COUNCIL OF EUROPE
COMMITTEE OF MINISTERS

RESOLUTION (76) 7

ON DIFFERENT TYPES OF HOSPITALS AND HOSPITAL GROUPS

(Adopted by the Committee of Ministers on 18 February 1976 at the 254th meeting of the Ministers' Deputies)

The Committee of Ministers,

Considering that the aim of the Council of Europe is to achieve a greater unity between its Members and that this aim may be pursued, inter alia, by the adoption of common regulations in the social and public health fields ;

Considering the advantages for the member states of the Council of Europe represented by an efficient organisation in the provision of medical care for the population concerned, which remains the paramount aim ;

Considering that at the present time the hospital represents a very costly instrument by reason of its development in the technical and social spheres ;

Having regard to the potential value of rationalising general arrangements for hospital cover, with the object of containing the growth as much as possible of expenditure on this item without losing in quality,

I. Recommends that the governments of member states :

A. ensure generally that the hospital needs of the community are adequately catered for. It is also necessary to ensure that each hospital becomes an integral part of the health service system rather than a self-sufficient unit ; the hospital system in turn must be made to co-operate closely with the other health and social services ;

B. observe the implementation of the measures advocated under A above, ensuring a degree of flexibility that will permit constant adjustments to the changing needs of the population ;

C. develop statistical studies, in order to define more precisely the hospital cover, which must be neither excessive nor inadequate ;

D. take into account in their health policy legislation the principles set out in the appendix, in seeking for an effective and dynamic system of hospital logistics ;

II. Invites the governments of member states to report every five years to the Secretary General on action taken on the present resolution.

1. **Definition of a hospital cover**

By hospital cover is meant the co-ordinated network of hospital facilities of different levels serving a given geographical area.

2. **Factors to be borne in mind in hospital planning**

2.1. Planning must result in the establishment of hospital cover which will afford easy access for all those in need of hospital services.

It is necessary that this hospital cover is proportionate to the foreseeable needs of the whole population in a given area.

To justify the establishment of a hospital group, the catchment area should normally encompass a population of between half a million and several million inhabitants, depending on demographic density.

Furthermore, limits of this catchment area should be set, having regard to the ease of road and rail communications affording speedy access to treatment centres.

2.2. A demographic study, designed to pinpoint the effects of variations due to natural causes (births and deaths), and to permanent or periodical migratory movements, is required to show how populations are evolving.

Differentiation by age groups is necessary with a view to the provision of installations that are both qualitatively and quantitatively appropriate, namely depending on ageing of population.

2.3. It is also necessary to pay heed to agricultural, industrial or other forms of activity, since these can produce variations in the nature of what is required.

2.4. Morbidity is not uniform among different groups of the population. It may vary in time and place namely according to economical and cultural conditions ; therefore forward studies should be developed in this field.

2.5. The way in which medical techniques are evolving has shown the difficulty of making forecasts concerning hospitalisation. The closest consideration should be given to the technical advances recorded as well as to those envisaged in the medium term.

2.6. In the future, the development of health organisation outside medical care establishments should, to some extent, influence the causes of hospitalisation.

2.7. In planning, it is essential to pay proper regard to the numbers of health personnel needed ; their qualifications and numbers must be commensurate with the needs of the hospital cover.

2.8. It is also necessary to take into consideration the hospital structure and its relationship with the social security and health care system such as it exists or is planned according to legislation in force.

3. **Hospital groups and different types of hospitals**

3.1. The make-up of services in a catchment area may be specified as follows .

Type A : Diagnosis and short intensive therapy or care, medical and technical in character.

Type B : Active type of care, medical and technical in character, for periods varying from a few weeks to several months.

Type C : Hospitalisation service for patients requiring lengthy but less active care including rehabilitation ; medical and social in character. Facilities whose function is only social are no longer classified among hospitals.

The elderly (65 and over) do not constitute a homogeneous group in respect of need for medical care ; elderly people should be hospitalised at a general hospital for acute diseases, and it is important not to overestimate the role of the medical facilities in the case of lengthy stays.

3.1.2. As far as specialised units are concerned, only in a large hospital complex can independent specialised units be set up. Such specialised units should operate in close conjunction with a

hospital centre. A harmonious apportionment of the different specialities, making up satisfactory units, can be organised in the different hospital establishments of a big town. As far as psychiatry is concerned, it would be desirable that services for acute care are integrated into the hospital.

3.1.3. In order to avoid a proliferation of small specialist units, it should be possible for specialists to be seconded to smaller hospitals.

3.2. *A functional classification of hospitals* may be defined as follows :

3.2.1. *Regional hospital centre*
Its capacity may vary between 1 200 and several thousand beds, according to the population served. Its facilities should cover all specialities at the highest technical level, with the exception of a few sophisticated specialised techniques (such as heart surgery etc.), which may be dealt with on an inter-regional basis.

3.2.2. *Main hospital centre*
This hospital (population served : 200 000 inhabitants and more ; number of beds : 500 or more) should combine several surgical sections covering different specialities, a number of departments for internal medicine whose activities could be somewhat specialised, services providing the usual specialities, a department of gynaecology and obstetrics and a paediatrics section, X-ray and analysis laboratories, an emergency service and one for anaesthesia and resuscitation, an out-patients' department and a social and medico-social department.

3.2.3. *Hospital centre*
This hospital (population served : not less than 80 000 inhabitants, but in exceptional circumstances ; number of beds · 250 or more) should include a department for internal medicine, a general surgical department, a department of gynaecology and obstetrics with a paediatrics section, facilities for outside consultations, and laboratories, as well as a social and medico-social department.

3.2.4. *Local hospital*
This hospital, whose function is more social than medical, allows physicians of the area to meet, and to treat patients who could be treated on an ambulatory basis if the patients' social situation otherwise allowed. It should include a geriatric ward and an X-ray unit. It may also include a unit of general medicine with between 10 and 15 beds. If it has a maternity ward, very strict medical supervision must be assured.

3.3. *Emergency services* should be able to handle medical and socio-medical problems of patients wherever and whenever they occur.

Ideally, patients with minor problems from a strictly medical point of view should be treated on a primary care level ; however, it must be accepted that a certain number of these patients will attend the hospital emergency service.

The emergency services of the hospital could be organised in special units. The hospitals can operate these units on a rotation scheme, so that all hospitals are not on continuous duty.

Within a hospital group, there should be a graduation of emergency services. On the higher levels of emergency services a distinction should be made between medical, surgical and psychiatric services. At an even higher level, further distinction could be made, e.g. between traumatology and abdominal surgery

In an emergency service the selection of patients ("triage") to be hospitalised should be carried out by an experienced doctor.

3.4. It is important that patients in need of *intensive therapy and resuscitation* be cared for in departments with specialised technical equipment and highly qualified staff. Planning is accordingly necessary within the hospital group.

3.5. *Collaboration and complementarity* among the various establishments must be a feature of hospital groups ; in particular so far as the patients and health personnel are concerned.

The hospital should be an integral part of the health service and it should consequently maintain close relations with the community health services.

Access to the hospital technical services by practitioners is desirable.

3.6. The composition of the team providing *nursing and para-medical care* will differ according to types of services. The number and qualifications of this staff vary according to requirements for and resources in such staff in each country.

Training for nursing and para-medical staff should be provided within a system of general training linked to hospitals and medico-social services.

Satisfactory working conditions are essential in order to recruit and keep good staff.

3.7. In each type of hospital a qualified *social service* should be provided. The social workers—while maintaining professional autonomy—should be integrated into the hospital team.

3.8. The statutes governing *university (teaching) hospitals* frequently differ from country to country, but the following arrangements should be respected :

— teaching (university) hospitals should be integrated into the regional hospital services ;

— non-teaching hospitals should participate in the clinical training of medical students ;

— it is the task of all hospitals to provide continuous education for all health personnel and, wherever appropriate, its specialised training ;

— such training may be provided, in part, outside the hospital.

4. **Forward studies**

More complete statistical studies on the whole range of problems involved will permit definite progress in forecasting hospital planning. In particular, it would be necessary to :

— improve information on the health and hospital systems as a whole ;

— develop and amplify, inter alia, epidemiological studies which are clearly inadequate ,

— analyse, in their different aspects, the motivations for and the optimal conditions of using medical care establishments and equipment, and introduce a cost-efficacy analysis ;

— undertake operational research to determine the optimal size of specialist units ;

— undertake, in addition, studies on the qualifications, statutes and roles of the personnel and the desirable levels of staffing.