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Conference Abstract

## Management in conditions of digital health and care

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## Abstract

**Introduction:** Traditionally hospital management based on experience of executives and healthcare management was on God's will. In the beginning of XX century hospitals with hundreds and thousands of beds appeared. Technology evolved. Statistical data that reflected situations in hospitals and health of population were collected. Thus management divided into strategies, tactics and operations. Mainly tactics continued base on knowledge of executives, but strategy became to rely on the figures. Qualitative technological growth touched medicine as well and it turned from art to high-tech industry.

**Aims and objectives:** The paper is aimed at development of new approaches to healthcare management in large areas. Why don't digital innovations result in an impulse in management? It is to be analyzed.

Costs of treatment grow with increasing quality of care. Prices of some investigations may be compared with monthly or even annual salary of a doctor. However, techniques in management remain unchanged. Decisions are made on the base of data that collected in the past year, processed in the first quarter of this year, and finally submitted to a manager. Meanwhile, the use of digital technology changes the process itself inevitably. When computerization follows current process it is not a story of success, but causes to rejection. Different business processes may conflict with each other, for instance, data collected for emergency service in the definite time traditionally don't match data about number of patients for serving meals which are corrected depending on admissions/discharges of patients. This situation displeases financial and regulatory services. The conflict between the possibilities of digital technology and traditional techniques in management increases. Implementation of expensive information systems fail too often because of the gap between expectations of qualitative jerk and old management techniques. Traditional statistical tables, even if they are transformed into beautiful figures and graphics, not allow to manage a hospital and especially healthcare. An executive has no time to look at them and he/she can't comprehend so much information. Tactical data are too varied, strategic ones are very extensive.

**Results:** It is proposed to divide analytical information into the tactical and strategic flows and use multilevel character information display system based on qualitative perception for the first flow. To structure data throughout the information vertical in definite way is considered necessary. This system will be tested in the Krasnoyarsk Kray (a region in Russia of 2339,7 thousand square kilometers) where a unified health information system is under the process of implementation.

**Conclusions:** Replacing traditional methods to digital ones does not result in a qualitative impulse in management of healthcare. Integrated indicators are required that reflect the actual situation at a given moment. They should be symbolic for top managers working in tight schedule, have a hierarchy and track data they are calculated on.

## **Keywords**

**medical information system; management; healthcare; digital technology**

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