

The AKG's Questions for the AUH-AKG-Dialogue

Looking from the patient point of view:

Some typical patient cases shall “lead” through our dialogue in the Aarhus University Hospital (AUH) on 21/9/2019. These should regard:

- a significant percentage of the total cases
- patients who are located quite far away from the AUH

Categories could be e.g.:

- Emergency – urgent – e.g. patient with stroke
- Emergency – “light” case – e.g. patient with suspected broken arm
- Elective – outpatient – for something which would be handled as inpatient in Germany and for which several visits are necessary – e.g. patient with cancer
- Elective – inpatient – e.g. for cases with additional complications as e.g. in geriatric cases e.g. patient suffering from dementia with the need of a hip replacement
- Elective – inpatient (?) – pregnancy/ childbirth

To compare the Danish and the German concepts it would be interesting to learn more in detail about the pathways of these Patient-Types inside the Aarhus University Hospital.

Topics/questions for the visit to the hospital-buildings:

- In general:
 - recommendations
 - warnings
- general concept of the Danish healthcare system:
 - nationwide overview
 - impact of the new system (seen from the point of view of the AUH) on:
 - health outcome results
 - patient satisfaction
 - staff satisfaction
 - costs

- Are there local health care centres for primary health care (common treatments) with 24/7 service?
- Are there extra local centres in Denmark or do you find certain departments in the hospitals for the following functions?
 - prevention/ screenings
 - rehabilitation
 - chemotherapy
 - dialysis
- AUH general concept:
 - basic numbers & general explanation of the AUH in total
 - role of the AUH in the Danish healthcare system (incl. patient pathway from “home to hospital & back” incl. role of general practitioner/ local support for patients in need)
 - How the AUH is financed (Operation/ Construction/ Maintenance)?
 - How has the size/ the capacity of the AUH been calculated? Are there regular updates?
 - How is it to be a general hospital and a deeply sub-specialized hospital at the same time?
 - patient/ staff/ visitors orientation in the hospital
 - role of the patient hotel
 - Where and how does the architectural concept of the AUH help in the daily functional work?
 - Has it been helpful for today’s daily operation of the AUH to involve the user and use 1:1 models in planning?
 - basic comparison to the old system – improvements & degradations
- Emergency/ Acute Department:
 - Why & how to deal with an emergency patient who is e.g. 50 km away?
 - distribution of ambulances/ helicopters in the catchment area of the AUH
 - Do they have special equipment such as mobile intensive care units or analytical equipment in the ambulances?
 - How many patients can be treated parallel/ how to deal with very high numbers of parallel incidents?

- role of the care units integrated in the emergency department for short time observation
- Are there any specific arrangements or services for acute geriatric patients or patients with dementia?
- Outpatient Part:
 - which patient cases are treated as outpatients
 - how/where does the patient approach the hospital
 - flow/ duration of stay inside
 - treatment by the hospital of patients outside the hospital e.g. after an inpatient treatment in the hospital
- Inpatient/ Care Part:
 - general care concept including numbers as staff/patient etc.
 - current AUH research results regarding the 1-bed-room concepts
 - the average length of stay inside a care unit is short - how is the care/ treatment after the stay in hospital organized
- Logistic/ technical Part:
 - Flow of goods/ material/ persons
 - Concept of the technical building services