



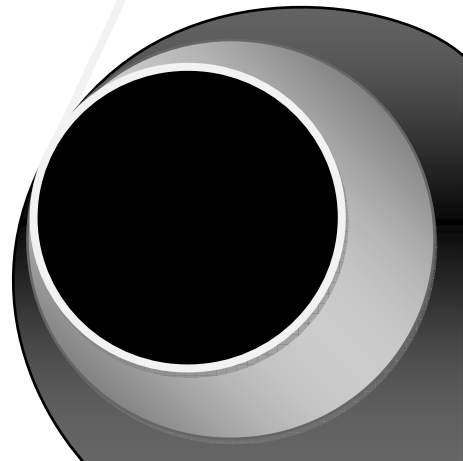
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AIMS AND SCOPE

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The *HELLENIC OPEN BUSINESS ADMINISTRATION Journal* also publishes special issues. A special issue focuses on a specific topic of wider interest and significance, which is announced through relevant call for papers.

The journal was established in 2014 following the completion of the HELLENIC OPEN BUSINESS ADMINISTRATION International Conference.

The *HELLENIC OPEN BUSINESS ADMINISTRATION Journal* (The HOBA Journal) is published two times a year, in January and July. These two issues constitute one volume. One or more issues may focus on a specific topic of wider interest and significance, which is announced through relevant call for papers.

The editorial process at The HOBA Journal is a cooperative enterprise. Articles received are distributed to the Editor for a decision with respect to publication. All articles are first reviewed to be judged suitable for this journal. The Editor arranges for refereeing and accepts and rejects papers or, alternatively, forwards the papers to a member of the Board of Editors. The member of the Board of Editors, then, arranges for refereeing and accepts or rejects papers in an entirely decentralized process. In any case, each submission is sent to two referees for blind peer review and the final decision is based on the recommendations of the referees. The referees are academic specialists in the article's field of coverage; members of the Board of Editors and/or members of the Editorial Advisory Board may act as referees in this process. Only when a paper is accepted for publication it is sent again to the Editor. Subsequently, the Editor sends the finally accepted paper to The HOBA Journal office for final editing and typesetting.

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The above outlined co-editing process has major advantages. First, it is helpful in the assignment of referees and in the decision whether to publish a submission. Second, it avoids the apparent conflict of interest that results when an Editor handles a colleague's article. As a general rule the Editor and the members of the Board of Editors never assign papers written by authors at the same institution.

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HEALTH CARE SERVICES IN PUBLIC HOSPITALS IN REGION OF EASTERN MACEDONIA AND THRACE-GREECE

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Abstract

The economic crisis which has plagued the economies of Southern Europe the last five years, and its unforeseen adverse effects on socio-economic indicators of our country, still constitute an evolving and up to date phenomenon, enhancing a range of other issues, including that of providing health care services to the citizens. In this context, this paper focuses on the investigation of the basic features of hospitalization in patients who received health care services in hospitals in the Region of Eastern Macedonia and Thrace, during the period 2005-2011. The analysis was based on data drawn from the official statements of the public hospitals of “Kavala”, “Drama”, “Komotini”, “Xanthi”, “Alexandroupolis” and “Didimotichon”, and refer to key variables, such as the “number of inpatient”, the “sex of patients”, the “clinic/department of hospitalization”, the “duration of hospitalization”, the “insurance

organization”, the “the rate of plenitude of clinic”, etc. From the statistical analysis and the evaluation of data the current situation is outlined, with regard to the health care services provided by the central health care units in the Region of Eastern Macedonia and Thrace, over time and cross section, and useful results emerge which can also serve as the basis for more rational planning and decision making.

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

JEL Classification: I14, I11, C81.

Introduction

The alteration of the migration model in Greece that changed the country from sending immigrants to hosting, coupled with the economic recession in which the country is and the considerable fiscal impasses that characterize it, revealed the importance of public discussion regarding the size and the impact of migration on economic and social life in Greece.

In this context, health sector has a particular interest, because, first it is a sector with accumulated economic problems since decades and second, it presents a highly significant 'immigration' dimension as a result of health services that are absorbed by the migration potential of the country [Maratou-Alipranti, Gazon, 2005].

The matter "Immigration and health services" is twofold. First, it is possible to arise the demand of special health needs of people moving from one country to another, since these migrants presumably are placed in the secondary work sector (hardest and worst jobs with higher risk) and would therefore, migration is a factor that causes health problems. On the other hand, migration is identified with particular medical matters, as several researches show that one can distinguish different diseases with different frequencies in different immigrant groups [Junghans, 1998; Weiss, 2005; Wiedl, Marschalck, 2005].

An important matter regarding the provided public health services to immigrants is that of their accessibility [Knipper, Bilgin, 2009]. The degree of accessibility is dependent on several factors including:

The scheme of labor and residence. The irregularly staying migrants are not insured in any insurance carrier and they cover on their own the total amount of their hospitalization. This obviously, complicates the prospect of

their access to public hospitals. However, many of legally leaving in the country are uninsured, therefore, the same applies for them.

The income level. Immigrants are primarily in the low-income groups; consequently, it is difficult for them to cope with the cost of a one-time expenditure derived from the use of health services.

Bureaucratic problems. Delays in issuing residence permits and/or renewal of these prevent the accessibility for long periods, as well as the difficulties in communication between patients and medical staff.

Cultural issues. The diverse culture of migrants as well as the specific psychosocial elements that characterize them, can be potential barriers for them in accessing health services.

A survey in Greece [Mighealthnet, 2009, pp. 27-31] shows that the above factors significantly affect the accessibility of immigrants to health services system. The difficult economic situation of immigrants, the lack of information of public services involved in the issue, the communication barriers and the lack of specialized medical and nursing staff are specifically highlighted as a barriers to accessibility of immigrants in health services.

In this context, this paper focuses on the investigation of the basic features of hospitalization in patients who received health care services in hospitals in the Region of Eastern Macedonia and Thrace, during the period 2005-2011. The number of hospital beds provides an indication of the resources available for delivering services to inpatients in hospitals. Over the past ten years, the number of hospital beds per population has decreased in all European countries, except Greece and Turkey. This reduction has been accompanied by a reduction in average length of stays, which was in average 7 days in Greece in 2010, while the European average was 6.9 days [OECD, 2012].

In this paper, we try to present statistical data about hospitals of region of Eastern Macedonia and Thrace. We analyze data for all Hospital inpatients' from 2005 until 2011. The data are about, department, annual number of patients, number of emergency entrances, average length of stay, percent of beds coverage, and social insurance organism.

Data description

We analyze annual data of six hospital in the Region of Eastern Macedonia and Thrace, during the period 2005-2011. The analysis was based on data drawn from the official statements of the public hospitals of "Kavala", "Drama", "Komotini", "Xanthi", "Alexandroupoli" and "Didimotichon". We find these data, from hospital administrative office. For each hospital we use

variables about number of inpatient, the emergency inpatient number, the total and average long of stay, bed coverage, percentage of emergency visits, percentage of bed coverage, percent of inpatient without income, patient input rate, change interval and the social insurance organism.

Data presentation

Total number of inpatient and of days in the hospital

The annual inpatient number of each hospital is presented in table 1.

Table 1. Annual inpatient number of each hospital per sector and year.

Hospital (beds)	Sector	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala Beds 211	PATHOLOGY	20499	20392	19386	19794	19606	20147	23098
Beds 169	SURGICAL	11115	10983	10117	10236	10371	9862	11189
Beds 19	PSYCHIATRY	2211	1987	2016	1979	2115	2216	2606
Xanthi Beds 98	PATHOLOGY	8414	8710	8915	8454	7973	7661	7344
Beds 139	SURGICAL	12423	12553	13004	12229	11292	10070	12043
Beds 15	PSYCHIATRY					241	535	525
Didimoti xo Beds 47	PATHOLOGY	5509	5730	5156	4443	4155	4561	4885
Beds 66	SURGICAL	3748	4615	5280	4953	5053	5030	4253

Alexandroupoli	PATHOLOGY	20888	21522	23703	24396
Beds 256					
Beds 222	SURGICAL	13782	13579	13264	15257
Beds 22	PSYCHIATRY	535	489	517	501

Drama	PATHOLOGY	6828	7523	7666	7773
Beds 126					
Beds 133	SURGICAL	8003	8497	7877	9571

Komotini	PATHOLOGY	5570	5381	4955	6220
Beds 130					
Beds 114	SURGICAL	6464	6325	6258	6967

The biggest hospital of the region is the hospital of Alexandroupoli, Kavalas' hospital is followed, while the smallest hospital is the Didimotixo hospital. In 2011, the number of inpatient has increased in all hospitals except Didimotixo hospital.

In table 2, we can see the total annual days of inpatients of each hospital per year. At Alexandroupoli and Drama hospital numbers of day in the hospital have increased between 2008 and 2011, while in the other hospitals these numbers have decreased.

Table 2. Total annual days of inpatients of each hospital per sector and year.

Hospital	Sector sections) (all	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	PATHOLOGY	55626	53816	49748	51286	50080	49232	51815
	SURGICAL	35610	34968	31759	31231	30940	29846	33267
	PSYCHIATRY	7102	6810	7347	7640	7659	8009	8441
Xanthi	PATHOLOGY	25777	26181	25619	24997	22636	22384	22348
	SURGICAL	34482	34010	34947	31861	30286	27665	32626
	PSYCHIATRY					241	535	525
Didimotixo	PATHOLOGY	14940	15242	13945	13485	12069	12596	13962
	SURGICAL	13816	17085	18600	17795	17751	17702	16881

Alexandroupoli	PATHOLOGY	71618	73989	74582	74982
	SURGICAL	58316	58717	55449	57088
	PSYCHIATRY	8220	8437	8337	8237

Drama	PATHOLOGY	26294	26849	26731	28590
	SURGICAL	29238	31176	29025	29992

Komotini	PATHOLOGY	22438	22175	19943	21223
	SURGICAL	22951	21776	20755	20410

In table 3 we can see the means of days of stay in the hospital per inpatient. These means are almost 3 days except Drama' hospital where the mean is 3,8 days. In phyhiatric sections the mean days of stay is 15 days.

Table 3. Mean days of stay in each hospital of inpatients per sector and year.

Hospital	Sector sections) (all	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
	PSYCHIATRY	10	12	14	15	15	15	16
Xanthi	PATHOLOGY	3	3	3	3	3	3	3
	SURGICAL	3	3	3	3	3	3	3
	PSYCHIATRY					1	1	1

Didimotixo	PATHOLOGY	3	3	3	3	3	3	
	SURGICAL	4	4	4	4	4	4	
Alexandroupoli	PATHOLOGY				3,6	3,6	3,3	3,2
	SURGICAL				3,9	4,0	4,0	3,7
	PSYCHIATRY				14,9	16,1	14,8	15,3
Drama	PATHOLOGY				1,8	1,6	1,6	1,8
	SURGICAL				3,1	3,6	4,2	3,8
Komotini	PATHOLOGY				3,8	3,8	3,8	3,7
	SURGICAL				3,1	3,1	3,1	0,0

3.2 Emergency care

In Greece, emergency care is public, free, independently of nationality and without identity papers.

We calculated the percentage of emergency visits per hospital per year, and in table 4, we present these percentages. At Drama's and Komotini hospitals all entrance in the hospital are characterized as emergency. At Xanthi's and Didimotixo hospitals the percentage is 66% in 2010, but in 2011 became 77% and 98% respectively. At Kavala hospital the percentage was 25% until 2008 and it became 48% in 2009, 2010, 2011. At Alexandroupoli this percentage is about 40% from 2008 until 2011.

Table 4. Percentage of emergency visits of each hospital per sector and year.

Hospital	Sector (all sections)	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	PATHOLOGY	25,1	25,6	24,1	29,8	48,7	45,9	48,9
	SURGICAL	20,6	21,9	22,5	29,8	49,9	41,7	45,5
	PSYCHIATRY	7,4	4,6	6,2	9,4	37,4	22,4	43,5
Xanthi	PATHOLOGY	67,4	71,3	65,9	46,9	65,6	66,0	76,9
	SURGICAL	27,0	19,1	16,1	14,7	21,6	28,0	32,0
	PSYCHIATRY					3,7	0,2	3,2
Didimotixo	PATHOLOGY	78,5	61,3	47,4	28,6	31,5	66,1	98,7
	SURGICAL	54,7	41,2	22,9	12,2	14,2	49,9	86,4

Alexandroupoli	PATHOLOGY	40,6	38,6	40,8	38,9
	SURGICAL	38,1	33,6	35,7	32,0
	PSYCHIATRY	79,3	63,8	71,4	76,1
Drama	PATHOLOGY	100,0	100,0	99,9	98,3
	SURGICAL	100,0	100,0	99,8	97,1
Komotini	PATHOLOGY	100,0	100,0	100,0	100,0
	SURGICAL	100,0	100,0	100,0	100,0

Hospital indices

Percentage of bed coverage

With the term percentage of bed coverage in each section we mean the “total annual days of inpatients” *100 / (number of beds * 365). The percentage of bed coverage for each hospital, sector and year shown in Table 5. There are sectors with percentage of bed coverage at about 80-90 percent while others have only about 20 percent..

Table 5. Percentage of bed coverage of each hospital per sector and year.

Hospital	Sector (all sections)	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	PATHOLOGY	72	70	65	66	65	64	65
	SURGICAL	58	57	51	50	50	48	56
	PSYCHIATRY	102	98	106	110	110	115	122
Xanthi	PATHOLOGY	72	73	72	70	63	63	62
	SURGICAL	68	67	69	63	60	55	64
	PSYCHIATRY					4	10	10

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Didimotixo	PATHOLOGY	87	89	81	78	70	73	70
	SURGICAL	108	134	77	74	74	73	69

Alexandroupoli	PATHOLOGY				65	69	70	73
	SURGICAL				73	74	73	77
	PSYCHIATRY				102	105	104	102

Drama	PATHOLOGY				23	23	22	26
	SURGICAL				18	22	22	13

Komotini	PATHOLOGY				40	42	38	49
	SURGICAL				44	42	40	0

Two composite indicators for the interpretation of the extent to which utilizes the infrastructure and services of each hospital for inpatient hospitalization. These are the “patient input rate” and “change interval” indicators [Hospitals operational restructuring plan, 2010].

The patient input rate measures the rate at which are used the available hospital beds in a given period. It is expressed in number of hospitalized patients per bed per year and it expresses the extent of exploitation of hospital infrastructure.

The change interval measures the rate of alternation of patients in a particular time period or the average number of days that the bed left vacant. Calculated as: $(365 / \text{patient input rate}) - \text{average length of hospitalization}$ and is expressed in days.

For Kavala, Xanthi and Didimotixo hospital, we have data about the patient input rate and change interval indicators, as we can see in tables 6 and 7.

Table 6. Patient input rate of each hospital per sector and year.

Hospital	Sector sections) (all	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	PATHOLOGY	97,15	96,64	91,88	93,81	92,92	95,48	105,47
	SURGICAL	65,77	64,99	59,86	60,57	61,37	58,36	68,23
	PSYCHIATRY							
Xanthi	PATHOLOGY	85,86	88,88	90,97	86,27	81,36	78,17	74,94
	SURGICAL	89,37	90,31	93,55	87,98	81,24	72,45	86,02
	PSYCHIATRY							
Didimotixo	PATHOLOGY	117,21	121,91	109,70	94,53	88,40	97,04	88,82
	SURGICAL	63,48	63,48	63,48	63,48	63,48	63,48	63,48

Table 7 Change interval of each hospital per sector and year.

Hospital	Sector (all sections)	Year							
		2005	2006	2007	2008	2009	2010	2011	
Kavala	PATHOLOGY	1,04	1,14	1,41	1,31	1,37	1,38	1,22	
	SURGICAL	2,35	2,43	2,96	2,99	2,96	3,23	2,38	
	PSYCHIATRY								
Xanthi	PATHOLOGY	1,19	1,10	1,14	1,29	1,65	1,75	1,83	
	SURGICAL	1,31	1,33	1,21	1,55	1,81	2,29	1,53	
	PSYCHIATRY								
Didimotixo	PATHOLOGY	,40	,33	,62	,84	1,22	1,00	1,25	
	SURGICAL	-,28	-,93	1,04	1,28	1,25	1,27	1,78	

Inpatient insurance

Inpatient without income

The percent of inpatient without income per hospital, sector and year is shown in table 8. Wanting to draw objective conclusions we calculated the odd of inpatient without income, to all the imported hospitalized. The hospitals of Komotini and Xanthi have the highest rates of inpatients without income in both the pathology sphere and the psychiatry sectors.

Table 8. Inpatient without income by hospital, sector and year.

Hospital	Sector (all sections)	Year							
		2005	2006	2007	2008	2009	2010	2011	
Kavala	PATHOLOGY	2,7	2,6	2,4	2,3	2,1	2,2	2,1	
	SURGICAL	2,7	2,6	2,5	2,1	2,3	2,0	2,3	
	PSYCHIATRY	11,3	11,5	16,0	14,4	13,1	13,1	13,4	
Xanthi	PATHOLOGY	5,5	6,2	5,7	4,7	4,2	5,5	6,0	
	SURGICAL	4,1	4,4	4,5	4,3	4,3	4,5	4,8	
	PSYCHIATRY					49,4	62,2	65,3	
Didimotixo	PATHOLOGY	2,0	2,5	2,6	2,5	2,6	3,0	3,0	
	SURGICAL	4,2	3,8	3,6	2,3	2,5	2,5	2,6	
Alexandroupoli	PATHOLOGY				3,6	3,7	3,7	3,1	
	SURGICAL				2,9	2,7	2,7	2,8	
	PSYCHIATRY				27,3	23,3	26,1	27,4	
Drama	PATHOLOGY				2,6	2,5	2,5	2,0	
	SURGICAL				3,1	2,8	2,7	2,4	
Komotini	PATHOLOGY				8,0	7,9	7,0	7,2	
	SURGICAL				4,7	4,9	4,8	5,3	

Hospital Area of Responsibility

Every Greek public hospital has an area of responsibility, which in most cases is the geographical prefecture in which it resides. So the Kavala's hospital has as region of responsibility for providing health services to patients the prefecture of Kavala. However patients from neighboring prefectures or the rest of Greece, sometimes hospitalized in Kavala's hospital, either because they happened to be in the prefecture of Kavala, either because they were unable to go to hospital of an adjacent prefecture or possibly because they chose it as hospital for hospitalization.

In every sector of the hospital of Kavala and per year we calculated the percentages of hospitalized patients who live within the area of responsibility of the hospital. These percentages are presented in Table 9.

Table 9. Percentages of hospitalized patients who live within the area of responsibility of each hospital.

Hospital	Sector (all sections)	Year						
		2005	2006	2007	2008	2009	2010	2011
Kavala	PATHOLOGY	86,4	86,1	85,8	85,2	85,3	85,1	85,0
	SURGICAL	87,3	86,8	85,8	85,7	86,4	86,9	85,5
	PSYCHIATRY	91,9	93,6	89,7	88,2	90,0	91,8	87,5
Xanthi	PATHOLOGY	94,6	94,5	94,3	93,5	93,2	93,8	93,1
	SURGICAL	87,6	86,3	85,4	85,9	85,1	87,9	88,9
	PSYCHIATRY					90,0	89,7	88,0
Didimotixo	PATHOLOGY	99,1	99,2	99,4	99,3	98,8	98,7	98,2
	SURGICAL	97,7	98,3	97,7	96,3	96,3	95,4	93,6

We note there are no serious differences of rates from year to year, while as regards to Xanthi and Didymoteicho hospitals, for which data are available, almost all patients come from the area of responsibility of them. This is probably due to these are hospitals of border regions.

Conclusions

We presented the last years movement of patients. As we saw there is an increase of the hospitalized patients number, while decreasing the average number of days of hospitalization.

We noticed that there are still parts of the Kavala's hospital, which attract a large percentage of patients outside the area of responsibility of the hospital. Also there is a large increase in the proportion of emergency hospitalizations compared to the regular ones.

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References

Books.

Knipper M., Bilgin Y., 2009, *Migration und Gesundheit*, Konrad Adenauer Stiftung, Berlin.

Weiss R., 2005, *Macht Migration krank? Eine transdisziplinäre Analyse der Gesundheit von Migrantinnen und Migranten*, 2 Auflage, Seismo, Zürich.

Edited books.

Buffie, E., 1990, Economic policy and foreign debt in Mexico. In: *Developing Country Debt and Economic Performance* (Sachs, J., ed), Chicago: University of Chicago Press, pp 184-233.

Journals.

Florou G., Aggelidis V., Batzios C., Karasavoglou A., Petasakis I., Polychronidou P., 2013, Immigrant patients at emergency visits at Kavala's

hospital, *Recent Researches in Law Science and Finances*, Editors: Kalliopi Kalam pouka, Carmen Nastase : 91-95, ISBN: 978-960-474-327-8

Junghans T., 1998, How unhealthy is migrating? Editorial: *Tropical Medicine and International Health* 3(12): 933-934.

Wiedl K-H., Marschalck P., 2005, Migration, Krankheit und Gesundheit: Probleme der Forschung, Probleme der Versorgung-Eine Einführung, Marschalck P. and Wiedl K-H (ed.): *Migration und Krankheit, Schriften des Instituts für Migrationsforschung und interkulturelle Studien (IMIS)*, 10: 9-34, Göttingen.

Unpublished reports, departmental working papers, etc.

Maratou-Alipranti L., Gazon E., 2005, Migration and health-welfare - Μετανάστευση και υγεία-πρόνοια – Assessment of the current situation, challenges and prospects for improvement, NCSR (EKKE), Athens, (in Greek)

<http://www.mighealth.net/el/images/a/a0/ΜελέτηEKKE2005.pdf>

Mighealthnet, 2009, Report on the health of immigrants in Greece, (in Greek),

http://www.mighealth.net/el/images/3/30/Εκθεση_για_την_υγεία_των_μεταναστών_στην_Ελλάδα_17-3-2009.pdf

Hospitals operational restructuring plan, 2010. viewed 14 February 2014, <http://platon.cc.uoa.gr/~reconweb/new2>