

Ensuring healthcare system sustainability in an emergency

Performance audit

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[FULL REPORT \(LT\)](#)



[SUMMARY \(EN\)](#)



What we assessed and why

Modern healthcare systems need to be sustainable in the long term while remaining accessible and efficient. One of the Lithuanian government's aims is to improve the national healthcare system so that both infrastructure and professional expertise can respond quickly and efficiently to crises, pandemics and other threats whenever they arise. The system needs to be flexible and able to react quickly to any such challenges while still protecting human health and saving lives.

We carried out a performance audit to assess the sustainability of the healthcare system in emergencies. We also sought to identify areas in which the national healthcare system's preparedness for emergencies could be improved.

What we found

We found that the institutions involved in managing the pandemic and in coordinating and organising the medical response to COVID-19 were not given sufficient human and financial resources, nor was it made clear what powers the country's chief epidemiologist had with regard to the management of communicable diseases.

At the same time, epidemiologists lacked aggregated, epidemiologically relevant data on communicable diseases, because the state information systems contained inaccurate, overlapping data and were not linked up to a number of public registers. The monitoring of healthcare institutions' preparedness to operate in extreme conditions covered up to 10 % out of the 241 institutions in full or partial state or local authority ownership. However, we found that there was no monitoring of the preparedness of private institutions which had concluded agreements for the reimbursement of healthcare services from the compulsory health insurance fund.

Shortages of specialists were addressed by internal redeployments between hospital departments. Only 5 % of institutions requested reinforcements in the form of staff from other hospitals in the national health system, 6 out of 17 local authorities failed to attract staff from private hospitals, and 21 % of the institutions we surveyed used volunteers in their work. Training programmes to improve the skills of healthcare professionals did not cover emergency risk-management issues, and 69 % of the healthcare institutions we surveyed did not assess whether professionals had the necessary skills.



A shortage of funds and storage facilities meant that not all institutions had established the requisite stocks of personal protective equipment (PPE), and the bodies responsible for monitoring and checking these stocks did not collect information on the volumes of PPE available at hospitals.

In September 2021 many healthcare services were still experiencing longer waiting times than before the pandemic. During the pandemic, 30.6 % of the population had sometimes chosen not to seek necessary medical help. The most frequent reasons given were doctors' waiting lists (16.7 %) and the inability to contact a hospital by phone (14.1 %). The number of people who felt that healthcare was more likely to be harmful increased by 25 %. Of the institutions we surveyed, 42 out of 190 had faced difficulties in imposing compulsory protective measures. At more than half of these institutions (27 out of 42), the infrastructure (buildings and other facilities) was not suitable for the treatment of patients with highly infectious diseases. In 2020, the incidence of infection control breaches in outpatient departments (16.9 %) was almost twice as high as in 2019 (9.2 %).

What we concluded

In order to make the national health system more sustainable in the long term and more effective in times of crisis, the following action is required:

- improvements in health emergency management, notably in terms of human and financial resources, healthcare accessibility and safety procedures;
- use of the same accounts to monitor equipment stocks and flows;
- regulation of how private healthcare institutions are involved in the national system, and how well prepared they are for emergencies;
- an improved model for cooperation with non-governmental organisations; and
- inclusion of emergency scenarios in professional skills training.