
Features of patients and their hospitalization in public hospitals of Eastern Macedonia and Thrace region

Authors: **Florou Giannoula**, Professor Department of Accountancy and Finance, Eastern Macedonia and Thrace Institute of Technology, Agios Loukas, 65404 Kavala, Greece, gflorou@teikav.edu.gr; **Polychronidou Persefoni**, PhD Department of Accountancy and Finance, Eastern Macedonia and Thrace Institute of Technology, Agios Loukas, 65404 Kavala, Greece, polychr@teikav.edu.gr; **Petasakis Ioannis**, MSc Department of Accountancy and Finance, Eastern Macedonia and Thrace Institute of Technology, Agios Loukas, 65404 Kavala, Greece, jpetasakis@hotmail.com; **Batzios Christos**, Professor Lab. of Animal Production Economics, School of Veterinary Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, 54124 Thessaloniki, Greece, batzios@vet.auth.gr; **Karasavoglou Anastasios**, Professor Department of Accountancy and Finance, Eastern Macedonia and Thrace Institute of Technology, Agios Loukas, 65404 Kavala, Greece, akarasa@teikav.edu.gr

The economic crisis has made its presence felt in southern Europe the last five years and among other things has affected the provision of health services in Greece. It also seeks for economic reasons uniting of health care institutions of primary or secondary social care. In this study, we use data from the Pathology, Surgical, Obstetrics and Pediatric clinics for the years 2005 to 2011, drawn from the official statements of six public hospitals in Eastern Macedonia and Thrace region. We study certain quantifiable characteristics such as the number of inpatients meaning the days of inpatients'

hospitalization-, the number of inpatients without income or insurance and certain hospital evaluation indices such as bed coverage, interval change and patient's input rate. The ultimate goal is to use the results that emerge from this study to evaluate the health institutions and moreover, to form a basis for more rational planning and decision making.

Keywords: *Health care services, public hospitals, features of hospitalization, Greece.*

Introduction

Both the overall level of population's health and the dissemination of health services are provided equally between the members, depending on the organization and operation of the health care system that determines the access and the quality of services (Charalampous and Tsitsi, 2010). The economic crisis has also created problems in the Greek health system funding, which threatens the viability of private insurance companies while at the same time charges the operation of public health service units due to increased demand, questioning their effectiveness; in addition patients neglect or delay to cover their insurances (Stuckler et al., 2009).

The pressure of the economic crisis on the government and the consumers-patients, who are threatened with loss of their income and insurance coverage, are stifling. This prevents the smooth and efficient running of the health service that depends directly on the social security and the social protection. The increase in negative health in combination with the partial or total loss of income make consumers – patients to seek treatment in public health service units. This results in greater spending and the need of increased funding from the already choked state budgets (WHO, 2009; Kyriopoulos and Tsiantou, 2009). Therefore, health services are required to operate as efficiently as possible despite spending cuts, which means reduced quality of services provided and low satisfaction of user's expectations (Erman, 2009). According to estimates of Kyriopoulos (2010), the outpatient visits have risen about 30% in public hospitals, while visits to private clinics have been limited to the absolutely necessary.

Florou et al. (2014) presented statistical data and evaluation indices of hospital units in the Eastern Macedonia and Thrace region, where the individual clinics were grouped in pathology, surgical and psychiatric sector. This paper, presents statistical data regarding public hospitals in the region of Eastern Macedonia and Thrace, in Northern Greece and data analysis of all hospital inpatients' for the years 2005 - 2011. Data include hospital, year and certain characteristics and indices for the Pathology, Surgical, Obstetrics and Pediatric clinic. These clinics are of great interest, as the first two are the ones with the largest number of patients, while the Obstetrics and Pediatric clinics are those with the lowest number of patients before the financial crisis period due to patients' preference to visit private doctors or clinics.

Data description

We analyze annual data of six hospitals in the Region of Eastern Macedonia and Thrace, during the period 2005-2011. The analysis is based on data drawn from the official statements of the public hospitals of "Kavala", "Drama", "Komotini", "Xanthi", "Alexandroupolis" and "Didimotichon". Data from the hospitals of "Xanthi", "Alexandroupolis" and "Didimotichon" do not include full information for the period 2005 - 2011. These data were provided from the hospitals' administrative offices. Data that are presented on this paper include details about all the individual hospitals and the Pathology, Surgical, Obstetrics (Gynecology-Obstetric, Early and Incubator) and Pediatric clinics.

Data includes measurements of the total annual inpatient number, the total annual days of inpatients, the average days of inpatients' stay, the percentage (%) of emergency visits, the switching time, the patients' input rate, the percentage (%) of bed coverage, the inpatients without income, the inpatients without insurance, as well as the percentage (5) of hospitalized patients who live within the area of responsibility of each hospital, clinic and year.

Moreover, all tables include the percentage differences between measurements of the year 2005, that is the first year we have measurements, 2009, that is the year that the economic crisis started in Greece and 2011, - the last year we have measurements for.

Data presentation

Total number of inpatients and annual inpatient days

The annual inpatient number of each hospital is presented in table 1. The hospital with the higher number of patients is the one situated in the city of Alexandroupolis, which is a University hospital and includes specialized clinics that do not exist in the other hospitals of the region. . In this hospital are addressed approximately as many patients are aggregated at all other hospitals. It seems that the number of treated patients was higher in years 2010 and 2011 in the most under study hospitals.

Table 1: Total annual inpatient number per hospital and year

Hospital	Year							% difference		
	2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	33825	33362	31519	32009	32092	32225	36893	9,1	-5,1	15,0
Xanthi	27197	25303	25251	24431	19288	19716	22370	-17,7	-29,1	16,0
Didimotichon	8300	9413	9599	8547	8404	8776	8172	-1,5	1,3	-2,8
Drama				14831	16020	15543	17344			8,3
Komotini				12034	11706	11213	13187			12,7
Alexandroupolis				70410	71180	74967	80308			12,8

In table 2 is presented the annual inpatient number per hospital, clinic and year. We observe that the number of patients has been increased in most hospitals and clinics for the period 2009 - 2011, except the Pediatric clinic where a reduction occurred. It is impressive the 73.7% increase in patients who were addressed to the Obstetrics clinic at the hospital of Didimotichon in 2005 - 2011. In Greece of economic crisis, many women no longer address to private Obstetric clinics.

Table 2: Annual inpatient number per hospital, clinic and year

Hospital	Clinics	Year	% difference

		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	7870	7861	7472	6969	6445	7157	8547	8,6	-18,1	32,6
	Surgical	3194	2966	2721	2706	2817	2877	3544	11,0	-11,8	25,8
	Obstetrics	2152	2304	1925	2166	2268	2256	2379	10,5	5,4	4,9
	Pediatric	1693	1524	1347	1510	1411	1082	1015	-40,0	-16,7	-28,1
Xanthi	Pathology	5364	4655	4601	5002	4237	5141	5771	7,6	-21,0	36,2
	Surgical	4212	3751	3498	3104	2868	2678	3187	-24,3	-31,9	11,1
	Obstetrics	2497	2632	2610	2704	2565	2518	2540	1,7	2,7	-1,0
	Pediatric	1736	1662	1764	1519	1528	1769	1714	-1,3	-12,0	12,2
Didimotichon	Pathology	3715	4061	3842	3198	2849	3143	3208	-13,6	-23,3	12,6
	Surgical	2533	2643	2545	2389	2725	2826	2041	-19,4	7,6	-25,1
	Obstetrics	562	684	959	982	1076	1050	976	73,7	91,5	-9,3
	Pediatric							53			
Drama	Pathology				3820	4317	4499	4728			9,5
	Surgical				2843	3148	2823	3683			17,0
	Obstetrics				1257	1200	1227	1245			3,8
	Pediatric				1154	1231	1194	985			-20,0
Komotini	Pathology				2856	2419	2444	2238			-7,5
	Surgical				2856	2419	2444	2238			-7,5
	Obstetrics				521	528	554	479			-9,3
	Pediatric				1142	1168	880	813			-30,4
Alexandroupolis	Pathology				2812	2817	3075	2903			3,1
	Surgical				2310	2343	2189	2565			9,5
	Obstetrics				3156	3083	3094	3248			5,4
	Pediatric				2158	2213	2134	2011			-9,1

Table 3 presents the number of annual inpatient days per hospital, clinic and year. The paradox is that while in some clinics (eg. Pathology and Surgical Clinics of Kavala’s hospital, Surgical Clinic of Alexandroupolis’ hospital) the annual number of patients has increased (Table 2), at the same time the total number of annual inpatient days has been reduced (Table 3).

Table 3: Total number of annual inpatient days per hospital, clinic and year

Hospital	Clinics	Year	% difference
----------	---------	------	--------------

		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009		
Kavala	Pathology	1842	6178	6016	6331	6684	1679	8170	3818	454	0,2	-8,8	9,9
	Surgical	948	1856	4790	1777	0795	9736	8447			-10,9	-16,1	6,1
	Obstetrics	690	969	1862	0254	6376	7107	7228			4,6	-7,7	13,4
	Pediatric	459	643	737	1539	6934	1829	8528			-38,0	-25,6	-16,6
Xanthi	Pathology	1350	4123	8125	1713	2921	1103	1229	214	258	5,6	-17,8	28,4
	Surgical	119	451	1117	1127	3919	9829	9241	1066	4	-10,7	-25,2	19,4
	Obstetrics	767	880	3378	4179	7574	8772	2078	34		2,0	-2,5	4,6
	Pediatric	378	937	1035	5731	5526	8431	4834	79		-8,2	-29,2	29,6
Didimotichon	Pathology	1160	4121	1136	5611	2697	1371	1037	1127		-2,8	-16,3	16,1
	Surgical	986	979	1032	5101	7910	5591	0729	9928		0,6	7,0	-6,0
	Obstetrics	151	204	429	0728	1929	1327	3004			98,3	92,3	3,1
	Pediatric							141					
Drama	Pathology				1531	1568	7938	0177	09				12,9
	Surgical				548	755	3198	1952					-5,7
	Obstetrics				540	150	6451	8150	43				-0,4
	Pediatric				302	732	1829	9628					-10,1
Komotini	Pathology				1221	812	1311	2511	015				-9,8
	Surgical				944	988	445	688	9				-22,1
	Obstetrics				240	721	602	2241	806				-16,4
	Pediatric				401	939	303	628	08				-29,7
Alexandroupolis	Pathology				1628	615	4661	5873	1600				3,5
	Surgical				751	769	270	966	665				-13,4
	Obstetrics				145	381	392	314	709	148			6,5
	Pediatric				664	675	961	591	0				-12,6

In Table 4 we observe that the differences in mean days of inpatients' stay at the specific four clinics of hospitals do not relate to the year but mainly to the hospital and the clinic.

Table 4: Mean days of inpatients' stay per hospital, clinic and year

Hospital	Clinics	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	Pathology	3	3	3	3	3	3	3
	Surgical	3	3	3	3	3	3	3
	Obstetrics	3	4	4	3	3	4	3
	Pediatric	3	3	3	3	2	3	3
Xanthi	Pathology	3	3	3	3	3	3	3
	Surgical	3	3	3	3	3	3	3
	Obstetrics	3	3	3	3	3	3	3
	Pediatric	2	2	2	2	2	2	2
Didimotichon	Pathology	3	3	3	3	3	3	3
	Surgical	4	4	4	4	4	4	4
	Obstetrics	3	3	3	3	3	3	3
Drama	Pathology				2	2	2	2
	Surgical				3	4	4	4
	Obstetrics				4	4	4	4
	Pediatric				3	3	3	3
Komotini	Pathology				4	4	4	4
	Surgical				3	3	3	N/A
	Obstetrics				5	4	4	4
	Pediatric				4	3	3	3
Alexandroupolis	Pathology				4	4	3	3
	Surgical				4	4	4	4
	Obstetrics				3	3	3	3
	Pediatric				3	3	3	3

N/A: not available data

Inpatient without income or insurance

The number of inpatient without income per hospital, clinic and year is shown in Table 5. The differences between 2009 - the initial year of economic crisis in Greece - and 2011 confirm an increase in the number of inpatients without income in most clinics of Xanthi's, Didimotichon's, Alexandroupolis' and Komotini's hospitals.

Table 5: Number of inpatient without income per hospital, clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	119	75	59	95	84	69	64	-46,2	-29,4	-23,8
	Surgical	69	80	57	74	62	45	63	-8,7	-10,1	1,6
	Obstetrics	53	79	57	59	75	29	66	24,5	41,5	-12,0
	Pediatric	90	83	66	47	54	33	37	-58,9	-40,0	-31,5
Xanthi	Pathology	128	175	171	144	113	122	157	22,7	-11,7	38,9
	Surgical	130	129	144	103	113	90	142	9,2	-13,1	25,7
	Obstetrics	130	129	144	103	113	90	142	9,2	-13,1	25,7
	Pediatric	202	194	192	144	136	193	154	-23,8	-32,7	13,2
Didimotichon	Pathology	80	114	112	93	88	117	120	50,0	10,0	36,4
	Surgical	66	59	67	31	36	47	42	-36,4	-45,5	16,7
	Obstetrics	66	59	67	31	36	47	42	-36,4	-45,5	16,7
	Pediatric							1			
Drama	Pathology				81	104	85	80			-23,1
	Surgical				88	85	91	76			-10,6
	Obstetrics				98	76	97	91			19,7
	Pediatric				63	54	53	26			-51,9
Komotini	Pathology				167	124	126	134			8,1
	Surgical				145	104	121	122			17,3
	Obstetrics				85	106	86	92			-13,2
	Pediatric				218	238	154	169			-29,0
Alexandroupolis	Pathology				86	78	110	107			37,2
	Surgical				68	73	87	90			23,3
	Obstetrics				66	79	76	98			24,1
	Pediatric				225	238	179	185			-22,3

Table 6 shows the percentage of inpatients without insurance per clinic and year. These types of data are only available for Kavala’s hospital. It is clear that these percentages are estimated relatively low. The highest of them appears in Pediatric clinic in which approximately one out of twenty children’s health care is not covered by medical insurance. Moreover, it is worth-mentioning the almost doubling percentages of medical uninsured women in the Obstetrics clinic, between years 2005 and 2011.

Table 6: Percent of inpatient without insurance per clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	0,75	0,9	0,65	1	0,8	1,15	1,1	46,7	6,7	37,5
	Surgical	2,4	2,1	1,95	1,95	2	2,1	2,65	10,4	-16,7	32,5
	Obstetrics	0,9	1,4	1,5	1,5	1,8	1,7	1,6	77,8	100,0	-11,1
	Pediatric	3,9	3,6	3,8	3,9	4,5	7,1	3,7	-5,1	15,4	-17,8

Hospital evaluation indices

According to WHO report (2003), the evaluation indices are the instruments used to give insight into clinic’s or hospital’s operations and are quite useful for comparing both clinics and hospitals, with the predetermined operating standards.

These indices quantify the results of the operations for a period of time and can be helpful in the effort of a continuous improvement through highlighting the clinics or hospital’s strengths and weaknesses. They are mainly indicators of qualitative and quantitative characteristics, such as the effectiveness and efficiency of health service units. They are also necessary for the evaluation process of any measures taken to improve the quality of these units. In particular, below are presented some hospital evaluation indices.

Percentage of bed coverage

The term “percentage of bed coverage” refers to the “total annual days of inpatients” *100 / (number of beds * 365). , Although Table 2 has shown that the number of patients increased between years 2005 and 2011, Table 7 shows that the percentage of bed coverage per hospital has been decreased at the same time period in most clinics under study. The Obstetrics clinic of Didimotichon’s hospital is an exception, as it was consistent with the large increase of incidents that have been managed, as shown in Tables 2 and 3.

Table 7: Percentage of bed coverage per hospital, clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	73,5	71,5	67	68,5	72,5	67,5	69	-6,12	-1,36	-4,83
	Surgical	52,5	47,5	44	43	44,5	40	54,5	3,81	-15,24	22,47
	Obstetrics	47	48	44	40	39	44	44	-6,38	-17,02	12,82
	Pediatric	52	50	42	45	39	34	39	-25,00	-25,00	0,00
Xanthi	Pathology	89	86,7	90,5	94,9	80,3	83,1	91,4	2,70	-9,78	13,82
	Surgical	73,2	69,9	71,1	57,3	55,9	55,9	63,8	-12,84	-23,63	14,13
	Obstetrics	61,9	64,7	63,2	64,1	60,3	58,2	63,1	1,94	-2,58	4,64
	Pediatric	39,9	39,1	37,5	33,2	28,3	33,2	36,7	-8,02	-29,07	29,68
Didimotichon	Pathology	106	110,6	106,5	101,3	88,7	94,7	103	-2,83	-16,32	16,12
	Surgical	0	0	91,3	89,7	93,3	94,8	87,7			-6,00
	Obstetrics	21,9	29,5	41,9	40,5	42	39,5	43,3	97,72	91,78	3,10
Drama	Pathology				42	45	45	50			11,11
	Surgical				34	38	37	36			-5,26
	Obstetrics				59	56	57	55			-1,79
	Pediatric				41	44	41	40			-9,09
Komotini	Pathology				68,1	68,3	62,9	61,6			-9,81
	Surgical				73,8	69,2	66,8	53,9			-22,11
	Obstetrics				32,9	29,6	30,5	24,7			-16,55
	Pediatric				54,9	54,7	41,6	38,5			-29,62
Alexandroupolis	Pathology				89	84,15	81,55	78,9			-6,24
	Surgical				61,5	63,4	59,63	62,17			-1,95
	Obstetrics				69,95	70,45	72,35	73,9			4,90

Pediatric	45,4	46,3	42,2	40,5	-12,53
-----------	------	------	------	------	--------

Switching time

Two composite indicators, which are used to interpret to what extent the infrastructure and services of each hospital are utilized for inpatients' hospitalization, are the "Change interval" and "Patient input rate" indicators (Hospital's operational restructuring plan, 2010).

The Change interval measures the rate of patient's alternation in a particular time period or the average number of days that the bed was left vacant. Calculated as: "(365/ patient input rate) - average length of hospitalization", and it is expressed in days. We only have data about Change interval for Kavala's, Xanthi's and Didimotichon's hospitals.

It is observed that the Pathology clinic has the lower Change interval and, in general, all four clinics of Kavala's hospital exhibit the highest values of Change interval. This may happen because the hospitals of Xanthi and Didimotichon are considered relatively small and their most severe cases are often sent to those of Kavala and Alexandroupolis, respectively.

Table 8: Change interval per hospital, clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	1,5	1,5	1,5	1,5	1,5	1,5	1,5	0,0	0,0	0,0
	Surgical	3	3	4	4	4	4	2	-33,3	33,3	-50,0
	Obstetrics	4	4	5	5	5	5	4	0,0	25,0	-20,0
	Pediatric	2	3	4	3	4	5	4	100,0	100,0	0,0
Xanthi	Pathology	0,5	0,5	0,4	0,2	0,8	0,7	0,4	-20,0	60,0	-50,0
	Surgical	1,2	1,4	1,4	2,4	2,7	3,0	2,1	75,0	125,0	-22,2
	Obstetrics	1,9	1,7	1,8	1,7	1,9	2,1	1,8	-5,3	0,0	-5,3
	Pediatric	1,9	1,7	1,8	1,7	1,9	2,1	1,8	-5,3	0,0	-5,3
Didimotichon	Pathology	-0,2	-0,3	-0,2	0,0	0,4	0,2	-0,1	-50,0	-300,0	-125,0
	Surgical			0,4	0,4	0,3	0,2	0,6			100,0
	Obstetrics	9,5	7,1	4,2	4,2	3,7	3,9	3,9	-58,9	-61,1	5,4

Patient input rate

The Patient input rate measures the rate at which the available hospital beds are used in a given period of time. It is expressed as the number of hospitalized patients per bed per year and it denotes the extent of exploitation of hospital’s infrastructure (Hospitals operational restructuring plan, 2010).

Data about Patient input rate are only available for Kavala’s, Xanthi’s and Didimotichon’s hospitals. The highest values in these three hospitals occur in Pathology clinic. The lower value of patient input rate is presented in the Obstetrics clinic of Didimotichon hospital. Generally, it seems that there is no particular time trend over the years of studying.

Table 9: Patient input rate per hospital, clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	95	95	93,5	90,5	92	81,5	81	-14,7	-3,2	-12,0
	Surgical	63	58,5	54,5	53,5	57	53,5	75	19,0	-9,5	31,6
	Obstetrics	51	50	45	43	42	44	46	-9,8	-17,6	9,5
	Pediatric	71	64	56	63	59	45	51	-28,2	-16,9	-13,6
Xanthi	Pathology	85,7	89,4	97,3	103,4	91,1	92,9	84,9	-0,9	6,3	-6,8
	Surgical	82,9	79,7	74,4	64,7	59,9	54,0	63,5	-23,4	-27,7	6,0
	Obstetrics	73,4	77,4	76,8	79,5	75,4	74,1	74,7	1,8	2,7	-0,9
	Pediatric	66,8	63,9	67,9	58,4	58,8	68,0	65,9	-1,3	-12,0	12,1
Didimotichon	Pathology	130,5	140,2	132,2	110,5	98,1	108,6	111,4	-14,6	-24,8	13,6
	Surgical			90,5	86,3	96,1	99,7	75,4			-21,5
	Obstetrics	30,0	36,5	51,1	52,3	57,4	56,3	52,5	75,0	91,3	-8,5

Area of responsibility

Every Greek public hospital has an area of responsibility, which in most cases is the geographical prefecture in which it resides. However, patients from neighboring prefectures or the rest of Greece, sometimes are hospitalized in Kavala's hospital, either because they happened to be in the prefecture of Kavala, or because they were unable to be treated by the hospital of their prefecture, or possibly because it is the hospital they prefer for hospitalization. Available data refer to the percentage of hospitalized patients who live within the area of responsibility only for Kavala's, Xanthi's and Didimotichon's hospitals.

It is confirmed that in all under study hospitals patients derived in overwhelming majority from each hospital's area of responsibility.. It is remarkable, though, that Didimotichon's hospital has no patients from regions outside of its responsibility area. This may happens because it is the smallest hospital in the region under study and the patients usually prefer to address for non-emergency first aid at a nearby and greater hospital.

Table 10: Percentage of hospitalized patients who live within the area of responsibility per hospital, clinic and year

Hospital	Clinics	Year							% difference		
		2005	2006	2007	2008	2009	2010	2011	2011-2005	2009-2005	2011-2009
Kavala	Pathology	93,75	93,7	94,35	93,95	93,65	93,95	93,6	-0,2	-0,1	-0,1
	Surgical	91,45	91,45	90,55	91,7	90,75	90,45	90,75	-0,8	-0,8	0,0
	Obstetrics	93,7	93,3	94,4	95,8	93,05	94,55	90,6	-3,3	-0,7	-2,6
	Pediatric	94	93,5	92,1	93,6	94,5	93,5	91,2	-3,0	0,5	-3,5
Xanthi	Pathology	93,8	95	95	93,3	93,8	94,6	94	0,2	0,0	0,2
	Surgical	93,3	93,8	93,6	93,2	92,1	92,9	93,2	-0,1	-1,3	1,2
	Obstetrics	93,1	94	93,5	92,9	93,3	93,9	93,7	0,6	0,2	0,4
	Pediatric	96,9	95,8	95,6	96,4	90	96,3	94,4	-2,6	-7,1	4,9
Didimotichon	Pathology	99,1	99,2	99,4	99,3	98,8	98,7	98,2	-0,9	-0,3	-0,6
	Surgical	97,7	98,3	97,7	96,3	96,3	95,4	93,6	-4,2	-1,4	-2,8

Conclusions

This paper presented the percentage differences among measurements for the years 2005, 2009 and 2011. In most hospitals the number of treated patients appeared to increase in years 2010 and 2011. This is also observed for patients in most hospitals and clinics for the period 2009 - 2011, except the pediatric clinic where a reduction took place. Moreover, there is an increase in the number of inpatients without income in most of the clinics of Xanthi's, Didimotichon's, Alexandroupolis' and Komotini's hospitals. Additionally, significant is the increase of uninsured women in the Obstetrics clinic. However, the percentage of bed coverage per hospital has been decreased at the same period for these four clinics, as all hospitals are obliged to do so.

Acknowledgements

This research was supported by the Project "Immigrants and Health Services - The case of Eastern Macedonia and Thrace region" that is co-funded by the European Union (European Social Fund) and National Resources - ARCHIMEDES III.

References

- [1]. Charalampous A., Tsitsi T.(2010). "The effects of globalization on health and the development of a supranational regulatory framework". Greek Medicine Archives, 27(1), pp.106-112.
- [2]. Erman J. (2009). "Economic Crisis: Impact to Hospitals. All Nursing - Sense and More", accessed in 5/1/2011 at: <http://allnursingsense.blogspot.com/2009/12/economic-crisis-impact-to-hospitals.html>.
- [3]. Florou G., Aggelidis V., Batzios C., Karasavvoglou A., Petasakis I., Polychronidou P. (2014). "Key features of the hospitalization of patients who received health care services in public hospitals in the Region of Eastern Macedonia and Thrace -Greece during the period 2005-2011". Proceedings of the Hellenic Open Business Administration International Conference (HOBA 2014), Athens, 8-9 March 2014.
- [4]. Hospitals operational restructuring plan (2010). Accessed in 14/2/2014 at: <http://platon.cc.uoa.gr/~reconweb/new2>

- [5]. Kyriopoulos I. (2010). "The impact of the economic crisis on health and medical care". Proceedings of the 16th Pan-Hellenic Conference of Internal Medicine, Athens, 16 October 2010.
- [6]. Kyriopoulos I., Tsiantou B. (2009). "The impact of the economic crisis on health and medical care". Greek Medicine Archives, 27(5), pp. 834-840, accessed in 20/12/2010 at: <http://www.mednet.gr/archives/2010-5/pdf/834.pdf>.
- [7]. Stuckler D., Basu S, Suhrcke M, Coutts A, McKee M. (2009). "The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis". Lancet, 374, pp. 315-23.
- [8]. World Health Organization (WHO) (2003). "How can hospital performance be measured and monitored?", Copenhagen.
- [9]. World Health Organization (WHO) (2009). "The financial crisis and global health: report of a high-level consultation". Geneva, accessed in 19/1/2011 at: [http://www.who.int/mediacentre/events/meetings/2009_financial_crisis_report_en.pdf\(19/1/11\)](http://www.who.int/mediacentre/events/meetings/2009_financial_crisis_report_en.pdf(19/1/11)).