



ASSOCIATION EUROPÉENNE DES DIRECTEURS D'HÔPITAUX  
EUROPÄISCHE VEREINIGUNG DER KRANKENHAUSDIREKTOREN  
EUROPEAN ASSOCIATION OF HOSPITAL MANAGERS

# Presidential Letter 3

September 2013

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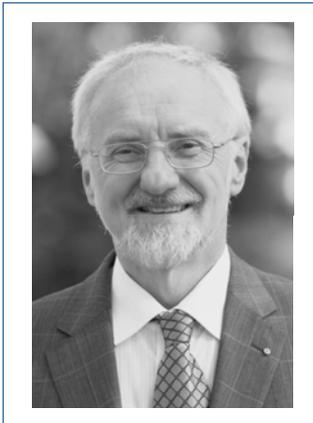
*eHospital 2013*

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*Heinz Kölking*

## An Urgent Need for a New Drive

The cancellation of the 2012 EAHM Congress in Athens remains one of the most painful moments in the history of our association. The reasons for the cancellation, stemming mainly from the financial and economic crisis, must be taken into consideration in the organisation of future activities of the EAHM.

You, dear colleagues from hospitals all over Europe, are also confronted with the consequences of the public finance crisis and the imposed savings within the health sector as required. Moreover, the weakening of the economy also affects the health economics sector. Our colleagues from Luxembourg organising this year's conference and the German Association of Hospital Managers for the 25<sup>th</sup> EAHM Congress in 2014 feel the reluctance of commercial firms to financially support these events so important to us.

Precisely in times of crisis, good advice is worth its weight in gold. Also the exchange between colleagues can provide us with support and tips on how our institutions should operate and survive during these very hard times.

Beyond these considerations, it is also to overcome these worrying times. The best prescription remains united action. We first think of our Greek colleagues. To overcome their problems and play an active role again in the Greek health system and in the EAHM they need our financial and moral support.

This support is a priority for the EAHM. At our Executive Committee meeting in Amsterdam, we were able to record the agreement of several national associations - having the financial ability - to contribute to a solidarity fund.

Some conditions have been proposed and must be discussed with our Greek colleagues. Our aid should not only help reducing the financial losses, but also strengthen their association in its mission.

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*"Precisely in times of crisis, good advice is worth its weight in gold."*

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We must also overcome these difficult moments as an association. It is clear that we all have trouble with saving measures, with reductions in beds and other fundamental changes that affect the mission and service of our institutions. The impulses the congresses will give us should also be embedded in the overall programme of the EAHM.

The reflection process launched in 2008 should be continued, first at the Executive Committee and Board level, but above all in close cooperation with the national associations. In this fundamental mission of EAHM, we are happy that Willy Heuschen has agreed a new 5-year term as Secretary General. Nevertheless, he has linked his agreement to the implementation of the in-depth programme of the association. On page four of this letter you can see he has made proposals to expand the programme of the EAHM.

In Amsterdam, the Executive Committee approved this proposal and has guaranteed the participation of national associations. So we are launching an appeal to you, our members, to actively participate in this work in your associations. Our Subcommittees will also be invited to collaborate in refining the proposed model. So we can officially present the model at the conference



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in Luxembourg, discuss and approve the final version. The content of this programme will deliver the benchmarks for our future congresses and seminars.

The Executive Committee has paved the way in deciding to charge ANMDO, our Italian member, with the organisation of the 2016 EAHM congress and asked our newest member, the Institute for Health Management of Northern Ireland to host a seminar in 2015.

## Subcommittee European Affairs (SCEA)



Marc Hastert  
President of SCEA

### Cross-border healthcare Directive

On November 16<sup>th</sup> 2012, we organized the seminar "Putting the Cross Border healthcare directive in hospital practice: how to manage quality?" in Düsseldorf. In preparation of this seminar Questionnaire on quality of care and information to patients was launched.

In preparation for the seminar, we conducted a survey. In issue 5 of Hospital we published an extensive report on the seminar. It is nevertheless important to take some observations and conclusion with us for our next moves.

It is surprising that quality is not always a priority and is even sometimes missing from hospital mission statements. On the other hand we see that hospital directors are nevertheless involved in organizational (93%) and clinical (78%) quality through different roles (delegating and/or supervising).

Implementing this Directive isn't easy task but creates an opportunity to increase transparency in healthcare around Europe. Essential to succeed is a common framework for quality, including:

- common language, indicators and minimal standards for quality
- common transparent processes that are applicable across Europe.

And to ensure it works, it should be a bottom-up process, starting from the field (including the hospitals) and together with other professional associations.

The EU Directive on patients' rights in cross-border healthcare entered into force on 24. April 2011. Transposition into national law by the respective Members States should be done by 25 October 2013. Therefore, it is important to determine the state of affairs in the different Member States. In collaboration with HOPE and AEMH we invite you to *the 2<sup>nd</sup> Joint European Hospital Conference (EHC) which takes place on November 22th 2013 in Düsseldorf.*

➔ [www.medica.de/EHC2](http://www.medica.de/EHC2)

### Indicators & hospital management

In the meantime the Board and Subcommittee on European Affairs decided to focus on managerial indicators and their use in benchmarking without neglecting medical indicators. As a first step, the SCEA

All these challenges and perspectives underpin the new momentum we would like to realize with you, dear member. It will give us the boost that we like to wish all ourselves.

Sincerely,  
Heinz Kölking, your president.

agreed on following working definitions:

- Managerial indicators are those indicators which can be/are influenced or steered predominantly or substantially by decisions of hospital managers
- Medical indicators: indicators which can be/are influenced or steered predominantly or substantially by decisions of medical doctors
- Mixed indicators: indicators which can be/are influenced or steered in a balanced way by decisions of hospital director and other collaborators (e.g. medical doctors).

After verifying these definitions, a selection of management indicators for several countries can be collected and compared in order to come to a general set of indicators for Europe and a list of country-specific indicators.

### Training

Training was one of the outcomes of the reflection process in 2010. The SCEA has put this on its agenda. Discussions focused on the overall approach, the programme, partners and funding. It is seen as an advanced level of training, putting experience in the European context.

This topic is however more far-reaching than just defining and putting together an additional training. The training should be linked to the required competence and qualifications of the hospital manager as well as his mission... Together with the Institut Universitaire International Luxembourg (IUIL), associate partner of EAHM, a proposal will be worked out.



Our magazine *eHospital* is published 5 times a year.

The cover stories for issues 2013 are:

- Community Health: Role of the Hospital
- Clinical Involvement in Hospital Management
- Training and Education
- Competition- Maintaining your competitive edge
- EAHM Congress

During 2013, focus will be given to the following countries: Ireland, Finland; Bulgaria, Lithuania and Denmark.

## Scientific Subcommittee (SCC)



Gerry O'Dwyer,  
President of SCC

### 24<sup>th</sup> EAHM Congress - Luxembourg

The next EAHM congress will take place on 28-29 November in Luxembourg. The topic of the congress is "Hospital Management in times of crisis: constraints, challenges and opportunities".

Due to the ongoing economic crisis in Europe, hospital budgets have been cut. New constraints but also opportunities for change have emerged in hospital management. It is within this duality the congress has been set.

While cost reductions dictate staff reductions and often lead to a decrease in services offered, it is nevertheless important to meet the demand of the patient, all of which require time and effort to overcome.

Regardless of these constraints hospital managers are facing, new internal and external challenges appear. For example, medical progress is undoubtedly very useful but also has its price.

The hospital management must therefore find the balance between reductions in financial resources and new opportunities through innovative solutions and rehabilitation of certain processes.

The congress programme demonstrates how to deal with constraints, challenges and opportunities through examples. The SCC together with the Scientific Committee of the FHL have prepared an appealing scientific programme, grouped around topics such as strategic guidelines in crisis, business process re-engineering, infrastructure, logistics and technology. Other real life examples will be given through poster sessions. Furthermore we foresee plenty networking opportunities where participants can exchange their experiences and views.

Luxembourg has plenty on offer - you can participate in the hospital tour while accompanying persons can join the interesting social programme. For more information:

➔ <http://eahm-luxembourg2013.lu>

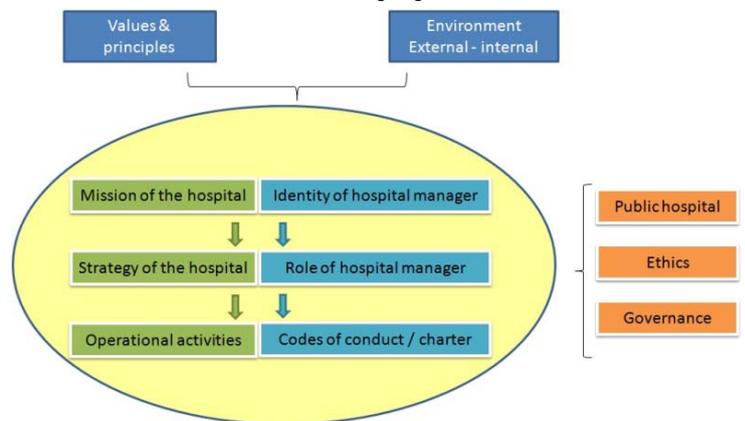
### 25<sup>th</sup> EAHM Congress - Berlin 2014

In cooperation with the German Association of Hospital Managers (VKD), the SCC prepare the theme for the 25<sup>th</sup> EAHM congress. The title will be "Health economics: new

horizons - our role and responsibilities?!" The exact content is under discussion by the various bodies to be released early next year.

### Integrated workplan

The outcome of the reflection process brought the topic of "shared identity of hospital managers" onto the agenda of the SCC. Looking to the topics already under discussion and the main activities of EAHM, it became clear that the topics can't be viewed separately as they dependent on each other. Therefore an integration work plan has been created to guide and structure the work of the SCC as shown in following figure.



The SCC noted that this work plan integrates with the IMPO model. On the level of *INPUTS* (external and internal) but also on the level of *MANAGEMENT*, the SCC started to treat following domains:

- Environment- Health System Model Comparisons
- Mission of the Hospital - shared identity of hospital managers
- Values and Principles - ethics and hospital management

### Competencies for hospital managers

The *International Hospital Federation* (IHF) has launched a discussion forum in order to define the core competencies for hospital managers in the field of management and leadership. Also the *American College of Healthcare Executives* (ACHE) is participating in this forum. Through our participation, the EAHM wants to bring in the European experience and diversity. The working group presented their preliminary findings during the 38<sup>th</sup> IHF World Congress, which took place from 18 to 20 June 2013 in Oslo.

28-30 NOVEMBER 2013

24<sup>th</sup> EAHM Congress - Luxembourg 2013

*Hospital Management in times of crisis:  
constraints, challenges and opportunities*

Organized by:

➔ <http://www.eahm-luxembourg2013.lu>

24<sup>th</sup> EAHM Congress  
24<sup>e</sup> Congrès de l'AEHM  
24. Kongress EVKD  
LUXEMBOURG 2013



## IMPO

Three questions for Willy Heuschen, re-elected as EAHM Secretary General for another 5 year mandate.

*Why have you proposed IMPO, a new work model for EAHM?*

The first objective written in the statutes of the EAHM is to promote the competence and the professional responsibility of hospital managers and executives. To do this, we have taken up a good number of topics at our congresses, seminars and in our publications. The three most important overarching themes have been: the mission of the hospital and the hospital director in particular, hospital governance and quality measurement and management.

Although these topics remain relevant, we find that the hospital is increasingly questioned on results, i.e. in terms of service rendered, not only on the level of each patient, but also from a macroeconomic point of view. The OUTCOMES, as they are called in current literature are relevant to governments, insurance companies and media. On the other hand, we find that after the financial and economic crises affecting public budgets, the resources allocated to hospitals are reduced, which in the medium term could have very adverse effects on patients. It is therefore imperative to take into account these new paradigms in our scientific programme.

# IMPO

*What is special or original about IMPO?*

We didn't need to reinvent the wheel. We were inspired by evaluation models for quality in healthcare (DONADEBIAN) and the EFQM model to assess management in general. Although our

approach is similar, it is still original because its objective is not to assess but to provide a working tool for the EAHM. It takes into account first *INPUTS*, all that is available to hospitals. These can be visible but are very often less visible. It is at this level that the management should already be active, transforming these external inputs to internal inputs. In order to get results, *OUTCOMES*, we need processes, the daily work performed by all professions within the hospital. Management, which should lead and guide this work, has an important role in setting objectives, choosing methods and doing this in a team spirit with all collaborators.

The particular function of management is different from the execution of daily work. It includes *LEADERSHIP*, but is not limited only to the management of human resources. To approximate the value of processes within the hospital, we should examine the inputs and also the outcomes that are produced. The four components of IMPO model are in close interconnection.

Using this model a relevant choice of topics is easier to retain. The overall approach of the model allows the analysis of all aspects involved. Our three priorities of the past are found within the new model: the mission of the hospital and the management and governance are addressed by both internal inputs and on the management level, while

the quality is included in management, processes and, of course, OUTCOMES.

*How will the IMPO model be applied within the EAHM?*

A decisive step was taken by the Executive Committee in retaining this proposed model. At its last meeting in Amsterdam it was decided to improve the model by including the programmes of our three sub-committees. National associations as well as our associate members and partners will also be involved in this broad consultation process. A workshop will be held on 21 October 2013 in Brussels. The compiled results are then incorporated into the IMPO model to be adopted as a working method and EAHM action program at the next Congress in Luxembourg.

Also your input is valuable! Please take a look on at <http://www.eahm.eu.org/forum> and contribute.

## New Members & Partners

We welcome

*as Full Members:*

- Institute of Healthcare Management - Northern Ireland (UK)
- Bestuurders Curatieve Zorg Nederland (BCZN) (NL)

*as Associate Member:*

- Institut Universitaire International Luxembourg

*as Partner :*



ARCADIS is the leading pure play global engineering and consultancy firm, providing consultancy, design, engineering and management services in infrastructure, water, environment and buildings. We enhance mobility, sustainability and quality of life by creating balance in the built and natural environment. ARCADIS develops, designs, implements, maintains and operates projects for companies and governments. With 22,000 people and €2.5 billion in revenues, the company has an extensive global network supported by strong local market positions. ARCADIS supports UN-HABITAT with knowledge and expertise to improve the quality of life in rapidly growing cities around the world.

In healthcare industry demand is increasing exponentially. Current economic instability means that all health care providers and commissioners now have to move quickly to obtain more from each investment. With a proven track record in health schemes in the Middle East, Asia, Canada, Australia and throughout Europe, our health community deliver productivity reforms that clients need to underpin better health outcomes. Using sophisticated modeling and data and innovative in house applications, our team can help to optimise performance, and achieve and maintain sustainable operations.



SAVE THE DATE