



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΗΙΗΙ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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In a country that during the last 50 years, tremendous political, economic, social, technological and demographic changes have been experienced, the organisation of hospital care could not remain unchanged. That would be even more paradoxical in a world reality in which the needs of human health, but more importantly, the potentials of science have changed dramatically.

Currently, consultations and discussions are taking place within Expert Committees, for possible changes in institutional structure of the Medical Departments of various Hospitals in the country, in order to streamline the functioning of hospital care on two levels:

In the first administrative level, there are discussions about merging Departments of the same speciality, for instance, pathological, cardiological, obstetrician departments etc, could be run by one single administration. At the same time a dialogue is being launched on restructuring of medical services in hospitals.

Secondly, at a scientific level, where there are underperforming Health Units, the proposed mergings are being planned mainly on economic and financial criteria.

There is also an effort to establish a Central Supplies Committee in all public institutions in order to avoid bureaucratic difficulties on one hand and on the other to achieve better prices.

There are peculiarities and difficulties in Hellas, especially concerning islands and in the province. For this reason, studies are currently conducted on the development of a generic model of a relatively small hospital (200 to 250 beds), which will provide greater patients' safety in terms of accessibility to basic secondary emergency care. It is also necessary to have a plan of the smaller islands now served by 11 hospitals – Health Centres. The remaining 5 Hospitals – Health Centres in the mainland will be dealt according to local conditions.

Significant improvement in the operation will be the development of a telemedicine network. The modifications' objective is to improve the cost-effectiveness of resources employed in addressing the major challenges facing our hospitals today. The reformation of hospital services is a time-consuming procedure, needing planning, while hospital services provision should be born at a cost that Society is able to pay in relation to other health needs of a modern Society.