

CONGRESS '19

EAHM

BELGIUM - GHENT

INNOVATIVE HEALTHCARE STRATEGIES

11 > 14 SEPTEMBER 2019

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ARCHITECTS





HEALTH MANAGEMENT GOVERNANCE & ETHICS



Dr. Doris Gillig
Vice-secretary general ADH
President SSC EAHM
Welcome by the theme chair



Mr. Johnny Van der Straeten

CEO UZA Antwerpen

Hospital networks and governance models





hospital networks & governance models

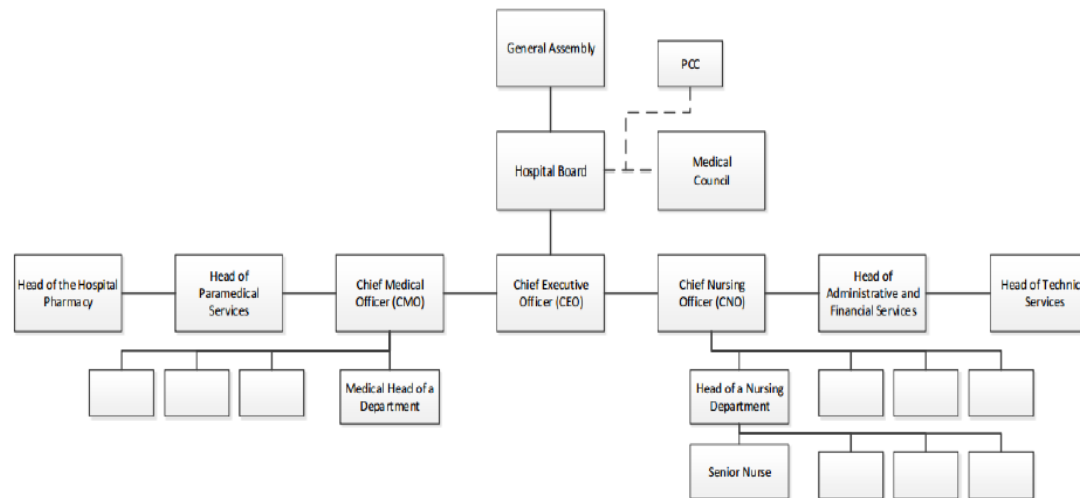
EAHM

12-13 september 2019

Johnny Van der Straeten, CEO UZA



Figure 2 – Institutional governance in Belgium



Source: Eeckloo (2008), *Hospital governance in*

Vlaanderen

2016 A report of the Belgian Health Care Knowledge Centre

KCE REPORT 277



GOVERNANCE MODELS FOR HOSPITAL COLLABORATIONS



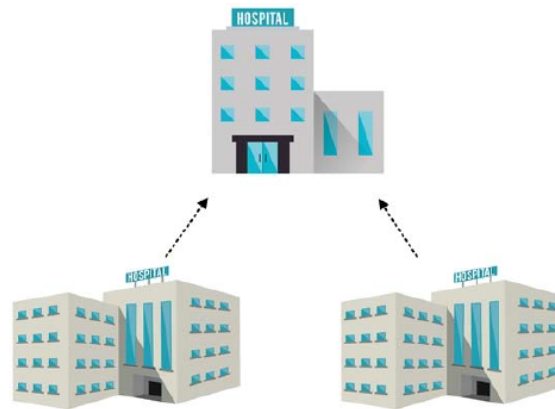
2016

www.kce.fgov.be



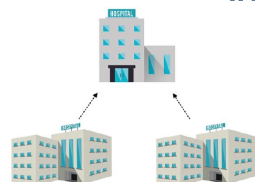
2016 KCE-report 277 – 3 governance models (1/3)

AUTONOMOUS COLLABORATION INITIATIVE



2016 KCE-report 277 - 3 governance models (1/3)

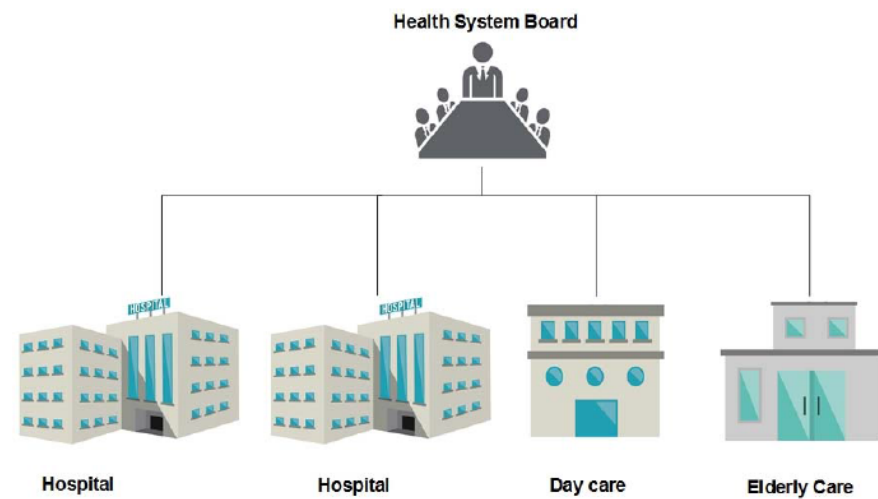
AUTONOMOUS COLLABORATION INITIATIVE



- Authorisation on the level of the new organization
- The autonomous collaboration initiative has the final responsibility
- New board at new organisation level
- New medical council at new organisation level

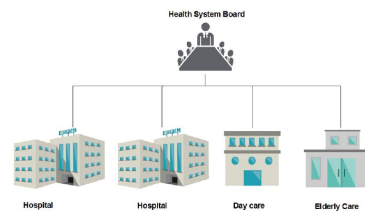
2016 KCE-report 277 - 3 governance models (2/3)

HEALTH SYSTEM

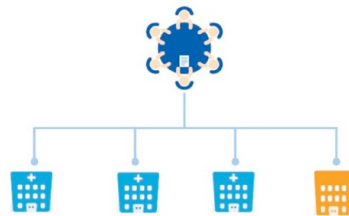


2016 KCE-report 277 - 3 governance models (2/3)

HEALTH SYSTEM



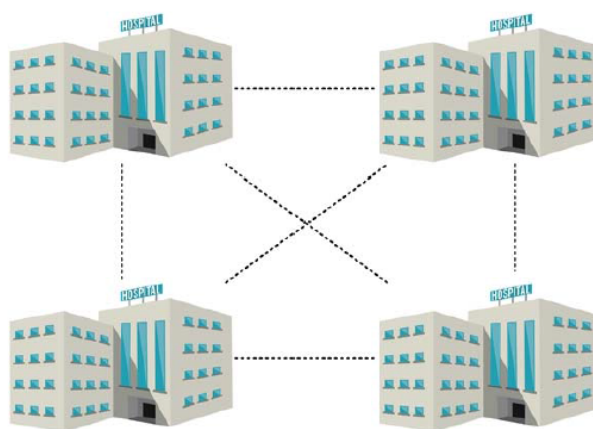
- One overall board



- The health system holds all authorisations
- The health system has the final responsibility
- Common daily management
- The executive committee is in charge of the management of the system

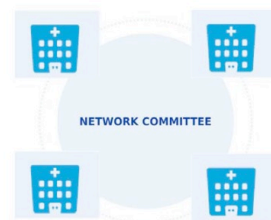
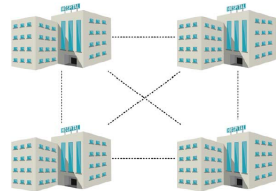
2016 KCE-report 277 - 3 governance models (3/3)

NETWORK



2016 KCE-report 277 - 3 governance models (3/3)

NETWORK



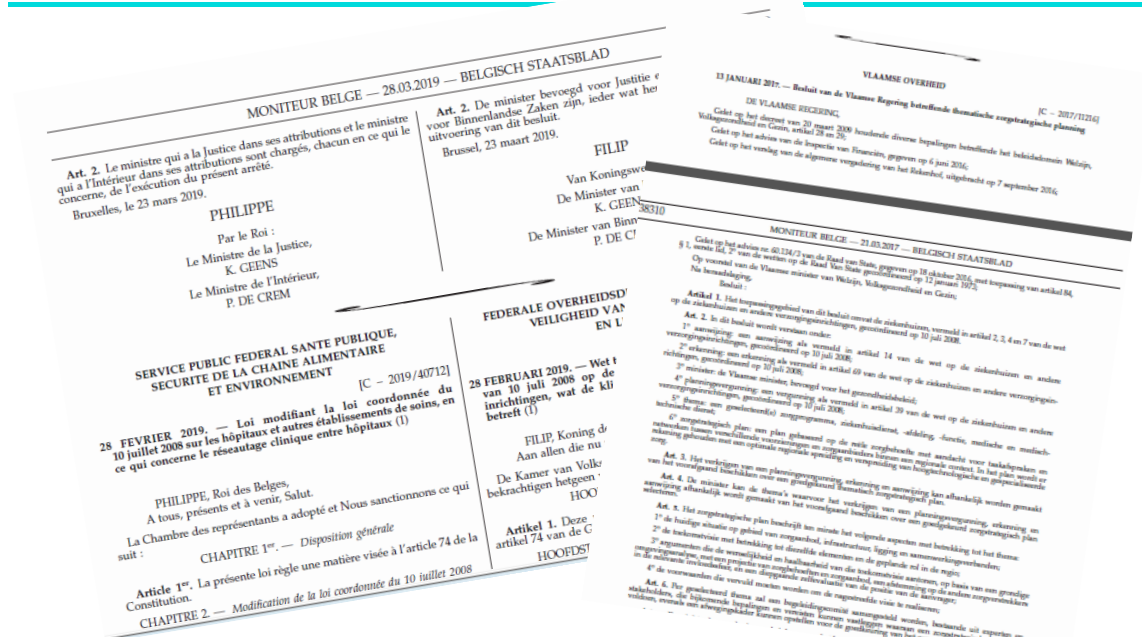
- Boards remain at hospital level
- Medical councils remain at hospital level
- The individual hospital has the final responsibility
- The individual hospital keeps its own authorization
- There is a network committee consisting of physicians and administrators of individual hospitals to enhance decision making at the level of the network
- The network committee can take decisions

2016 KCE-report 277

Figure 1 – Types of collaboration: health networks and health system

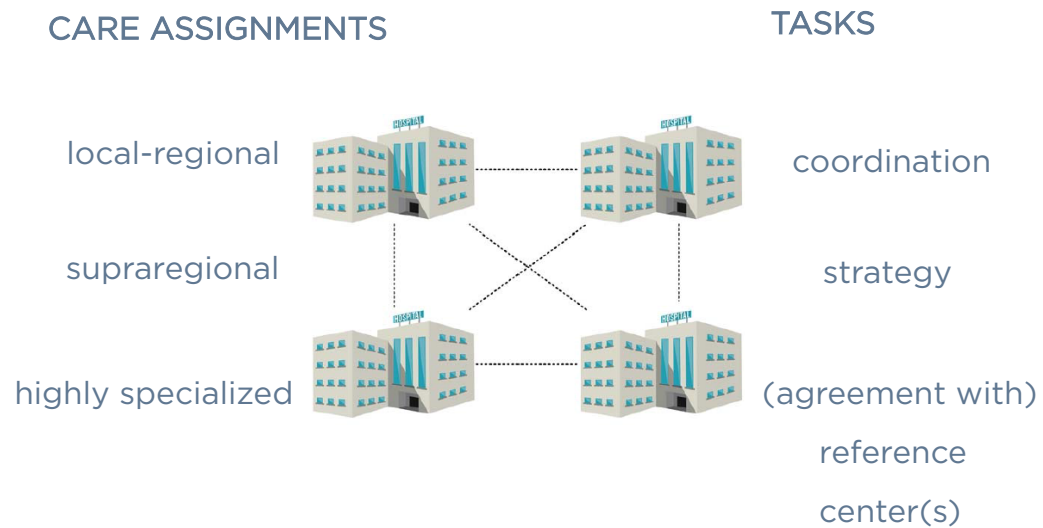
	Health networks	Health systems
Forms	More loosely coupled multihospital arrangement, in which hospitals are linked in a number of ways such as contract agreements to pursue specific objectives	Formally structured multihospital system, in which hospitals are tightly coupled and are linked through formal and structured relationships
Ownerships	Multiple ownerships Each hospital maintains its separate legal identity	Single ownership Owned and managed by a certain legal entity
Decision making	Joint planning and decision making Independent implementation	Planning by a central administrative authority Jointly pursue common interests

Recent legislation

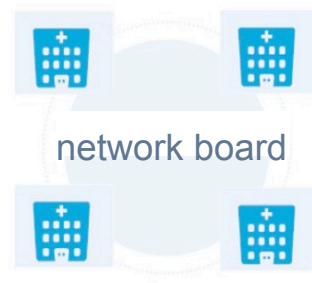


Source: *Belgisch Staatsblad*

Recent legislation: hospital network



Recent legislation: governance structure

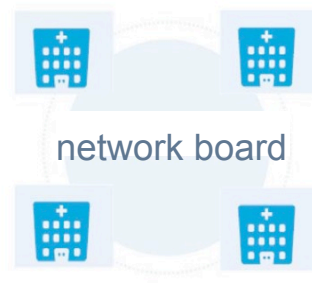


medical network council



chief medical officer
or college

Recent legislation: governance structure – the network board



tasks

formation

decision making

Recent legislation: governance structure – Chief Medical Officer (CMO)



chief medical officer
or college

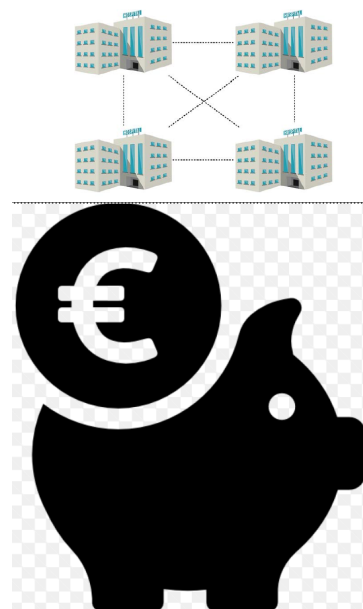


Recent legislation: governance structure – the medical network council



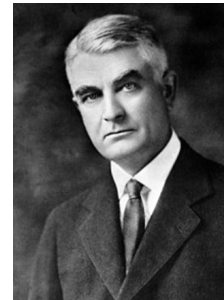
medical network council

Recent legislation: finance

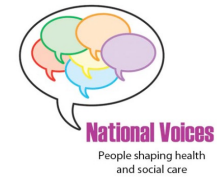


"The best interest
of the patient is the only
interest to be considered ..

William J. Mayo, M.D. (1861-1939)



ABOUT INTEGRATED CARE: service-user perspective



“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

Source: National Voices (2013). A narrative for person-centred coordinated care In: London: NHS England. Available at:

<http://www.nationalvoices.org.uk/sites/default/files/public/publications/narrative-for-person-centred-coordinated-care.pdf>, accessed 23 July 2019



ABOUT INTEGRATED CARE: W.H.O.

Integrated care – coordinated care – seamless care –
integrated health services delivery – person centred
coordinated care – people-centred health systems – ..

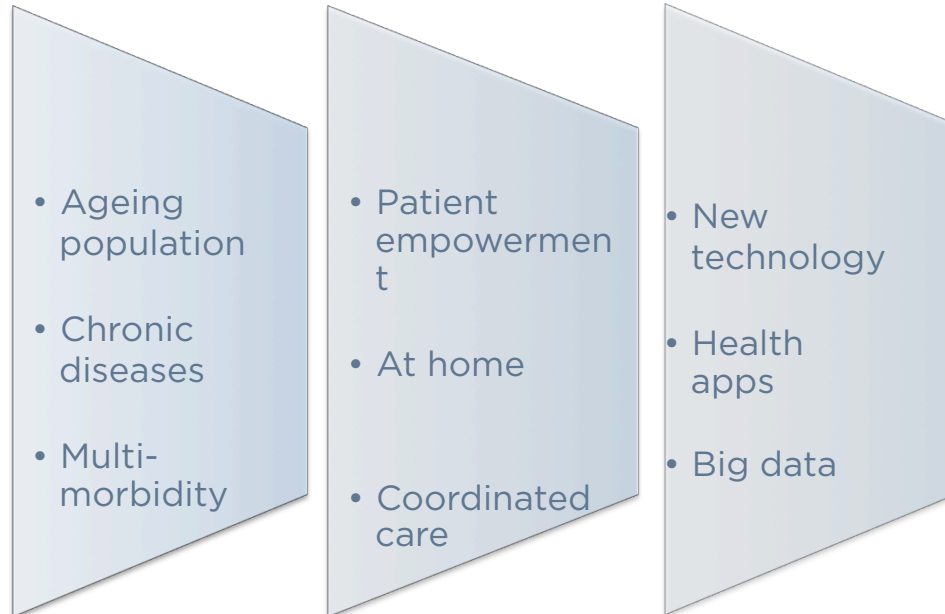


transforming health services to meet the health
challenges of the 21st century

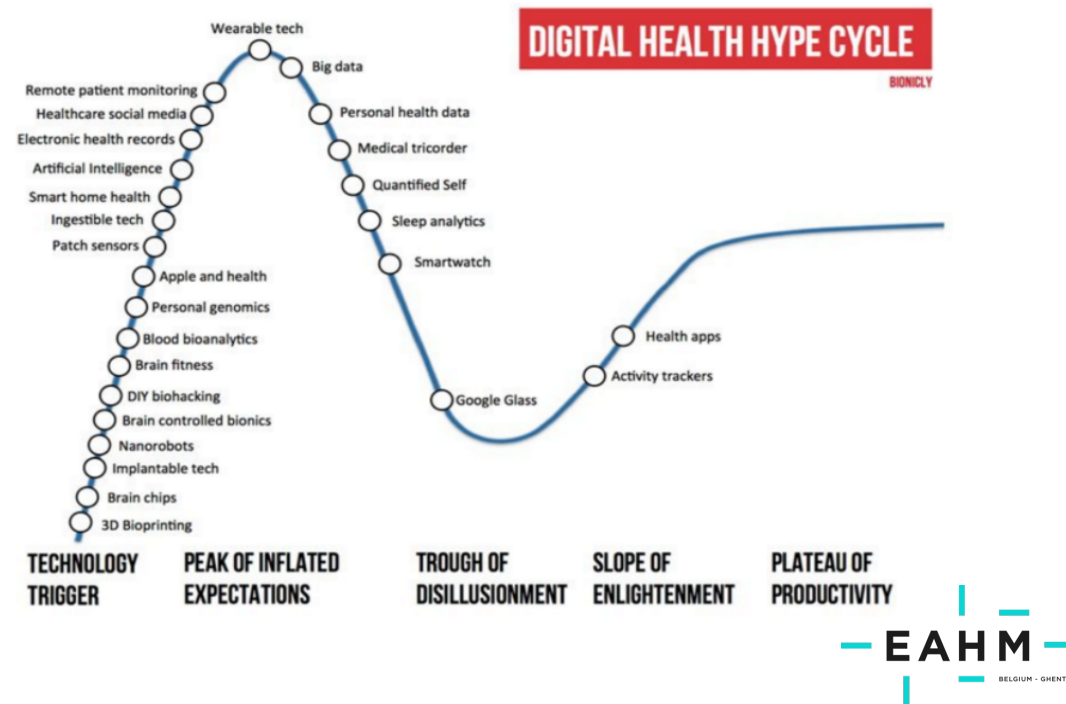


Source: WHO (2012) : 'HEALTH 2020'

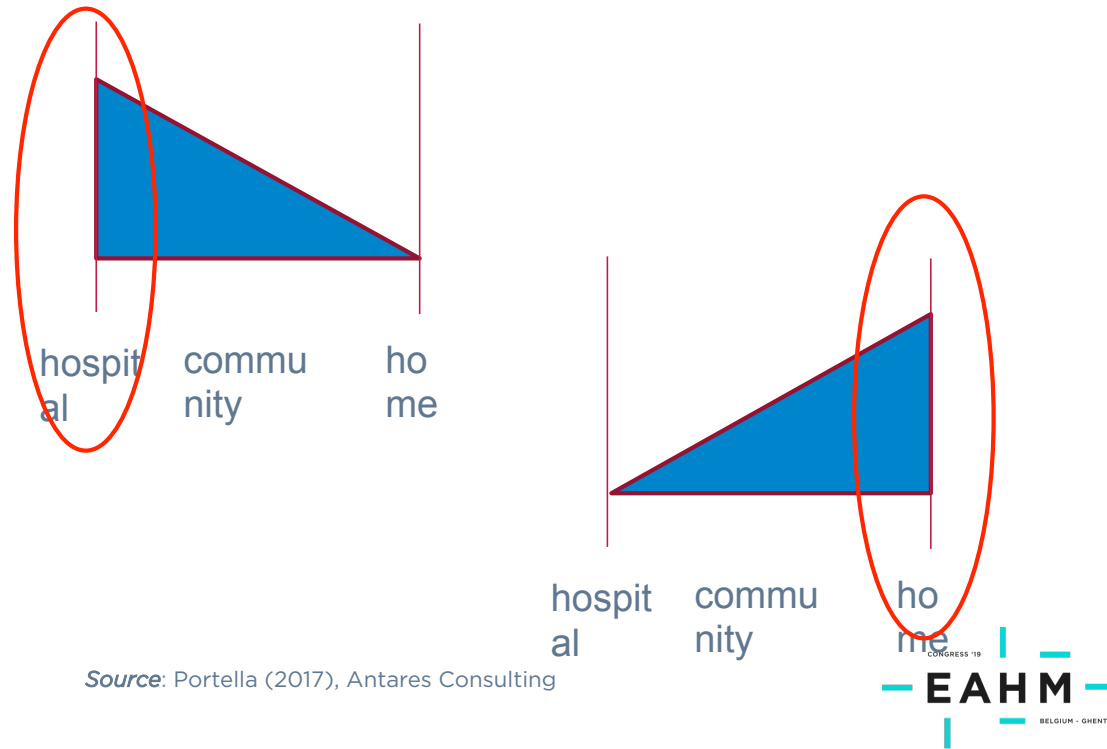
HEALTH CARE CHALLENGED



Challenges: hype cycle for emerging technologies - Gartner hype 2019



HEALTHCARE TRANSFORMATION



SOME FINAL REMARKS

- Quality of care
- Sharing patient data
 - Patient = owner of his health record
- Financial reforms
 - Bundled payment
 - From fee-for-service financing to value based financing

Thank you






Dr. Stefan Ziegler

Managing director Ecclesia Group

Mrs. Sandra Unruhe

Management Assistant Ecclesia Group

Ethics and Healthcare - how to increase patient safety
by professional insurance services





Ethics and Healthcare – how to increase patient safety by professional insurance services

Dr. Stefan Ziegler / Sandra Unruhe
Ecclesia Group

Congress of the European Association of Hospital Managers
in Ghent, 2019

ECCLESIA Gruppe

'Ethics' and 'Morals' – From Philosophy to Consensus Lived in Practice

εθις

= custom, habit, practice

ηθις

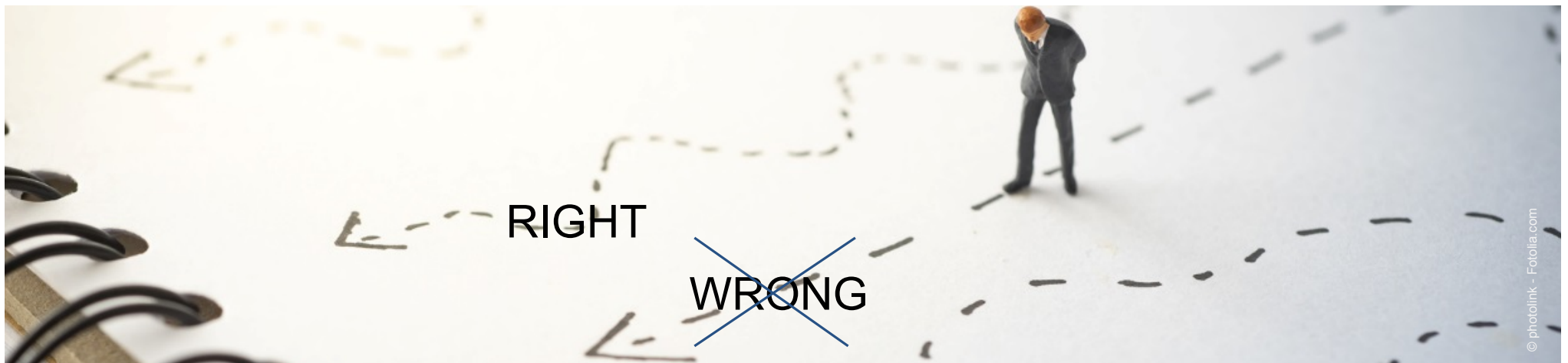
= character

ETHICS: Scientific theory of morals (seeking to define concepts of good and evil, right and wrong, virtue and vice)

mos (pl. mores)

= morals/custom/decency

MORALS: Normative basic framework consisting of rules of conduct and scales of value (actually experienced consensus)



Entrepreneurial Action – the tension between 'profit' and 'morals'

KEY QUESTION:

How can the ethical principles of a good life be combined with the demands of business activity (efficiency, maximization of economic benefits, etc.)?



What happens if little attention is paid to morals?



The Observer Opinions

The major risk of damage to reputation and its economic consequences

Damage to a company's image leads to loss of sales and impairs its brand value

The consequences of which companies complain after having suffered damage to their reputation:

Sector	Impact on Sales	Impairment to Brand Value	Investigations by Regulatory Authority	Loss of Customers	Falling Share Values
Consumer Goods and Industrial Production	59	41	38	0	0
Life Sciences and Healthcare	44	50	36	36	52
Technology, Media, Communication	50	52	33	0	
Energy and Raw Materials	38	33	45	0	44
Financial Services		0		0	

Data in percent, multiple answers possible.
Source: own illustration based on data of Deloitte 2014

Examples from the Healthcare Sector



Examples from the Insurance Industry

Debeke

AIG

© Piman Khutmuang – fotolia.com

However,...

... the business model of both sectors is, in a special way, based on the **value** of 'confidence'!

CONFIDENCE



“We only have a few rules around here, but we really enforce them.”

The special value dimension in medicine

- **Medical Ethics** is a system of **moral principles** which are applicable to the practice **of medicine**:*
- They were developed from physicians in antiquity;
- They concern all healthcare professionals, institutions and organizations - and not least the **patient**.

Roots:

- Hippocratic Oath (between the fifth and third centuries BC)
- Declaration of Geneva (1948, 1968, 1983)
- Nuremberg Doctors' Trial (1947):
Nuremberg Code
- Ethics Committees (1980s)

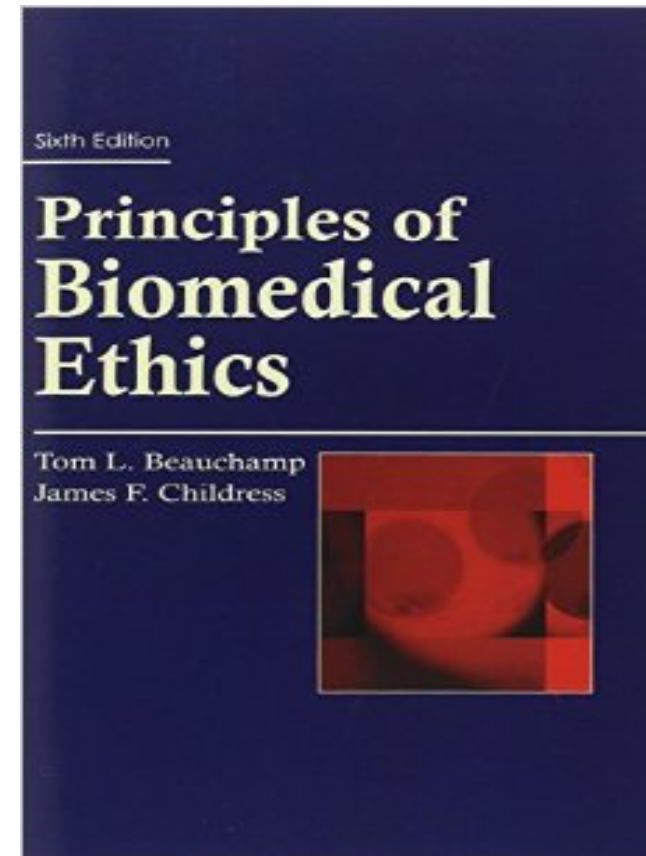


* Source: Wikipedia

The Georgetown Mantra

- Respect for autonomy of the patient;
- Principle of loss prevention (non-maleficence);
- Patient well-being (beneficence);
- Social justice

* Tom Lamar Beauchamp and James F. Childress, "Principles of Biomedical Ethics", 6th Edition, Oxford University Press 2008.

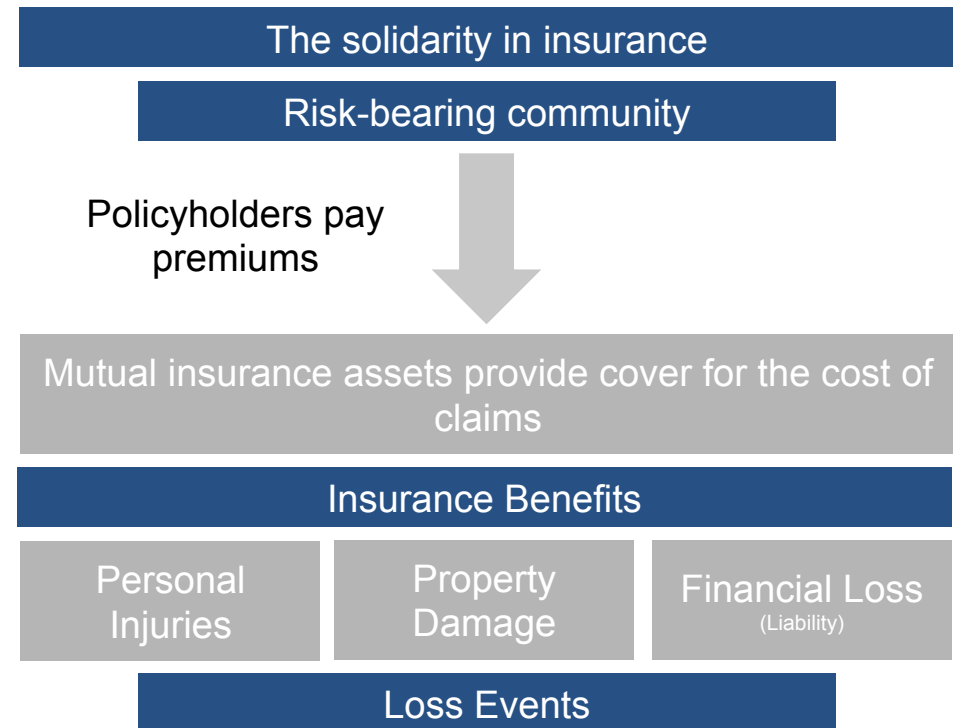


The special value dimension of providing insurance services

- The **guiding principle 'Security'** as an elementary basic human need;
- Particular need for **explanation** and **complexity of the insurance product**;
- Intangible performance promise based on **'good faith'**.



SPECIAL RELATIONSHIP OF TRUST DUE TO
VARIOUS MUTUAL RISK ELEMENTS!



The Solidarity in Insurance, based on: Schatz, E., "Are You Protected?" - 1982, p. 5.

The role of the insurance industry in a world of risk

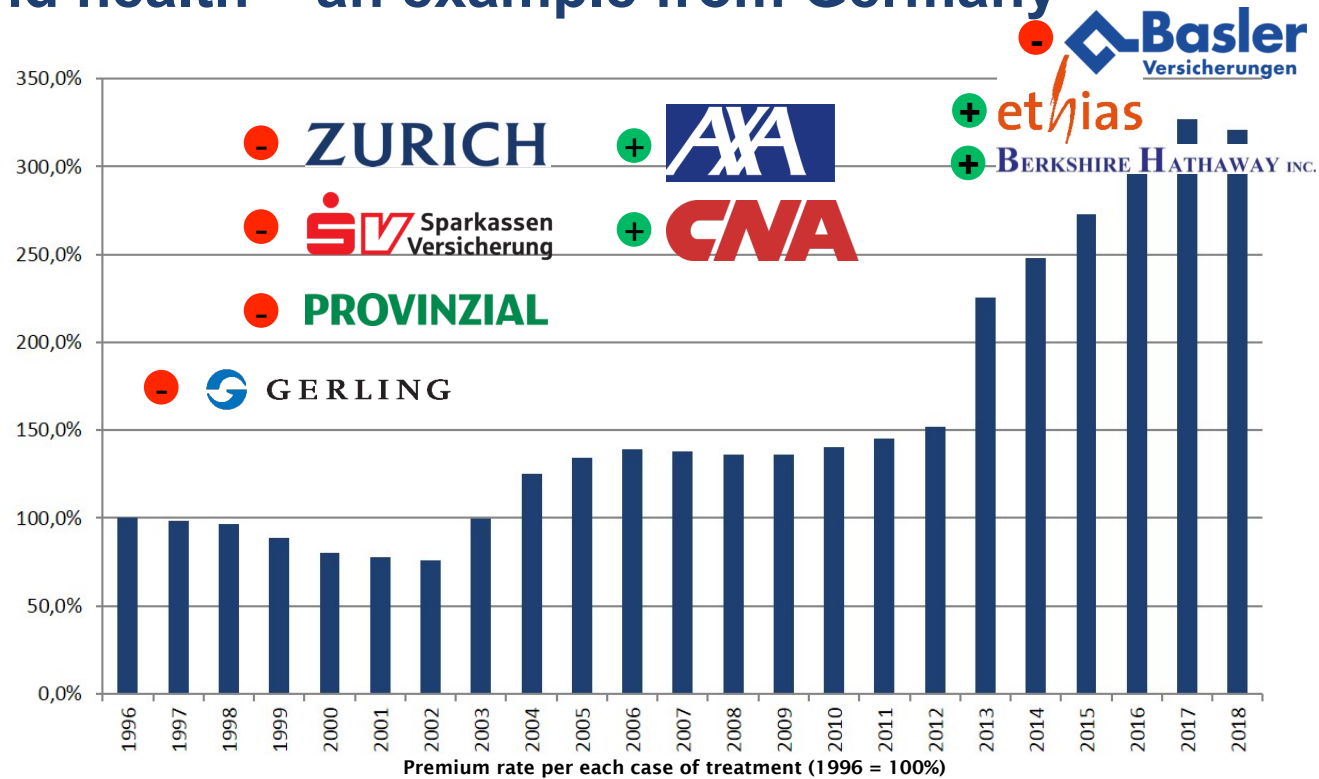
"If we imagine society and some of its aspects such as politics, economics, culture and sports as a house made of individual boxes, and we pulled out the box of insurance, the whole building would collapse.

The accident, the thunderstorm, the burglary, disaster operations, steel works, car manufacturers, medicine, space travel, air traffic - no matter where you look, there is always a need to protect something. So far, I do not see **any alternative** at all."*

* Wealth and billionaire researcher Thomas Druyen in Allianz Makler Magazin 3/2015



Insurance and health – an example from Germany



Ecclesia – an independent broker with Christian roots

Ecclesia's business activities are based on the institutional mission of its Christian shareholders (**the Evangelical Church in Germany - EKD, the German Caritas Association and the Protestant Agency for Diakonie and Development** - social welfare organization of Germany's Protestant Churches). The Articles of Association define this mandate as to always preserve its clients assets through high-quality and inexpensive insurance solutions and to protecting them against financial losses.

In this context, all our activities are implemented in absolute compliance with commercial principles. The defining principle is **customer benefit** instead of **shareholder value**. Ecclesia focuses on long-term customer relationships characterized by a strong sense of partnership and dialogue.

Ecclesia – an independent broker with Christian roots

In the context of **long-term broker's assignments**, Ecclesia, as representative of its clients interests has integrated **risk consulting**, **insurance procurement** and **contract management** into a comprehensive service that provides customers in the **healthcare sector** with a significant plus in security.

Our **basic values** are:

- | | |
|---------------------|--------------------------------|
| 1.) Professionalism | 2.) Reliability |
| 3.) Responsibility | 4.) Confidence and partnership |
| 5.) Optimism | 6.) Drive for new solutions |



Conclusio – or six final theses

1.) Nowadays, ethical misconduct implies **reputation risks** which, in the worst case, may jeopardize the existence of a company!

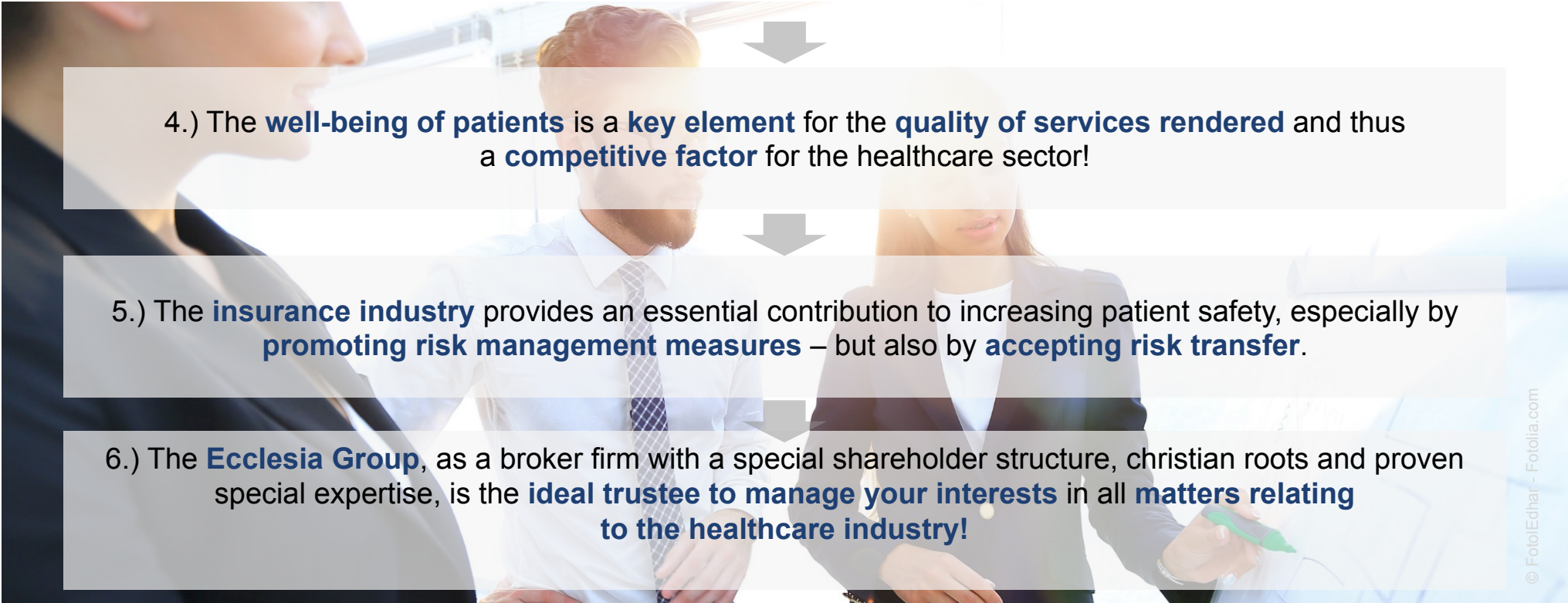


2.) Both the **healthcare sector** and the **insurance industry** are particularly exposed to this risk - not least because both business models are largely based on **confidence**!



3.) Over time, a **specific set of values** has therefore developed for both sectors, which contributes to **credibility** and forms the basis for the respective business success.

Conclusio – or six final theses



4.) The **well-being of patients** is a **key element** for the **quality of services rendered** and thus a **competitive factor** for the healthcare sector!

5.) The **insurance industry** provides an essential contribution to increasing patient safety, especially by **promoting risk management measures** – but also by **accepting risk transfer**.

6.) The **Ecclesia Group**, as a broker firm with a special shareholder structure, christian roots and proven special expertise, is the **ideal trustee to manage your interests** in all **matters relating to the healthcare industry!**

Thank you for your kind attention!

Contact Persons



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Quality management and ethics

QUALITY MANAGEMENT & ETHICS

Holger Höhmann MAS, MIM, MBA

Chairman of the specialists group „psychiatric institutions“ in the association of hospital directors in Germany (VKD)

Commercial Director and CEO of the LVR-Klinik Langenfeld, Germany

President of the Subcommittee Mental Health der European Association of Hospital Managers (EAHM)

AGENDA

1. DEFINITIONS

2. A GLIMPS INTO HOSPITALS

3. WHAT WAS DONE IN GERMANY BY THE STATE AND BY SOCIETY?

4. WHAT SHOULD WE DO?

DEFINITIONS

Ethics

“Ethical theories provide general criteria for being morally right, good or just and, in particular, seek to provide guidance where our moral everyday convictions are uncertain or contradictory.”
(Georg Marckmann)

“Ethics is generally concerned with the question: how should I, how should we act? Ethics do not pose the question of what is, but what should be. Ethics try to clarify what is morally right or wrong, good or bad, required or prohibited, fair or unfair.”
(Georg Marckmann)

Quality Management



- Increase patient satisfaction
- Structures and processes must be designed to support patient care and ethical treatment
- Management must guarantee accessibility and availability 24/7 on 365 days of the year

“Quality is generally the totality of characteristics and feature values of a unit in terms of its suitability to meet specified and presupposed needs.” (Seghezzi)

Problem of quality management in hospitals:

Willingness to provide
financial resources

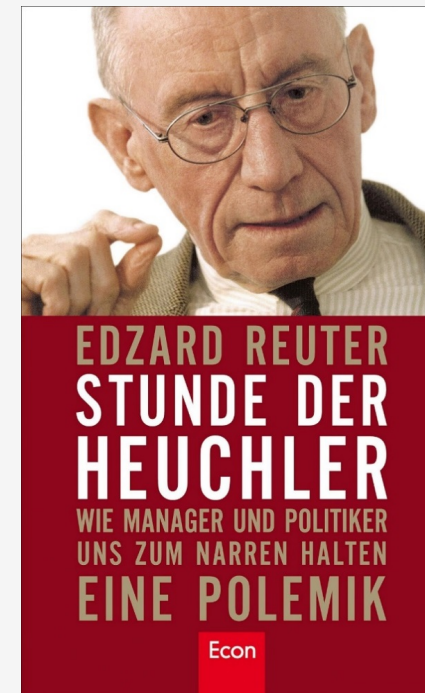
VS

Expectation of 24/7 availability
of all medical services

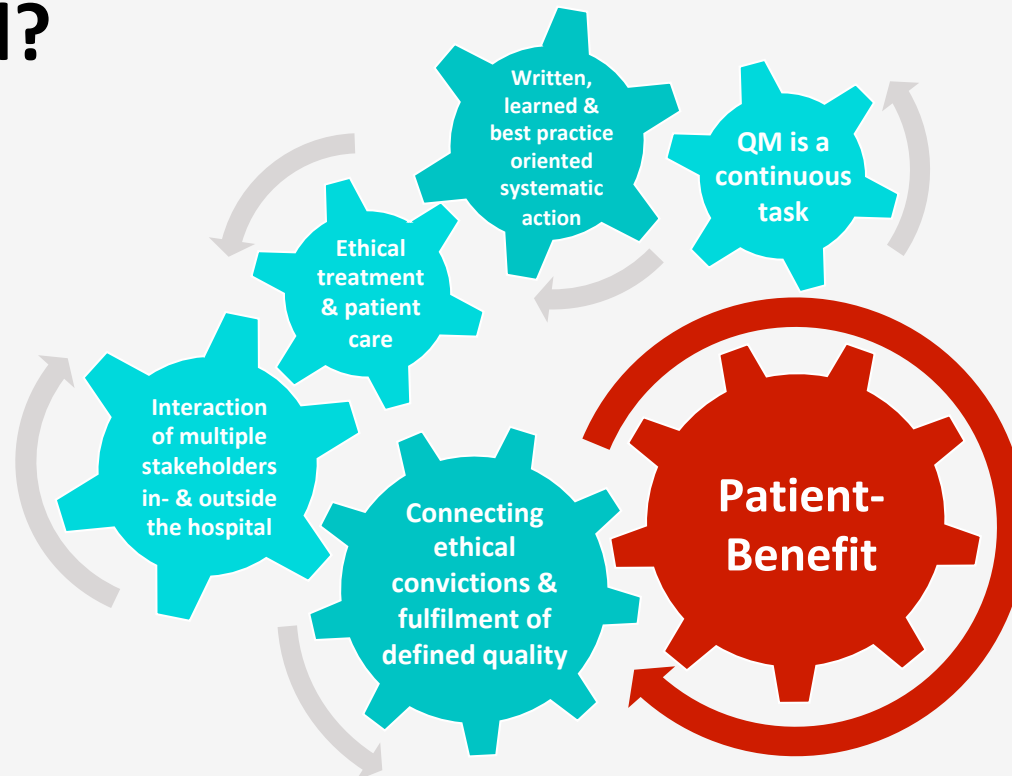
How are Ethics and Quality Management connected?

“... I reserve the utmost admiration for those who had the courage to embark on a serious, fundamental reform of our healthcare system. The network which has encouraged doctors' organisations, health insurance companies and, last but not least, an almost omnipotent pharmaceutical industry to protect their respective interests throughout the country, is impenetrable, and obfuscated with camouflage systems of utter hypocrisy. A fundamental reorganisation will clearly only stand a chance when the final collapse is at our door...”

(Reuter)



How are Ethics and Quality Management connected?



A GLIMPS INTO HOSPITALS

A glimps into hospitals...

"The little girl's foot was crippled. My students stood around me as I took the little creature's shoes and stockings off to examine the misfortune. ... I explained the ailment and suffering to my students, comforted her mother and told her that we could operate on the foot ... I made the necessary arrangements with the woman, and then bent down, picked up the clothes and carefully dressed the little one, who was sitting on my lap as good as gold, in her shoes and stockings. The mother protested: "But Professor! That's not your job! Let me do that. However, I fended her off and finished this small task..." (Sauerbruch, 1950)



Ferdinand Sauerbruch
painted by Max Liebermann, 1932

Patient experiences

- Long waiting times → waste of precious lifetime
- Lack of communication → feelings of fear, suffering, distress, pain



We have to remember:

The patient might be suffering, afraid, in pain or feel helpless!

Hospitals and their employees are here to serve the patients!

The patients ultimately pay our salaries and can rightly expect excellent service!

WHAT WAS DONE IN GERMANY BY THE STATE AND SOCIETY?

Quality management

- Further development of patient safety
- Intrinsic motivation as decisive factor for successful QM
- Enhancing the relevance, efficiency and fairness of quality assurance
- Implementations of external independent quality controls
- Enabling patients to get a second opinion
- Incorporate a review of the existence of an effective QM by law
- Following the guidelines of the medical societies

Ethics

High-quality health care is:

1. Safe
2. Effective
3. Patient-oriented
4. Timely
5. Efficient
6. Fair

Ethics in health care go beyond that: a fundamental attitude to the ever-changing issues expressed in many ways by the hospital employees, ranging from simple to life-or-death decisions.

Key principles of ethics in Health care

1. Self-determination
2. Doctor-patient relationship
3. Successful communication as a prerequisite for self-determination

WHAT SHOULD WE DO?

Basic points to be considered...

- Clarify and interpret the content of consensual ethical moral convictions
- Bring the various convictions into coherent context
- Develop the principals that have morphed into rules governing actions

(Marckmann mutatis mutandis)

- Appropriateness of care
- Effectiveness of care
- Patient perspective issues
- Safety of the care environment

(Joint Commission correspondingly)





“The highest level of medicine is love. It is love that teaches art, and no doctor is born without it. Chatter, sweet talk is the office of the mouth but helping, being useful, is the office of the heart. It is in the heart the doctor grows, he goes out from God, he is the natural light of experience. Nowhere, where the heart seeks great love, is greater than in the doctor.”

(Paracelsus)

THANK YOU FOR YOUR KIND ATTENTION



Hospital visit:

The delegates pay a visit to two hospital units of the Antwerp University Hospital, where they receive an introduction on their general organization with a specific focus on patient flows.

The unit's strategy is presented, highlighting its alignment with the overall organizational strategy.

Then KPIs are introduced together with related improvement projects (PDCA methodology).



To finalize, the implementation of lean management is demonstrated through practical examples



**THANK YOU
FOR YOUR
ATTENTION**

**WISHING YOU
AN INSPIRATIONAL TOUR**



**SAFE TRIP BACK
TO THE MEET & GREET
CENTER**