



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



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PLANNING OF HOSPITALS AND HEALTH FACILITIES

The Executive Committee at its 52nd Meeting held in April 1965 adopted Resolution XVI in which it invited the Director to submit "a report to the 54th Meeting of the Executive Committee and to the XVII Pan American Sanitary Conference on the progress made in the planning of medical care services incorporated into the general health services or coordinated with them".

This resolution is linked to Resolutions XIX and XXIX of the XVI Meeting of the Directing Council subsequently held in September-October of 1965. Resolution XIX of the Council refers to Relations between the Social Security medical programs and those of Ministries of Public Health and other governmental health agencies, and in its operative part takes note of the Final Report of the Meeting the Study Group convened by the Director to study this matter, and requests that the report be transmitted to the Governments for the progressive application of its recommendations, "especially that which refers to the need for a survey to measure the real magnitude of the problem and to ascertain its characteristics".

By Resolution XXIX the Council decided to select as the topic of the Technical Discussions at the XVII Pan American Sanitary Conference, "Means for promoting and making effective the coordination between the services and programs of Ministries of Health, Social Security Institutes, and other institutions that conduct activities related to health".

Under cover of a letter dated 25 October 1965 the Director sent these resolutions to the Governments and called their attention to the recommended survey and invited the countries to participate in it so that the information collected might be analyzed in time to serve as the basis for the Technical Discussions during the XVII Conference.

Subsequently, in a letter dated 6 December 1965 the Director, in compliance with Rule 8 of the Rules of Procedure of the Technical Discussions informed the Governments of the topic selected and reiterated the invitation to participate in the survey. That invitation was accepted by the following nine countries: Brazil, Chile, Colombia, Costa Rica, El Salvador, Honduras, Mexico, Peru, and Venezuela.

The pertinent forms, definitions, and instructions were prepared and sent to the countries. The OAS sent this material to the Social Security agencies in the participating countries, and each was asked to appoint two officials to be in charge of the survey, one from the Ministry of Health and the other from the Social Security agency. The Bureau, for its part, appointed a supervisor for each country.

All the staff responsible for the survey and supervision met to decide on the method to be followed in collecting data so as to ensure that the final reports of each country would be uniform. A meeting was held in Mexico for the staff of that country and of Central America, and another in Lima for the staff of the countries of South America.

Data will be collected during the months of April and May and processed in June. They will be submitted to the participating countries sufficiently in advance of the Conference.

Annex

CE54/8 (Eng.)  
ANNEX

SURVEY OF THE COORDINATION OF MEDICAL CARE  
IN LATIN AMERICA

SURVEY OF THE COORDINATION OF MEDICAL CARE  
IN LATIN AMERICA

At its XVI meeting held in Washington from 27 September to 8 October 1965, the Directing Council of the Pan American Health Organization took note of the Final Report of the Study Group on the Coordination of Medical Care in Latin America with special reference to the relationship between social security medical programs and those of Ministries of Health or other official health agencies, and decided to recommend to the Member Countries of the Organization that a survey be undertaken to collect reliable information locally so that the problem could be examined objectively.

Both the Directing Council and the Study Group were aware of the difficulties involved in an undertaking of this magnitude, but they were also quite convinced that only by means of a dispassionate and realistic examination of the problem would it be possible to arrive at constructive solutions favoring better utilization of installed capacity and the prevention of duplication of effort that leads to waste and conflicts between institutions.

For this reason the Pan American Sanitary Bureau, together with the Organization of American States, has decided to suggest to the Governments that in order to evaluate their own problem and find comprehensive solutions, they should carry out a survey with the view to obtaining the necessary basic information for a thorough financial, statistical and sociological study.

The international agencies concerned are prepared to provide participating countries with appropriate technical advisory services to help them overcome the many obstacles that will inevitably arise in the collection of such data. On the one hand, because there are no exact definitions there is a lack of uniformity in the statistics which make it impossible to compare them. Finally it is essential to foster a disinterested and cooperative attitude on the part of institutions and individuals as well as a broad understanding of the problem and a positive attitude toward the coordination of efforts, to achieve efficiency and economy in the use of the limited resources which the developing countries have for providing the most destitute groups of the population with medical and social services.

I. Aim and frame of reference.-

The basic aim of the survey is to collect information on the following:

- a) Total resources available (excluding the private sector) for the medical care of the indigent.

- b) Cost of the medical services both of the Ministries of Health and of social security institutions, with a separate breakdown for capital investment and operational costs.
- c) Utilization of the services, as shown by an analysis of the use made of the installed capacity, hospital beds, and outpatient departments.
- d) Population entitled to receive medical care both in social security institutions and in institutions under the jurisdiction of the Ministries of Health and other public services.

Although it may be helpful at a later date to undertake operational research on population coverage, use and accessibility of services, and cost of different types of medical care, it has been thought advisable for the time being, to limit the scope of the survey to certain very general basic information which would enable a preliminary exploration to be made without the national statistical services being unnecessarily burdened. In an effort to standardize the information to be collected, certain definitions are given below, although it is understood that even if the routinely available national statistical material does not correspond exactly to the definitions given, it would nevertheless be preferable to supply it in the form in which it had been collected by the national services together with an explanation of how it differs from the definitions given.

## II. General Information.-

In order to make an adequate analysis of the results of the survey, it is essential to know something about the administrative structure in each country, as well as the constitutional and legal background of the services and the way in which they are financed.

With this end in view each country is asked to give a descriptive narrative covering at least the following points:

- 1. Ministries or Departments of Public Health.
  - 1.1 Administrative structure of the central authority (if possible, attach an organizational chart).
  - 1.2 Structures of the intermediate and local authorities.
  - 1.3 Description of the regional system, if any.
  - 1.4 Constitutional or legal powers and duties concerning the

formulation of rules and standards, coordination and supervision of the operation of services, and supervision of technical personnel at various levels.

- 1.5 State whether or not there is a national health plan, if consideration was given when formulating it to the resources of the social security institutions, and whether this plan forms part of a national economic and social development plan.
- 1.6 General information on the procedure used for preparing the program and budget, the budget level, and the rules concerning the appointment and management of personnel at all levels.

## 2. Social security institutions.

Information is requested solely concerning sickness/maternity risks.

- 2.1 Legal provisions, with special reference to the geographical and occupational scope of coverage (also indicate whether families or dependents receive medical assistance), the amount of the social security contribution, and the nature of the services provided.
- 2.2 Administrative organization of institutions providing medical care, with an indication of the structure of hospitals and ambulatory medical care services and the authorities from which they depend.
- 2.3 General information on the preparation of the budget, the budget level, and the systems for appointing and paying personnel.
- 2.4 Preventive activities on behalf of insured persons and their families.
- 2.5 Juridical and administrative relations between social security institutions and Ministries of Health, with special reference to the administration of these institutions and the origin of their directives.
- 2.6 Description of any attempt made by social security and public governmental services to coordinate services at the local level, especially in rural areas.

- 2.7 Indicate whether all insured persons have access to existing social security medical services and if not, what steps are taken to ensure that insured persons who are entitled to medical care, but who do not have access to existing services, receive medical assistance.

### III. General Definitions.-

#### 1. Hospital

For this study a hospital is defined as an establishment in which patients spend one or more nights and receive medical and nursing care for diagnosis or treatment of diseases, for accidents or for deliveries. Included are medical centers with beds, that is, small units which offer inpatient accommodation and provide a minor range of medical and nursing care. Establishments receiving exclusively infirm persons or old people who are not primarily in need of medical care -- convalescent homes, custodial care institutions for the feeble-minded, blind, etc. -- are not to be considered as hospitals.

#### 2. Type of hospitals

Whenever this question is included it should be indicated whether the hospital is a general or specialized one (stating the specialty). A general hospital provides medical and nursing care for various disease conditions (with at least two services such as internal medicine, surgery, pediatrics, gynecology, etc.), usually for acute or short-term illnesses. Specialized hospitals are those primarily for diagnosis and treatment of patients suffering a specific disease or with diseases or conditions of a specific system. These include long-term hospitals such as hospitals for tuberculosis or chest disease, for the chronically-ill and rehabilitation, for mental diseases and for leprosy, and short-term hospitals such as maternity, pediatric and communicable disease hospitals.

#### 3. Type of health center or outpatient unit

Health services, both preventive and curative, are provided in a variety of types of units. It should be indicated if the unit is a hospital outpatient department, a health center, a dispensary (independent of a hospital), a medical aid post, mobile health unit, or a specialized health unit such as a maternal and child health clinic, a tuberculosis clinic, etc.

#### 4. Ownership

On these forms the purpose of this entry is to determine the authority operating the hospital - e.g., whether the Ministry of Health, the Social Security Agency, other agency of central government, an agency of provincial, state or local government, private non-profit or private profit. When there is doubt about ownership, the institution which furnishes the financial support should be entered.

#### 5. Hospital bed

A hospital bed is one regularly maintained and staffed for the accommodation and full-time care of a succession of inpatients. The total of such beds constitutes the normally available bed-complement of the hospital. Cribs and bassinets maintained for use of healthy new-born infants should not be included. Also supplementary beds, emergency beds, or recovery room beds in surgical wards should not be included.

#### 6. Days of hospitalization

This should be the total of each daily census of inpatients in the hospital during the year. Healthy babies born in the hospitals are not counted in the daily census. The day of admission and discharge is counted as one day. If a different practice is followed in a hospital, the procedure used should be stated.

#### 7. Total population to which services are available

These population figures should represent the total eligible to receive services in this hospital and to whom the hospital is also accessible. The numbers given should not be restricted to those receiving services. These numbers may at times be difficult to determine since some hospitals receive in some specialties patients from the entire country. In such instances estimations should be made on the basis of the population usually served by the hospital without taking into consideration those referred from outside the area.

### IV. Instructions.-

#### Form 1 a. Receipts and Expenditures in 1964

Three columns are allowed to enter data for Social Security Agencies. If there is more than one agency in a country information for the two principal ones should be entered separately in the first two columns, and all others grouped in the third column. At the top of each column the insured group should be specified. For example in most countries the principal institutions are for "Workers" and "Employees". For each of the thirteen items on the form, explanations are the following:

1. List all receipts from national treasury during the year, irrespective of the budget account on which drawn.
2. Scheduled contributions ("social security contribution") should include the contributions of Government as an employer when functionaries are covered.

3. Fees should include all amounts received during year, regardless of the date when services were provided.
4. Transfer payments should include all sums received by an agency listed from the other agencies listed in the remaining columns, excluding items already counted in item 1 or item 2.
5. Specify the source as well as the amount of other income.
6. Total receipts represent the sum of items 1 - 5.
7. Item 7 represents the difference between item 6 and item 8.
8. Item 8 should include all money spent during the year, regardless of source, as evidenced by instruments of payment (check, voucher, etc.), and should not include amounts obligated but not spent.
9. Item 9 is obtained by subtracting from item 8 total expenditure on non-health services such as purely custodial care of children and the aged, distribution of food and clothing to needy persons, etc.
10. Item 10 is obtained by subtracting from item 9 amounts spent for new construction and remodeling of health facilities, land, heavy equipment, and all other health service items classified as "Capital goods" in national accounting practice.
11. The total of item 11 in all four columns (less transfers to individuals and nongovernmental agencies) should equal the total in item 4 in all 4 columns. Item 11 is divided in the following subcategories:
  - (a) cash benefits (sickness pay in lieu of wages, etc.) paid directly to beneficiaries.
  - (b) payments to other institutions offering health services to beneficiaries on a contractual or fee-for-service basis.
  - (c) payments to other institutions for the care of other persons (e.g., contributions to operating budgets of voluntary hospitals, charitable institutions, etc.)
  - (d) contributions to other institutions for non-health services such as those itemized for deduction in the computation of item 9.

12. Item 12 equals item 10 less item 11.

13. When it is not possible by the accounting system to precisely determine the percentages in the three categories requested in this section, estimations should be made indicating the basis used.

Form 1 b. Capital Investments in Construction of Hospitals and Other Health Institutions

A page should be completed for each hospital or health center for which construction has been completed in the years 1960 through 1964.

Form 2 a. Basic Data on Capacity and Personnel of the Hospital

This form will provide basic information on the resources of each hospital in the country in terms of beds and staff. One page is to be completed for each hospital. If these data are routinely collected and are available for each hospital it may not be necessary to distribute the forms.

Item 7 Personnel currently employed - refers to staff employed at end of month preceding survey or completion of the questionnaire. Full-time and part-time employees should be shown for each category, indicating the definition of "full-time" (e.g. six or eight hours per day).

Item 10 Cost per bed day - If possible, cost per bed day should include physician's fees but exclude cost of outpatient services and capital costs. If this is not possible, indicate the known cost and its components.

Form 2 b. Basic Data on Health Center or Outpatient Unit

This form will provide basic information on activities and personnel resources of each health center or outpatient unit providing health services, either preventive or curative. One page is to be completed for each unit.

Form 3 a. Receipts and Expenditures in a Hospital or Health Center

This form will be used to obtain financial data for the sample of hospitals and health centers in the country chosen for detailed study.

Form 3 b. Study on Hospital Utilization

Basic data on utilization including occupancy and average length of stay in relation to services will be secured for the sample of hospitals in the country included in the study.

Form 3 c. Principal Diagnosis of Patients Discharged During 1964 by Age Group

Information on the diseases and conditions treated by age should be entered if readily available for each of the hospitals included in the sample.

Form 3 d. Data on Patients Discharged

Data will be obtained for patients discharged during a period of one week from the hospitals included in the sample in the country. Identifying data, diagnostic data and cost and payment for hospitalization will be taken from the patient's records or the hospital financial records.

In addition the patient is to be interviewed concerning:

- 1) his usual occupation and
- 2) whether he was employed or unemployed at the time he was admitted to the hospital. For children under 15 years of age the father's occupation should be entered, or the occupation of the mother or guardian in the absence of a father. Data on earnings in the last pay period should be obtained, specifying the period in which they were earned (e.g., whether week or month). The patient is also to be asked personally about his insurance under social security, other systems.

Form 3 e. Data on Patients Attending Health Centers and Out-patient Clinics

Data similar to that in Form 3d will be entered for patients attending health centers or outpatient clinics in a given period in a sample of health establishments. Information will be abstracted from patient records and the patient will be interviewed for occupation, earnings and insurance coverage.

The data on forms 3a through 3e are to be obtained from a sample of hospitals and health centers, of a size and characteristic to be determined separately for each country.

## RECEIPTS AND EXPENDITURES IN 1964

Country \_\_\_\_\_

Unit of money \_\_\_\_\_

	Ministry of Health	Social Security Agencies*			Other agencies of central government	Agencies at other levels of government
1. Receipts from national treasury						
2. Scheduled contributions of beneficiaries and employers						
3. Fees for services provided						
4. Transfer payments						
5. Other income						
6. TOTAL RECEIPTS						
7. Surplus (+) or deficit (-) of receipts over expenditures						
8. TOTAL EXPENDITURES						
9. Expenditures for health services						
10. Expenditures for health services on current account						
11. Transfer payments (total)						
(a) to beneficiaries						
(b) to institutions for health services to beneficiaries						
(c) to institutions for health services to others						
(d) to institutions for services other than health						
12. Direct current health expenditure (item 10 less item 11)						
13. Percentage distribution of item 12:						
(a) outpatient care						
(b) in-patient care						
(c) other health services						

\*Number of insured \_\_\_\_\_ and dependents \_\_\_\_\_ entitled to medical services. The information should be given separately for each Social Security Agency.

## Form 2 a.

BASIC DATA ON CAPACITY AND PERSONNEL  
OF THE HOSPITAL

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of hospital \_\_\_\_\_

2. Address \_\_\_\_\_

3. Type of hospital \_\_\_\_\_ 4. Ownership \_\_\_\_\_

5. Date opened \_\_\_\_\_

6. Information on hospital utilization for 1964

Number of beds	Discharges during 1964			Days of hospitalization
	Living	Newborn	Deaths	

7. Personnel currently employed: \_\_\_\_\_ Date \_\_\_\_\_

CategoryFull time  
(\_\_\_\_ hours per day)Part time

Physicians

Graduate nurses

Nursing auxiliaries

Midwives

Pharmacists

Dieticians

Technicians (Laboratory, X-ray)

Social workers

Medical records personnel

Administrative personnel

Other professional

Other

8. Number of consultations in outpatient services in 1964 \_\_\_\_\_

9. Total population to which services are available \_\_\_\_\_

10. Cost per bed day \_\_\_\_\_

Indicate whether cost includes:

Outpatient services

☐ Yes☐ No

Physicians fees

☐ Yes☐ No

Construction and remodeling

☐ Yes☐ No

Form 3 a

RECEIPTS AND EXPENDITURES IN A HOSPITAL OR  
HEALTH CENTER

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of hospital or health center \_\_\_\_\_

2. Address \_\_\_\_\_

3. Type of hospital or  
health center \_\_\_\_\_

4. Ownership \_\_\_\_\_

5. Receipts: Ministry of Health \_\_\_\_\_

Social Security Agency \_\_\_\_\_

Other agencies of central government \_\_\_\_\_

Agencies at other levels of  
government \_\_\_\_\_

Fees from patients \_\_\_\_\_

Other income (specify source) \_\_\_\_\_

6. Expenditures in 1964: Total \_\_\_\_\_

Capital - Total \_\_\_\_\_

New construction \_\_\_\_\_

Additions or remodeling \_\_\_\_\_

Heavy equipment \_\_\_\_\_

Others classified as capital  
in accounting system \_\_\_\_\_

Current - total \_\_\_\_\_

Wages and salaries \_\_\_\_\_

Drugs and medical supplies \_\_\_\_\_

Other \_\_\_\_\_

Form 1 b.

CAPITAL INVESTMENTS IN CONSTRUCTION OF HOSPITALS  
AND OTHER HEALTH INSTITUTIONS

For each health institution for which construction has been completed  
during the five years 1960-1964, the following information is requested

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of institution \_\_\_\_\_
2. Address \_\_\_\_\_
3. Type of institution \_\_\_\_\_
4. Ownership \_\_\_\_\_
5. Date construction was begun \_\_\_\_\_
6. Date building completed \_\_\_\_\_
7. Date entered into service \_\_\_\_\_
8. Bed capacity \_\_\_\_\_  
Number of beds in service \_\_\_\_\_
9. Total floor space in  $M^2$  \_\_\_\_\_  
Average  $M^2$  per bed \_\_\_\_\_
10. Cost of the building \_\_\_\_\_
11. Cost of furniture and equipment \_\_\_\_\_

## Form 2 b

## BASIC DATA ON HEALTH CENTER OR OUTPATIENT UNIT

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of health center \_\_\_\_\_

2. Address of health center \_\_\_\_\_

3. Type of unit \_\_\_\_\_ 4. Ownership \_\_\_\_\_

5. Date opened \_\_\_\_\_

6. Physical facilities: Number of examining rooms \_\_\_\_\_

Laboratory ☐ Yes ☐ No X-ray ☐ Yes ☐ No

7. Total population to which services are available \_\_\_\_\_

8. Attendance in 1964

a. Number of persons \_\_\_\_\_

b. Total number of visits \_\_\_\_\_

c. Number of visits to homes by physicians or  
nursing personnel \_\_\_\_\_

9. Activities in 1964

a. Number of immunizations \_\_\_\_\_

b. Number of laboratory exams \_\_\_\_\_

c. Number of X-rays \_\_\_\_\_

10. Personnel currently employed: Date \_\_\_\_\_

CategoryFull time  
(\_\_\_\_ hours per day)Part time

Physicians \_\_\_\_\_

Dentists \_\_\_\_\_

Graduate nurses \_\_\_\_\_

Nursing auxiliaries \_\_\_\_\_

Midwives \_\_\_\_\_

Sanitary inspectors \_\_\_\_\_

Health educators \_\_\_\_\_

Technicians (laboratory, X-ray) \_\_\_\_\_

Social workers \_\_\_\_\_

Clerical personnel \_\_\_\_\_

Others \_\_\_\_\_

11. Estimated expenditure per consultation \_\_\_\_\_

## Form 3 b.

## STUDY ON HOSPITAL UTILIZATION

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of hospital \_\_\_\_\_

2. Address \_\_\_\_\_

3. Type of hospital \_\_\_\_\_ 4. Ownership \_\_\_\_\_

5. Period covered by this report \_\_\_\_\_

Type of service	Number of hospital beds (6)	Number of beds occupied at beginning of the period (7)	Number of admissions during the period (8)	Number of discharges during the period (9)			Days of hospitalization (10)	Out-patient consultations (11)
				Living	New-born	Deaths		
Total								
Medicine								
Surgery								
Eye, ear, nose, throat								
Obstetrics and gynecology								
Pediatrics								
Tuberculosis								
Psychiatry								
Other								

## PRINCIPAL DIAGNOSES OF PATIENTS DISCHARGED DURING 1964 BY AGE GROUP

City \_\_\_\_\_

1. Name of hospital \_\_\_\_\_
2. Address \_\_\_\_\_
3. Type of hospital \_\_\_\_\_ 4. Ownership \_\_\_\_\_

[illegible]

## DATA ON PATIENTS DISCHARGED

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of hospital \_\_\_\_\_

2. Address \_\_\_\_\_

3. Type of hospital \_\_\_\_\_ 4. Ownership \_\_\_\_\_

5. Name of patient \_\_\_\_\_

Address of patient \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_

Usual occupation \_\_\_\_\_ Employed ☐ Unemployed ☐

Earnings in last pay period \_\_\_\_\_ Length of pay period \_\_\_\_\_

6. Date admitted \_\_\_\_\_ Date discharged \_\_\_\_\_

7. Principal diagnoses \_\_\_\_\_

## Insurance

☐ Social Security☐ Other (specify) \_\_\_\_\_☐ None

## 9. Payment for hospitalization

Estimated cost \_\_\_\_\_

Total payments received \_\_\_\_\_

From Social Security \_\_\_\_\_

From other insurance \_\_\_\_\_

From social assistance \_\_\_\_\_

From patient or family \_\_\_\_\_

Other \_\_\_\_\_

DATA ON PATIENTS ATTENDING HEALTH CENTERS  
AND OUTPATIENT CLINICS

Country \_\_\_\_\_

City \_\_\_\_\_

1. Name of establishment \_\_\_\_\_

2. Address \_\_\_\_\_

3. Type of establishment \_\_\_\_\_ 4. Ownership \_\_\_\_\_

5. Name of patient \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_

Usual occupation \_\_\_\_\_ Employed ☐ Unemployed ☐

Earnings in last pay period \_\_\_\_\_ Length of pay period \_\_\_\_\_

6. Classification of visit

First consultation ☐ Follow up consultation ☐ Post hospitalization ☐

7. Reason for outpatient visit

Treatment ☐ Preventive ☐ Other medical ☐ Non-medical ☐

8. Services rendered

Examination by physician ☐Examined by a nurse or midwife ☐Immunization ☐Drugs ☐X-ray ☐Laboratory examination ☐Non-medical service ☐

9. Payment for visit

Estimated cost of services provided \_\_\_\_\_

Total payment received \_\_\_\_\_

From Social Security \_\_\_\_\_

From other insurance \_\_\_\_\_

From social assistance \_\_\_\_\_

From patient or family \_\_\_\_\_

Other \_\_\_\_\_