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Legal and economic determinants of restructuring processes in health care entities in Poland

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Abstract

Motivation: The majority of problems in the health care system originate in the limited financial resources, but the efficiency of the system is also — indirectly — affected by the management of these resources, which is sometimes not as effective as it might be. These problems become particularly apparent in the Polish public health care, undergoing constant reforms. This brings into focus the issue relating to restructuring processes, which are determined by relevant legal regulations and the competences of people in charge, who need to maintain the consistency of implementation.

Aim: The article aims to analyse legal and economic determinants in the restructuring of health care entities in Poland, with particular emphasis on the possible application of restructuring proceedings to these entities. Further, it identifies key success factors for restructuring processes from the perspective of management. The following legal acts were included in the analysis: the Act of 15 May 2015 the *Restructuring Law*, the Act of 15 April 2011 on medical activity, the Act of 23 April 1964 the *Civil Code*, the Act of 28 February 2003 the *Bankruptcy Law*. The review of good management practices in the research area was presented.

Results: Based on the analysis, recommendations concerning the implementation of restructuring processes in health care entities were formulated. The benefits stemming from the application of restructuring proceedings to health care entities were discussed. The key elements of the restructuring plan, accompanied with practical guidelines, were presented.

Keywords: management in a health care entity; restructuring in health care; restructuring law; medical law
JEL: I11; I19; K23

1. Introduction

Restructuring processes in the Polish health care sector have long acquired a nationwide character and, by and large, are rather ineffective. An attempt to identify the sources of this inefficiency seems to be an inspiring interdisciplinary research problem as it brings together management and quality sciences, law, and economics and finance. This approach to these processes may lead to the comprehensive assessment of restructuring processes and the analysis of all their stages — from design to implementation to the evaluation of outcomes. Change management in this sector in Polish conditions takes place in the context of quite complex legal conditions. The combination of legal and management aspects in the context of planning restructuring processes seems to be necessary. Preliminary legal and economic analysis may assist managers and will indicate the areas for future research in this area.

2. Literature review

The changes introduced in the health care system in Poland so far have not yielded the expected results, nor have they solved its numerous problems (Polak et al., 2019, p. 1259). Debate on the final shape of the country's health care system is still ongoing. Hospitals in debt and limited access of patients to services, in particular specialist and cost-intensive procedures, are only some of the problems affecting the operations of health care entities. Health care entities (especially public ones) face profound organisational changes and are subject to continuous restructuring processes (Głód, 2011, p. 11). Additionally, it is important to recognise direct causal relationships between transformations implemented in the health care system and the restructuring of health care entities (decisions, actions, scope) (Węgrzyn, 2013). Human resource management is one of the areas that significantly affect restructuring in the organisational dimension (Bourbonnais et al., 2005, p. 55).

The systemic transformation of Poland's economy also embraced the health care system. Public health care entities, operating primarily as budgetary entities, were the main component of the system. They were underfunded by the government and inadequately managed and supervised, which translated into their poor economic and financial situation. The restructuring of the health care sys-

tem was initiated in the 1990s and is still under way. The remediation of the system requires substantial financial outlays. The first stage of the reform, launched in 1991, allowed for the establishment of non-public health care entities, which introduced an element of competition into the public health care system. Then, public health care entities were granted legal personality and financial autonomy, while health care financing was provided based on the insurance system. The next stage of the restructuring reforms involved commercialisation, including with the option of privatisation (Leszczyńska-Konczanin, 2016). Recently, as a result of changes in legislation, privatisation processes have been significantly impeded with the emerging trend towards centralisation of health care entities and attempts at the regulation of ownership (municipality, county, medical university, local government, ministry). Additionally, the overall macroeconomic situation and the solutions adopted in the financing of the health care system at the national level also play a role (Łyszczarz, 2016). In Poland, the establishment of the network of hospital (the system for the basic hospital provision of health care services) constituted a very important step in the restructuring process.

On the other hand, the legal transformations implemented in health care entities (particularly in public hospitals) revealed that the change of the legal form may be only one of the stages in the entire restructuring process (Klich, 2013, p. 9), while the problem of the debt of the health care sector remained basically unresolved despite the ongoing restructuring initiatives (Paździor & Maj, 2017; Rezler, 2017). Undoubtedly, international inspiration regarding change management processes should be sought after in this sector.

Paradoxically speaking, restructuring processes in the health care sector in Poland have a long-established tradition. In fact, in some health care entities, management involves moving from one recovery programme to the next. The reason for this is mainly the lack of consistency in the implementation of such programmes. Moreover, faulty assumptions undermine these programmes and certain unpredictability related to public financing of the health care sector still persists (Głód, 2011, p. 60).

In terms of formal requirements, the process of developing recovery programmes is formally enforced in Poland. Currently, in the event of a net loss, the head of an autonomous public health care entity prepares a recovery programme within 3 months of the date of the approval of the financial statements (Act on therapeutic activity, 2011, Art. 59, point 4). Additionally, in order to increase supervision, the head of an autonomous public health care entity prepares a report on its economic and financial situation and releases it in the Public Information Bulletin within 2 months of the date of the preparation of the annual financial statements (Act on therapeutic activity, 2011, Art. 53a, point 1). The form of the report is set out in the *Regulation of the Minister of Health on economic and financial indicators necessary to prepare the analysis and forecast of the economic and financial situation of autonomous public health care entities*

(2017). The question remains whether a health care facility should be evaluated solely in terms of financial performance (Kujawska, 2017).

To sum up, regardless of formal requirements, restructuring processes in health care entities should be implemented based on optimal legal solutions, the choice of which is determined by the current financial situation of the entity. Other important issues involve the staff's attitude to change management processes and the motivation of those in charge to innovatively approach the creation of realistic assumptions allowing for the achievement of objectives of these processes, paired with consistency at the implementation stage.

3. Methods

In the presented research the formal-dogmatic method was used, based on the analysis of legal acts directly related to the subject of restructuring processes in the health care sector. The empirical study aimed to analyse the legal and economic determinants of the restructuring processes in health care entities in Poland. The following legal acts were included in the analysis:

- the *Restructuring Law* (2015);
- the *Act on therapeutic activity* (2011);
- the *Civil Code* (1964);
- the *Bankruptcy Law* (2003).

The analysis of these legal acts focused on demonstrating the attractiveness of restructuring proceedings for entities in the health care sector, identified the problem of restructuring capacity of these entities, discussed how to carry out judicial restructuring, and presented the key elements of the restructuring plan, including the perspective of management processes and economic and financial considerations.

4. Results

Entities conducting therapeutic activity on the territory of the Republic of Poland, which represent both the public sector — autonomous public health care entities — and the private sector — health care entities which are entrepreneurs under the provisions of the *Entrepreneurs Law* (2018) should be aware that they can take advantage of the legal instruments included in the *Restructuring Law* (2015). The Act regulates the issue of the legal restructuring of entities in a difficult financial situation by means of four types of restructuring proceedings (Art. 2):

- arrangement approval proceedings;
- accelerated arrangement proceedings;
- arrangement proceedings;
- remedial proceedings.

Restructuring implemented under the *Restructuring Law* (2015) primarily consists in reducing or changing the terms of debt repayment by the entity

undergoing restructuring based on the arrangement concluded with creditors. Remedial proceedings are an exception as — in addition to restructuring the debtor's obligations — they are intended to turn around the debtor's undertaking by carrying out remedial actions defined as legal and factual acts that aim to improve the debtor's economic situation and restore the debtor's capacity to fulfil its obligations, while simultaneously they protect the debtor from enforcement (Filipiak & Magdziarz, 2017, pp. 14–15; Restructuring Law, 2015, Art. 3, section 6). The greatest strength of the legal instrument under discussion is the opportunity to reduce debt without having to enter into settlements with all creditors.

In order to approve the arrangement at the meeting of creditors, the restructuring proceedings require a majority of votes from creditors holding jointly at least two-thirds of the sum of claims to which the voting creditors are entitled (Restructuring Law, 2015, Art. 119). Such an arrangement may be concluded when at least one-fifth of those entitled to vote participate in the meeting of creditors (Restructuring Law, 2015, Art. 113). Additionally, except for the arrangement approval proceedings, the debtor is protected against court enforcement for the duration of the restructuring proceedings. Pursuant to the *Restructuring Law* (2015, Art. 259, sections 1–3), the enforcement procedure concerning the debt covered by the arrangement, commenced prior to the date of the opening of the accelerated arrangement proceedings, is automatically suspended as of the date of their opening. The judge-commissioner may, at the request of the debtor or the court supervisor, revoke a seizure made prior to the date of the opening of the accelerated arrangement proceedings in the enforcement proceedings or proceedings to secure property on the claims subject to the arrangement by virtue of law, if this is necessary for the continued operations of the undertaking. After the date of the opening of the accelerated arrangement proceedings, it is prohibited to initiate the enforcement proceedings or execute a decision to secure property or an order to secure property arising from the claims covered — by virtue of law — by the arrangement. Pursuant to the *Restructuring Law* (2015, Art. 278), in the arrangement proceedings, the scope of protection is the same as in the accelerated arrangement proceedings, however, in Art. 268, the legislator allowed for the possibility of securing the debtor's property as early as at the stage of the examination of the application to open restructuring proceedings. Under *Restructuring Law* (2015, Art. 268), during the proceedings for the opening of the arrangement proceedings the court may secure the property of the debtor by appointing a temporary court supervisor. The court may, at the request of the debtor or the temporary court supervisor, suspend the enforcement proceedings conducted in order to pursue claims subject to the arrangement by virtue of law and revoke the seizure of the bank account if this is necessary to achieve the objectives of the arrangement proceedings. When revoking the seizure of the bank account, the court will appoint a temporary court supervisor, if he has not been appointed earlier.

During the remedial proceedings, as in the arrangement proceedings, the debtor may seek protection against bailiff enforcement proceedings already at the stage of the application for the opening of restructuring proceedings (Restructuring Law, 2015, Art. 286), while under the *Restructuring Law* (2015, Art. 312), enforcement proceedings to secure claims addressed to the debtor's property included in the remedial estate initiated before the date of opening of the remedial proceedings are suspended by operation of law as of the date of the opening of the proceedings. The successful completion of all four restructuring proceedings (i.e., the validation of the decision to approve the arrangement) results in the discontinuance, by virtue of law, of all security and enforcement proceedings conducted against the debtor in order to satisfy the claims covered by the arrangement (Restructuring Law, 2015, Art. 170, section 1). Suspended proceedings to secure property conducted against the debtor in order to satisfy claims not covered by the arrangement may be resumed at the creditor's request (Restructuring Law, 2015, Art. 170, section 2). In addition, the opening of the accelerated arrangement proceedings, arrangement proceedings or remedial proceedings freezes the economic situation of the debtor's enterprise for the period until its creditors decide to approve the arrangement, as the following agreements cannot be terminated without the consent of the creditors' committee: tenancy, lease, loan, leasing, property insurance, bank account, surety, guarantee and licence agreements (Restructuring Law, 2015, Art. 256, 273, 297).

In both arrangement proceedings, the creditor holding a claim secured on the debtor's property by mortgage, pledge, registered pledge, tax lien or maritime mortgage may, during the proceedings, conduct enforcement only on the collateral (Restructuring Law, 2015, Art. 260, 279). After the date of the opening of the remedial proceedings, there is a general prohibition to address the enforcement proceedings to the debtor's property that is part of the remedial estate (Restructuring Law, 2015, Art. 312, section 4).

Legal restructuring brings a number of benefits also to creditors. Restructuring proceedings that are effectively conducted allow the creditors to continue their business cooperation with the debtor. The law ensures that the creditors' claims are satisfied to a higher extent than in the case of bankruptcy declared by the debtor. Moreover, restructuring proceedings are conducted with the participation of a licensed restructuring adviser who ensures their effective performance and, depending on the type of proceedings, takes on the role of the arrangement supervisor — the arrangement approval proceedings (Restructuring Law, 2015, Art. 35), the court supervisor — the accelerated arrangement proceedings and arrangement proceedings (Restructuring Law, 2015, Art. 38), the administrator — the remedial proceedings (Restructuring Law, 2015, Art. 51), the arrangement supervisor — as of the day of the validation of the decision approving the arrangement (Restructuring Law, 2015, Art. 171).

The *Restructuring Law* (2015, Art. 4) regulates the issue of restructuring capacity, i.e., the capacity granted by the legislator to be the subject of the restructuring proceedings, specifically the capacity to act as a debtor in the restructuring proceedings (see commentary to Art. 4 in Filipiak & Hrycaj, 2020, pp. 1–2). Accordingly, the provisions of the *Restructuring Law* (2015, Art. 4, section 1), apply to:

- entrepreneurs within the meaning of the *Civil Code* (1964);
- limited liability companies and joint stock companies not involved business activity;
- partners in partnerships liable for the partnership's obligations without limits to their property;
- partners in a professional partnership.

While there is no doubt that health care entities from the private sector have the restructuring capacity, as they hold the status of entrepreneurs, which falls within the definition included in the *Civil Code* (see Act on therapeutic activity, 2011, Art. 4, section 1, point 1; Restructuring Law, 2015, Art. 3–4; Civil Code, 1964, Art. 431), the dispute in doctrine has persisted as to the legal status of autonomous public health care entities and, consequently, whether they could be covered by the *Restructuring Law* (2015). This contradiction in doctrine is caused, first, by the inability to declare bankruptcy by autonomous public health care entities, expressed directly in the *Bankruptcy Law* (2003, Art. 6, point 3). Pursuant to the *Restructuring Law* (2015, Art. 3), the purpose of the restructuring proceedings is to avoid the declaration of bankruptcy of the debtor, thus, in the case of lack of such capacity in autonomous public health care entities, the purpose of the Act cannot be fulfilled, as no bankruptcy threatens them (see commentary to Art. 4 in Filipiak & Hrycaj, 2020, p. 3). Currently, both the doctrine and the practice of law have rejected such an approach to the relationship between bankruptcy capacity and restructuring capacity, treating both capacities separately, indicating that Art. 4 of the Act in section 2 contains the list of entities to which the provisions of the Act do not apply and the list does not contain autonomous public health care entities, which means that the legislator did not intend to deprive this category of entities of restructuring capacity, as it did, for example, in the case of the State Treasury units, state-owned banks or insurance and reinsurance companies. Since autonomous public health care entities cannot declare bankruptcy and the prolonged net loss without coverage leads to liquidation or a change in the organisational form of an independent public health care institution (see Act on therapeutic activity, 2011, Art. 59, sections 1–3), the purpose of the restructuring proceedings conducted in such entities is to avoid liquidation or transformation.

Another controversial issue concerns the fact that the *Act on therapeutic activity* (2011, Chapter 3) classifies autonomous public health care entities as non-entrepreneur therapeutic entities and autonomous public health care entities are legal persons without being capital companies, which, according to some authors, leads to the failure to meet the criteria for restructuring ca-

pacity under the *Restructuring Law* (2015, Art. 4, section 1) (see Gurgul, 2016, p. 981). However, the proponents of the view granting restructuring capacity to autonomous public health care entities argue that, in fact, activity conducted by these entities allows for their classification as entrepreneurs within the meaning of the *Civil Code* (1964). Under the *Civil Code* (1964, Art. 431) an entrepreneur is a natural person, a legal person and an imperfect legal person, conducting business or professional activity in its own name. Business activity is defined in the Entrepreneurs Law (2018, Art. 3) as an organised profit-making activity, performed in an entrepreneur's own name and in a continuous manner. Autonomous health care entities conduct activity in the therapeutic field (see Act on therapeutic activity, 2011, Art. 3, section 1) consisting in providing health care services, as well as in the non-therapeutic field (see Act on therapeutic activity, 2011, Art. 42, section 3; Art. 55, section 1, point 2), which, for example, involves running a canteen. Such activity is undoubtedly conducted in an organised, continuous manner and in the entity's own name, and it has a professional character (see the commentary to Art. 4 in Filipiak & Hrycaj, 2020, pp. 37–44).

Moreover, this activity is profit-making, as the autonomous public health care units (known as SPZOZs) participate in business through the provision of paid, equivalent mutual services (see Kuśmierek, 2016, p. 111). The discussion on the entrepreneur's status of the autonomous public health care unit can be aptly concluded with an important *Resolution of the Supreme Court* (2008), which recognised SPZOZs as entrepreneurs.

The restructuring of the debtor's obligations is conducted through the arrangement with creditors. Under the current law, arrangement proposals specify how obligations should be restructured and may be formulated by the debtor, the creditors' committee, the court supervisor or the administrator, or by a creditor or creditors with a total of more than 30% of the amount of claims (Restructuring Law, 2015, Art. 155). The basic arrangement proposals include in particular:

- postponing the performance deadline;
- payment in instalments;
- reduction of the amount;
- the conversion of claims into shares;
- change, exchange or repeal of the law which provides security for the specific claim.

Furthermore, the arrangement proposals may also provide for the satisfaction of creditors by liquidation of the debtor's property. The arrangement proposals may indicate one or more ways of restructuring the debtor's obligations (Restructuring Law, 2015, Art. 156).

Notably, the restructuring of obligations arising from social security contributions in part financed by the debtor as an employer, contributions to the Labour. Fund, the Guaranteed Employee Benefits Fund, the Bridging Pension Fund, contributions to the debtor's own social and health insurance and other

debtor's liabilities to the Social Insurance Institution, in particular, interest on these contributions, enforcement costs, the costs of reminders and additional charges, may only cover payment in instalments or deferred payment (Restructuring Law, 2015, Art. 160).

At its outset, each restructuring procedure involves two important documents — the initial restructuring plan and the restructuring plan. Their appropriate drawing-up is crucial for the entire restructuring proceedings, both at the stage of the application to open the proceedings — the initial restructuring plan, and for the successful completion of the arrangement with the creditors — the restructuring plan.

The initial restructuring plan is part of the debtor's application to open the accelerated arrangement proceedings (Restructuring Law, 2015, Art. 227, section 1, point 2), the arrangement proceedings (Restructuring Law, 2015, Art. 227, section 1 point 2) in connection with Restructuring Law (2015, Art. 265), and the remedial proceedings (Restructuring Law, 2015, Art. 284, section 1, point 3). Under Art. 9, it should include at least:

- an analysis of the causes of the difficult economic situation of the debtor;
- an initial description and overview of planned restructuring measures and related costs;
- an initial schedule for implementing the restructuring measures.

The initial restructuring plan should account for the information needs of potential stakeholders in these processes (Bauer & Macuda, 2018). In addition, the strategic analysis of the distressed entity should be carried out in a comprehensive manner, while the planned restructuring actions should be feasible to implement within the adopted timeframe and bring the expected outcomes. The estimation of the outcomes should be reliable and based on transparent assumptions and professionally prepared financial projections.

The restructuring plan is drawn up in the course of the restructuring proceedings by the restructuring adviser. The obligatory elements accompanied by the description of how the plan will be implemented and comments related to the operations of therapeutic entities (Restructuring Law, 2015, Art. 10) are presented in Table 1.

5. Conclusion

The restructuring capacity of health care entities on its own is not sufficient to open the restructuring proceedings against them, still grounds must exist for opening the proceedings, referred to as premises in law (see Hrycaj, 2015, p. 11). The following types of premises can be distinguished:

- insolvency or a threat of insolvency (Bankruptcy Law, 2003, Art. 11; more in Kubiczek & Sokół, 2016a, pp. 87–99; 2016b, pp. 109–115);
- multiple creditors (Hrycaj et al., 2019);
- no detriment to creditors (Restructuring Law, 2015, Art. 8, section 1);

– credible ability of the debtor to pay the costs of the proceedings and fulfil obligations arising after the opening of the proceedings (Restructuring Law, 2015, Art. 8, section 2).

Each of the premises must be examined individually for a specific debtor. The key to success is the relevant argumentation of the restructuring application, which will demonstrate the existence of each premise in a clear and precise manner. At this point, the premise of insolvency should be distinguished, as it must be presented in two dimensions — insolvency in terms of liquidity, which means that the debtor has lost the ability to fulfil its monetary obligations, and insolvency in terms of property, which occurs when the debtor as a legal person or an imperfect legal person has monetary obligations that exceed the value of its property, and this state of affairs has persisted for a period longer than 24 months. The interesting issue is how to approach insolvency in the case of autonomous public health care entities (SPZOZs), to a large extent publicly funded, the fact which undermines free market mechanisms in these entities.

Another important issue is whether the opening of the restructuring proceedings against health care entities will not have negative consequences in terms of contracting health care services with the National Health Fund, which — in many cases — remains the main source of revenue.

It is also necessary to evaluate the substance of the documents containing the economic and financial assumptions of the restructuring process and assess the feasibility and planned outcomes of the proposed changes. Finally, the process of the implementation of these changes should proceed in a timely manner and be properly monitored.

The considerations concerning the legal and economic determinants for restructuring processes of health care entities in Poland should lead to the recognition of what benefits can be achieved through the use of the extensive legal instruments in the form of restructuring proceedings. It is important to remember, however, that the purpose of judicial restructuring is primarily to restructure the obligations of the distressed entity, and only indirectly — through the performance of the restructuring plan — to restructure the entity itself. Another conclusion is that for the restructuring proceedings to be carried out effectively, legal expertise alone is not sufficient and it should be paired with expert knowledge of management and economics, which, unfortunately, is not possessed by the majority of restructuring advisers, including judges. Moreover, as the issue concerns the health care sector, successful restructuring involves the cooperation of lawyers, economists and managers specialising in health care. Finally, the research problem addressed in the article seems to be the inspiration for further empirical studies in this area in the future.

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Appendix

Table 1.
The obligatory elements of the restructuring plan from the perspective of the restructuring processes implemented in therapeutic entities

The obligatory element of the restructuring plan	How the element is implemented	Comments related to the operations of therapeutic entities
A description of the debtor's undertaking, including information on the current and future state of supply and demand in the market sector in which it operates	Preparation of the description of the scope of the operations of the therapeutic entity and the current analysis of the maximum capacity for providing health care services in particular scopes, including the current levels services contracted by the National Health Fund (with the limited ones) or the estimated capacity for obtaining commercial revenues.	In the case of the supply side, it is worthwhile to conduct analyses concerning the financial plans of NFZ (Poland's National Health Fund) and current maps of health needs. In addition, it is necessary to estimate the current capacity of the therapeutic entity to provide services (medical personnel, medical equipment, bed occupancy rate, etc.).
A presentation of the proposed future strategy for running the debtor's undertaking and information on the level and type of risk	The starting point for developing the strategy is the detailed strategic analysis conducted using appropriately selected methods of strategic analysis. Then, the strategy can be developed using the Strategic Scorecard at the level of general strategy and functional strategies (personnel, finance, logistics). Additionally, risk management elements should be planned with the use of controlling system.	In public entities, the management control system can be used as part of the implementation and management of strategic and operational risk.
An analysis of the reasons for the debtor's difficult economic situation	In the timeframe adopted, the analysis of the financial statements should be followed by detailed analyses at the level of the results of the individual organisational units.	Before conducting analyses at the specific level, it is worthwhile to verify the cost accounting system used in the entity. Due to the cost structure, additional analyses should concern wage costs.
A full description and overview of the planned restructuring measures and related costs	A properly conducted analysis of the current state will generate adequate ideas, which can then be assessed for feasibility and financial impact.	Estimation of the costs of the changes introduced should be based on detailed calculations, not just roughly estimated. Analyses should also take into account the complementarity of services provided and the emergence of alternative costs or opportunity costs.
A timetable for the implementation of the restructuring measures and the deadline for the implementation of the restructuring plan	The programme should include the elements of project management methodology and well-defined milestones. The target financial indicators should be adequately set within the project timeframe.	An important element is to maintain the continued operations of the therapeutic entity.

The obligatory element of the restructuring plan	How the element is implemented	Comments related to the operations of therapeutic entities
Information on the production capacity of the debtor's undertaking, in particular its use and reduction	The analysis includes the capabilities to achieve revenue potential at current staffing levels and the use of medical equipment and other technical infrastructure.	An important element is the inclusion of formal requirements related to the ability to provide health care services while the planned restructuring of workforce or the merger of certain areas of the entity's activity (for example, wards) are under way.
A description of the methods and sources of financing, including the use of available funds, selling of assets to finance the restructuring, financial obligations of shareholders and third parties, in particular, banks or other lenders, the extent of state aid granted and applied for, *de minimis* aid or *de minimis* aid in agriculture or fisheries and providing relevant evidence for the need for such aid	In the case of actions requiring the improvement of current liquidity and investment activities (reducing costs or opening up new sources of revenue), the source of financing should be identified and the calculation of its acquisition costs should be provided.	In the case of public entities, the restrictions concerning state aid should be taken into account.
Projected gains and losses for the next five years, based on at least two projections	The financial projections should be conducted using sensitivity analysis (e.g., change of a significant cost driver, such as labour costs, or a revenue driver, such as price per NFZ settlement point). Additionally, a scenario planning element may be introduced to the process of estimating an increase in revenue.	In terms of the revenue side, maximum service capacity and maximum market absorption in the planned scope of therapeutic activity should be taken into account.
Names of persons responsible for the performance of the arrangement	The restructuring plan aims to persuade creditors to vote on the arrangement, so it is important to appoint competent managers who will in future be responsible for the performance of the arrangement and thus inspire confidence in creditors.	It is important to appoint managers in charge of change management who possess managerial skills relevant to the character of health care entities.
Names of the authors of the restructuring plan	The Act provides that the restructuring adviser conducting the proceedings is responsible for drawing up the restructuring plan, whereas — in particularly justified cases — with the consent of the judge-commissioner, a third party may be commissioned to draw up the restructuring plan (Restructuring Law, 2015, Art. 10, section 4).	Due to the nature of the health care sector, it may be helpful to establish an interdisciplinary team of health care experts to assist the restructuring adviser in drawing up the restructuring plan.
The date of the drawing-up of the restructuring plan	In the event of a time gap between the drawing-up and the performance of the restructuring plan, its update is required.	In a health care entity, the cycle of contracting health care services should be taken into account.

Source: Own preparation.