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Leadership Meets Patients

One of the major differences between a hospital and most other corporate entities is that its customer is a patient. The last decade has seen a logical return to patient- centered healthcare; many structures and projects have thus highlighted the pivotal importance of managing efficiency and quality of care.

The effects of the behaviour of management on the behaviour of staff toward patients

Iris van Bennekom, General Manager, Federation of Patients and Consumer Organisations of the Netherlands

In the Netherlands the reform of the healthcare system is gaining widespread acceptance. The patient'sposition used to be secondary to that of the doctor's but things are changing: regulated market forces have been introduced and they are aiming for a more patient oriented system which will have a number of effects on quality, efficiency and cost-containment.

Ms. Van Bennekom explained that these reforms are needed due to issues such as costs, quality and transparency. Competitive health insurance companies are needed as are reforms on prices, transparency and consumer rights. There is already a website which compares prices and standards of healthcare products. The insurance companies are to play the role of mediator for patients, insuring value for money and a constant search to improve quality. She also emphasised the importance of patient's rights, which are now in fact consumer's rights. The positions of clients, care providers and insurance companies/healthcare offices are changing.

There is therefore a need for new leadership; leaders who are aware of both patient and staff values. It is about looking from the patient's perspective, focusing on their choices, the quality of their care and the cost of this care. Therefore, Ms. Van Bennekom looks forward to personalised healthcare budgets, which would enable patients to manage their own life, to make informed choices concerning their healthcare and to be treated as clients. This would include a complaints procedure like there is for any other service.

Professional values are also important. Patients need to place their trust in these professionals so there is a need for professional autonomy and skills, but also a collective agreement ensuring quality of care. Healthcare organisations are businesses in transition. What is needed is stabilisation, segmentation of excellence and patient orientation.

Ms. Van Bennekom believes the solution is strategic leadership. We need to ask three questions: what is our market? Who is our client? What difference can we make? She concluded by urging us to create our own reality.

The Danish Quality Model, a Tool for Better Leadership

Karsten Hundborg, Director of the Danish Institute for Quality and Accreditation in Healthcare

Mr. Hundborg described the Danish Quality Programme as a method to generate persistent quality development across the entire healthcare sector in Denmark. The programme provides standards of high international quality and methods to measureand control this quality. He stressed the importance of patient's rights, how we need to assess what patients want but also that people need time and funding to assess this.

The Danish Healthcare Quality Programme is transparent; anyone can see the goals and results of these goals. The programme is a unique model for quality development and safety systems in hospitals. It includes all services (GPs, pharmacists) and promotes crossdepartmental communication. It is also a collaboration between the local and national government so as to cover all public hospital services, and will be implemented in all Danish hospitals in 2009. The strategy is to implement a system that will prevent errors and promote high quality, apply best practice to daily work, build bridges between the health sectors, improve the quality of the patient's journey and create continuous quality development. It is also based onaccreditation, ensuring joint standards that are approved by the International Society for Quality in Healthcare.

Mr. Hundborg explained how the programme collects and combines information. It is always being updated with new goals being set. There are indicators to allow self-assessment of the staff and progress is registered in an electronic system (TAK) to provide an overview of progress made.

Thus the Danish Quality Programme is a valuable tool for better performance and for the support of better leadership. This programme could also support crossborder care between EU countries.

He concluded by mentioning another project linked with this subject: the twin hospital project between British and Danish hospitals. The aims of this project are to coordinate and develop excellent quality, create transnational relations and to make quality a legitimate topic. This strategy is extremely useful in developing a set of common standards. He asked if it was wise totake the lead instead of waiting for someone else and whether a “task force” should suggest a set of European crossborder standards. (LC)

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