



HOSPITAL MANAGEMENT IN EUROPE

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**50TH ANNIVERSARY
OF EAHM**

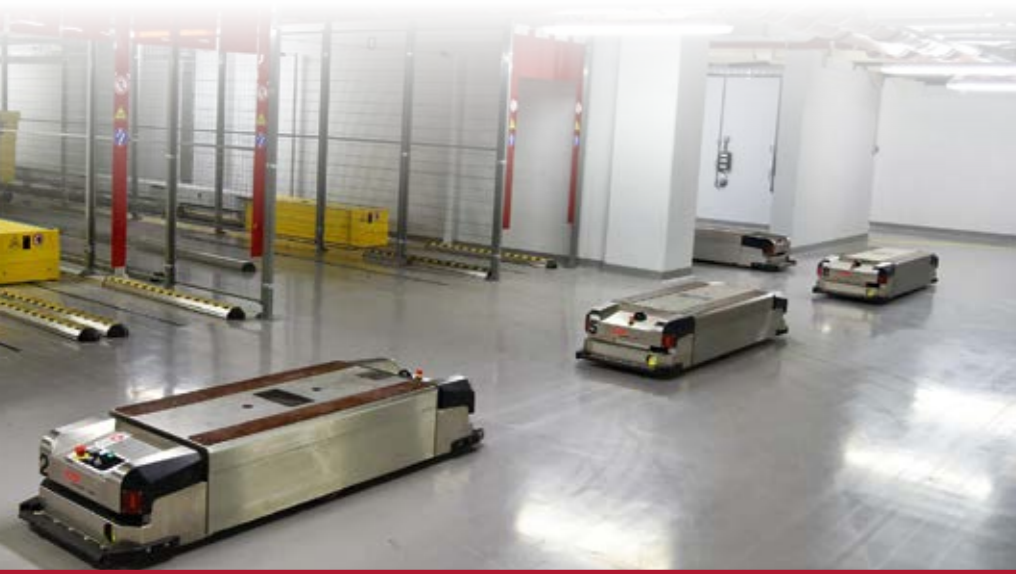


Towards an automation of your hospital logistics flows

Publireportage

Nowadays, DS AUTOMOTION is one of the world leaders in the development and construction of automated transport systems using Automated Guided Vehicles (AGV). One of the field that particularly interests us, and where DS AUTOMOTION specializes, is automatic transport in hospitals.

"We developed this branch on this sector fifteen years ago in Austria, where our head-quarter is located, and in France. The huge number of logistics flows in a hospital increases the complexity of organizing automatic transport. Moreover, installations have a significant span. Over time, we have acquired a considerable experience on the French speaking market (Belgium, France, Quebec, with prospects in the Grand Duchy of Luxembourg and in Switzerland), which has strengthened our expertise in automatic transport in hospitals", explains Franck Scotto, Director of AUTOMOTION SARL.



PAYING ATTENTION TO HOSPITAL'S NEEDS

The first requirement for successful hospital logistics automation is to be accommodate to the needs of the hospital. In this sector, there aren't standard products, each hospital has his own organization, and therefore specific requests.

"Our characteristic is that we are especially attentive to the needs of our customers in order to offer them the most suitable solution. This requires being extremely competent, having internal people who are able to understand what the customer wants. Thus, our biggest work is the study of the preliminary project which consists of understanding, apprehending, guiding, and especially advising hospitals. Finally - and this is a little bit paradox - our engineers understand as well as the client himself how container's flows work at the concerned hospital. To achieve this, various skills must apply together. But it really sets us apart from other companies on the market in this domain."

IN PARTNERSHIP

When a hospital center wants to automate its logistic flow, it had often heard about it, saw on photos/videos how robots work, or even visited another already automated site. However, the system's notion remains rather unclear. Informing is a role that DS AUTOMOTION also takes on: "We are not here to offer only a great tool but also to give advises. We will suggest the right tool and mostly how to use this beautiful tool."

The proposed solution which is the more adapted to needs will be the result of continuous consultation, based on a lot of discussions with the hospital and reflections, on a way of partnership and dynamics, both in discussions and in construction.

In the light of the lifespan of an AGV installation (15 to 20 years) the partnership is spread over long time. "That means that the hospital center is committed to the company which will automate its flows over 15 to 20 years. Our teams are totally integrated to some hospitals which are collaborate with us. For the reason that hospital constantly changes in its operation, the flexibility of our system is a significant advantage."

NO MECHANICS WITHOUT COMPUTER SCIENCE

Efficient management of logistics flows requires navigation, control and steering systems. DS AUTOMOTION produces Automated Guided Vehicles (AGV), commonly known as AGV. This means that the way that AGV will travel is defined in advance, after that the AGV will execute its tasks completely independently. For example, carrying containers of laundry from one room to another room in the building using a freight elevator. The different possibilities are introduced in the on-board computer on the AGV which will execute self-contained request. "AGV can be compared to driverless cars, except that in a hospital constraints are a little less complex than on road (we are in



indoor environment). The operation principle remains the same: AGV recognizes the contours, bypasses them, and knows where the hoists are located ..."
Navigation is completely free and can be done by odometry, by laser or by contour recognition (SLAM). (Video examples on the site: www.ds-automotion.com)

THOROUGHNESS AND STRUCTURING

On a normal hospital site, all flows can be transported by AGV: meals, clean/dirty laundry, waste, pharmaceuticals, sterilized products, the store, etc.

"Compared to manual handling, a system like this is very structuring. The AGV will not stop by the way without being scheduled. The system is based on industrial principle oriented results. This means that there is a flow which has to be complete, for example transporting 50 meal carts from 9 a.m. to 10 a.m., and the system will react by executing the order carefully. Thoroughness and very structuring are the watchwords."

Another significant consequence is that hospital staff can devote more time to their primary task, which is to help and support patients, while taking less care of the essential logistics.

However, the system remains flexible, simple and user-friendly in its use. Thanks to touch screen, even on your tablet, inputs can be made, in order to generate new flows according to needs of the moment.

A central point in the robot journeys is safety. "Our vehicles, which meet strict standards, are all fitted with redundant safety devices, which means that as soon as there are obstacles, people approaching, the AGV slows down and stops."

REFLECTION FOR THE FUTURE

"We are in process of developing this type of logistics solution for sterilization centers with the aim of bringing sterile products to operating rooms on a just-in-time basis. It's a principle strongly developed in the industry (automobile for example) to minimize stocks. Reducing stocks is a trend that is also found among hospital architects in order to increase useful spaces. The stock is on our AGVs and supplies the receiver in just in time. Our thinking is really industrial, surely a little bit staggered, but despite everything to bring advantages to hospital solutions."

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EUROPEAN ASSOCIATION
OF HOSPITAL MANAGERS

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EAHM celebrates 50 years of existence in a rapidly changing world

EAHM was founded in 1970 in France. Its head office is in Strasbourg and its offices, i.e. its operational headquarters, are currently in Luxembourg after having been located for many years in Brussels. With 50 years of existence, EAHM is a relatively young association, but half a century of existence still provides an impressive record of past achievements.

Today the European Association of Hospital Managers (EAHM) is one of the world's largest hospital management associations. It's members are the leading hospital management associations in most of the European countries representing thousands of individual actors. The EAHM serves explicitly and exclusively the public interest.

Since today EAHM has been involved in numerous activities specifically tailored to support its members, such as the very successful EAHM congresses and numerous leadership events delivered throughout the years. Core partners have supported the work of the EAHM over the years.

In July 2021 we publish the second edition of our new journal "Hospital Management in Europe; the official magazine of the European Association of Hospital Managers". This is not the first newspaper published by the EAHM. From 1999 to 2014 we edited the magazine "Hospital" and we now embark upon another challenge with the desire to intensify our communication efforts.

EAHM has opted to offer itself a new visibility, a stronger presence among European and international hospital players in general. The actions and visions of hospital managers deserve to be themed and defended at both a national and international level. In this context, EAHM also wishes to give a voice to its members, to present them in their national context and to make them known to all actors of the hospital sector in Europe. In addition to a focus on a dedicated topic, EAHM has opted to focus on a member country in each new edition. For this second edition of our magazine, we have chosen Switzerland and we are very pleased that several key players, including the new President of the Swiss Federation of Hospital Directors, have agreed to answer our questions on the current and future challenges facing the hospital world.

We live and work in a changing world. Scientific and technological progress constantly presents us with new challenges. It is therefore also and above all necessary to look to the future. EAHM primarily wishes to express the visions of hospital managers in order to develop the hospital activity towards ever more quality and efficiency while taking into account technical and financial constraints. We need to make our ideas known and defend them to national and supranational decision-makers. This will involve significant communication and lobbying efforts. I have no doubt that our magazine, together with our website, will be an important tool to support our actions.

Marc Hastert
Secretary General of EAHM

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- + Automated flushing of stagnant water



MEDTRONIC-MAELA PARTNERSHIP

Get Ready® for eHealth!

The Covid-19 crisis has pushed hospitals to adopt remote patient monitoring and engagement solutions. Medtronic, a world leader in medical technology, is partnering with Maela, a French start-up operating a digital solution for patient care pathway remote management. Jointly, they bring to hospitals across Europe a solid and sustainable solution. Discussion with two key players.

What convinced Medtronic to partner with Maela?

Irénée Colin: «What really convinced us was the first project we started in 2018 with the neurosurgery department of the Amiens University Hospital. Leveraging Maela, the care team prepares patients upstream of their surgery, and secures their return home afterwards. This allowed them to further reduce the average length of stay by 1.3 days! We road tested Maela and concluded that the platform's adaptability is remarkable. This was made obvious to the rest of the world when in 2020, Maela successfully equipped in a few days each of the 7 hospitals of Luxembourg to efficiently manage Covid-19 patients remotely at a national scale! So, as part of our IHS division's digital strategy for care pathway optimization, we decided to leverage the Maela platform within our Get Ready® solution. Get Ready® is now available across more than 30 therapies – surgical, interventional, chronic – in more than 10 different countries in the EMEA region. And that list is growing every day.»

Hubert Viot: «As a startup we are agile and quick to innovate, but where we fall short is with reputation, international reach, therapy knowledge across many clinical fields, resources and experience for improving the platform and commercializing it. These components are brought by Medtronic. Together, we truly are bringing to hospitals and patients across EMEA a robust, powerful, customizable and therapy knowledge-rich solution to answer their pressing needs to manage patients remotely!»

Some apps for remote follow-up of patients are already in the market. How does the Maela platform stand out?

Irénée Colin: «Leveraging the Maela platform, our Get Ready® solution is truly unique as it is the only solution in the market today that is really global, customizable, secure, GDPR-compliant, interoperable and, most importantly, multi-therapy with content and protocols based on guidelines and expert consensus. It is truly a holistic approach, with our healthcare consultants supporting care teams in adapting it to their reality and implementing it, to ensure the solution is actually used and brings true impact without creating a burden on nurses and physicians. And hospitals are interested: we started delivering the solution in more than 20 hospitals across 7 countries, with advanced discussions ongoing across more than 50 hospitals in more than 15 countries.»

Hubert Viot: «With Medtronic, we are engaged in a very fast international development. The IHS teams help hospitals to improve and benchmark themselves on a daily basis and this can only be done relying on tangible data gathered by a strong platform, Maela. Digital transformation will deeply modify practices, helping strengthen care coordination, making care pathways more fluid and reducing time spent by patients at the hospital. It's just revolutionary.»

www.maela.fr/en/



Hubert Viot,
CEO of Maela.



Irénée Colin (IC),
Digital Health Senior
Manager, Integrated
Health Solutions,
Medtronic.

- Maela software solution is CE marked (Class 1 Medical Device) and meets GDPR, CNIL and ASIP compliance requirements.
- Maela partners with Santeos, the e-health subsidiary of Worldline, the world leader in secure exchanges.

Maela
The connected medical follow-up



Fortunat von Planta
“Defending hospitals in times of COVID is essential”

With great pragmatism, Fortunat von Planta, Director of the Hospital of the Canton of Uri and recently President of the Schweizerische Vereinigung der Spitaldirektorinnen und Spitaldirektoren (Swiss Federation of Hospital Directors), takes an eye on the emerging Swiss hospital landscape. Without a doubt, he speaks in favor of a future that reconciles rigor, openness and fairness.

Hugues Henry

Your entry into office as President of the Schweizerische Vereinigung der Spitaldirektorinnen und Spitaldirektoren (Swiss Federation of Hospital Directors) takes place at a very special time: the health crisis of COVID-19. How do you live it and what are your missions within the framework of your association?

Fortunat von Planta: “The crisis is the source of many unforeseen events. Every day a new event occurs. Set up test centers, ensure the supply of equipment, resort to partial unemployment (reduction of working hours, HRT), impose and implement hygiene measures, ensure the difficult treatment and support of COVID patients and, today, to set up vaccination centers and ensure their continuous management ... In this context, the most important task of our association is to draw attention to the situation that hospitals are going through, with a view to encourage a good understanding of it. COVID-19 news concerns so many players and touches on so many themes that it is essential to defend the interests of hospitals so that our difficulties are well understood by all. Let's

take an example: our concerns are different from those of GastroSuisse, the employers' organization of the hotel and gastronomic industry. The needs of our employees therefore require support adapted to their status, different from that granted to people directly affected by the lockdown.”

CHANGING THE SWISS HOSPITAL LANDSCAPE

After the health crisis, the world of health will not be quite the same. Lessons may be needed for health systems to improve further. In your opinion, will the Swiss health system also be impacted? And what are its strengths and weaknesses?

In Switzerland, we are going to have to question ourselves on how we are going to develop our health system - and in our case the Swiss hospital landscape - in order to be able, in the future, to better endure and manage such a crisis. For example, is it acceptable that in Switzerland we do not produce protective masks? Why aren't we using digital tools more efficiently? Should we in the future define certain hospitals as «pandemic hospitals», and therefore also

From finance to the hospital sector

- Graduated in Economics from the University of Bern and in Economics from the University of Rennes 1 (1995), Fortunat von Planta refined his training in Banking Expertise at KV Luzern (2004).
 - He immediately began his career as Director of the Tax Office of the Canton of Uri, before moving on, in December 2008, to a position of responsibility at Nidwaldner Kantonalbank.
 - This economist, however, very early on nurtured a keen interest in the health sector, and in particular in health policies. His wish will have been granted: he has been Director of the Hospital of the Canton of Uri since July 2013.
 - Following the departure of his predecessor, he also became President of the Schweizerische Vereinigung der Spitaldirektorinnen und Spitaldirektoren (Swiss Federation of Hospital Directors) on December 1, 2020.
- Schweizerische Vereinigung der Spitaldirektorinnen und Spitaldirektoren:
www.spitaldirektoren.ch



Fortunat von Planta

ensure their funding? One of our major assets is federalism, even if some do not see it the same way. Because federalism ensures proximity to our patients and allows the development of regional solutions. This has been confirmed, in my opinion, by the COVID-19 pandemic. In addition, a big weak point of our health system is the financing. There is a plethora of negative incentives, and even incentives leading to inappropriate behavior on the part of health care providers, insurers, patients and politicians alike. This is how discussions are currently being carried out, painfully, in order to know who will finance the direct and indirect costs of the pandemic observed in the hospitals. The hospitals have done a remarkable job and the state, insurers and some townships shy away when the question of their funding is brought up.”

What are, in your opinion, the priorities to be set in the actions to be carried out to guarantee the sustainability of health systems at an adequate level of quality?

On this point, I have a very clear opinion. First, we must finally ban the asym-

metry of information in the health system. This task falls to the state. Then you have to eliminate the negative incentives from the system. This will only work, first, if we end our current «all-you-can-eat buffet» health care system, and second, if relative prices are corrected. Relative prices are very important. I'll give you just one example: as long as an inpatient treatment in hospital yields three to five times more than the same outpatient treatment, a bias will persist in our system.”

FOR CROSS-BORDER COOPERATION

Switzerland is not part of the European Union, but it is located in the center of Europe. How do you see cross-border cooperation in health care and more particularly in hospital care?

This is a difficult question for me. I actually work in a small hospital with no real international interaction. I think it is important to keep in mind that research and development know no borders. And that the exchange and movement of personnel should also be possible without obstacles. Our country is not very good on this last point.”

The EAHM wishes to develop an experience exchange program and improve communication related to managerial skills. The new EAHM magazine is part of this strategy. What do you think?

We can learn a lot by interacting regularly with other hospitals and other health systems. This communication can also help to eliminate certain prejudices. This is why the Hospital Directors of Central Switzerland visit hospitals in other European countries every year in order to allow the exchange of information and to promote learning from each other. In each country, we discover processes, strategies, systems and other situations that impress



us deeply. I am always ready to support such an exchange program and maybe even participate in it personally during my sabbatical year in 2023.”

What are the skills and qualities that a hospital manager should have at the start of the 21st century?

He or she needs to acquire three major skills, two of which are priorities: possessing advanced medical knowledge and other equally advanced in business management, as well as a great political flair allowing effective collaboration with the public authorities. And I'll add a healthy dose of empathy to that.”

ENTERING THE “NEW WORK”

Do you see the main challenges that hospital managers and hospitals will have to face over the next 10 years? For example, the method of financing hospitals or new technologies which will have a considerable impact on the way of working.

New technologies are going to be of great concern to us, because the needs of patients change and because new players are entering the healthcare market. Then the world of work does not function as in the past. This «New Work», as it is called, should already be relevant and keep us busy every day. In my hospital, more than 50% of the employees belong to Generation Y Z. Concretely, nothing will develop properly without the promotion and development of collaboration. This is why: do not be afraid to collaborate, on the contrary, and if possible on an international scale!”

The EAHM / AEDH / EVKM intends to meet the expectations of its members. What are your wishes regarding the association?

My expectations will already be well met if the association promotes peer-to-peer exchange and provides information on other health systems, their advantages and disadvantages. In this area, there are already platforms, others are in the planning phase (exchange of experiences). As a Hospital Director, I want to access information quickly and learn from my peers in an easy way. This is why I am getting involved in the association.”



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A MODEL WITH A FUTURE: STANDARDISED QUALITY REVIEWS IN SWISS HOSPITALS AND CLINICS

ANQ | Dr. Petra Busch, Nora Fehr

For over ten years, Switzerland has employed a compulsory programme to carry out quality reviews in inpatient facilities providing acute care, psychiatric treatment and rehabilitation. The results of these outcome reviews are published transparently under the names of the relevant institutions. The reviews allow hospitals and clinics to compare themselves to other institutions and to take specific measures to improve the quality of the treatment they provide. The Swiss National Association for Quality Development in Hospitals and Clinics (ANQ) is responsible for the coordination and implementation of the reviews as well as for the analysis and publication of the results, and carries out its tasks in cooperation with independent review and assessment institutes.

Pioneering achievements and shared undertakings

ANQ was established in 2009 as a result of close cooperation between the relevant stakeholders in the Swiss healthcare system. The decisive factor was the Swiss Health Insurance Act (KVG), which stipulated an obligation for hospitals, clinics and health insurance providers to enter into quality assurance agreements that would require them to periodically review the effectiveness, appropriateness and cost-effectiveness of their services. ANQ was thus established by the Swiss Association of Hospitals (H+), all cantons of Switzerland, the Swiss health insurance associations curafutura and santésuisse and the Swiss Conference of Cantonal Health Directors to implement these requirements as efficiently as possible. The main objectives were defined as the standardised implementation of outcome reviews, and the transparent publication of nationwide results in the inpatient areas of acute care, psychiatry and rehabilitation in a comparable form.

Key factors for success

The following factors were and are crucial for the success of the quality review system in Switzerland:

- 1. Everyone is represented at ANQ.** From the very beginning, every relevant organisation in the healthcare sector has participated in the various ANQ committees. This organisational structure ensures that viable solutions can be found even for controversial issues. The board of ANQ is made up equally of representatives of the hospitals and clinics, cantons and health insurance providers. One of the tasks of the board is to define the quality indicators and instruments used to conduct the reviews; in this connection, the board liaises closely with ANQ quality committees and expert panels.
- 2. The reviews are contractually agreed and the participation rate is 100%.** Since 2011, all Swiss hospitals and clinics, cantons and health insurance providers have signed up to the National Quality Agreement drawn up by ANQ. This agreement stipulates that cost carriers (health insurance providers and cantons) must finance the reviews, and that service providers must take part and agree to the assessment and publication of the data collected.
- 3. ANQ reviews take a practical approach.** The results of the reviews serve as the basis for quality enhancement in the institutions. The primary goal is to provide hospitals and clinics with a basis for decision-making, so that they can identify potential for action and initiate measures for improvement which ultimately benefit patients.

Continuous improvement of the review process

ANQ published the first review outcomes in 2010. At the time, these were still published in anonymous form. The first report naming the relevant institutions was published in 2013. Today, a total of 15 quality indicators are reviewed in around 400 hospitals and clinics in the sectors of acute care, psychiatry and rehabilitation, and the results are published in transparent form. Depending on the subject of the review, adults and parents of children and adolescents up to the age of 16 years may be interviewed while

THE SWISS NATIONAL ASSOCIATION FOR QUALITY DEVELOPMENT IN HOSPITALS AND CLINICS (ANQ) HAS BEEN RESPONSIBLE FOR QUALITY REVIEWS IN THE INPATIENT HOSPITAL SETTING AND FOR THE PUBLICATION OF COMPARATIVE REPORTS SINCE 2009.

their data may also be collected. The ANQ review plan is regularly reviewed and improved. Two pilot projects on quality reviews in outpatient acute care and intermediary outpatient psychiatric care are currently in the pipeline.

Evaluation and publication of review outcomes

ANQ aims to enable hospitals and clinics to continuously improve their processes. It therefore provides institutions with hospital- and clinic-specific evaluations, as well as national comparison reports. These typically include comparisons with the previous year. Since services, infrastructures and patient groups can differ considerably, statistical methods (risk adjustment) are used to make the data comparable at the national level.

Review results provide valuable information not only to the institutions, but also to the cantons, health insurance providers and interested public. In communications, ANQ always describes the statistical methods used and indicates where there is room for interpretation. It is important to note that the review outcomes relate to a specific quality factor and do not allow any conclusions to be drawn about the overall quality of an institution. It may thus be that a hospital scores well in one particular area, but shows clear potential for improvement in another.

ANQ reviews reveal improvements

The publication of the review outcomes promotes competition and enables hospitals and clinics to benchmark and exchange best practice concepts. A great deal has changed in terms of quality in Switzerland in recent years, as demonstrated by the example of postoperative wound infection rates. Since 2011, there has been a statistically significant decrease in infection rates after nine sur-

gical procedures, namely appendectomy, inguinal hernia surgery, bariatric surgery, colon surgery, heart surgery (all interventions and coronary artery bypass/CAB), elective hip replacement surgery and spinal surgery with and without implants.

Interactive graphics are displayed on the ANQ web portal for each specialist area (acute care, psychiatry and rehabilitation) as well as for each review topic and data year. The national comparison reports are also made available online on www.anq.ch.

Legislation will impact on framework conditions

The entry into force of the revised Swiss Federal Health Insurance Act (KVG) on 1 April 2021 will have an effect on the framework conditions for quality assurance and development for all stakeholders in the Swiss health care system. In the future, there will no longer be just the single ANQ quality agreement. The law now requires that individual quality agreements be concluded in all areas of care. These will regulate not only the quality reviews, but also specify levels of improvement and penalties for failure to achieve targets. This means that the main providers of healthcare are now legally obligated to review and improve quality as part of their PDCA approach. In terms of the inpatient care sector, this means ANQ will need to adapt. In the future, in addition to the reviews presently undertaken, it will also provide services related to quality improvements. Thanks to the consensual decision-making system of ANQ, solutions will be found on how to implement this addition to the activities of the association that are broadly supported by the quality agreement partners and member organisations.

www.anq.ch

ANQ review plan, using the example of acute care hospitals (last revised in January 2021)

ACUTE CARE		
Indicator	Method	Tool
Adults		
Patient satisfaction	Survey	ANQ short questionnaire
Postoperative wound infections	Swissnoso programme	SSI surveillance module
Potentially preventable readmissions	SQLape	Medical statistical data Swiss Federal Statistical Office (BFS)
Falls and pressure ulcers	Prevalence review	LPZ International
Knee and hip implants	Registration	SIRIS implant register
Spinal implants	Registration	SIRIS implant register
Children		
Patient satisfaction	Parent survey	ANQ short questionnaire
Postoperative wound infections	Swissnoso programme	SSI surveillance module



Dr. Petra BUSCH, Managing Director of ANQ, looks back on the development of this broad-based organisation and gives – in addition to the ANQ profile published in previous pages – deeper insight into its work.

ANQ has spent more than 10 years managing quality reviews in hospitals and clinics. Which milestones in its history do you look back on most fondly?

We first published the rates of accidental falls and pressure ulcers at all acute care hospitals on our website in 2013, which was a huge milestone. We now publish the results for 15 quality indicators. ANQ is constantly adding to the scope of its reviews.

How do patients benefit from the results of these reviews?

ANQ reviews are primarily for the benefit of clinics and hospitals. They provide them with specific indicators as to what needs to be improved. But they also benefit patients directly. Not only do they help to enhance the quality of the treatment provided, but a wealth of information, interactive graphics and additional comments on the results are also available on the ANQ web portal. This information comes in useful when choosing a hospital, for example.

The revised Health Insurance Act came into effect in Switzerland in early April 2021. What are the main changes and how do they impact on ANQ?

The revised law places an even stronger focus on quality development. In addition to quality reviews, it includes provisions relating to improvement measures and also the imposition of penalties. However, I very much hope that we will continue to focus primarily on incentives, because in my experience, these encourage hospitals to systematically implement a PDCA approach.

The framework conditions for ANQ are changing. Implementation of specified improvements is a logical consequence of the reviews. This gives us exciting opportunities for targeted supplementation of the current services offered by ANQ.

ANQ launched two pilot projects in the outpatient clinical setting in 2021. What are these projects about?

Until recently, there were no standardised reviews of outcomes in the outpatient and intermediate clinical settings in Switzerland. The pilot projects in acute and psychiatric care

represent the first steps towards closing this gap and will hopefully allow us to measure quality along the outpatient-inpatient treatment chain. In addition to clinical outcome indicators, it is likely that patient-reported outcome measures (PROMs) will also play an important role. We intend to gain experience in this area and determine whether PROMs can also be used systematically in larger settings and for fair hospital comparisons.

ANQ is also garnering international attention. What is the secret of its success?

At ANQ, service providers, providers of social security and health insurance and cantonal authorities all sit at the same table. Admittedly it is not always easy to find a common ground for the different interests. However, close cooperation between all the stakeholders involved and commitment to finding appropriate and workable solutions are the reasons for our success. We operate in accordance with clearly defined statutory provisions. Thanks to our broad-based organisational structure, ANQ is able to efficiently comply with these provisions and fulfil its tasks in a practical and benefit-orientated manner.



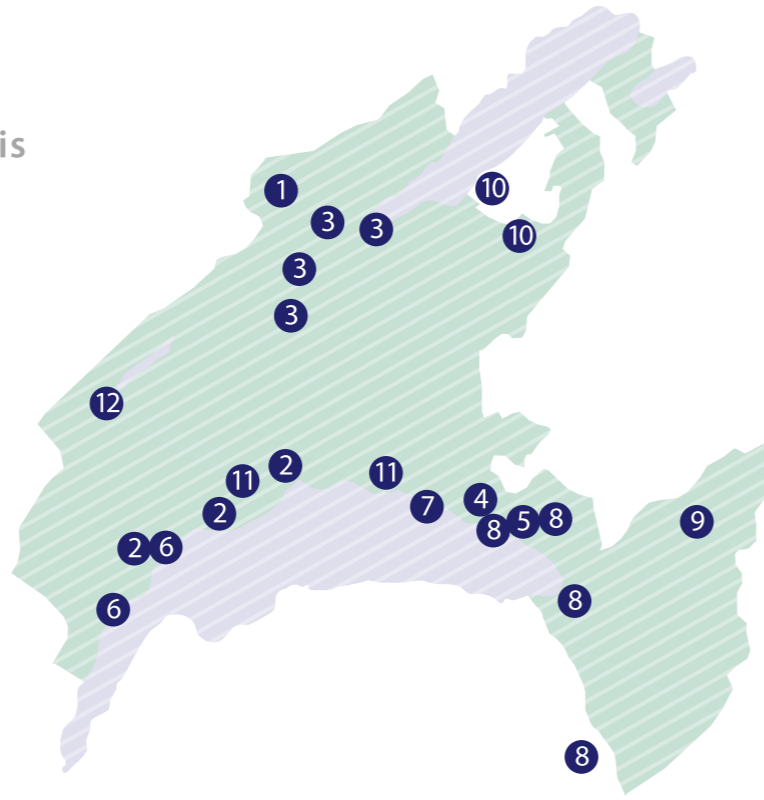


Fédération des hôpitaux vaudois

Accessible...
Efficient...
Humane...

The Fédération des hôpitaux vaudois (FHV) represents the interests of 12 hospitals, which employ more than 8,000 staff and provide more than 600,000 days of inpatient care each year.

Firmly rooted in the heart of the canton, the FHV member hospitals are key players in the Vaud health organisation. Their mission is to guarantee access to safe, quality care for the population throughout the Canton of Vaud.



1 RSBJ
Réseau Santé
Balcon du Jura
www.rsbj.ch



5 Fondation Rive-Neuve
www.riveneuve.ch



9 Pôle Santé du Pays-d'Enhaut
www.pspe.ch



2 EHC
Ensemble Hospitalier
de la Côte
www.ehc-vd.ch



6 GHOL
Groupement Hospitalier
de l'Ouest Lémanique
www.ghol.ch



10 HIB
Hôpital Intercantonal
de la Broye
www.hopital-broye.ch



3 eHnv
Etablissements Hospitaliers
du Nord Vaudois
www.ehnv.ch



7 Hôpital de Lavaux
www.hopitaldelavaux.ch



11 Institution de Lavigny
www.ilavigny.ch



4 Fondation de Nant
www.nant.ch



8 HRC
Hôpital Riviera-Chablais,
Vaud-Valais
www.hopitalrivierachablais.ch



12 Pôle Santé Vallée de Joux
www.psvj.ch



An encounter with the Fédération des hôpitaux vaudois (FHV) (Federation of Vaud Hospitals)



Patricia ALBISETTI
FHV secretary general

The FHV is an organisation of 12 hospitals across the Swiss canton of Vaud which defends the interests of its members vis-à-vis the cantonal government and health insurers. What are its goals at the moment? We asked FHV secretary general Patricia Albisetti.



"It is our objective as the FHV to defend the interests of our 12 members. Each hospital has realised that, to negotiate budgets or tariffs for medical services, it would be better to join forces; to have an association to speak for them and to defend their interests, whether these are individual or shared," she explains.

NEGOTIATOR

In Switzerland, public health is a canton matter, and each canton manages its own network of hospitals independently. "Even so, the Federal Act on Compulsory Health Care (LAMal) determines hospitals must be financed by the canton and the health insurers. So it falls to the FHV to negotiate the budgets with the canton to ensure its hospitals can operate, as well as reach tariffication agreements with the health insurers so the hospitals can invoice them for their services at the rates they have agreed."

It is the FHV, too, which negotiates the collective labour agreements (CCTs) for the staff. On top of all this, care staff have made considerable efforts during the COVID pandemic and the white-collar trade unions (of non-medical staff) would like to see pay rises too. "When representing the hospitals as employers, the FHV tries to listen to and defend the arguments of the trade unions, all the while attempting to keep the difficult balance between employment costs and revenue (tariffs and canton subsidies). We present the budget requirements to the canton and if possible, negotiate any rises to the tariff rates with the health insurers."

HOSPITAL PLANNING: AN IMPORTANT AND DELICATE MATTER...

Even though the 26 cantons of Switzerland all have different hospital policies, the Swiss federal parliament (the Swiss Confe-

deration) has asked each canton to put together a hospital plan, which consists of a list of medical facilities able to provide services paid for by the canton and the insurers. The majority of hospital stakeholders, university hospitals, subsidised hospitals and even some private clinics would of course like to feature on that list. "For political reasons, Vaud is one of the last cantons to put together its list. And it has now established the conditions hospitals have to fulfil in order to be included in the list. The FHV takes part in the consultations about the conditions imposed by the canton. As the next step in the process, the canton will issue calls for tender and, in the end, will choose the hospitals that will be able to be recognised as providers of hospital services."

... WITH A TWO-FOLD AIM

On the one hand, the aim of federal legislators is to control the offer so as to control spending. On the other, there are also quality criteria among the conditions set by the canton, which are there to guarantee better care quality. "The idea is to offer basic services to the entire population of Vaud, spread across the canton's territory, which must be of a certain quality as well. At the same time some specialist services that might be a little less common and require expertise from care teams and a minimum number of cases to ensure proper quality could be centralised... The matter is extremely important for the FHV's hospital members who now face direct competition from private clinics. At the moment, these private clinics are not subsidised by the canton but for a small part of their activities. Now, however, they could be looking for more funds if they can fulfil the conditions imposed by the canton."

INFORMATION AND TRAINING

"Every day, the FHV collaborates with the canton's public health authorities to communicate with the hospitals. During the pandemic, for example, we have been an important platform to distribute information. We were also often consulted by the canton's political institutions who wanted to know, for instance, what our members thought about certain changes in the law." Patient safety and care quality are the FHV's strategic priorities. Both the canton and the health insurers are certainly the ones asking for quality indicators. "The purpose of the FHV is to allow hospitals to put in place methods to improve the quality of their services."

Lastly, another important task for the FHV, with the canton's support, consists in making sure health care staff are properly trained. "Even if we don't face shortages now, we will need to train more care staff in the future, considering how the population is ageing with all the chronic conditions that entails. The FHV's hospitals are large training facilities, both for both nurses and physicians."



www.fhv.ch

exolis



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50th Anniversary of EAHM

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EAHM «A brief history from birth to maturity»

50 years of Hospital Management in Europe



→ Past, present times and evolution

History & Missions

The EAHM is one of the world's largest hospital management associations. It represents both the hospital managers of public and private hospitals in the European Union and at international level.

The European Association of Hospital Managers (EAHM) has been founded in 1970 under French law. It is the umbrella association for european hospital managers and senior hospital employees in European countries that are organised either in representative national associations or in groups of hospital managers

affiliated to the EAHM. 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 of 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 healthcare 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/healthcare sector;
- e. to explain and promote the specific role of the hospital/healthcare management.

Targeting the construction of a social Europe, the EAHM elaborates proposals regarding the hospital sector to the European authorities. The EAHM is also an interlocutor for the health care industry.

IN 1995, THE THEN EAHM PRESIDENT, PROFESSOR DR HORST INGRUBER WROTE ON THE OCCASION OF THE 25TH ANNIVERSARY OF THE ASSOCIATION:

In 1970, a number of progressive, forward-looking hospital managers met and came to the conclusion that they did not merely require national co-operation to function well, but also an exchange of experience between colleagues from different European countries. The practical consequence of this perception was the foundation of the European Association of Hospital Managers, based in Strasbourg.

The committee was quite small in number in those days, consisting of seven colleagues with Walter Jung from Germany in the chair. The main focus of cooperation was the exchange of experience, although to begin with this was confined to a big European Congress every other year, alternating with a general assembly which included a specialist programme.

The EAHM is composed of full members, associate members and affiliate members.

Full members are national organisations or, if there are none, regional but nationally important associations.

Associate members are:

- a. Managers and senior employees in hospitals in European countries, who are members of a national association of hospital managers affiliated to the EAHM.
- b. Representative national associations or groups of managers and senior hospital employees in European countries that have lodged an application for full membership with the EAHM. In this case, the maximum period of associate membership is two years from the date of receipt of the membership application by the General Assembly.
- c. Public or private bodies or leading figures in hospital and public health management in European and non-European countries.

An association of hospital managers from a country which is not yet a member of EAHM can ask to become affiliate member.

Since then the emphasis in our work has shifted, partly because of European developments, and partly because of growing problems in the hospital sector. The scope of this joint activity has not only expanded in terms of technical content. The EAHM now has 21 member organizations from 19 different countries.

To enable us to respond more swiftly and flexibly to ongoing developments, we instituted the board, as a third organ alongside the general assembly and the committee, to manage the Association's affairs between committee meetings. The period which committee members spent in office was extended from two years to three to ensure greater continuity in our work.

Greater exchange of information was promoted between members of the EAHM, and also between the committee and the national organizations.

The EAHM is keen to maintain close links with other European organizations, in particular the Standing Hospitals Committee of the European Union.

Special reference should be made to the integration of former Eastern bloc countries in the work of the EAHM. We have already been able to welcome some associations of hospital managers in these countries as members. These efforts continue and in some respects are being intensified. They include support for courses and seminars and the promotion of partnership agreements between hospitals.

Another example of constructive co-operation is our project for joint training in European management. The talks have already begun. The Association has a number of working parties, and these are particularly committed. One of the most active is the Psychiatry group, which also holds its own conferences.

Continued dynamic integration in a united Europe is important for the future of our Association to enable hospital management to adapt, like other fields, to the changing requirements across our continent.

*Sen. Rat Prof. Dr. Horst Ingruber,
President of the European Association of Hospital Managers*

EAHM STRUCTURES

THE BOARD

The Board consists of the President, the Vice President and of five members. The immediate Past-President and the Secretary General assist the members, with a consultative voice.

Unless the Board decided to meet without the Presidents and the Vice-Presidents of the Subcommittees, they will be invited to partic-

ipate as a non-voting member to the Board.

The president may invite guests from other institutions, persons, associations or companies if they contribute to issues on the meetings' agenda.

The Board is elected every 4 years by the Executive Committee



Board Meeting in Antibes,
15 December 2017

From left to right: Inger Kari Nerheim, Nikolaus Koller, Marc Hastert, Willy Heuschen, Jérémie Sécher, Heinz Kölking, Gerry O'Dwyer, Philippe Blua, Doris Gillig, Victor Herdeiro



Board Meeting in Vilnius,
28 June 2019

From left to right: Marc Hastert, Heinz Kölking, Nikolaus Koller, Georgia Oikonomopoulou, Philippe Blua, Holger Höbmann, Gerry O'Dwyer, Juraj Gemes, Doris Gillig, Hans-Peter Wjys



EAHM Board Meeting in Ghent,
11 September 2019

From left to right: Prof. Pascal Verdonck, Victor Herdeiro, Prof. Mieczyslaw Pasonicz, Gerry O'Dwyer, Georgia Oikonomopoulou, Danny Havenith, Paul D'Otreppe, Doris Gillig, Alexandre Lourenco, Juraj Gemes, Attila Molnar, Philippe Blua, Marc Hastert, Freddy Iemants



Board Meeting in Athens,
14 February 2020

Sitting : from left to right Gerry O'Dwyer, Nikolaus Koller, Dr. Panos Minogiannis, CEO of the Onassis Cardiac Surgery Center Standing: Victor Herdeiro, Marc Hastert, Philippe Blua, Prof. Mieczyslaw Pasonicz, Georgia Oikonomopoulou, Attila Molnar

THE EXECUTIVE COMMITTEE:



Executive Committee Meeting in Düsseldorf, 14 November 2018

From left to right: Attila Molnar, Marc Hastert, Rolf Gilgen, Kestutis Staras, Heinz Kölking, Gerry O'Dwyer, Willy Heuschen, Philippe Blua, Georgia Oikonomopoulou, Freddy Iemants, Nikolaus Koller, Mieczyslaw Pasonicz

The Executive Committee consists of:

The President, the Vice-President, five members of the Board and one representative for each country with at least one full member that is not represented by one of the 5 members of the Board or by the Vice-President. The immediate Past-President and the Secretary Gen-

eral have a consultative voice in the Executive Committee. The Presidents and the Vice-Presidents of the Subcommittees can be invited to the Executive Committee. The president may invite guests from other institutions, persons, associations or companies if they contribute to issues on the meetings' agenda.



EAHM General Assembly,
11 September 2019 in Ghent

SUBCOMMITTEES:

The EAHM currently has three subcommittees: a Scientific Subcommittee, a Subcommittee “European Affairs” and a Subcommittee Mental Health.

The Scientific Subcommittee (SSC)

The Executive Committee consists of:

The President, the Vice-President, five members of the Board and one representative for each country with at least one full member that is not represented by one of the 5 members of the Board or by the Vice-President. The immediate Past-President and the Secretary General have a consultative voice in the Executive Committee. The Presidents and the Vice-Presidents of the Subcommittees can be invited to the Executive Committee. The president may invite guests from other institutions, persons, associations or companies if they contribute to issues on the meetings’ agenda.

The Scientific Subcommittee (SSC) is set up as a consultative organ within the EAHM. Its mission is to advise the EAHM Executive Committee regarding the realisation of its objectives, which are



SSC Meeting,
13 June 2018 in Brussels

From left to right: Matthias Spielmann, Doris Gillig, Lorcan Birthistle, Alexandre Lourenco, Danielle Rossi-Turk, Willy Heuschen, Pascal Verdonck, Jos Vanlanduyt

The Subcommittee European Affairs (SCEA)

The Subcommittee ‘European Affairs’ (SCEA) is made up as one of the consultative bodies within the EAHM, as envisaged by article 1.5.a of the statutes. Its objective is to advise the Executive Committee of the EAHM in the achievement of its objectives, as defined in article 1.3 of its statutes in particular to im-

prove the working and the cooperation of the hospital and healthcare and social systems of the European countries as the basis for the construction of a Social Europe; to seek to influence European Union legislation affecting the hospital sector; to collectively represent the hospital management profession and its inter-

ests in the competent European organisations and international bodies.

Means of action

- The SCEA will gather all information related to the above mentioned objective. Within this framework it will more particularly follow up the work of the European Institutions (in particular the European Union, the Court of Justice of the European Community, the Council of Europe) as well as
- the promotion of the professional competence of its members, directors and hospital executives.
- Objectives
- The SSC will give advice to the Executive Committee of the EAHM in order to:
 - Assure the scientific level and relevance of the themes as well as the contents of congresses, conferences and meetings organised by the EAHM.
 - propose, within the framework of the themes that were decided upon by the Hospital editorial Board, reports and information to be included in Hospital.
 - Stimulate the exchange of experience and information in the field of hospital management, in particular with regard to the criteria and assurance of quality.
 - Improve the understanding, interpretation and tendencies of social, economic and technological conditions that have an influence upon the healthcare system and, in particular, the hospital sector.

ests in the competent European organisations and international bodies.

Means of action

- The SCEA will gather all information related to the above mentioned objective. Within this framework it will more particularly follow up the work of the European Institutions (in particular the European Union, the Court of Justice of the European Community, the Council of Europe) as well as



Victor Herdeiro, President of the SCEA



SCEA Meeting in Berlin, 10 January 2020

From left to right: Marc Hastert, Dr Gerard O’Callaghan, Danny Havenith, Victor Herdeiro, Juraj Gemes, Heinz Kölking, Dr Michel Nathan, Mag. Karl Wulz

Mental Health Subcommittee

The Subcommittee ‘mental health’ (SCMH) is set up as a consultative organ within the EAHM. Its mission is to advise the EAHM Executive Committee regarding the realisation of its objectives in the field of Mental Health. The Sub-Committee supports the aims of EAHM with particular focus on the importance of building a first class, recovery oriented - strengths based and person-centred including social inclusion in mental health service. The Sub-Committee sets specific goals to support in EAHM hospitals further integration of services for persons struggling with mental health or substance abuse problems. This also includes the promotion of the professional competence

of its members working as directors and hospital executives in mental health services.

Objectives

- The SCEA will process this information in order to formulate opinions towards the Executive Committee of the EAHM. To this end and for particular subjects, it can call upon experts, preferably among the associated members with the EAHM or among the NGO maintaining a privileged link with the EAHM.

of its members working as directors and hospital executives in mental health services.

Objectives

The SCMH gives advice to the Executive Committee of the EAHM in the field of mental health and/or in management of psychiatric health care in order to:

- promote collaboration among leaders in mental health services in Europe,
- support professionals in creating and maintaining high quality services, equity and focus on human rights of mentally ill patients across Europe, with two topics especially in focus in 2016-2020:

The life expectancy of the severely mentally ill is a specific responsibility for specialist services, and SCMh will work for attainable improvement goals for member hospitals.

The development of user participation in services for people with mental ill health all over Europe puts special demands on leadership. The SCMh will work to support member services' efforts to collaborate with patients and their organizations in endorsing Recovery principles for treatment of people with mental illness or substance abuse.

- stimulate the exchange of experience and information in the field of management of psychiatric hospitals and mental health services through site visits and bilateral co-operation between services.
- organize meetings or participate in EAHM internal or external meetings in order to generate ideas and exchange expertise and experiences
- propose, within the framework of the themes that were decided upon by the Hospital editorial Board, reports and information to be included in Hospital.



Mental Health SC Meeting in Weinberg (November 2013)

Standing from left to right: Pierre Wesner, Beda Meyer, Adrian Abem, Niels Aagaard Nielsen, Klaus Kupfer, Holger Höbmann
Sitting from left to right: Nicole Demeter, Inger Kari Nerheim



Mental Health Subcommittee Meeting in Bologna (October 2016)

From left to right: Pascal Mariotti, Paul Bomke, Klaus Kupfer, Niels Aagaard Nielsen, Inger Kari Nerheim, Brother Nkubili Charles (Ruanda), Jo Halos, Nicole Demeter, Doris Gillig



Mental Health Subcommittee Meeting in Langenfeld (April 2016)

From left to right: Klaus Kupfer, Gilles Duffour, Nicole Demeter, Holger Höbmann, Mrs Kupfer, Doris Gillig, Pascal Mariotti, Martina Wenzel-Jankowski, Inger Kari Nerheim, Paul Bomke, Adrien Abem, Sylvie Tricard, Niels Aagaard Nielsen, Beda Meyer

WORKING GROUPS:

IT Working Group



“eHealth – Transforming Healthcare in Disruptive Times”; Dublin, 28th and 29th of March

Working Group «Communication»



Working Group Communication Meeting in Vilnius 27th of June 2019

From left to right: Juraj Gemes, Heinz Kölking, Hans-Peter Wjys, Philippe Blau, Kestutis Storas, Marc Hastert, Nikolaus Koller

EVENTS CO-ORGANIZED WITH ASSOCIATE MEMBERS:



EAHM Participation in the ICA Hackathon with our Associate Member «Hospital & Clinical Risk Managers» (HCRM) Napoli 22-23 November 2019

Thematic cross-border “The future of healthcare professions”, organized by Competence Centre of University of Luxembourg (former IUIL) & EAHM, September 28th 2017: What competency profiles will be needed by 2020-2025?

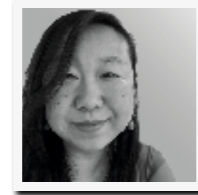




David Labeau
Architect
Associate Partner
Director



Françoise Grabli
Agency manager
Partner
Member of the E.C.



Manichanh Sely Euriat
Architect
Operational manager

ASSAR FRANCE ARCHITECTS



ASSAR FRANCE ARCHITECTS

ASSAR ARCHITECTS

Since 2015, the work of reconnaissance in the field of construction in France had been convincing and confirmatory concerning the potential of a possible positive differentiation for the architecture of ASSAR ARCHITECTS in France.

ASSAR FRANCE arose from the commitment of the Group and of an association of 3 people with complementary skills, the initiators of this development project in France:

- Françoise GRABLI, Practice Manager – Partner
- David LABEAU, Architect – Partner & Hospital Specialist
- Manichanh SELY EURIAT, Architect – Operations and Implementation Manager.

These three “pillars” monitor projects through all their phases, and each contribute their own particular expertise and knowledge of the various protagonists. They form a trio, present not only during development, and design, but also in the implementation of operations, and provide cohesive and comprehensive management of the project teams.

Significant levels of resources are deployed at this practice: ASSAR ARCHITECTS has a robust and responsive back office. With a solid grounding in the ASSAR TEAM spirit, they form the basis for the success of ASSAR FRANCE.

The many partner architects are constantly on hand to share their experience, and the professions associated with architecture complete the projects. ASSAR has its own planning, interior design, landscaping, BIM, graphics and modelling, and lighting design hubs.

The international of reputation of ASSAR ARCHITECTS is a testimony to its involvement through events and conferences in the sector of construction and innovation.

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A NEW SKILL DEVELOPED BY ASSAR FRANCE ARCHITECTS EXTENDING ASSAR’S EXPERTISE AND PROVIDING A SOLUTION TO EVERY ISSUE



I-CARE

A solution incorporating care at the heart of design

Grouped with Mangini, Edilsider, and OTE, the ASSAR FRANCE ARCHITECTS practice has won the competitive AMI (Call for Expressions of Interest) launched on the initiative of the Commission architecture et ingénierie de la Conférence des directeurs généraux de CHRU [Regional University Hospital Centre architecture and engineering committee] and the association des Ingénieurs hospitaliers de France (IHF) [association of hospital engineers in France] supported by UNIHA, for mobile resuscitation units. The major issue is to provide flexible, evolving, and high quality solutions that adapt to the new needs of hospitals.

How did you develop this module concept?

A. A.: ASSAR France ARCHITECTS developed this concept around the notion of care: care for patients and for staff. The project is structured in 3 concentric circles focused on its central concept of the patient. The first consists of the base module, the room - centred on the patient's bed - which is entirely finished in the factory, ensuring a level of quality that is compliant with the very highest of standards. The second circle is the staff work space, whose core is the focus on the provision of care, and has a comprehensive overview of a group of 5 rooms. Finally, and thirdly, these smaller units are attached to a central hub forming the support function, with logistical, technical, and administrative management premises. The overall project is implemented on the basis of only 3 types of module.

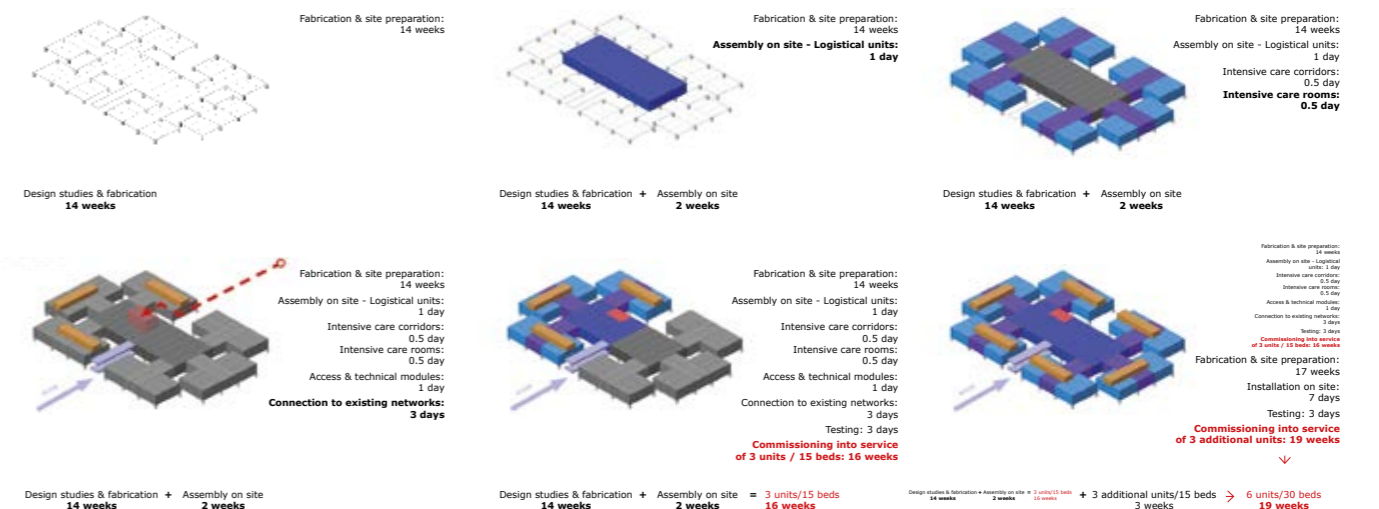
How does this type of solution enable the needs of hospitals to be met?

A. A.: The stated needs were extremely precise, and led us to present a unique and fully realised solution. However, from our very first discussions, our vision was that the lasting nature of such a solution should entail its capacity to meet a range of needs or multiple types of use – epidemic or humanitarian crisis situations, temporary relocations in the context of major transformation operations for our hospitals and clinics, but also accelerated implementations of lasting solutions, for resuscitation, day surgery, and outpatient departments, for example... Our experience of healthcare projects and regular exchanges with hospital teams show us every day just how adaptable this solution is to current and future needs.

What are the advantages of I-Care in terms of functionality, ergonomics, and efficiency for medical staff?

A. A.: As explained, I-Care was designed around the notion of care. The bubble for the management of patients by medical staff has been extended as far as possible in its functional conception. We have gone beyond the demands of the Technical Specification in order to provide pleasant spaces, with comfortable dimensions, and which bring together all the types of premises that are needed for a high quality of care management. Our space designers have worked on the circuits and ergonomics of each module in order to optimise the work of healthcare staff.

Assembly kinematics





Smart Healthcare International Conference Troyes, France, December 2 – 3, 2021 Organized on the behalf on the South-Champagne Hospital (HCS) and the **University of Technology of Troyes (UTT)**, in collaboration with the European Association of Hospital Managers (EAHM-AEDH-EVKM)



Future Healthcare Manager in Europe (FHME)

Workshop “The Role of the future healthcare manager”

Barcelona. 14th - 15th September 2017



From left to right: Mr Gerry D'Dwyer, Former President of EAHM and Mr Javier Mur from Center for Research in Healthcare Innovation Management of IESE

The Presidents of EAHM

Mr Walter Jung, Germany, 1970-1972

Dr François Kohler, Switzerland, 1972-1974

Mr Alain Halbout, France, 1974-1976

Mr Rudolf Tornar, Austria, 1976-1979

Mr Carlo Graf, Switzerland, 1979-1981

Mr Guy Charlotte, France, 1981-1983

Mr Georg Schäfer, Germany, 1983-1985

Mr Luigi Sanfilippo, Italy, 1985-1987

Mr David Aasland, Norway, 1987-1989

Mr Theo Van der Zanden, Netherlands, 1989-1992



Mr Horst Ingruber
Austria
1992-1995



Dr Hubertus Müller
Germany
1995-1998



Mr Asger Hansen
Denmark
1998-2002



Mr Manuel Delgado
Portugal
2002-2006



Mr Paul Castel
France
2006-2010



Mr Heinz Kölking
Germany
2010-2014



Mr Gerry O'Dwyer
Ireland
2014-2018



Mr Philippe Blua
France
2018-2022

THE SECRETARY GENERAL

The Secretary General is appointed by the Executive Committee for a term of 5 years. He coordi-

nates the daily operation of the EAHM and renders account to the Board.



Mr Willy Heuschen,
Secretary General
from 1998 to 2018



Mr Jos Vanlanduyt,
Assistant of the Secre-
tary General till 2018



Ms Helicia Herman,
Assistant of the Secretary
General from 2006 to 2008



Mr Marc Hastert,
current Secretary General
since 2019

The EAHM Offices



Place Jamblinne de Meux, Brussels



Boulevard du
Jardin Botanique -
Kruidentuinlaan 32
(Clinique St. Jean
in Brussels)



Since 2018:
5, rue des Mérovingiens
in Luxembourg -
Bertrange (FHL)

Hôpital Civil de
Strasbourg, registered
domicile of EAHM



The EAHM Congresses

EAHM organises every two years a European congress. For the setting up the congress, a national member association of EAHM is assigned.

1. **Congress in Strasbourg**, «The Hospital Costs – an international problem» «The hospital manager, a responsible decider»; 1976
2. **Congress in Brügge**, «The physicians and the hospital structure» «Costs and efficiency of the medical activity in the hospital»; 1978
3. **Congress in Barcelona**, «For a personal policy» «The situation of hospital personal in the city and in the institution»; 1979
4. **Congress in Klagenfurt**, «The rights and duties of the patients in the hospital» «Initial and continuous training in the administration of hospitals in Europe»; 1982
5. **Congress in Porto**, «The hospital planning in the Federal Republic of Germany» «Aims for hospital management and budget»; 1984
6. **Congress in Hamburg**, «Relations between the hospital products and financial resources»; 1986
7. **Congress in Vienna**, «Constructions, transformations and modernisation of the hospitals»; 1988
8. **Congress in Reykjavik**, «Ethics and priorities of the welfare state»; 1990
9. **Congress in Budapest**, «What can the hospital directions from East and West Europe learn from each other as regard of management?»; 1991
10. **Congress in Strasbourg**, «Evaluation and hospital management in Europe»; 1992
11. **Congress in Barcelona**, «Medical practice and its impact on hospital management»; 1993
12. **Congress in Berlin**, «Hospitals in an European environment»; 1994
13. **Congress in Brussels**, «The role of the hospital in the 21st century»; 1995
14. **Congress in Tampere; Finland:** 29th of August – 31st of August 1996
15. **Congress in Paris; France:** 16th of October - 17th of October 1997
16. **Congress in Bratislava; Slovakia:** 2nd of September – 4th of September 1998
Focus on following three themes:
 - Responsibilities of hospital management in restructuring of health service in European countries
 - Education and further education of hospitals' managers
 - Responsibilities of non-government organizations in restructuring of health service in European countries
17. **Congress in Lisbon; Portugal:** 16th of September – 17th of September 1999
Focus on following four themes:
 - Hospital Management in a conflict area between ethics and economy
 - Impact of financial systems on the quality of hospitals
 - Quality management at a hospital
 - Quality of hospital's services from the consumers point of view
18. **Congress in Opatija; Croatia:** 27th of September – 1st of October 2000
Focus on following theme:
 - Hospitals in the third millennium in Europe and in Eastern countries
19. **Congress in Krakow; Poland:** 19th of September – 20th of September 2002

Focus on following theme :

- Patient focused care: from structural reform to integrated care

20. Congress in Oslo; Norway: 9th of September – 11th of September 2004

Focus on following theme:

- Hospital of the future in search of a European passway to excellence

21. Congress in Dublin; Ireland: 30th of August – 1st of September 2006

Focus on following theme:

- Healthcare and Hospital Management in transition

22. Congress in Graz; Austria: 25th of September – 26th of September 2008

Focus on following theme:

- New Leadership for New Challenges



*22nd EAHM Congress Graz, Austria
© www.myhospital.eu*

From left to right: Walter Schrittwieser (Mind Consult and Research), Nikolaus Koller, Heinz Kölking

23. Congress in Zürich; Switzerland: 9th of September – 10th of September 2010

Focus on following theme :

- Roadmap to Top Quality

24. Congress in Luxembourg; Grand-Duchy of Luxembourg: 28th of November – 29th of November 2013

Focus on following theme :

- Hospital Management in times of crisis: Constraints, challenges and opportunities



25. Congress in Berlin; Germany: 10th of September – 13th of September 2014

Focus on following theme:

- Health Sector: our responsibility for the people



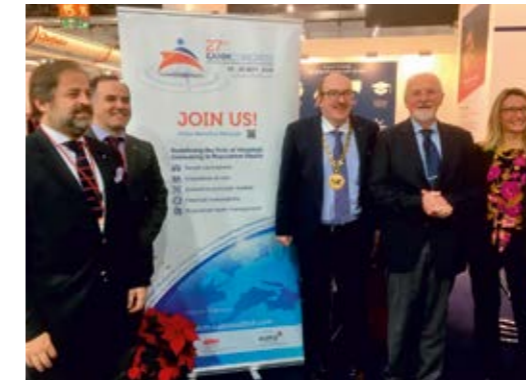
26. Congress in Bologna; Italy: 13th of October – 14th of October 2016

Focus on following theme :

- Sustainable Healthcare need responsibility and competence



27. Congress in Cascais; Portugal : 26th of September – 28th of September 2018



From left to right: Victor Herdeiro, Alexandre Lourenco, Gerry O'Dwyer, Heinz Kölking, Doris Gillig

Focus on following theme:

- Healthcare and Hospital Management in transition; the professional challenge

28. Congress in Ghent; Belgium: 11th of September – 14th of September 2019



Six themes:

- Smart Building & Logistics
- Healing Architecture
- Innovation & Technology
- Big data & Digital Health
- Finance & Health – Economics
- Health Management & Governance & Ethics

NEXT EAHM CONGRESS:

29. Congress in Budapest; Hungary: 2nd of March – 4th of March 2022



Main topics :

- Dr. Who: The Future of Health Professional Education
- Ethics in the 21st Century
- Hospitals Go Green
- Future Technologies
- Innovation and Financing and DRG
- Big data and Informatics

“WE WANT TO DESIGN THE BEST HOSPITALS IN THE WORLD!”

This quote by VK Architects & Engineers CEO Paul Corbeel has the ambitions of the group down to a tee. VK’s architects and engineers design new hospitals, renovate and extend them, and follow up all the work. Their name crops up in connection with numerous hospitals in Belgium and abroad. Extensive expertise in hospital design, then.



Paul Corbeel
VK Architects & Engineers CEO

PUBLIREPORTAGE



“Once completed, we keep monitoring our building. And we use the feedback we get in our next hospital design. Though we do, of course, respect the uniqueness of each patron who commissions from us. To make sure we do, we map out the questions and needs in great detail to be able to come up with as comprehensive a solution as possible. Sustainability, energy efficiency, water policy, small-scale projects, cultural differences, etc. All of these are elements our experts take into account.”

VK INTERNATIONAL

“To keep on growing, not only on an economic level, but also primarily in terms of knowledge, we have to look further afield. This is why we have been investing in internationalisation for many years. We do this to ‘strive to the top’, i.e. expand and refine our knowledge and attract the right people,” Corbeel continues. Outside Europe, VK Architects & Engineers has built already two very large hospitals (2 x 1,000 beds) in the south of Hanoi in Vietnam. Projects for which they set up a local entity. The cultural differences require a lot of listening: “In Vietnam, families are very closely involved in patients’ hospital care, for example. So when working on a design, we need to make sure the rooms are big enough. We share our European knowhow with the people on the ground, listen and talk about local needs and traditions, and strive to a proposal that will bring together both worlds.” From Vietnam, the agency is also prospecting in Malaysia, Singapore, Laos, Cambodia, etc., activities they are doing as part of a joint venture with a local partner under the name VKA Healthcare. These kinds of complex projects, both in Belgium and abroad, are always awarded based on very detailed competition bids. “These candidatures and offers require enormous investment from our organisation. So taking part in a competition for a new hospital does require an organisation to have adequate support and to be a decent size, both in terms of manpower and finances. Even though the company should, of course, stay financially healthy to be able to grow, it does always feel a little bit like an adventure, very invigorating,” concludes the CEO.

VK Architects & Engineers’ activities are divided into two divisions: Healthcare Design and Building Engineering. CEO Paul Corbeel explains, “As the name suggests, Healthcare Design occupy themselves exclusively with projects in the healthcare sector. These mainly include hospitals, but also care homes, psychiatric institutions and rehabilitation centres. We offer a comprehensive service for these projects: from master planning, over programming and architecture to interior design, stability, infrastructure, special techniques, installation of medical equipment, medical gasses, etc. Building Engineering is only manned by engineers. They work in all kinds of disciplines and offer services for any other kind of buildings not in the care sector. Many of our clients who work with this department are external architects who we collaborate with as design partners. Then we have another, separate unit we call Advanced Engineering. This one brings together very specific disciplines, like acoustics, fire safety engineering, façade engineering and sustainable design. It comprises a lot of expertise in a broad range of areas, including BREEAM (ed. the abbreviation of Building Research Establishment Environmental Assessment Method, sustainability certification that assesses the sustainability and environmental impact of buildings) and circularity, etc.”

The experts of Advanced Engineering are also employed in the projects taken on by Healthcare Design.

VK Architects & Engineers’ offices are located in Roeselare, in the Belgian province of West-Flanders, where it all began some 65 years ago, in Merelbeke in East Flanders, Anderlecht in Brussels, Charleroi in the Belgian province of Hainaut, and abroad in Luxembourg, Breda in the Netherlands and Valencia in Spain. The group even has two offices in Vietnam and a little over 400 permanent fulltime employees in total.

UNDOUBTED EXPERTISE

“We took the decision to start focusing our architecture activities exclusively on healthcare in 2002 to be able to get even better at a sector we had been working in for 60 years and that had slowly become our specialism anyway. Hospitals are among the most complex buildings and designing them requires a lot of experience. In Healthcare Design, we have some 100 people, architects and engineers, designing hospitals all day every day, in a multidisciplinary context at that. Hospital construction also changes constantly. Building a hospital can easily take 10 years, but once it’s completed, it has to be able to offer all the latest medical (and technical) applications. So our architects and engineers are really designing for the future. This is why we have people who travel the world, visiting hospitals, following and hosting symposiums, to keep on expanding and refining this very niche knowledge. That way, we want to stand out from our colleagues-slash-competitors,” emphasises Corbeel.

A STRONG, YET FLEXIBLE CONCEPT

Designing the hospital of the future starts off with a strong concept where architecture and techniques are well aligned: a limited footprint, short walking distances, maybe separate circulation patterns for complex flows (visitor streams, staff & patients - whether or not bedridden, in outpatient care - and logistics), separate entrances, separate lifts, patients kept in isolation, etc. “Incorporating all this complexity in one building is certainly a challenge. But we are lucky there are plenty of digital applications we can use these days to optimally manage this process.” A hospital’s lifespan will easily be 20 to 30 years. So flexibility is a must if we do not want to be renovating constantly. Though of course this also means the building must be adaptable (in terms

of its structure, techniques, materials, medical equipment used, etc.), as well as expandable and with the necessary flexibility to add facilities on the inside. “So we constantly keep our finger to the pulse, so to speak. The current COVID crisis left aside, for instance, we have always taken into account the possibility of a pandemic: a wing of the hospital or part of it must be able to be sealed off under excess pressure to keep contamination out. Many projects we designed foresaw this.”

OTHER REQUIREMENTS

Studies have shown the environment patients find themselves in affects their recovery. So lighting, the colour palette and materials used in the rooms, as well as what patients see when they look out of the window can contribute to a ‘healing environment’. All this is, of course, in addition to the indoor climate, the acoustics, patient safety (preventing theft and falls, for instance), easy maintenance and technical concepts, which also deserve our full attention. In terms of logistics, a hospital is comparable to a large company with lots of departments which all have their own specific supply needs. These, too, the design must take into account.



WWW.VKGROUP.BE

Some other relevant events and collaborations



EAHM Conference «Leadership and Digital Transformation» Executive Event, March 28th – 29th 2018 in Dublin



Vilnius 28 June 2019: Conference EU Healthcare: From Challenges to Opportunities with the participation of the Lithuanian Minister of Health



Israël, Tel-Aviv July 2018



Organized on the behalf on the South-Champagne Hospital (HCS) and the University of Technology of Troyes (UTT), in collaboration with the European Association of Hospital Managers (EAHM-AEDH-EVKM)



The 3rd Joint EUROPEAN HOSPITAL CONFERENCE (EHC) as part of MEDICA 2015 and the 38th Congress of German Hospitals on 19 November 2015, with high-ranking speakers from the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH)



Cooperation with the European Hospital and Healthcare Federation HOPE, Meeting with Pascal Garel, HOPE CEO, 23 October 2019

From left to right: Heinz Kölking, Juraj Gemes, Danny Havenith, Victor Herdeiro, Pascal Garel, Marc Hastert, Gerard O'Callaghan



Meeting with the «Serbian Health Economists and Lawyers Association» (SHELA) on 13 December 2019 in Belgrade

A look into the future

In 2021 EAHM is committed to developing its activities with a particular focus on objectives that will benefit its members in their day-to-day activities, both at a national and supranational level.

EAHM should be recognised as the preferred partner for discussion of hospital management issues. This is why it was decided, in addition to our publications produced with our partners Publiest and HealthManagement.org, to set up an information exchange system with European health journalists who will regularly receive information deemed essential to the vision of EAHM members. In the same context EAHM will increase its efforts to ensure a presence with the authorities of the European institutions.

Publiest
Luxembourg sarl



These efforts are also carried out in collaboration with EAHM's core partners, whether they are players in the field of service provision or in the healthcare industry. EAHM wants to promote the best implementable solutions in hospital management. This is the case with players such as Ecclesia and BBraun.

B | BRAUN
SHARING EXPERTISE



EAHM has also recently created an annual award for the best innovations implemented in European hospitals. A first edition of the EAHM Innovation Awards took place at the EAHM Congress in Ghent in September 2019 and, after a break due to the COVID crisis, a second edition is planned for December 2021.

But above all EAHM wants to focus on the subject of managerial skills needed by European hospitals.

Hospitals are sensible expert organizations requiring highly competent leadership personalities showing human values and technical knowledge.

A manager must develop a high sensitivity towards the needs of society as well his medical and nursing staff. He must understand how metrics are produced.

Technical and professional knowledge is a condition but continuous education should also focus on our European societal values and education of the future generations of doctors and nurses.

Labeling can help advance a consistent quality approach.

Knowing that this is at the heart of EAHM's concerns, it was decided to create a CEO Circle within EAHM with the aim of bringing together CEO's from all over Europe to develop strategies for the continuous improvement of hospital management activities. Health systems and hospital management systems need to be improved in consideration of lived experiences. EAHM will then be able to make its case even more

effectively to national and supranational decision-makers. An active participation of Hospital Managers in national and EU decisions is desired («consultancy by voice, content and cooperation»).

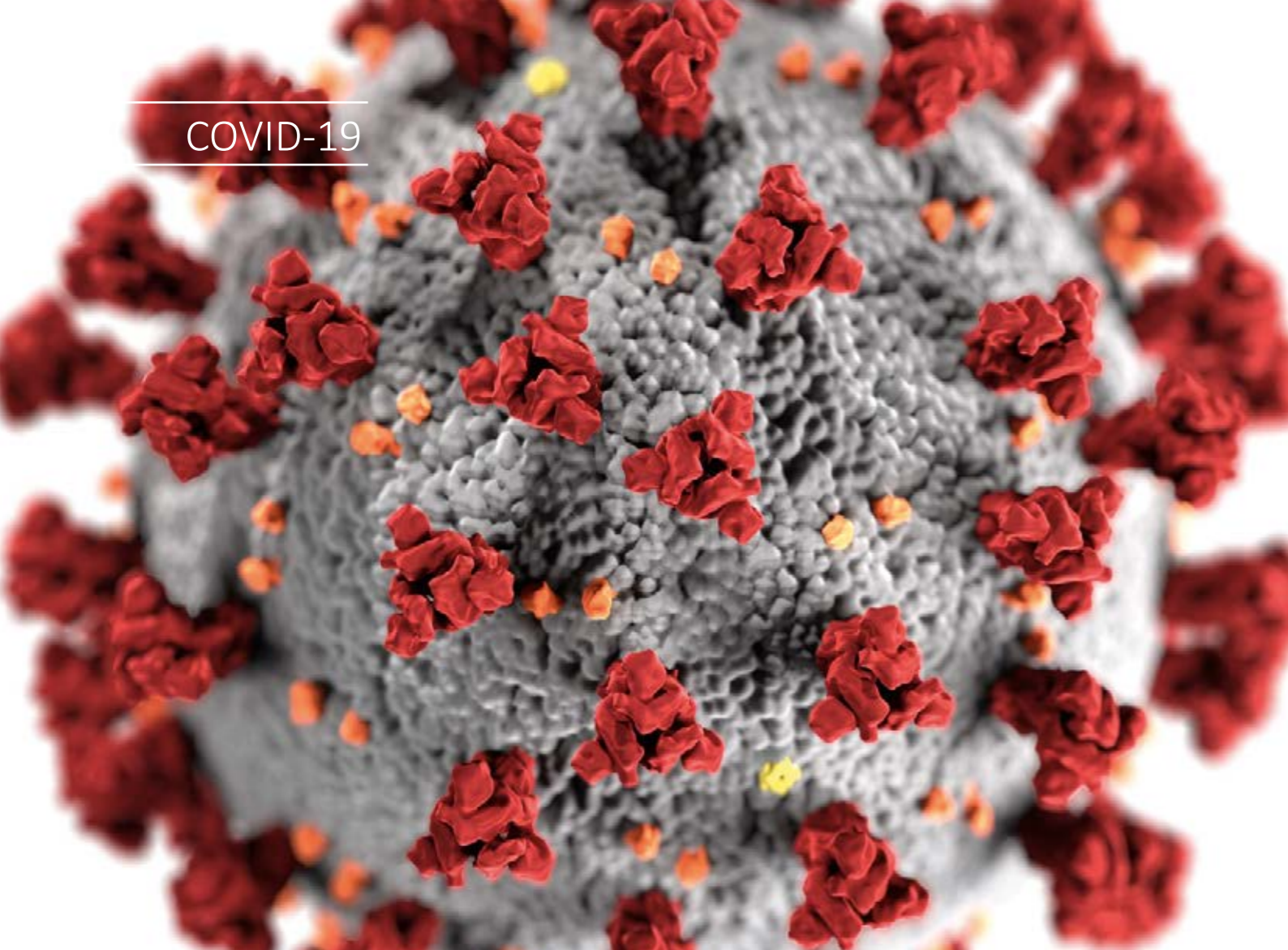
We have to assume a permanent and open minded changing situation.

Gone are the days of begging for yourself. Certainly, in the European Union, the management of health systems remains the reserved domain of the Member States, but we must review our strategies and our priorities. Our way of managing crises needs to be reviewed; we must give ourselves a certain number of guarantees for good crisis management and better know how to take the right decisions.

EAHM believes that Health systems need to be improved in consideration of lived experiences. In Europe, during the COVID-19 crisis we were surprised by the lack of adequate preparation at national level and a lack of a global vision of the preparedness and reaction plans of the Member States. We must give ourselves the necessary guarantees to allow our health systems to continue to function effectively and thus guarantee the survival of our economy and our society.

More than ever, the European Association of Hospital Managers is positioning itself as a key player to help modernise hospital management by identifying the most successful management models and recommending best management practices in a variety of areas. As it has done over the past 50 years, EAHM will continue to work effectively towards this goal. ■





Local management of the Covid19 crisis: the exemple of French territory of Aube

Philippe Blua, President of EAHM, CEO of the CHR Troyes

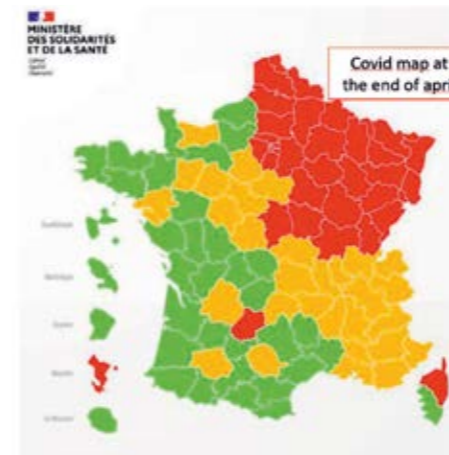
The Aube is a department in the North East of France. It is one of the areas where the epidemic has been the most virulent.

It's a territory of 7000 km² and 320000 inhabitants, where the healthcare offer is very concentrated. 80% of hospital care are made by a public group, the HCS (Hôpitaux Champagne Sud), six hospitals and two establishments for elderly people. The biggest hospital, which re-

presents 60% of the whole group is in Troyes, the main city. The rest of hospital care is made by two private surgical hospitals and three private rehabilitation hospitals.

The management of the crisis in Aube had two characteristics : anticipation of events and

close coordination of private and public hospitals.



Map of HCS

1. The anticipation of events.

a) Anticipation before crisis

The HCS were created in June 2015 by the grouping of independent hospitals. Since this time many actions have been taken to learn to the different hospitals to work together. The main actions were the drafting of the joint medical project, the creation of joint logistics and administrative departments, shared training for managers and common quality certification.

During the same time, the HCS have developed medical cooperation with some private hospitals. So the different hospitals used to work together when crisis started.

From January 2020 the course of the disease in the World was monitored informally by

HCS. At this time it was decided to increase the stocks of personal protective equipments, mainly masks.

From the 24th of February, an epidemic risk committee was created, managed by the doctor responsible for the quality and the security of care in HCS. The goal was to monitor the course of disease in France and to study how to treat the sick and protect the staff.

So when the President of French Republic, the 12th of March, announced that France is in state of health crisis, the HCS was ready to switch immediately to crisis management, even if at this time there were only a few Covid19 patients in Aube.

b) Anticipation during crisis

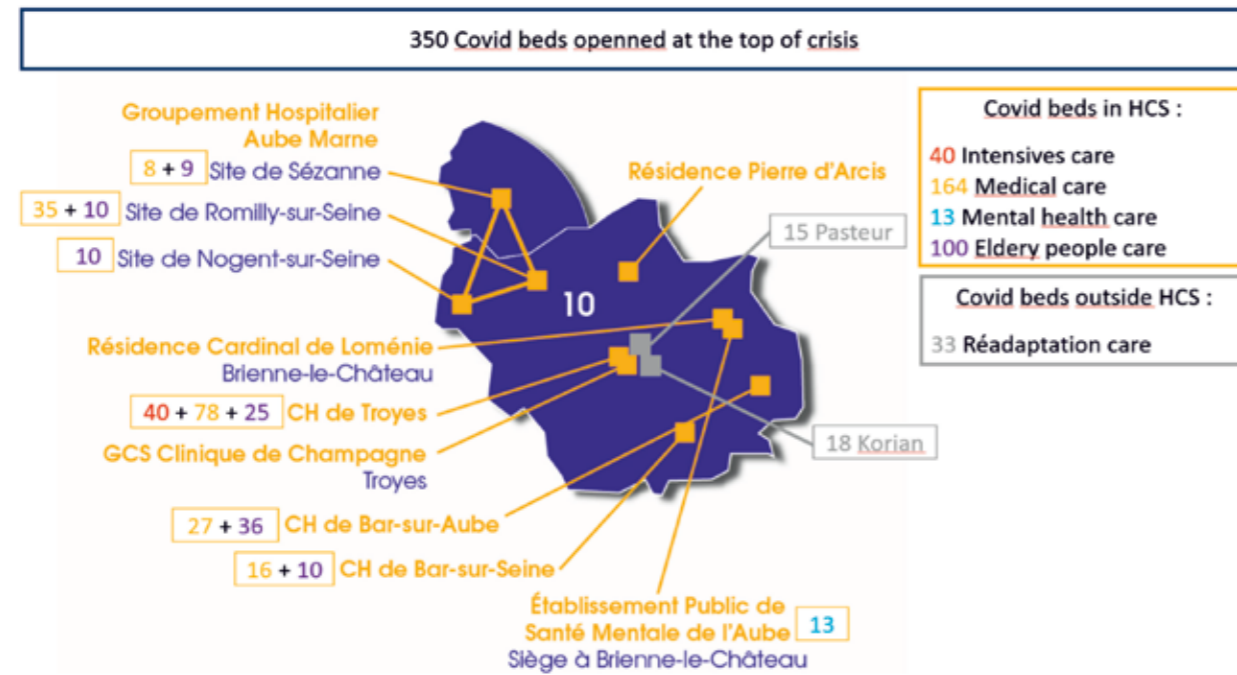
The number of Covid patients stayed at a low level in Aube roughly until 20th of March. This time has been used to:

- Organize the care of patients, Covid or not, between the different hospitals, public and private.
- Open beds for Covid in 8 hospitals, the others insuring surgical emergencies.
- Postpone all hospitalizations that could be done without damage to the patient.
- Imagine the organisation to triple the heavy intensive beds in the main hospital.
- Reassign staff and train them in the management of Covid patients. Only for increase intensive care, 240 caregivers should be find and train.

During all the crisis, every time new Covid beds were opened, the crisis management immediately prepared the opening of news beds.

c) Anticipation after crisis

In Aube, the top of the crisis happened at the beginning of April. The Covid beds started to be closed in May. At the end of June the crisis management stopped. But from July the debriefing of crisis began. And the 6th of August



an organization of care has been decided in the event of a return of the pandemic.

2. The crisis management

At the middle of March, the HCS have implemented a crisis management. Six technical committees were created:

- The epidemic risk committee, managed by the doctor responsible for the quality and the security of care in HCS. It worked on the security of patients and staff.
- The medical committee, managed by the president of the medical committee of HCS. It worked for the medical organizations.
- The mental health committee, managed by the director of the psychiatric hospital of HCS.
- The medico-social committee, which works about the care in establishments for elderly people. It was managed by a director of these establishments and a geriatrician.
- The human resources committee, managed by the director of human resources

of the main hospitals and the chief nurses of HCS.

- The supplies committee managed by the director of supplies and the chief pharmacist of HCS.
- The communication committee, managed by the director of communication of the HCS.

Each hospital of HCS was represented in all these committees. The others hospitals sent representative when it was useful.

A strategic committee was in charge to approve the proposals of the technical committee, to control their work and to arbitrate between them. The strategic committee was managed by the general director and the president of the medical committee of HCS. The members were the managers of the technical committees and the director, the chief nurse and the president of medical committee of each hospital of HCS.

At the top of the crisis there was a meeting of the strategic committee each morning. The first point of the agenda was a point of situation.

Then the decisions were taken according to the events and the proposals of the technical committees. So in the afternoon decisions could be implemented in the different hospitals.

This organization made possible to effectively coordinate the action of the various hospitals. The care networks have worked. The same guidelines have been applied everywhere. Hospitals helped each other with human resources and supplies.

Participation in the committees was mixed: physical presence and visioconferences.

This organization had several advantages:

- A multi-professional approach, so less chances to make mistakes or to forget a subject.
- A clear and unified decision-making, therefore not questionable.

- A great speed of reaction to events.

Conclusion: which results?

Because of the organization, the hospitals of Aube were able to face the crisis. All the patients of the territory could be treated on site. The services had the necessary staff despite the sick leaves and the people excluded as a precaution: pregnant women... The staff had the supplies to work, specially personal protective equipments.

At the end of the crisis, two facts emerges during all the debriefing meetings. First hospital staff are very proud of their work during the crisis. Second: they say that their main asset has been this solidarity and this work together between hospitals. ■

OPTA LP

HOW TO

- _Be more efficient within the various departments while controlling costs ?
- _Gain in productivity ?
- _Obtain a quick adaptation to new situations ?
- _Transform and evolve to become a hospital of the future ?

Discover our dedicated AI software to the health sector

OPTA EMERGENCY

Opta Urgence is a software for forecasting the number of patients in the emergency department

OPTA HR PLANNER

Opta HR Planner is a resource and material planning software

HDJ PLANNER

HDJ Planner is a software that simplifies and optimizes the planning of outpatient and day hospital services

OPTA PLANNING

Opta Planning is an online appointment scheduling software for doctors, secretaries and patients

OPTA STOCK

Opta Stock is a software for optimizing stocks in logistics with artificial intelligence technologies and a specific algorithms

Current issues in hospitals and health facilities

HOW TO

- _Be more efficient within the various departments while controlling costs ?
- _Gain in productivity ?
- _Obtain a quick adaptation to new situations ?
- _Transform and evolve to become a hospital of the future ?



Opta LP, as a software editor, supports its customers in achieving operational efficiency and unprecedented performance through reliable and ergonomic decision support tools. The Opta LP team is constantly working to develop innovative solutions based on the most effective optimization and artificial intelligence models and techniques, which are the result of a worldwide monitoring of scientific research.

Our solutions consist of a complete software suite in SaaS mode in order to respond to various problems: appointment scheduling, constrained planning, scheduling, forecasting, inventory and supply optimization, vehicles routing, etc.

This proven software suite improves decision-making, optimizes performance and simplifies management in various sectors: healthcare,

industry 4.0, Retail and Supply Chain. Manage your services efficiently, whatever the type of establishment, thanks to our solutions adapted to the specificities of the health sector. Optimize the profitability of your organizations, manage and plan efficiently and so save precious time on a daily basis so that you can devote yourself fully to your core business: healthcare!

Healthcare institutions in the public and private sectors are increasingly confronted with the need to optimise their activities

in the various departments as well as their logistics with complex constraints. The management of patient flows is also important, sometimes with a reduced number of staff, which requires optimal organisation of human and material resources for the quality of care. Finally, good control of the Supply Chain and stocks is essential

for economic reasons.

In addition, heads of department, health managers and the health care team are required to assess situations on a daily basis and make decisions that require reliable data to be visualized beforehand using high-performance, ergonomic decision support tools.

Digitalization through an information system allows the exploitation of data with OPTA LP solutions in order to optimize hospital logistics.

OPTA LP is a key player in France and Europe for the continuous improvement of healthcare provision, which necessarily involves digital transformation through Hospital 4.0 in order to create the hospital of the future. We present in a few words our digital solutions for hospitals and clinics for their digital transformation.

OPTA PLANNING

The online agenda and appointment scheduling solution in SaaS mode and private label. Give your patients the opportunity to make real-time appointments 24/7 with your health services, Doctors consultations, resources and materials.

HDJ PLANNER

The solution that simplifies and optimizes the planning of outpatient services, day hospital.

Better care for patients as part of the coordinated care pathway with doctors, health executives, nurses and pharmacy. A tool that integrates treatment protocols

in oncology and the various specialties in order to offer patients an adapted follow-up of their assigned appointments. Considerable time savings with optimal sequence planning and traceability of actions carried out by care givers.

OPTA EMERGENCY

The SaaS solution for your emergency services, logistics and sales-marketing forecasts.

Get advanced predictive analytics to make the best decisions for your business.

OPTA PREDICT allows you to use your data to anticipate the understanding of future events. Our solution also allows the simulation of patient waiting times.

OPTA STOCK

The SaaS solution that improves your storage costs and service levels.

Optimising stock is a complex task, depending on events, seasons, supply and demand and trends. In this context, it is important to control your supply flows and analyse your performance indicators in order to ensure the sustainability of your activities. OPTA Stock manages the stocks of pharmacies and general products in hospitals and allows you to anticipate health crises.

Opta LP is constantly innovating and developing its models in order to provide richer and more accurate data exploitation with greater simplicity.

Thanks to its scientific expertise, Opta LP stands out in its ability to manage complex optimization problems and in its know-how in terms of data exploitation.

Opta LP is at the heart of the 4.0 digitalization by accompanying you in your evolution towards the services of the future: connected hospital, industry 4.0, intelligent logistics.

EAHM collaboration with the Technology University in Troyes (UTT) Organization of Joint Webinars & SHEIC Conference 2 - 3 December 2021 in Troyes



Smart Healthcare International Conference Troyes, France, December 2 – 3, 2021 Organized on the behalf on the South-Champagne Hospital (HCS) and the University of Technology of Troyes (UTT), in collaboration with the European Association of Hospital Managers (EAHM-AEDH-EVKM).



3rd JOINT WEBINAR

«Effects of the pandemic on structures and processes of the Health Services (Hospitals, Homes for the elderly, Health care networks, Mental Health, ...)»

22nd of September, 2021 from 6 pm to 7.30

4th JOINT WEBINAR

«Corporate Social responsibility; Social Networks and Social Impact of the COVID-19 Pandemic on the different Health Systems in Europe»

24th of November, 2021 from 6 pm to 7.30

Documenter simplement
et automatiquement
votre e-FiBi

Cooperation Agreement

European Association of Hospital Managers
EAHM – International Hospital Federation
IHF signed on March 22nd 2021



EAHM and IHF signed on March 22, 2021 an agreement formalizing a future cooperation between the two associations.

The document details the Cooperative Agreement between the European Association of Hospital Managers (EAHM) and the International Hospital Federation (IHF) and takes effect from the date of signature by representative officers of each entity. The parties involved in this agreement desire to showcase each other's work to increase the utilisation of their services to the global healthcare community.

Cooperation Principles and Activities

EAHM and IHF agree to work together to further their aims to advance the professionalization of healthcare management. This is to provide synergy so that our missions can be amplified.

The overall aims of this affiliation include:

- Promoting each respective entity and their endeavours amongst relevant networks and wider communities through a variety of routes including traditional and online marketing methods;
- Sharing and developing new knowledge, skills and resources to benefit the respective communities of each entity;
- Increasing each entity's awareness of and participation in the other's events and on-line services/resources;
- Have joint or parallel relationships with international agencies;
- Identifying possible common or joint projects.

The parties will be involved in specific actions in the next 2 years:

- Mutual participation in, and promotion of, international conferences and events organised by each partner (for example, EAHM Congress in March 2022 in Budapest, Hungary and IHF World Hospital Congress 2021 in Barcelona, Spain and 2022 in Dubai, UAE);
- Mutual promotion and participation in potential virtual conferences;
- Participation in joint projects and activities that fulfil respective priorities and the mission of both organisations;
- Exploring opportunities for publications.

Ways of working

The Cooperative Agreement will be active through a range of mechanisms, namely:

1. Providing time for quarterly meetings between nominated representatives of each entity to discuss progress against stated outcomes for the partnership, any amendment of these terms and to discuss the content roadmap for the upcoming year as deemed necessary.
2. Online through regular email messages to share marketing materials, short-term goals, and outcomes.
3. Agreed marketing / promotion of each entity through online/social media platforms and through physical dissemination of materials at events and conferences if in attendance. ■

EAHM Session at the 44th World Hospital Congress

Wednesday 10 November, 15:10 pm – 16:40
Barcelona, Spain



Title of the session

The visions and the role of hospital managers in a post-Covid World

Related Congress sub-theme

Towards an Integrated Concept of Health and Care Services Model: Value Driven Transformations

- Enabling the flexibility of organizations to adapt quickly to changes, addressing accelerated innovation adoption.
 - Health and care sustainability supported by applied research and innovation adoption.
- Also:
- Humanistic centred care.

Content and learning objectives

The Covid crisis has highlighted the lack of consistency in Europe and in the World concerning the management of health crises. We have seen our weaknesses, but overall, each country has tried to manage the crisis in its own way, even if some coordination efforts have been made. We must now learn the lessons of what we have lived and propose new paths based on shared visions. Hospital management should be adapted accordingly.

Length of the session: 90 minutes. We propose 2 parts in the session:

- 1 Panel with Focus on Human Resources (45 minutes)
- 1 Panel with Focus on Mental Health (45 minutes)

Panel – Human Resources

Speakers:

- Philippe Blua, President of EAHM (France)
- Larissa Eloi, CEO, CBEXs (Brazilian College of Healthcare Executives)

Chair:

- Lucy Nugent, CEO, Tallaght University Hospital (Ireland)

Panel – Mental Health Services

Speakers:

- Dr Carlos Mur de Viu, SEDISA (Spain)
- Neale Fong, President, ACHSM (Australian College of Health Service Management)

Chair:

- Holger Höhmann, President of the EAHM Mental Health Sub-Committee

ENSEMBLE

Solidaires contre le COVID-19

CPAGE ENGAGÉ AUX COTÉS DES HÔPITAUX
FACE AUX DEFIS DE LA CRISE SANITAIRE.



Soignants

→ Contamination

Consulter sans contact, à distance, vos documents RH depuis le portail en ligne «Qamino».



Établissements

→ Continuité de service

Réinventer les formations à distance. Garantir les actions d'audit et de conseil.



Résidents et familles

→ Maintien du lien social en EHPAD

Faciliter et humaniser la visioconférence grâce à la mise à disposition gratuite de «Nonno», le robot mobile.



Patients

→ Limitation des contacts

Prendre des rendez-vous par internet. Éviter la promiscuité au BDE grâce à la borne interactive d'admission «i-Kiosk».

Digitalisation de la fonction RH

En France, l'entreprise CPage a les solutions



La digitalisation, ce n'est pas simplement le fait de supprimer le papier. Digitaliser, c'est également créer de la valeur durablement : partir d'une donnée, l'enrichir, l'officialiser, la partager et enfin la conserver. A CPage, on l'a bien compris et on le met en œuvre en France. Depuis 40 ans, l'entreprise nationale conçoit des solutions numériques administratives (admission, finances, RH, pilotage managerial) à destination des établissements public de santé, de l'EHPAD au CHU en passant par les CHS.

La crise sanitaire a confirmé la nécessité de penser autrement la gestion et l'utilisation de l'information notamment RH. Aujourd'hui, CPage répond parfaitement aux enjeux d'optimisation de ces métiers. Comment ? Par la mise à disposition d'une plateforme de services complète. Son offre unifiée, intégrée et homogène permet de porter une démarche de digitalisation des métiers RH. Celle-ci s'inscrit dans une logique d'innovation et de fiabilité et assure une véritable vision à 360° degrés des données tout en mettant l'utilisateur au cœur de la démarche.

«La digitalisation permet d'opter pour de nouvelles organisations, de nouveaux process, de nouveaux outils qui contribuent à réinventer l'ensemble du fonctionnement des ressources hu-



David Boussard
directeur général de CPage

maines pour le rendre plus performant, plus fluide, plus collaboratif et plus moderne», souligne David Boussard, directeur général de CPage. En effet, quels sont les enjeux actuels de la gestion des RH ? Gagner en efficacité, baisser les coûts, fiabiliser les documents, réduire l'impact environnemental et faire vivre une meilleure expérience au collaborateur. CPage répond à ses enjeux.

Une offre autour de 3 axes majeurs

- Le recrutement

CPage propose Softy une solution de recrutement de bout en bout intégrant des automatisations, une centralisation des candidats et un pilotage de la performance. Il s'agit d'un applicatif tracking system (ATS) efficace, simple et

qui réduit les temps d'exécution des tâches des recruteurs. Il prévoit, notamment, une diffusion des offres sur des jobboards, une évaluation des candidats avec les tests psychométriques et techniques, une plateforme collaborative et un site carrière.

- La gestion de carrière

CPage associe un ensemble de modules (plateforme de dématérialisation, workflows métiers, archivages électronique, portail utilisateur, parapheur électronique, entre autres) qui permettent de constituer un dossier collaborateur numérique à valeur probatoire et remplaçant le papier.

-Le collaborateur

CPage met à disposition des personnels 3 outils principaux : un portail collaborateur nommé Qamino, espace dédié et sécurisé qui simplifie les échanges, mais également un système de signature électronique pour les contrats et les avenants et enfin un coffre-fort numérique pour recueillir les bulletins de salaire dématérialisés.

Au final, ce bouquet de services numériques RH permet en outre de développer l'attractivité de l'établissement. Il attire les nouveaux talents, fidélise et crée des parcours pour ses personnels. La marque employeur de l'hôpital s'en trouve ainsi boostée.

29th EAHM Congress



29th Congress of the EAHM

Budapest - Hungary - 2-4 March 2022

The 29th Congress of the European Association of Hospital Managers will be held in Budapest between 2 - 4 March 2022. The conference venue will be the Budapest Marriott Hotel.

Main topics:

- Dr. Who: The Future of Health Professional Education
- Ethics in the 21st Century
- Hospitals Go Green
- Future Technologies
- Innovation and Financing and DRG
- Big data and Informatics





The world is recovering from the almost two-year “winter” of the COVID pandemic. Slowly, science, culture, industry, commerce, and tourism are coming back to life. Personal contacts, which have been most lacking in recent times, are once again becoming possible. Although we have adapted as much as possible to the specific circumstances, we now use the various online communication tools professionally, but face-to-face contact is different...

Therefore, our originally planned EAHM Budapest 2020 congress is now referred to as EAHM Budapest 2022. The reason for the delay and postponements is clear. It is not possible to hold a congress with a long history, based on many previous achievements and experiences, without participants. We now see that the results and progress of vaccination and the winding down of the third wave will allow us to hold the 29th EAHM Congress in Budapest from 2 to 4 March 2022 in full health security, with the highest possible attendance and support.

We consider that the conditions are now in place to allow participants and supporters to register safely for the event without fear of further delays or obstacles to participation in the Congress. All the necessary information is available on the Congress website, and the Congress Organising Committee, the Congress Office, will of course also be happy to assist interested registrants. We offer special

early bird registration conditions, which are even more favourable than previously announced. We also offer a special discounted registration package for current and prospective member organisations. If registration is received from one organisation - preferably in a group - we will offer an additional 10 percent discount for the group.

Our professional programme will not change significantly. There will of course be some new presentations on the experience and aftermath of the pandemic. The content of some of our speakers' presentations will also be modified. They will summarise the experiences of the past two years and draw the necessary conclusions for their pre-announced topics. Our original programme was about the future, and that is certainly how it will remain, although the future has irrevocably changed. A detailed and updated programme of activities will be available on our website:

<https://eahm-budapest2022.com/>

Our website will also provide all the necessary information (offers, order form, exhibition map) for our congress sponsors. We look forward to receiving your application through this channel or by contacting the Congress Office or the Organising Committee. Budapest, EAHM and EGVE welcome all interested parties and supporters to the first major face-to-face European health professional meeting after the pandemic.

Of the host city

Budapest

Budapest is the capital and biggest city of Hungary, with 1,760,000 inhabitants.

The history of the city began with Aquincum that became the Roman capital of Lower Pannonia. Hungarians arrived in the territory of the present city in the 9th century. Their first settlement was pillaged by the Mongols in 1241. The re-established town became one of the centres of Renaissance humanist culture by the 15th century. From 1526 – the battle of Mohács – nearly 150 years of Turkish rule followed.

Afterwards, the region entered a new age of prosperity, and Budapest became a global city with the unification of Buda and Óbuda on the west bank and with Pest on the east bank of the Danube River in 1873.

Today Budapest is a leading global city with strengths in commerce, finance, media, art, fashion, research, technology, education, and entertainment. Budapest is cited as one of the most beautiful cities in Europe. The central area of the city along the Danube River is classified as a UNESCO World Heritage Site and has many notable monuments, including the Hungarian Parliament, Buda Castle, Széchenyi Chain Bridge, Matthias Church and the Liberty Statue.

Some Topics

Dr. Who : the Future of Health Professional Education

This topic will focus on recent shifts in the health and health care industry in terms of their implications for health professional education and workforce learning.

We plan to discuss opportunities for new platforms of communication and learning, continuous education of the health workforce, opportunities for team-based care and other types of collaborations. This session intends to explore the implications that shifts in health, policy, and the health care industry could have on health professional education and workforce learning, identifies learning platforms that could facilitate effective knowledge transfer with improved quality and efficiency, and discusses opportunities for building a global health workforce that understands the role of culture and health literacy in perceptions and approaches to health and disease.

Linked to this topic, Professor Béla Merkely, Rector of Semmelweis University Budapest has invited his colleagues to participate in a European university rector's meeting to discuss the challenges of medical and health education, doctor-nurse competencies, and more. On the closing day of the congress, the rectors are going to present their findings to the European experts participating in the congress.

Informatics

Medical informatics is the intersection of information science, computer science, and health care. This session will deal with the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in health and biomedicine.

We plan to cover the multidisciplinary field of informatics, decision support systems, telemedicine, ethics, consumer health informatics, international healthcare systems, global health informatics, translational research informatics, and home care, as well as the design and implementation of innovative applications and promotion of new technologies to improve health care.

Hospitals Go Green

The Path to Reduce Healthcare's Environmental Footprint

The health sector's mandate is to prevent and cure disease. Yet the delivery of health care services - most notably in hospitals - often inadvertently contributes to the problem.

Hospitals generate significant environmental health impacts both upstream and downstream from service delivery, through the natural resources and products they consume, as well as through the waste they generate.

Yet hospitals and health systems everywhere have the potential not only to adapt to the scourges of climate change, but also, in the process, to promote sustainability, greater health equity and environmental health through investing in healthier buildings, purchasing green, and implementing sustainable operations.

Indeed, hospitals and health care workers can be leading promoters of environmental health, by modelling environmentally sustainable, economically sound practices for the broader society and global community.

Pre-congress visits

Duna Medical Center (DMC)

The first comprehensive private health care facility in Hungary, DMC delivers patient centred ambulatory and inpatient health care services with the obligation to provide the safest care, treatment and services possible.

National Institute of Medical Rehabilitation

The institute's predecessor, the home of lung disease soldiers, opened in 1918. The area, also known as the lungs of Budapest, with rich fauna, plenty of sunlight, and good climatic conditions has provided a good chance for patients awaiting recovery. In the 1950s the profile of the institute gradually changed, and it became a recognized centre of locomotor rehabilitation and specialist training.

In 2000 the foundation stone of a new building was laid and the new main building was completed in 2004. Doctors continue complex rehabilitation of the patients with well-trained team members in a beautiful environment, in a 21st-century building.



Hospital in the Rock

The Hospital in the Rock was built in a natural cave system under the Castle Hill. During WWII a shelter and a first-aid place was built in the caves that was expanded into the Hospital in the Rock. It had three wards and a modern operating theatre. During the siege of Budapest in 1944-45 all 94 beds of the hospital were constantly filled, and patients were also laid in the halls and chambers of the surrounding cave system. HitR was closed in July 1945 but re-opened in 1956 to treat civilians and soldiers alike.

Between 1958 and 1962 the Hospital in the Rock was converted into a nuclear bunker. A safety-by-pass corridor was built, as well as a new ventilation system equipped with a special gas filter, and also a water supply system attached to the River Danube.

It was never formally decommissioned, and the Civil Defence Forces used it as a store.

In 2007 the facility was renovated. In 2010, the Ministry of Culture and Education classified it as a museum collection of public interest and now it functions as a national collection point for its specialist area.

Premier Med Healthcare Center

Premier Med Health Center is special in the Central European region with its unique tools and expertise for thyroid nodular patients and for those who live with varicose vein provides :

- Radiofrequency Ablation therapy to treat benign thyroid nodules (strumas)
- Endovenous Radiofrequency Ablation to help those with varicose vein problems
- Cryoablation therapy (freezing), allowing patients to have their fibroadenomas treated effectively without being cut or having to go under general anaesthetic. ■

EGVE - Association of Economic Managers of Health
More info : eahm-budapest2022.com

HOSPITAL WATER SYSTEM: PREVENTING INFECTIONS AND LOWERING COSTS

Certain water components and unfavorable operating conditions may cause microbial contamination in water systems - an issue that often remains undetected until the entire system is affected. Maintaining water purity from the inlet to the tap is a challenge. A challenge that, if not met, can have tragic effects, particularly in hospitals and care facilities. Therefore, regulations push to ensure high water quality, e.g., by demanding frequent checks and documentation of the hot and cold water temperature levels. At the same time, responsible use of energy is expected to save costs and to minimize the ecological footprint.

While the two goals seem antagonistic and their achievement is like a constant compromise, there are modular solutions for hospitals' specific needs that help them achieve both.

PATHOGEN DEVELOPMENT AND GROWTH

The development and growth of Pseudomonas, Legionella, and other water-borne pathogens, apart from being severely dangerous for patients and staff's health, can also have devastating effects on hospitals and care facilities and their management. An outbreak often causes peak mortality rates, increased length of stay, evacuation and quarantine of patients, and the ward's or entire building's closure. Subsequently, this is followed by an intense search for the root causes, and an investigation of responsibilities and liability takes place. Increasing awareness for hygiene topics on multiresistant pathogens, and quality of care in hospitals is popular in public media. Therefore, the long-term reputational damage caused by such an event should not be underestimated.

Routine infection control and prevention efforts often focus on water taps, sinks, and the use and processing of water in daily practice (i.e. cleaning of wounds and medical equipment, hand washing, food preparation). If a problem then persists, the source is often detected to be behind-the-wall in installations where it developed over a longer period, e.g., into the much-feared biofilm, nourishing and spreading pathogens into the entire building. People experienced with such matters are not surprised: Porous calcification, numerous changes in cross-section, dead spots and pockets of stagnating water in valves and connectors, and temperatures promoting bacteria-growth become more prevalent over the course of a buildings' lifetime.

REGULATIONS & GUIDELINES

The operation and control of water systems are highly regulated, especially for health and care facilities. Experts recommend dead spot/dead leg free water systems, high quality noncorrosive water pipes that are resistant to disinfectants and high temperatures, and less prone to calcification. Health facility operators must ensure hot and cold water temperatures that inhibit bacterial growth, regular water exchange, and often strictly defined intervals of measuring and documenting respective key parameters across the entire building are requested. While the laws and regulations may vary locally, the new EU drinking water directive (effective since 01/2021) pushes towards a risk-based approach to guarantee drinking water quality. The directive applies to all distribution systems serving more than 50 people or supplying more than 10 cubic meters per day or if the water is supplied as part of an economic activity¹.

ENERGY & COSTS

Lowering costs and minimizing the ecological footprint are high priorities in developing new buildings and important for the operation and maintenance of existing ones. Throughout public and political discussions related to health-care facilities, taxpayer costs and the emission of greenhouse gasses are key focus areas. The energy consumption for heating water, its transport through the building, and maintaining the required hot and cold temperatures represent a significant share of energy costs and the production of CO₂.

INNOVATIONS FOR A SAFE AND COST-EFFECTIVE WATER SUPPLY

GF Piping Systems (GFPS) is a leading provider of products and services for the safe and efficient handling, control, treatment, and transportation of liquids and gases in industries with special requirements. GF is among the 10 most sustainably managed global companies².

GFPS healthcare solutions are tailored to the distinct needs of hospitals, with the goal of providing the highest levels of patient safety and comfort, improved sustainability, ensuring compliance and lowering costs.

GFPS products are developed in Switzerland and produced in Austria, Italy, Switzerland, and Turkey.

• GF piping systems, valves, and fittings like Sanipex MT and Legiostop were proven, tested, and certified to be free of dead space and cross-sectional changes by an independent laboratory³. This, combined with the multilayer composite design, makes them more resistant against pathogen and biofilm growth, wear through high temperatures and chemical sterilization, and it lowers the noise of water coming through. As such, our piping solutions reduce the risk of contamination, are more sustainable and increase patient comfort.

• GFPS latest innovations help hospitals to significantly improve and monitor operating conditions and optimize energy consumption and to maintain the water quality. These include special digital automation tools like the Hycleen Automation System, temperature and flow sensors, sampling valves, and insulation options for the control, optimization, and maintenance of water temperatures anywhere in the building. Almost any existing water system can be digitized. It enables fully automated flushing and disinfection of the piping system, continuously measuring and documenting the relevant parameters, and for a continuous hydraulic balancing. This supports hospitals and care facilities to follow the latest regulations and guidelines with minimum human interaction, to improve infection prevention and to lower energy and labor costs.

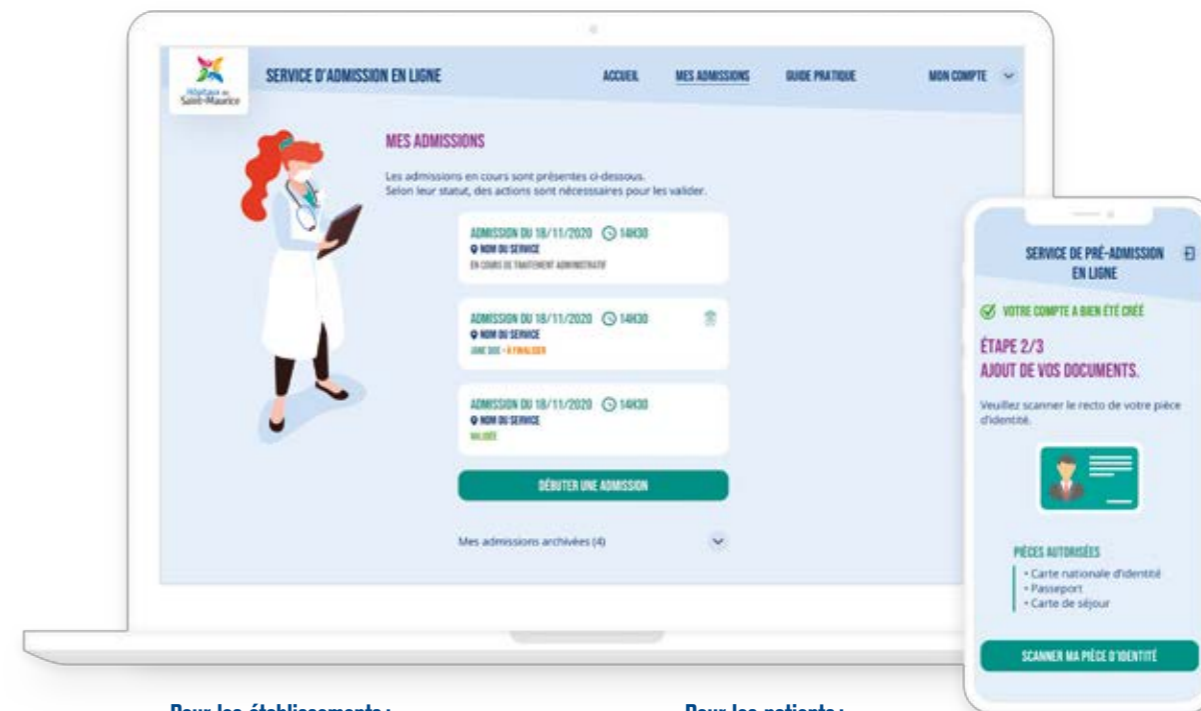
• The GF wastewater system Silenta Premium as well as our PE drainage pipes are specially designed to minimize noise and maximize patient rest and comfort.

• If there are already concerns or events of contamination, GF also offers retrofit, temporary or permanent disinfection solutions like Hycleen Des30 that help to restore and permanently maintain your system with minimum interruption during installation.

For more details please visit
www.hygiene.gfps.com
www.gfps.com

² Negrin et al: The 100 Most Sustainably Managed Companies in the World; The Wall Street Journal, Oct. 2020
³ Fraunhofer Institute for Environmental, Safety, and Energy Technology, Germany

Know Your Patient: votre solution d'e-admission de référence



Pour les établissements :

- Gain de temps utile pour le personnel hospitalier
- Amélioration de l'identivigilance et de la complétude des dossiers
- Sécurisation et fiabilisation de la transmission et du recueil des données
- Fiabilisation de la facturation
- Une IA renforcée par une supervision humaine

Pour les patients :

- Gain de temps
- Simplification des démarches d'enregistrement
- Diminution du risque d'exposition

Treat more patients

Mölnlycke can help you with our wide range of services and high quality products. Our unique offer is built around:

- Procedure specific products
- Training and support
- Lean supply and logistics

Together, these elements can create cumulative time, effort and cost efficiencies¹. This helps your facility free up more valuable resources creating new efficiencies in turn – and helping you treat more patients.

Time, effort and cost efficiencies

More resources available

Treat more patients

Reference: 1. Greiling M: A multinational case study to evaluate and quantify time-saving by using custom procedure trays for operating room efficiency. Poster presented at European Association of Hospital Managers, September 2011

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¹ https://ec.europa.eu/environment/water/water-drink/legislation_en.html





EAHM INNOVATION AWARD 2021

One of the main points foreseen by the EAHM Program 2019-2022 is to create an annual award for the best innovations implemented in European Hospitals.

The 2021 EAHM awards will be officially presented at the SHeIC conference in Troyes in December 2021

HOW TO DELIVER HEALTHCARE IN THE FUTURE BY USING NEW TECHNOLOGIES

2 CATEGORIES:

- Implemented Project
- Not implemented Project

An abstract, maximum one per hospital, can be submitted until 28th of October 2021.

For submission, please consult the EAHM Website: www.eahm.eu.org

All abstracts will be reviewed by the international scientific committee of the EAHM on 29th of October 2021.

2021

44th IHF Congress; "PEOPLE ON BOARD: TRANSFORMING HEALTHCARE."

Blending Agility, Responsiveness, Resilience."

8-11 November 2021

Palau de Congressos de Catalunya

- **EAHM Session : The visions and the role of hospital managers in a post-Covid World**

IHF Congress Website:

www.worldhospitalcongress.org

Webinars with the UTT

September and November 2021

- **3rd Webinar with UTT "Effects of the Pandemic on Structures and Processes of the Health Services (Hospitals, homes for the elderly)";**
22nd of September 2021
- **4th Webinar conference with UTT "Corporate Social Responsibility; social networks and social impact of the COVID-19 pandemic";**
17th of November 2021

Conference Website: www.sheic2021.com

2nd edition of the SHeIC in Troyes & Innovation Award 2021

2-3. December 2021

See also our website

www.eahm.eu.org



We promote quality in Swiss hospitals and clinics



ANQ – Swiss National Association for Quality Development in Hospitals and Clinics
www.anq.ch



Patient information:
ANQ explained



Dedalus

LIFE FLOWS THROUGH OUR SOFTWARE

Founded in Florence in 1982, Dedalus is the European leader in healthcare software, and one of the top companies in its field worldwide. Since 2016, the Dedalus group has been accelerating its expansion strategy. Based on a structural growth approach, Dedalus responds to the significant needs expressed by public and private healthcare institutions to rationalize and transform their Health Information Systems. Dedalus is now consolidating its position as a market leader for healthcare informatics (HCIS) and diagnostic informatics (DIS) in France, Italy and Germany. Dedalus also has a strong presence in Austria, Switzerland, Spain, Belgium, China and Brazil, as well as in multiple sites in Latin America, the Middle East and Africa. Dedalus is present in over 40 countries worldwide.



3600+
staff worldwide



1200+
staff in R&D



5000+
healthcare
institutions
supported



5000+
laboratories
supported