

---

## Volume 13, Issue 2/2011 - Interview

### The Belgian Association of Hospital Managers: An Active Association

---

Freddy lemans works for Iris Hospitals, which groups public health institutions in Brussels. This group controls five institutions on 11 sites, with 2,300 hospital beds and employs nearly 9,000 people. Mr. lemans has represented the Belgian Association of Hospital Managers (ABDH/ BVZD/ BVKD) on the Executive Committee of the European Association of Hospital Managers (EAHM) for many years now and is also part of the subcommittee on European affairs. (E)Hospital met with Mr. lemans (FI) to talk about the activities of the Belgian association over the past few years.

**(E)Hospital:** Mr. lemans, in the last presentation of the Belgian association in the journal, your President underlined the diversity of members in that they belong to three different linguistic groups (NL, FR, D) and different regions of Belgium. Is this diversity still apparent despite the growing fragmentation of Belgium currently being reported by the international press? Some speak of more autonomy for the regional authorities with a self-management of the healthcare system, including hospitals, while others evoke even the separation of the country.

**FI:** First of all, the Belgian Association of Hospital Managers remains a professional association independent of political objectives and in this respect it is not our role to interfere in the present discussion between political parties in view of the formation of a federal government. Whatever the political level and structure that will be placed upon the healthcare system and Belgian hospitals, the exchange of knowledge and experiences will always be beneficial for hospital managers. This ties in with the primary objective of our association, which is the level of help and support that we offer to our members, regardless of which language they speak. To assist our colleagues, fellow hospital managers, by helping them to maintain or improve their management skills, is our core concern. We do this by organising seminars on different themes such as the evolution of hospital legislation, risk management and prevention, new methods of medical laboratory management, etc.

**(E)Hospital:** In Other European Countries, the National Associations of Hospital Managers Often Remark a Decrease in the Number of People Attending Their Seminars and Study Days, Mainly Due to the Number of Other Initiatives on Offer from Other Organisations. Is This Also the Case in Belgium?

**FI:** Although the number of our affiliates stays around 150 members for just over 100 hospitals, the attendance rate remains quite stable at around 25 percent. 15 percent attend regularly while the other 10 percent make up a changeable group. I must also say that another 10 percent is made up of our associate members. These are mainly companies who work with the hospital sector on a daily basis and are interested in participating in our study days to learn what exactly the main challenges and concerns for hospital managers are and to find solutions for these problems.

The number of participants of course depends on the particular topic proposed but also on other events organised. Like in other countries, we also have to compete with other events on offer from hospital federations, universities and private organisations. Without wanting to belittle the merit and quality of the other initiatives on offer in the hospital sector, the approach ABDH takes is often different.

**(E)Hospital:** So What is Different About the Formations Offered by the Belgian Association?

**FI:** To properly understand, it must be noted that Belgian hospital legislation is very laconic concerning the task entrusted upon hospital managers by the administrator. It can be summed in a vague, single phrase as the daily management of the hospital. In addition, the hospital administrator must assume general and final responsibility for the hospital. Between these two definitions, the problem of governance comes into question. Who defines the hospital strategy? Who determines its priorities? Who appoints staff and allocates resources? Who is held responsible if the hospital goes over its budget...? These are just a few of the fundamental questions to which we need answers. It is in the interest of the hospital manager that the answers are clear and non-ambiguous so that he does not risk to be held responsible and to suffer the consequences.

**(E)Hospital:** Is this a Real Risk?

**FI:** If hospital legislation remains silent on these different questions of management and responsibilities, jurisprudence increasingly considers the hospital manager as responsible for risks and physical and material damages which could harm a patient. This is even true if this occurs within the medical domain. So it is not uncommon that a Belgian hospital manager must respond as the accused in a Belgian court and in the name of his institution. Although civil responsibility is guaranteed by an insurance contract, the hospital manager can be taken to the penal court in cases where the judgement and sanction are in a private capacity. Outside of legal questions, it is happens more and more that the hospital manager is accused by the administrator of bad management and is fired.

**(E)Hospital:** How Does the Association Help its Members Protect Themselves from Such Risks?

**FI:** Firstly by offering them examples of good management and hospital best practices which allow, in applying them, to illustrate the correct and efficient way management should be assumed. This is a prerequisite. Nonetheless a hospital manager can also make professional mistakes or be the victim of circumstances he could not prevent. Thus, we find that sometimes the organising power, that is to say, the administrator does not follow the measures proposed by the management but afterwards holds them responsible for the consequences that follow. For these cases the association proposes members to take out a collective contract of legal assistance. This is done in a personal capacity and allows colleagues to receive assistance and be defended in court or to appeal a decision.

**(E)Hospital: So it is About a Personal Defence, no Matter Which Way the Manager Assumed his Responsibilities? Do You Also Intervene in Questions of the Remuneration of the Manager?**

**FI:** Legal assistance is provided at the discretion of the association, no other colleagues know of the particular problem that has arisen. Nonetheless it is also our duty to promote in the formations we propose, a code of ethics for the profession. The hospital manager holds, through his profession, a heavy responsibility with regards to patients and society. It would be useful to have a code of ethics which indicates in what way we want him to assume his responsibility. Such a project should also be undertaken on a European level. Concerning the remuneration of hospital managers, there is no unique salary scale. There are however different reference schemes used in our association, which we fixed 20 years ago. The discussion concerning a hospital manager's contract is the initiative of the manager himself. Salary references can be used as an indication but the association does not intervene in any way.

Published on : Tue, 28 Jun 2011