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### Leadership Meets Economy

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#### EAHM Delegates Focus on Essential Hospital Management Requirements.

Privatisation is one of the hottest topics on the European hospital scene right now, as it illustrates the vital need for hospitals to fit into a generalised market-driven economy. But an adequate registration of merging new professions is an equally important leadership requirement for hospital managers. Is the privatisation of hospitals in Belgium an answer to improve access and quality to hospital services?

#### Prof. Eric Engelbrecht, Catholic University Leuven, Belgium

To begin his presentation on the privatisation of hospitals in Belgium, Prof. Engelbrecht reminded the audience of the history of hospitals in Belgium and the fact that hospices, the predecessors to our hospitals, were private initiatives run by religious orders.

He noted that in Belgium even though local authorities, private people and organisations built hospitals, private and public hospitals have a completely different legal status. In the public institutions management was transferred to public assistance committees and later to public social assistance centres (CPAS) but this model for the public hospital system did not meet growing demands, so a new one was designed laying the foundations for a general redesign of the hospital sector in Flanders.

The previous system consisted of slow decision making procedures, meaning public hospitals were at a disadvantage; the management board was made up of politicians so decisions were taken according to political and not hospital priorities.

Public hospitals had a negative image compared to private hospitals, which were regarded as dynamic and quality-orientated and mostly not in deficit. A choice had thus to be made between different forms of management. Prof. Engelbrecht concluded from a study he carried out in 2003 that since 1999 the CPAS hospitals have made use of the possibilities provided by the decrees showing that adapting legislation and regulations was a real necessity.

It is apparent that the public hospitals now get more appropriate and more independent organisational structures and may also merge with private ASBL (not for profit) hospitals.

This independence movement has led to a fundamental reorganisation of the hospital landscape. The financial position of public hospitals is developing positively with the average size of hospitals increasing to 400 beds, allowing them to broaden their offer of care, diagnoses and treatment. On the other hand, in Wallonia, the number of hospitals decreased from 47 to 31, and in Brussels from 14 to 7.

Professor Engelbrecht also stressed that in Belgium hospitals have a dual structure, in which diagnosis and treatment are generally privatised because doctors are independent, and that on the other hand, the hospital is responsible for care, paramedical services, catering and for lab service platforms.

Prof. Engelbrecht concluded that considering the development of hospital structures as well as their size since 2000, there will be sufficient resources available for the future to provide high quality care and treatment accessible to patients.

Establishing a new profession -Health Informatics -Registration, Regulation or Accreditation?

#### Mik Horswell, Director, Institute of Healthcare Management, United Kingdom

In order to practice as a clinical professional in the UK each individual must be registered as fit to practice. This is followed by annual checks ensuring that each person has undertaken continuing professional development and training to keep up to date with changes and improvements. If they do not adhere to these codes and checks, the consequence is a removal from the register and therefore disqualification from the profession.

However, Mr. Horswell revealed that two very important groups of professionals in the healthcare sector operate without such guidelines. Healthcare managers and health informaticians do not undergo registration, good practice checks or obligatory continuing professional development. These two professions account for over 75,000 employees who work in management or health informatics; included in this number are the chief executives and directors of every NHS organisation, which means that their impact on standards and quality of care for patients and on individual patient care pathways is essential.

The speaker highlighted the fact that bad informatics skills; inaccurate patient IDs, incorrect clinical records, breaches of confidentiality, the unavailability of key clinical systems for consultation and everyday communications such as telephone calls and emails can jeopardise patient safety. Taking this into consideration and drawing on his own experience as a hospital manager and a health informatics professional, Mr. Horswell is attempting to rectify this anomaly through his involvement as director of both the Institute of Healthcare Management and the UK Council for Health Informatics Professions (UKCHIP).

UKCHIP was formed in 2002 to promote professionalism in health informatics (HI). It operates a registration scheme for HI professionals who agree to work to clearly defined standards. Initial registration is voluntary, although UKCHIP anticipates that in the future, the NHS will expect anyone working in HI to be registered.

Eventually it is envisaged that statutory registration will be introduced to protect the interests of patients and the public. UKCHIP is now a registration body, but plans to develop into an accreditation body as soon as a proper framework is established. (LC)

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