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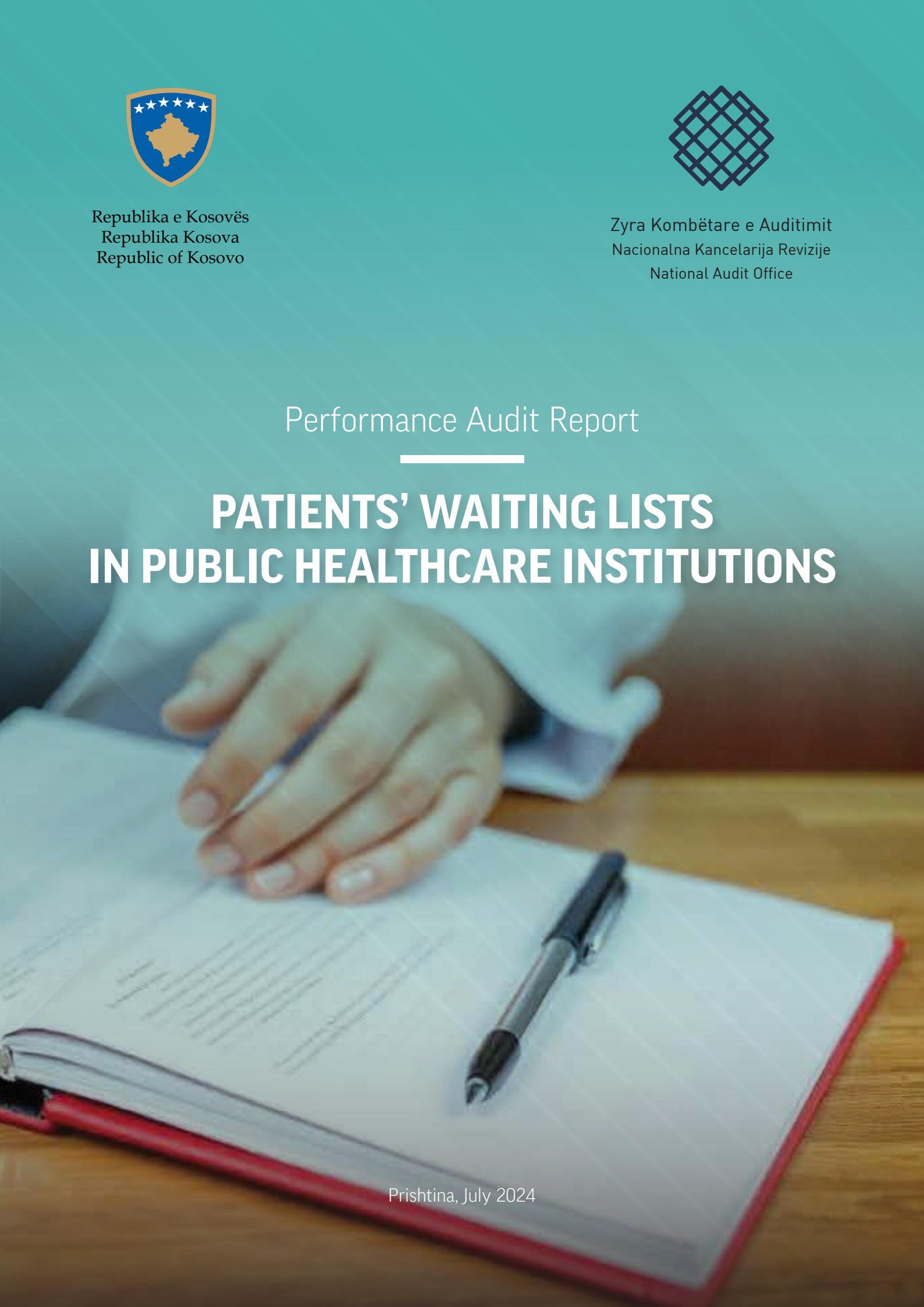
Zyra Kombëtare e Auditimit
Nacionalna Kancelarija Revizije
National Audit Office

Performance Audit Report

PATIENTS' WAITING LISTS IN PUBLIC HEALTHCARE INSTITUTIONS



Prishtina, July 2024

The Auditor General of the Republic of Kosovo is the highest institution of economic control institution vested by the Constitution and the Law[1] with functional, financial and operational independence.

The National Audit Office is an independent institution that assists the Auditor General in discharging his/her duties. Our mission is to contribute effectively, through the audits, to the accountability of the public sector by promoting the public transparency and good governance and fostering the economy, effectiveness and efficiency of government programs to the benefit of all. We are thus building confidence in the spending of public funds and play an active role in securing the taxpayers' and other stakeholders' interest in increasing public accountability. The Auditor General is accountable to the Assembly for the exercise of duties and powers set forth in the Constitution, the Law, by-laws and in the public sector audit standards.

This audit was conducted in accordance with the International Standards of Supreme Audit Institutions (ISSAI 3000[2]).

Performance audits undertaken by the National Audit Office are objective and reliable examinations that assess whether government actions, systems, operations, programmes, activities or organizations operate in accordance with the principles of economy[3], efficiency[4] and effectiveness[5] and whether there is room for improvement.

The Auditor General has decided on the content of the audit report "Patients' waiting lists in public healthcare institutions", in consultation with the Assistant Auditor General, Myrvete Gashi Morina, who supervised the audit.

The audit team consisted of:

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1 Law no.05/L-055 on the Auditor General and the National Audit Office of the Republic of Kosovo.
2 Standards and guidelines for performance auditing based on INTOSAI Audit Standards and practical experience.
3 Economy – The principle of economy implies minimising the cost of inputs. Inputs should be available at the right time, quantity and quality and at the best price possible
4 The principle of efficiency implies achieving the maximum from the available inputs. It is about the relationship between input and output in terms of quantity, quality and time
5 Effectiveness - The principle of effectiveness implies the achievement of set objectives and the achievement of expected outputs.

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List of abbreviations

CPH	Central Pharmacy
PHI	Public Healthcare Institutions
Ministry	Ministry of Health
EO	Economic Operator
UCCK	University Clinical Centre of Kosovo
RH	Regional Hospitals
KHUCS	Kosovo Hospital and University Clinical Service
NAO	National Audit Office

General overview

Raising the quality and maintaining a high standard of medical services is directly related to the quality of life of the country's citizens. Deficiencies in the health system of a country affect the appearance of dissatisfaction and increase insecurity for the health and well-being of individuals and society as a whole.

The National Audit Office has performed the performance audit on the topic "Waiting lists in public health institutions". The objectives of this audit were to assess what measures the Ministry of Health and the Clinical and University Hospital Service had implemented to ensure efficient treatment of patients on waiting lists; including the distribution of resources (human and material) as well as the way of registration and monitoring of waiting lists.

The Ministry of Health and the Clinical and University Hospital Service had not taken sufficient measures to ensure the efficient treatment of patients on waiting lists, there is an unequal distribution of human and material resources in certain health sectors and the current way of registering patients in waiting lists do not ensure transparency, accuracy and fair treatment of patients.

Inefficient allocation of resources has created bottlenecks and long waiting times for patients.

The clinics of the University Clinical Center of Kosovo in particular and the Regional Hospitals are not efficient in handling citizens' requests for medical treatment. The demands for treatment are great, while the capacities of the health system to respond to these demands are limited, especially in terms of infrastructure and equipment, and sometimes also in terms of medical material. Harmonized distribution between human and material resources has not been made because the number of specialist doctors is inconsistent in relation to the infrastructure and equipment that are available in the Clinical University Hospital Service of Kosovo. As an example, the number of orthopedists in relation to operating rooms is 9 to 1, and in the cardiology clinic (invasive cardiology) it is 8 to 1, while in regional hospitals these services are not offered at all. Also, the commitment of doctors is not the same because some doctors are more active with surgeries compared to their fellow doctors. As an example, in one of the clinics of the University Clinical Center of Kosovo, there are doctors who perform about 500 surgeries per year, while some of their colleagues perform only one operation per year. We found similar conditions in at least four clinics.

Limited capacity and outdated equipment hinder timely treatment.

The audit has identified a lack of anesthesiologists in particular, who provide services to all surgical clinics, and this lack consequently reduces the operating capacities of the clinics. There are cases when equipment is outdated, which affects the efficiency of treatment of patients from waiting lists. Likewise, the improper management of the supply of medical material and the insufficiency of the material prevent the timely treatment of patients.

An example is the supply of total knee and hip prostheses, which are only available in the orthopedics clinic at the University Clinical Center of Kosovo, while regional hospitals are not supplied with them. A similar situation is also regarding the supply of eye lenses, where only the ophthalmology clinic is supplied, while regional hospitals are supplied only with symbolic quantities. These restrictions mostly affect patients seeking non-urgent treatment. While emergency patients and those hospitalized receive faster treatment.

Lack of transparency and outdated practices hinder waiting list management.

In the University Hospital and Clinical Service of Kosovo, there is no centralized or formal system to register patients on waiting lists, which undermines the accuracy and reliability of the data in the lists. Due to the current way of registration, there is no clear data on the number of patients waiting and in particular on the time they have to wait to receive health services. Some health institutions (certain wards in regional hospitals) leave no trace of waiting lists. The lack of a proper registration system creates space for the misuse of public resources, because it makes possible the manipulation of waiting lists and unfair delivery of health services.

Therefore, regional clinics and hospitals are unable to efficiently respond to citizens' requests for medical treatment. This inefficiency mainly affects elective patients or those suffering from pathologies whose treatment can wait for a while. As for patients presenting as emergencies and hospitalized patients, clinics and hospitals offer faster treatment.

To improve the current situation, we have given 3 recommendations to the Ministry of Health and 10 recommendations and for the Management Board/Director of the Clinical and University Hospital Service.

The response of the Ministry of Health and the Clinical and University Hospital Service

The management of the Ministry and the Clinical and University Hospital Service has agreed with the findings and conclusions of the audit.

INTRODUCTION

01

1. Introduction

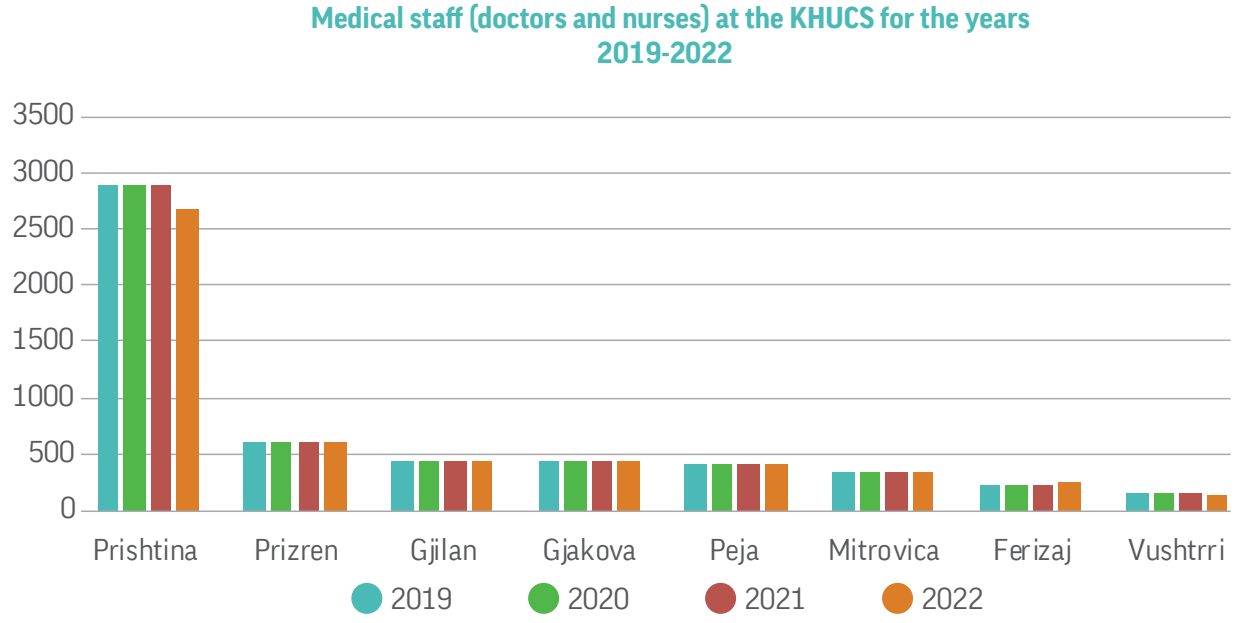
The University Clinical Hospital Service of Kosovo (the KHUCS) is a health institution that has the duty to provide quality health care services aiming at the highest possible performance, efficiency and effectiveness of health services. The University Clinical Center of Kosovo and the seven Regional Hospitals (RHs) are public healthcare institutions (PHIs) within the KHUCS and all together are under the umbrella of the Ministry of Health (MoH), which draws up policies so that these institutions provide services medical for the country's citizens, effectively and efficiently.

The health system in Kosovo since the war has been faced with various difficulties and challenges which many times can be considered basic, such as the lack of medical equipment and medications that prevent the efficient provision of services to patients.

In the University and Clinical Center of Kosovo and Regional Hospitals, during the years 2019-2021, there was almost the same number of medical staff, but there was a slight decrease in 2022, especially in the UCCK for about 2,000. On the other hand, the number of medical services has increased in the UCCK, while in most regional hospitals there has been a decrease (see graph 2).

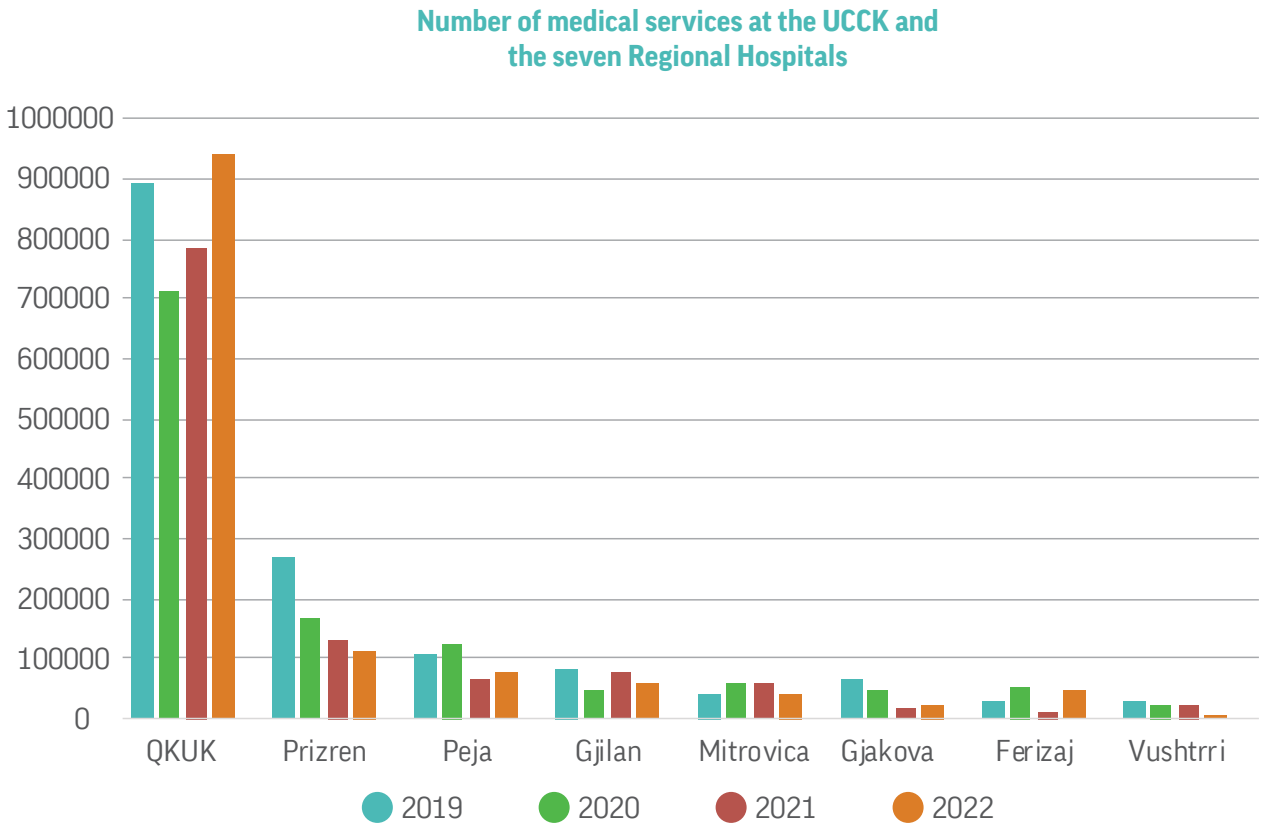
Graphs 1 and 2 present the data on the medical staff and the services provided at the KHUCS.

Graph 1 Medical staff (doctors and nurses) at the KHUCS for the years 2019/22.



The following data include all patients such as those lying in hospitals, the number of operated, outpatient visits and diagnostic visits.[6]

Graph 2 Services provided at the UCCK and RHs during the years 2019/21



With all this number of services that patients receive in the UCCK clinics and regional hospitals, waiting lists remain a worrying problem for the citizens of Kosovo.

Through this audit, we aim to identify and describe the causes and factors that have influenced the waiting time of patients to receive treatment in Clinics and Regional Hospitals.

6 the KHUCS Annual Work Reports for 2019-2022

02

OBJECTIVE AUDIT

2. Objective of the audit

The objectives of this audit were to assess what measures the Ministry of Health and the Clinical and University Hospital Service have implemented to ensure efficient treatment of patients on waiting lists, including the distribution of resources (human and material) as well as the way of registration and monitoring of waiting lists.

We aim to provide recommendations to improve processes so that Regional Clinics and Hospitals are more efficient in providing health services.

To answer the audit objective, we formulated the main question and the following sub-questions:

Have Regional Clinics and Hospitals created appropriate conditions for efficient treatment of patients on waiting lists?

1. Have the Ministry and the KHUCS created appropriate conditions for providing treatment in optimal time?
2. Has the KHUCS ensured proper allocation between human and material resources for Clinics and Hospitals?
3. Has the KHUCS established appropriate mechanisms for registration and monitoring of waiting lists?

The main subject of this audit is the Ministry of Health as a key institution for the drafting of policies, rules, instructions, strategies, plans for the health system in Kosovo. At the same time, the KHUCS is also part of the scope of the audit, whose role is to ensure the full functioning of PIIs at the secondary and tertiary level.

The audit covered the calendar period 2019-2023. Plans, reports and waiting lists have been analyzed for the five years 2019-2023 (where we found data). Included here are the reports of seven the UCCK clinics and seven regional hospitals.

The detailed audit methodology applied during this audit, the audit criteria and the scope of the audit are presented in Annex II.

AUDIT FINDINGS

03

3. Audit findings

Here are presented the main findings related to the audit questions, which are mainly related to the lack of plans of the Ministry for the professional development of medical staff, as well as the lack of effectiveness of the activities of the Ministry for the preservation of medical staff.

The clinics of the Clinical and University Center of Kosovo, which have lists of patients who wait a relatively long time to receive a service, are[7]:

- Vascular Surgery Clinic with over 2,000 patients on the waiting list who wait an average of 2.8 years until they receive the service;
- Orthopedics Clinic, with nearly 1,300 patients, more than two years of waiting;
- Ophthalmology Clinic with 1,120 patients, 6-7 months of waiting
- Cardiology Clinic[8], about 3,000 patients, waiting for over a year;
- Radiology Clinic, with over 2,500 patients waiting for up to six months;
- Cardiosurgery Clinic - with nearly 50 patients waiting for 2-3 months, recently the waiting time has been extended up to 4-6 months; as well as
- The seven regional hospitals, where patients wait shorter times compared to those in clinics.

Next, the findings related to the non-proportional allocation of doctors in relation to physical and material resources are presented.

We have also presented issues related to the insufficient supply of the orthopedic clinic and regional hospitals with orthopedic material and eye lenses for the ophthalmology departments, as well as the difficulties that the KHUCS has encountered with the supply of anesthetics recently. Problems with physical spaces (infrastructure) in clinics and hospitals are also presented as shortcomings.

In general, there is a lack of protocols for the treatment of patients on waiting lists, an improper way of recording patients on waiting lists, as well as a lack of a system for their registration during admission and treatment. In addition, the reporting of clinics and hospitals on waiting lists to the directorate of the KHUCS is neither unified nor accurate.

3.1. The Ministry and the KHUCS have not created appropriate conditions for providing treatment to patients in optimal time

The lack of plans of the Ministry for professional development of medical staff has left the PHIs without sufficient support for education and

7 Based on the annual reports submitted to the KHUCS Director.
8 Did not provide data on waiting lists in the annual report.

continuous training of the health staff. Doctors attend professional training on their own initiative and self-financing.

The Ministry's plans to retain medical staff to replace staff that had left public health institutions were not effective enough. Specialist education had not produced enough cadres to cover health sectors where there were not enough numbers of certain profiles of doctors whose absence causes waiting lists. Specifically, this finding has to do with the lack of anesthesiologists in the PHI.

3.1.1. The Ministry and the KHUCS lack plans for the professional development of medical staff

The Ministry of Health in cooperation with the KHUCS did the planning of human resources. Planning is done on the basis of the needs in the PHIs, taking into account the requirements to provide services and treatments to the citizens. The Ministry of Health also supports the PHIs to increase their capacities in the provision of the highest quality services and treatments, helping to develop health education.

The Ministry has not provided sufficient support in the continuing education and training of health care staff to ensure they stay up-to-date with the latest medical advances and practices. Doctors follow professional trainings on their own initiative and find ways to finance the trainings themselves. The Chamber of Doctors is the non-governmental institution that partially finances the training of doctors, especially the training in the fields that the health system of Kosovo needs.

The Ministry, namely the KHUCS, has so far not included in its strategic plans the training of medical staff, especially in areas where there are no specialists with the necessary expertise.

The the KHUCS did not provide training for invasive cardiology doctors. Currently, there are 17 doctors who perform invasive interventions (coronography and stents) in the cardiology clinic at the UCCK, while in regional hospitals, in addition to the lack of equipment, there are a small number of cardiologists who have recently been trained to perform these interventions. Seven doctors of Prizren Hospital have been sent on study visits to benefit from the experiences of doctors in European countries, however, even after this activity, not all are ready to be involved in invasive interventions. The invasive cardiology service at this hospital started in June 2024, with the help of doctors from the UCCK. It is now the only regional hospital that has few doctors who can perform coronary angiography. Therefore the waiting list at the cardiology clinic/the UCCK is among the longest waiting lists. Only during the first six months of 2024, over 1,000 patients were registered on this waiting list, while during 2023, about 2,000 patients were registered.

The the KHUCS had indirectly provided training for the doctors of the Electrostimulation service of the cardiology clinic. To patients with heart disease, the doctors of this service place some devices (pacemaker and smart device) which the KHUCS provides through procurement, concluding a public contract. One of the conditions of the contract is that the economic operator (EO) provides training for the clinic's doctors, which means that the EO must bring engineers and specialists to train the medical staff. In this way, the doctors of this clinic, including the nurses, benefit from this training.

In three of the seven regional hospitals, the cataract surgery service is not offered, which is a highly requested service in the ophthalmology clinic and also constitutes one of the longest waiting lists. From 2019 to the end of 2023, over 8,100 patients were registered on this waiting list, and in the first quarter of 2024, close to 400 more patients were registered. Ferizaj and Gjilan hospitals have ophthalmologists who provide only outpatient services, so they do not perform surgeries because these hospitals lack expertise. The Vushtrri hospital does not have an ophthalmologist at all. Therefore, on the waiting list for cataract surgery, in the ophthalmology clinic, we find patients from all regions of Kosovo.

In addition, the ophthalmology clinic does not treat post-enucleation/placement of prostheses because, among other things, there is a lack of trained staff for this. Until 2020, surgeries such as Silicone Oil Removal were not performed because expertise (experience) was lacking. Patients who needed this service were referred for treatment abroad. A doctor of this clinic had participated in self-financed training abroad and now this service is performed in the Ophthalmology clinic, all patients who come to the clinic receive this service. However, in the seven regional hospitals there is still no medical staff trained to provide this service to patients.

The situation is the same with vascular surgery where the pathology of varicose veins is quite pronounced and the demand for surgery is extremely high. With the exception of a few patients who were operated on in the hospital of Peja (12 patients in 2023) and Prizren (13 patients in 2023), this operation is performed only in the vascular surgery clinic at the UCCK. The hospital of Peja and Prizren are the two regional hospitals that have a vascular surgery doctor, while the other five hospitals have none and cannot perform varicose vein surgeries. Therefore, all patients from all regions, including the region of Peja and Prizren, seek treatment in the clinic at the UCCK, and this increases the number of patients on the waiting list even more.

EVAR[9], TEVAR[10] and stenting of peripheral arteries are not performed in this clinic due to, among other things, the lack of expertise. The clinic has not developed the endo-vascular service, therefore during the year 2023 the clinic referred 18 patients for treatment abroad whose treatment cost is twice as high as the cost of raising the capacities so that these interventions can be performed in the clinic. [11]

Some surgeries are not performed in the orthopedics clinic, such as:

- Ligamentoplasty and arm arthroscopy
- Tumors of a malignant nature
- Scoliosis
- Polytrauma including the pelvis

These surgical interventions cannot be performed in the clinic because none of the clinic's 36 doctors are trained and do not have the necessary expertise to perform these types of surgical interventions.

9 EVAR – for the resolution of aneurysm or dissection of the abdominal aorta
10 TEVAR – for the resolution of aneurysm or dissection of the thoracic aorta e
11 Annual Report of the Clinic 2023

The Ministry has not included in the strategic plans training of this nature for the doctors of the orthopedic clinic, as a result, patients who need this treatment go to private clinics or clinics abroad.

So, according to them, the doctors of the KHUCS carry out most of the training for any innovation in health on their own initiative and with their own funding, while the KHUCS only facilitates the training by giving doctors paid time off during the training period.

Two doctors of the radiology clinic were in one-year training in Turkey because the clinic still does not perform three types of incisions. They are:

- Intracranial aneurysm
- Central coiling (intracranial)
- Embolization

These doctors have gone to this training with self-financing, while the KHUCS has made it possible for them to be on paid leave for as long as the training lasts.

With the new agreement signed between the KHUCS and the Chamber of Doctors of Kosovo in February 2024, it is foreseen that doctors for the training they attend will benefit from up to 60% funding from the KHUCS and up to 40% from the Chamber of Doctors.

Thus, the KHUCS had not ensured that all its units have the necessary expertise to provide services according to the patients' requirements. If the doctors turned to the KHUCS with a request for training, the latter approved paid leave while not funding the training for doctors at all.

In conclusion, one of the factors contributing to the increase in the number of patients on the waiting list at the UCCK clinics is the lack of expertise in regional hospitals, such as the Ferizaj and Gjilan hospitals, which do not have the appropriate expertise to perform cataract surgical, as well as the Vushtrri hospital, which does not have an ophthalmology service at all. Another reason is the lack of doctors in regional hospitals with expertise in invasive cardiology, electro-stimulation service, and vascular surgery. Hospitals have not requested training for their staff from the KHUCS, nor has the latter taken the initiative to provide them with the necessary expertise.

As a result, waiting lists in clinics are very busy compared to those in regional hospitals because citizens from the seven regions of Kosovo, not finding the service in the relevant hospital, concentrate in the clinics of the UCCK. Moreover, public health in Kosovo lacks some services while citizens are forced to seek treatment either in the private sector or abroad, which has costs either for them or for the state budget (Health Insurance Fund).

3.1.2. The Ministry's efforts to retain and recruit medical staff are insufficient

The board of the KHUCS has the responsibility to ensure the functioning of the PIs at the secondary and tertiary level. The board also reviews the development plans and strategies for the KHUCS.

The Ministry lacks plans to maintain current medical staff. Despite the fact that activities were carried out to replace the staff that leave the PIIs, there is no strategic document on the basis of which the Ministry/the KHUCS identifies and plans the necessary activities and undertakes them. The Ministry/ the KHUCS conduct annual activities with which it fulfills daily needs, but there is no long-term strategic plan regarding the preservation of medical staff. This is because until now it had not developed detailed needs analysis based on staff movement projections, e.g. due to retirement, or voluntary leave from the PHIs.

A certain number of medical staff (doctors and nurses) leaves the public health system every year, voluntarily, because they reached retirement age or for other reasons.

The anesthesiology clinic has been most affected by staff departures. During the period 2019-2023, 29 anesthesiologists left this clinic. In 2019, the clinic had 64 anesthesiologists, while currently there are 49. This significant loss of staff has had a negative impact on the clinic's ability to function effectively.

In order to replace the doctors who left, the KHUCS/the UCCK during the years 2019-2023 had developed two recruitment processes and managed to recruit 23 anesthesiologists, so they had not completely replaced all the doctors who had left.

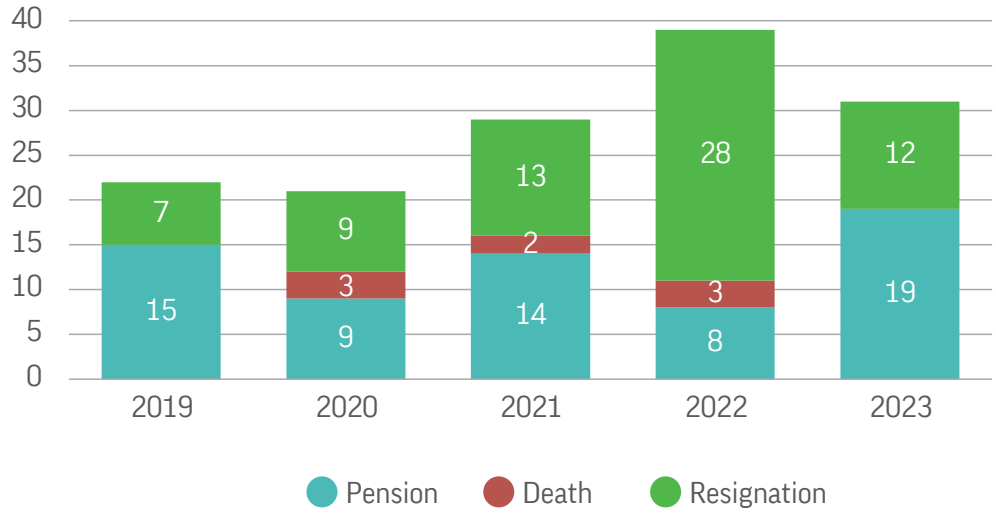
Table 1. Anesthesiologist who left and those who were hired at the UCCK during 2019-2024

Year	Anesthesiologists	Leaving	Hired
2019	64	3	11
2020	58	4	
2021	55	7	3
2022	48	13	4
2023	50	1	5
2024	49	1	
		29	23

Meanwhile, the need for an anesthesiologist had not only remained the same, but had increased because the number of operating rooms in the UCCK had increased, e.g. the orthopedics clinic now has four operating rooms, the vascular surgery clinic has three operating rooms (both of these clinics before

2023 had only two rooms each). For these two clinics alone, at least 7 anesthesiologists were needed for each working day, not including weekends. While currently available to these clinics are only 5 anesthesiologists, 3 for orthopedics and 2 for vascular surgery. These five anesthesiologists are not available to these two clinics every working day because they are also caretakers on a 24-hour schedule at least once a week, after which they are off for 24 hours. Consequently, some days during the week the number of anesthesiologists covering these 7 halls is reduced from 5 to 4 or even to 3 on certain days. In addition to anesthesiologists, doctors of other profiles also left the UCCK during the years 2019-2023. Below in the graph, we present the figures of medical staff (including anesthesiologists) that left the UCCK during the years 2019-2023.

Graph 3. Staff leaving during 2019-2023



The graph shows that the medical staff leaves the UCCK because they reach retirement age (total 65 of them) and a significant number leave voluntarily (total 69). During these last five years, 142 doctors of various profiles had left the UCCK. The the KHUCS had developed a recruitment process in 2020 for clinics and regional hospitals. The results of the competition show that the interest for employment in the PHIs is very high in the UCCK, while in regional hospitals the interest is very low.

The the KHUCS and the UCCK did not develop sufficient recruitment processes to replace the medical staff who left the service during the years 2019-2023.

The competition that the KHUCS had announced at the end of 2021, for 176 positions at the entire secondary and tertiary level, resulted in filling only 114 positions or 65% of the vacancies. The number of applicants was 179, but the profiles of the applicants did not always match the profile required by the competition.

In the competition for doctors/specialists at the UCCK, where 59 vacant positions were announced, 56 doctors were accepted. Meanwhile, during the years 2021 to 2023, 99 doctors had left the UCCK, but the KHUCS had not developed a recruitment process until June 2024.

Table 2. Vacancies at the UCCK according to the 2020 announcement

Job title	Announced positions	Hired	Number of applicants	Not hired	Candidates for the positions
Specialist of Gynecology and Obstetrics	3	3	16	13	5
Specialist of Radiology	2	2	9	7	5
Specialist of Child Surgery	1	1	4	3	4
Specialist of Ophthalmology	2	3	7	5	4
Specialist of Neurology	2	2	7	5	4
Specialist of Rheumatology	3	3	10	7	3
Specialist of Pediatrics	3	3	10	7	3
Specialist of Gastroenterology	2	2	6	4	3
Specialist of Emergency Medicine	1	1	3	2	3
Specialist of Urology	1	1	3	2	3
Specialist of Endocrinology	2	2	5	3	3

The gynecology and radiology specialist profile were the profiles with the largest number of applicants. Five candidates applied for one position, 16 candidates applied for 3 vacant positions in gynecology. So 13 of them were not accepted, seven in radiology and so on.

On the other hand, there was not as much interest in regional hospitals as in the UCCK. Only 59 candidates had applied for 115 vacant positions in regional hospitals.

Table 3. Vacancies in the regional hospitals according to the 2020 competition

Hospital	Requested positions	Hired	Number of applicants	Shortage
Gjilan	37	22	22	-15
Gjakova	16	3	3	-13
Peja	15	3	3	-12
Podujeva	17	9	10	-7
Mitrovica	7	3	3	-4
Prizren	16	10	13	-3
Ferizaj	5	2	2	-3
Vushtrri	2	2	4	2
	115	54	60	-55

The only hospital where the competition was successful was the Vushtrri hospital. In other hospitals, there was a significant lack of candidates, and in particular in the Gjilan hospital where 15 doctor positions remained unfilled, as well as in the Gjakova and Peja hospitals where 14 and 12 specialist doctor positions remained unfilled.

The the KHUCS included in the reserve list all the candidates in this competition who had achieved more than 60 points in the written test and interviews, whom it had not been able to engage in the UCCK because the positions were occupied by more qualified candidates. This list contained the names of 50 candidates who had applied for doctors of various profiles who were expected to be systematized at the PHIs. Of them, 20 have already been placed in regional hospitals, while another 30 had not agreed to work in regional hospitals, because in the competition they had expressed their interest in working in the UCCK, not in regional hospitals.

As a result, even after the systematization of candidates in the PHIS in 2021, there are still more than 40 positions left unfilled.

This had happened because the KHUCS lacks legislation that regulates the organization of doctors in PHIs. According to the legislation at that time, doctors could only be registered in the clinic/hospital to which they had applied and not be transferred where the KHUCS deemed necessary. This has changed with the entry into force of Regulation 09/2023 for the Functional Supplement. Now, if it is necessary for the health professional, at the request of the institution (the KHUCS), to exercise his duties in a different location from the workplace" and for this he is compensated with an additional payment of up to 20% of the basic salary. While the Regional Hospitals develop their activities independently from the

KHUCS, that is, they have their own staff unit that develops recruitment activities. But in advance we have to get approval from the KHUCS.

Peja Hospital had sent several requests for approval to the KHUCS, but they were neither approved nor rejected. The last one was the request dated April 8, 2024 where, in addition to nurses, nine doctors had been requested since December 5, 2023. So Peja Hospital has been waiting for approval for almost 6 months and there was no official notification from the KHUCS, namely it had received no notification - formal that he could not continue with the competition until a final decision is made in the KHUCS.

A similar situation is with the Gjilan Hospital, where the director of the hospital had made a request for doctors in January 2024 and repeated the same request in February, but the KHUCS had not responded until June. At this time, the KHUCS had announced the centralized competition for all clinics and hospitals.

So, the KHUCS had not returned any answer regarding these requests for months. This had happened because the KHUCS had centralized recruitment, limiting the right of hospitals to independently develop recruitment processes, but had not officially communicated this decision to regional hospitals. The centralization of the recruitment process was done by the KHUCS based on its new Statute.

The Ministry had not managed to provide enough new staff in time through the process of specializations

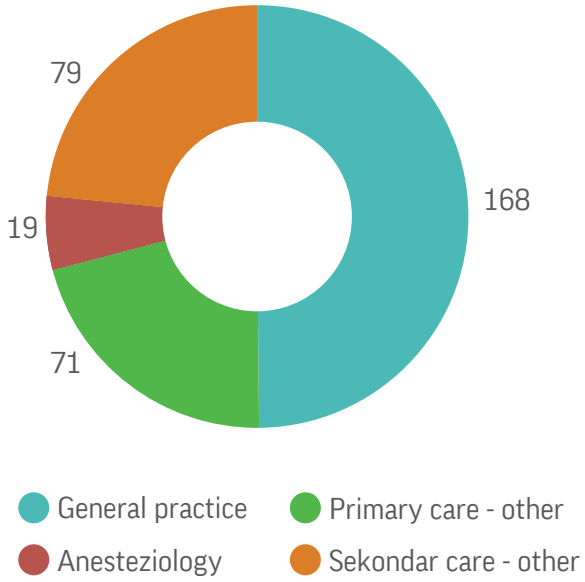
In order to maintain the current staff, the training of new doctors, namely students graduating from the Faculty of Medicine through the specialization process, is mandatory. The KHUCS has the responsibility and exclusivity for the development of medical capacities in Kosovo. The Ministry is the authority that initiates this process by issuing a decision to establish the Board for specialized education, which consists of the Chairman and eight members of different profiles. The board has a four-year mandate and is responsible for evaluating the requirements of the KHUCS for different profiles of doctors. Meanwhile, all clinics/hospitals are obliged to establish Committees for specialized education which assess the needs of the respective clinics/hospitals for medical staff and address their requests to the Board. The latter, after examining the requests, in accordance with the vacancies for specialists, announces a competition for specializations in different profiles of medicine. Within a calendar year, the maximum number of specialists within the KHUCS can be 495. This is the number allowed by the budget law because the Ministry is obliged to provide the specialists with a monthly salary while they are in specialization, which may last up to 5 calendar years.

From 2016 to 2020, the MoH did not announce a competition for new specialists; in July 2020 it opened the competition to accept about 1,500 specialists. The large number of accepted specialists had caused problems in their systematization in clinics where some specialists had problems in finding/determining a mentor. Some others did not have a work space even though they had signed contracts to start their specialist education soon

One of the busiest clinics was that of Stomatology which had accepted over 100 specialists and some of them had to start their specialization late due to lack of physical space and mentoring capacities.

In 2024, the competition was announced for 48 vacant positions for specializations, 8 of which were in anesthesiology with intensive treatment, which is currently a deficit profile at the KHUCS. While in 2023, a total of 337 vacancies have been announced. More than half of the places announced for specialists in 2023 were allocated for the primary level of health, while slightly more than ¾ of these places were allocated for the secondary/tertiary level of public health.

Graph 4. Number of specialist residency spots announced in 2023



Half of the free spots for specialization were specializations in family medicine with a total of 168 spots, followed by anesthesiology with intensive treatment with 19 spots.

However, these specialists still cannot be included in the KHUCS because they have not yet completed their specialization. So the competition for specializations of 2020 has not offered a solution for the replacement of the specialists who have left, for which the KHUCS needs.

The clinics/hospitals had submitted requests for many specialists compared to the vacancies, however they had not explained why they needed the number of specialists they had requested, neither in relation to the mentoring capacities nor in relation to the physical capacities they have in the clinics and hospitals and neither had given the current situation nor the projections of developments in clinics/hospitals regarding the movement of staff (e.g. how many doctors have left, the development plan, possible departures and the like).

The specialists recruited in the last competition of 2023 have a clause in the contract that the specialization will be sponsored by the Ministry. The contract obliges the specialists, in case of unilateral termination of the contract without any reason, to return the funds that the Ministry has invested in them. While the contracts for 2020 specializations do not contain this clause at all.

No contract obliges the specialists to stay at the KHUCS after completing the specialization. On the contrary, the practice followed by the KHUCS is that the specialists submit to the employment competition, to be employed as a specialist in the KHUCS. This was done to give equal opportunities to all specialists who are in the labor market.

This presents a risk that after all this investment that the Ministry has made to maintain the medical staff; it will fail because the doctors may choose to work outside the PHIs. They have strong incentives from the private market which lures them with higher salaries than the public health system.

This happened because the Ministry and the KHUCS do not have a long-term strategic plan for maintaining the current medical staff, there is a lack of detailed analysis of needs and there are no staff movement projections, such as retirement or voluntary departure.

The lack of a long-term strategic plan on the part of the Ministry and the KHUCS for staff retention causes instability in PIS. Their focus on short-term activities to replace departing staff fails to effectively address future staffing needs, due to a lack of detailed analysis of staff movements, such as retirements or voluntary departures. As a result, stable and adequate staffing levels are not ensured in the PHIs.

3.2. The KHUCS has not made proper allocation of human and material resources in clinics and hospitals

The KHUCS has the duty to provide quality health care services aiming at the highest possible performance and efficiency of services.

The KHUCS has not managed to maintain a balance between human resources and physical resources; therefore it has not ensured efficiency in providing services to citizens. Human resources in clinics, in particular specialist doctors, are considerably larger compared to other resources such as physical resources (buildings and equipment).

Regarding the supply of consumables, we found a marked lack in the Orthopedics clinic, there was a lack of hip and knee prostheses, as well as the ophthalmology departments in regional hospitals had a lack of eye lenses for cataract surgery. In addition, hospitals have recently faced difficulties in supplying an anesthetic (fentanyl) that is used in surgery rooms. The lack of these consumables had become one of the causes of waiting lists.

At least two clinics have a lack of physical infrastructure, which has caused a large number of patients on the waiting list. The Cardiology Clinic lacks a room for interventions, and the Ophthalmology Clinic does not have four operating tables to treat patients in time.

Regional hospitals, especially Ferizaj and Mitrovica hospitals are developing their daily activities in improvised hospital infrastructure. While the facility built for the Podujeva hospital, even though it is ready, is not being used.

3.2.1. The KHUCS has not made the proportional allocation of doctors in clinics and hospitals

Clinic/hospital directors, who are responsible for overseeing the daily activities in the clinic/hospital, are aware of the demands of the citizens and the volume of work that clinic/hospital doctors face each day. In accordance with the requirements, and with their own logistical resources, the directors assess the needs for human and material resources. Requests for human resources are addressed to the Director of the KHUCS, who then engages the Human Resources Unit to initiate the recruitment activity.

Allocation of staff to clinics/hospitals is the responsibility of the director/board of the KHUCS. The Board, respectively the Director of the KHUCS, decides how many positions of each profile will be occupied in the clinics of the UCCK.

However, human resources in clinics, in particular specialist doctors, are considerably larger compared to other resources such as physical resources (buildings and equipment). Thus, the number of doctors in relation to the number of surgery halls is as follows:

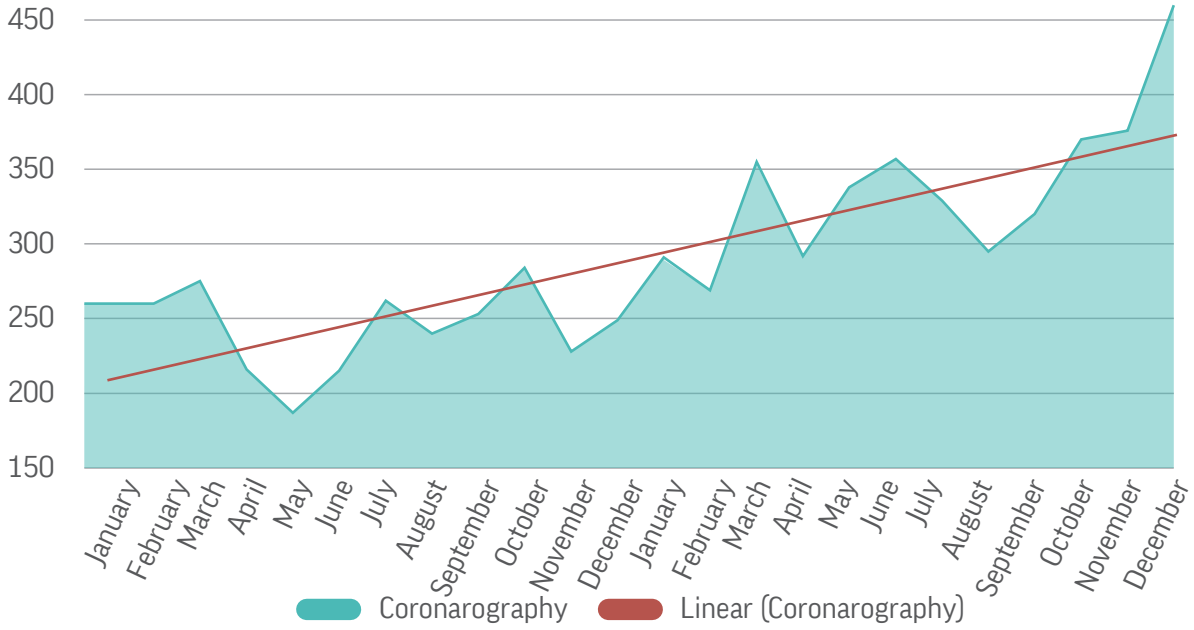
Table 4. Number of doctors against surgery halls in 5 clinics of the UCCK

Clinic	Number of doctors	Surgery halls
Cardiology	44	2
Orthopedics	36	4
Ophthalmology	30	3
Vascular cardiology	13	3
Cardiological surgery	9	2

These clinics had more specialists than they had physical capacity to provide services.

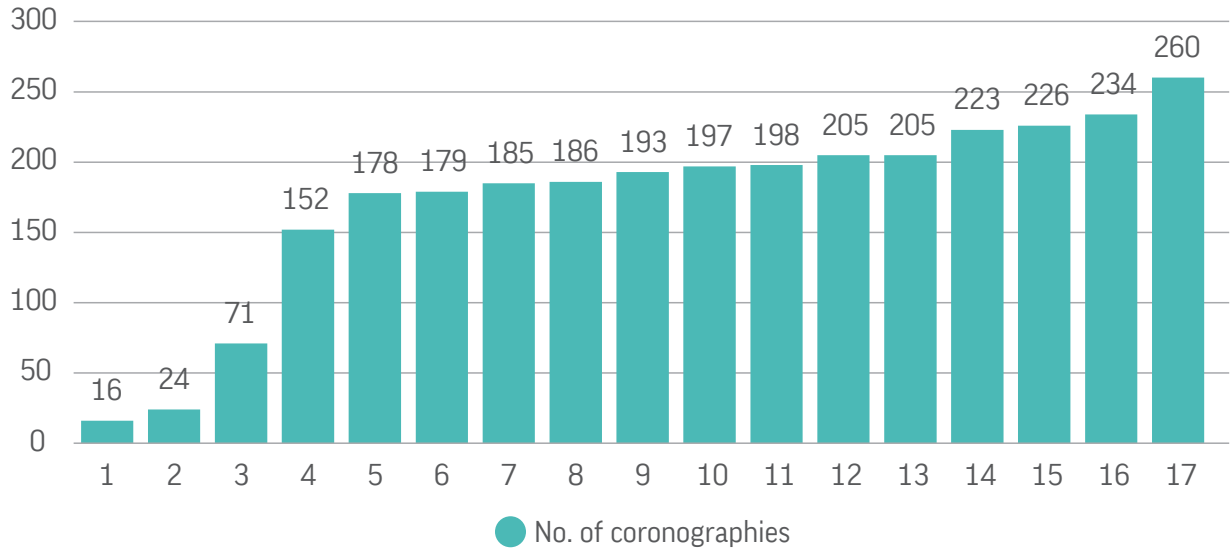
The cardiology clinic has a total of 44 doctors, 17 of whom perform invasive interventions (coronography and stents for which there is a waiting list), while only two operating rooms are available. So the doctor-to-hall ratio is 8:1, or eight doctors per hall. One hall does not provide acceptable working conditions (lacks adequate ventilation) so that in this hall far fewer operative procedures are performed than in the other hall, which increases the doctor/hall ratio.

Graph 5. Number of coronographies performed monthly during 2022-2023



During the 24 months from January 2022 to December 2023, the average[12] (linear trend) had an upward trend, from 200 coronagraphs per month to 380 in 2023. The number of interventions has increased while the physical capacities (rooms, angiography) remained the same.

Graph 6. Number of coronographies performed per doctor during 2022

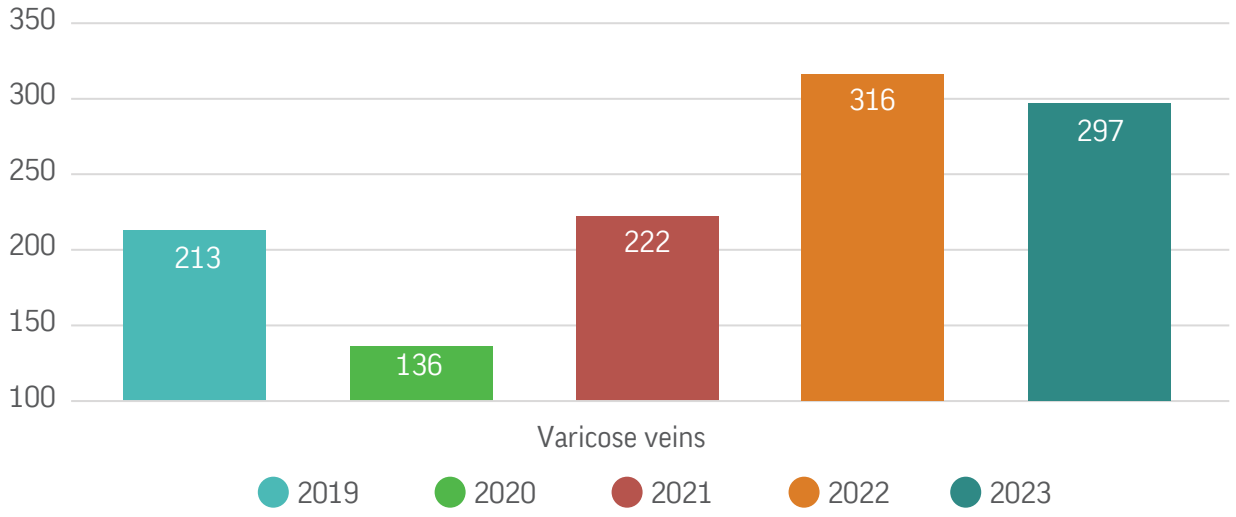


12 Annual reports of the years 2019-2021 did not include data on the number of invasive procedures

Cardiology clinic doctors had performed a total of 2,932 coronagraphs during the year 2022.[13] The graph shows that among the clinic doctors there were those who had performed only 16 coronagraphies per year and there were those who had performed up to 260 coronagraphies within the year 2022. The annual average of coronagraphies performed per doctor was 172, but it turns out that 3 doctors had performed less than 100 coronagraphies per year, and on the other hand, six doctors had performed from 200 to 260 coronagraphies per year.

The vascular surgery clinic employed 13 specialist doctors, while three operating rooms were available, so the ratio of doctors to rooms is 4:1. One of the three halls was dedicated to varicose vein surgery, the only pathology on the waiting list.

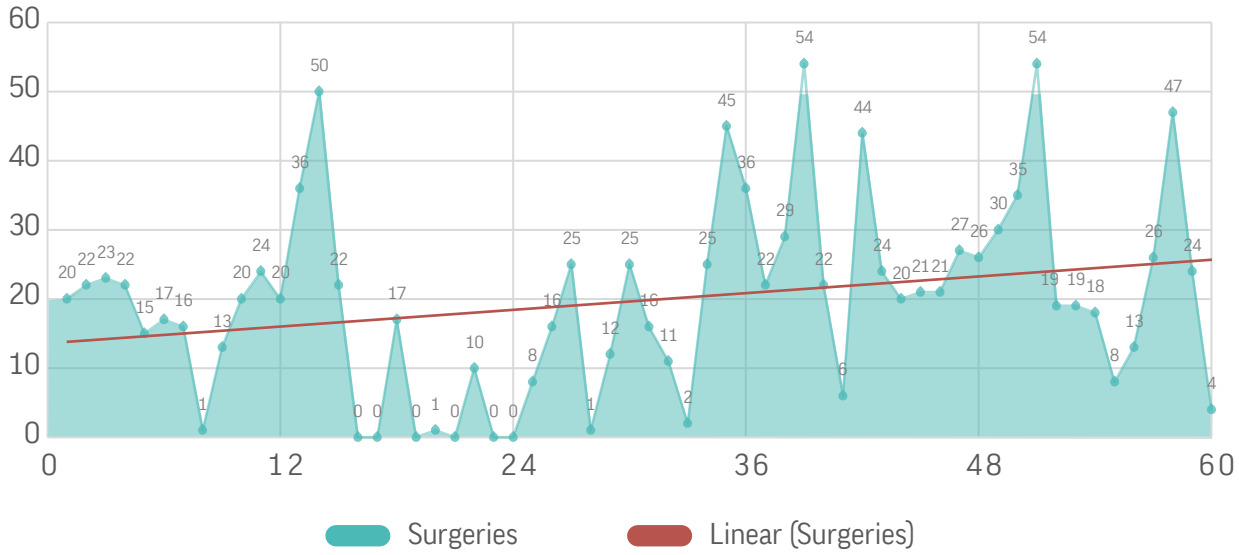
Graph 7. Annual surgeries of varicose veins during 2019-2023 in the Vascular Surgery Clinic



During the last five years, the doctors of this clinic had operated on a total of 1,184 patients diagnosed with this pathology, an average of 237 patients per year.

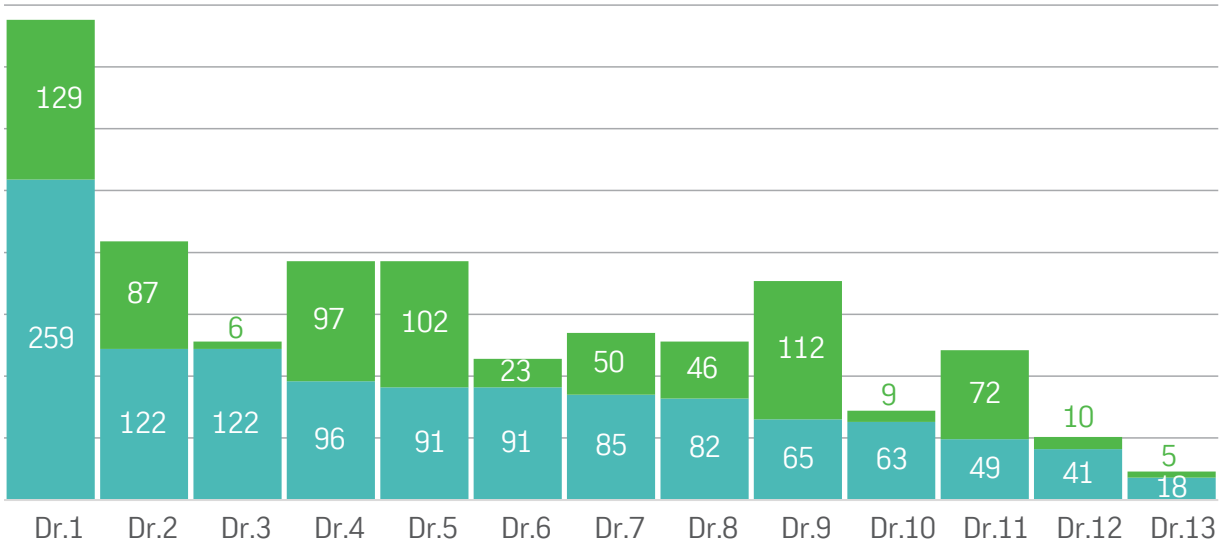
13 The 2022 report was the only report of the clinic including data on the activities of each doctor individually

Graph 8 Monthly surgeries of varicose veins during 2019-2023 (month 0=January 2019)



During the 60 months, starting in January 2019 when 20 patients were operated, until December 2023, when 4 patients were operated, the average (linear trend) has an upward trend from 15 surgeries per month in 2019 to 25 surgeries per month in 2023 In 2020, when the covid-19 pandemic caused disruptions in the health system, the clinic performed fewer surgeries, no patients were operated on for six months. The maximum number of patients operated on in one month was 54 patients, in March of 2022 and 2023.

Graph 9. Varicose vein surgeries per doctor in the Vascular Surgery Clinic 2019-2023



During the years 2019-2023, a total of 1,184 varicose vein surgeries were performed in the vascular surgery clinic. In 70% of cases, the doctor who performed the operation was assisted by at least one of his medical colleagues. There were 748 such surgical assists.

A doctor performs an average of 18 varicose vein surgeries per year and 12 surgeries, i.e. 1.5 surgeries and 1 surgery per month.

The annual average of varicose vein surgeries is 237 per year, or about one operation per working day. This means that the operating room dedicated to varicose veins is not being used enough.

Assuming that the specialist doctors are able to perform surgeries throughout the working hours, from 07:00 to 14:00, on a typical working day, out of a total of 13 vascular surgeons in the clinic, can be engaged in the hall two specialists are operative, two others can be in assistance, one is in custody, another is on rest after custody, two others are in the specialist ambulance, while five others remain to deal all the time with the 24 patients lying in the clinic.

One of the causes of this situation is the lack/insufficiency of anesthesiologists. Only two anesthesiologists are available to the clinic for three operating rooms, therefore it is impossible to cover all three operating rooms simultaneously. Whenever the anesthesiologists are engaged in the two operating rooms, the room dedicated to the operation of varicose veins remains uncovered.

Despite the shortage of anesthesiologists, the clinic had not set individual monthly/annual targets for the clinic's doctors regarding the number of varicose veins surgeries, or targets for the clinic in general. Therefore, the number of surgeries during the months of this five-year period has big differences, as well as there are big differences in the number of surgeries performed per doctor.

In the Orthopedics Clinic, where a total of 36 orthopedic specialists are employed, while they have four operating rooms equipped with the necessary equipment for surgery, the doctor: operating room ratio is 9:1. Despite the will and readiness of orthopedists to engage in the operating room, the opportunity is limited due to, among other things, the lack of anesthesiologists.

During the year 2023, these 36 doctors performed a total of 1,681 operative procedures in the orthopedic clinic, an average of 47 procedures per doctor per year, or 4 per month. However, the performance of doctors is not the same because some doctors are more active with surgeries than others. Half of the doctors perform more than 42 surgeries per year (statistical median is 42) up to 139 at most, while the other half less than 42 surgeries per year have those who performed only one operation during the entire year 2023.

On a typical working day, during the physical inspection at the Orthopedics clinic, we found that two of the four operating rooms were not being used, so only four specialists were engaged. In the best possible case, if all four operating rooms are used, a total of 8 doctors can be engaged in the rooms, another 4 would be in specialist ambulances, 3 would be on shift duty, three would be on leave after care, which means that a total of 18 of of them were actively engaged while others, 18 of them would be engaging with patients in nine wards, with 103 beds whose utilization was 47% during 2023.

87 surgical procedures out of a total of 1,681 were procedures related to the waiting list, namely involving the placement of total knee or hip prostheses. While there are currently over 1,300 patients on the waiting list for these two types of surgery. The clinic had not managed to reduce the waiting list even by 7% (that is, only 87 out of a total of 1,400 patients were on the waiting list).

Table 5. Human resources in Orthopedics, in the UCCK and the Regional Hospitals compared to physical resources

	Clinics and regional hospitals	Number of specialist doctors	Number of nurses	Number of surgery halls	Number of beds
1.	UCCK clinics	36	50	4	103
2.	Gjilan	5	13	Common hall / two surgery days per week.	19
3.	Ferizaj	5	4	Common hall / two surgery days per week.	8
4.	Prizren	7	8	Common hall / two surgery days per week.	27
5.	Mitrovica	7	12	1	12
7.	Peja	4	13	Common hall / two surgery days per week.	29
8.	Gjakova	6	9	Common hall / two surgery days per week.	24

One of the causes of this situation is the lack/insufficiency of anesthesiologists. Only two anesthesiologists are available at the clinic for the four operating rooms, therefore it is impossible to cover them all. Whenever the anesthesiologists are engaged in the two operating rooms, the other two clinic rooms remain uncovered.

In practice, it happens that an anesthesiologist works simultaneously, with the help of anesthesiology technicians, in two or even three rooms, if they are close to each other at a distance of a few steps, and if the surgeries performed are not complex. However, the engagement in two or more rooms is completely at the anesthesiologist's own will, no one can force him to do this if he assesses that such engagement may pose a risk to the patient, even if he assesses that there is no risk at all.

Just as in the vascular surgery clinic, the orthopedics clinic had not set monthly/annual objectives/goals for its doctors or for the clinic in general, and as a result there are differences in the number of surgeries performed per doctor as well as differences in the number of surgeries performed year after year.

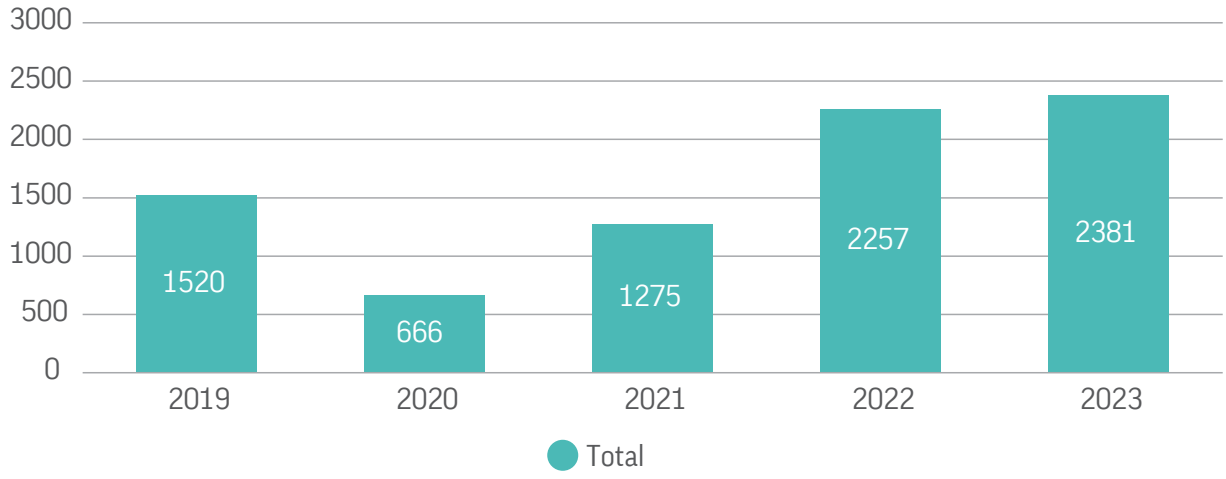
The clinic (service) of anesthesiology currently has 46 anesthesiologists who are at the service of the UCCK, while the UCCK has 39 operating rooms as well as the Central Intensive Care Unit (ICU) where post-operative patients are treated and where the presence of the anesthesiologist is mandatory 24/ 7. However, it is not possible for an anesthesiologist to be present in each operating room. This happens because anesthesiologists can work up to 40 hours a week, so they are entitled to weekly rest. In addition, anesthesiologists are also on duty 24 hours a day, after which they have 24 hours off. There are at least seven such: 4 for surgery, 1 for cardiology, 1 for gynecology, and 2 for the central ICU. Thus, if 7 anesthesiologists are on duty on a given day, the following day there are 39. If one or several of

the anesthesiologists are on leave (e.g. annual, medical, maternity leave, training, etc.) the number of anesthesiologists on duty is being reduced even further.

As a result, some operating theaters are left without an anesthesiologist, among them is the orthopedics clinic which never has more than three anesthesiologists, and most of the time there are only two, as well as the vascular surgery clinic which never has more than two anesthesiologists, despite the fact that the clinic has three operating rooms, each working day requires one for each room. This situation causes, in addition to the waiting list, also time of inactivity of the doctors in these two clinics, and in particular in the orthopedic clinic where the number of doctors is significantly greater than in the other clinic. In other words, the clinics are not only ineffective in treating patients from the waiting list, but they are also not efficient because human resources are not being used enough because their number is minimally engaged.

At the Ophthalmology Clinic, the waiting list consists of patients suffering from cataracts (clouding of the lens of the eye). From 2019 to April 2024, close to 8,600 patients were registered on this list, or an average of 135 patients per month. At the end of 2023, a total of 1,120 patients were waiting for cataract surgery.

Graph 10. Annual cataract surgeries 2019-2023



The year 2020, when the covid-19 pandemic destabilized the health system, is the year when cataract surgeries dropped significantly. However, even after this period, in the graph we notice that some months the clinic has been significantly more efficient in operating patients, while some other months (April and May 2022) have been very weak in terms of the number of surgeries.

According to annual reports, it appears that the number of surgeries has increased year after year since 2019.

Table 6. Average daily number of cataract surgeries, 2019-2023

Year	2019	2020	2021	2022	2023	Total
Total surgeries	1,520	666	1,275	2,257	2,381	8,099
Daily number of patients	7	3	6	10	11	7
Monthly number of patients	127	56	106	188	198	135

If there are a total of 220 working days during the year, we can calculate the average daily number of cataract surgeries during the years 2019-2023. In 2020, 3 surgeries were performed per day, but this can be attributed to the disorders caused by the pandemic. While in 2021, the number of operated patients per working day has increased to 6, then to 10 and 11 for the years 2022 and 2023, respectively.

While the monthly average for this time period was 135 patients operated for cataract. At this rate of performing cataract surgeries, assuming no patients are added to the current waiting list, the clinic will be able to operate on the 1,120 patients on the waiting list in eight to nine months (1,120 / 135 surgeries per month).

The number of doctors in the Clinic seems to be sufficient, a total of 30 specialist doctors. There are also the specialists, most of whom are in their fourth year of specialization (they are expected to graduate soon).

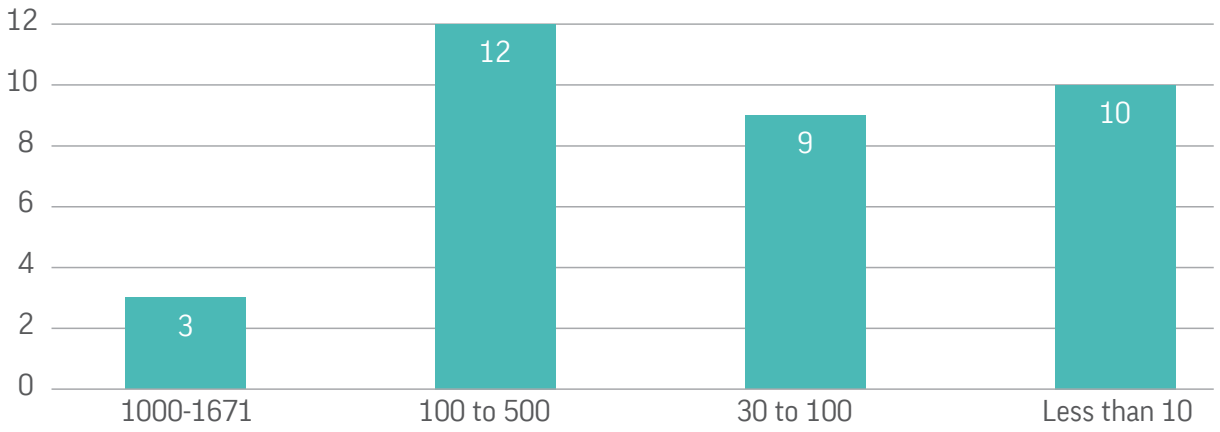
Usually a cataract surgery lasts 15-30 minutes (according to the clinic director) and requires a team consisting of at least one doctor and two instruments. On a typical working day, 07:00-14:00 with an hour break, a team can potentially operate on up to 12 patients, one patient every half hour. A single doctor is not advised to perform surgeries all day because the operation is not simple.

However, with the human resources that the clinic has, namely with 30 specialist doctors, it operates on average 11 patients per working day. Two theaters with four operating tables are in use every working day from Monday to Friday, except for the last Friday of each month for general cleaning.

Therefore, if the year has 52 weeks x 5 days = 260 working days minus 12 days for cleaning the operating theaters - 14 days official holidays - 14 days any reasoned absence (such as annual leave, medical etc.) so there are 220 effective working days, which means that within 220 days, 2,420 cataract surgeries would have to be performed on just one operating table. While the clinic approached this figure only in 2023, with a total of 2,381 surgeries, so there is room to improve the clinic's efficiency in treating patients from the waiting list.

Even in this clinic, some doctors were more active than others regarding this operation.

Graph 11. Cataract surgeries per doctor, 2019-2023



Of the 34 doctors of the ophthalmology clinic (currently there are 30 because four of them are no longer at the clinic) three of them had performed more than 1,000 cataract surgeries, one of whom had performed 1,671 surgeries during the years 2019- 2023. On the other side are 10 doctors who had performed less than 10 cataract surgeries during the last five years. However, more than 2/3 of the doctors in the clinic perform this operation, while most of the time they were engaged in outpatient visits. During 2023, the clinic's doctors performed an average of 206 outpatient visits per working day. Some of them had made up to 10 visits a day, while there were those who made only one visit per working day. So in each clinic the Ministry/the KHUCS have allocated a more than sufficient number of specialists, but this allocation is not proportional to the physical capacities available to the clinic.

Table 7. Ophthalmology staff in the UCCK and the Regional Hospitals

Clinics and regional hospitals	Specialist doctors	Nurses	Instruments technicians	Surgery halls	Beds
UCCK Ophthalmology Clinic	30	54	9	2	58
Regional Hospital Prizren	4	7	3	2	16
Regional Hospital Mitrovica	5	8	3	1	12
Regional Hospital Peja	3	5		1	10
Gjakova	1	7		1	6
Gjilan	2			1	0
Ferizaj	3			0	0
Vushtrri	0			0	0

Of the seven regional hospitals, only four of them had specialist doctors who perform cataract surgery. The Ferizaj and Gjilan hospitals offer only outpatient services (they do not perform surgeries), while the Vushtrri hospital does not have an ophthalmologist at all. All patients from these regions with eye problems are mainly referred to the Ophthalmology Clinic.

The Gjakova hospital currently has only one doctor and that since 2020. For two years (2018-2019), the ophthalmology department did not function at all due to lack of doctors. Currently, the Gjakova hospital has 40 patients on the waiting list who are waiting up to 3 months for cataract surgery. This is because the department operates only on Tuesdays and Thursdays, while other days deal with other non-operative procedures.

In conclusion, the clinics at the UCCK (cardiology, vascular surgery, and orthopedics and ophthalmology clinics) have not shown consistency in the treatment of patients from the waiting list. The clinics served a relatively small number of patients from the waiting list and this number varied from month to month, sometimes at low extremes (e.g. one or two patients per month to the other extreme 54 patients per month in the vascular surgery clinic). Also, the number of patients treated for doctors varies a lot, there were those who had treated many patients up to 1671 within 5 years and there were also those who had less than 10 patients within the same period (see chart 8 and 10).

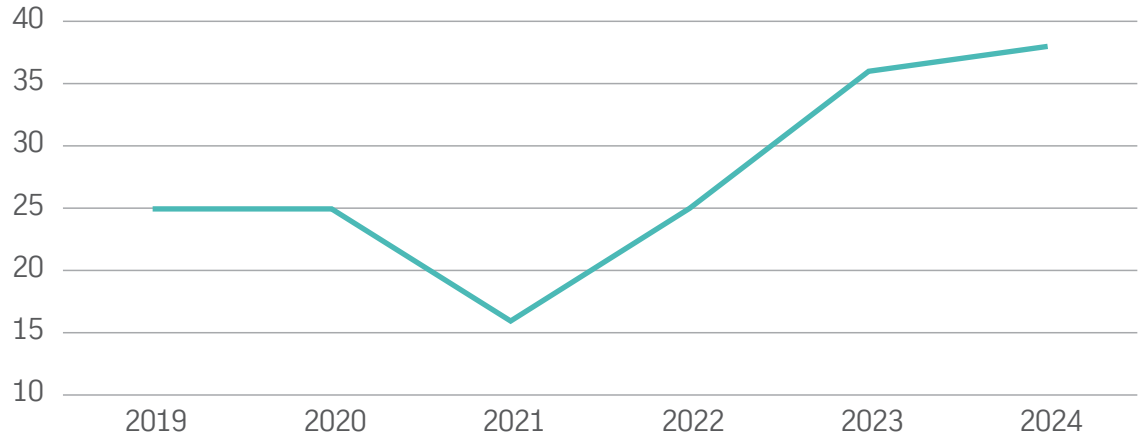
This happened because the clinics had not defined achievable and measurable objectives for the clinic in general, nor for each doctor individually. Furthermore, even though each clinic reports on a regular basis, the KHUCS had not analyzed the reported data to draw lessons and make decisions to improve the situation. Consequently, none of the clinics had ensured uniformity in the treatment of patients from the waiting list.

3.2.2. The KHUCS has not provided sufficient supply of consumables in some clinics and hospital wards

The the UCCK and RHs have the responsibility to make financial plans to ensure regular operation of clinics and wards. These plans must be submitted, reviewed and approved by the KHUCS Board.

The budget allocated for the supply of essential medicines/consumables had increased from 25 million Euros in 2019 to 38 million Euros in 2024.

Graph 12. Budget allocated for the essential medicines/consumables from 2019 until 2024

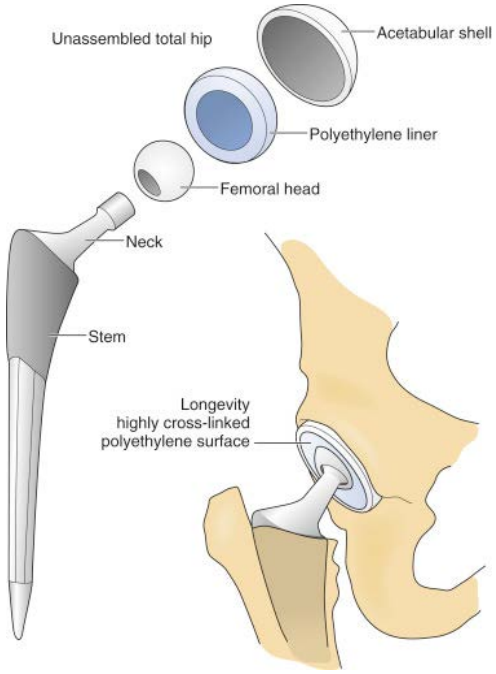


As can be seen in the budget graph, there was continuous growth year after year, with the exception of the pandemic year. However, as far as the supply of consumables is concerned, we found a marked lack in the Orthopedics clinic, which lacked orthopedic materials, specifically hip and knee prostheses. This lack had become one of the main causes of the waiting list at this clinic. There were patients waiting for hip or knee replacement surgery and placement as early as 2018.

The clinic had a contract for the supply of prostheses worth 263,000 Euros in 2019. Then in 2021, it signed another contract worth 1.1 million Euros, more than four times the value compared to the previous contract. The supply was made with two deliveries, one in October 2021 and the other after 19 months, in May 2023, as well as a delivery was made a month later, close to 4% above the contract price, although if the need required it could go up to 30% more, but since there was no budget, they had not used this opportunity

The material for hip prostheses, consisting of heads, stems, liner and acetabulum, see the picture below (English names are also used in the contract) has been multiplied compared to the previous contract.

Figure 1. Total hip prosthesis

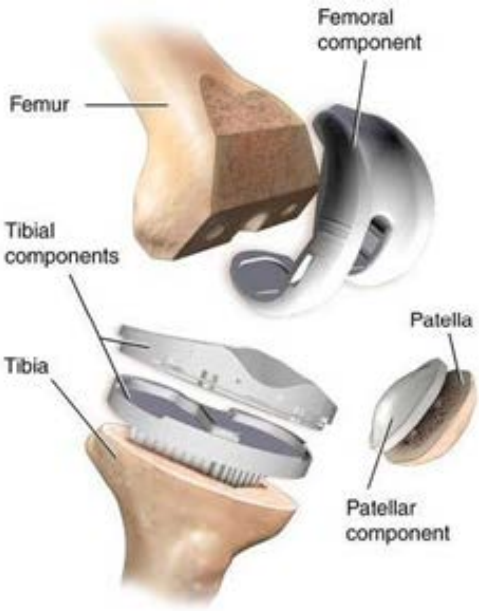


So to place a total hip prosthesis, a combination of all four of these parts is needed.

While the supply of these types of material has been as follows.

Item/year	2019-2020	2021-2023	Total
Heads	162	1,282	1,444
Stems	63	820	883
Liner	40	133	173
Acetabulum	117	252	369

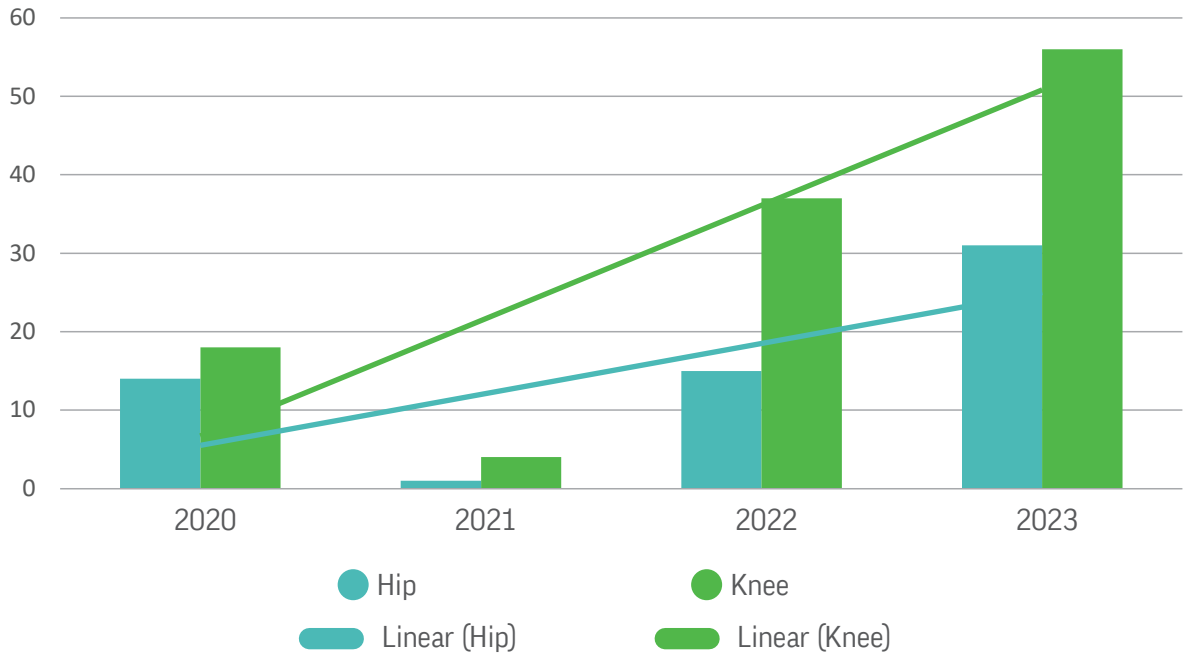
Figure 2. Total knee prosthesis



Item/year	2019-2020	2021-2023	Total
Femoral components	143	100	243
Tibial components	219	100	319
Tibial liner	198	140	338
Patellar component	0	8	8

With this material available, the clinic during the years 2020-2023 (for 2019 we have no data) managed to perform a total of 61 surgeries for the placement of hip prostheses and 115 knee prostheses, an average of 15 hip prostheses and 29 knee prostheses per year.

Graph 13. Number of hip and knee prostheses placed in the Orthopedics Clinic 2020-2023



For the year 2019, the annual report does not have data regarding the number of surgeries performed for the placement of prostheses in the Orthopedics Clinic.

In 2020, he performed 14, respectively 18 prostheses, for 2021, the Orthopedics Clinic reported that he had placed 6 total hip prostheses and 11 knee prostheses, while in the analytical data (in the table) we found that there are only 5 prostheses (1 hip and 4 knee) placed, so there are reporting errors. However, whatever the exact number of surgeries performed in 2021, the number of surgeries still remains low compared to other years, and this may have happened because in 2020 the KHUCS had not managed to conclude a supply contract with prostheses. The subsequent contract was signed at the end of April 2021, while the first delivery took place in mid-September, which means that a total of 18 months had passed since the last supply. Assuming that the supplied material was used up within six months, the clinic had been without material for at least 12 months.

In 2022, 15, respectively, 37 surgeries were performed for placement of knee hip prostheses, as well as in 2023, 31, respectively, 56 placement of prostheses were performed.

So there is a continuous increase in surgeries for placement of hip and knee prostheses because the material resources were increased (the value of the contract increased) while the human resources and physical resources already existed. However, the increase was not enough to reduce the number of patients on the waiting list.

This is because these materials are also used for patients who need sub-total and bipolar prostheses. Regional hospitals have also started using the last contract.

Meanwhile, regional hospitals also have requests from citizens for this type of operation. However, the KHUCS does not supply them with the material or the instruments necessary for placing these prostheses. Therefore, regional hospitals, even when they have competent doctors to provide this service, refer all patients to the Orthopedics Clinic, which further increases the number of patients on the waiting list. However, there are cases when hospitals perform these surgeries, when patients see that the Clinic is not providing them with a solution, they return to the regional hospital. At their insistence, doctors are forced to perform such surgeries, although the cost of the orthopedic material is borne by the patients themselves.

The regional hospitals that perform prosthesis surgeries at the request/insistence of patients are: Mitrovica, Gjakova and Peja. The regional hospitals were included in the 2024 contract and have requested to be supplied with a quantity of orthopedic material in February 2024 in the value of nearly 300 thousand Euros, of which over 46% were dedicated to the clinic while the rest for the six regional hospitals, for each of 10% of the total, except for the Gjakova hospital, for which close to 4% of the total of this supply were dedicated. This supply does not include orthopedic material for total hip and knee prostheses, but only material for emergency surgeries.

The 2019 contract for the supply of prostheses was a framework contract with a one-year term, while the two subsequent contracts were each with a two-year term; although there was the possibility that each would be with a 3-year term (36 months). Regardless of the duration of the contract, when it expired, the same bidder won the subsequent contract, the supplier was not changed.

Despite the fact that the winner of the contract was the same, in the warehouse/stock of the Clinic we found a significant amount of unusable material because the new prostheses brought by the supplier were not suitable with the old ones because the new model was different from the one they had in the warehouse. These stocks were left in the clinic's warehouse because orders were placed for sizes of prostheses for which there is no demand (there are no patients who fit exactly the sizes of some contracted prostheses). These prostheses had to be ordered because the contract obliges them to be supplied in accordance with the quantities and sizes specified in the contract, according to the clinic's doctors. However, the clinic/contract manager who made the order was oblivious/uninformed about the fact that in the specification of the framework contract it was stated that the orders will be made according to the needs of the clinic, that the sizes are determined by the clinic when issuing the purchase order, while the clinic had requested to be supplied fixed as it was contracted.

Photo 1. Material in the warehouse

The clinic had ordered orthopedic material of all sizes to ensure that when the doctors start the operation in the operating room, all sizes of prostheses will be available so that the patient can be fitted with the right one. Therefore, there was an excess of some sizes that are required less. The number and value of the orthopedic material that is excess and unusable is unknown as the clinic does not have a stock tracking system.

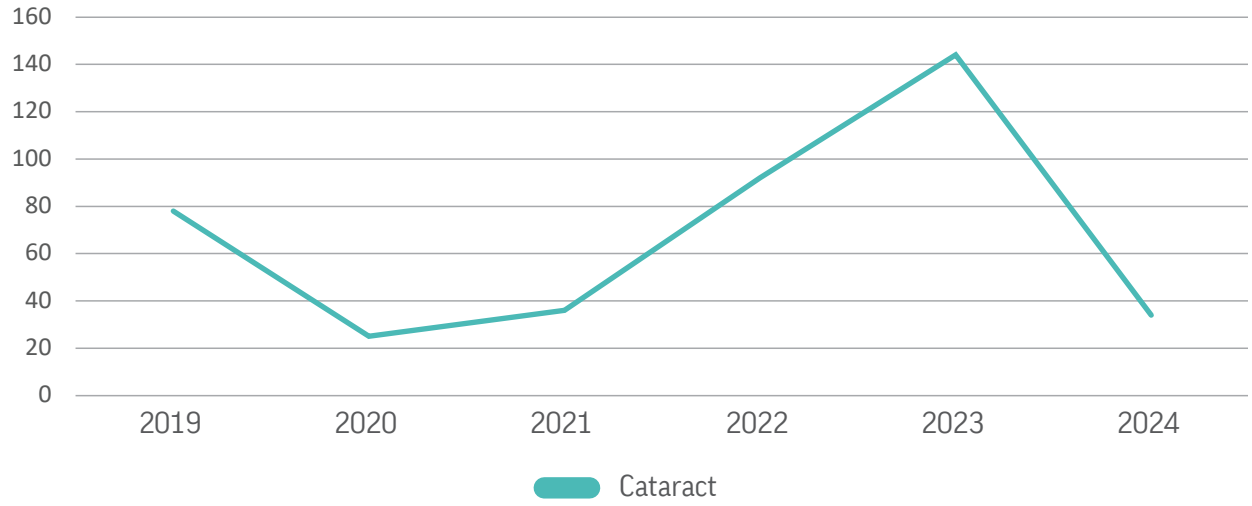
Insufficient supply of material is one of the factors that have influenced not reducing the waiting list on the one hand, and adding patients to the waiting list. Although the value of contracts for the supply of orthopedic material had increased, the clinic is still unable to reduce the number of patients on the waiting list and the waiting time, because the supplied amount of orthopedic material is insufficient to cover all requirements of citizens for prostheses.

The contract for the supply of prostheses for the year 2024-2026, worth more than 1.2 million Euros, can provide a supply in approximately the same quantity as with previous contracts, a quantity that was not sufficient to respond even close to the demands of patients. So with current financial resources the likelihood that the waiting list will be eliminated is very small. In addition, if the clinic does not effectively manage the contract for the supply of orthopedic material, ensuring that only the necessary sizes of prostheses are ordered, it is likely that the orthopedic material will remain in the warehouse unused, causing ineffective expenditure from the KHUCS budget.

Orthopedic material is in the essential list of materials which is approved by the KHUCS based on the requirements of clinics/hospitals, of course taking into account budget limitations. However, since he had not carried out sufficient analysis regarding the consumption of orthopedic material, and had not managed the contract for supply properly, because he had ordered sizes that are not necessary, the clinic had an excess amount of orthopedic material that is now not can be used while the material needs are much greater than the currently budgeted funds.

The supply of lenses used in eye cataract surgery is missing in the Mitrovica hospital in the ophthalmology department. In 2023 the hospital received a supply of eye lenses and by the end of the year the entire supply was used up. From January 2024, for about 3 months, the hospital was left without a supply of contact lenses. On the waiting list in the ophthalmology department, 360 patients were registered (April 20, 2024) for cataract surgery in the Mitrovica hospital.

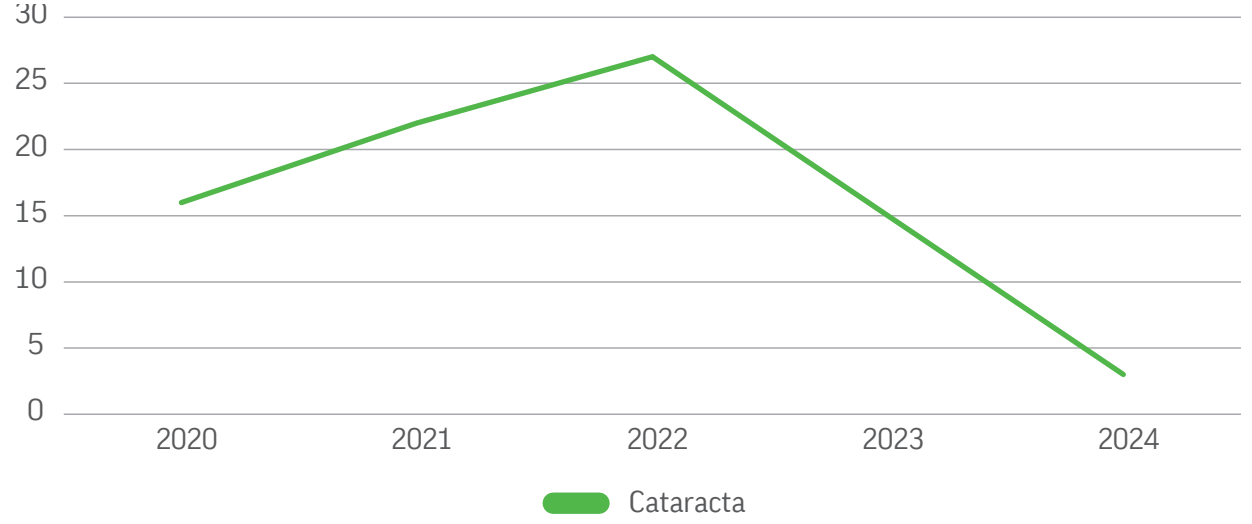
Graph 14. Cataract surgeries in the Mitrovica Hospital



As can be seen in the graph, in 2023 the hospital of Mitrovica had performed 144 surgeries, while in the first quarter of 2024 a total of 34 patients were operated on with the supply reserves of 2023, while in 2024 it had not received supply from the central pharmacy of the KHUCS, despite the fact that they had made a request for 300 pieces of lenses.

The same material is also missing in the Peja Hospital in the ophthalmology department, which during the years 2020-2024 performed an average of 17 surgeries per year, while the KHUCS had only supplied him with 100 lenses for this surgery.

Graph 15. Cataract surgeries in the Peja Hospital

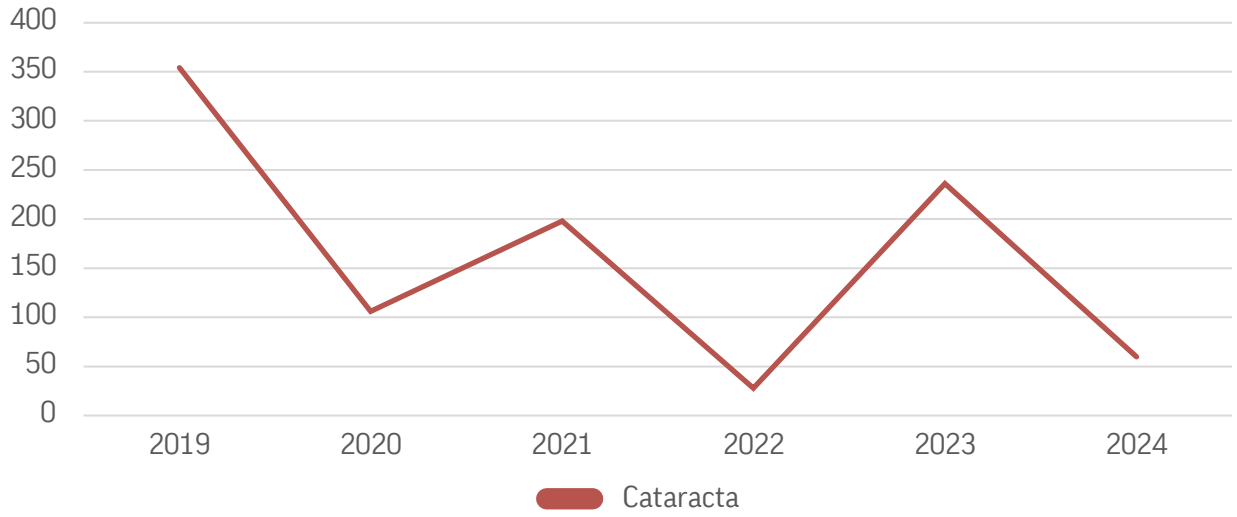


As can be seen in the graph, the ophthalmology department of Peja Hospital has recorded a decrease in the number of cataract surgeries. This ward has managed to perform at most 27 surgeries of this type in 2022.

Unlike the hospitals of Mitrovica and Peja, the Hospital of Prizren does not expect supplies from the KHUCS, but buys its own lenses. During the years 2019-2024, Prizren Hospital was supplied with a total of 2,055 lenses (440 soft lenses, 1251 hard lenses and 364 intraocular lenses).

While during this time he had performed 982 surgeries and had used a total of nearly 1300 lenses - some of them were defective, more lenses were used for one patient. Currently, there are close to 300 pieces of lenses in stock that can be used, but there are also expired lenses, 372 pieces that remained from the time of the pandemic when it was not worked at full capacity, according to the department's doctors. The department currently has a total of four doctors, one of whom also holds the position of the hospital's medical director (in addition to the department, there are additional commitments at the hospital), five nurses (one on maternity leave) and three operating room technicians. While in 2019 there were eight doctors. Despite the sufficient supply, currently (09-05-2024) there were 34 patients on the waiting list.

Graph 16. Cataract surgeries in the Prizren Hospital



Regional hospitals are not able to respond to the requests of patients for cataract surgery due to the lack of ophthalmological material, namely cataract lenses. The KHUCS has not included this material in the essential list, while regional hospitals, with the exception of the Prizren hospital, do not budget for the supply of this material. For this reason, patients from six out of seven regional hospitals turn to the eye clinic at the UCCK and burden the already overcrowded waiting list even more, or to receive the service at the hospital they were forced to buy the material themselves, while recently neither it was not possible, because doctors have stopped such practice.

In the first quarter of 2024, an anesthetic called fentanyl, from the essential list of drugs used in surgical procedures, was also missing in clinics and especially in hospitals. All regional hospitals had difficulties with the supply of this drug and had minimal quantities in the warehouse, enough not to completely

stop work in the operating rooms. The central pharmacy (CPH) of the KHUCS is responsible for supplying this drug. The reason for the difficulty in supply was that the old contract had expired and now they had a new contract and the supplier had difficulties in securing licenses and authorizations for importing this drug. Meanwhile, the CPH and the hospitals had received a donation as a temporary solution to somewhat overcome the situation, however, the lack had caused a reduction of operational plans for at least 50% in all regional hospitals, which had aggravated the situation with waiting lists.

The difficulties in the supply of medicines were caused due to inadequate planning by the regional hospitals in the first place. Hospitals had not made material consumption analyzes in previous years to use them as a basis for budget projections both in terms of quantity and cost. Secondly, the KHUCS had not initiated the procurement activity for the supply of fentanyl in a timely manner, in order to allow the new supplier sufficient time to obtain the necessary licenses and authorizations for importing this drug. The combination of these two causes had led to a situation where hospitals were faced with a shortage of this much-needed anesthetic in operating rooms, and as a result, surgical wards were forced to work with reduced capacity. Eventually, this situation had a negative effect on the waiting time of patients to receive services in regional hospitals.

3.2.3. Insufficient infrastructure for optimal work performance in clinics and hospitals

All clinics lacked space or operating equipment compared to the number of specialist doctors they had available and the demands of citizens for health services.

The cardiology clinic had only two rooms for performing operative procedures, one of which did not even meet the minimum conditions for work, it lacked ventilation. In order to solve this situation, the KHUCS had started a procurement activity for the construction of a new hall. With this activity, it is planned that the intensive care room, which is located near the operating room of the clinic, will be moved to another location and in its place an operating room will be built with all new equipment, including the angiograph, to replace what is currently it is in the old hall, which has long since been completely devalued from a financial point of view, but which is still functional. However, even this is expected to have little impact on reducing the waiting list.

In the invasive cardiology department of the clinic, about 300 cases of coronary angiography (an intervention for which there is a waiting list) are performed every month, in two operating rooms. About 250 cases per month are performed in one room, 30% of which are elective cases (patients from the waiting list). In the other hall, only about 50 cases are performed per month, due to inappropriate conditions in the hall (lack of sufficient ventilation), as well as due to the age of the angiograph.

The period of the Covid-19 pandemic had significantly increased the number of patients on the waiting list, since during that time the ward had not treated elective cases, only emergencies.

The clinic has a total of 75 beds, works 7 days a week, treating elective cases during custody and on weekends, up to 4 cases. However, these beds are not enough for the number of patients seeking treatment in this clinic. It happens that patients from the waiting list who are contacted to appear at the

clinic for treatment return home after they have appeared because they do not have beds where they can be hospitalized. Thus, the treatment is postponed again for another 1-2 days, and this causes even more dissatisfaction among patients who have already waited long enough.

The operating rooms are not only available to the invasive cardiology department, but are also occasionally used by the electrostimulation and electrophysiology service that is part of the clinic. This further impairs the clinic's efficiency in treating patients from the waiting list, creating delays.

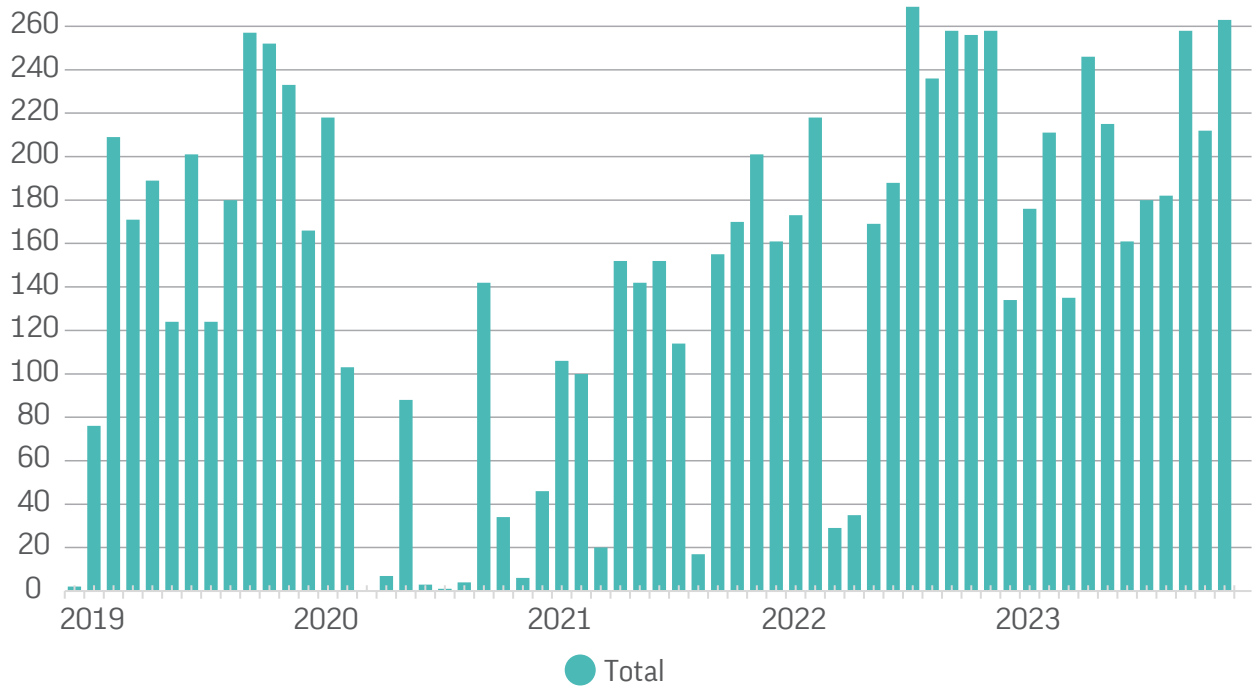
The Electrostimulation and Electrophysiology (Artymology) Service within the Cardiology Clinic does not have a room for interventions and there is no department dedicated to this important and innovative cardiology service. Currently, they use one of the invasive cardiology rooms only after 11:00. Sometimes they had to work overtime and on weekends. In addition, that hall currently does not meet the optimal conditions for work, since the apparatus is quite old, with reduced resolution, there is no ventilation or air conditioning at all, and the voice does not work (for communication with the control room). All these requests have been addressed several times to the management. But only this year concrete steps have started to be taken.

In addition, the clinic also makes the room available for the pediatric clinic. Two to three times a year, the pediatric clinic, based on the cooperation it has with international doctors (mainly from Turkey), uses the hall of the cardiology clinic for interventions for children with heart problems. During the time they are in Kosovo, mostly for a week, they use the intervention room of the clinic, which negatively affects the efficiency of the invasive cardiology department, which is why the waiting list continues to remain.

In order to reduce the waiting list, the Ministry/the KHUCS have activated the invasive cardiology service at the Regional Hospital of Prizren. They plan to send a team of doctors from the clinic two days a week to assist and help the hospital to perform interventions.

The eye (ophthalmology) clinic, where there is a significant number of patients on the waiting list, has only two operating rooms with a total of four operating tables, while there are enough beds in the ward to accommodate patients undergoing surgery. The lack of a third room is a factor that has caused the waiting list, because in the two rooms that are available, the maximum number of patients who can be operated on in a month goes up to 269. From the annual reports of the clinic, we found that during the years 2019- 2023 the number of operated patients was as follows:

Graph 17. Monthly figures of cataract surgeries in the Ophthalmology Clinic:



As can be seen, the maximum number of cataract surgeries performed at the clinic in one month during these 5 years was 269 patients, while the average is 143 patients, which means that on a typical working day, an average of 7 patients are operated on, or less than two patients per surgery table Compared to the hospital in Prizren, where the ophthalmology department operates with four doctors and one operating table, this number is twice as high because in the hospital in Prizren, an average of 18 patients are operated on per month or about 1 patient per day.

The Radiology Clinic has a limited number of radiological equipment in relation to the demands of the patients in the clinic. There are only three magnetic resonance machines, installed at different times in the UCCK, one of which is old and depreciated financially, but still in operation. The equipment is located in three the UCCK facilities, one in the pediatric clinic, the other in the neurology clinic and the third in the oncology clinic. Based on the functional capacity of the equipment, the clinic has defined a program for the realization of radiological incisions.

The clinic works 12 hours a day, with two shifts: from 07:00 to 13:00 the first shift and from 13:00 to 19:00 the second shift. The program of performing radiological services is organized as follows:

- on Mondays, only head incisions are performed;
- abdominal and pelvic incisions are performed on Tuesday and Wednesday;
- osteomuscular system interventions are performed on Thursday; and
- spine incisions are performed on Friday.

In the Magnetic Resonance located in the **Pediatric Clinic,** the above-described scans are performed on separate days because they cannot be offered every working day due to the lack of radiological

equipment (MRI), while the same also applies to the radiological equipment located in the following two clinics.

The minimum time required for a recording is 20 minutes if the patient only has one examination. If you do two examinations, such as abdomen and pelvis simultaneously, the procedure takes up to 45 minutes. Emergency cases are handled in the morning, while cases from the waiting list are handled in the afternoon. Sometimes, when there are fewer urgent cases in the morning, 2-3 cases from the waiting list are performed.

In the Magnetic Resonance located in the Neurology Clinic, only breast ultrasound is performed on Mondays, where up to 11 cases are treated per day, while various services are offered on other days, treating 10-13 patients per day.

In the Magnetic Resonance located in the Oncology Clinic, 13-15 cases are performed per day.

Appointments for children's resonance are two days a week, while for the Kosovo Security Force and the Kosovo Police there are special appointments three days a week.

The time of interpretation of incisions by radiologists depends on the type of incision: emergency cases are interpreted within a day, hospital cases within 1-2 days, and oncological cases within a week.

The regional hospitals all have an MRI and each has a waiting list, although the waiting time in the hospital is lower than in the clinic. For example, for a resonance in Prizren hospital the patient waits about 100 days, or a little more than three months, while in the clinic for the same service the patient has to wait more than five months. So compared to the flow of patients, the clinic lacks space and equipment. The radiology clinic is the only clinic that works in two shifts. Even radiology departments in hospitals work only one shift.

In the Vascular Surgery clinic, the lack of beds/space for Intensive Care Medicine and hospitalization causes waiting for all clinic patients, without excluding those on the waiting list. Currently, the clinic has eight rooms with 24 beds for all types of pathologies, including varicose veins, so every working day a maximum of 24 patients can be admitted, provided that they are released one day after admission, which does not usually happen. because on average a patient stays in the clinic for about five days. 106 patients were treated on average within the clinic each month during the years 2019-2023 for all types of pathologies.

The working spaces of the cardio surgery clinic were being renovated while they were temporarily located in the new facility of the Physiatrist Clinic. By the middle of 2023, the Ministry had received a commitment from the World Bank to finance the design and renovation of two clinics in the UCCK. The bank had secured the project according to the design task drawn up in consultation with the doctors of the UCCK, but the project had not managed to be finalized before the World Bank's commitment to finance the renovation expired. Thus, the UCCK still without accepting the final project had concluded the contract for the renovation of the Cardiac Surgery clinic in the value of nearly 750,000 Euros; therefore the contract did not include the renovation of the floor and the replacement of the windows, which later during the implementation of the contract resulted that they were necessary. In order to

solve this problem, the UCCK had started another procurement activity, which had led to the extension of the implementation of the contract because the procedure had taken time. As the clinic premises were being renovated during the six months of 2024, and the clinic operated in borrowed space that was half the size of what they had available earlier, the waiting list of patients waiting for surgery was doubled compared to the previous year. So in June 2023 there were about 40 patients on the list, while in June 2024 this list had about 80 patients.

Ferizaj Hospital is currently operating in Family Medicine facilities in improvised spaces. The Ministry of Health had contracted the construction of a new facility for this hospital, worth over 10 million Euros, as early as the beginning of 2018. Since then, more than 8 years (76 months) have passed and the work on this facility has not yet been completed. The contract manager in consultation with the users of the facility (doctors) during the execution of the contract had found many deficiencies in the project. With such a project, he had assessed that the works could not continue and had asked the management of the Ministry to allow the interruption of the works. But this happened only after two years from the beginning of the works (in 2019) when almost all the rough works had been completed and when the cost of these works and payments had reached over 3.8 million Euros. The issue of this project/contract is in the judicial process between the EO and the Ministry.

In March 2024, the MoH had spent 66,000 Euros on a re-design contract to correct deficiencies in the basic design. The new project was not yet ready and will not be until July 2024. After the redesign, the Ministry plans to develop a new procurement procedure to select a new operator to execute the remaining works.

In the facility where the Ferizaj Hospital is currently operating, the surgery and urology departments use two operating rooms, each of which has its own days, and they also share the room with the ENT Department. The department of orthopedics had improvised an operating room, but it does not meet the basic conditions for work because it is physically far from the patient rooms, far from the sterilization room, and this presents a risk of infection for the patients who are operated on in this department.

The Mitrovica Hospital currently operates in the space which the French KFOR in 1999 had modified the military barracks facility into a hospital space for their needs at the time and later it was handed over to the local authorities of the Regional Hospital of Mitrovica. The hospital continues its work even now in this facility with limited and unsuitable spaces for quality treatment of patients.

In the Mitrovica Hospital, the orthopedics and surgery departments have problems with spaces for patient accommodation. Both of these wards have 14 beds in the ward, located in two rooms, one for men and the other for women, that is, seven beds in each room. This presents a problem for doctors and in particular for patients because it is not advisable for patients of different ages to lie down in the same room.

3.3. KHUCS has not established appropriate mechanisms for the registration and monitoring of the waiting lists

It is important to ensure that patients are treated within a reasonable period of time

There is no written procedure regarding the registration of patients on waiting lists. Patients usually consult their family doctor, who refers them to a doctor in a specialist clinic for a check-up. The latter, after checking and diagnosing, instructs the patient to appear at the Clinic/Hospital.

Practice in Clinics/Hospitals is different regarding the registration of patients on waiting lists. In the orthopaedics clinic, patients are registered in an ordinary school notebook, and afterwards, they are also registered in digital form (an Excel sheet). The same is the case in the ophthalmology clinic and the cardio-surgery clinic. The Cardiology Clinic has started but has not yet managed to register them in digital form, while the Vascular Surgery Clinic only has them recorded in physical form, as does the Radiology Clinic. The number of registers in the latter clinic is the same as the number of the radiological equipment.

So, there are no procedures and no centralized digital system for registering patients on waiting lists. Patient data recorded in the list include first name, last name, age, pathological condition/diagnosis and phone number.

Whenever there is an opportunity created for surgery, patients on the list are called by phone and informed of the date when they must be present at the clinic for surgery/receiving the service. The long waiting time sometimes causes patients not to show up at the clinic because they have already received the service in private hospitals or have passed away. In the orthopedic clinic, there were 64 patients registered during the months of January-July in 2019, and the clinic contacted them at the end of April 2023. So there was a four-year waiting period for these patients, and among them there were already some who had performed the operation in private hospitals (20 patients in total or over 31% of them). Among those in the lsit, there were also some whom the clinic could not contact even though it had tried several times (they did not pick up the phone).

In the Vascular Surgery clinic, we found a patient who was registered in the waiting list in January 2020 and was performing the operation in April 2024. So over four years of waiting, but neither in this register nor in any register is a record of how long did the patient wait to receive the service he requested and for which he waited a long time, or whether he received or not the service at all.

3.3.1. Lack of protocols for patient classification and prioritization

In order to ensure their smooth running, the supervision is done by the MoH and the KHUCS, and their aim is to ensure that all patients who need treatment or service and are registered on the waiting list enjoy equal rights depending on their health status.

Physician specialists at each clinic prioritize some patients over others. Physicians make prioritization based on professional judgment on a case-by-case basis. For example, in the ophthalmology (eye) clinic, patients with cataracts in both eyes are usually prioritized over those with cataracts in only one eye. In addition, priority is given to patients who are employed and who need to recover and get fit for work as soon as possible, so that they do not have a prolonged absence from work, etc. The same applies to hospital wards.

In other clinics, age is a factor that is taken into consideration when deciding which patient will be operated on as a priority. For example, in the clinic of cardiology, cardiosurgery and orthopedics, younger patients are treated before older ones.

In none of the mentioned clinics/hospitals is there a standard operating procedure based on which doctors would prioritize one patient over another.

3.3.2. KHUCS does not provide adequate, consistent and accurate reporting on activities and waiting lists from Clinics and Hospitals

Clinics and hospitals regularly draw up periodical reports (quarterly, six-monthly and yearly) about their activities, including for patients who are on waiting lists. However, the form of reporting varies. Clinics have one form of reporting template, while hospitals have another form. The annual reports also indicate the time that patients have to wait to receive a service within the clinics/hospitals. However, based solely on the waiting list records it is difficult to ascertain exactly how long it took to provide a service to any patient registered on the list, because the data on the lists is incomplete.

Each patient who receives treatment is registered in the protocol book and he/he is given a patient history form which should be kept by him/her throughout the stay in the hospital. After the patient has been discharged, the history form is sent to the registration unit (in the central database) and then to the archive.

Clinics/hospitals collect data from protocol books, manually calculate and present quarterly reports. Many times these data do not match the data recorded in the central database.

In the 2019-2021 annual reports, the cardiology clinic did not report on the number of patients who had undergone coronary angiography and stenting, while in fact the service had been operational throughout the time and a significant number of services had been provided to the clinic's patients.

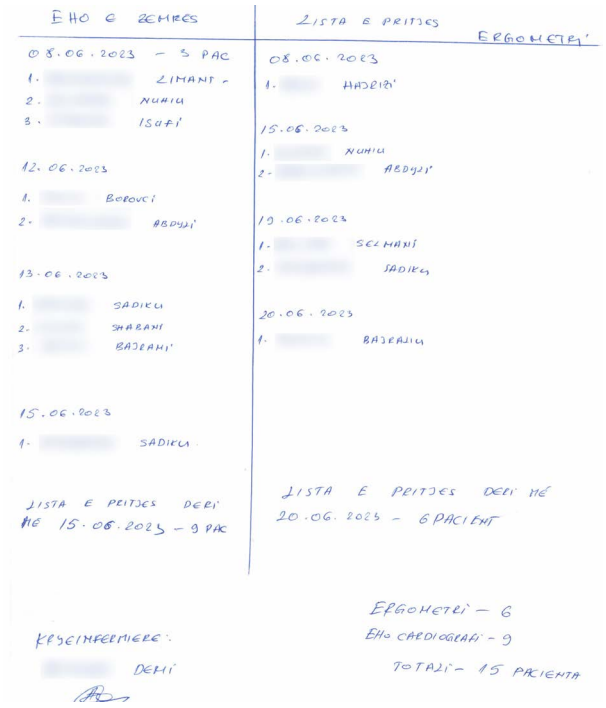
Even the figures within the annual reports do not correspond to each other, e.g. the total number of varicose veins operations in the vascular surgery clinic does not correspond to the total number of operations performed by each doctor separately. So the reported figures are not accurate and as a result the comparison of the performance of the clinics over the years cannot be evaluated properly. In the annual report of Gjakova hospital, there some cases were reported more and some less compared to those recorded in the protocol books.

This happened because the clinics/hospitals continue to record their activities manually in protocol books and in the doctors' personal records, instead of digitally or in the Health Information System that is only partially functional, as some use it more and some use it less, but that there is no adequate control anywhere over its use.

For this reason, there is a discrepancy between the figures reported in annual reports and those issued directly by HIS, and as a result, the performance of clinics/hospitals cannot be assessed correctly.

As for waiting lists, they are not properly registered in any clinic or hospital. They register patients on the waiting list in a simple notebook or only on white sheets which they then throw away as garbage. Some clinics in UCCK, then record the data from the notebooks electronically, in Excel. Such are the clinics of ophthalmology, cardio-surgery, and orthopedics, while the cardiology clinic had just started recording them in Excel. Hospitals do not keep waiting lists in electronic form at all, and moreover some wards do not keep them or save them in physical form, e.g. the surgery department in Ferizaj and Gjakovë make the lists (operating program) weekly and daily, but the way they register the patients in the program is not clear. Recently, when the lack of fentanyl anesthetic was noticed, the surgeons of different wards of different hospitals indicated that the intensity of operations has been halved, but they still insisted that there is no waiting list in the wards. Below we have disclosed some examples from notebooks where waiting list records are kept.

Photo 2. Waiting lists - Notebooks where patients are registered



EHO E ZEMRES

08.06.2023 – 3 PAC
1. [redacted] LIMANI –
2. [redacted] NUHIU
3. [redacted] ISUFI

12.06.2023
1. [redacted] BOROVCI
2. [redacted] ABDYLI

13.06.2023
1. [redacted] SADIKU
2. [redacted] SHABANI
3. [redacted] BAJRAMI

15.06.2023
1. [redacted] SADIKU

LISTA E PRITJES DERI ME 15.06.2023 – 9 PAC

LISTA E PRITJES ERGOMETRI

08.06.2023
1. [redacted] HAZIRI

15.06.2023
1. [redacted] NUHIU
2. [redacted] ABDYLI

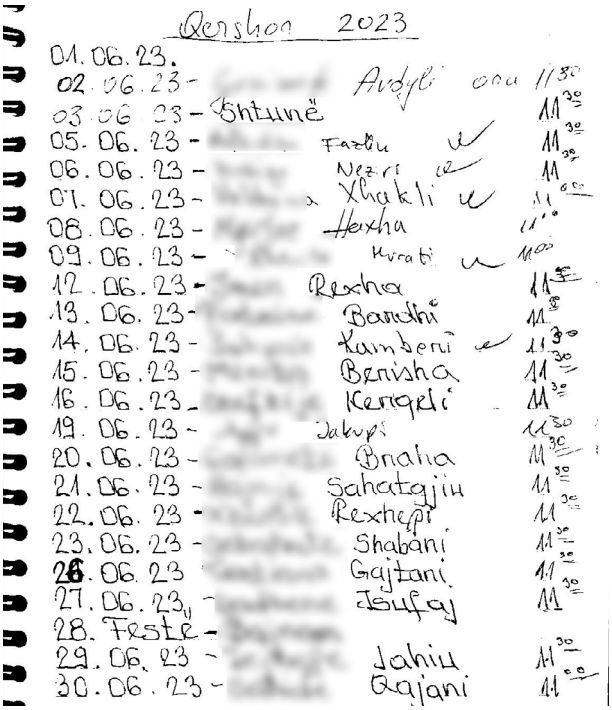
19.06.2023
1. [redacted] SELIMANI
2. [redacted] SADIKU

20.06.2023
1. [redacted] BAJRAMI

LISTA E PRITJES DERI ME 20.06.2023 – 6 PACIENT

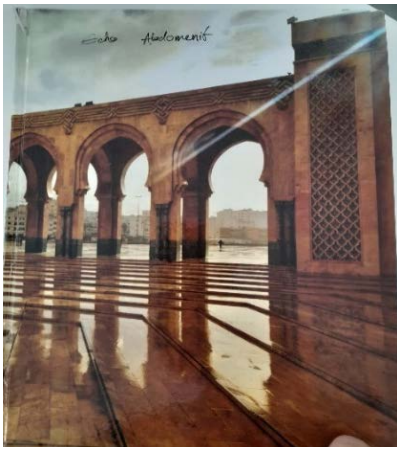
ERGOMETRI – 6
EHO KARDIOGRAFI – 9
TOTALI – 15 PACIENTA

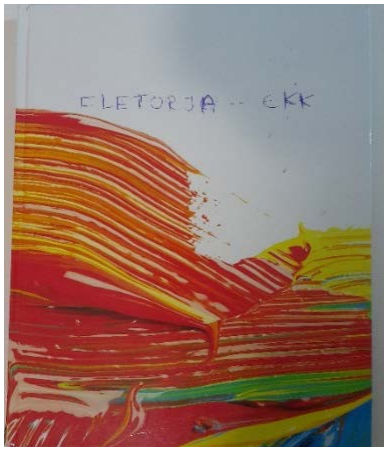
KRYEINFERMIERE:
[redacted] DEMI

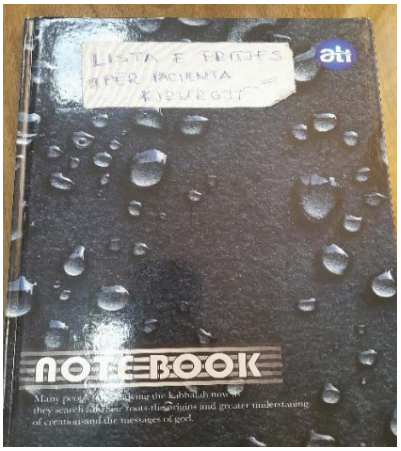


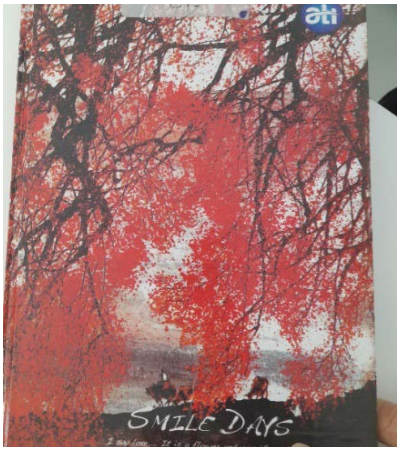
Qershor 2023

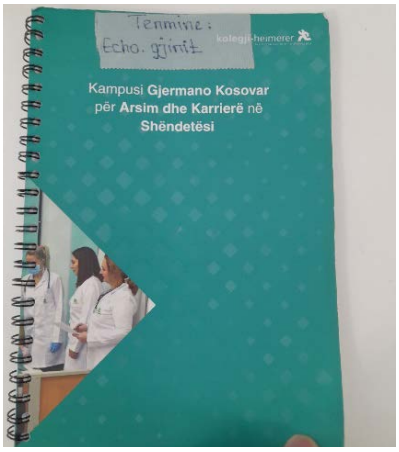
01.06.23.
02.06.23 – Avdyli ora 11
03.06.23 – Shtunë
05.06.23 – Fazliu
06.06.23 – Nezir
07.06.23 – Xhakli
08.06.23 – Herxha
09.06.23 – Kurati
12.06.23 – Rexhaj
13.06.23 – Bardhi
14.06.23 – Kamberi
15.06.23 – Berisha
16.06.23 – Kerqeli
19.06.23 – Jakupi
20.06.23 – Braha
21.06.23 – Sahatqiju
22.06.23 – Rexhepi
23.06.23 – Shabani
26.06.23 – Gajtani
27.06.23 – Isufaj
28. Festë –
29.06.23 – Jahiu
30.06.23 – Gajtani

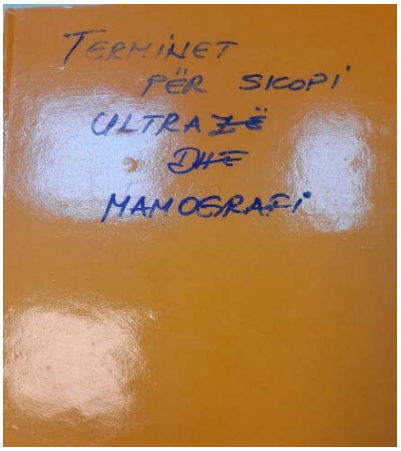


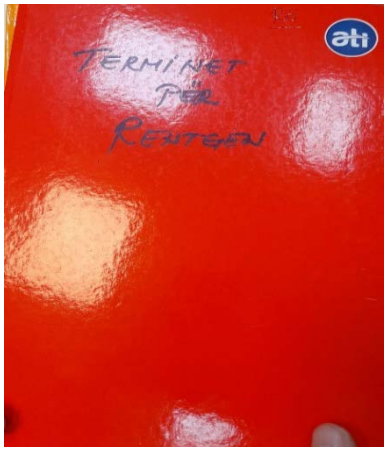


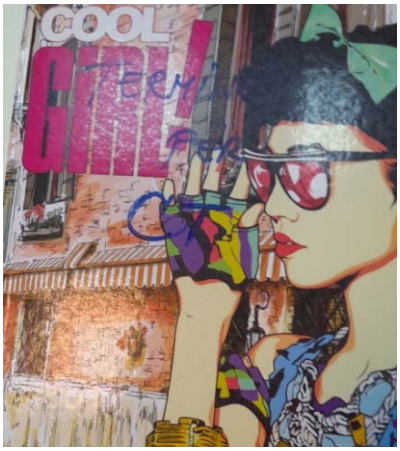












The waiting lists do not contain sufficient data to determine the waiting time for each patient. For example, the date when the patient was added to the waiting list is written, the date when the patient was invited to the clinic/hospital to receive the requested service is also written, but the date when the patient actually arrived and received the service is not written. Since the data is entered manually, the possibility for mistakes is high. For example, when clinics tried to contact patients, in many cases they were told that the phone number was wrong, or they were unable to contact them at all. There were some of these patients who had contacted the clinic to inquire whether they will receive the service or not, and the answer they received was that they had not been informed by phone even though the nurse had tried to contact them several times. In addition, there were patients from 2018, or even worse, from 2015 who were still waiting for a call from the clinic, while for the clinic these patients are considered a closed case. These patients had contacted the clinic to ask if they would be called to receive the service and thus the clinic had put them back on the waiting list.

The reason for this situation is that the KHUCS, namely the management of clinics and hospitals, has not established a proper system for the registration of patients on waiting lists, there are no protocols on how to register, monitor and inform patients on waiting lists. Therefore, in many cases it is impossible to calculate the waiting time and to track the removal of patients' names from the lists. As a result, the number of patients presented in the periodic reports of clinics/hospitals may not be accurate.

CONCLUSIONS

04

4. Conclusions

The Ministry of Health and the Hospital and University Clinical Service had not taken sufficient measures to ensure the efficient treatment of patients on the waiting lists, there is an unequal distribution of material resources in certain health sectors and the current method of registering patients on the waiting lists does not ensure transparency, accuracy and fair treatment of patients.

Clinics in particular are not efficient enough in treating elective patients or those on waiting lists. There are patients who have been waiting for more than four years to receive service at UCCK clinics. Others, due to the long waiting time, have found solutions in private clinics.

The Ministry and the KHUCS had not created the right conditions for providing treatment to patients in an optimal time. One of the factors contributing to the increase in the number of patients on waiting lists is the lack of expertise in regional hospitals, such as in the field of ophthalmology to perform cataract operations, in invasive cardiology, in the electro-stimulation service and in vascular surgery. The regional hospitals have not requested training for their staff from the Ministry/KHUCS, nor has the latter taken the initiative to provide them with the necessary expertise, either through training or through staff support from the clinics, so that a part of the workload that the UCCK clinics have is transferred to the regional hospitals.

As a result, waiting lists in clinics are very long compared to those in regional hospitals because citizens from the seven regions of Kosovo, failing to find the service in the relevant hospital, turn to the clinics in UCCK, further burdening already overburdened patient waiting lists. Moreover, in KHUCS citizens do not find a certain number of secondary level services, therefore they are forced to seek services either in the private sector or abroad, which is a financial burden either for them or for the state budget (Health Insurance Fund).

Considering the number of doctors who leave KHUCS for various reasons (voluntary departure, retirement, etc.) every year, the latter and the UCCK have not developed sufficient recruitment processes to replace the medical staff. In particular, the number of anesthesiologists at UCCK reduced year after year, directly affecting the performance of UCCK's surgical clinics. They cannot operate without including the anesthesiologist in the team. Even if they can have all the equipment, material, etc., due to the lack of an anesthesiologist, the operation cannot be performed and as a result the waiting lists are being loaded. KHUCS had developed recruitment processes but had not succeeded in replacing the anesthesiologists who left with new staff members. As a result, clinics had stagnated in terms of treating patients on waiting lists.

In addition, the results of the employment competition show that the interest of doctors for employment in UCCK was very high, while in regional hospitals the interest was very low. As a result, the recruitment process had failed to fill all the positions that remained open in regional hospitals.

Also, the efforts to prepare new doctors, through specializations, have so far not been effective (had not given results) because the specialists had not yet completed the period of education/training and were not yet qualified to apply for vacant positions announced by KHUCS/UCCK. So, the last competition for specializations of 2020 did not offer a solution for the replacement of the specialists who left. Moreover, the Ministry is not sure that the specialists who are on the verge of completing their specialization will be included in the PHI because the contract between them and the Ministry does not oblige them to do so even for a minimum period. As a result, the Ministry's investment to maintain the medical staff risks failing because doctors may choose to work outside the PHI since the incentives in the private market are more attractive than in the PHI.

The distribution of human resources within the KHUCS has not been conducted proportionally to the physical/logistic capacities. Human resources, in particular doctors in clinics compared to other resources, are considerably larger. All the clinics that were included in this audit had a sufficient number of doctors, and in some cases they had even more than their capacities allowed. Clinics had more doctors compared to hospitals. For example, the ophthalmology clinic had significantly more doctors than any regional hospital, as did the orthopedics and cardiology clinics. Due to improper distribution, some hospitals do not offer some services to patients at all, a specific case being cataract surgery. If a distribution of doctors was made according to the capacities of the clinic/ward, the number of doctors in clinics would have to be reduced, while in hospitals it would have to be increased. By increasing the number of doctors where physical/logistical capacities are not being used enough in hospitals, it would be possible for more patients to be treated in hospitals, which would reduce the load on clinics. If the Ministry and the KHUCS do not plan to increase the infrastructure and equipment and do not make the distribution of doctors in proportion to the current physical/logistical capacities, a large number of medical staff will remain minimally engaged, which is in contradiction to the principle of efficiency.

When clinics do not set achievable and measurable monthly/annual objectives for the clinic as a whole and for each doctor separately, we find large discrepancies and differences in terms of the number of patients treated in different periods, but also in terms of the number of patients treated by each doctor. None of the clinics in UCCK (cardiology, vascular surgery, orthopedics and ophthalmology) had shown consistency in the treatment of patients from the waiting list. The clinics had provided services to a relatively small number of patients from the waiting list, and this number had varied from month to month, with significant differences. Likewise, the number of patients treated per doctor varies greatly. Insufficient supply of material is one of the factors that has influenced the non-reduction of the waiting list on the one hand, and the increase in the number of patients to the waiting list. Although the value of the contracts for supplying the orthopedic clinic with orthopedic material had increased, the clinic is still unable to reduce the number of patients on the waiting list and the waiting time, because the supplied amount of orthopedic material is insufficient to cover all citizens' requests for prostheses.

Lack of infrastructure and equipment is one of the contributing factors to waiting lists. In the ophthalmology clinic, there is a need to add at least one operating room as well as a device for cataract surgery. In this case, the large number of doctors in the clinic could be justified because they would perform more cataract operations and the waiting list would be reduced. Likewise, in the cardiology clinic, at least one device (angiograph) and in radiology at least one device (magnetic resonance imaging) should be added. Parallelly, the capacities for hospitalization of patients should be increased since there is a lack of beds in the clinic of cardiology and vascular surgery in UCCK. As regards the hospitals, the lack of infrastructure is most pronounced in Ferizaj and Mitrovica. The case of the hospital facility that

began to be built in 2018 would have to be resolved so that the investment made so far in the amount of 3.8 million starts yielding benefits for the citizens.

KHUCS had not established proper mechanisms for registration and monitoring of patients on waiting lists. The KHUCS had not used the Health Information System to register patients on waiting lists, but instead had registered patients manually, in ordinary notebooks and with few exceptions in Excel sheets. The lack of a centralized system for registering patients on the waiting list can also result in inefficiency due to the lack of reliable information, but it also leaves room for misuse of public resources. The current way of registering patients, at best, does not provide information on the number of patients and the duration of the waiting time. While in the worst case, this way of registration leaves no trace at all and leaves management without the necessary information based on which it would make strategic decisions.

RECOMMENDATIONS

05

5. Recommendations

To ensure that waiting lists are reduced, we recommend the Ministry of Health to:

1. draw up adequate strategies and plans for the maintenance of the health system with sufficient/qualified staff to harmonize the aspect of human resources with physical resources and materials that serve the health services efficiently and effectively;

2. ensure that the new infrastructural projects are designed in accordance with the real needs, they are included within the project in time so that the projects are not interrupted during execution;

3. design clinical protocols to ensure the appropriate and timely treatment of patients based on the needs and individual characteristics of each of them, so that each patient is treated according to the specific health and personal condition.

We recommend the Hospital and University Clinical Service to:

4. monitor the waiting lists for each clinic, at least every three months, so that the budget is harmonized with the identified needs, cases are addressed, prioritized and treated by order and efficient health services are provided to the public;

5. ensure that a strategy is drawn up for the professional training of human resources within the KHUCS, in particular to focus on profiles where expertise is lacking, especially at the level of regional hospitals. This will enable the provision of services that citizens require in order to maintain a balance between waiting lists, the transfer of patients from busy waiting lists of clinics to hospitals where treatment can be carried out earlier;

6. cooperate with the Kosovo Doctors Chamber and with the medical training centers in the region and beyond, to enable training for specialists, especially in the fields where the KHUCS has no expertise at all;

7. ensure that the strategy for the distribution of human resources is drawn up, harmonized with other available physical and material resources in the entire secondary and tertiary health system. In this way, it will make it possible to provide services to citizens even in regional hospitals which currently lack doctors of certain profiles;

8. where conditions make it possible, start working in two shifts to utilize operating rooms in order to reduce the number of patients on waiting lists to a reasonable level;

9. ensure that each clinic/ward, where there are waiting lists, has defined achievable monthly/annual objectives of surgical operations and other services, and regularly monitor their achievement, so that each clinic/ward works in harmony with real capacities towards reducing the number of patients on waiting lists;

10. consider the possibility of restructuring the budget for the list of essential drugs/materials to allocate more budget to clinics that have more requests from citizens, in particular to those that have long lists and long waiting times, in order to reduce to a reasonable level both the time and the number of waiting patients;

11. ensure that new infrastructure projects are designed in accordance with real needs, are included within the project in time so that the projects are not interrupted during execution;

12. design clinical protocols to ensure the appropriate and timely treatment of patients based on the needs and individual characteristics of each one of them, so that each patient is treated according to the specific health and personal condition;

13. ensure that every patient who has to wait a certain time until receiving the service, is registered in unified registers (same template) and as far as the conditions allow, provide a computerized digital patient registration system, so that the management of the regional clinics/hospitals and the KHUCS is informed at all times about the state of the waiting lists.

ANNEX

Annex I Audit criteria, scope and methodology

Rationale of the Audit

The Kosovo Hospital and University Clinical Service (KHUCS), namely the University Clinical Center of Kosovo (UCCK) and the Regional Hospitals in Kosovo, face various challenges and difficulties in terms of providing medical services to the citizens of the country.

The European Commission, in cooperation with the Ministry of Health, has engaged in the assessment of the health situation by drawing up a report in which remarks were made regarding the non-rational use of medical equipment, the lack of contracts for their maintenance, the lack of drugs and consumables[14]. All these problems can be the cause for the ever-growing waiting lists.

Another report published in February 2022 by the Japan International Cooperation Agency shows how in Kosovo there are long waiting lists but that the service is free. Among other things, it shows that only 20% of doctors keep patient history, requiring the standardization of the information system for PHI.[15]

Reports of long waiting lists for patients have also been published in various media. These lists have grown more since the time of the pandemic.[16] [17]. According to the article, "At the Orthopedics Clinic for knee and hamstring prostheses, patients are waiting for about two years. The long waiting list continues at the Cardiology Clinic".

There have also been reports of waiting lists in regional hospitals "Despite the fact that the situation with the pandemic is now calmer, patients still continue to wait to undergo various operations"[18].

There are waiting lists in some clinics of the University Clinical Center of Kosovo as well as in some wards of Regional Hospitals. The longest waiting list is at the Vascular Surgery Clinic with nearly 1,800 patients on the waiting list, followed by the Orthopedics Clinic, with nearly 1,400 patients, as well as other clinics where the waiting time is shorter. Currently, in 2023, these two clinics are treating patients who were registered in the waiting list as early as 2018, i.e. five years ago.

14 Improving the Physical Infrastructure of Secondary and Tertiary Health Institutions: Feasibility Study, FEASIBILITY STUDY REPORT, April 2019.
15 Data Collection Survey on Health Sector to Build Resilient Health Systems toward Universal Health Coverage in the Republic of Kosovo
16 https://www.evropaelire.org/a/listat-e-pritjes-se-pacienteve-sherbime-UCCK/32029666.html
17 https://telegrafi.com/vitia-na-shqeteson-lista-e-pritjeve-ne-kliniken-e-kardiologjise/
18 https://www.gazetaexpress.com/puna-me-lista-ne-spitalet-rajonale-pacientet-duhet-te-presin-per-tu-operuar/

As for Regional Hospitals, the waiting lists are mainly in the Radiology department and in the General Surgery departments.

- There are waiting lists in some UCCK clinics and in some wards of Regional Hospitals. This is mainly observed in the UCCK clinics as follows:
- Vascular Surgery Clinic with nearly 1,800 patients on the waiting list;
- Orthopedics Clinic, with nearly 1,400 patients;
- Ophthalmology Clinic with 1,000 patients;
- Cardiology Clinic, about 3,000 patients;
- Radiology Clinic, patients waiting up to one year, recently the waiting time has been reduced to six months;
- Cardiosurgery Clinic - waiting time up to two months;

And seven other clinics where there is less waiting time.

Meanwhile, in the Regional Hospitals the waiting lists are mainly in the Radiology department (CT, Echo, Mammography, X-ray, etc.) and in the departments of General Surgery; abdominal, gynecology, Department of orthopedics, Otorhinolaryngology (ENT) and Ophthalmology.

Waiting lists include outpatients, i.e. patients who are not hospitalized or are not an emergency. The latter receive medical treatment immediately, they do not wait.

Waiting lists are mainly caused by insufficient capacities in Regional Clinics and Hospitals. Human resources, specifically the lack of certain profiles of doctors and support staff are one of the main factors. However, there are other factors such as the lack of consumables such as prostheses for the Orthopedics Clinic.

In addition to not having a unique waiting list management system, the Clinics and the RHs do not have electronic systems in place that would help them have an adequate management of the waiting list and treatment of patients by waiting list numbers. Some Clinics and RHs register patients in a protocol book or in a simple notebook, or only on white sheets which they do not keep as evidence of the work done. In some cases, they are also recorded electronically in the Excel application. The problems identified above are a cause of the audit problem as follows: the main problem is the management of waiting lists and the inappropriate distribution of resources in Clinics and RHs.

Description of the system and relevant actors

Institutions responsible for healthcare must offer equal treatment to patients referred to PIHs. The Ministry of Health has the main role to ensure this for the compilation, definition, implementation and monitoring of general policies and laws for health care. Within the Ministry of Health is the Department for Strategic Planning that is responsible for designing strategies related to the development of capacities in the health sector for the primary, secondary and tertiary levels.

Health care in Kosovo is offered at three levels, as follows[19]:

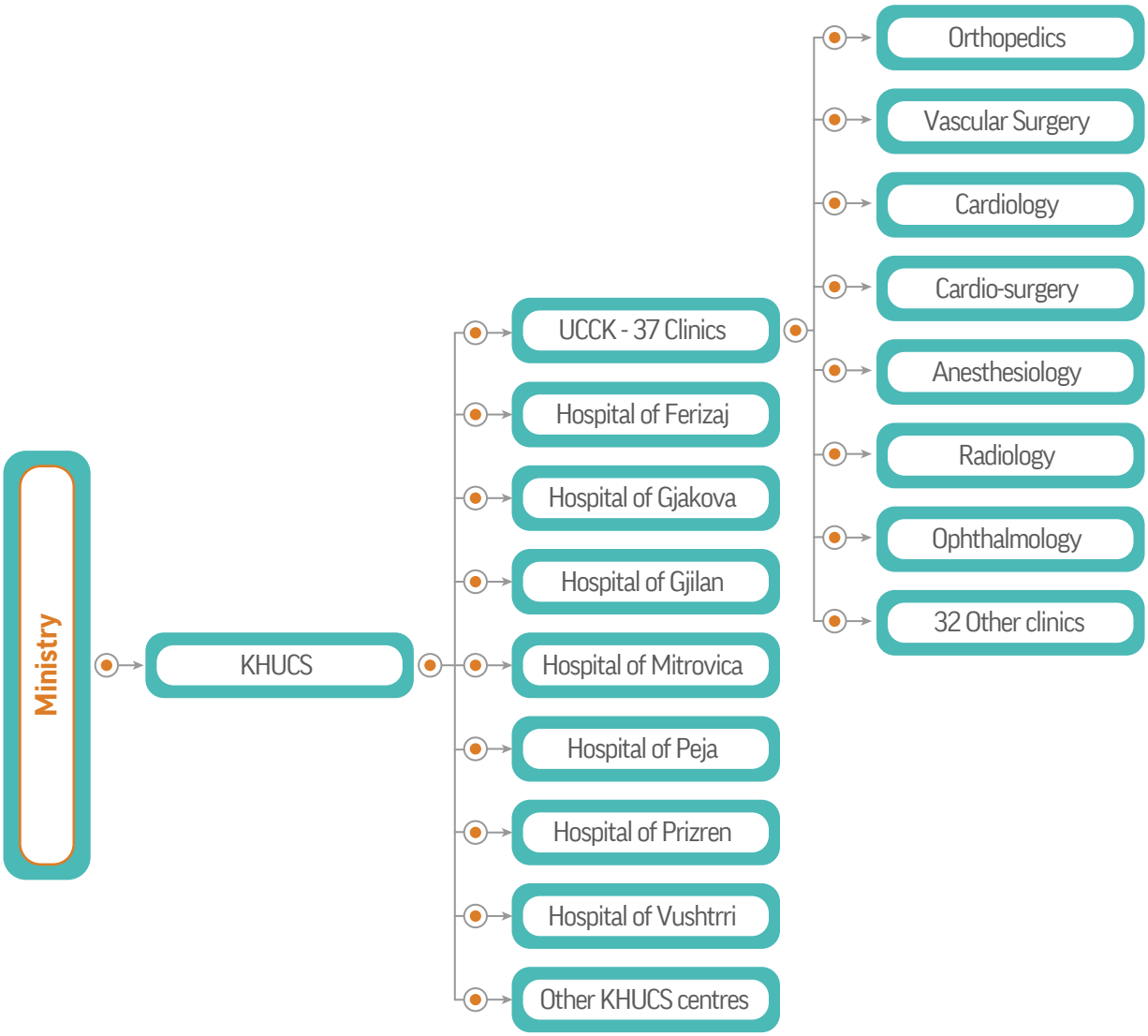
- Primary health care - includes services provided in family medicine centers and main family medicine centers.
- This level includes preventive care services such as: health promotion, prevention, detection, diagnosis and rehabilitation of diseases and minor surgical interventions as well as similar medical services.
- Secondary health care - Provided mainly at the municipal level, such as Regional Hospitals. Includes hospital services, out-of-hospital services: diagnostic; therapeutic, rehabilitative, emergency transport, as well as public health services.
- Tertiary health care - Currently offered only within the UCCK.

Includes advanced health care: inpatient, outpatient, and public health; and emergency transport. This level includes medical scientific research, university education, specialist and subspecialist education.

In secondary and tertiary care, specialized services and treatments are offered for various diseases. Due to high demand, for some services or treatments, patients must be registered on a waiting list.

19 Law No. 04/L-125 on Health

Chart 18. Structure of Hospitals that make up KHUCS [20]



20 UCCK - University Clinical Center of Kosovo; NSMC- National Sports Medicine Center; MCOM Gjakovë - Main Center of Occupational Medicine; 8 MH Centers - Eight Mental Health Centers; Seven Regional Hospitals; NTCK - National Telemedicine Center of Kosovo; UDCCK - University Dentistry Clinical Center of Kosovo

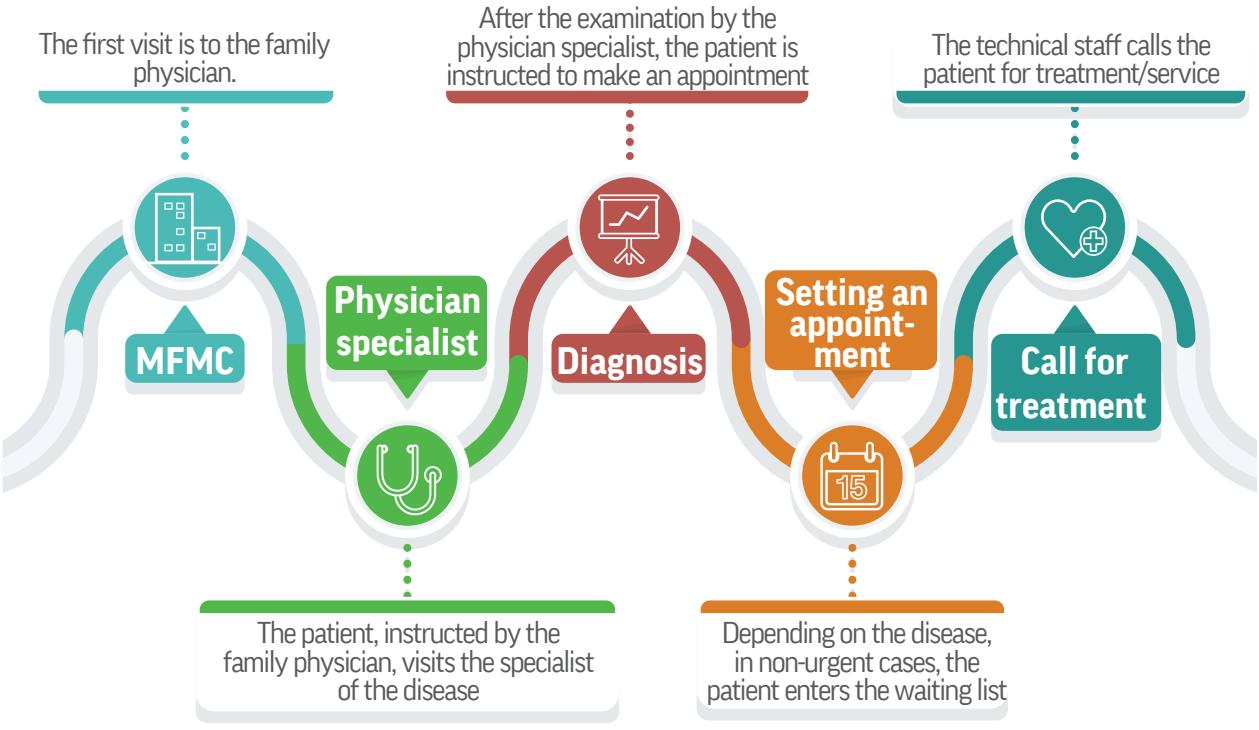
Relevant institutions with a waiting list:

The University Clinical Center of Kosovo - UCCK is an integral organizational and functional unit of KHUCS, which has as its main role the provision of tertiary health care at the country level and secondary health care at the municipal level21. Clinics that organize the provision of treatment and various services for citizens are located within the UCCK. In each clinic there are medical staff members who are responsible for providing services to each patient in need. The Clinic Director manages the clinic and reports to the KHUCS Board of Directors.

Regional Hospitals - are part of the secondary level and according to their capacities offer services and treatments to patients. The Director of RH manages the hospital and reports to the KHUCS Board of Directors.

When patients have health concerns, they must go through several steps to ensure that they are going to the doctor whose field of medicine covers his/her illness. The chart below describes the process that a patient must go through to be treated until the last step.

Chart 5. Patient treatment/service process by steps.



The last step in this process is the patient's treatment or receiving service at the Clinic or RH.

21 University Clinical Center of Kosovo - Statute

Audit Criteria

The audit criteria for the method of managing the waiting list in the PHI are based on the laws, regulations and administrative instructions on health. So are EU waiting list rules and standards for waiting list management.

- In order to verify this, we have defined the following criteria:
- The Ministry of Health in cooperation with KHUCS conducts the planning of human resources. Planning is done based on the needs of the PHI, taking into account the requirements to provide services and treatments to the citizens.[22] The MoH also supports PHIs in increasing their capacities in the provision of the highest quality services and treatments, helping the development of health education.[23]
- The board of KHUCS has the responsibility to ensure the functioning of the PHIs at the secondary and tertiary levels. The board also reviews development plans and strategies for KHUCS.[24]
- KHUCS must provide quality healthcare services aiming the highest possible performance, efficiency and effectiveness of services.[25]
- UCCK and RHs have the responsibility to make financial plans to ensure regular operation of clinics and wards. These plans are submitted to and approved by the KHUCS Board. [26] Also, patients should receive the necessary treatment or service at the optimal time, taking into account the progress of the disease, pain or discomfort, disability or dependence on others, time spent on the waiting list, etc.[27]
- KHUCS is responsible for planning the budget to build human and infrastructure capacities and for managing them in order to provide the necessary services to patients
- It is important to ensure that patients are treated within a reasonable period of time [28]. UCCK and RHs should ensure regular monitoring of how the waiting list is managed within clinics or wards.
- To ensure their progress, supervision is also done by the MoH and the KHUCS, whose purpose is to ensure that all patients who need treatment or service and enter the waiting list enjoy equal rights depending on their health state.[29]
- UCCK and hospitals draw up regular reports on their activities, including patient waiting lists and the number of patients treated for certain periods.[30]

22 Law No. 04/L-125 on health, Article 9 point 1.12, p 6.
23 Ibid., article 9, point 1, 10 page 6.; Statute of the Kosovo Hospital and University Clinical Service, article 7, p 6-8.
24 Kosovo Hospital and University Clinical Service, article 9 p 6-8.
25 Ibid, Articles 12 and 13, p 13-18.
26 Ibid, Article 9 p 6-8.
27 Health Policy in the EU https://www.coe.int/t/dg3/health/waitinglistreport_en.asp
28 Health Policy in the EU https://www.coe.int/t/dg3/health/waitinglistreport_en.asp
29 Law No. 04/L-125 on health, Article 46, 47, p 17-18.
30 Kosovo Hospital and University Clinical Service, 9 p 6-8,.

Audit scope

The main subject of this audit is the Ministry of Health as a key institution for the drafting of policies, rules, instructions, strategies, and plans for the health system in Kosovo. At the same time, KHUCS is also part of the scope of the audit, whose role is to ensure the full functioning of the PHIs at the secondary and tertiary levels.

1. In order to understand how the system of treating patients according to order is functioning, where there is a waiting list, a sample was taken of UCCK clinics that have a waiting list, such as:
2. Clinic of Vascular Surgery,
3. Clinic of Orthopedics,
4. Clinic of Radiology,
5. Clinic of Ophthalmology
6. Clinic of Cardiology
7. Clinic of Cardiosurgery; and
8. The seven Regional hospitals with an emphasis on Radiology

The reasons for the waiting lists and the practices used by these clinics have been analysed, and the way the work is organized on a daily basis has been examined.

The audit covered the calendar period 2019-2023. Plans, reports and other documents as well as waiting lists were analyzed for the five years 2019-2023 (when we found data).

The team that performed the audit had sufficient knowledge to answer the objectives/questions of this audit, therefore there was no need for the engagement of an external expert.

However, the audit was conducted within a limited time frame, which may have limited the depth of analysis in some areas.

Limited human resources have imposed a non-comprehensive review of activities/processes in clinics and hospital wards. In other words, we are limited to reviewing activities/processes that coincide only with waiting lists and not all activities/processes that take place in clinics/hospitals.

Audit questions

To answer the audit objective, we have compiled the main question and the following sub-questions:

1. Have Clinics and Regional Hospitals created appropriate conditions for efficient treatment of patients on waiting lists?
   1.1. Have the Ministry and KHUCS created appropriate conditions for providing treatment in optimal time?
   1.2. Has the Ministry developed plans for the professional development of existing medical personnel?

2. Has the Ministry developed plans for retaining current personnel, namely the recruitment of medical personnel to replace those who leave?
   2.1. Has KHUCS ensured proper allocation between human and material resources for Clinics and Hospitals?
   2.2. Has KHUCS made a sufficient allocation of medical personnel in Clinics and Hospitals in order to provide timely services?
   2.3. Has KHUCS provided supplies of consumables for Clinics and Hospitals?
   2.4. Has KHUCS provided sufficient infrastructure for optimal development of work in clinics?

3. Has KHUCS established appropriate mechanisms for registration and monitoring of waiting lists?
   3.1. What are the procedures for registering patients on waiting lists and tracking their status within UCCK Clinics and Regional Hospitals?
   3.2. How are patient classification and prioritization done to optimize resource utilization and patient outcomes? (are there protocols based on which it is done)
   3.3. Does KHUCS require adequate reporting of waiting lists from Clinics and Hospitals?

Audit methodology

The methodology in this audit will rely mainly on health legislation, standards and good practices to influence the improvement and provision of services and treatment of patients who are managed by PIHs in the country. Also, they will include physical evidence, documented evidence, decisions, regulations, reports, etc.

- The evaluation of the management of the waiting list will include but not be limited to:
- Analysis of laws, regulations, administrative instructions in the field of health;
- Analysis of strategies (if any) and plans of the Ministry of Health, KHUCS, UCCK clinics and Regional Hospitals;
- Analysis and decisions of the MoH, KHUCS, clinics and Regional Hospitals;
- Analysis of documentation and periodical reports of clinics and Regional Hospitals;
- Analysis of waiting lists where patients are registered to wait for treatment or service;
- Analysis of reports on health in Kosovo, carried out by external researchers;
- Interviews with officials of the Ministry of Health;
- Interviews with doctors/nurses from specific UCCK clinics and Regional Hospitals.

Annex II: Confirmation letter

Republika e Kosovës
Republika Kosova-Republic of Kosovo
Qeveria-Vlada-Government
Ministria e Shëndetësisë-Ministarstvo Zdravstva-Ministry of Health
Zyra e Ministrit/Ured Ministra/ Office of dhe Minister

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të performances **"Listat e pritjes së pacientëve në institucionet shëndetësore publike",** dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- Kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **"Listat e pritjes së pacientëve në institucionet shëndetësore publike"** (në tekstin e mëtejmë "Raporti");
- Pajtohem me gjetjet dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit;
- Brenda 30 ditëve nga pranimi i Raportit final, do t'ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Dr.Arben Vitia, Ministër i Shëndetësisë

Datë: 27 Gusht 2024, Prishtinë

Republika e Kosovës
Republika Kosova – Republic of Kosovo
Qeveria – Vlada - Government

Ministria e Shëndetësisë - Ministarstva Zdravstva - Ministry of Health

Shërbimi Spitalor dhe Klinik Universitar i Kosovës (SHSKUK)
Bolnička i Klinička Univerzitetska Sluzba Kosova (BKUSK)
The Hospital and University Clinical Service of Kosovo (HUCSK)

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të performances **"Listat e pritjes së pacientëve në institucionet shëndetësore publike"**, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit Vendi dhe data:

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **"Listat e pritjes së pacientëve në institucionet shëndetësore publike"** (në tekstin e mëtejmë "Raporti");
- pajtohem me gjetjet dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t'ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Drejtori i Përgjithshëm

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