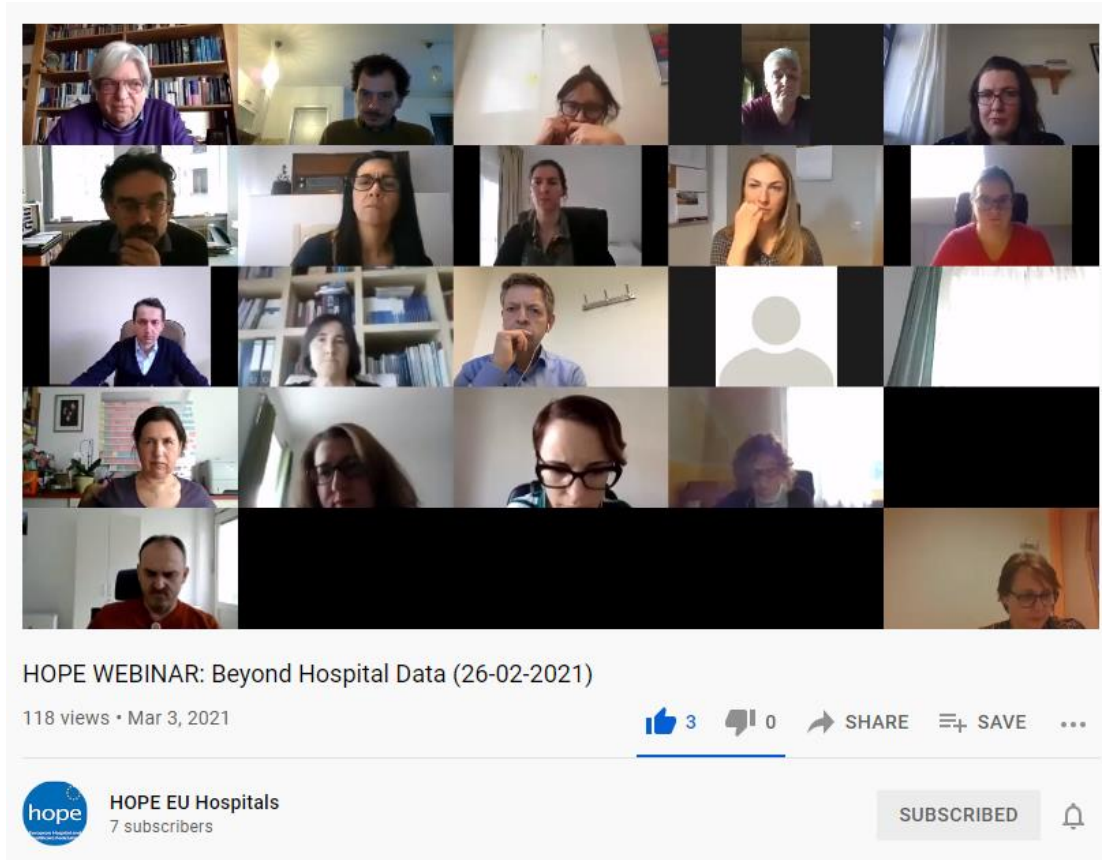
*The rate of progress is already slowing down.*

*Right now, it is ‘we’ but I fear we will soon go back to ‘us’.*

*Firstly, this emergency thinking needs to stop. Sure, some longer lasting improvements will come out of this situation and stay but new challenges will also pop up, such as the financial sustainability of the system, which was mostly ignored during COVID-19. Also, catching-up on delayed care and getting patients back to hospitals, for instance.*



# Thank you!

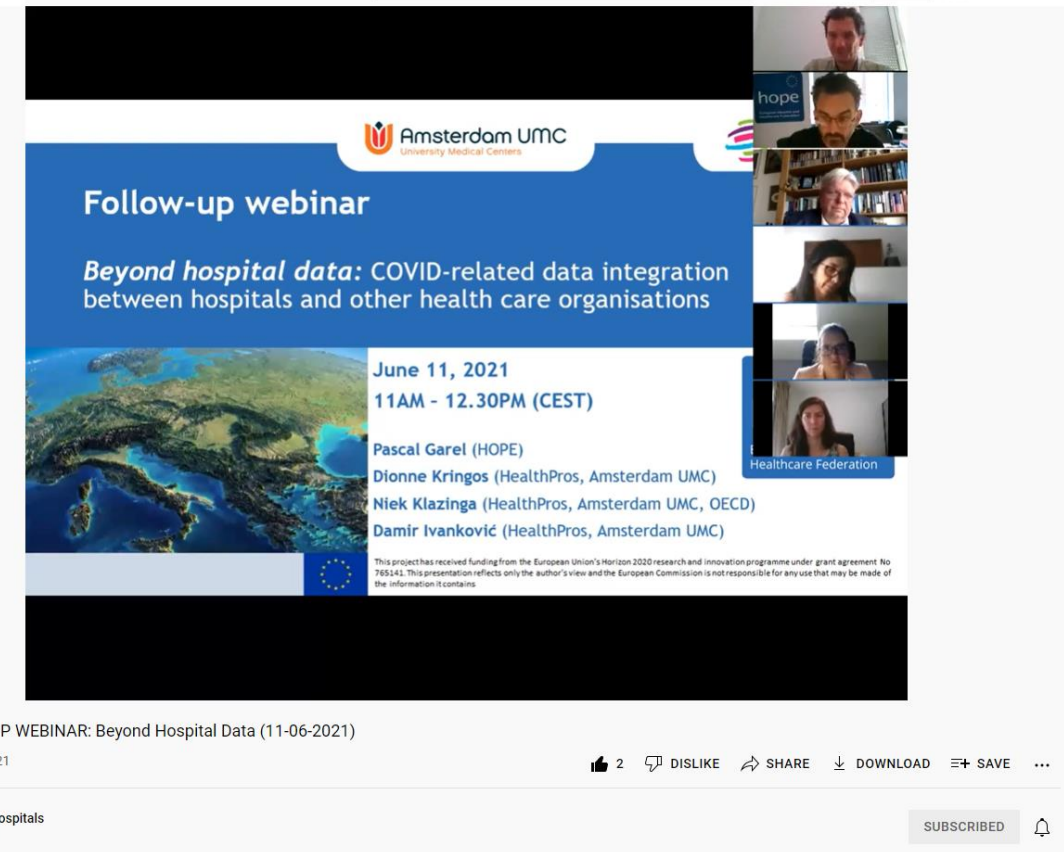


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Follow-up webinar

*Beyond hospital data: COVID-related data integration between hospitals and other health care organisations*

June 11, 2021  
11AM - 12.30PM (CEST)

Pascal Garel (HOPE)  
Dionne Kringos (HealthPros, Amsterdam UMC)  
Niek Klazinga (HealthPros, Amsterdam UMC, OECD)  
Damir Ivanković (HealthPros, Amsterdam UMC)

HOPE FOLLOW UP WEBINAR: Beyond Hospital Data (11-06-2021)

30 views • Jun 14, 2021

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# Let's talk.

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