

# Greater Paris University Hospitals Further information

# Who are we?

## A University Hospital Centre (UHC)



**We provide** treatment for any sick person visiting our hospitals as part of our 24 hour a day public service.

**We also perform research** to constantly improve the care we provide and develop new treatments. We have set up a hospital-based research foundation.

**We train** physicians, midwives, pharmacists and pharmaceutical assistants, dentists and healthcare executives, nurses, healthcare assistants, radiologist assistants, laboratory technicians physiotherapists, children's nurses, rehabilitation personnel, social workers, unskilled and administrative personnel etc.

We also train patients through all our therapeutic patient education.

# Why are we an internationally recognised European-scale UHC?

Our 39 hospitals treat 7 million patients per year: for consultation, in emergencies, scheduled admission to hospital, or through home hospitalisation.

We are the leading employer in the Île-de-France region, with a total of 95 000 employees.

In France, one-fifth of all physicians are trained in the 7 medical faculties linked to our hospitals.

We treat sick people at every stage of life.

Nearly 40 000 children every year are born in our 13 maternity clinics. Our centres for medically-assisted reproduction provide expert advice as do one of the four French centres providing preimplantation genetic diagnosis<sup>(1)</sup>.

We also provide care for the elderly. Several of our establishments specialise in care for the elderly and provide treatment for all age-linked pathologies, including cancer. Some of our

hospitals specialise in post-operative care, rehabilitation and long-term stay.

Half of France's clinical research takes place in our hospitals.

We also treat a great many rare diseases, i.e. diseases affecting only a few hundred or thousand patients, but which require highly specialised centres. Half the specialist centres for these diseases in France are found in Paris Public Hospitals.

The four "SAMU-Centre 15" (Medical emergency response service) for the Paris area extending to the Hauts-de-Seine (92), Seine-Saint-Denis (93) and Val-de-Marne (94) which are covered by the Paris Public Hospitals system. They took nearly 2 million calls in 2014. 8 mobile emergency and resuscitation services - "SMUR" - for adults and 4 paediatric units, with ambulances equipped for intensive care, distributed throughout the 10 Paris Public Hospitals respond to 43 000 calls per year.

*(1) Preimplantation genetic diagnosis (PGD) is offered to couples at risk of transmitting a serious genetic disease to their child. This technique provides a genetic diagnosis of the foetus - obtained through in-vitro fertilization - before it is implanted in the mother.*

We treat all sick people regardless of their income: access to the best treatment in our hospitals does not depend on your social or financial situation. Whether you are covered by the Social Security health insurance, Universal Healthcare Coverage (CMU) or State Medical Assistance (AME), you will receive the same treatment :

**this is both a duty and something we are proud of.**

We are open 24 hours per day and treat a million patients per year in our 25 emergency departments.

We provide essential screening and prevention services.

# What kind of public healthcare service do we provide?

*Several of our hospitals have stand-by admission services to make it easier for disadvantaged people to access hospital care and support in completing administrative procedures to have their rights acknowledged.*



# What is the advantage to you of being treated in a university hospital?

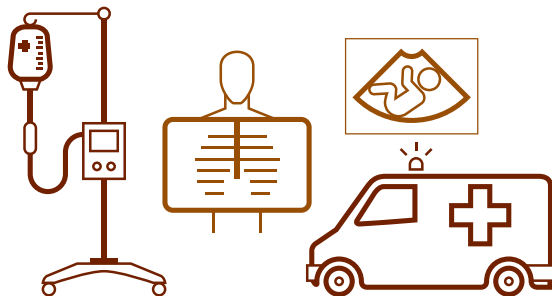
It increases your chance of having the latest treatment.

All medical and surgical specialties are available and you are cared for by a multidisciplinary team who are used to treating the most complex cases.

We provide treatment for rare diseases, poorly covered in general, or very costly treatments, such as those for transplants or extensive burns.

In a university hospital, you have access to the latest research and you also help its development. You can take part in a clinical trial or treatment trial, but only with your informed consent. The trial in which you take part is overseen by an ethics committee and you must sign a consent form. You are helping to train future physicians. If medical students are involved in your treatment or follow-up, your agreement is always required first.

# How much does it cost and who pays?



## Some ideas of magnitude

- An uncomplicated birth: **€2,423**
- An uncomplicated hip replacement: **€4,868**
- A liver transplant: **up to €88,246** including medication and stay in rehabilitation
- A child's appendicitis: **€1,930**
- An outpatient cataract operation: **€1,275**
- An uncomplicated prostate resection: **€2,496**
- A coronary bypass with or without stent implantation: **€10,154 to €19,981**
- One chemotherapy session: **€411**
- One year of treatment for breast cancer: **€8,150**

## The price of several tests

*Social security tariffs for 2015*

- One breast biopsy using a complex technique: **€512**
- One visit to A&E with three stitches: **€55**
- A cardiac ultrasonography: **€97 to €168**
- A simple X-ray of an arm or leg: **€20**
- One consultation with a specialist: **€23**

Most of our budget comes from our treatment activity, because, for every appointment or admission, the social security pays a flat rate fee, according to the disease and procedures involved. In other words, you help finance the treatment you receive through your social contributions and taxes.

Moreover, we receive an annual subsidy to finance the permanent standby service we provide 24 hours a day, 7 days a week, and for our research activities.

# What do you have to pay on leaving hospital?

A public hospital is not free of charge.

If you are covered by the Social Security, they will cover part of your medical expenses (consultation, hospitalisation or emergency). A proportion of the cost, called “ticket modérateur” (patient's contribution towards medical costs) (20 % of hospitalisation costs), and a “forfait journalier” (daily rate) of €18 for accommodation must be paid by you or your mutual insurance policy, if you have one.

Certain categories of patients are fully covered by the Social Security:

for example, pregnancy monitoring from the 6<sup>th</sup> month and childbirth itself, as well as long-term illnesses. Some other procedures are also covered in full: notably the results of an occupational accident or disease, mandatory vaccinations, and medical assistance for reproduction.

If you are not covered by the social security

– with no health insurance, CMU (Universal Health Insurance Coverage) or AME (State Medical Assistance) –, we can help you to obtain your rights. Otherwise you must cover all costs (hospitalisation) and accommodation fees (daily rate).

If you are unable to pay and your treatment is judged to be urgent, we can take care of the necessary procedures to ensure that your costs are covered.

# How does private practice work in a public hospital?

Some categories of physicians in private practice also work in hospitals. They may charge extra fees. In our hospitals, 6.3 % of the physicians who may have private practices, also apply this legal right.

- Fees must be set within reason and tactfully, in accordance with the physicians' professional code; they must be displayed and patients informed about them before signing the consent form.
- Appointment times, for private or public consultation, must be the same for all patients, according to emergency and severity.

If you feel that these rules have not been respected, you are free to inform the management of the hospital in question.

# Some of the major medical advances achieved by the AP-HP teams

**1958** **Discovery of the HLA system :** the key to tissue immunity and source of multiple advances such as organ transplants.

*Prof. Jean Dausset  
Nobel Prize for Medicine, 1980.*

**1960** **First kidney transplant** from an unrelated donor.

*Prof. René Küss,  
Prof. Marcel Legrain.*

**1965** **First leukaemia cure** by exchange transfusion : the blood of a 6-year-old boy was replaced by blood from healthy donors.

*Prof. Jean Bernard.*

**1974** **Perfecting of cochlear implants,** devices for treating profound deafness in adults and children.

*Prof. Jean-Louis Chouard,  
Prof. Patrick Mac Leod,  
Prof. Bernard Meyer.*

**1982** **Amandine, the first "test-tube baby"** of French nationality.

*Prof. René Frydman,  
Prof. Jacques Testart,  
Prof. Émile Papiernik.*

**1983-1985** **Contribution to the discovery of the AIDS virus.**

*Prof. Willy Rosenbaum,  
Prof. Françoise Brun-Vézinet with  
Prof. Françoise Barré-Sinoussi  
Nobel Prize for Medicine, 2008.*

**1990** **Liver splitting for a transplant on two adults.**

*Prof. Henri Bismuth.*

**1990** **Triple transplant,** heart, lung and liver.

*Prof. Alain Carpentier,  
Prof. Jean-Pierre Couetil,  
Prof. Didier Houssin.*

**1993** **Transplantation of hematopoietic stem cells** from umbilical cord blood into a child with constitutional aplastic anemia.

*Prof. Éliane Gluckman.*

**2000** **Gene therapy for SCID children.**

*Prof. Alain Fischer,  
Prof. Marina Cavazzana-Calvo.*

**2000** **Revealing of various types of programmed cell death** in the human brain and application to the treatment of degenerative diseases.

*Prof. Yves Agid.*

**2010** **First full face and eyelid transplant.**

*Prof. Laurent Lantieri.*

**2011** **First artificial bronchus graft** on a 78-year-old patient with cancer.

*Prof. Emmanuel Martinod.*

**2013** **Implantation of the first artificial bioprosthetic Carmat heart.**

*Prof. Alain Carpentier,  
Prof. Christian Latrémouille.*

**2014** **First graft of heart cells** derived from human embryonic stem cells.

*Prof. Philippe Menasché,  
Prof. Jérôme Larghero.*



**20%**

Purchase of medicinal products and devices, biological tests, transports, health-related, etc.

**10%**

Hotel and logistics expenses: meals, laundry, etc.

**10%**

Investment amortisations, exceptional costs, etc.

## How do we use our budget?

### THE AP-HP BUDGET FOR 2014 : MORE THAN 7.2 BILLION EUROS

Every year we assign slightly more than **100 million euros** for the purchase of new equipment.  
*To give you an idea of magnitude, an MRI device costs about 1.5 M€ and a scanner €900,000.*

More than **210 professions** work in the AP-HP.

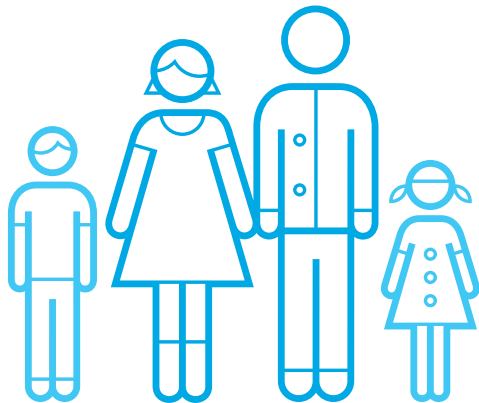
Every day, the AP-HP laundry handles **55 tonnes of laundry**.

Every year, **14.3 million** meals are served to patients in our hospitals.

**60%**

Personnel salaries

# How does being a patient, make you also an actor?



**Patients are the reason for our hospitals being there.** Patient representatives are included in the authoritative bodies for each hospital and attend all the commissions to discuss the main questions asked by patients.

To take part in this healthcare democracy, you can find information at the nearest hospital or from approved associations.

**You can also improve the quality of life in hospital by taking part in the actions** carried out by many associations who work with patients and their families. They perform essential work, and we thank them for it.

Your health information belongs to you. **You can access your medical file and obtain a copy at any time.** If you have any problems, contact the management of the hospital in question.

**You are also the focus of your treatment:** for treatment quality, don't hesitate to give your opinion on the treatment you are offered and ask any questions of our healthcare teams; they are there for that.

# How do we plan to improve in the future?

We cannot always give you an appointment exactly when you would like it. For suspected cancer, we undertake to offer you an appointment within 7 days.

When you phone to reserve a place in the maternity clinic, if it's full at the time of the birth, the central office for maternity reservations will contact you within 48h to offer a bed in another AP-HP maternity clinic.

Our A&E departments have a goal to reduce waiting times by half by 2019 and to transform reception and treatment conditions.

One of 40 actions taken is to make it easier for you to be accompanied by a relative or volunteer.

Sixty young volunteers in Community Service have been working in the waiting rooms since early 2015.

Going into hospital in the morning for a surgical procedure and leaving on the same day provides many benefits for you, the patients, as well as for the professionals. Being fully involved in developing day surgery, the AP-HP has set the goal of achieving 45% of its surgical procedure in outpatients by the end of 2019.

Three new day surgical units have been opened at Necker-Enfants malades, Armand-Trousseau and Bichat since 2014; the Henri-Mondor unit has been enlarged and a new operating theatre built at Robert-Debré.





Some of our hospitals combine recent buildings and departments installed in very old, sometimes dilapidated buildings. We are gradually renovating them and assign significant sums for this every year.

On leaving hospital, to facilitate your follow-up treatment, we undertake to provide your hospitalisation report rapidly.

If you wish to make a claim, there are several contacts you can speak to : the physician in charge of the department or the health executive, the person in charge of user relations or the user representative. If necessary, these people can offer a meeting with a hospital mediator, who may be a physician or not. He will answer your questions concerning your treatment.

The new website [www.aphp.fr](http://www.aphp.fr) provides easy and intuitive access to all the treatment provided by the AP-HP. As a service website, you can pay your medical costs online.

# Where are we?

-  Hospital
-  Home hospitalisation unit
-  AP-HP emergency medical assistance service (SAMU)
-  AP-HP Head office

