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HEALTHCARE WEEK LUXEMBOURG 2023

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The crisis, and after?

One crisis leads to another: health crises, energy crisis, climate crisis, new military conflicts in Europe, inflation, … While there is some hope that the COVID-19 crisis will subside, hospitals are now facing a multiplication of crises affecting their activities.

Hospitals all over Europe are suffering from a chronic lack of financial and human resources, and doctors, nurses and others are expressing their frustration and despair at the worsening situation.

Crises can be an opportunity to move things forward. It is not enough to provide hospitals with extra beds to accommodate patients in times of crisis. We also need to become competent in managing our human resources in a competitive environment. Hospitals do not have the luxury of having 'standby' staff and beds, as many are already operating at maximum capacity before a pandemic strikes, so effective contingency plans are essential.

The COVID-19 crisis has shown the need for a coordinated approach to health security gaps. There is an urgent need for collective efforts to strengthen coordination at EU level. We all need a common vision to move our health systems forward in Europe. The establishment of a "European Health Union" was proposed by European Commission President Ursula Von der Leyen in her November 2020 State of the Union speech. Coordinated action is needed. But do we have the means and the will? Are we able to pave the way for a European Health Union, investing in urgent health priorities? Are we ready to expand the EU's remit in the field of health? Are there other ways of dealing effectively with current and future challenges while preserving Member States' competence in this area? In any case, we must learn from our mistakes and build the future taking into account our respective experiences.

What approach should we adopt? Before taking any decisions, we must ask ourselves the essential question of defining what we mean by "health service". Is health a right or a market? There is no doubt that health is an investment and also a fundamental right protected, notably by the Charter of Fundamental Rights of the European Union and, of course, by the European Convention on Human Rights. But in our recent past, for reasons of cost-cutting and even profitability, we have all too often tended to see health services as part of a commercial market to be made profitable.

Have we reached a tipping point in the way we manage health care in Europe? Voices are being raised in the wake of the current crises. For example, German Health Minister Karl Lauterbach has announced a "revolution" in health care: Hospitals are to be part of the services of general interest in the future, in which medicine decides, not the economy. Hospital care in Germany will in future be guided by medical rather than economic criteria. What should be self-evident has been fiercely opposed by lobby groups in recent years. But this must now stop, says Health Minister Karl Lauterbach, who made this clear at a press conference in Berlin.

Will we see a domino effect? Let us not forget that health is our most precious asset. Our duty is to act in the interest of the patient first and foremost. Proposing choices and standards at the European level could be a measure to consider, while knowing that the financing of measures must also be done at the national level. Let us hope that the near future will allow us to align courage and perseverance to progress in this direction.

Marc Hastert
Secretary General of the EAHM

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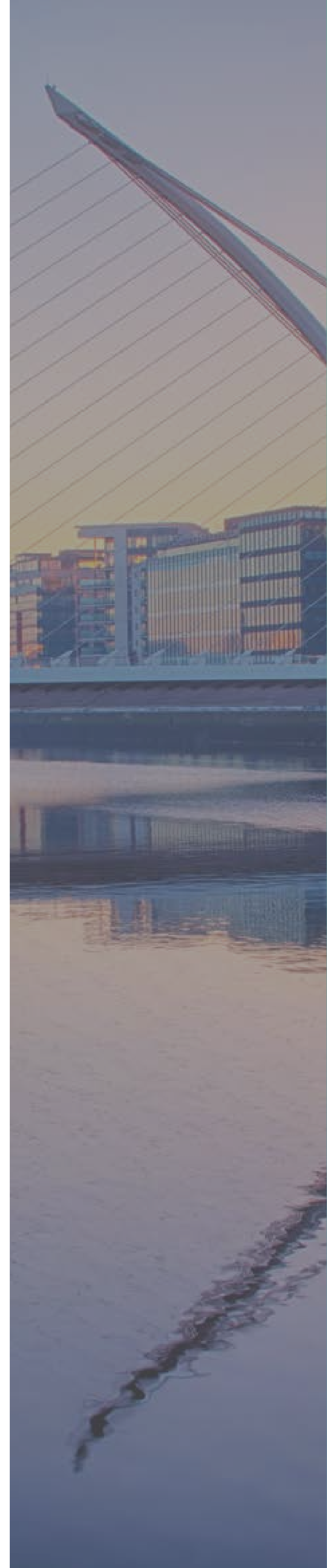

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"MEMBER STATES NEED TO RECOGNISE THE CHANGING ROLE OF THE HOSPITAL PHARMACISTS"

Text: Hugues Henry

Hospital pharmacists are a trusted source of information for patients and they play an integral role in the multidisciplinary care team. Their roles have expanded tremendously with the COVID-19 pandemic. EAHP is working with both its members and policy-makers to help hospital pharmacists adapt to their new and enhanced missions.

© Mariona Ribo

Dr András Süle
European Association of Hospital Pharmacists (EAHP) President

- What should be the role of the hospital pharmacist in patient care today?

Dr András Süle: "In the past couple of years, patient-facing clinical interventions by pharmacists, like medication reconciliation, checking prescriptions, counselling on wards or being part of the antimicrobial stewardship team have gained more and more significance for patient outcomes and the quality of therapy. Also, EAHP's European Statements of Hospital Pharmacy– commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services – have recognised this shift. The European Statements are consequently not only focusing on traditional roles such as compounding and dispensing but acknowledge that the hospital pharmacist has become an integrated member of the clinical team who makes therapeutic recommendations on effective and safe medicine use and contributes within the care team to the delivery of higher quality patient care."

- What do you think is lacking in the healthcare systems of the European countries to improve the position of hospital pharmacy?

Dr András Süle: "Many national healthcare systems still lack an understanding of the importance of clinical pharmacy services and the value of involving hospital pharmacists on the wards. Knowing our profession has gone above and beyond during the COVID-19 pandemic, I feel confident that we will be able to build on this experience and use the momentum created by this unprecedented time to improve patient safety through the delivery of more patient-centred clinical pharmacy services. EAHP published a COVID-19 Report[1] that showcases the contributions of hospital pharmacists and shares recommendations."

- What does the future hold for European Hospital Pharmacy?

Dr András Süle: "I hope that hospital pharmacists continue to build on their achievements and that EAHP continues to actively shape the profession for many decades to come. If COVID-19 has taught us one thing, it is, on the one hand, the need for better preparedness for sudden disruptions of the status quo (including emerging communicable diseases, pandemics, supply chain issues and financial instabilities) and, on the other hand, the importance of the hospital pharmacy profession in the frontline healthcare setting. The European Statements of Hospital Pharmacy set the vision for what should be expected of hospital pharmacies and hospital pharmacists across Europe to ensure that the profession is prepared for that next challenge. Thus, one of the key engagement areas for EAHP remains the full implementation of the European Statement of Hospital Pharmacy across all our member countries and beyond. Another key area is expanding the clinical role of the hospital pharmacist. Some of our member countries are very advanced and by sharing their best practices, I would like to help others during my presidency to achieve a better level of clinical services for the pharmacy department. Also, education and mobility are of importance. EAHP's annual Congress is one of the key educational events for our membership and I would like during my presidency to increase its reach while at the same time expanding EAHP's other educational offers."

Engaged both in the EU and beyond

The European Association of Hospital Pharmacy (EAHP) is very active both in the EU and beyond. It helps to position the hospital pharmacy profession at the international level. Within Europe, EAHP engages with the European Commission, the European Parliament, the European Medicines Agency (EMA), the European Centre for Disease Prevention and Control (ECDC) and the European Directorate for the Quality of Medicines & HealthCare (EDQM). At the international level, EAHP contributes to consultations of the World Health Organization (WHO) and exchanges with the International Pharmaceutical Federation (FIP).

www.eahp.eu

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[1] EAHP COVID-19 Report available at: https://www.eahp.eu/practice-and-policy/covid-19/eahp-covid-19-report.

2022:
a busy year of recovery

by Marc Hastert, Secretary General of the EAHM

After two long years marked by the COVID-19 pandemic, 2022 was the year of recovery for conference and seminar type activities. Of course, these types of events had not completely disappeared, and it was even an opportunity to consolidate activities in virtual mode, but we all felt a growing desire to meet again in face-to-face mode.

2022 was a mixed year, with virtual events sharing the calendar with face-to-face events. It was also in 2022 that EAHM changed its statutes to officially allow institutional meetings to be held in virtual or hybrid mode as well.

This allowed us to continue the webinar programme started in 2021 with the Université de Technologie de Troyes. This partnership was consolidated in 2022 with a collaboration via the "Health and Technologies" Institute of the UTT of Troyes. The following topics have already been addressed: "Human resources travel impacting hospitals"; "Corporate Social responsibility; Social Networks and Social Impact of the COVID-19 Pandemic on the different Health Systems in Europe";

However, we have one big regret, that we had to cancel our 29th Congress which should have been held in Budapest from 2 to 4 March 2022. We wish to extend special thanks to our Hungarian colleagues who have done their utmost, utilising considerable financial investment in the organisation and preparation of a major congress. Unfortunately, however, the pandemic has thwarted these noble efforts. We are now busy planning a new congress which we hope to announce very soon.

In the meantime we have had the pleasure of being involved in the programme of several conferences organised by our member associations. This was the case in May in Vilnius, June in Paris, October in Athens and November in Dublin.

Vilnius ; may 2022

On May 6th 2022, the EAHM representatives attended the conference of LAHMP to discuss the challenges facing healthcare systems in Europe and to celebrate the 30th anniversary of the lithuanian association.

The current president of EAHM, Philippe Blua, underlined that the LAHMP is a very active European association and added that all hospital managers in Europe feel a sense of communion, because they are facing similar challenges, which can be overcome by the exchange of experience. He also recalled that the Lithuanian association LGVS is a very active member of EAHM.

The EAHM institutional meetings were held during the LAHMP conference in Vinius (52nd General Assembly, …). On this occasion, the EAHM renewed the composition of its Executive Committee and elected Lucy Nugent as its new President and Dr Josef Düllings as its new Vice-President for a period of four years until 2026.

The new President of EAHM, Lucy Nugent

The new Vice-president of EAHM Dr Josef Düllings

Paris ; june 2022 ; the ANAP Conference

The «Agence Nationale d'Appui à la Performance (ANAP)», the strategy agency of the France Health Ministry, convened a meeting in Paris 16th June 2022 titled << Soins critiques et crise sanitaire - Quels enseignements organisationnels au niveau européen? >> ("Critical care and the health crisis - What organisational arrangements [are required] at European level?").

ANAP invited critical care clinical leaders from many EU countries to discuss critical care healthcare organisation learnings and insights from COVID and their implication and applicability at EU level. The outcome of this important meeting was a consensus to consider an initiative to strengthen critical care resilience across EU.

Athens ; october 2022

The 24th International Health Services Management Hybrid Conference took place from 13th to 15th October 2022 at the Hellenic Pasteur Institute Conference Hall in Athens.

The political leadership of the Greek Ministry of Health, leaders of hospitals, health services, and healthcare organizations from all over Europe attended to discuss key drivers of national and Pan-European policy, management, and solutions to anticipate the next crisis in healthcare, whether owing to another pandemic, or any other health or socioeconomic emergency.

Dr. Mina Gaga,
Alternate Minister of Health, Hellenic Republic

The Conference was a joint undertaking of the European Association of Hospital Managers (EAHM) and the Hellenic Health Services Management Association (HHSMA) and concluded successfully on October 15th, with a wealth of expertise produced during these days.

The level of the debate has been very high. We have witnessed enthusiasm, but have also heard a certain dose of skepticism about whether we will reach a level that will have an impact on the improvement of our rapidly respond to health emergencies. But certainly, on the basis of our experience with international collaborative efforts of this type, we felt quite confident that if each participating organization and country put a bit of ef-

fort into the overall activity, we will reach this critical point.

The EAHM institutional meetings were held during the conference in Athens (53^d General Assembly, …). It was on this occasion that Philippe Blua officially handed over the Presidency to Lucy Nugent who had been elected as the new EAHM President at the 52nd General Assembly in May in Vilnius.

Dublin ; november 2022 "HMI Annual Conference & 75th Anniversary of HMI"

The HMI Annual Conference (1-2 November 2022) is a major national event in Ireland. With leading national and international speakers it is always a packed occasion, drawing members from all over the country for in-depth discussions of the latest issues facing the Irish health services. This shared community of healthcare managers come together to absorb new thinking, share best local, national and international practice and be part of the debate on the future of healthcare and the continuous development of standards of practice.

The HMI has a proud history of international links, including a long- standing membership of the European Association of Health Managers and it is honoured that the current President of the EAHM, Lucy Nugent, Chief Executive of Tallaght University Hospital is a former President and current Council Member of HMI and current HMI Director of Education Gerry O'Dwyer is a past President of the EAHM. ■

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assar architects: towards an inclusive conception of treatment spaces

article by **David Labeau** · architect · partner · healthcare business line director & **Juliette De Wilde** · senior healthcare interior architect

The assar architects interior design team has created a research unit to develop the design of care spaces. This research has enabled us to define a methodology for analysing each specific situation and for discussions with clients and project owners in order to provide an inclusive design for each project.

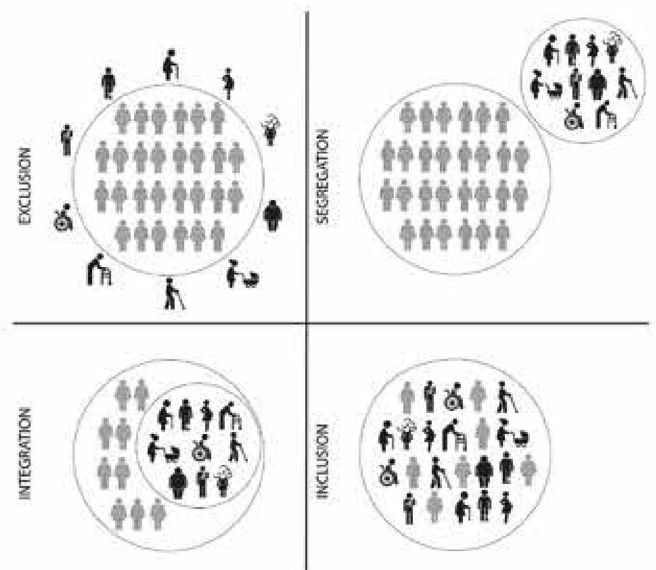
> *No man is an island entire of itself; every man is a piece of the continent, a part of the main*

Meditations XVII "No man is an island"
John Donne. Poet. 1572-1631

With the evolution of science and medical expertise, and the exponential evolution of technology, we have witnessed a change in approach to healthcare over a number of decades. This approach includes a more holistic perception of the patient during their stay in a hospital environment. Corresponding to Evidence Based Medicine (EBM), which is rooted in management data derived from the experience of medical practice, Evidence Based Design (EBD) supports the aspects of orientation towards greater empathy inherent in EBM. In response to the globalising and standardised development of our societies, the thinking is more focused on the individual, and permeable to an environment that has a positive influence on a feeling of calm and well-being.

Because the human being, like any living organism, interacts at all levels with their environment, it is appropriate to consider therapeutics in a global context that includes the patient, but also their environment, since this contributes to the healing process by becoming a vector of well-being and calm. This positive state of mind reduces anxiety, enables better pain management and accelerates physical and psychological recovery. From this perspective, our architectural analysis of the hospital environment is deliberately congruent.

This means that it is the consequence of bringing together different angles of approach in the hospital setting: the perception of the patient, that of the medical staff, and that of the vast family of carers and visitors. It is placed at the service of the well-being of all those involved and converges upon a fundamental central point: the patient's recovery.



the hospital concept of assar architects is characterised by a comprehensive and coherent response

It is articulated on the spectrum of complementary interconnections between urban planning, architecture, technologies, interior design, the art of light, and the integration of nature.

Incorporating the hospital building as an extension of the urban fabric, studying the connections between interior and exterior, and implementing functions as zones of gentle transitions between the outside world and the medicalised environment make it possible to mitigate the anxiety-inducing effect of the hospital function.

Penetrating the interior space, apprehending it on a human contextual scale, while no longer considering physical impairment as the sole attribute of the patient but in a more encompassing manner, an impairment linked to the context in which the patient moves around. Our approach has the particularity of proposing options for use, good practice solutions, which are based on flexibility and legibility, simplicity and didacticism, in order to reduce the disparities between human interactions.

Involving stakeholders at the heart of the design process allows us to see people as they really are, not as they are imagined to be. Sharing knowledge and respecting each other's skills leads to equitable and non-stigmatising design. An inclusive design.

Placing the individual at the centre of design, and using their impairments as a source of inspiration must be a priority. Since human beings perceive their environment through their five senses, our studies are carefully examined through these five sensory filters, which, in the context of the hospital environment, are challenged by illness, old age, disability, work overload, stress, and an increase in anxiety-provoking emotions.

Approaching space through visual perception, which carries 70% of the information to the brain, means taking into account the multiple impairments, particularly those linked to senescence and dementia. It also means applying chromatological science, which is approached from different angles: the psychological aspect of colour as well as its physiological effects on the human being, from which stems the search for harmonies according to functions, but also the more technical aspect of managing the light reflections of colours, which generate contrast percentages (light reflectance values) and must be adapted to all pathologies. It is this careful use of colour that enables the accentuation of spaces, the stratification of functions, and the focusing of detail, legibility, and safety of movement and access.

Making the most of technical knowledge and the suitability of materials, the management of brilliance and reflections, the study of orientation and mobility, the thoughtful integration of nature and artistic interventions as "positive distractions" are all registers to be explored and incorporated. But approaching space through the filter of sight also entails addressing the management of light energy. Whether natural or artificial, it connects us to the environment by creating spatiotemporal reference points, and plays an active role in the circadian cycle. Each filter of the senses opens the doors to new approaches and requires new expertise.

assar architects deploys its expertise across the range of the senses through a coherent, comprehensive architectural concept that stimulates positive attitudes and compensates for impairments, supports individuality and independence, and preserves intimacy. A holistic contribution to the therapeutic virtues of well-being.

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BECAUSE WE CARE –

Tackling the looming healthcare blackout

by Katharina Janus
Professor of Healthcare Management
President and CEO of ENJOY STRATEGY, Paris

As the pandemic becomes endemic in its third fall on earth people have largely returned to "normal" habits, or rather "new" normal routines considering the permanent change of how we interact, work together, and **take care of each other**. So far, the dramatic wave of new infections and subsequent hospitalizations that came with colder weather, indoor activities, and a lack of safety measures such as masks, disinfection, and vaccination, has not materialized. However, while the general population's attention has moved on to other economic worries and political warfare, healthcare systems and their respective providers are continuing the fight – now to **retain and recruit personnel**. Critical care is – again - in the spotlight, but other specialties are raising alarming voices as well. The aftermath of the pandemic paired with the long overdue reforms of payment, working conditions, and changing roles and responsibilities have now resulted in a **conundrum of human resources management** that is faced by other industries as well – but with one major difference: the impact on life-or-death of members of our society. In Germany for example, material infrastructure and beds are available, but the **scarcity of personnel** in critical care has resulted in the situation that emergency departments in some cities are going off-duty and not accepting ambulances anymore. I heard similar stories pre-pandemic only in the US under the heading of "ER diversions" – mostly due to payment and profitability reasons. But in Germany? This is a new era, and we must **act quickly to avoid a healthcare blackout**.

This summer I was pleased to support ANAP France (National Agency Supporting Performance Improvement of French Healthcare and Medico-Social Facilities) in collaboration with the European Association of Hospital Managers (EAHM) and under the auspices of the French Presidency of the European Union with the organization, preparation, and thought leadership of the conference **"Critical care and the healthcare crisis: organizational lessons at the European level"**. As a healthcare manager and professor, I was intrigued to hear first-hand from critical care experts about their experiences and draw conclusions to tackle the situation as it represents itself. We discussed approaches to adapting critical care supply to demand in the European Union, reflecting on experiences from France, Germany, Ireland, and Italy. From the bird's eye perspective, we zoomed into the topic of rethinking the organization of critical care teams and heard about experiences from France, Germany, and Spain. Finally, we envisioned what a future collaboration in critical could look like and how to translate existing evidence for good collaboration into practice and establish ongoing efforts to accomplish a vision for tomorrow.

At the end of the day, we had to ask: what have we learned? We have a vision, but what does it mean? It is the ability to think about or plan the future with imagination or wisdom. We concluded that all (European) countries are dealing with the same issue, so a joint approach to a common framework would make sense. But what is preventing countries from accomplishing this vision? Maybe it is because countries are not making those decisions, but **people do**. Collaboration is an **innate human undertaking**. It is the action of working with someone

to produce something. Consequently, we must ask "What is preventing people from accomplishing the vision of collaboration and a unified framework?"

We learned from David Morgan of the OECD that **a joint definition is key** – if we have no joint definition, we cannot be sure to talk about the same issue at any given point in time. This is particularly important as far as **standards** and **quantifiable resources** are concerned. It is also essential to allow for **information to be shared** and **communication to happen** which serves as a basis for wise decision-making in medicine and policy. This then allows for an objective discussion of "what kind of" and "how many" resources are needed. We exchanged different opinions about how many resources we need and how to ensure valid and reliable data sources. I believe it is essential to "walk the corridor" and "talk to people". Michael Power of Beaumont Hospital Ireland mentioned that not the pure data capturing is important but also the **follow-up call to investigate how healthcare professionals are coping** with the situation as it presents itself.

The **"care reserve concept"** in France is an interesting approach which might also be developed further into a European pool of resources. Jean-Paul Mira of Cochin Hospital France mentioned that **the thought process had stopped**, and that it was a challenge to just "capture the correct numbers of nurses" nowadays. What would it take to engage in a possible further discussion to revitalize the thought process? We all know that **long-term thinking** is required to be prepared for the future.

However, even the best and unified standards that address resource availability do not provide us with answers **"how" to use a possible pool of resources**. As Marc Leone of Marseille University Hospital France mentioned "just comparing numbers is insufficient" – **cultural and structural differences must be considered, and processes improved. *We need healthcare managers.*** I'd like to highlight here from our own work the different cultural dimensions to be considered: **national, organizational, and professional cultures**[1]. We must develop a strategy to deal with and leverage cultural dimensions as they are key for collaboration. Many speakers talked about great collaboration in critical care teams in crisis mode, but in normal times healthcare professionals fall back into their **old habits** and **silo mentalities** that are defined by their respective specialties as Leticia Moral of Quironsalud Spain mentioned rightly. Julien Poettecher of the Hautepierre Hospital Strasbourg France pointed out that positive and long-lasting examples of **collaboration** are usually **driven by the human and personal experience**. Again, it is **the human factor that is key**.

Flexible staffing could increase efficiency and effectiveness – we learned that high capacities and sophisticated infrastructure do not necessarily translate into lower mortality as the comparison between Spain and Germany has shown. **Reskilling, retraining and the repurposing of hospital units** was pointed out by Olivier Joannes-Boyau of Bordeaux University Hospital France and Leticia Moral. We must **"work with what we have"** is Ralf Kuhlen's (Helios Health Germany) approach. Of course, this is not only related to human resources but also materials and drugs for which Pierre Albaladejo of the University Hospital Grenoble France suggested a **strategic sourcing on the European level**.

We heard about great national examples that have the chance to be transferred to other countries, regions or even to the European level. Gernot Marx of the University Hospital Aachen Germany elaborated on the **use and impact of telemedicine approaches** and Michael Power showed us how **collaborative capacity management** can work. Again, my question is how to **make it work and then scale it up as a joint undertaking**?

Speakers agreed that **communication is key** and must be improved. Myriam Combes of Elsan France raised issues on the lack of information exchange and consequently the adoption of **best practices and training**. Marc Leone pointed towards the **positive effects of social media** for information exchange among professionals during the pandemic

[1] *Janus, K. The Effect of Professional Culture on Intrinsic Motivation Among Physicians in an Academic Medical Center, in: Journal of Healthcare Management 59:4, July/August 2014, pp. 287-303*

which would have to be analyzed in more detail and possibly employed in a more targeted way. Quirino Piacevoli of San Filippo Neri Hospital Italy was rather pessimistic with respect to the current state of exchange and collaboration. Although the resource question seems to be the most pressing, we must not underestimate the **underlying cultural, societal, and economic values that impact successful change**. Together with this come **ethical questions** that are deeply ingrained in the histories of different healthcare systems.

What is needed today is a comprehensive assessment with respect to patient needs, resources, cultures, and a possible implementation that also includes lobbying and a clear definition of roles and responsibilities that can drive change. This discussion in critical care today is essential as it is just the prelude for what is hitting the healthcare system in general and could serve as a role model for change on a higher level. To accomplish our vision, we first must propose ways to collaborate and facilitate communication among different countries and cultures. We can then develop joint strategies and approaches to implementation.

BECAUSE WE CARE and we are concerned with the practical implications & implementation of the issues raised above we have launched the CARE-TANK initiative that aims at extending the generic idea of "care" to today's healthcare management practice. **Healthcare nowadays is increasingly about caring, and substantially less so about curing**. An ageing population paired with multiple chronic diseases has turned the classical **"one-shot" acute patient** for which today's hospitals were designed into a **"subscriber" who requires ongoing care** and will most likely not be cured entirely. This patient also requires **more communication, interaction, care management and many other non-billable activities** that most health systems are not designed for and only sluggish to adopt.

Interestingly, medicine's focus on "curing" is like management's approach to set objectives, implement, control, and measure the accomplishment in terms of "performance". In this way, **"healthcure" and management are the "perfect match"**. However, if we intend to manage "healthcare" resources, this fruitful liaison begins to fall apart and we must acknowledge that the mission to cure cannot always be accomplished – in fact, most of the time, the result of medical care cannot be measured easily, but it is an **ongoing process of caring that is carried out by people**.

We extracted from the above-mentioned conference and from another event that we were commissioned to organize for the Commonwealth Fund New York a couple of key learnings that underline the urgency of the current initiative:

- We do **not have enough people** to provide necessary health **CARE**; we will have even fewer healthcare professionals as they **exit the workforce**; and we have **no idea/plan/strategy** how to fill the widening supply-demand-gap. The belief that technology will mitigate the issue is a **fallacy**.
- We are **not providing an appealing perspective to the next generation** of healthcare professionals – many career beginners are even encouraged by their friends & families to rethink their interest and choices as **the profession does not seem attractive** enough.
- We believe that **pushing content and engaging more/better healthcare managers** to "manage the issue actively" can do the job because unifying regulations on the political level will be unlikely and time-consuming. And **a solution is needed rather quickly/now**. But how?

The essential existence of **people as care providers** has not been recognized sufficiently by management and medicine because it was – and still is – much easier to deal with redesigning organizations in which people work and adding technological solutions (which have their added value but do not solve the key issue above). It is also because budget planning and healthcare expenditures determine the thinking on both the macro and micro levels. **Money flows easily when reputation is high, transparency is low, but "something" can be measured.**

Approaches to medical error management, standard operating procedures – just to name a few – follow these "measurable" management principles that have

been introduced by Frederick Taylor more than a century ago. His "principles of scientific management" were, however, **designed to optimize factory work** that could be **defined, split in individual tasks, and easily monitored**. Certainly, there exist elements of medicine that are easy to define, and that can be standardized, optimized, and controlled. **Taylorism provided easy answers to manage factory work**. The "problem" (and the advantage) is that **medical work is carried out by people and that providing health care is – in many instances – not comparable to factory work**. Therefore, the **human side** of healthcare systems is essential as Douglas McGregor stated already in 1960.

Management and medicine seem to be **stuck in the age of modernistic approaches** which have been fueled by the medical revolution and the desire to simplify and standardize operations. However, a **postmodernist approach will be essential to address the human resources challenges** global healthcare systems are facing. Healthcare must develop strategies to recruit and manage people – or rather professionals - who provide care and who are experts in their field. Experimenting solely with managing peoples' performance in work processes is necessary, but insufficient. We must have the **courage to give up the mythos that everything can be quantified and controlled** as Matthew Stewart postulated in his book the "management myth" and **rediscover people's stories and intrinsic motivations**.

To improve **healthcare system performance** in a post-pandemic world we must address the **human element of healthcare** urgently and therefore **we have launched the Care-Tank initiative to evaluate the following essential factors and help organizations and systems to better address them**:

Objectives and lead questions of the current initiative:

- **Listen to healthcare professionals in-person** to understand **burn-out and exit** from the profession. **Why** are people leaving and **where** are they going? **Which** healthcare professionals are predominantly leaving?
- Better understand the **underlying needs** of professionals' motivations and how these could be **rediscovered and mobilized**. Why did professionals choose the profession in the first place? How can we address **emotions** in organizations such as **fear**?
- **Cultivate the professional culture** by clearly defining roles, norms, and values. How can we **reinvent the image/branding** to make the healthcare profession **attractive for the next generation**?

Approach:

- We employ our **proven investigative mixed methodology** that relies on personal interviews and multi-staged evaluation (quantitative and qualitative).
- Depending on the level of stakeholder involvement our depth and scope of investigation varies.

If you care, how can you and your organization get involved in the current initiative?

- We have already gained the support of stakeholders in **several medical and medico-social specialties**.
- Beyond healthcare a diverse range of supporters from other industries are facing the same issues and are in the process of **joining the consortium** we are putting together.
- Every Care-Tank supporter has **individual interests** and questions that we will address as part of the interviews in specific organizations.
- All Care-Tank supporters **commit to an aggregation of results on the macro level** to allow for conclusions and comparisons on an international and cross-specialty level.
- We will **communicate results to make the public aware** of the situation and **develop a concrete strategy and recommendations** to tackle the looming healthcare blackout.

The pandemic has been and still is a terrible human drama but at the same time an opportunity for management because necessary change became more easily possible. In the same way as it applies to medicine, management also must address **the human(istic) approach that carries us into the future:**

show leadership; **make the workforce feel safe, appreciated, recognized,** and part of the community; and empower people. **Inclusion** and **diversity** will be key in this strategy as well as **communication** – using simple messages and every form of media. We must make **staff well-being** a priority to obtain buy-in and a lasting effect… **IF WE CARE**!

If you or your organization would like to be part of this global initiative, please email me at janus@enjoystrategy.com.

Prof. Dr. Katharina Janus
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Biographical Summary

Prof. Dr. Katharina Janus is the president and CEO of ENJOY STRATEGY (formerly the Center for Healthcare Management) a global healthcare market expertise firm that provides privileged insights, access, and implementation advice, consistently engaging key opinion leaders. Services range from due diligence, creating collaborations, to post-merger integration, repositioning, and value shaping. Over the last twenty years she has held multiple positions as an entrepreneurial executive, tenured full professor in Germany and several professorial appointments at Columbia University, New York. She has authored more than 150 publications and convened global executives and leading thinkers in her forums. As a German-born global citizen she has chosen France as her home and base camp for her world-wide undertakings.

Having worked in many Western European countries, the US and China, Prof. Janus is well-known for her global market expertise, strategic analyses, and cultural sensitivity. As a tri-lingual keynote speaker and moderator she frequently contributes her global domain expertise and in-depth knowledge of healthcare markets and trends. She has helped a range of market players from large multinationals to mid-sized not-for-profits, foundations, senior executives, governments and private equity companies with strategic endeavors. Prof. Janus has taken on roles as advisory and supervisory board member at for-profit (for example Allianz, EFESO), not-for-profit (such as the French Hospital Federation) and public organizations (Steering Committee of the Swiss National Fund).

Dr. Janus earned her Master's Degree in Business Administration at the Universities of Hamburg and Université Panthéon-Sorbonne Paris and holds a PhD in Business and Social Sciences from Helmut-Schmidt-University in Hamburg as well as the German qualification as a full professor. She was a post-doc visiting scholar and visiting professor at UC Berkeley and is certified in behavioral change and motivational interviewing techniques. Dr. Janus is the recipient of awards by the Commonwealth Fund, the Rockefeller Foundation, the Brocher Foundation and the European Union. ■

Optimizing patient care through the power of technology

The healthcare industry in Europe is advancing rapidly, and technology is playing a major role in its transformation. While it's fair to say that even pre-COVID 19, technological advances were already driving medical innovation at a fast rate, recent developments such as the proliferation of medical-related IoT devices, breakthroughs in artificial intelligence, as well as the global pandemic, have all accelerated the speed of medical advances. So, as healthcare organizations across Europe look for the most effective ways to improve patient care delivery for an ageing population, it is digitization - or digital transformation – that they are turning to, to drive this evolution.

Digital transformation has many benefits to offer healthcare environments, but ultimately, it is in the improvement of patient care, medical innovation, and operational efficiency that the power of digital can really make a difference. And the numbers back up this trend, with forecasts indicating that [1] the European healthcare IT market is set to reach €247 billion by 2030, and predictions that [2] the compound annual growth rate of data for healthcare will reach 36% by 2025.

Of course, deploying digital technology to deliver quality patient care comes with its challenges. Take **data availability** for example. Today's powerful edge computing technology gives medical professionals instant access to patient data around the clock, which is essential for them to carry out their duties. However, any loss of data availability could lead to potential disruption in patient care, and any loss of access to health records could limit a provider's ability to administer the appropriate testing, treatment, and accurate diagnosis.

Then there's the matter of **cybersecurity** and **data protection**. Medical staff require instant access to patient records. However, these patient records must be kept secure and confidential at all times - because any breaches in data could cause irreparable damage to the integrity of an organization, jeopardize the wellbeing of patients, and even result in fatal consequences. Not surprisingly then, European cybersecurity in healthcare is a rapidly developing market, [3] currently growing at 17% a year and already worth more than €130 billion.

Next is **patient satisfaction**, which is a key indicator for how a healthcare organization is performing. Today, digitization has a key role to play in the overall patient experience. Understanding the dynamics of patients is crucial, and the use of technology for measuring patients' needs and care quality is essential for delivering optimal patient care. Without patient-related information, the patient recovery process could be delayed or compromised.

Joris Verdickt, Edge & Segment VP Europe, Secure Power Division, Schneider Electric

My choice of sport probably tells you everything you need to know about me; I'm a marathon runner. Whether it's my work or my personal life, I'm in it for the long run.

With distance running there can be great moments as well as difficult hours. Of course, you need to be physically fit (very few people in the world can just turn up and run 42 kilometers), but you also need good mental attitude. You must be ready to face difficulties and have the resilience to win through. Always with your eyes on the finishing line.

At Schneider Electric, my job title is Edge & Segment VP for the Secure Power Division. I manage an organization with focus on key segments across Europe. My team works closely with customers to drive digital transformation projects by mainly looking into managing the Ecosystem of the IT infrastructure & running standardization initiatives. Those make the IT infrastructure more reliable, predictive & manageable. Increasing the customer experience is a key objective.

Prior to my current role, I was responsible for the secure power division in Belgium, Luxembourg and Israel.

Today, I work with customers throughout Europe in Retail, Automotive, Life Sciences and Healthcare, helping them solve their data centre and edge data centre challenges. I strongly believe in collaboration, forming ecosystems with manufacturers, service providers and systems integrators to deliver value-added solutions which meet customers' business requirements. This role which brings my runners' mindset together with much of the experience I have gained in a career spanning everything from Applications Engineering to managing channel relationships.

And finally, there is the issue of **power & critical system availability**. The availability of power and critical systems in healthcare can never be compromised - for obvious reasons. And as Europe finds itself in the middle of an energy shortage crisis, critical IT environments within healthcare organizations must remain energy efficient and free from any disruption when threatened with power fluctuations or power outages.

So, as we can see, hospitals and healthcare organizations across Europe face very real challenges, yet it's through the adoption of digital technology that these organizations can really drive efficiency, improve patient care and satisfaction, and keep operational costs down.

At Schneider Electric, we specialize in innovative and efficient IT solutions that help healthcare facilities to address these key challenges. To be more specific, we give IT professionals in healthcare the tools they need, to ensure connectivity, security, visibility, and management of their mission-critical IT infrastructure, and all done in a sustainable way.

Let's start with power protection and resilience. An Uninterruptible Power Supply (UPS) is an electrical device that provides backup power stored in batteries to a critical load when the primary power source fails, providing near-instantaneous protection from power fluctuations or outages. Our new APC Smart-UPS Ultra 5kW is a high-performance UPS that features ultra-high-power density and delivers on-line power protection through long-life lithium-ion batteries and scalable run time options. As such, it helps to protect critical IT appliance power within healthcare environments, around the clock, from the threat of power disruption, ensuring continuity within the network infrastructure and uninterrupted delivery of patient care.

Next, there is the issue of data protection. Schneider Electric helps to protect patient data through our range of secure edge computing solutions - which includes our EcoStruxure™ Micro Data Center - a complete IT infrastructure that incorporates power, cooling, UPS, security, and monitoring within a single enclosure. And because it's so space-efficient, there's no need for a dedicated IT room. Based on standardized, repeatable, and pre-integrated IT systems, our micro data centers are quick-to-deploy, giving healthcare environments IT efficiency, resiliency, and security, in one stand-alone, secure enclosure that can be distributed across multiple sites.

Continuing with the theme of multiple sites, at Schneider Electric we offer powerful remote monitoring and management solutions that help IT managers to optimize their healthcare IT infrastructure across multiple sites. Our EcoStruxure™ IT solution is a comprehensive suite of tools that monitor, measure, manage and control data center utilization and energy consumption within the physical IT infrastructure. EcoStruxure IT gives IT managers the visibility, scalability, and tools they need to operate a highly resilient, secure, and sustainable IT environment - anytime, anywhere.

In conclusion, as European healthcare organizations strive to find the most effective ways to balance patient care delivery and operational efficiency in a cost-effective way, it's through digital connectivity and a resilient IT infrastructure that these organizations can thrive. At Schneider Electric, we specialize in resilient and efficient IT solutions for healthcare, giving IT professionals connectivity, security, visibility, and management of their IT infrastructure, and all done in the most sustainable way.

Find out more about Schneider Electric's range of healthcare solutions by visiting our website.

[1] https://www.gminsights.com/industry-analysis/healthcare-it-market
[2] https://www.rbccm.com/en/gib/healthcare/episode/the_healthcare_data_explosion
[3] https://www.consilium.europa.eu/en/policies/cybersecurity/

EAHM

Innovation Awards 2023

The European Association of Hospital Managers (EAHM) is pleased to announce the 3rd edition of the EAHM Innovation Awards.

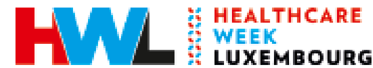
As in previous editions, the 2023 edition aims to reward innovative projects in hospital management. Implemented projects will be targeted.

A call for applications will be launched in May 2023 and the criteria for participation will be available on the EAHM website (criteria, selection process and author instructions for abstract submissions).

The winners will be announced and celebrated at the Healthcare Week Luxembourg in September 2023.

EUROPEAN ASSOCIATION
OF HOSPITAL MANAGERS

HEALTHCARE WEEK



Luxembourg 2023

A cross-border lab to exchange and strengthen healthcare through technology, innovation, research and governance.
20-22 September 2023 at Luxexpo The Box

by Marc Hastert
Coordinator of the HWL 2023

A major event for the healthcare world is coming to Luxembourg.

The first edition of Healthcare Week Luxembourg will take place in Luxembourg from 20 to 22 September 2023.

With its central position in the heart of Europe and the "Greater Region" – which alone has more than 11.7 million inhabitants – Luxembourg is a testament to a constantly evolving healthcare sector. Always in search of new opportunities and solutions to best meet the needs of patients, the country and the region must face growing and unpredictable challenges while taking up the cultural, social, economic and political challenges generated by cross-border cooperation.

We must constantly rethink the activities in the health sector in order to take into account significant advances in medical science and technology, changing expectations of citizens/patients and increasing budgetary constraints. The paradigm shifts that these profound changes cause, in an environment that is highly complex to navigate and predict, with an increasing number of varied and specialised stakeholders, can only be addressed through regular and structured exchanges between them. The focus should be on continuous and effective improvement of the health system in the ultimate interest of the citizen in general and the patient in particular.

Various multidisciplinary events allowing these regular and structured exchanges exist in France (SANTEXPO), in Germany (MEDICA), but nothing similar exists in the SAAR-LOR-LUX-WALLONIE regions.Thus, the "Fédération des Hôpitaux Luxembourgeois" (the FHL has as one of its main missions to promote fundamental reflections and initiatives in the field of health), in collaboration with the Luxembourg Convention Bureau (LCB), have launched, together with the event organisation company "Quinze Mai", the project to set up in Luxembourg a large-scale exchange platform for all the players in the health sector.

These are the reasons to open up the dialogue and to offer a platform for exchange and debate to all the actors of the health systems of the country and of the "Greater Region".

The fair will cover current and future topics such as: medical advances; digitalisation and technological developments in the sector; research and innovation; attracting, developing and motivating human capital; organisational and cultural innovation; quality management; communication; ethics; sharing and protecting health data; and the future of health system financing. These topics will be addressed through conferences, seminars, panels, exhibitions, workshops, and Agoras. The event which will be open to visitors free of charge.

Particular emphasis will be placed on the following topics, which will be developed in numerous lectures:

- The challenges of health systems
- Future quality systems and the role of the patient
- Innovation and new technologies
- The role of research and teaching
- Value based healthcare

By tackling these various topical subjects and allowing everyone to explore them in greater depth through contact with experts, Healthcare Week Luxembourg aims to be the culmination of a vast process of reflection with the objective of further improving a health sector that aims to be efficient, sustainable and in line with the needs of both patients and the professions that run it. This event will enable cooperation between stakeholders in the Greater Region to be developed in a European context, while being recognised as a major vector of exchange by international stakeholders.

The European Association of Hospital Managers (EAHM) will be involved in the programme of this major event, notably with the third edition of the "EAHM Innovation Awards" which will reward the best innovative projects in the field of hospital management in Europe and neighbouring countries. ■

Dedalus's European network, supporting clinical trials in healthcare institutions with Trial4Care

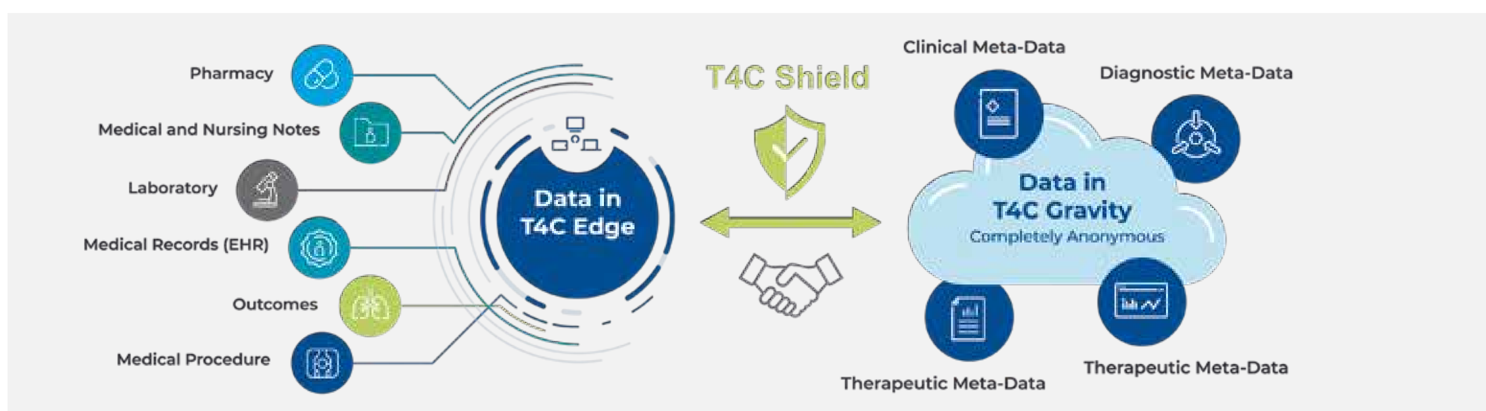
Alexandra KIPPER,
Business Development Manager
for Dedalus France | Life sciences

All patients are entitled to innovative healthcare treatments. However, according to official studies, 50% of clinical trials fail to find enough participants, and 10% of clinical trials fail to recruit any at all. It is clearly essential to provide healthcare institutions with innovative means of responding to these difficulties. With over 330 electronic medical records used by healthcare institutions worldwide, Dedalus can rely on significant amounts of healthcare data and as such, is well placed to support healthcare institutions with clinical trials. Dedalus is thus launching the Trial4Care (T4C) platform.
Giving value to healthcare data, contributing to clinical research and accelerating clinical trials to provide patients with increasingly effective treatments: such are the main challenges facing healthcare institutions. Some 35,000 clinical trials are conducted worldwide each year, of which 5,000 to 10,000 are conducted within the pharmaceutical industry. However, 70% of all clinical trials take place in only 5% of large hospitals, with some departments sometimes organising up to 100 trials per year. 90% of hospitals are merely left out. In addition, 18% of clinical trials fail to find enough patients. Involving new hospitals with little visibility and identifying new patients to participate in clinical studies would be extremely useful, so as to provide pharmaceutical laboratories with a pool of resources and ultimately increase trial success rates.

Trial4Care, a solution to give value to healthcare institutions' data

In this context, Dedalus leverages its leadership in the healthcare software industry in Europe and its thus extensive network of healthcare institutions to deploy the Trial4Care platform. Trial4Care natively interfaces with Dedalus EMRs but can be interfaced with any third-party system. Our solution facilitates the management of clinical trials by promoting a healthcare institution's data. The healthcare institution's data is homogenised and segmented so as to become available for use. Some of this data can then be shared anonymously on an HDS-certified secure European platform. Exchanges and communication with pharmaceutical companies and CROs are facilitated.
A third of the time spent on a clinical trial is, in fact, spent on recruiting participants. It is thus essential to find the "right" patients for these trials and to build cohorts, by safely extracting the data generated in a range of source systems including EMRs, PACS, PAS and LMS, in compliance with all applicable regulations.
T4C can be used internally as a health data warehouse within a healthcare institution. The institution can also rely on T4C to work with research organisations within Dedalus's European network. This European platform facilitates networking and interactions between healthcare institutions, and to this day, already contains 3 million pieces of data.
Sharing healthcare data is essential to respond to the challenges facing the healthcare system. It is therefore necessary to enhance the value of this data and to give more visibility to healthcare institutions for organising clinical trials. In addition, it is crucial to assess the feasibility of studies and to support research teams in reducing trial costs and optimising time-consuming cohort management tasks. Lastly, improving protocol design and increasing the efficiency of clinical trials to improve trial inclusion, will ultimately help provide patients with new, innovative treatments and therapies.

Life flows through our software.



www.dedalus.com
Dedalus

Ready for a “smartDSP”?
The intelligent use of health data for personalised and predictive medicine

AGENCE eSanté LUXEMBOURG | Agence nationale des informations partagées dans le domaine de la santé

The main objective of implementing an Electronic Health Record (EHR) is to improve the sharing and management of patients’ health-related information. However, being a rich set of information about patients and their health experiences, EHRs are increasingly used for secondary purposes. The application of big data technologies to information collected in routine medical care, aims to discover patterns and associations to identify and guide through expected as well as unexpected occurrences in healthcare practice.

After a successful pilot phase, Agence eSanté - Luxembourg’s national eHealth competence - carried out, in 2020, the general roll-out of its EHR, the DSP (in French *Dossier de Soins Partagé*), to all residents and cross-border workers affiliated to the national social security system. Agence eSanté has since observed a high adoption rate of the DSP with a very low voluntary closing incidence (0.19%). To date, Luxembourg counts 1 017 059 DSPs containing around 8 million documents, with around 70% of DSPs containing at least one document.

Thanks to a substantial network encompassing the various national healthcare structures, the ensuing data, such as laboratory test results as well as documents related to medical imaging, are automatically transferred into the DSP. This makes it easy for a patient to access his complete history of biological tests as well as imaging results. Although the aforementioned type of documents represent the majority of documents in the DSP, it contains several other documents, such as the patient summary, that are crucial for diseases requiring multidisciplinary treatment.

Since 2020, the number of documents in the DSPs is increasing significantly. This requires the development of a strategy that includes the implementation of innovative infrastructures to use health data. Big Data are difficult to process with conventional databases, and their exploitation and visualisation require appropriate tools and technologies. For this reason, Agence eSanté has decided to disrupt the idea of the DSP as being “solely” a secure space for health data and taken the challenge to transform it into a “SmartDSP” by adding a Data Lake bringing intelligence to it in a GDPR compliant way.

Number of documents per type

Type	Number
Laboratory test results:	5 921 024
Medical imaging report:	930 977
Medical imaging:	624 246
Patient summary:	108 109
Summary of services:	69 922
Medical certificates:	15 343
Diagnostic act report:	15 047
Holder’s expression:	10 217
Electronic vaccination record:	4 898
Other:	6 141

What is a Data Lake?

In general, the digital health universe is growing exponentially each year. The health field faces a known challenge: there is a lot of data, but not enough time and resources to organise it. Data Lakes are storage repositories responding to these requirements. Moreover, Data Lakes are not only central locations for large volumes of data, they also allow cross-referencing of data coming from different sources. Data Lakes’ ability is to store raw, unstructured data, which data scientists can quickly access and use to train and build models. Indeed, Data Lakes facilitate the spot hidden behaviour from all available data sources.

Why a Data Lake for the “smartDSP”?

In 2021, Agence eSanté introduced, with the collaboration of the data intelligence team of the “Groupe Post Luxembourg”, a Data Lake as an additional urbanised component of the eSanté platform. The implementation of a Data Lake sets itself the objective of an intelligent use of health data in line with the primary scope of the DSP, to support standard medical routine as well as complex chronic diseases management.

The constitution of a Data Lake, respecting the confidentiality of patient’s data based on BigData technologies would make it possible to carry out “machine learning” type analyses. The contribution and use of AI-type technologies could position Luxembourg as a major player in personalised and predictive medicine. As such, the aim is to apply machine-learning algorithms to determine rules and patterns, which are additionally validated by the health care experts. The application of big data analytics to the DSP aims at extracting and training rules and patterns relevant to the DSP’s medical routine data.

After this first population behavioural study, Agence eSanté aims at injecting this intelligence in the DSP, thus transforming it into the “smart DSP”. The “smart DSP” aims at supporting data-driven diagnosis and follow up of complex/chronic diseases. Thanks to the help of the international scientific community, a special attention will be on reducing detection time and improving the treatment of complex and/or rare diseases.

Austria, Belgium, France, Greece, Luxembourg, Portugal:

The CoViD-19 Challenge and Developing more Resilient Health Systems

by Georgia Oikonomopoulou, Ph.D.(c), MSc
President of the Hellenic Health Services Management Association (HHSMA)
Board member of the European Association of Hospital Managers (EAHM)

The long-term social and economic consequences of CoViD-19 are uncertain. But, how do we count the cost of a pandemic, including millions of deaths, reduced life expectancy, and long-lasting health impacts? The pandemic, undoubtedly, has put health systems under extreme stress. We have had to adapt to changing circumstances while continuing to provide high-quality health care. Countries across all socioeconomic and development categories have struggled to implement effective national responses. Despite all the challenges, the CoViD-19 emergency has provided opportunities in developing more resilient health systems.

The Hellenic Health Services Management Association, holding open an invitation to healthcare decision-makers and CEOs of the European Association of Hospital Managers (EAHM), shared content that responds to the pressing matters of 5 countries' capacities to prevent, detect, respond, and ensure proactive, coordinated action to both existing and emerging public health threats. We would like to express our sincere gratitude to our colleagues Nikolaus KOLLER (President of the Association of Austrian Hospital Managers), Prof. Pascal VERDONCK (Board member of the Belgian and European Association of Hospital Managers), Philippe BLUA (former President of the European Association of Hospital Managers), Marc HASTERT (Secretary General of the European Association of Hospital Managers, Luxembourg), and Xavier BARRETO (President of the Portuguese Association of Hospital Managers), who generously shared their time, experiences, and insights with us. Response strategies and a comparison of the different national prevention, control, and response strategies can pinpoint lessons that could help strengthen countries' preparedness and reaction to future health challenges. Therefore, we explore the similarities and differences between the countries Austria, Belgium, France, Luxembourg, and Portugal, adding the Greek experience, regarding the response to CoViD-19 and strategies to reset health systems.

COVID-19: A MASSIVE DISRUPTER OF HEALTH SYSTEMS OF EVERY SIZE, SHAPE, AND LOCATION

Nowadays, the world's choice to move on from the pandemic is reflected in the increasingly sparse data on case, test, and death counts. Johns Hopkins University announced it was shutting down its global CoViD-19 tracker due to the lack of data. Many claim that the CoViD-19 pandemic is reaching an endemic stage (Murray, 2022). Yet World Health Or-

ganisation (WHO) is not ready to declare an end to the pandemic, and some experts worry that the virus could mount a counter-attack. Undoubtedly, the arrival of CoViD-19 disrupted healthcare in various ways and caused an unprecedented shock to European healthcare systems. The pandemic has shown how vulnerabilities in health systems can have profound implications on health, economic progress, trust in governments, and social cohesion.

Several weaknesses revealed and exacerbated existing structural problems. Greece and Portugal entered the CoViD-19 pandemic with relatively tight health budgets and lower than average human and physical resources compared to other EU countries, which meant that they had to be even more adaptative, creative, responsive, and agile when mobilizing resources and boosting capacity to cope with. Qualified health personnel in sufficient quantity during the pandemic was and still is a major world challenge. In Luxembourg, where 56% of the workers in the hospitals are cross-border commuters (from Belgium, Germany, and France), a negotiation with neighbors for the continuity of free movement was an essential requirement. Given that the restrictive measures in these countries varied, it is worth saying that their negotiations were successful.

Having to deal with a pandemic emergency, countries rapidly converted Intensive Care Unit (ICU) beds from other wards into CoViD-19 ICU beds or increased the number. Austria has a strong inpatient sector and more than 2.000 ICU beds (excl. beds for critical infant treatment), of which around 1.000 were available for CoViD-19 treatment. In Belgium, barriers to change were demolished at lightning speed, and the hospitals were agile to work with separate patient flows and reorganize themselves. In France, a plan supported by all governments in the last 20 years (for a variety of purposes) led to the scarcity of hospital beds (bed capacity has fallen by 50% since 1981). As a matter of fact, the French hospitals reduced their beds due to the effectiveness of modern therapies (which in turn reduce hospitalisation), understaffing (small-town hospitals), or reasons for insufficient funds to purchase modern medical equipment (small hospitals). The CoViD-19 pandemic put an end to hospital bed reductions, and President Macron on April 2021 proposed to increase the number of ICU beds. Meanwhile, Luxembourg hospitals welcomed in their ICUs several CoViD-19 patients from the French border region "Grand Est". Greece built flexible ICU wards and utilized ICU beds provided by military hospitals.

Even if some countries had national reserves of Personal Protective Equipment (PPE), none of the reserves were enough to cope with the scale up required during the initial months of the pandemic. Governments from all the countries in this group faced unprecedented difficulties in finding and purchasing PPE and test kits, both in national and international markets due to the global shortage of PPE, along with other required medical supplies such as test kits and pharmaceuticals between January and March 2020. So, they started producing PPE domestically or organized big shipments of medical supplies needed for the pandemic. Greece also attracted monetary and in-kind donations of medical consumables such as PPE, ICU beds, monitors, and ventilators from companies, and individuals.

In Austria, Greece (Lytras & Tsiodras, 2022), and Portugal, the rural and urban areas were impacted differently by the pandemic (on CoViD-19 cases and deaths, hospital bed occupancy, intensive care units, and vaccination), and there were differences in the resilience of their health systems.

COVID-19 CONFINEMENT MEASURES

The pandemic also disrupted the provision of primary care, disease prevention, care continuity for people with chronic conditions, and elective (non-urgent) surgery, especially during times when confinement measures were in place (WHO, 2022). Controlling the CoViD-19 pandemic proved to be particularly difficult in the initial stages before vaccines were available. In all countries, the establishment of curfews, lockdowns, and various forms of state measures was perceived as an attack on the citizens' fundamental rights. Even if it is widely accepted that personal freedoms often end where the responsibility of keeping others safe begins, the measures had far-reaching impacts on how we live, work, and connect with one another as well as on the economic, human, social, and environmental systems that support well-being over time. Thus, it is

not surprising that massive, tragic economic, emotional, mental, physical, and psychological suffering was caused.

HEALTH SYSTEMS RESPONSIVENESS

Given the problems which the pandemic has caused in the traditional ways of providing healthcare, the employment of technological advances, e.g. telehealth applications, has become a necessity. Although many telemedical services are available in Austria, the need for additional regulation has been articulated for some areas of application. As part of the Austrian "LKF model" (Diagnosis-Related Group/ DRG) financing in the inpatient and outpatient hospital sector, it was agreed to map the telemedical consultations as well. In a survey of 1.000 Austrians, older age groups were more likely to be satisfied with their telephone or video consultation than younger patients. Overall, nine in ten respondents were satisfied or very satisfied with their teleconsultations (Kletečka-Pulker et al., 2021).

Patients in Belgium consider remote care visits particularly useful for administrative matters, in particular drug prescribing and monitoring of chronic diseases. Around 70% of Belgian respondents indicate that an in-person consultation is a most appropriate and desirable way to see their healthcare provider and 62% agree that teleconsultation should be the exception rather than the rule (Avalosse et al., 2020). That is why video calling was used mostly by people with higher income, highly educated, and with chronic conditions. According to Prof. Verdonck, in the future attention should be paid mainly to chronic conditions and aftercare, in order to create patients familiar with telemedicine. Reimbursement rates for remote CoViD-19-related consultations in Belgium have been adjusted and for remote consultations in France. Belgium reports that it has plans to make or update guidelines or legislation on healthcare quality that specifically refer to telemedicine. In France, the French National Health Authority and the National Consultative Ethics Council already work on the quality of telemedicine services.

Some patient groups face significant barriers, not only in CoViD-19 era, to accessing health care, be it because of cost or physical access. Greece provides telemedical services to prison populations, reducing the need for potentially costly and risky transfers. Also, due to their geography, many Greek islands face several challenges, and telehealth was promoted to address the issues of lack of healthcare professionals and infrastructure. The National Telemedicine Network (EDiT) has installed telemedicine systems in 43 healthcare units, providing teleconsulting, tele-education, and telepsychiatry, and plans the expansion of this project to all remote areas of the country. More legislation is required to promote the further implementation of telemedicine services in Greece. In Luxembourg the eConsult teleconsultation platform allows patients to have an online consultation with their doctor, dentist, or midwife. This consultation can take place via audio or video.

All countries used digital tools to collect and share information about CoViD-19, either through existing tools or those developed specifically for CoViD-19. Austria enabled e-prescription, and Greece expanded e-prescription use, allowing remote certification of sickness absence from work, or increasing the scope of use of digital health in social care. In Austria, more active tools, such as tracking mobile phone movements have been used to monitor the effectiveness of social distancing measures, identify people at risk, or enable reporting of symptoms. Since 30 March 2020, the remote monitoring tool for CoViD-19 patients, MAELA, has been operational throughout Luxembourg (eSanté, 2020). Portugal started early with telehealth in specialist care, but it was not since the CoViD-19 pandemic telehealth got used in primary care too. In 2021, according to Eurofound, 34,6% of Austrian people reported using medical teleconsultation services, 32,2% of Belgians, 23,2% of French, 38,3% of Greeks, 43,5% of Luxembourgers, and 44% of Portuguese people.

During the height of the pandemic coordination was developed between Austrian hospitals to integrate healthcare facilities (hospitals, accident hospitals, sanatoriums, rehabilitation facilities, or other suitable structures) into CoViD-19 care on time, ensuring simultaneously that non-CoViD patients could be admitted without disruption and treated accordingly. Belgium experienced highs and lows as it grappled with CoViD-19, but hospitals have been able to adjust quickly according to the demand, and to reorganise, solving shortage barriers. The Belgian

Institute for Health (Sciensano) coordinates the Risk Assessment Group (RAG) for the federal government. The RAG analyses any health threat and proposes prevention and control measures to the Risk Management Group (RMG). The National Focal Point (NFP), which includes the Federal Service for Public Health amongst other partners, had to ensure the implementation of measures.

France, in order to combat CoViD-19 focused on 7 essential policies: improving supply chain efficiency, increasing healthcare actors' cooperation, responding favorably to health staff demands, developing the national reserve of health personnel, community empowerment on healthcare, putting an end to hospital bed reductions, and assistance in reinforcing the EU's health policy. Prior to the pandemic, public hospitals were faced with social unrest (for non-medical staff the reason was the low wages and for doctors the low power). During the pandemic, the French government increased payrolls by almost 10% and answered the doctors' demand with a "symbolic power concession".

Greece reacted early and decisively prioritised science over politics. Greece's emergency response to the CoViD-19 pandemic has been led by the Prime Minister, and supported by the National General Secretariat of Civil Protection. When the first confirmed CoViD-19 patient appeared, a waterfall of measures took place. These measures, coupled with the fear of contagion, initially led to a substantial decline in the number of referrals or requests for healthcare. The health system response was spearheaded by the Ministry of Health and the National Public Health Organisation, along with the National Committee for Public Health. Technical support and epidemiological surveillance information are supplied by the Public Health Emergency Committee for Infectious Diseases. Operational coordination is continuously provided by the Directorate of Operational Preparedness for Public Health Emergencies. Following the examples of other countries, Greece also successfully managed to respond to strict demand times and implement many digital services such as Gov.gr (a central platform for public administration information and services), emvolio.gov.gr (the online platform for CoViD-19 vaccinations), the digital platform myDeskLive.gov.gr (for remotely serving citizens and businesses by conducting digital appointments), the MyHealth app (which houses all healthcare-related digital services). To meet the demands presented by the pandemic crisis, Greece upscaled laboratory and intensive care unit bed capacities, along with the health workforce and disease surveillance. After a slow start, the vaccination rollout accelerated.

In Luxembourg, the interministerial management of the crisis, led by the highest level of government, was particularly agile. Crisis communication has also been very effective overall in Luxembourg, with special efforts made in other languages frequently spoken by cross-border or immigrant communities. Still, the hospitalisation data available in information systems that existed before March 2020 were not sufficient to track the day-to-day evolution of the pandemic. Based on this observation, very quickly a system for daily and reliable monitoring of the spread of the virus, and the pressure put on hospitals and other healthcare facilities was set up (OECD, 2022). Portugal was among the EU countries hardest hit by the CoViD-19 pandemic. A broad testing strategy was supported by sufficient laboratory capacity, but containment of community transmission proved challenging (OECD & EOHSP, 2021). The Ministry of Health is leading the national health system response to the pandemic. The regional health administrations coordinate measures at the regional level (communication with hospitals, and primary health care units). The Directorate-General of Health draws up and coordinates the public health measures (according to the contingency plan, developed to respond to the crisis), epidemiological surveillance, and contact tracing. A free NHS phone line (SNS24 Line) was activated to screen and refer suspected cases, a Medical Helpline was activated, and a digital platform was developed to record information and for the integration of all responsible health teams. The National Institute of Health organises laboratory activity and produces evidence for further action. There were NHS hospitals fully dedicated to CoViD-19 care, while the private hospitals supported by treating a limited number of CoViD-19 patients. Community pharmacies contributed to the pandemic response. As cases soared to their peak, the lack of a digital system to inform about the ICU bed demand was overcome with informal communication networks, which were developed by the hospital managers.

PUTTING HEALTH AT THE CENTRE OF THE POST-COVID ERA

Returning to the claim posed at the beginning of this article, it is now possible to state that we can develop more resilient Health Systems. The pandemic has shed light on healthcare systems' strengths and uncovered structural and chronic vulnerabilities. What has pandemic taught us is that more investment in public health is needed and nowadays, more than ever, it is widely accepted that "investment in health is not a cost" (Ghebreyesus T. A., 21.01.2020, Davos). Therefore, closer collaboration between Finance and Health Ministries is needed, including the development of multi-year commitments, to enhance both efficiency and resilience while reducing waste in health systems.

Health systems must prepare not only for the next health crisis but for some long-term pandemic-related challenges that remain to be dealt with soon (long CoViD-19 syndrome, mass vaccination systems for all, epidemic surveillance, and control). Failing to get more vaccines to people in all countries more quickly is the principal reason why the virus is still winning. To end this pandemic, the virus needs to be stamped out simultaneously across the world, for no one is safe until everyone is safe!

We must plan ahead and reap the benefits of digitalisation. The only positive to emerge from CoViD-19 is the accelerated adoption of digital healthcare delivery. It will be essential not to lose that momentum. To better prepare for future threats the focus should be put on research collaboration, better funding, and keeping health high on political agendas. In Europe, through the formation of the Health Emergency and Response Authority (HERA, on 16.09.2021, as a new European Commission Directorate-General), the Commission has taken important steps in all areas of health preparedness, including detection, prevention, research, international cooperation, response, investment, and fight against disinformation. Furthermore, a consensus was found in the responses of the individual examined countries also on the states-EU members' collaboration. The unanimity reaffirms that this collaboration should be long-term and not only focused on the last outbreak. Together we can shape a better future for us all! ■

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BUSINESS EVENTS
LUXEMBOURG

THINK LUXEMBOURG FOR YOUR NEXT CONGRESS

Over the past few years, Luxembourg has been steadily transforming itself into a veritable land of science, buzzing with research organisations and technology incubators, many of them focused on the medical, healthcare, and healthtech sectors. The country is now an ideal backdrop for a professional gathering within these sectors, one where top researchers, experts, and innovators are just a handshake away.

THE GRAND DUCHY OF LUXEMBOURG IS WHERE THE MEDICAL, HEALTHCARE, AND HEALTHTECH SECTORS ARE TAKING OFF.

One strong driver of medical research in the country is the Luxembourg Institute of Health, an organisation that greatly advances biomedical sciences. It fosters research collaborations with healthcare providers, hospitals, and other public and private biomedical organisations. The LIH performs patient-centric translational research with a focus on cancer and immune-related disorders.

Not far away, the Luxembourg Centre for Systems Biomedicine, a part of the University of Luxembourg, is accelerating biomedical research. They do this by closing the link between systems biology and medical research and matching up biologists, medical doctors, computer scientists, physicists, engineers, and mathematicians. Neurodegenerative diseases like Parkinson's and evaluating diseases as networks are at the centre of LCSB's research.

As for healthtech, Luxembourg boasts of a vibrant and rapidly growing sector, with around half the companies in the area created in the past 10 years alone. Areas of particular strength include digital health, diagnostics, health data analytics, and health wearables. Digitalisation is a thread that runs throughout the sector, with smart healthcare products and services helping to create ever more personalised medicine.

The country has also found other ways to support medical, healthcare, and healthtech-related companies. One example is the House of Biohealth, a hosting facility of more than 17,000 square metres that provides office and lab space for companies of all sizes in the fields of digital and lab-based health products.

The country has a lively startup culture, as demonstrated by LiveMetric, which makes wearable blood pressure monitoring that is boosted by AI; SOVI, the company behind an augmentative and alternative communication tool for people with special needs; and ExoAtlet, which develops wearable exoskeletons for children and adults.

The government also announced that the Health and Life Science Innovation (HE:AL) Campus will open its doors in 2024. The campus will be dedicated to digital health and personalised medicine, and it will primarily work with companies in the fields of medical devices, in vitro diagnostics, and digital health tools and services. It will also be open to R&D, production activities, and health technologies consulting.

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The professional body for healthcare managers in Ireland

The Health Management Institute of Ireland is the professional body for healthcare managers across all sectors of the health services in the Republic of Ireland.

Its members come from across the healthcare sectors, including corporate/national, acute hospital, statutory and non-statutory agencies, community and social care.

HMI members are regularly consulted by Government on the development and implementation of strategic and policy initiatives for all sectors the Irish health services.

This year the Irish Government will spend over €23 billion on the provision of public health services for the 5.3 million population of the Republic of Ireland. The services are also being re-structured to provide a greater degree of integrated care and more local responsibility.

A membership organisation, HMI welcomes both individual members and membership at an organisation level.

For the last 76 years, HMI has worked to develop standards of management competence and practice throughout the health service. The HMI meets the needs of the modern healthcare managers through information, education and involving members and stakeholders in professional development and networking activities.

The HMI has a proud history of international links, including a long- standing membership of the European Association of Health Managers and it is honoured that the current President of the EAHM, Lucy Nugent, Chief Executive of Tallaght University Hospital is a former President and current Council Member of HMI and current HMI Director of Education Gerry O'Dwyer is a past President of the EAHM.

HMI Council Member, Eamon Fitzgerald is Vice President of The European Hospital Healthcare Federation (HOPE), an international non-profit organisation representing both national, public and private hospitals' associations as well as hospital owners, either federations of local and regional authorities or national health services. It aims to help share knowledge, good practice and expertise throughout Europe through meetings, conferences, research and an international exchange programme for health man-

agers, in which Ireland has been participating for many years. Former HMI President Denis Doherty served as Ireland President of HOPE from 1996 – 1998 and Ireland hosted the 2017 Agora in Dublin.

The HMI is dedicated to the education and continuing professional development of healthcare managers in Ireland. It provides high quality training and learning opportunities, a major annual conference, a large number of regional meetings and unrivalled networking opportunities.

The HMI Annual Conference is a major national event in Ireland. With leading national and international speakers it is always a packed occasion, drawing members from all over the country for in-depth discussions of the latest issues facing the Irish health services. This shared community of healthcare managers come together to absorb new thinking, share best local, national and international practice and be part of the debate on the future of healthcare and the continuous development of standards of practice.

HMI works through regional structures and regular meetings of members are held in each region throughout the year, where the latest challenges facing the health services are discussed in debates led by experts in the topics.

HMI offers an extensive range of open, in-house, blended and e-learning high-quality and innovative training, education and eLearning interventions aimed at building the competence and confidence of health service managers and staff.

This includes general management, key skill development and action learning courses. It also offer a comprehensive training needs analysis.

The Institute provides a range of HR consulting services, which assist in the management and delivery of specific HR projects and initiatives. It designs tailored solutions, and its management and human resource consultancy expertise is extensive and covers many areas.

It publishes a regular online journal, Health Manager, which covers national policy, strategic and management developments, national and local news, appointments, awards and international developments. Expert columnists discuss topical issues.

HMI also issues regard email to members to keep them up to date with breaking developments and news.

An Academic Committee is appointed by the Council of the Health Management Institute of Ireland to assist in the planning, development and overseeing of the educational work of the Institute. It assists in the development of the academic standards of training courses and other events which are run by the Institute, including the approval of CPD points (CPD Hours) and ensuring the quality of programmes run by HMI.

Members of the Academic Committee include:

- Prof Geraldine McCarthy, Emeritus Professor, School of Nursing and Midwifery, University College Cork
- Dr. Gerard O'Callaghan, Chief Operations Officer South South/West Hospital Group and Hon. Treasurer, HMI
- Dr. Amanda Carty, Programme Manager, Brain Injury Programme, National Rehabilitation Hospital
- Dr. Paul Donovan, School of Business, National University of Ireland, Maynooth
- Rosemarie Carroll, Services Executive, HMI

HMI Discussions and Research

From time to time, HMI conducts research activities in varying areas of healthcare management such as governance or in the area of health reforms. Also as a membership organisation, it has participated in international research. At all such times, members are invited to participate in organised discussions, surveys and research. HMI is not currently involved in any research subject.

Executive Coaching

Most organisational learning occurs on-the-job. Coaching significantly enhances executive performance through development focused on the individual; personalised feedback on performance; development based on real-life issues; personal and organisational development needs addressed; and support and confidence building. HMI provides

executive coaching to suit individual client requirements.

Performance Management

Performance Management enables managers agree their contribution to the organisation. An effective system clarifies roles, identifies key result areas for managers and sets goals and review processes. Executive performance contracts match individual career and development needs with organisational goals. HMI provide customised training programmes/ workshops to help with the roll-out of performance management systems. It also advises on best practice.

Organisation Surveys

Informed decision-making is critical for today's organisation whether it involves decisions relating to employees or customers. Understanding exactly how your internal and external customers feel about the organisation can help you gain that competitive edge. Organisational surveys help to gauge what is working well in an organisation and what isn't working well and where improvement targets should be set. HMI provides a range of in-depth organisation surveys including employee satisfaction, climate and culture survey, and client satisfaction. Survey distribution methods include web-based surveys, email surveys and paper-based surveys.

Team Building/Development Workshops

These workshops have proven very beneficial in terms of re-invigorating and re-aligning teams as well as addressing problem areas and conflict.

Last year, to mark the 75th Anniversary of the HMI, Tony Canavan, HMI President buried a time capsule on a Dublin campus of the Health Service Executive.

The time capsule included objects which were symbols of how the HMI wished to be remembered and pass on to future generations. It also included objects that featured very heavily in the lives of healthcare managers at this time.

These included:

- The 75th Anniversary Edition of the Health Manager Journal
- The 50th Anniversary Edition of the Health Manager Journal
- Letter from Breda Crehan-Roche, Vice President of the HMI
- Grangegorman Histories: a public history project (https://www.ria.ie/research-projects/grangegorman-histories and https://www.tudublin.ie/explore/our-campuses/grangegorman/grangegorman-histories/
- Face Masks, hand sanitiser and Antigen tests
- An issue of the Irish Times Newspaper

The first three items were provide a snapshot to future generations on the current work, history and experience of the HMI, as an organisation and the people it supports. This is complemented by a personal letter from Breda Crehan-Roche. Given the pressures on all aspects of health and social care services during 2020 and 2021 due to Covid-19 , the HMI felt it was fitting we include some of the symbols from this time.

In the past 250 years, the HSE campus at Grangegorman, Dublin has been the site of a workhouse, a hospital and a prison, and now is integrated into Dublin city as a health and education campus. The buildings of Grangegorman stand as architectural monuments to that past and its complex histories. The Grangegorman Histories diverse programme of events, publications and learning opportunities will help future generations to uncover the history of the site and surrounding communities.

The HMI is run by a President and Council. The current President is Tony Canavan, Chief Executive of the Saolta Group of Hospitals which covers six hospitals in Counties, Galway, Sligo, Donegan and Roscommon.

Current Officers and Council Members are:

Tony Canavan,
President, HMI
CEO Saolta University Healthcare Group, University Hospital Galway

Tony has worked in the health services since 1993 across a range of services

including Mental Health Services, Public Health, Primary Care and Corporate Services.

Tony's first senior management appointment was in 2002 as General Manager of Mayo General Hospital. In 2009 he was appointed General Manager of Primary Community and Continuing Care for County Galway. Tony was appointed Chief Operating Officer to what became known as the Saolta Hospital Group in 2012. During 2012 -2013 Tony was also General Manager of Galway University Hospital. Following this, he was appointed Chief Officer for Galway, May and Roscommon Community Healthcare Organisation in 2015. Tony moved to his current role as CEO Saolta University Healthcare Group in September 2019.

Breda Crehan-Roche,
Vice President, HMI
Chief Officer, Community Healthcare West,
Health Service Executive

In January 2020 Breda commenced as Chief Officer for Community Healthcare West. Community Healthcare West includes Primary Care, Mental Health, Older Persons Services, Disability Services and Health and Well-being Services for Counties Galway, Mayo and Roscommon.

From September 2005 to December 2019 Breda was Chief Executive Officer of Ability West, a Section 39 funded organisation providing services to children and adults with intellectual disability throughout Galway city and county. Over the years Breda held a number of senior management positions, in the Midland Health Board culminating in Assistant CEO of Community Care Services and previous to that Director of Services for Persons with Disabilities. In March 2005 she was appointed Assistant National Director of Social Inclusion in the newly formed Health Service Executive a role she covered until August 2005.

Breda is Registered Nurse, Montessori Teacher, has a MSc in Economics and Healthcare Management from the University of Wales and a MBS from University of Limerick.

Dr. Gerard O'Callaghan
Honorary Treasurer, HMI
CEO of Cork University Hospital

Before his current appointment Gerard was CEO of South Infirmary Victoria University Hospital. Previously he was General Manager, Kerry General Hospital; Management Accountant for the Southern Health Board; and Finance and General Services Officer at Cork University Hospital. He is a qualified accountant (FCCA) and holds an M.Sc. in Management from Trinity College Dublin and a Doctorate in Business Administration (DBA) from Aston University, Birmingham.

Gerry O'Dwyer
Director of Education, HMI
CEO South / South West Hospital Group

Gerry O'Dwyer is employed as the Chief Executive Officer of the South / South West Hospital Group (SSWHG). A long term health service manager, he has held many senior roles in Ireland including Regional Director for Performance and Integration, HSE South; Regional Director of Operations in Dublin Mid Leinster; and Hospital Network Manager for the acute hospitals in HSE South. Gerry was elected President of the European Association of Hospital Managers (EAHM) in September 2014

Anne Slattery
Honorary Secretary, HMI
General Manager, St. Luke's General Hospital, Kilkenny

Caroline O'Regan

Honorary Editor, HMI

Executive Development Specialist, Programme Director Royal College of Surgeons, Institute of Leadership (IoL) Ireland

Caroline has over 25 years' experience working in leadership and management development in the health sector in the Ireland and Internationally.

Caroline holds a (MEd) Masters in Education, with the University of Sheffield. She is an accredited executive leadership coach and works with CEO's, Senior Executives and managers in public and private industries. Caroline is also and External Coach Accreditation Assessor (AC UK & Ireland) and Neuro-linguistic practitioner (NLP). She is a member of the Communication Council of the European Association of Hospital Managers (EAHM), and British Psychological Society (BPS). She was a

Non- Executive Board member of the Institute of Public Administration (IPA).

Caroline held the position of Assistant of National Director, Leadership Education and Development HSE Corporate HR, before taking up the post with the RCSI Institute of Leadership (IoL). Prior to this, she was lead for Management and Leadership Development with HSE Corporate Learning and Development. Caroline was one of the first members of the Office for Health Management (OHM) and led the development of health care competency frameworks and personal and development planning (PDP).

She has developed a portfolio for executive and strategic development with health, public and private sectors. She worked with the Department of Health and was part of the change management team for the Irish health system reform programme and introduction of the HSE. She is programme director of the Clinical Directors programme and executive development programmes.

Lucy Nugent

Immediate Past President, HMI

CEO, Tallaght University Hospital

Lucy has worked in the acute hospital sector for over 20 years and is a Registered Children's Nurseand Registered General Nurse. She holds a Bachelor of Nursing Studies (Hons) from Dublin City University, an M.Sc. (Hons) in Healthcare Management from Trinity College, Dublin and a Diploma in Leadership and Quality Improvement from the Royal College of Physicians Dublin. She sits on the EAHM Executive Committee and on the International Hospital Federation's Chapter on "International Core Leadership and Managerial Competencies".

Derek Greene

Ordinary Council Member, HMI

Chief Executive, National Rehabilitation Hospital, Dún Laoghaire

Derek's previous positions include Assistant Secretary University College Dublin, Head of Human Resources in Beaumont Hospital and various assignments in Hospital Management, Human Resources and Community Care. He has also held positions in the private sector in various roles. Derek is a member of the IPD and holds a Masters Degree in Management from Trinity College Dublin and the Irish Management Institute (IMI).

Kate Killeen White

Ordinary Council Member, HMI

Chief Officer, South East community Healthcare

Kate has held the position of Chief Officer for South East Community Healthcare since 1st January 2019. As Chief Officer, Kate is responsible for the delivery of community healthcare services in the counties of Carlow, Kilkenny, Waterford, Wexford and South Tipperary and across the areas of Primary Care, Older Persons, Disabilities, Mental Health, Health and Wellbeing and Quality, Safety and Service Improvement.

Prior to joining the Health Service, Kate practiced as a Barrister-at-Law specialising in the areas of Human Rights and Constitutional Law, Health Law and Policy including disability and Mental Health, Corporate Governance Strategy and Development Principles including Mergers and Acquisitions and Corporate re-structuring and reform.

With a strong academic background in law, Kate is also currently completing the Diploma in Corporate Governance at Smurfit Business School.

Kate is diligent, decisive, and results-led and reliably forges sterling client rapport, placing primary emphasis on loyalty, trust, and confidentiality.

Mellany McLoone
Ordinary Council Member, HMI
Chief Officer, Community Healthcare Organisation, Dublin North City and County (CHO DNCC)

Mellany has held the position of Chief Officer of Community Healthcare Organisation Dublin North City and County (CHO DNCC) since March 2019.

As Chief Officer, Mellany is responsible for the delivery of community healthcare services in Dublin North City and County in the areas of Primary Care, Older Persons, Disabilities, Mental Health, Health and Wellbeing and Quality, Safety and Service Improvement to a population of approximately 621,000.

With significant experience in the Irish public health system over the past three decades, she has worked in a number of senior management and leadership roles in the areas of human resources, business support and operational management in hospitals, community services and Tulsa.

Mellany holds a Masters in Organisational Leadership from the Royal College of Surgeon's Institute of Leadership and an Advanced Diploma in Applied Employment Law from Kings Inn. She has also been awarded a Degree in HR and Industrial Relations from the National College of Ireland and the Irish Management Institute's Graduate Award in Executive Healthcare Leadership and Health Service.

Adrian Ahern
Co-opted Member, HMI Council
Director of Nursing, Leopardstown Park Hospital

Adrian holds the following qualifications: R.P.N., R.G.N., BSc (Hons) Econ, M.A.

He is the current chair of the HMI West Regional Committee. A former General Manager in the HSE, he is now Operations Manager with Ballinderry Nursing Home Ltd. He is a council member of HMI and Irish rep on the EAHM mental health group.

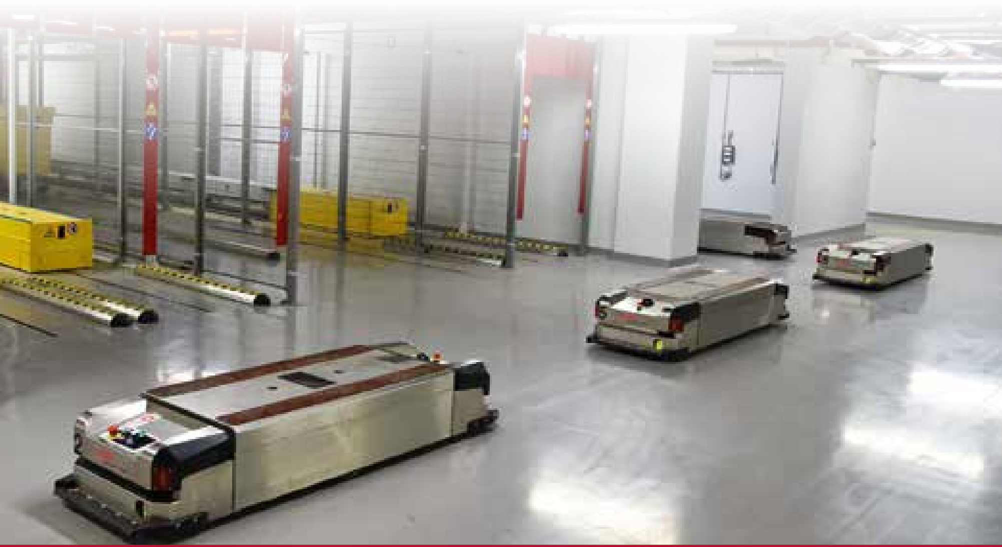
Eamonn Fitzgerald
Co-opted Member, HMI Council
VP Health Services, UPMC Ireland/International

Sharon Morrow
Co-opted Member, HMI Council
Chief Executive of the Bon Secours Hospital, Dublin.

Sharon qualified as a RGN at the Adelaide Hospital and held a number of positions at the Adelaide Hospital and Tallaght Hospital. In addition to a BSc (Hons) and MBA, Sharon has a MSc in Medical Ethics & Law, qualified as a Black Belt in Lean/6 Sigma and is a Crew/Team Resource Management Instructor. She worked as a Directorate Business Manager at St James Hospital before moving to the HSE, National Clinical Strategy and Planning Directorate as National Programme Manager for Rheumatology, Neurology, Dermatology, Orthopaedics, Epilepsy and Home Antimicrobial Therapy. She subsequently held the post of Chief Operations Officer at the Adelaide & Meath Hospital, Tallaght before joining LauraLynn as CEO in August, 2014 Director, Congenital Heart Disease Network, National Children's Hospital Group. ■

Towards an automation of your hospital logistics flows

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."

DS AUTOMOTION
info.france@ds-automotion.com

HMI News

HMI Council Member to work on developing international leadership competencies for healthcare executives.

by Caroline O'Regan

HMI Council Member and Hon. Editor of Health Manager, Caroline O'Regan, has been nominated to the International Hospital Federation (IHF) to work on developing a new leadership competency model for healthcare executives.

She will be part of a group of 50 experts, representing close to 30 countries. With this broad global representation, they are hoping to gather a diversity of perspectives and reach an internationally validated competency model.

HMI was invited to nominate a Council member to input the new IHF project, which is led by the (IHF) and its new Geneva Sustainability Centre.

The IHF, which connects healthcare leaders, in over 130 organisations in 50 countries around the world, supports them to excel through training and development. It creates forums for international, peer to peer knowledge exchange, showcases good practices and works in partnership with international organisations on key issues for its members.

Caroline O'Regan, who holds an MEd., is an Executive Development Specialist with the RCSI Graduate School of Healthcare Management.

She said that between 2013 and 2015, the Global Consortium for Healthcare Management Professionalization, led by the International Hospital Federation (IHF), developed the IHF Competency Directory. This is now being revisited and it was hoped that Phase 2 of the project would be completed by summer of this year.

The directory has been categorised into 5 theme domains 27 sub-domains and 80 competencies derived from Healthcare Leadership Alliance (HLA) Competency Directory. They provide a baseline for healthcare managers, at any stage of their career, can be used as a roadmap to strengthen the training and professionalization of healthcare managers and remain flexible and can be adapted to local settings.

The Geneva Sustainability Centre was launched by the IHF in September 2022, to face the current climate crisis from within the healthcare sector. The Centre's global reach and impact will build awareness and promote action among healthcare leaders and provide capacity building to anchor leadership for sustainability into the healthcare sector for the long-term. These activities will include competency-based approaches.

Its vision is to support hospitals to become leaders for sustainability in their communities, its mission to equip hospital leaders with the information, tools, and skills to deliver a net positive impact for a healthy and resilient future in healthcare.

Seven years following the publication of the Competency Directory (2015), the IHF now aims to provide a Competency Model for healthcare executives, based on the existing Directory, updated to reflect those changes, and which is an efficient, simple and useful tool for the hospital leaders of today and tomorrow.

Current transformations impacting the hospital executives' role include:

Increased preparedness and crisis management to face hazardous events and business continuity.

To place the hospitals in communities as "anchor institutions" and the environmental responsibility of the healthcare sector.

Caroline said the new Model would not replace the competency Directory, and both could be used alongside each other. One of the key differences would be that the Model would have several dimensions: it was divided in "enabling" domains and "action" domains, and the domains complemented each other. ■

In Irish Healthcare:

Role of Voluntary and Not For Profit Organisations

by Sharon Morrow

The delivery of many of Ireland's core and essential health and social care services depends on the work of voluntary and not for profit organisations. The voluntary sector is an integral and essential part of the overall public health system in Ireland.

Since the 1700s, there has been a long and distinguished history of voluntary organisations, often originating in religious and charitable bodies, providing hospital and social care to the poor and vulnerable in society, at a time when the state was either unable or unwilling to do so, With the foundation of the Irish State in 1921, the scale of state provision and funding of health and social care has gradually expanded, particularly since the 1960s. As a result of this history, Ireland today has a hybrid or three-strand health and social care system. It consists of voluntary (independently owned and governed, not-for-profit), public (fully state-owned and governed, not-for-profit), and private (for-profit) hospital organisations, which provide a diverse range of services to the population. This hybrid system has evolved over many years, often in an ad hoc and unstructured manner. Successive Governments have attempted to reform and overhaul the Irish health and social care system in response to multiple challenges such as rising costs, technological advances, demographic pressures and changing public attitudes and expectations.

The 2004 Health Act sets out the legal framework for public funding of health and social care in Ireland. Under this legislation, there are three key statutory bodies; the Health Service Executive (HSE), responsible for funding public hospitals, and certain other social services, directly under its authority. The HSE also functions as the channel for the provision and management of state funding to voluntary organisations, and other organisations that provide health and personal social care services within the public healthcare system, the Department of Health; responsible for overall policy development and the provision of strategic oversight and HIQA; an independent authority focused on improving health and social care services for people, through a combination of standard setting, the provision of assurances, the monitoring of compliance and ensuring enforcement.

Although the Irish State's role in the funding, delivery and regulation of health and social care services has expanded considerably over the last four decades, the voluntary sector's role has also continued to grow in scale and scope. A 2019 report by an Independent Review Group (IRG), established by the Irish government to examine the role of voluntary organisations in publicly funded health and social services, attributes the provision of approximately one-quarter of acute hospital services and approximately two thirds of services to people with disabilities to the voluntary sector, Voluntary organisations are also actively engaged across the spectrum of health and social care services, including mental health, older persons' services, palliative care, advocacy and working with marginalised groups. In the same period, the voluntary sector has become increasingly dependent on state funding for service delivery. In 2017, the State paid the voluntary sector approximately €3.3bn, nearly a quarter

of the HSE's budget for that year, for services delivered. Consequently, the state and voluntary sectors have become increasingly intertwined, and the IRG report (2019) highlights that one of the defining features of our 'hybrid' system is the mutual interdependence between the two sectors.

This mutual interdependence is more than just a 'funding relationship', with the public sector, the voluntary sector and the private sector all operating within the same national policy framework. The Government is ultimately responsible for setting public policy across the health and social care system and the voluntary sector is viewed as an essential partner in the delivery of health and social care services, HSE National Service Plan, 2021.

The IRG report (2019), noted that the voluntary sector brought innovation, flexibility, independence and a strong commitment to delivering quality health and social care. A particular strength of voluntary organisations, compared to their public sector counterparts, is the scope to exercise greater autonomy and authority at local management level. This can facilitate a more prompt, innovative and flexible approach to problem-solving and service delivery, something that came especially to the fore during the COVID-19 pandemic.

The board members of voluntary organisations bring a local and community dimension, as well as their own personal and professional expertise, to bear on their work. Their roots in the local community enable these organisations to be more responsive to local needs, to act as advocates for service users and to foster high levels of citizen engagement and voluntary activity.

There are however associated weaknesses with the voluntary sector including a lack of resources, weak governance structures, service duplication, a multiplicity of organisations, and difficulty in meeting statutory reporting and compliance obligations. It can be difficult for voluntary organisations to attract talented individuals to their boards, a problem exacerbated in recent times by high-profile financial scandals in a very small number of voluntary organisations. The HSE response to this has been to put in place an effective accountability system for the public funding of voluntary organisations, through the development of service-level agreements. However, this has resulted in a problematic relationship at times between the HSE and voluntary sector, at the core of which is the perceived tension between accountability and autonomy. Trying to achieve the right balance between accountability and autonomy, both of which are equally important, is a complex challenge that is not unique to the Irish healthcare system.

In response to the IRG report, the Minister for Health established a new Health Dialogue Forum in 2019. The Forum's role is to provide a regular platform for dialogue between the State and voluntary providers of health and social care services. Critically, it has an overarching mandate to build a stronger relationship between both. This is viewed as central to the delivery of policy reform and improved outcomes for patients and service users.

Since the onset of the pandemic, voluntary and statutory service providers have displayed high degrees of responsibility and a willingness to take on autonomous decision-making, with good results. There are already examples of voluntary organisations being directly involved in national policy development, as was the case with the Government's new national mental health strategy, Sharing the Vision: A Mental Health Policy for Everyone (Government of Ireland, 2020).

There is significant value in the multiplicity and range of voluntary organisations providing health and social services in terms of local connectedness and synergies, the capacity to mobilise volunteerism, agility, and the tailoring of services to meet local need. It is important that this is nurtured and cherished and voluntary and not for profit organisations are seen as equal partners in the delivery of healthcare in Ireland. ■

https://www.gov.ie/en/publication/9b5f87-independent-review-group-examining-role-of-voluntary-organisations/

https://www.gov.ie/en/organisation-information/0fd9c-department-of-health-statement-of-strategy-2021-2023/

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FABRIQUÉ EN TUNISIE PAR MEDICA SUD INDUSTRIE DISPOSITIFS MÉDICAUX

One island – two jurisdictions:

Healthcare on the Island of Ireland.

by Sharon Morrow

Health is already an established area of cooperation between Northern Ireland (NI) and the Republic of Ireland (ROI) and this collaboration has evolved in response to patient need. The healthcare systems in the two jurisdictions share similar core principles and values and face similar social, economic and political pressures. They have adopted broadly comparable approaches to tackling systemic issues, such as ageing and growing population, evolving healthcare needs, workforce planning and financial pressures. The need for reform of the healthcare system has been acknowledged both north and south of the border. The Sláintecare report (ROI) and the Bengoa report (NI) have highlighted the need for a systemic healthcare reform, one which reorientates the health system towards prevention and increased community care.

To date collaboration in healthcare between the two jurisdictions has been driven by political commitments, the availability of EU funding, partnership working (particularly in border areas) and personal relationships.

The North South Ministerial Council (NSMC) was established under strand two of the 1998 Good Friday Agreement, bringing together the two governments on the island of Ireland to 'develop consultation, cooperation and action within the island of Ireland'. Health is one of the six agreed areas of cooperation. In 2021, the Irish Government announced a Shared Island initiative with the aim of encouraging and supporting cooperation, inclusion and the development of strategies for a cross-border programme to enhance future opportunities and outcomes for all people on this island. This is to include collaboration on healthcare initiatives which will improve access across the island of Ireland and bring the majority of care closer to home for communities, especially those in the border regions.

Cooperation between Northern Ireland and the Republic of Ireland under the EU Cross Border Healthcare Directive ceased on the 31st December 2020. However both jurisdictions quickly implemented replacement schemes which were initially to operate for a period of 12 months, but which subsequently both governments have extended further.

The Health Service Executive's (HSE) EU and North South Unit works on behalf of the HSE to promote cooperation with health providers both north and south to ensure better outcomes for people living in border areas and beyond. The unit operates at both strategic and operational level within the HSE and works with other agencies and departments on a cross-border, all-island, cross-jurisdictional and European wide basis. The North South Unit coordinates HSE funding opportunities through the EU4health Programme, which is an integral part of the EU's response to the COVID-19 pandemic and post COVID-19 recovery. The key priorities for the programme are; crisis preparedness and preventing shortage of medicines, disease prevention, early detection and health promotion, research that supports the fight against cancer and Europe's Beating Cancer Plan, reforming and strengthening health systems and the healthcare workforce and health digitalisation.

Cooperation and Working Together (CAWT) is a partnership between the health and social care

services in Northern Ireland and the Republic of Ireland and facilitates cross border collaborative working in health and social care. In 2002, the Ministers for Health in Northern Ireland and the Republic of Ireland appointed CAWT as the delivery agent for INTERREG IIIA, Priority 3 Measure 2; Health and Wellbeing. CAWT has facilitated the implementation of 44 cross border projects under INTERREG IIIA and PEACE II, programmes funded through the European Regional Development Fund and managed by the Special EU Programmes Body (SEUPB). Since 2017, SEUPB has awarded CAWT EU INTERREG VA grant funding to support four large scale cross border health and social care projects in the areas of acute hospital services, mental health, children's services and community health and well-being.

There are also many cross border services which are not underpinned by European Regulation, services such as the All-Island Congenital Heart Disease Network, the North West Cancer Centre at Altnagelvin Area Hospital, Cross-border Percutaneous Coronary Intervention Service and the Human Donor Breast Milk Bank which receive donations and distribute across the island. These services are based on inter-governmental agreement between the Northern Ireland and Republic of Ireland health departments and underpinned by Service Level Agreements, and all are viewed as examples of successful cross border collaboration.

There is the potential for even greater benefits to be gained from increased Northern Ireland and Republic of Ireland cooperation in healthcare. A 2011 report for the Centre for Cross Border Studies identified a number of key acute healthcare services including cystic fibrosis, Ear, Nose and Throat surgery, paediatric cardiac surgery, orthopaedic surgery and acute mental health services that would particularly benefit from collaboration. Unfortunately, 22 years later, paediatric cardiac surgery is the only service yet delivered on an all-island basis. There are multiple and complex reasons as to why this is the case, though political differences and Brexit have been notable contributing factors. That said there exists substantial opportunities for innovation in respect of service provision on a cross-border basis. Closer cooperation has delivered economies of scale, value for money, opportunities for clinical specialisation and the sharing of knowledge and good practice. Working together to address major health issues, common to both jurisdictions, has the potential to deliver significant additional gains for the population of each, something which could not be achieved by each system working in isolation. ■

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KEY NUMBERS

more than 500 millions € of medical devices managed

more than 65.000 financed equipment

more than 3.500 annual projects

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Data as of 1st october 2022

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Interview with M. David Despretz, Chief Commercial Officer

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SINCE ITS CREATION VERSO HEALTHCARE HAS MADE IT ITS MISSION TO BRING ADDED VALUE TO A RAPIDLY CHANGING INDUSTRY. COULD YOU TELL US ABOUT IT?

The project, born 12 years ago, is to aggregate in one global approach the knowledge and competencies from different segment all linked to the changed management imposed to the actors of the sector due to the new dynamics at work in the healthcare environment.

Our value proposition is based around three axes. financial engineering of medical equipment, including flexible and scalable solutions, to consider technological advances but also to ensure a financially efficient management of the equipment installed. Audit and consulting, by example based on analysis of operating data to optimize the current use of the installed base of equipment. And finally the e-health/data component, which covers both real-time equipment management, data storage in Health Date Hosting (HDH/HDS) format, or cybersecurity with, among other things, a preventive supervision solution detecting attacks and risks of cyberattacks beforehand.

THIS 360º OFFER AROUND THE TECHNICAL PLATFORM INTEREST MAINLY THE FRENCH PRIVATE SECTOR, ARE YOU IDENTIFYING AN INTEREST ON PUBLIC SECTOR IN FRANCE FOR THIS PROPOSAL?

The healthcare environment in France is under financing pressure. New technology and treatment imposed to the medical and paramedical teams to spend time on training to understand the technical changes , the lack of resources and the financial constraint impose to the hospital professionals to be fully focus on their primary mission – prevention, cure, care. After more than 10 years with the private and liberal sector, we choose to make our multidisciplinary expertise available for public health institutions to support these changes. As an example, our portfolio of services is including added value to the set up of continuum of care at local or regional level, considered the specificity of each center included in the care pathway. The main French GPOs (UniHA, l'UGAP and RESAH) selected our full portfolio or part of it, the Audit and consulting approach is currently on going with several regional hospital to support them changed management project, helping them to be more efficient by adapting them organization offering the best of care to the patient, this means without compromise on the quality of medical devices available, and in the meantime reducing them operating costs.

Hospitals are facing to increasing regulation constraints, mainly on two aspects: environmental performances and medical data protection. To support on these aspects too we accelerated the deployment of our offers. We are proposing the valorization of Medical Devices in order to support optimization of the installed base resale or destruction in accordance with the regulations. Regarding Data protection, our preventive and curative cybersecurity solution is scalable and can be adjusted to protect all actors in the patient workflow from the General doctor to the university hospital

ARE YOU INTERESTED TO PROPOSE THIS SOLUTIONS AND SERVICES OUT OF FRANCE?

The healthcare system mutation is ongoing all over the word, European countries are all facing to the same challenges, for sure the regulation constraints are the same and, in the meantime, The Covid 19 Pandemic highlighted the same dilemma on patient care management. An Aging population request to develop more and more systematic screening mainly on carcinoma, in one hand to care as early as possible for patients and on the other hand to reduce the hospitalization cost. Medical protocols evaluation and deployment request agility and communication inside the medical department but, at least, at regional level too, to ensure equality of chances for the patient. The workload puts medical and paramedical teams under pressure, and more the available tools and medical devices are not always mastered by the team or not the most adequate to screen or to treat patients. Our 360º offer can be an interesting support on these aspects all over Europe. We are proposing these solutions in several European countries as in three years we opened Verso subsidiaries in Belgium, in Spain, in Italy and In Switzerland by internal or external growth. Our partners and suppliers consider this step as an added value for them too as all major companies are implemented at least at European level. Our short and mid-term projects are to continue to adapt our portfolio of solution to bring the best possible services to our customers answering to new needs linked to the fast changing environment and increase our E.U. presence.

HMI Training –

a proud pedigree!

by Gerry O'Dwyer,
Director of Education, HMI, CEO South / South West Hospital Group,
former President HMI, former President EAHM

One of the stated aims of the Institute is the development of standards of management competence and practice since it was founded in 1945. This commitment is most clearly expressed in the management and soft skills training we offer to members and non-members in Dublin and throughout the country, writes Gerry O'Dwyer.

In 1961, the Institute established the Diploma Course in Hospital Administration, in conjunction with the College of Commerce Rathmines, Dublin. This was the first formal course in the Republic of Ireland for Hospital Administration personnel and it was from this foundation that the Institute's educational programmes developed.

One of the key aims of the Institute is to promote excellence in Health Services Management. It aims also to develop good managers and to create and sustain a professional community of Health Services Managers.

From the very beginning, the Diploma Course in Hospital Administration, together with the various courses which followed, offered qualifications which were tailor-made for those who manage, or aspire to manage, in the complex environment of health provision in Ireland. In the early days, the Diploma was the only full professional qualification in Health Services Management. Every discipline has participated.

Following the success of the Diploma Course, there was an obvious opportunity in the educational arena for some type of course to cater for those who recently entered the service and wished to gain a broad understanding of the principles and practises of Health Service Management

As the Director of Education, I am proud that we continue to offer a range of management and soft skills courses which are designed to help managers apply a range of leadership and critical skills, and creative thinking to their roles, enabling them to build management capability to be more effective as managers. We have continuously adapted our content and delivery models, to offer flexibility and availability to all who work within the health services and to be reflective of newly emerging policies which impact on service delivery.

Our courses, based on best practice in adult education, combine a mix of theory, peer learning and action learning principles to impact knowledge and to build competence.

Why train with HMI?

Benefits for Managers	Benefits for Staff	Our Training Panel
By investing in staff training managers can:	For staff, training can:	All our trainers are:
Improve competencies Build motivation Enhance and develop teams and team dynamics Ensure consistency and build efficiencies	Develop new skills or build existing skills Increase engagement Build capability and professionalism Enhance interpersonal skills	Knowledgeable Professional Enthusiastic Experienced Effective

Courses leading to a national qualification

Since it was first delivered, I'm delighted to say that our Management Essentials course, which leads to a QQI qualification at Level 6 remains as popular as ever. In 2022, we introduced a new course Leading Through Change, which also leads to a QQI qualification at Level 6. These courses are designed with managers at different stages in their careers in mind, from the first time manger to those at mid-level who are responsible for leading out on a project or taking on higher level responsibilities within the workplace. We also work with clients on training interventions which guide future professional practice, where participants are awarded prized CEUs, e.g. CNSp/CMSp Professional Development Programme.

Other courses

In addition to the above, we also offer other in-house, non-accredited short 1 and 2 day courses in areas such as Working in Teams, Healthcare Customer Services, Managing Performance Reviews, Coaching for Managers, Building Resilience, Competency Based Interview Skills.

Tailored and In-house

Since the beginning, the Institute has worked to build relationships with our member organisations and others to provide tailored training solutions or other interventions adapted to specific operating contexts. It is the combination of our experience and our members expertise which makes our courses and training solutions unique.

Other Learning Opportunities: Presentations and Updates

HMI also offers quick learning opportunities to our members and others through our series of regional meetings and updates. These take the form of presentations by invited speakers in areas of high relevance to health managers across the service. The topics covered include both clinical and non-clinical subject matter (e.g., leadership, legislative changes, quality and safety). Attendees have opportunities to put questions directly to speakers. In a post covid world, these meetings take place live online, allowing for a wider reach in terms of attendees. Where permitted, these meetings are recorded and made available to all members.

The Digital Journey

Before the advent of online learning as we understand it now, the Institute was involved in the very successful rollout of the DVD series, Standard Precautions for Infection Prevention and Control. The series was a highly valuable learning resource for the acute hospital sector, community settings and managers across all sectors of the health service.

The ongoing evolution has seen the Institute develop a range of fully online courses, offering flexibility and self-directed learning to managers who are time poor. It is our intention to continue develop these impactful online courses and to build upon the range of courses we offer.

The Institute remains committed to the development and delivery of training programmes, be they face to face, blended or fully online, which meet the needs of the modern healthcare manager. We look forward to working with all our stakeholders over the coming years, to make HMI training a by-word for quality, learner centred, expert training. ■

Case study:

100% faster vial tube labelling

Promise Proteomics, based in Grenoble, France, needed an automated labelling solution for the vials in the test kits they develop and manufacture to check biological samples for cancer and inflammatory diseases. Increased test kit production was making their current manual labelling process inefficient. Read how Brady helped its customer to answer this challenge.

Solution: Automated vial tube label print and apply

Together with specialised laboratory distributor Dutscher, Brady proposed the BradyPrinter i7100 Vial Tube Label Printer- Applicator and B-7425 polypropylene labels to automate Promise Proteomics' vial labelling process. The BradyJet J2000 was offered in addition to print labels for the test kit boxes in which the vials are offered.

The Vial Tube Label Printer-Applicator can label vial tubes twice as fast as in a manual label application process. Labels are printed and applied in a few seconds on tubes with a 10 to 17 mm diameter and a 38 to 105 mm length. Once labelled, tubes are ejected into a tray, or removed manually. Vial label printing and application can be triggered with a foot pedal, a sensor or a programmable controller.

Promise Proteomics uses Brady's B-7425 polypropylene label that is ideally suited for print & apply. The label is designed to stay attached to curved surfaces like laboratory vials, and it can resist fridge and freezer environments.

Labels for vials can be designed quickly by Promise Proteomics with the userfriendly Brady Workstation Laboratory Suite of apps for label design. The software supports fast content creation for Brady label sizes and materials which it automatically recognises.

With the BradyJet J2000 Colour Label Printer, any colour can be printed on reliable laboratory labels in

high definition, 4800 dpi photo quality. The printed enables Promise Proteomics to print test kit box labels on demand, instead of storing large amounts of pre-printed labels.

Results: 100% faster vial tube labelling

Promise Proteomics can now label vial tubes twice as fast. With several labelled vials per test kit, the increased labelling speed provided by the BradyPrinter i7100 Vial Tube Label Printer-Applicator better supports a growing production output. In addition, label positioning on the vials is standardised and precise, and supports an improved look for the finalised product.

Discover complete laboratory identification solutions from Brady Corporation!

BRADY

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Optimise patient care & facility efficiency

Reliable identification and safety solutions enable highly skilled professionals to deliver quality care and service in the most efficient way.

Patient identification, treatment tracking, sample traceability and medical device availability can become **much more efficient with the right labels, signs and wearables.**

Healthcare identification guidebook offers a high-level overview of reliable identification and safety solutions Brady offers to healthcare customers to support safe, efficient and compliant workplaces and operations. Learn more about:

- Traceability identification
- Safety identification
- Integrated identification solutions
- Design and print identification labels

Get the free guidebook now
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The Irish Health Services:

Major change in the offing

by Denis Doherty,
former President, HMI

The Republic of Ireland came into existence in 1953. The country was poor then due to the impact of two world wars, a civil war and a trade war with Britain. The population of the Republic at that time was just under 3 million; it had grown to just over 5 million in 2022 and Ireland had become a prosperous EU member.

Legislation enacted by the parliament of the new Republic in 1953 (Health Act, 1953) shaped the entitlement approach to health services that still prevails. The 1953 act applied to only 85% of the population. There remained the question of what support, if any, the excluded15% of the population should receive? The solution adopted was to establish a state sponsored Health Insurance Board. The Minister for Health was authorised to license other health insurers. Today, there are four main health insurers in Ireland. Some others cater for niche markets. Close to 50% of our population are covered by private health insurance, the cost of which is tax deductible. A community-rating scheme is in operation whereby everybody is charged the same premium for a particular healthcare plan, irrespective of their age, gender and the current or likely future state of health.

The precedent set in the 1953 legislation, in confining entitlement to only a portion of the population, based on what has become known as 'means tests', remains a feature of how entitlement to our health services is determined. For example, General Practitioners function as independent providers of services to public and private patients. They do not differentiate in any way between the service they provide to their patients. Public patients pay a fee to their doctors and pay for the cost of drugs and medicines above a defined monthly financial threshold. About 40% of the population holds full medical cards and receive free services. Some others, mainly older people and young children, receive general practioner services free, on age grounds, regardless of income but must meet some of the costs of drugs and medicines.

There is a view, in healthcare and academic circles, that we have too many hospitals and too few hospital beds. Our system of parliamentary representation is based on multiple seat constituencies and proportional representation. It is said that in Ireland 'all politics is local'. That is borne out by the fact that many of the recommendations of an excellent report, published in 1968, on how our hospitals should be reconfigured have still not been fully implemented. The Royal College of Surgeons in Ireland published a report recently proposing the setting up of clinical networks, each serving a defined geographical area, so that emergency surgery can be centralised in fewer, larger hospitals. The response to date has been muted.

A report on Curative Care in Hospitals in the EU in 2019 revealed that Ireland has only two thirds of the EU average of such beds. It was not surprising then that, in 2019, Ireland reported a higher rate of occupancy of curative care beds than any other EU Member State. That said, our healthcare facilities and standards of care here are very high. Our doctors, nurses and other health care professionals are much sought after abroad. Our population

is growing rapidly, older people, as a percentage of the population is increasing but investment in healthcare is not keeping pace with these trends.

Nursing Home care, up until recently provided mainly by the State, is rapidly becoming a service provided by the private sector. Significant change is also occurring within the private sector. More onerous accommodation and care standards are leading to the loss of many smaller homes. Newer homes tend to be much larger than the homes they are replacing. Access to nursing home care is by way of what is know as the Fair Deal scheme. That scheme is living up to its name. The assets and income of applicants are taken into account in determining the contribution of the State in supporting a nursing home resident.

There is less satisfaction with community-based care. Home care packages are often considered to be inadequate and difficult to access. That in turn increases demand for nursing home places resulting in shortages of nursing home places during periods of peak demand. Overcrowding in acute hospitals during periods of peak demand is contributed to by the unavailability of nursing home beds to which hospital patients could be discharged.

Our mental health services, particularly those for children and adolescents, are experiencing significant difficulty. Staff shortages and a lack of suitable accommodation appear to be main causes of the problems being experienced.

Regular change has become a feature of how our health services are organised and delivered. Since 2005, the Health Services Executive (HSE), reporting to the Department of Health has been responsible for the provision, directly or by way of service agreements with provider organisations, and delivery of all health services, except private hospitals and some other private health care providers. Structural changes have taken the form of separation of hospital and community services. It

is now proposed to revert to a unified approach. Regional boundaries have been the subject of a number of changes. New geographical regions catering for all public health services are due to be implemented this year.

A costly example of large organisation risk was experienced in 2021 when the HSE became the subject of a major cyber attach. Major sudden disruption was experienced across the entire health system. The services coped remarkably well in very difficult circumstances. Patients were inevitably impacted, many appointments were postponed and waiting lists lengthened as a result. Coinciding as it did with restrictions caused by COVID-19 was particularly unfortunate. Had our services been even more IT reliant than they were, the levels of disruption could have been even worse. Looking to the future, investment in fit for purpose, fully protected IT health care systems are being sought. Meeting that ambition is going to be very costly but healthcare providers don't have options; fit for purpose healthcare systems rely on fit for purpose IT support systems.

A major healthcare topic of consideration here currently concerns the proposed implementation of an all-party report, which recommended universal healthcare free at the point of delivery. That recommendation has not yet been costed but is likely to be very expensive and raise concerns about affordability. Experience to date suggests that services that are free at the point of delivery tend to be overused.

Up until now, medical consultants have been permitted to treat their private patients in public hospital beds and to charge fees for their services. It is intended that in the new scheme only public patients will be admitted to public hospital beds. Universal coverage will mean residents of Ireland and EU citizens will continue to be entitled to avail of public hospital services. A new consultants contract, estimated to be valued at €300,000 per annum, has been offered to existing consultants who opt for it in place of their existing contract. All new public hospital appointees will be offered only the new contract. All consultants availing of the new contract will not have any private practice rights in public hospitals. It is unknown how privately insured people who make up approximately 50% of our population will respond to these proposals. The main reasons given for why people opt for private health care are 1) to be able to choose their consultant and b) to be able to avail of treatment earlier than in a public hospital. As a result of COVID19 restrictions and the fallout from the cyber attack described earlier, waiting lists for access to both inpatient and outpatient public services have lengthened considerably.

Many consultants say they favour the proposed new type contract but a decision of the consultants collectively has not yet been reached. Interestingly, little has been heard from our private hospitals, either individually or collectively.

In summary, it can be said that our health services are in recovery from the impact of Covid-19 and the impact of a major cyber attack. Major change is in the offing, the detail of which and the timescale for which are unclear. We live in interesting times. ■

Gerry O'Dwyer Retires

after 50 years in health services

by HMI

Gerry O'Dwyer, Group Chief Executive of the South/SouthWest Hospital Group has announced his retirement after 50 years working in the health services. A native of Dublin and proud Blues fan, he has spent the last eight years working in Cork.

As Group Chief Executive of the South/South West Hospital Group, Gerry was responsible for setting up the Group and charting a strategy which would bring a unified approach to the delivery of services to a community ranging from Waterford to Tralee. He also strengthened relationships with the Academic Partners, primarily University College Cork (UCC).

Gerry's career in the health services commenced as a Psychiatric Nurse in the 1970s. His experiences made an enduring impression on him and fostered the patient-centred nature of mental health services which characterised his approach to the management of services. It also nurtured his belief in an integrated approach to the delivery of services, with acute and community services working seamlessly on behalf of the service user.

His career path wove its way through the public hospital system and also the voluntary sector, with senior roles in Cork University Hospital Group and CEO, Our Lady's Hospital for Sick Children. He also held senior positions in the HSE as Network Manager South and Regional Director of Operations in Dublin Mid-Leinster.

A multi-tasker, Gerry's boundless energy and willingness to lend a hand meant that he always had a couple of jobs on the go at any time. He was a frequent participant behind the scenes in national negotiations with health service unions with whom he developed very effective working relations.

From an early date, Gerry became actively involved in the work of the Health Management Institute (HMI). As Director of Education with the Institute, he fostered the development of a wide range of training courses for managers in the health services and oversaw the introduction of development programmes offering nationally recognised qualifications for front-line managers. He served a term as President of the Health Management Institute, before taking on the role of President of the European Association of Hospital Managers (EAHM), where he was the first Irish person to do so.

Bringing people together is one of his talents and nowhere is this ability better exemplified than in the establishment of strong links which he established with all the emergency services and the relationships he built with senior leaders in An Garda Siochana, the Defence Forces, Local Authorities, the Fire and Ambulance Service, the Coastguard and the Voluntary Services.

An event was held for Gerry last December and the then Taoiseach, Micheál Martin paid tribute to him. Wishing Gerry a very happy and healthy retirement from the health services, he said, *"I also want to take the opportunity to pay tribute to you for the extraordinary work and commitment over so many years to the Irish health system and to looking after people"*.

For his part, Gerry thanked all of the staff that he worked with over the years in his career. He expressed his thanks in a letter to all the staff in the 10 hospitals in the SSWHG Group for their com-

mitment and support during his eight years as CEO, and he also thanked staff he worked with in previous roles.

"Leading our hospital group has been the greatest privilege of my 50 years working in the health services," he said.

"I am immensely proud of the work we do every day for the people of Munster and beyond who rely on our services for their healthcare needs."

He paid particular tribute to the hard work, dedication and professionalism of the management and staff at each of the hospitals, particularly during the Covid-19 pandemic and the cyberattack on the HSE when, he said, staff at all levels across the group worked long hours in extremely challenging circumstances.

"The group simply would not exist without the hard work and dedication of the management and staff at each of our 10 hospitals.

"I am constantly impressed and inspired by the dedication and professionalism of our clinical staff across all grades, whose work is consistently underpinned by all our invaluable administrative and support staff.

"The goal, as always, is to ensure enhanced continuity of care for all our patients. I am confident that our current and future patients are in the best of hands."

He thanked the local community services and voluntary agencies that support the group. *"They have been our greatest champions and have helped us overcome significant challenges,"* he said.

He also thanked the wider HSE and the Hospital Group's Academic Partner, University College Cork.

Gerry paid tribute to the ongoing work carried out by the Interagency Groups involving the Local Authorities, An Garda Síochana, Defence Forces, Coastguard. Gerry praised the cohesive manner in which they all worked together in challenging environments, in particular during the Covid 19 pandemic. He acknowledged the long history of the interactive way these agencies worked together for the good of our communities and he expressed his hope that they continue to go from strength to strength.

He also thanked the HMI for its ongoing work and dedication in supporting and educating hospital managers and leadership staff. ■

Gerry O'Dwyer has worked in the Health Services for over 50 years, dedicating his working life to the provision of care for patients of the public health services of Ireland.

While wishing Gerry every health and happiness on the occasion of his retirement, I have to say that he will be sadly missed as a colleague, mentor and support to Health Care managers across this country.

Aside from leading and developing the delivery of Acute Hospital Care in the South and South West of this Country, Gerry added his considerable experience and knowledge to a number of initiatives with national impacts.

He has always been available to support fellow managers through his work with the HMI and he has been personally very supportive to me since I took up the role of President of the HMI.

He has been instrumental in forging links between the HMI and the EAHM, always seeing and understanding the benefits and learning opportunities that these links brought.

Go néirí an bother leat, Gerry.

Tony Canavan,
President of HMI

The Israeli Association of Hospital Directors has officially joined the European Association of Hospital Managers as a full member

The membership was endorsed at the annual conference of the Israeli association on 16 and 17 March 2023 in Kfar Giladi in Galilee (Israel). EAHM was represented by its President, Lucy Nugent, its Secretary General, Marc Hastert and by Gerry O'Dwyer, Past-President. On this particular occasion, the EAHM representatives made a presentation of the association to the conference participants and explained the current and future projects in which the Israeli Association could be involved. The representatives of both associations welcomed this new collaboration which will engage them in new challenges. ■

The European Hospital Public Procurement Association (EHPPA) and the Association of Public Service Insitutions in Mental Health (ADESM) are new associate members of EAHM

The European Hospital Public Procurement Association (EHPPA; https://www.ehppa.com) and the French Association of Public Service Insitutuions in Mental Health (ADESM; https://www.adesm.fr/) are new associate members of the European Association of Hospital Managers. The membership was endorsed at the EAHM General Assembly on 13. February 2023.

These new memberships are an added value for the work to be carried out at the level of the EAHM subcommittees, in particular the European Affairs Subcommittee (SCEA) for EHPPA and the Mental Health Subcommittee (MHSC) for ADESM. ■

The Spanish Society of Healthcare Executives (SEDISA): a new affiliate member of EAHM

The Spanish Society of Healthcare Executives (SEDISA) is a non-profit organisation that brings together people who work professionally in the field of healthcare management and/or have an interest in it, as set out in its statutes. SEDISA's mission is to contribute to the transformation and evolution of the healthcare model towards excellence through the professionalisation of health and healthcare management executives and management autonomy by training professional managers and leaders to lead the transformation in a spirit of trust and enthusiasm. ■

2023

08.-10.05.2023 **64. Österr. Kongress für Krankenhausmanagement in Innsbruck;**
Austria https://www.krankenhauskongress2023.at/

24.-25.05.2023 **Kongress Krankenhausführung und digitale Transformation:**
Digitalisierungsstrategien von Kliniken erfolgreich managen, Fire & Ice Hotel, An der Skihalle 1, Neuss & digitales Live Streaming Germany https://entscheiderfabrik.com/veranstaltung/kongress-krankenhausfuehrung-und-digitale-transformation-2023

23.-25.05.2023 **SANTEXPO**
Porte de Versailles - Paris; France https://www.santexpo.com/programme/

02.-04.06.2023 **HOPE AGORA 2023;**
"Climate and environment: challenges for hospitals and healthcare services." Brussels; Belgium https://www.hope.be

05.-06.07.2023 **65th Annual Conference 2023 & 120th Anniversary of the Association of the German Hospital Directors (VKD) in Dresden;**
Germany https://www.vkd-online.de/

20.-22.09.2023 **Healthcare Week Luxembourg (HWL2023) & EAHM Inovation Awards;**
Luxembourg - Luxexpo TheBox; https://www.hwl.lu

20.-22.09.2023 **The 29th International HPH Conference**
will take place as a hybrid event in Vienna, Austria, with the title "Contributions of health promotion to well-being-oriented healthcare – in memoriam Jürgen Pelikan"
https://www.hphconferences.org/vienna2023/

25.-27.10.2023 **46th IHF WORLD HOSPITAL CONGRESS**
with a possible joint session involving EAHM; Lisbon - Portugal
https://ihf-fih.org/

25.10.2023 **HMI ANNUAL CONFERENCE**
Concert Hall, Royal Dublin Society (RDS); https://www.hmi.ie

13-16.11.2023 **MEDICA Fair; Düsseldorf & EAHM Europe Day at the German Hospital Day;**
Germany https://www.medica-tradefair.com/

Webinars with the «Institut Santé et Technologies de Troyes» - ISTT:
dates will be announced on the EAHM website

For other events and links, please visit our Website: www.eahm.eu.org

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