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**The Design and Implementation of the Integrated
Report in a University Hospital:
The case of Azienda Ospedaliero Universitaria
Ospedali Riuniti of Ancona
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AIM

To evaluate and communicate organization performance showing a **transparent** and **ethical behaviour**, attention to **sustainability** when using resources and the ability to pursue objectives related to **FAIRNESS, SUITABILITY, SAFETY** and **QUALITY** of **MEDICAL TREATMENTS**

What **adjustments** are needed when applying the IIRC framework in PHOs, as patient value-driven organizations



 **Case study Research: CONSTRUCTIVE APPROACH**



AZIENDA OSPEDALIERO UNIVERSITARIA OSPEDALI RIUNITI OF ANCONA (AOU)

Activities



- **Outpatient activity:** *clinical, laboratory, instrumental imaging diagnostics*
- **Hospital activity:** *day hospital and day surgery, ordinary hospitalization*
- **Emergency activity:** *territorial and hospital*

Some numbers

48.026

No. of admissions
(34.708 ordinary hospitalization,
13.318 day hospital)

3.379.058

No. of outpatient
services for internal
patients

2.066.945

No. of outpatient
services for
outpatients

89.326

No. of access to first aid

3.731

No. of employees

593

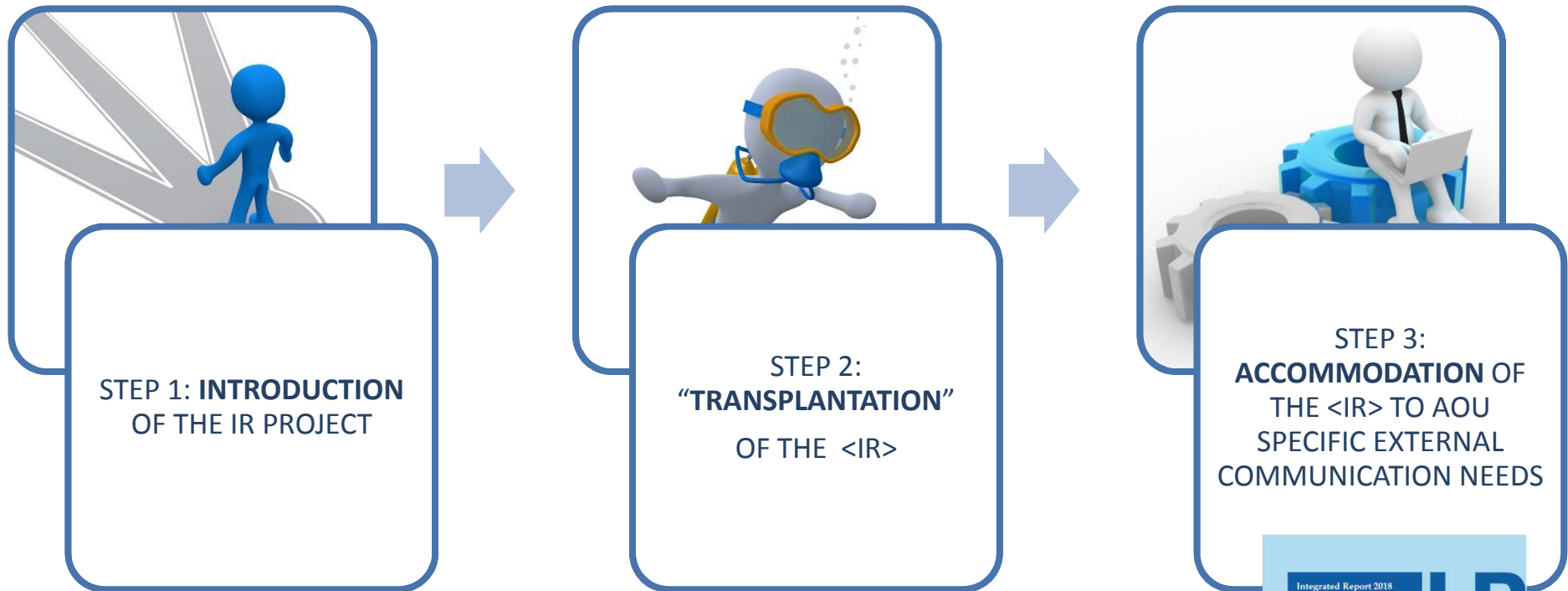
No. of interns

151

No. of volunteer goers



STEPS OF THE DESIGN AND IMPLEMENTATION OF THE IR





To clarify

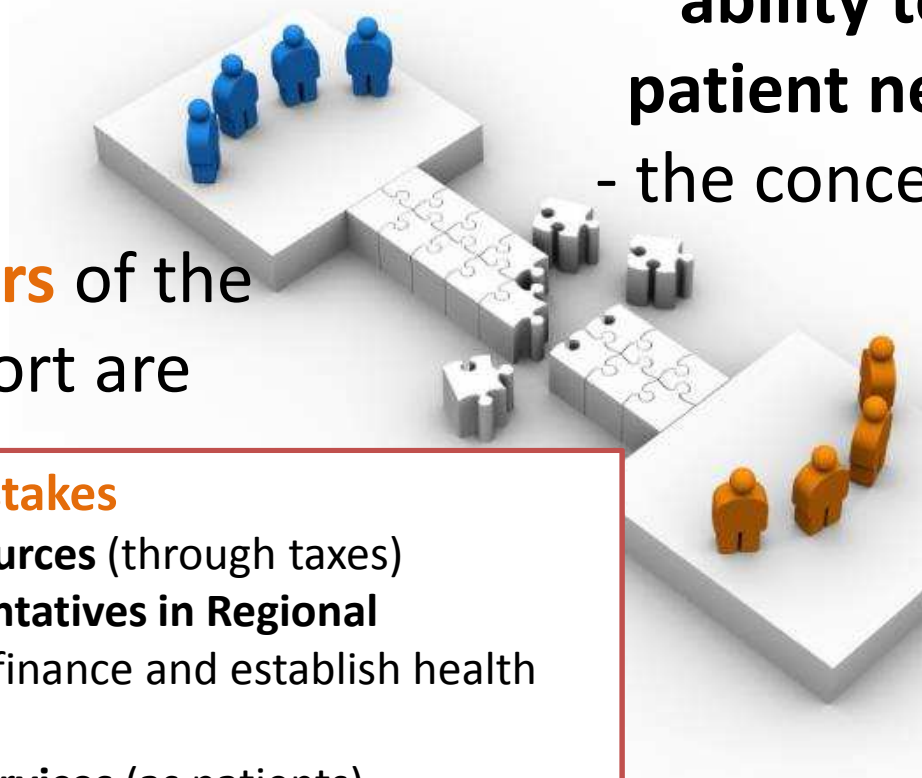
How to communicate the ability to satisfy the patient need for health - the concept of «value» -

Who the readers of the Integrated Report are

CITIZENS – several stakes

- Give financial resources (through taxes)
- Elect their representatives in Regional Institutions which finance and establish health policies
- Use the medical services (as patients)

value generated for **patients** through patient care and research activities





Adaptations of the IIRC Framework

✓ The capitals

- Not all capitals are equally relevant or applicable in all organizations. Although most organizations interact in some way with all types of capitals, such interactions may be secondary or so indirect as to be irrelevant to their inclusion in the Integrated Report

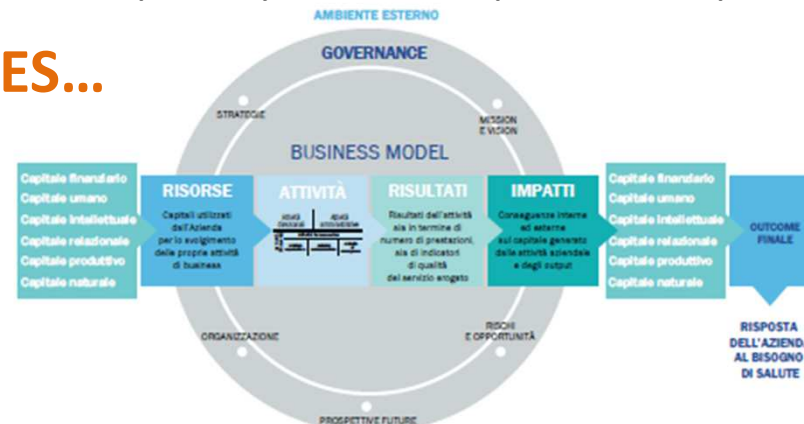
✓ The key activities

- in-patient treatments, out-patient services, and medical, surgical, and emergency services (defined by law)

✓ The outputs

- measured in terms of quantity of services provided to patients or to other stakeholders.

✓ The OUTCOMES...





The AOU's six Capitals

Financial capital



- Financial resources that the organization uses to provide health services and carry out the entire institutional activity.

Human capital



- Skills, abilities and experience of the People involved in institutional activities (hospitalization, outpatient and emergency) and all management and support activities.

Intellectual capital



- **Organizational capital**: all **procedures** codified in documents, in information systems and in **protocols** used for the interactions among the clinicians, academics, and external experts in developing R&D projects.
- The **intellectual “property”**: results of the **research activities** and of the **field testing** carried out in the hospital

Social and relationship capital



- Organization's relations with **patients, suppliers, health system partners** (other Regional and National Health Service Bodies, Foundations and Associations, etc.).

Production capital

- All the tangible assets brought by the Company as well as by all the assets subsequently acquired in the exercise of its activity or as a result of donations.

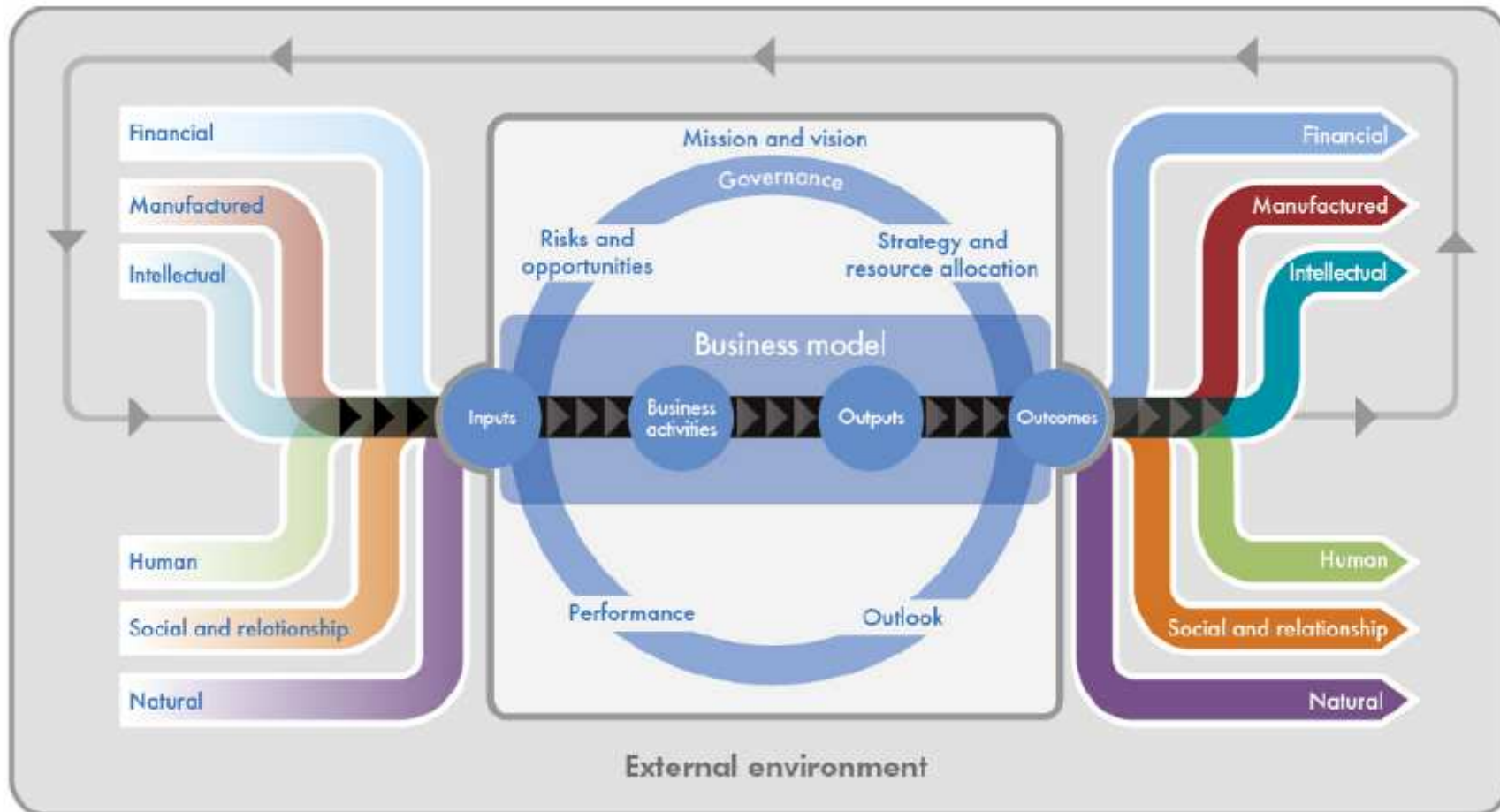
Natural capital

- Set of natural resources (renewable and non-renewable) and the related ecosystem services that make it possible to carry out the Company's activities.



STEP 2: "TRANSPLANTATION" of the <IR>

The outcomes



response to patients' health needs



“ENRICHMENT” of the concept of outcome

Measures of the **VALUE CREATED FOR THE PATIENTS** in terms of

- ✓ **state of health of the population**
- ✓ **quality of medical treatments: medical appropriateness; organizational appropriateness; accessibility to medical treatments**



COMPARABILITY !!!

INDICATORS resulting from:

- **National Outcome Evaluation Program** (aimed at comparing Italian hospitals' performance – e.g. results, activities –through efficiency, effectiveness and appropriateness indicators)
- **Therapeutic diagnostic plans (PDTA)**
- A **benchmarking project** developed by Scuola Superiore Sant'Anna - Pisa.



STEP 3: ACCOMMODATION of the IR to AOU'S EXTERNAL COMMUNICATION NEEDS

THE REPORT SHOULD BE CLEAR, CONCISE AND UNDERSTANDABLE

- using easily **understandable terms** to describe content,
- facilitating the reading of the report with **pictures and graphics**,
- disclosing data without minute details about single treatments,
- **inserting notes** to clarify the meaning of specific medical definitions.

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Methodology

Overview of the AOU

 Context

 Key Stakeholders Map

 Governance System and Organization

 Vision and Mission

 Strategies

 Risks and Opportunities

AOU Capital

Activities and Outputs

Outcomes

Perspectives

The Integrated Report 2018 was presented to the community during a specific event and published on the AOU website (<http://www.ospedaliriuniti.marche.it>).

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CRITICALITIES

- ✓ Need for a **strong support by the management control system**
- ✓ **Commitment** of the **Governance** and of the **Champions** of the project
- ✓ Need for a **diffusion of the accountability culture within and outside** the organization



In order to apply the IIRC framework to public healthcare organizations, the following points may be considered:

- ✓ **Value created for the patients** as “primary outcome”
- ✓ Rethinking the concept of “**outcome**” and the meaning of outcomes in terms of “effects on the capitals”
- ✓ Consideration of **legal and political scenarios** in external environment
- ✓ Identification of the **capital** elements which fit better into the organizational context
- ✓ Acknowledgment of the central role of **citizens**
- ✓ The integrated report must present the information in a **simplified** way to citizens

THANK YOU !!!