EUROPEAN ASSOCIATION
OF HOSPITAL MANAGERS

EAHM ACTIVITY REPORT
2014 - 2018

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A Message from the President of the EAHM

Gerard O'Dwyer
President of the EAHM

It is my distinct honour and pleasure to report to you today about the activities, events and accomplishments of the EAHM over the last 4 years. As you are aware, the EAHM is a Pan-European non-profit and non-political umbrella organization of the national and regional organizations of hospital managers/Healthcare Executives and one of the world's largest hospital management associations. It represents hospital managers and executives of public and private hospitals in the European and international level.

I would also like to express my sincere thanks to the various subcommittees for their continued hard work and support over the last four years, as without which, we would not have been able to deliver all that we have as an organisation during this time.

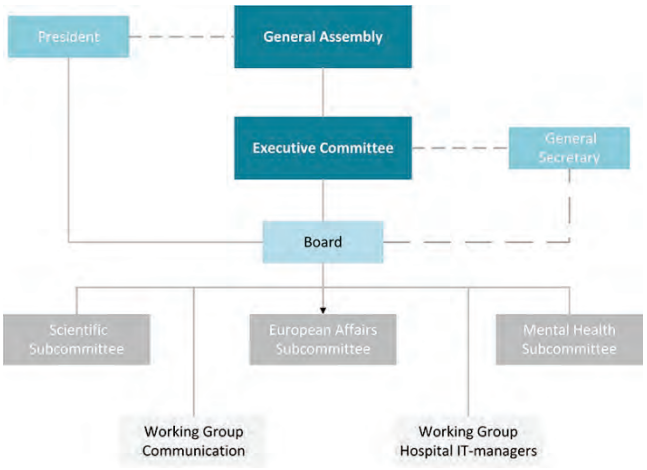
Over the last four years, the EAHM has been involved in numerous activities specifically tailored to support and develop our members, such as our very successful EAHM congresses in 2014 and 2016 and numerous leadership events delivered throughout the four years. Another notable body of work completed during this period was the development of the IMPO model, which is based on the experience of hospital managers brought together by the European Association of Hospital Managers to help shape future activities and to better serve our members.

I would also like to thank our core partners who have supported the work of the EAHM over these years and take this opportunity to offer our appreciation to them for all their continued support.

And finally, I would like to take this opportunity to acknowledge the continued efforts of my colleagues on the Board, Executive Committee and indeed throughout the EAHM for all their hard work and support throughout this period, which has resulted in the delivery and success of the EAHM activities over the last four years.

B Preface

B.1 Preamble



During the 25th EAHM congress in Berlin (September 2014), a new President, Vice President, Board and Executive Committee were elected, followed by designation of (new) members of the Subcommittees and Working Parties by the new elected Board, starting their mandate for 4 years (2014-2018).

This report summarizes the activities under the Presidency of Mr. Gerry O'Dwyer,

During the 27th EAHM congress in Cascais (PT), new elections for the EAHM Statutory bodies were held ending the current term and starting a new term of 4 year.

The main work within the EAHM is delivered by the subcommittees with contributions of working parties. Their work results in various activities, especially the EAHM congresses and the IMPO-activities. This composes the main part of this activity report.

The report starts with the activities of the statutory bodies which manage and steers the EAHM globally.

B.2 IMPO-Model

Before starting the report, a short description of the IMPO-model is appropriate as this will appear often in the chapters to follow.

The hospital care environment is constantly changing as our hospitals, under increased pressure and scrutiny, strive to maintain and improve quality of care with reduced budgets. For this reason, the European Association of Hospital Managers has been working hard on a new working model for the association to help shape future activities and to better serve its members.

The IMPO-model is based on the experience of hospital managers brought together by the European Association of Hospital Managers.

While developed by the EAHM, this model has a wide application and has been presented and applied to a wider audience:

The model is composed of following 4 pillars:

I
- With ***Inputs***, we mean all what is brought externally & internally into the organization.

M
P
- ***Processes*** and ***Management*** are both activities of the organization. *External Inputs* and the created *internal Inputs* are translated into *Outcomes* through the *Processes* achieved by the staff and the steering action of *Management*. *Management* is a different type of activity as it doesn't intervene in this translation on a daily or operational base. So *Management* activities should be separated from *Processes*.
- *Management* sets in an early stage the priorities through the mission as well as the objectives and the strategy of the hospital.

O
- The ***outcomes*** should be patient centered and of societal or macro-economic relevance.
- They should be measured in terms like accountability and added value.

These pillars are interconnected in the following way:

the hospital realizes ***outcomes*** through *processes* steered by the ***management***, given the (external) ***inputs*** to the organization. It is the responsibility of the healthcare manager and all collaborators to have the necessary processes in place and to attain as much as possible the fixed and/or expected outcomes.

C Statutory bodies

C.1 Composition

President	:	**Gerry O'DWYER**
Vice-President	:	**Marc HASTERT**
Past-President	:	Heinz KÖLKING

Members of the Board (indicated in bold) and Executive Committee during the period 2014 – 2018 were:

Country		Name	Replaced by
Austria	:	Nikolaus KOLLER	
Belgium	:	Freddy IEMANTS	
Bulgaria	:	Nina MUSKUROVA	
Croatia	:	Mladen BUŠIĆ	
Finland	:	Jaakko HERRALA	
France	:	Philippe BLUA	
France	:	Frédéric BOIRON	
Germany	:	Heinz KÖLKING	
Greece	:	Georgia OIKONOMOPOULOU	
Hungary	:	Attila MOLNÁR	
Ireland	:	Gerry O'DWYER	
Ireland	:	Lucy NUGENT	
Italy	:	Gianfranco FINZI	
Italy	:	Karl KOB	
Lithuania	:	Stasys GENDVILIS	Staras KESTUTIS
Luxemburg	:	Marc HASTERT	
Norway	:	Bård LILLEENG	Erik Kreyberg NORMANN
Poland	:	Mieczyslaw PASOWICZ	
Portugal	:	Marta TEMIDO	Alexandre LOURENÇO
Slovakia	:	Juraj GEMES	
Switzerland	:	Rolf GILGEN	
UK- Northern Ireland	:	Louise MCMAHON	

General secretariat:

Secretary General	:	Willy Heuschen
Vice-President	:	Jos Vanlanduyt

C.2 Major decisions

The Statutes and Standing Orders of the EAHM describes the various tasks of the General Assembly, the Executive Committee, the Board, the President and the Secretary General. These tasks have been carried out with due care by the respective bodies, including following decisions.

Members of the Executive Committee

The General Assembly adopted in 2016 new statutes for the EAHM, updating the mission of the EAHM as follows:

> The mission of the EAHM is:
> a) to support the specific mission and responsibility of chief executive officers (CEO) directors as well of the team workers under their lead in hospitals, public or private or in health care management in European countries;
> b) to propose trainings, seminars, linkages and networks contributing to their professional competence and responsibility;
> c) to record, to disseminate and share with the National associations the expertise of good practices of hospital and health care management in European countries, specifically those who contribute to the role of hospitals and health care services in Europe and to promote these values;
> d) to seek to influence European Union legislation and its implementation affecting hospitals / health care sector
> e) to explain and to promote the specific role of the hospital/healthcare management profession in the European organizations and international bodies.

Furthermore the name in German of the EAHM has been modified into “Europäischer Verband der Krankenhausmanager”. Also the General Assembly approved a new logo with following symbolisms.

The core activities of the EAHM (center of the logo) are focused on hospitals (middle character of the grey surface of the cube) and especially hospital management (outer character) in Europe (character on the blue surface of the cube).

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The grey surface can also be viewed (from outer to inner) as management steering the hospital activity in order to ensure high quality care for patients in the context of Europe.

The Standing Orders received an update by approval of the Executive Committee during its meeting of April 27th, 2017 in Zürich (CH).

C.3 Representation

The President, Board Members and Secretary General attended a number of Associations conferences and meetings at their request. They also presented papers to various Conferences over the period. The Secretary General attended Committee meetings and spoke at Conferences organised by Membership Associations and external Associations. Furthermore, the Board and Executive Committee Members also promoted the Association, endeavouring to encourage other Associations to join the EAHM as either Associate Members or as Full Members.

D Subcommittees

D.1 Scientific Subcommittee

One of the most important objectives of the Scientific Subcommittee (SSC) is to assure the scientific level and relevance of the themes as well as the content of congresses and conferences etc. organised by the EAHM.

Within the period 2014-2018, the SSC has worked on the scientific programmes of 3 EAHM congresses: “Sustainable Healthcare Needs Responsibility and Competence” (2016), “Leading the Future of Healthcare” (2017), "Redefining the Role of Hospitals - Innovating in Population Health" (2018). The scientific programme of the congress planned for September 2017 in Belfast was already well advanced when the decision was taken by the organizers to cancel the congress. The congress of 2019 is approaching fast, so the SSC is already busy preparing the scientific programme of this congress.

Through the scientific programme, the congresses want to bring added-value to hospital managers on a wide range of topics in hospital management through a mix of useful and understandable information and practical experiences. In addition to a careful selection of topics, the selection of speakers (from academia, active CEOs, industry), from different health care systems and cultures) ensures that topics are presented in a balanced way in the European context.

After the congress, the SSC also reviews feedback from attendees in order to improve the organisation of future congresses.

Given the increased number of congresses, the gained experienced and the review of the Standing Orders by the Executive Committee in 2017, the SSC has made recommendations to the Board on the future organisation of EAHM congresses.

More information on the specific congresses can be found under the report of the congresses.

The SSC has also worked on different topics related to hospital management in order to improve the understanding, interpretation and influencing factors on the hospital sector as well as the profession of the hospital manager. The topics have been chosen based on the outcome of the IMPO-Workshop and developed work programme as well as on requests for advice from the Board.

The topic regarding the future of hospitals started with the review of a HOPE publication, followed by a publication of the IESE Business School on the future health manager.

The goal of the work of the SSC is to come to a pro-active, non- prescriptive, coherent vision from the managerial point of view and to define the role of the hospital manager in the future of the hospital while identifying the role of other actors.
Hospital activities and processes are evolving. Innovation in medicine, technology and management need to be incorporated in an appropriate way in hospitals. Taking a systematic, the SSC started to situate this theme in the context of the "IMPO-model" and the Activity Spaces but further work is needed to come to a vision on the future of hospitals (managers).
The EAHM also collaborated in the Workshop "The Role of the Future Healthcare Manager" (14-15 September 2017) as part of the project Future Healthcare Manager in Europe (FHME).

The Scientific Subcommittee continued to work on the development of the competency directory, launched by IHF and a group of healthcare association executives in 2013, an initiative launched support to the development and recognition of the healthcare management profession. A self-assessment has been developed by the IHF consortium for health managers to use and is available on the IHF website.

Given the growing complexity due to demographic changes, medical innovation, rising costs, regulatory and organizational chances, hospital managers are more and more confronted with ethical questions. To support them, the Board requested the SSC to look for guidelines and principles on managerial ethics which can be presented to the national associations for further distribution and tailoring in the national context. Examples from different countries has been collected. A synthesis and first draft for guidelines are underway.

Linked to the 1st IMPO Conference on "Patient Safety & Risk Management" (November 2016), the SSC reviewed the electronic survey "Clinical Risk Assessment in European Hospitals", conducted by BBraun within the EAHM network in 2016, and in which hospital managers were asked to give their viewpoint on strategies, structures, concrete measures and monitoring in the field of clinical risk-management. Results have been presented during the 26th EAHM-congress.

More information on these and other IMPO-activities can be found under the IMPO-report.

Also the programme and feedback of the 3rd IMPO Workshop on "Pay for Performance, Myth or Incentive" (April 2017, Basel) have been reviewed.

Other topics have been discussed briefly by the SSC, like hospital governance (governance models for hospital collaborations), impact of Brexit as well as an overview of managerial technics and tools.

Members of the Scientific Subcommittee for the period 2014-2018 were succeeded by Karl Kob (IT), Doris Gillig (FR), Manuel Lacerda Cabral (PT) succeeded by Alexandre

Lourenço (PT), Lucy Nugent (IE) succeeded by Lorcan Birthistle (IE), Marinko Rade (HR), Hans-Joachim Schubert (LU), Matthias P. Spielmann (CH), Kestutis Staras (LT), Pascal Verdonck (BE) supported by Guy Durant (BE), Kristof Eeckloo (BE) and Danielle Rossi Turck (BE) as advisors and Willy Heuschen (BE) and Jos Vanlanduyt (BE) of the General Secretariat.

During the period of 2014-2018, the SSC met 10 times (9 x Brussels, 1x Düsseldorf) and held 9 tele- and videoconferences, being the first in using this meeting technique within the EAHM.

D.2 Subcommittee European Affairs

Main topic on the work programme in 2014 as a result of the 1st IMPO-workshop was quality in the context of the European union, cross-border healthcare directive.

The Subcommittee European Affairs started the term 2014-2018 by continuing the work on quality indicators from the previous term. The idea is to improve the (quality of) hospital management through quality indicators as performance metrics and to look for (general, clinical and managerial) indicators to recommend to our members. Several quality indicator initiatives on different levels (hospital, regional, national, academic) were reviewed. Although a first set of indicators has been formulated, the attention shifted to the context and environment as well as the position of the hospital manager regarding quality of care. In parallel, evolution has been seen: quality of hospitals coming to the attention of policy makers and politicians while there's a general decreasing interest in topics like accreditation, quality & standards all around Europe (due to administrative burden, cost etc). As a next step, the Subcommittee European Affairs prepared the 2nd IMPO workshop (see IMPO-report). Three working groups presented 5 questions regarding quality indicators in relation to patient outcomes, the role, required competencies and involvement of a hospital manager in steering the delivery of quality care and ensuring patient centred outcomes.

The EAHM core partner BBraun suggested that due to the financial crisis and challenges of ongoing cuts in budgets, purchasers in hospitals often take the price as the most important or sole criteria for purchasing decisions without considering (enough) the quality and the appropriateness of the product. The subcommittee discussed this issue and observed that this kind of decision-making introduces risks regarding the safety for patients or health workers leading to clinical consequences and financial risks.

Therefore BBraun and the EAHM started a joint project to create awareness, collect and exchange experiences, build up knowledge on how hospitals can reduce process costs and prevent hidden risks. In the first phase, a survey was conducted by Frankfurt

School of Finance & Management in which hospital managers were asked to give their viewpoint on strategies, structures, concrete measures and monitoring in the field of clinical risk-management. Results were included in a presentation at the first IMPO Conference: “Patient Safety & Risk Management” which took place on November 17th, 2016 in Düsseldorf (see IMPO-report).

The second phase consisted of a specific and practical oriented project “Prevention of microbial contamination in the hospital”, steered by pilot hospitals under the umbrella of the EAHM. Two hospitals joined 2 workshops in scoping out this project, aiming to provide evidence that preventing hidden risks is an opportunity to reduce process costs. So (hidden) risk prevention should be high on the agenda of hospitals as a means of process optimization in hospitals. An update will be presented during a roundtable of the 27th EAHM Congress. These pilot hospitals will set the scene for other hospitals as this project will evolve to further improvements in the field of prevention and of AMR.

On request of the Board, the Subcommittee of European Affairs also discussed the topic regarding the future of hospitals, taking the activity spaces as a starting point, which helped to prepare the SCEA-agenda for the future. Many observations have been formulated and a concrete action was the 2nd IMPO Conference: “Hospital of the Future – Prevention as an Hospital Activity” (November 2017, see IMPO-report).

The European Affairs Subcommittee proposed to develop this concept further by suggesting “Shaping the Hospital of the Future through Activity Merging - Medicine and Nursing meeting Technology and Research, Prevention” as title of the 3rd IMPO Conference. The underlying idea starts by noting that a hospital has 2 core businesses: medicine and nursing, and that hospitals need to meet the other activities (social welfare and societal role; innovation including technology; training and education, prevention) through partnerships, cooperation or integrating them within the hospital. The focus is on how to prepare hospitals for the future from a managerial point of view.

The work programme in 2014 focused also on education and training. The purpose is to have a training programme in hospital management focused on EU legislation as well healthcare in the European context e.g. the influence of Directives and other legislation, communication, strategically management, human resources, health financing systems etc. Following a feasibility study conducted by the Institut universitaire international Luxembourg, a training programme “Manager un hôpital à l'heure européenne” was launched in September 2015 in collaboration with the - Fédération des Hôpitaux Luxembourgeois (FHL) and the EAHM, focusing on future hospital managers of the “Greater Region” (BE, DE, FR and LU). The Subcommittee provided input for the programme, suggesting that IMPO must be the blue-print and focus should be given on main European issues as quality and safety. Ten candidates

followed the 5 modules. The IUIL decided not to organize a new training in 2016 but proposed a thematic day on healthcare professions (See report Seminars).

The Subcommittee European Affairs discussed also about Health(y) workforcehealthy and supported workforce, observing that foreign doctors and nurses are working sub optimally. Health professional mobility should be linked to cross border regions as well as patient mobility. A common framework to assess the competence might be helpful.

A report was given regarding the EU Stakeholder Forum by the Secretary General. The Subcommittee European Affairs also responded to the consultation of the European Commission on the European Pillar of Social Rights. With this consultation, as part of this submission views and feedback were gathered which also helped the European Commission to establish the European Pillar of Social Rights in 2017.

In addition to these main topics, the Subcommittee European Affairs also followed up and discussed various topics in the Europa, like the possible consequences of BREXIT on healthcare, European Reference Networks, European Medicine Verification System, Health Technology Assessment and to proposed improved coordination at EU level, the impact of immigrants (e.g. from northern Africa) on health services as well as on health itself (import of diseases).

Members of the Subcommittee European Affairs who participated in meetings during the period 2014-2018 were Ugo Luigi Aparo (IT), Juraj Gemes (SK), Danny Havenith (BE), Victor Herdeiro (PT), Marino Maligoi (DE), Louise McMahon (UK-NIE), Michel Nathan (LU), Gerard O'Callaghan (IE), Jacques Scheres (NL) and Karl Wulz (AT), supported by Willy Heuschen (BE) and Jos Vanlanduyt (BE) of the General Secretariat.

The Subcommittee European Affairs met 7 times during the course of its current term, 5x Brussels, 1x Luxemburg and 1x Porto. There were 2 specific meetings for the project “Prevention of microbial contamination in the hospital” together with our core partner BBraun, 1x Berlin, 1x Düsseldorf as well as several teleconferences.

D.3 Subcommittee Mental Health

The Subcommittee changed status from Working Group in Berlin 2013. Integration with the mother organization had varied over the years. The period began with a mutual understanding that mental health would be seen as an integrated part of health services in the EAHM organization. The integration process had coincided with a vigorous debate on the most important issues in mental health services, and which direction we wished to take our work.

The group agreed on continuing our work on recovery, as it began in Leiden at the memorial symposium for George Witte in October 2011. The group is aware that for services to be able to mobilise the resources of the patients and of the family in development of wellness related thinking, recovery based values also have to find a place in the management and leadership of our services. The group gave a short review on the various ways they were participating in recovery oriented projects, and renewed our commitment to working to integrate recovery based foci into our services, over the next years. Other focal points were also taken up and worked on through the period, and were combined in the agenda and goals of the Subcommittee in the Standing Orders of the EAHM.

The added value of actually being part of the main biannual conference was seen as essential to reaching our goals and making a difference in service delivery for mental health.

The Subcommittee Mental Health (SCMH) in 2014 held a formal vote on the role of Vice President. For the first two years, 2015-2016, Klaus Kupfer was elected Vice President, pending agreement from his hospital organization. The next two years, 2017-2018, Holger Höhmann took over as Vice President of SCMH.

The Subcommittee early in the period had a good discussion on how the IMPO model can be workable for mental health services, which give the main volume of its aid to people living outside of a hospital setting. The value base is very much in line with how we are thinking in mental health, but it is important to find a good way to operationalize the goals of a person-centered service. Lack of contextual understanding is more often than not a hindrance in decision making. The model must for instance take into account the differences in the premises for and structures around the mental health services in the setting of acute hospitals, as well as the separate psychiatric hospitals, which are changing into not so long stay services. There is increasing frustration among professionals and leaders over the structural hindrances to good care in the mental health and addiction treatment field.

The Subcommittee endorsed a proposal to join in the HOPE collaboration in order to target training of young leaders in our field. It was also agreed to seek closer collaboration to user and carer organizations, and a senior member of Mental Health Europe was invited to join the Subcommittee as an expert member.

The meetings bring us to visit different countries' mental health services, with a view to learn from each other. Each host country presents its best research contributions, and invites the others to share current policy discussions, in order to instigate collaboration and quality improvement across borders.

The EAHM leadership has worked together with the Subcommittee to make mental health services better integrated in the hospital managers' organization. The message from the Subcommittee is that there is a definite need for a more holistic view on illness

and wellness in our hospitals, and that a development in this direction will support both the “somatic” and the “psychiatric” patient as we categorize them today. We have seen in our services that the patients and their family and networks can benefit greatly when the somatic and mental health services work together. We have to begin at the leadership level – the professionals need the support of their leaders to make this change.

The Subcommittee has discussed different solution to the great dilemma that people with severe mental illness die earlier, and wish to further this discussion at the conference in Cascais. Expert advice will be collected for further discussion in the organization.

Patients with a mental health disorder are to a great extent invisible in our services when they as all others contract cardiovascular disease, diabetes, lung disease, or present themselves with metabolic syndrome. In addition, many of the medicines have debilitating effects and need to be monitored closely. The sedentary daily routines in many of our treatment facilities have not increased the wellness potential of the service users, to put it mildly. Appalling and shocking are words that will be used when the next generation looks back on these statistics, indeed, that is how we as leaders and professionals reacted.

There are many reasons, but no excuses for not resolving this now: in most countries hospital services for people with mental health problems are part of the general hospitals and should have had good routines for ordinary somatic health diagnostics and treatment for people who are experiencing mental distress. The secondary health services have been integrated on the organizational level only, not on the clinical level.

In 2011 the Subcommittee made a commitment to support the international work on personal recovery in mental health and addiction services. Patient autonomy and dignity are central values in this reorientation of services, which is getting an increasing momentum, especially in the English-speaking world. In Berlin 2014 the EAHM biannual leadership conference featured a keynote talk by professor Geoff Shepherd from the UK NHS organization: “Implementing Recovery through Organizational Change, IMROC”. The keynote was followed by a workshop on recovery projects in Europe. This work was followed up in the individual countries and with a parallel session in Berlin at the EAHM conference, also a whole day seminar in Lyon the year after, and in the following meetings. The French and Irish member organizations have especially brought new learning to the Subcommittee, which will be a theme in the coming years.

These and the other focal points are an integral part of how the Subcommittee has defined our leadership responsibility; to support our staff, professional and all supporting functions, into creating the results that make a difference for the patients. The Subcommittee has made an effort to compare and to align ourselves with the

highest standards through the method of site visits with presentations and discussions. What are the results for the patients after weeks or years in mental health and addiction services? The governments have asked services to report on a number of parameters like persons treated per staff, number of overnight stays, number of acute admissions, length of stay, costs per day, cost per intervention even, but rarely on the rate of return on different treatment options and hardly ever on improvement in the persons quality of life. We see the need for a joint effort on this among EAHM members, to better be able to secure equity across Europe.

The Subcommittee finds questions of activity based funding of great importance. Several of the members have worked on this issue in their respective countries. The way our services are funded clearly has an effect on how we deliver services. The last 15 years have seen activity based funding giving a boost to somatic services, while mental health and addiction services have lagged behind. A change is needed, but the difficulty in defining care levels for our patient groups must be taken into account. Trials in Switzerland have shown that the level of care and treatment needed for an individual patient does not follow diagnostic categories. Indeed, with the dimensional view of mental health problems, the diagnosis has already become redundant as a sole marker for care delivered, or resource use. A new system must assure that the patient is secured optimal, individually tailored treatment, and not lose out in sub-optimal or random categorization. The German member organization has done a major work in engaging in this question for their own members, and have shared the learning with the other members.

Members of the Sub-Committee, for the whole or parts of the period 2014-2018 were Beda Meyer (CH), Joseph Halós (FR), Pierre Wesner (FR), Vesna Sendula Jengic (HR), Adrian Ahern (IE), Alberto Appicciafuoco (IT), Marc Graas (LU), Inger Kari Nerheim (NO), Holger Höhmann (DE), Klaus Kupfer (DE), Nicole Demeter (BE), Doris Gillig (FR), Jim Ryan (IE), Pascal Mariotti (FR), Paul Bomke (DE) and Niels Aagard Nielsen (DK).

There have been 10 meetings in the period, each combined with site visits and day conferences in Dublin, Grenoble, Stavanger, Bologna, Langenfeld, Kinsale, RAb, Brussels and Liège. The President, Vice-President and members have taken part in meetings of the Scientific Subcommittee, the Executive Committee, Board Meetings and General Assemblies. Members have also taken part and made EAHM visible in international meetings in other organizations for mental health, Like Health Promoting Hospitals, Mental Health Europe and Refocus on Recovery/Recovery Research Network, and the leadership exchange International Leadership in Mental Health.

E Working Parties

E.1 Working Party IT-Managers

Given the growing importance of information and for within hospitals, the working Party Hospital IT-Managers was established during the past term (2010-2014) with a focus on alignment of the IT-agenda within the hospital and the overall strategy and management of the hospital.

During the period 2014-2018, the WP focused on 2 important topics for the hospitals, as Information systems in healthcare are shifting from hospital systems generating information to patient-focused systems where the patient is the information broker.

The first topic concerns the exchange of information in healthcare, in the hospital on operational level (e.g. clinical information systems) as on management level (e.g. MIS), but also externally (authorities, partnerships…) while becoming part of the infrastructure (e.g. EHR). The WP organized at the EAHM congress 2016 in Bologna an IT Satellite Symposium devoted to Health Information Management.

In the phase of Digital Transformation, the symposium had three important parts:

- "Health Information Management" itself,
- the importance of "Health Information Exchange" for the Information Management and
- the technical peace – "Archiving and Interoperability platforms" to archive Information exchange.

The practical use of Health Information Exchange has been demonstrated in four countries (Italy, US, Belgium and Germany). These experiences show that standardization (e.g. IHE-compliant) increases data-consistency, reduces the complexity in IT infrastructure and improves the communication. Referring to the IMPO-model, the level and quality of the HIE determines how strong the different components (input, processes, outcomes and management) are tight together.

During the part "Archiving and Interoperability platforms" a provider (IT vendor) showed their solutions.

Besides presenting solutions (or better solution enablers) for various healthcare needs on macro and micro level, attention was given on the impact on the processes and in general on the hospitals, reflected in the title of the Workshop on digital Transformation at April 5th, 2017 in Brussels. The Workshop focused on:

- Objectives of the WP and report on the IHE activities
- Interaction of individual health record and institutional medical records

- The deconstruction of business processes to the disruption of business models, e.g. Service portal Booking.com)
- Digitalised business processes – Indication of new business models, i.e. Guest Services, Medical Services and Data Services.

As summary the group defined as next Steps:

- an open a big audience addressing event on Leadership and digital Transformation and
- an EAHM Certificate to make the activities of the HIM Group more important – more valuable to join, i.e. EAHM certified HIM – Health Information Manager.

Sofar, potential cooperation partners for the certification activities, like the ENTSCHEIDERFABRIK are written down in the minutes of the meetings – 28-29 of March 2018.

On 28-29 of March 2018 took place our Executive Event on “Leadership and Digital Transformation - eHealth Transforming Healthcare in Disruptive Times.” (see report in the Seminar section). Information technology is transforming healthcare processes, in part driven by the consumer or patient and his or her smartphone. This happens sometimes in an evolutive way, sometimes dramatically. This transformation calls for an Health Information (Management) Strategy in order to prevent disruption and support evolution as much as possible.

The Working Party met several times in function of the activities and received input and support from Pierre-Michael Meier, Danny Havenith, Gunther.Kostka and David Wall.

E.2 Working Party Communication

The EAHM-website http://www.eahm.eu.org has been revamped and contemporised with more up to date content. Furthermore, the EAHM has signed an agreement with HealthManagement.org aiming an enhanced communication and visibility of the EAHM in order to present in an efficient way the EAHM activities.

F Congresses

F.1 25th EAHM Congress: "*Health Sector – our responsibility for the people*" (10 -13 September 2014, Berlin)

The 25th EAHM congress took place where 25 years ago a milestone in history was been marked: the fall of the Berlin wall. Two worlds came back together after having been separated for a long time, which changed the world history.

A precondition for good healthcare provision throughout Europe is a solid financial basis, a catalogue of services, which must be drawn up as a priority, as well as the option for patients to acquire medical treatment on a cross-border basis.

Many balances and compromises have to be found: between ethical responsibilities versus financial health, between the European influencing factors like the EU working time directives, the patient mobility directives… and the local competitive factors, using the appropriate tools on the different levels, the upcoming 'Silver Tsunami' wave and the role of hospitals in expanding across multiple dimensions. The hosting country focused on three major tasks: defining the true need for patient-centered care, allocating financial means efficiently, and embracing innovative framework and digital technologies.

Keynote speaker Leo A. Nefiodow, referring to the economic cycles or Kondratieff waves, stated that the main carrier of the next (6th) upcoming economical wave - which was delayed due to the entropy deficit and low productivity of healthcare system - will be the new emerging healthcare sector based on innovations in biotechnology (improve productivity in handling physical diseases) together with naturopathic treatments, complementary and alternative medicine, environmental protection, wellness industry and health industry. On the other hand, psychotherapies and spirituality/religion may help to reduce the entropy deficit. He saw no other candidate than the healthcare system that can take up the role of a growth engine, bringing for the first time the human being at the center of future growth.

The first day gave a state of affairs in Europe. Hospital activity hasn't followed by an increase in healthcare budget. Chronic care is delivered primarily outside the hospital setting. On the other hand, pharmaceuticals and prevention were most affected by the crisis. Furthermore, there was no real shift from public to private funding. The importance of healthcare for social development has been stressed as well as the

need for a political rational steering in a market-oriented health care system. Finally, the ethical economy has been described as a two-sided coin profit maximization versus avoiding overconsumption and misuse. The closing debate of the day, brought 2 cost drivers for hospitals forward: bureaucracy and regulation.

The morning of the second day was devoted to responsibility for Patients and Staff. The responsibility for patients has been translated recently into different actions across Europe. For example, in France focus was given to continuity and proximity while in Ireland the patient flow has been revised, bringing primary care to the forefront as well as engaging patients through co-design.

In order to support a better recovery of mental health of patients requires a radical rethinking of the mental health service delivery through behavioural change (staff) and cultural change (organizations) and involving the user personally (co-production/ shared decision-making / reciprocity…).

Naturopathy and integrative medicine has been presented, giving added value in different disciplines like oncology, orthopedics and pediatrics, based on proven evidence. Besides the better patient outcomes there is a potential of integrated medicine for hospitals.

The psychosocial risks is a new contemporary malaise in the risk sphere for which a France hospital has presented an action plan to improve the well-being, health, and performance of hospital workers. The message “Simplify your life” didn’t fall on deaf ears in an audience full of hospital managers. A programme using seven steps was presented to get back to the basics of a simple and happy life, removing the unnecessarily burden.

Final statements of the panel were, less bureaucracy more care, spread of innovation, a call for looking into alternative funding to finance quality measures.

In the late afternoon the focus shifted to the responsibility of the health industry, with presentations on the importance of the healthcare ecosystem, sustainable healthcare and the shift from a pure product or service delivery to partnerships.

The World Health Economic Forum (WHEF) organised by Entscheiderfabrik exploring the relations between policymaking, economics and IT while the satellite events included a psychiatry workshop with contributions from Germany and Belgium.

F.2 26th EAHM Congress: "*Sustainable Healthcare - Needs Responsibility and Competence*" (13-14 October 2016, Bologna)

European healthcare systems are facing ever increasing demands (new pathologies, longer life expectancy). In parallel, there are exciting new health technologies and advancements in diagnostics which may result in better quality of care and improved health outcomes but come at a financial cost at a time of reduced public finances and decreasing hospital budgets.

As the financial crisis hasn't been solved it has spread out to non-financial domains. It has increased the stress between the health systems 'inputs' and expected 'outcomes' to be delivered. This gap that hospital management have to bridge constantly, raises the question on the long-term sustainability of the healthcare sector beyond having a sound financial basis for the future. Therefore, this theme has been choosing for the 26th EAHM congress which took place on October 13th and 14th in Bologna (IT).

Sustainable development builds upon 3 three interdependent pillars: economic development, social development and environmental protection, extending the traditional bottom line of profit/loss to a triple bottom line. But a sustainable society can only be achieved with sustainable organizations and professionals. Speakers indicated that to ensure a sustainable society we need future-oriented welfare systems, new paradigms in medicine and in ethics as well as appropriate economical models. Also In addition to the "lighthouses" of high-performance medicine, a nation-wide basic care, accessible to every citizen, as well as a trustworthy doctor-patient relationship, must not be left behind.

While the first day was about the macro level, the focus of the second day was on the hospital and health professionals, and more specifically the managers.

Ensuring sustainable organizations extends the values to be used by organizations and health professionals and increases the liability of health professionals. It calls also for an adapted hospital governance. But this is not enough, the real challenge is to have a vision on the patient outcomes and quality of care in the future. Furthermore, appropriate actions have to be taken to ensure a sustainable vision, putting more responsibility on the management. If sustainability is at the core of business success, it must be also at the heart of decision making. Therefore, the afternoon was primarily devoted to leadership.

A hospital and certainly the health care systems are complex systems composed of many subsytems. Therefore they demand a unique type of leader, a leader understanding the organization and catalyzing collective leadership. Sustainability and Leadership goes hand in hand.

But leadership only works if it also gets diffused. This is important for a hospital in order to become a sustainable organization, but also for the health care sector as such in order to ensure high-value healthcare for all citizens.

Satellite programs were organized by the Subcommittee Mental Health as well by the IT-work group focusing on Health Information Exchange in different countries and the need for standardization.

As part of the association's general assembly on October 14, the German name of the EAHM was changed into the Europäische Vereinigung der Krankenhausmanager (EVKM). At the same time, a new logo was approved.

The congress took place in the lovely and inviting city of Bologna welcoming the participants in Palazzo Isolani for the Gala Dinner.

F.3 27th EAHM Congress: "Redefining the Role of Hospitals - Innovating in Population Health" (26-28 September 2018, Cascais/Portugal)

During the last decade, hospital managers have been more and more concentrated on responding to people's expectations, adopting new technologies, obtaining internal efficiencies and assuring financial sustainability. The objective of improving the health of the population that we serve has become a secondary plan.

Moreover, even though the high level of sophistication that hospitals achieve, hospital managers are confronted with internal and external structures and processes that

found their rationale for existence years ago and are organized as they were more than 50 years ago. Their reason for existence has to be reconsidered before our hospitals and more in general our healthcare systems become unreliable, unsafe and prone to error.

Also hospitals share many challenges with other health and social care organisations, healthcare industry and healthcare authorities, challenges such as the demographic shift, the pace of technological innovation, escalation of certain viruses and diseases, changing user and consumer expectations, the growing financial pressure etc. Frontline hospital managers will face the challenge of balancing supply and demand. Balancing health service requirements with available resources is a key management function. But these challenges cannot be answered solely by the hospitals, so hospitals absolutely need to engage partners to overcome these challenges. Hospitals need to redefine their role supported by innovative public health strategies as well as collaborating in networks, partnerships and networking in order to improve the health of the population.

With the scope “Redefining the Role of Hospitals - Innovating in Population Health”, the 27th EAHM Congress will address the possibility of integrating innovation and technology on process and organizational level in order to positively change the way we can deliver healthcare and define the role of hospitals in the future. Through the scientific programme, special focus will be given to following topics:

- The development of People Centeredness Systems based on the needs and satisfaction of the individuals;
- The identification and effective implementation of models, solutions, methodologies and processes of vertical and horizontal Integration of care;
- The challenges on implementation of Innovative provision models that assure new healthcare solutions based on new technologies opportunities: digital era, diagnosis, therapy, communication, big data, artificial intelligence, etc.
- The need to adopt new funding and management solutions that can ensure Financial sustainability;
- The need to develop solutions based on population health dynamics that assure responses to their needs, brought together under the topic management matters.

As cooperation is key for all stakeholders in healthcare, this will be done in collaboration with more than 15 international organisations and the European Union.

G IMPO

G.1 Second IMPO Workshop (April 24th 2015, Brussels by EAHM-SSC)

This workshop, attended by 60 participants from 17 countries and prepared by the Subcommittee European Affairs, focused on how hospitals can cope with the changing expectations of patients taking into account the general work conditions of hospitals, by maximizing the performance of the processes by a good management (professionalization of healthcare management) by steering the hospital staff in an optimal way. Cases have shown how innovation can help hospitals in improving health-care quality and containing costs.

During a round table discussion, three working groups were presented with 5 questions in the field of process, outcome and in particular quality management regarding quality indicators in relation to patient outcomes, their sustainability, the role, required competencies and involvement of a hospital manager in steering the delivery of quality care and ensuring patient centered outcomes.

There is no single answer, but many ways to achieve the best solution for each hospital. Solutions should be enabled on different levels (from national to hospital) and in different ways (from common languages and indicators to financing). Leadership, commitment and empowerment are recommended competencies while an environment of mutual respect, trust and good governance is advisable. The discussion of the working groups can be summarized by following key-words: participation or involved, transparency & long-term leadership.

G.2 First IMPO Conference: *"Patient Safety & Risk Management"* (November 17th 2016, Düsseldorf by EAHM-SSC)

Patient safety can be considered as a goal (or an outcome) in terms of zero patient harm as well as a practice, meaning processes and structures that aim to make healthcare safer, and thus a perfect theme for the 1st IMPO conference. It is estimated that 8 to 12% of patients admitted to hospital in the EU suffer from adverse events. Therefore, patient safety is since years an important topic on the agenda of the European Union, especially as a high proportion is avoidable and they have their roots in systematic issues. Mr. J.F. Ryan from the European Commission gave an overview of EU actions, from measuring patient safety to promoting research as well as supporting member states, giving. He gave examples in the field of healthcare-associated infection, calling for further action from member states and health professionals, especially the hospital managers.

Patient safety is now on the agenda of the highest international health policy podia with a gradual shift in attention towards infections. Where the initial emphasis was on standardizations and international regulations, steps have been taken towards actions and implementation are more and more taken. While the consequences of clinical risks are becoming more and more visible, it is important that outcome of quality improvements measures can be estimated and evaluated, also in financial terms (cost-neutral/cost-saving) given the limited resources of hospitals. Solutions can be found in the inputs (e.g. product quality of products used) as well as the processes of hospitals. Clinical risks and their related costs can be minimized through process improvements with intelligent choice of products. Estimation and monitoring can be done through process-risk-analyses as demonstrated by BBraun. This should be part of an integrated risk management within hospitals, ensuring the existence and success of hospitals in a sustainable manner.! The results of the survey "Clinical Risk Management and Assessment in European Hospitals" indicate there is still a long way to go.

The afternoon session started with an overview on patient safety and risk management from the French, Irish and Italian perspective showing evolution of the implicated professionals, the overall operation of hospitals and the professional cultures. Findings on control level, standard setting, performance, assessments and verifications has led to different actions as an overall programme including quality assurance and verification, quality intervention and quality enforcement. As an example, a German measuring system of patient safety presented an index based on potential risk calculation/classification as well as on the fulfilment of preventive measures. This

index can be benchmarked, leading to internal and external transparency. Finally, attention was given to patient safety in a media driven society demonstrating the impact of the media and publication of calamities in the Netherlands on the patient safety agenda within the hospital to the national level, leading to the advice to be transparent, to say 'sorry' and to be proactive without blaming the healthcare professionals.

G.3 Third IMPO Workshop: *"Pay for Performance, Myth or Incentive"* (April 28th 2017, Basel by EAHM-SSC)

Increased economic pressures (e.g. due to budget constraints) lead to austerity measures and a search for ideas and strategies to overcome the financial difficulties including the rethinking of funding models. During this workshop, prepared by the Scientific Subcommittee of the EAHM, hospital managers from Europe discussed about the expectations and the application of Pay for Performance (P4P) in healthcare settings. This approach provides incentives to physicians and health care provider organizations to achieve improved performance, known as 'value-based purchasing' where financial incentives (or penalty) are offered to physicians, hospitals, etc. for meeting various targets as an alternative to pay for service.

After an introduction by the President, the perspectives of a hospital director and a representative of the insurance industry were represented by the French side. As hospitals in France are financed based on a DRG-based payment system (T2A), these cases demonstrate the use of a performance project on hospital level and the use of the performance of the hospital to reduce risks and thus lowering the liability insurance for the hospital. The third perspective came from the regulator of the canton of Basel-Stadt. Having got requests to install P4P e.g. for (innovative) drugs, the question was raised if P4P can be applied to the entire healthcare system. Different fundamental problems have been identified: the performance to be rewarded, risk of manipulation (hard-to-control self-reporting), the problem of small numbers, risk of patient selection, danger of action selection, challenges to ensure proper system adjustments and even a missing legal basis for such a system change. Also the implementation of P4P is associated with a large administrative effort and requires tight controls. It might be considered in individual cases (eg pharmaceuticals) or embedded in a DRG-system but appropriate controlling tools are needed. A swot-analysis and a reference to the

Compensation Continuum (based on % of financial risk and level of integration of value-based reimbursement) were presented to support the conclusions.

The morning session ended with a round table discussion. A survey was distributed as a starting point for the discussions. The following observations were made.

- P4P doesn't solve the diametrical objectives and expectations of payers (decrease of expenditure) and hospitals (higher income).
- The P4P incentives must be translated in internal objectives.
- P4P requires the confidence and collaboration of all actors.
- The problems of measurements (what to measure, who will measure, self-reported or verified data, how to avoid the burden, what about the adjustment of risks) need to be solved.
- A solution needs to be found to help bad -performing and thus punished hospitals.
- Furthermore a collective performance should be the targeted: It must be pursued across sectors (and not just for acute sector). And should be based on a multi-disciplinary approach including all actors on all level of the hospital even from outside the hospital.

In the afternoon, a big private hospital operator presented their vision on advantages and risks as well as the market effects of P4P for service providers. Their current approach is to unlock peak performance and improve value-creation by reorganizing job profiles and cooperation of professional groups, implementing multi-level nursing concepts and clinical pathways.
The last speaker brought the "latest" findings from brain research and the consequences for reward systems. "Reward systems encourage fraud" which would indicate another reason why more control is needed with P4P.

Conclusion: "Performance" is often considered the Holy Grail solving the problem when used. But "performance" must be demystified. Performance is a necessity to guarantee the sustainability of the healthcare system. Implementing P4P creates new challenges and risks. There is also very little experience with P4P in Europe, in stark contrast with the use of quality measures. If quality of service can be measured, this may create a quality competition which may have financial consequences (Pay for quality P4Q). But this isn't a necessity to shift the agenda in the direction of outcomes. Quality competition motivates patients and health professionals to be high performers with less regulation and administrative burden.

G.4 Second IMPO Conference: "*Hospital of the Future – Prevention as an Hospital Activity*" (November 15th, 2017, Düsseldorf by EAHM-SCEA)

Western societies are evolving with an ageing population and increasing burden of chronic disease conditions. To address these challenges, "we need to build together capacity to detect and react to the changing needs in our population's health, applying timely and efficient preventive approaches, thereby ultimately preserving the health and well-being of our community", said Gerry O'Dwyer, President of the EAHM, when opening this conference.

Referring to the IMPO-model, prevention is becoming a chain of internal and external processes where hospitals can contribute actively in improving Public Health by taking and/or supporting external healthcare initiatives on their own initiative or with other partners. This is illustrated with different cases across Europe.

The first case demonstrated how the use of technology can help to get relief, in the relationship between patient – care giver as well as by other professions, and strengthen resilience in the treatment, ensuring a better outcome for patient and organisation. In Portugal, the national plan STOP Infeção Hospitalar Project resulted in a major reduction (more than 50% in 75%) of the addressed healthcare associated infections (HAI) within two years through process changes and strong local leadership. In the Netherlands, the diabetes tsunami is answered by network for integrated diabetes care using multi-agency health care and disease management. In this network, the role of the hospital is shifting towards treating the more complex patients, supporting the primary care groups as well as building up and sharing expertise and knowledge while managerial responsibility gets shared amongst actors. Another case showed how Patient Blood Management (PBM), an evidence-based bundle of care, tries to break the vicious circle - Poorly managed bleeding then induces or exacerbates anaemia, which often leads to transfusion – through actions taken before, during and after the operation by a perioperative multidisciplinary multimodal patient-specific team resulting in reduction in blood product use, better patient outcomes and cost savings. The next case demonstrated the preventive role of New Information and Communication Technology applied by a French hospital group through a patient portal having several preventive actions as well as data analysis on emergency attendance. An adapted information policy and the support of all regional actors are important in realizing this role. The last case concerned infusion therapy, a beneficial treatment but with a high potential risk. To reduce the risks, a German university pediatric ICU applied Standard Operation Procedures for infusion management in

initial stages, preventing severe intensive care complications and increased patient safety. In a second stage, in-line filtration for critically ill children was introduced which decrease the amount of SIRS and helped to eliminated air bubbles from infusion solutions, also resulting a significant economic benefit through reduction of length of stay, drugs used.

These examples show that prevention needs to be a daily activity of the hospital, internally but also with other partners. Therefore a partnership approach is needed in healthcare prevention and healthcare education, that integrates services across all levels and sectors, in order to improve health outcomes, patient experiences of care and the patients' involvement. The presented cases also showed that prevention follows not only the top-down approach where the hospital management initiates the process, but is also comes from the hospital floor, by health professionals or middle management. In either case, the final outcome is influenced by the support given by the top management of the hospital and they need to be involved.

H Seminars and other EAHM-events

H.1 "*Developments in process- and risk management*" (November 20th 2105, Düsseldorf by GE Capital & EAHM)

Improving quality of care with reduced budgets is the main challenge for most hospitals. This seminar gave an update on recent global developments to face this challenge, with a special focus on process- and risk management, starting with presenting the Hospital Sentiment Report and "GLOBAL Hospital Executives" survey, conducted by our core partner GE Capital, followed by a presentation showing that although improving quality while reducing the costs might seem to be difficult as they call for conflicting priorities, they can be brought together in a combined goal using the IMPO-model. This has been brought into practice through 2 cases (quality management & MRSA, facility management).

H.2 "*The future of healthcare professions*" (September 28th 2017, Luxembourg) (IUIL & EAHM)

What competency profiles will be needed by 2020-2025?

This was the central question around which the IUIL, in collaboration with the EAHM and the FHL, organized on September 28th, 2017 a thematic cross-border day on the Belval site of the University of Luxemburg. Intended for European hospital managers, this day was the opportunity to discuss with colleagues and with internationally renowned experts the predictions of HR developments in this sector for the years to come.

At the center of the discussion: the operational management, the impact of new variables on the development of competency profiles, but also the issue of age management.

The day was also an opportunity for participants to make new contacts and to benefit from the experience of their counterparts facing the same problem.

In 2016, the IUIL and the EAHM organized a first promotion of the ' Manager un hôpital à l'heure européenne' training course, with the aim of learning hospital leaders at cross-border and European level to manage their institution in a cross-border

perspective, adapting their activity to European directives from Brussels. During this thematic day, the renewal of this training was announced for October 2018.

H.3 EAHM Executive Event: "*Leadership and Digital Transformation - eHealth Transforming Healthcare in Disruptive Times*" (28-29 March 2018, Dublin by EAHM-WPIT)

eHealth and the use of technology continue to transform how healthcare is currently being delivered and increasingly shaping how future healthcare models will operate going forward. The potential to improve the delivery of health and social care provision seems to be limitless. Staying aside is not an option, because "without digital technology, it's simply not possible for us to continue to deliver a sustainable model of healthcare, meet the growing demands for services while empowering patients.", said Mr Gerry O'Dwyer, President of the European Association of Hospital Managers. Therefore the EAHM invited industrial key players, academics and healthcare managers to meet and share visions and experience. Healthcare leaders from Ireland and 20 European countries joined the event which was held in the Royal College of Surgeons, Dublin.

During this event, there were 19 presentations with excellent dialogue and debate, from industry leaders, Healthcare managers, Hospital Academic partners and subject matter experts on how digitalisation has the ability to transform how healthcare is delivered now and in the future covering areas such as artificial intelligence, precision medicine, cyber security, cancer diagnostics, patient safety and digital hospitals

Digital (r)evolution and concrete solutions in healthcare continue to drive transformation within hospitals by challenging hospitals to consider their position regarding eHealth. Embracing this transformation agenda requires hospitals to adopt a forward-thinking approach to eHealth and develop a strong and committed leadership at hospital level to embrace this transformation agenda. The eHealth evolution is developing more rapidly than ever and now spanning all areas from consumer-friendly wearables to hospital devices transforming healthcare in almost all facets and even breaking down existing business structures in healthcare.
Hospitals are already confronted with many factors which may lead to disruption if not handled appropriately: aging population, chronic diseases, budget + staffing constraints, education + culture.Technology innovations and especially eHealth is a recent factor for disruption in hospitals. Disruption can go in a positive direction (new

technology with major impact on processes) or a negative direction (e.g. End of Life (EOL) technology). Technology can also help to avoid disruption (bringing information where it is needed, monitoring…).

In the past, hospitals have taken up technology in different ways and at different speeds. eHealth systems in hospitals were in the long-time focused on management of records. The positioning of these systems is changing from record systems to systems providing insight, or further to engaging systems, eventually to systems enabling health management. It is important to bring eHealth closer to the value-chain of hospitals, e.g. by supporting personalized medicine. eHealth solutions help also to open up new activities like solutions for prevention, support of existing processes (e.g. by bringing information at the bedside and in the hand of the health care professional) or helping to be prepared for the actual healthcare challenges (changing demographics, rising chronic illness).
There is a growing but fragile trust in eHealth from the side of the patient, healthcare professionals and other healthcare actors, which may shift the role of eHealth in healthcare from supporter to driver.

The goals of most eHealth solutions subscribe the triple aims: Quality, Cost and Access, also extended with patient safety and providing evidence base. But the endpoint of eHealth is not always easy to oversee: for example, hospitals started with record systems but are now confronted with a growing pile of unstructured data. Also the purposes are shifting, e.g. from care coordination to risk stratification. In order to successfully support the delivery of care, eHealth solutions need to engage patients and customers, to empower care teams and to optimise clinical operational effectiveness. The role of eHealth solutions is also extending, from pure descriptive through diagnostic to proactive systems.

Although there are eHealth solutions in many fields offered by a variety of solution providers, many eHealth ideas within hospitals do not yet have an answer. Furthermore hospital managers have to also cope with many challenges: internal & external stakeholders, budgeting, skillsets, governance etc.
Therefore a good starting point is transparency to avoid too much “noise” by building bridges between clinicians, managers and the technology providers. Also good governance and leadership including stakeholder engagement and buy in where appropriate is necessarily to start the eHealth pathway. Before starting the pathway of digitalization, 3 questions should be considered:

- “why?” (including a vision on the digitalisation strategy with a risk-opportunity balance of digitalisation),
- “what?” (to be digitalised, ensures to look broad enough)
- “how?” (a possible roadmap for digitalization).

As there is no endpoint nor a point of return, answering these questions helps to see where the digitalization of the hospital is going and to keep it on track. Deploying innovation incrementally is a key factor as this can be done in an open, coordinated and (more) controlled way. Furthermore, it is good to build for change, by adopting an open, agnostic or vendor neutral way, to align the solutions with the organization, to avoid losing communication (with patients/health professionals/ stakeholders), to avoid disruption (not only to daily operations, but in a larger sense), to ensure business alignment with KPIs and to be prepared for changes at organizational level (in culture, associated operational processes).

The eHealth journey of the host country Ireland has been presented through a number of success stories in the field of imaging and the Shared (ehealth) Record Programme.

This interesting event ended with a presentation on artificial intelligence of the future, far beyond deep learning, machine learning and neural networks. Demonstrating the decision support capability on EHR data of oncology patients, this is a cognitive system that learns and reasons, much like we do but with such strong capabilities that in the near future not using this kind of innovation in hospitals will amount to medical negligence.

A notable feature of the event was the networking opportunities, which allowed delegates to interact, share ideas and identify new opportunities for collaboration across Europe, which will hopefully help shape delivery of future healthcare IT solutions. Closing the conference Ms Lucy Nugent, President of the Health Management Institute of Ireland commented: “Digital an ever-increasing enabler across the whole spectrum of healthcare delivery leading to improved patient outcomes, greater patient autonomy, safer systems, patient and staff satisfaction, the future is digital.”

I Partnerships and external relations

I.1 Core partners

Core partners during the period 2014-2018 were BBraun, Ecclesia and GE Capital. Through these partnership, they supported the activities of EAHM in particular by providing information to the members of EAHM about its activities, products and/or services it offers and by stimulating an exchange of views about these with the EAHM members (see report on congresses, IMPO and seminars & other events).

They have been involved in different EAHM activities, including the IMPO activities and the EAHM congresses where they got the possibility to be present themselves as core partner of the EAHM. In some cases of larger projects, they were also invited to and involved in the work of Scientific Subcommittee and/or subcommittee European Affairs

I.2 Associated Members

Following Associated Members have been invited and involved in different stages of the EAHM-programme and activities:

- Entscheiderfabrik, Germany
- Dienstleistungs- und Einkaufsgemeinschaft Kommunaler Krankenhäuser eG, Germany
- Geschäftsbereich Akademie (Akademie Leipzig), Germany
- Institut Universitaire International Luxembourg (IUIL), Luxembourg

I.3 External relations

During the period 2014-2018, the EAHM has been working to growth its networking with representative organisations related to healthcare management in the Europe.

I.3.1 HOPE

36th HOPE Exchange Programme

Organisational innovation in hospitals and healthcare was the main topic of the 2017 HOPE AGORA, HMI President, Lucy Nugent said when she opened the three-day event in Trinity College, Dublin, which was attended by over 300 health managers. During the AGORA – which was organised by the HMI – healthcare managers reported on innovations they had seen in 17 European countries where they had spent a four-week training period as part of the HOPE Exchange Programme.

HOPE (the European Hospital and Healthcare Federation) is a European non-profit association founded in Rome in 1966. It promotes improvements in the health of citizens throughout Europe and aimed to foster efficiency, effectiveness and humanity in the organisation and operation of hospital services and of the health systems within which they functioned.

The HMI President said one of the basic objectives of HOPE was to promote the exchange of knowledge and expertise within the European Union and to provide training and experience for hospital and healthcare professionals in the European context. As a professional association the HMI and the EAHM have similar objectives as HOPE which is to “Inform, Educate and Involve” its members.

She said organisational innovation was a broad topic that in the context of the Exchange Programme should be seen as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients’ empowerment or involvement.”

I.3.2 IHF

The EAHM has been collaborating with the International Hospital Federation (IHF) with the support of the American College of Healthcare Executives (ACHE) and the Pan American Health Organization (PAHO) along with other global healthcare management leaders to create an international framework for healthcare management competencies.

Healthcare management associations have a common charge to enhance the leadership and management capacity of their members and promote the profession they represent. Yet healthcare management has not been universally recognized around the world as a profession.

Started in 2013, a group of healthcare association executives representing 15 different organizations from around the world worked on the development of the competency framework serving as a catalyst and resource for defining the skills, knowledge and abilities needed for the healthcare management profession.

The draft competencies have been circulated to the EAHM Scientific Committee, Executive and Board members for feedback which EAHM's representative to this project, Lucy Nugent (Health Management Institute, Ireland) has presented in January 2015 to the consortium of leading professional associations. The core competency for the healthcare management directory was adopted at the IHF World Hospital Congress hosted in Chicago in October 2015 which is now available on the IHF website.

I.3.3 Future Healthcare Manager in Europe (FHME)

In 2017, the EAHM started to collaborate with the FHME, an activity of the EIT Health campus. FHME is based on the study "Hospital of the future" which describes the future role of the main hospitals in Europe and was conducted by the Center for Research in Healthcare Innovation Management (CRHIM) of the IESE Business School.

The EAHM brought members and experience to the FHME-workshop "The role of the future healthcare manager". The objective of this workshop was to present new ideas on the future management of health in Europe and to discuss with colleagues potential skills for health professionals, such as digital transformation and positive leadership.

This workshop took place 14th and 15th of September 2017 at IESE Business School in Barcelona and included 40 participants from various health care organizations. Through interactive sessions combined with working groups, participants discussed the role of future health officials.

In 2018, FHME-2 has been launched aiming to prepare health leaders and managers, by training faculty and fostering the adoption of the future manager competencies by the national associations of healthcare managers.

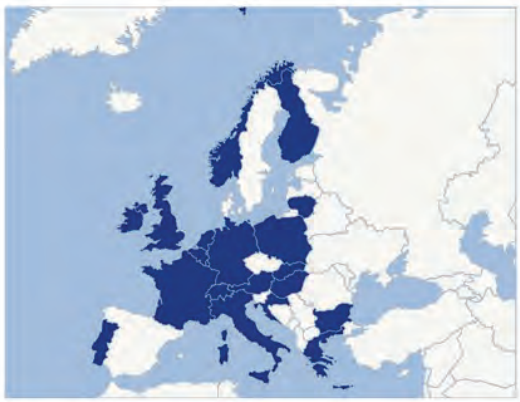
Our mission is

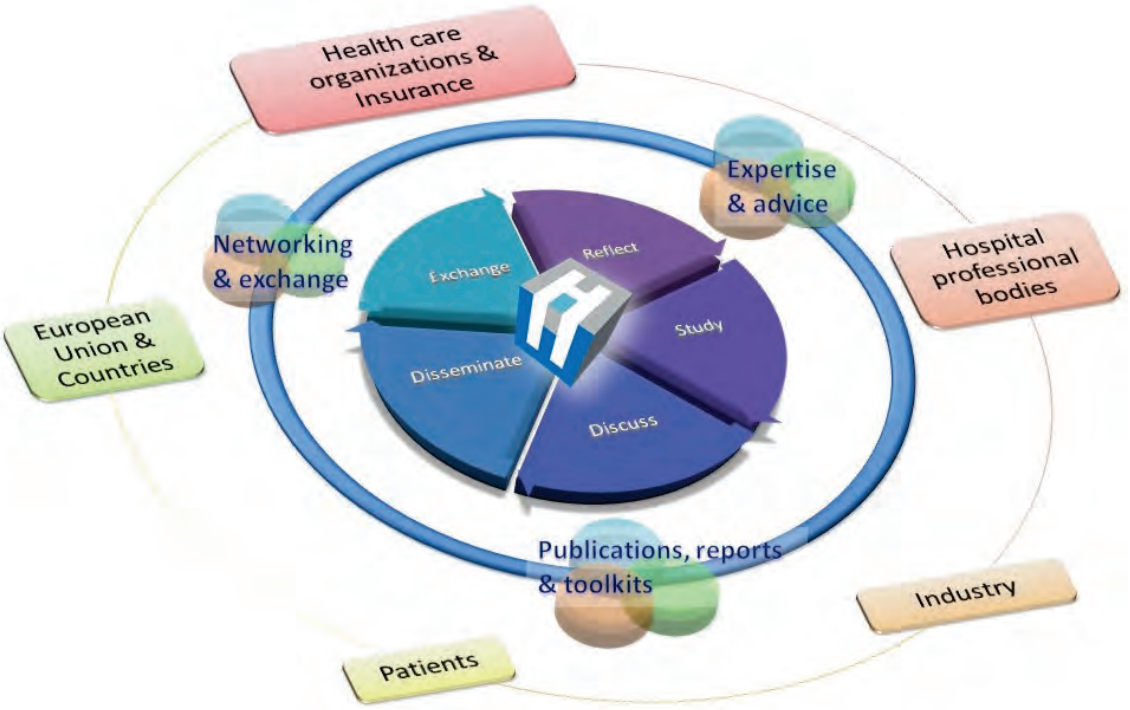
- considering the specific ***mission*** and ***responsibility*** of chief executive officers (CEO)
- contributing to their ***professional competence*** and ***responsibility***
- Sharing ***good practices & expertise***
- Influencing ***European Union-wide legislation*** & ***regulation***
- ***Promoting on European & International level***

HOSPITAL EUROPE MANAGEMENT

- Bundeskonferenz der Krankenhaus-Manager Österreichs (BUKO)
- BVZD-ABDH-BVKD
  Belgian Association of Hospital Managers
- Regional Association Of Hospitals 'Stara Planina'
- Schweizerische Vereinigung der Spitaldirektoren (FSDH - SVS)
  Swiss Association of Hospital Directors - section
- Verband der Krankenhausdirektoren Deutschlands e.V (VKD)
- Terveys ja talous r.y.
  Finnish Association of Hospital Economics
- Le Syndicat des manageurs publics de santé (SMPS)
- L'association des Directeurs d'Hôpital (ADH)
- Institute of Healthcare Management - Northern Ireland (IHM NI)
- Ελληνική Εταιρεία Management Υπηρεσιών Υγείας (EEMYY)
  Hellenic Health Services Management Association (HHSMA)
- Udruga poslodavaca u zdravstvu (UPUZ)
  Croatian Health Employers' Association (CHEA)
- Egészségügyi Gazdasági Vezetők Egyesülete (EGVE)
  Association Of The Economic Managers Of Health
- Health Management Institute of Ireland (HMI)
- Associazione Nazionale dei Medici delle Direzioni Ospedaliere (A.N.M.D.O.)
  The National Association of Physicians of the Hospital Management
- Lietuvos gydytojų vadovų sąjunga (LGSV)
  Association of Hospital Managers Physicians of Lithuania
- Fédération des Hôpitaux Luxembourgeois (FHL)
  Federation of the Luxembourg Hospitals
- Norsk Sykehus- og Helsetjenesteforening (NSH)
  The Norwegian Hospital and Healthservice Association
- Polskiego Stowarzyszenia Dyrektorów Szpitali (PSDS)
  Polish Association of Hospital Directors
- Associacao Portuguesa de Administradores Hospitalares (APAH)
- Asociácia nemocníc Slovenska (ANS)
  Hospital Association of Slovakia

EAHM
Full Members





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