



Interview ▶ Balance sheet and current situation

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The current care director of the Andorran Health Care Service (SAAS) since October and former head of the Emergency Service, Marcos Gutiérrez, takes stock of his work so far, explains the current situation of the country's health system, the impact of covid today and responds to statements by the Minister of Health, Jordi Font.

–How has he been doing since October, when you took office?

–Well, with a lot of work, a lot of effort and a lot of sacrifice, but positive in the sense that you see a desire to work, to improve and to collaborate. However, I think it is still too early to draw conclusions and to make a generic assessment.

–Are you happy with your work so far?

–It must be taken into account that four months is a very short time, since the first are basically a contact. In addition, we are talking about a very large and quite complex entity, which is why a little more time is needed, and I hope that this investment of time will result in progress and improvements both in terms of care on the part of the patient and in the field of the worker.

–Do you think the Andorran health-care system is well organized?

–In general, it is a good system because so far it has had good results and fulfills guarantees, but it is a model from many years ago, and it has become more and more complicated and the need for change is evident in some aspects. We are talking about the fact that in the healthcare field, the complexity of patients has increased above all, beyond the number, that is to say, the care needs are not the same as they were twenty or thirty years ago. In this sense, I think that the system must be much more dynamic, however, it costs a lot to change models and structures that have been in operation for so many years, and for this we need planning, time for reflection and time for implementation.

–Has anything surprised you? Or would you highlight any that you have come across?

–I have been in SAAS for more than 18 years and nothing specific has surprised me, although there are always new things and changes.

–Speaking of the hospital, what is its current situation?

–What has been seen after the pandemic is that not only we have recovered the volume of work we had before, but if we compare that of the last pre-pandemic year, 2019, during 2022 it has increased.

–In numbers?

–In very general terms between a 10 and 15% increase.



Marcos Gutiérrez

Care director of the SAAS

«The need for change in the system is evident in some aspects»

–And at the level of assistance?

–Andorra has a very special condition both geographically and in terms of access to the professional, and the fact is that we do not have an internal source for many of them, but we have to try to look in other markets, in neighboring countries. In this sense, we have to be much more attractive and with a vision of making health projects much more open to the outside in order to try to attract them. But we have always had a lack of professionals and they have more or less been resolved.

– It is a challenge for the future, then.

–Not only because it affects us here. Now we see that this problem has become widespread in Europe.



«Not only have we equalized the volume of work at the hospital, but it has increased between 10 and 15% compared to 2019»

«We have to be much more attractive and with a vision of doing much more open projects to attract professionals from abroad»

– Surely we will have to deal with a shortage of doctors.

–Totally, we are tied to it. In the healthcare field, it is very difficult to meet objectives and quality indicators without professionals. Therefore, its capture in the face of the future is essential, and more so seeing the dynamics of neighboring countries. It is fundamental.

–And are you already working on this?

–We are working every day, but I think that in the future the recruitment model will have to be reassessed in the sense of not only salary remuneration but at the level of lines of research and linked to new technologies and projects. Also, to design circuits and processes that are much more integrated, and I am no longer talking only at the level of Andorra, at a general level healthcare is at a turning point, it will have to make changes.

–You are talking about recruitment, not hiring.

-Hiring is a handicap we have in the Principality. In other words, the procedures take us between two and three months, and this means that the incorporation is not immediate.

-Do you have a forecast for when some of the future projects you mentioned can start?

-No, I don't. These are projects that are underway and that started a long time ago, but still need a lot of development. In addition, I think it is a change not only for the professional but also for the patient, and so that the population can see what are the real advantages of trying not to always go to the hospital or not having a centralized model and being able to provide assistance from facing the address. It is difficult to set dates, since there are many factors, not only internal staff but also the population and the involvement of other levels of care, but I think that during this year these lines should begin to be deployed much more and next year they can be consolidated.

-For Andorra's inhabitants, is the Hospital's productivity / performance correct?

-Yes, in this sense we are very well equipped. It is also a need of the country, we cannot compare ourselves with a city or with other centers because they have other possibilities that we do not have, and as a country we must try to cover these needs. But it can still be provided much better, and this is where getting professionals, development lines and making an investment as suitable as possible comes into conflict.

-Speaking specifically of Emergency Services, what is their situation? Are we still talking about collapse and saturation?

-All emergency services are under pressure and a very high care burden. However, I think that the country's is very well covered because we have much better indicators than those of neighboring countries. But it is true that it is a critical service in this sense, because we remember that it must have accessibility 24 hours a day, 365 days a year and without a derivation limit, even though times of increased pressure we will always

have. What we must try is that in this workload the most severe levels of severity, one, two and three, are not affected, since many times the delays and the collapse that occurs are due to the triage levels four or five. For this reason, it is necessary to have sufficient tools so that the latter do not always have to go to the hospital or depend on the Emergency Service, but rather have a level of care specific to this pathology, apart from having an infrastructure for the highest critic levels.

-Therefore your statements about being more in favor of GPs taking charge of these less serious emergency cases.

-Yes. Because they are the levels of pathology where they are not life-threatening, and although they are still emergencies, these do not always have to go to the hospital or a specialized care level. It is the



«I believe that the initiatives of the future will begin to be rolled out this year and will be consolidated next year»

pathology that we call the most banal and these can be visited at the other levels of care, whether it is a primary care center, etc.

-But how would this be done?

-Making a much more integrated system at all levels. So, we have to work on it during this time with the Ministry of Health, the College of Doctors of Andorra (COMA), and with different organizations to be able to find solutions. The emergency service has a need, it is seen that the number of patients with these less serious characteristics has been increasing, and it must be taken into account that we have a country that has a ski sport tourism in winter and cycling in the summer, and this generates many four and five levels.

-To try to reduce this critical point of the service you have already hired staff.

-It must be remembered that there was a shortfall because one of the characteristics of the service is that there is a significant turnover of professionals, and this generated an overdraft in the last quarter of the year. In any case, action was taken quickly to recruit three experts at the beginning of the winter season, who are already integrated. Thus, emergency needs have been resolved efficiently and fairly quickly.

-But are they still missing?

-In general, not because the template is more or less covered. Only a small addition would be needed to support it.

-Speaking of Emergency room, the head of the service, Jordi Samsó, reported that respiratory viruses are a concern this winter.

-It is a problem and a general trend of the time, we must point out that the increase in viruses is beginning due to the climatological conditions and these mainly affect the pediatric population as well as the elderly.

-Have you had any cases?

-Yes. During the Christmas days we saw an increase especially in the older population. In addition, as everywhere, removing the mask after two years of wearing it has caused the degree of immunizati-

on of the population in terms of respiratory viruses to be very uncovered, causing a peak of disease or infection of this type. In principle, and to this day, it is not known what the general statistics are for the rest of the winters.

-What about covid?

-We have had very low levels since before the winter season, both in general infection of the population and in terms of income. Yes, we have cases, but they are isolated.

-Is the level of concern still so high?

-Now I would say that it is no longer a care burden like it was, and I think it has moved to a second even a third plan. Nor can we say that covid is over because we never know what can happen with a new and so changing disease, and it also depends on the incidence curves on a global scale. But what is affecting us right now in the health system



«Regarding the productivity and performance of the hospital, we are very well equipped, but it can still be improved»

is residual.

-Primary care is not in a good moment either.

-I have always referred to the general health level and this should perhaps be answered by the COMA. As I have already mentioned, the pandemic meant a very important management of resources and personnel, and primary care had a very relevant and vitally important health burden to take on all these more banal covid infections. Like the rest of the professionals, they have experienced exhaustion and a very significant backlog of work which now, after covid, has repercussions because the care activity has increased.

-What about troops?

-I can't tell you because I don't know the details. What I can tell you is that I believe that primary care is a primary level in the entire healthcare system, which now needs to be enhanced and studied very well to see what the needs are to try to improve it, since this is the first point of contact with the patient

-What do you think of Minister Font's statements about SAAS being more dependent on the Ministry of Health?

-I think it is always conditional. The government is in charge of healthcare in the country through the ministry, and the SAAS is another body in the healthcare chain. At this point I think it is well designed at the hierarchy level and the model so far has worked and is correct. It must be understood that the SAAS has a very important weight due to its scale and its care characteristics, and I believe that everyone must have their own competences. We have some data that we fulfill and try to improve on a daily basis, always working to achieve the objectives of the ministry.

-Do you think the management structure is the right one? Font also pointed out that there are many.

-It is more than correct. We must remember that the SAAS is a very powerful and very large organization, and this is where the assistance capacity lies. ≡

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