



International  
Hospital  
Federation

# IHF Secretariat ACTIVITY REPORT 2017





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# KNOWLEDGE SHARING PUBLICATIONS AND COMMUNICATION

## IHF Official Journal



This year we published four issues of Volume 53 of the World Hospitals and Health Services Journal. Like last year, abstracts were translated into Chinese, French, and Spanish to increase the journal's audience.

The first issue was dedicated to the winning entries of the IHF Awards and the winning posters from the 40th Durban World Hospital Congress. The articles allowed participants to highlight the innovations and best practices presented through their project.

For the second issue, entitled "Health Technology Assessment" (HTA), authors looked at different ways in which HTA can help health decision makers in the decision-making process. This issue includes case studies in Turkey, Lebanon, Finland and Basque Country.

The September issue entitled "Achievement and challenges for healthcare in Asia" contained articles that focused on the quality of care at affordable costs, efficiency in service delivery, and a focus on consumers at the center of the health system.

The December issue dedicated to the "Canadian success stories on health and social care" reviewed some of the key lessons learned from the Hospital Executive Study Tour in Montreal and Ottawa, Canada.

## IHF Newsletter

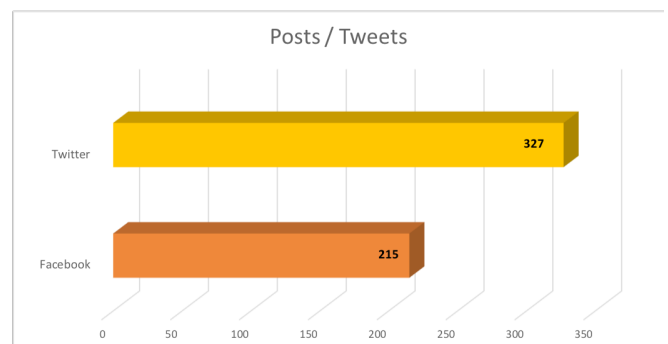


We publish a monthly newsletter to disseminate relevant information from the global healthcare scene among our community of members. From innovations and interventions to advice from experts in the field, this newsletter provides detailed articles and reports on strategies and information that can be implemented within one's organization. The newsletter also

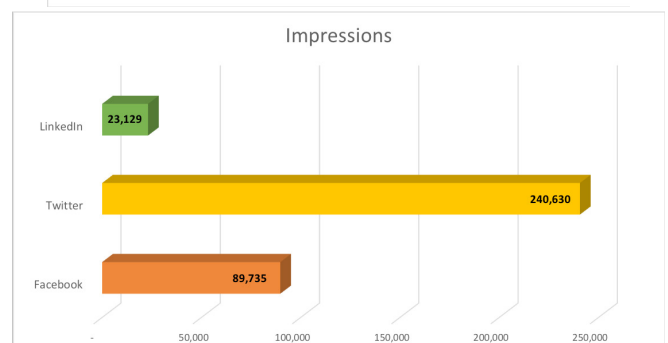
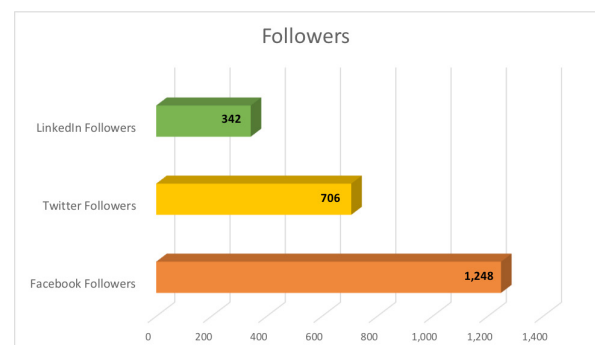
features highlights on our members, keeping the IHF community interconnected with the successes and challenges of members throughout the world. The IHF newsletter also features upcoming activities and events. This newsletter serves as a tool for not only IHF Members, but also for the healthcare community as a whole. We want to help facilitate a collaborative platform for the community, so feel free to send any relevant materials you may want to share.

## Social Media

The IHF Twitter, LinkedIn, and Facebook accounts were used throughout 2017 to promote IHF activities especially the 41st World Hospital Congress in Taipei. Updates about the call for abstracts, program and speakers, awards and social events were published on these platforms. The social media promotions had intensified closer to the Congress in Taipei and when the Call for Abstracts for the 42nd World Hospital Congress was announced.

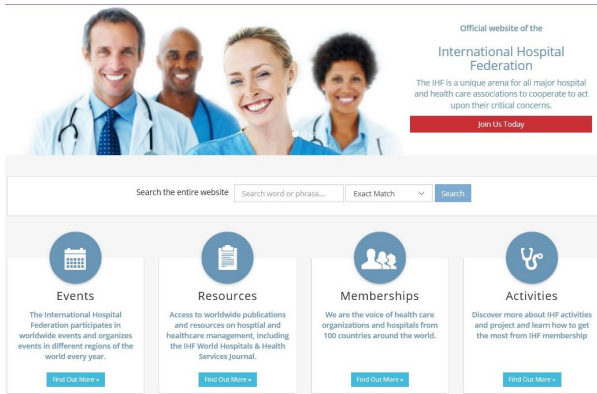


There has been a steady growth of followers on all platforms. IHF has the most followers on Facebook with 1,248. However, the Twitter posts are reaching more users with a total of 240,630 impressions throughout 2017. Because of this, Twitter has been used more often to disseminate information and promote IHF activities.



“Engagement” includes likes, shares or retweets, and comments. The average engagement rates were low in 2017 across all platforms, but this is something that the IHF Secretariat is trying to improve by creating more engaging content and images.

### IHF Website and Exchange Platform



After two years from its development, we are now able to assess the effectiveness of the IHF Website as a major showcase of IHF projects and activities, and we are proud to say that the outcome is very positive. The website, user-friendly and fully compatible with mobile devices, allows accessing all our resources and activities easily. Also, since it is connected to the CRM (customer relationship management database), registered users receive an e-mail notification any time a new element (document, article, event, etc.) is posted on the website. This makes it a very dynamic and interactive tool.

The IHF online Exchange Platform allows users to directly connect with healthcare peers around the world beyond the linguistic barrier as all posts can be automatically translated into different languages. Therefore, this is a great tool enabling networking as well as sharing experiences and resources. Online groups were created for the different ongoing activities (e.g., Special Interest Group, CEO Circle, etc.) to create a safe online working environment (there is no commercial use of the information exchanged). In future months, additional efforts will be made to make the Exchange Platform even more attractive and dynamic.

The Exchange Platform has been developed for you, and we are looking forward to receiving your feedback and suggestions to make it an unmissable tool for healthcare leaders.

### Priorities for Hospital CEOs - White Paper



#### PRIORITIES FOR HOSPITAL CEOs

Authors:  
Zahar Sathaj  
Sara Henao, MD  
Anne Jensen  
Rubin F. Steiner, PhD, FACMPE  
Plus 100 other experts

In May 2017, we published a white paper on “Priorities for Hospital CEOs” as part of the activities of the IHF CEO Circle. This document explores the priorities of hospital CEOs based on a survey of the needs and concerns of 62 hospital CEOs across 21 countries. The paper starts by providing a brief overview of studies on hospital and non-hospital CEO needs and concerns.

Some of the key findings from the survey are the following:

- The two major leadership challenges for a CEO are achieving quality outcomes for patients and economic concerns. Additional challenges are human resource management (e.g., staff motivation) and interaction with investors or suppliers.
- The most important reason for job satisfaction is the ability to make a difference in the quality of care. CEOs also reported that they enjoyed their job because it enabled them to have a positive impact on the community they serve.
- Concerns about personal responsibility varied widely and included excessive government oversight, to fear of civil or criminal penalties, reputational risks.
- The most important cause of frustration for CEOs is the inertia for change, followed by limited time CEOs can spend with their family, excessive government regulation, a lack of impact on public policy, political activism, and the lack of autonomy in their position.
- Almost 40% of respondents would like to have further training in strategic planning.

All key findings are available in the IHF Website. The full White Paper is available for CEOs members of the CEO Circle only.

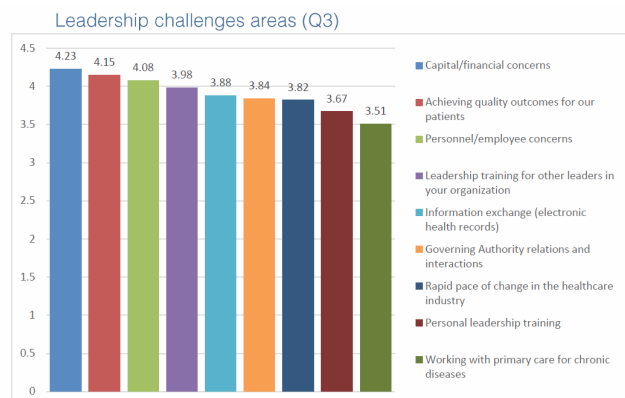


Figure 2: How much do the following areas present leadership challenges to you in your present position?

## EDUCATION AND TRAINING

### IHF Webinars



The IHF Webinars were introduced in 2014 with the objective of providing IHF members and non-members with additional educational tools and promoting peer interaction.

In 2017, four webinars were conducted with speakers coming from Pakistan, Africa, Belgium, and the United States of America. They shared relevant tools, best practices, and solutions in the following topics:

- Decreasing Exposure of Health Care Workers (HCWs) to Infectious Diseases: A Step Towards Employee Health & Safety
- Improving Quality of Care in Hospitals: A Comprehensive Information Technology Solution
- Deployment of Electronic Patient Record (EPR) – Key factors for success
- Leading a Paradigm Shift in Quality of Care and Service Delivery Through Live Simulation, Team-Training, and Lean Six Sigma

The recordings of the webinars are available on the [IHF Website](#) as well as on [IHF's YouTube](#) account.

### **Global Healthcare Internship Program**

This past year, the IHF welcomed four students from Boston University in partnership with Geneva University Exchange Program.

- Maria Koutlas and Rosina Webb joined the IHF Secretariat for the eight spring weeks
- Reena Chabria and Sydney Crute during the eight fall weeks

The purpose of this program is to familiarize students with the academic research through direct contact with our members. By exposing them to healthcare leaders across the world, we hope to contribute to their professional development. Conversely, the IHF brings a fresh air of academic research and enhances its resources.

This year the Secretariat assigned interns with an international search of healthcare management conferences. The interesting outcome of this market research provided a list of key organizers, recurrent topics, number of participants, duration and pricing as well as the nature of keynote speakers. Among

the evidence collected, our interns evaluated correlations between the observed attributes. The outcome of this analysis sheds curious light on the selected health topics, namely:

- Health Business
- E-Health and Health Technology
- Improvements in Healthcare Delivery and Access
- Health Leadership
- Promotion of Sustainable Development and the Sustainable Development Goals

The results of this preliminary research have encouraged to pursue this exploration a little deeper and will be published as a technical paper in 2018.

Other than that, both spring and fall interns were very much involved in communications, social media and overall support to the secretariat. Some tasks included: promoting the Friends of IHF, conducting surveys for ongoing projects as well as contributing to general drafting and editing of papers/articles. Fall interns were particularly helpful proofreading our communications during the World Hospital Congress in Taipei.

### ***An intern from the MA in Public Management of the University of Geneva***

The IHF welcomed, from the 1st of February 2017 to the 30th April 2017, Zahan Saththa from the Master's program in Public Management of the University of Geneva (UNIGE) and who's internship at the IHF was linked to his academic courses.

Zahan Saththa worked on three research projects relating to management and leadership in hospitals. He assisted with the writing of a white paper on priorities for hospital CEOs. He undertook a mapping exercise between the IHF Competency Directory for Healthcare Managers and various ISQua accredited hospital standards. His internship at the IHF also involved the writing of his internship report (i.e., Master Thesis). The report provides an overview of quality and performance tools that are used in hospitals and places emphasis on the ISO, EFQM and MBNQA models as well as their application, by way of empirical data gathering and that includes the use of a survey that was sent out to various hospital C-suite executives. It has received the highest grade, and the key points of this research paper were presented at the 2017 IHF World Hospital Congress.

The IHF expects to provide new opportunities to students from the University of Geneva who wish to intern at the IHF.

## IHF 2017 Montreal Study Tour

The Montreal 2017 Hospital Executive Study Tour was organized in partnership with Alexander S. Preker, CEO of Health Investment & Financing Corporation from June 5th to 8th.

The participants could learn how the Canadian hospital sector addresses some of the key challenges and solutions to transform the way hospital care is delivered in the 21st century. Canadian partner organizations in Montreal and Ottawa collaborated to host various events and allow an exchange of ideas, knowledge, experiences and best practices in the delivery of healthcare services, and in the leadership and management of their organizations.

Participants learned about health care organizational, management, research and clinical intervention through their visit at both McGill University and the University of Montreal. Their visit at the Arbec Health Group and the Montreal Institute of Geriatrics provided them with an overview of care for the elderly for which both the government and the private sector engaged in strong partnerships to increase the mobility, autonomy and emotional support for the patients. An overview of the Canadian Healthcare system was provided by representatives of the Healthcare CAN (a Full Member of the IHF).

Participants got an insight on some features of the Canadian healthcare system such as the high-quality care mainly provided by the public sector and the high degree of autonomy allowed by the federal government to provinces concerning the fund they received with the condition to respect core principles. The lessons learned from the tour showed the participants that Canada is successful in providing health and social services free of fees at the point of care for its citizens.

Read the [final report of the Study Tour](#). The program and some presentations given during the tour are available in the [IHF Website](#).

## HOSPITAL EXECUTIVE STUDY TOUR

June 5-8, 2017 | Montreal, Quebec



International  
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*A unique opportunity to participate in a state-of-the-art Canadian healthcare experience in a setting rich in culture and culinary delights*



Montreal meeting, Canadian Society of Management - June 6<sup>th</sup> 2017  
with Managing Director of the McGill Hospital and their various  
high-level strategic partners from Montreal's healthcare sector.



CIUSSS South Centre, with Richard Massé  
June 6<sup>th</sup>



June 6<sup>th</sup>



Arbec Health Group  
June 7<sup>th</sup>

From left to right: D. Arbec, E. de Rouville, A. Preker and A. Flores

## WORLD CONGRESS AND INTERNATIONAL AWARDS

### *Economic Course*

The IHF Secretariat in collaboration with Thomas Vogel, healthcare consultant, organized a course entitled “Economics for healthcare leaders” on Monday, November 6th as pre-congress meeting in Taipei.

This was an interactive workshop to explore and discuss critical concepts of economic theory application to hospital management. The objectives of this course were:

- master critical concepts in business and behavioral economic;
- link these concepts with decision makers;
- apply them for performance improvement.

The first session on “What does economic theory tell us about the behavior of the health system players” covered topics such supply, demand and choices in the health system, economic incentives in the health system, sensitivity to incentives, principal-agent model and key concepts and their application. Concepts like asymmetric information, cream skimming, and adverse selection were discussed. The second session entitled “Can applied economic theory improve hospital performance?” discussed different stakeholders’ perspective on effectiveness and how these perspectives affect the notion of efficiency. It also covered managing costs, resources, and results under the topic “Setting (and reaching) efficiency targets”. Mr. Vogel discussed the concept of profitability and the economic concepts listed in a glossary prepared for the course. Finally, it ended with the demonstration that the economics concepts apply in the balanced scorecard.

The course was attended by professionals working in hospitals and healthcare organizations.



### *World Hospital Congress*

## 2017 IHFTAPEI 41st World Hospital Congress

The 41st IHF World Hospital Congress was held on 7-9 November 2017 at The Taipei International Convention Center in Taiwan. It was hosted by the Taiwan Hospital Association with the theme “Patient-friendly & Smarter Healthcare”. 748 delegates, representing 45 countries, attended the event.

The Congress continues to be a unique global forum that brings together leaders of national and international hospital and healthcare organizations, key drivers of national and international policy, management, financial trends, and solutions. It remains to be a venue for the multidisciplinary exchange of knowledge, expertise, and experiences in leadership in hospital and healthcare management and delivery of services.



The Opening Ceremony was graced by the Vice President of the Republic of China (Taiwan) Chen Chien-jen.

The keynote speakers included San-Cheng Chang, President, Institute for Biotechnology and Medicine Industry (Taiwan) who spoke about “The new era of health industry driven by intelligent technology and big data”; Dr. Tony Pat-sing Ko, Cluster Chief Executive, New Territories West Cluster, Hospital Authority (Hong Kong) who presented on “Transforming healthcare through Information Technology”; Dr. Sidney Klajner, President, Sociedade Israelita Brasileira Albert Einstein (Brazil) whose presentation focused on “Making the patient experience a driver for healthcare provision”; Nancy Howell Agee, CEO, Carilion Clinic (USA) shared ideas on “Leading and designing a patient centred health system”; and Deborah Cole, CEO, Dental Health Services, Victoria (Australia) made a presentation on “Disrupting health — let’s experience better outcomes”.

The scientific program was filled with a variety of concurrent presentations and posters. With the number of abstract submissions received in 2017, there was a total of 9 Free Paper Sessions and more than 200 posters that addressed the following themes:



- Capacity building and innovation in leadership and management
- Financing and Universal Health Coverage
- Governance, accountability, and ethics
- Long-term care for aging and multi-chronic patients
- Patient as a stakeholder for healthcare service provision
- Quality of care and patient safety
- The resilience of hospitals to better face natural human threats
- Service Delivery
- Technology
- The challenges to access treatment

National Member Organizations from countries including Australia, Belgium, Brazil, France, Hong Kong, Iran, Japan, Norway, Portugal, Spain, Switzerland, United Arab Emirates and the United States of America hosted IHF Member sessions.



The IHF CEO Circle, IHF Special Interested Group, Global Health Management Consortium, and ISQua hosted the Special Interest Sessions.

The host country also had five concurrent sessions presented by the Taiwan Hospital Association, Infection Control Society of Taiwan, Joint Commission of Taiwan, Taiwan Nursing Association, and Taiwan Medical Association.

The exhibition provided an opportunity for providers and sponsors to showcase their products and share their services to attendees. It also served as a venue for the delegates to network with peers, healthcare leaders, and professionals, in addition to the social functions including the lively Welcome Reception at the Taipei International Convention Center and the colorful and entertaining Gala Dinner held at the Grand Hyatt Taipei.



Congress attendees had the opportunity to join any of the three healthcare visits that gave them a chance to tour the facilities and hear from the hospital's administrative leaders. The hospitals and facilities included in the healthcare visits were:

- Taipei Veterans General Hospital
- Far Eastern Memorial Hospital
- Linkou Chang Gung Memorial Hospital & Advantech IoT Campus

The Congress mobile app launched at the 40th IHF World Hospital Congress in Durban, South Africa was used again in 2017. It provided delegates easy access to the program, list of speakers, a map of the Congress area, information on sponsors and exhibitors, list and location of posters, and other helpful information to guide them during the Congress. Moreover, the app provided an online channel for them to share their experience and interact with fellow delegates.

The delegates hailed the Congress a success. The online Congress evaluation survey conducted after the event showed that respondents rated the Congress 4.2 out of 5.

For more information about the 41st IHF World Hospital Congress, please visit the [World Hospital Congress website](#).

When this report was written, preparations were underway to organize the 42nd IHF World Hospital Congress to be held in Brisbane, Australia, 20 years after it was last held in the country. It will be on 10-12 October 2018 with the theme "How can healthcare evolve to meet 21st-century demands?" Please visit the [2018 Congress website](#) for more information.



## Awards

The IHF Awards was presented for the 3rd year at the IHF World Hospital Congress in 2017 to recognize and honor public and private hospitals and healthcare provider organizations for innovation, excellence, outstanding achievements, and best practices in the categories of Leadership and Management, Quality & Safety and Patient-centered Care, and Corporate Social Responsibility.

The program again recognized projects and programs that showcased a combination of excellence in those categories in the most prestigious award, the IHF/Dr. Kwang Tae Kim Grand Award. This Award is only open to Full and Associate IHF Members and recognizes excellence and achievements at a health system or facility level.

There is a total of 129 entries submitted from 24 countries, the highest number of submissions received since the Awards program was launched. The overall quality of the awards was outstanding making the selection process difficult for the panel of judges. This year, the Awards Committee also decided to recognize five Finalists per category in addition to the Winner and Honorable Mentions.

The Awards Ceremony was held during the IHF World Hospital Congress. This was an opportunity for the Winners to briefly present their winning projects and programs after receiving their trophies. Honorable Mentions also received their trophies on stage, and the Finalists received certificates.



The Winners of each of the categories are as follows:

IHF/Dr. Kwang Tae Kim Grand Award:

InfoKids: a transversal and longitudinal solution enhancing patients and caregivers experience in emergency departments by disrupting the care process paradigm (University Hospitals of Geneva, Switzerland)

IHF/EOH HEALTH Excellence Award for Leadership and Management in Healthcare:

Introducing a Multifaceted Approach to Improving Regional Diabetes Care (Department of Health-Edendale Hospital-Pietermaritzburg- Dept of Int Medicine, South Africa)

Excellence Award for Quality & Safety and Patient-centered Care:

Reforming the Norwegian Healthcare System through the Norwegian Patient Safety Programme (Norwegian Patient Safety Programme, Norway)

IHF/BIONEXO Excellence Award for Corporate Social Responsibility

Maternal Obstetric Monitoring (MOM) program, Shorapur (Narayana Health, India)

For the full list of Winners, Honorable Mentions and Finalists, please visit the [IHF Awards website](#).

The PDF copies of the presentations of the Winners slides provided by the Honorable Mentions, and posters of the Finalists are published on the IHF website to give it better visibility as part of the IHF knowledge exchange platform. This will also provide other members an opportunity to learn more about best practices and innovations from other organizations.

Selected winners will also be invited to conduct webinars in 2018 as well as be featured in a dedicated issue of the IHF Journal, World Hospitals and Health Services, in June to increase the visibility of these outstanding programs to the healthcare community.

In addition to Bionexo, the sponsor of the Excellence Award for Corporate Social Responsibility, EOH Health has also joined the roster as the sponsor of the Excellence Award for Leadership and Management in Healthcare. We wish to thank both companies for supporting our endeavor in recognizing deserving hospitals and healthcare provider organizations.

Our warmest gratitude to Dr. Kwang Tae Kim, former IHF President, for his initiative to start the Awards program and his generous sponsorship of the Grand Award. Dr. Kim's support is motivated by his desire to see the IHF Awards become the most widely acclaimed within the international healthcare arena.

The IHF Secretariat aims to get more entries in 2018 by mobilizing its members more and tapping the broader healthcare community. It is also committed to continuing to recognize healthcare providers that are leading the quest for excellence and innovation.



## SPECIAL INTEREST GROUPS

### University Hospital SIG

 The IHF University Hospital SIG (UH-SIG) is a unique platform for peer-to-peer knowledge sharing among university hospitals on global health challenges.

In 2016, the UH-SIG started a worldwide research to study governance practices for university hospitals and aligned universities. To better understand governance dynamics, the UH-SIG collaborated with the University of Eastern Finland to conduct global research on how governance is structured, and cooperation is achieved between university hospitals. The UH-SIG and the University of Eastern Finland developed, fielded, and analyzed an online survey completed by executives from 23 university hospitals located in Europe, Australia, the Middle East, South America, and North America.

Six major themes emerged as distinctive and shared issues from the interviews:


- Achieving alignment
- Facilitating centers of excellence
- Fostering environments for innovation
- Navigating reform
- Developing new leaders
- Providing 21st-century medical education

Interviewees described ideas used to strengthen alignment across clinical care, research and education as well as creating environments that stimulate entrepreneurial performance and how results could possibly bridge different cultures to promote collaboration and advance innovation within their institutions.

It was an extremely challenging topic for the UH-SIG, and very few full case studies were achieved as governance is often a politically sensitive topic. The results of this joint effort are being published in the IHF Journal 2018 edition under a Special Report on IHF UH-SIG, titled “How University Hospitals and Aligned Universities Collaborate to Advance Goals”.

As a follow-up, the UH SIG intends to pursue its research on innovation guidance and enhancement within the University Hospital in 2018.

### Healthcare Management SIG

 This year the Special Interest Group on Healthcare Management (HM-SIG) held various meetings and agreed on a set of subgroups leading the working priorities. Firstly, the HM-SIG gathered to state the Terms of Reference, the Steering Committee (SC), and the Priority Groups (PG). The frequency of the meetings as well as the purpose of both the SC and the PG were decided.

The following lines describe the tasks assigned to the 5 PGs:

- Promote utilization of Healthcare Management and Leadership Competency Directory
- Promote the development of Healthcare Management Associations (regional and/or national)
- Funding for HM-SIG activities
- Develop collaboration with academia and education accreditation agencies
- Develop a research agenda to underpin SIG Objectives

With these objectives in mind, the HM-SIG has been developing an intensive outreach activity and were able to present some case studies on the application of the Core Competency Directory during the Taipei WHC. The IHF was invited to participate in a workshop organized by the IESE School of Management in Barcelona last September focusing on Healthcare Management in Europe. More information is available in the “Future Healthcare Manager in Europe” article of this Report.

In parallel, the IHF launched the self-assessment tool on Healthcare Management and Leadership Competencies. A web-based online and free platform enabling healthcare managers to rate the relevance of the 80 core competencies to their function while assessing their level of expertise. The platform has been translated into more than five languages so far. Although the tool has been largely exposed, feedback received suggested some minor changes to enhance user-friendliness, certainly explaining the limited impact for now. The Secretariat has been putting great efforts into tackle this obstacle and working with regional groups promoting its use. Pending issues for 2018 include:

- Use of the competency tool across Educations centers
- Upload of resources
- Analysis of outcome tables
- New Steering group and Operational groups.



## The Self-Assessment Tool in Management and Leadership Competencies for Healthcare Managers

2017, the year the self-assessment tool has officially been launched

The Healthcare Management & Leadership Competencies Assessment Tool is an online platform open to any healthcare professional in a management position. The platform is available in various languages (English, French, Spanish, Chinese, and Portuguese). Confidentiality, security, and protection of information are assured by the Swiss regulation and laws.

This online tool is free of cost. The aim is to promote the enhancement of leadership and management competencies in healthcare organizations, through the self-assessment of management and leadership skills. The tool provides a benchmark for competencies across functions and geographical location. It allows peer-to-peer comparison within a given position around the world. A personalized report providing areas for improvement, professional needs and management and leadership literacy is extended at the end of the survey. Also, the platform is currently accommodating handy access to resources supporting continuous professional development (CPD).

- Assess your management and leadership skills
- Benchmark your current level of competencies
- Promote your personal and professional growth

### *Background, a little bit of history*

The IHF by means of the HM-SIG and its members worked on the idea of helping bridge the gap between academia and practice by bringing together the Task Force and Working Group in charge of the IHF Global Directory as a shared assessment tool. The purpose was to encourage research to determine how competencies affect outcomes. In that sense, the group researched within healthcare organizations, to understand which competencies improve health care delivery outcomes by incorporating findings into the curriculum for health care management academic programs. Finally, the idea was to target the professionalization of healthcare workforce and to provide tools and information for organizations to train and develop competent managers and leaders for maximum performance.

The Global Healthcare Management Competency Directory was achieved after three years of hard work. As a crosswalk and consolidation of existing competency frameworks throughout the world and validated through field review.

The Core Competency Global Directory is a multifaceted:

- Instrument for assessment of leadership and management capabilities
- Guide for curriculum adaptation and development
- Tool for enhancing continuing professional education programs
- Assisting governments and organizations in identifying gaps in management and leadership
- Planning and development of long-term career pathways
- Template for credentialing healthcare managers

Since different competency directories had been developed in several regions, the Global Directory was created with the potential of mapping core competencies, transposable to healthcare delivery organizations anywhere in the world, to outcomes. Its key comparative advantage is to determine a less ambiguous taxonomy framing competencies and grading them according to levels of proficiency as referenced by the “Dreyfus Model”.

Competencies pertain to 5 Major Domains:

- Leadership
- Communications and Relationship Management
- Professional and Social Responsibility
- Health and Healthcare Environment
- Business Skills and Knowledge

...which are broken down into a total of 26 subdomains, resulting in a total of 80 core competencies.

### *The Tool*

The tool is presented as a survey structured in two parts. The first part pertains to perception: “how relevant these competencies are to your current position within your organization”. The scale selected for this part is a standard 5-point relevance going from **1= not relevant to my current position in my current organization** to **5=very relevant to my current position in my current organization**. In the second part, the survey confronts the user to his/her skills for each of the 80 competencies. The scale used here is the 5-point Dreyfus model going from **1 =Novice; 2= Advanced beginner; 3= Competent; 4= Proficient; 5= Expert**.

Both parts evaluate the same 80 competencies-questions in the form of multiple-choice question.

Since it is considered that each of the 80 competencies should somehow be present in Management & Leadership for Healthcare Managers, there is no room for “n.a.” in any of the scales. The exercise implies an exhaustive evaluation of the 80 competencies directory.

This dual structure acts as a catalyst for perception and critical reflection. In return, outputs consolidated by the law of large numbers will

provide an objective benchmark built upon peers' case mix of introspection and objective value.

At the end of the survey, results are extended as a review including:

- A personalized report measuring potential improvement between professional needs and current status in management and leadership skills
- A benchmark guide for peer comparison by position and country
- Exclusive access to resources to support continuous professional development.
- We expect to explore consolidated (anonymized) results, on the level of competencies and professional perceptions, further on to evaluate potential mapping to outcome indicators.

### ***Investor Owned Hospitals SIG***



The Investor-Owned Hospital Special Interest Group (IOH-SIG) was officially launched in 2016; the group then formally met during the WHC in Durban. From these preliminary exchanges the IOH-SIG was structured around the following pillars:

- Sharing best practices and ideas to enhance business learning for all healthcare facilities
- Identifying opportunities and challenges in the investment process

With a small but interested audience, this first meeting in 2017 called for a pursuit of the activities. It was jointly agreed to bring in ideas/topics to create a meaningful roadmap talking to all stakeholders within the private sector, likely to encounter similar issues.

The rhythm of development in 2017, however, has been slower than intended. Surprisingly enough the WHC in Taipei raised a numerous attendance for the side-meeting. Over 20 people gathered around the table and discussed recurrent obstacles common to them all: lack of data, need for benchmark indicators both at the macro-and micro level, financial and market data for a better illustration of healthcare system determinants, healthcare services pricing, and then of course expectations and ratios of business standards.

The major drawbacks arising from this meeting appeared to be the asymmetry of information and the unstructured and fragmented nature of the markets, especially in emergent countries. Opportunities for capitalization do not easily find their way to facilities in demand. While it may appear as an overexploited field, the attendees called for the IHF natural authority to represent and support a marketplace for investment services. The IHF acting as the catalyst, in other words an agent of change, thanks to its members and contacts, i.e., a conglomerate of best minds working together can bring synergies to actors, stakeholders in the industry: healthcare facilities, investors, consultants, and service providers with the ability to respond to the needs of their counterparts. Due to a set of limitations and shortages of the private sector healthcare market, it is difficult to identify investment opportunities. The scene was set for upcoming progress on the following concepts:

- Knowledge hub for investment services
- Benchmarking principles for healthcare facilities performance



## IHF CEO CIRCLE



The CEO Circle grew and expanded in 2017. The number of participants to the CEO Circle session as well as attendance to the special breakfast, sponsored by NAVIGANT, hosted during the WHC in Taipei significantly increased.

### *Hospital Performance Excellence*

For the second consecutive year, the IHF CEO Circle sponsored a general educational session on the topic of “Developing a performance excellence system in your hospital operating structure”. The purpose of the meeting was to bring world experts in different performance excellence systems together to compare, contrast, and discuss the framework of the Malcolm Baldrige National Quality award and the European Foundation for Quality Management and the ISO 9000.

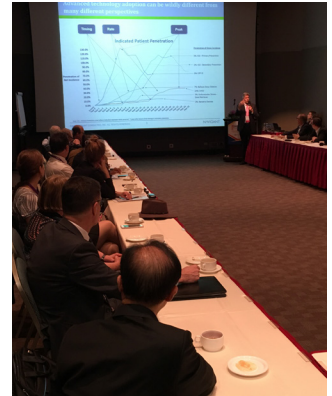


### *2017 WHC and CEO Circle Breakfast*

The CEO Circle Members Only Breakfast gathered more than 50 CEOs around an exclusive presentation on Medical Technology Management, conducted by Joe Galatowitsch from Navigant Healthcare Consulting.



Mr. Galatowitsch has developed a process for organizations to evaluate their medical equipment inventory, and then to maximize the process to keep only the most productive equipment in house and service. This can result in millions of dollars of savings all while ensuring that the service given to the patient is the highest quality possible, very timely in an industry searching for ways to simultaneously decrease cost and increase quality.



During our discussion in November in Taiwan, the CEOs looked for alternative ways to stay connected during the year. Ted Talks, Webinars, and even a WhatsApp Group appeared as outstanding, unusual traditional channels with a potential to engage an ever-busier circle.

### *The CEO Circle Platform*

Members of the CEO Circle are invited to use the IHF exchange platform (available after login into the IHF Website): an exclusively dedicated group is available as an exchange hub for all the communications as well as the White Papers, Webinars, Ted Talks, and other events.

# ADVOCACY AND INTERNATIONAL RELATIONS

## INTERNATIONAL ACTIVITIES

### *The IHF President and the IHF President-Designate: Advocacy & International Mission*

#### **Erik K. Normann, MD**

IHF President

January/November 2017

IHF Immediate Past President

November/December 2017



On January 16th, as the President of IHF, I attended a regional meeting of the OECD (the Organisation for Economic Co-Operation and Development) together with the IHF CEO, Eric de Roodenbeke. This meeting was one of the regular meetings OECD holds with its members countries. One of the purposes of the meeting was to prepare the IHF-OECD meeting in May.

On May 15-17th, we had a two-days meeting of the Governing Council and one-day meeting with the OECD during which we discussed benchmarking as an instrument to improve health performance in different countries. We also discussed “waste”. There is a lot of waste in the healthcare services due to a lack of coordination (e.g., double blood testing; etc.

We also attended the French Hospital Federation’s annual meeting at Hôpital Expo and, as President, I was invited to give a brief talk.



In June I was invited as a panelist at the opening of the Annual Meeting of Health Technology Assessment International (HTAi 2017) which was held in Rome. HTAi is an international organization that provides a platform for exchange on Health Technology Assessment. They need a stronger collaboration with hospitals, and I was asked to support the collaboration between HTAi and IHF. I think this is a very important question, because introducing new technology in hospitals is very expensive, and it is important to know if the equipment represents a good investment or not.



On November 7-9th, the 41st World Hospital Congress was organized in Taipei, Taiwan. The Congress was a success with many good presentations, both in plenary and parallel sessions. We also had two Governing Council meetings and a General Assembly. I would like to congratulate the organizing committee and Taiwan on the Congress and to thank all the personnel involved in the organization. The Presidency of IHF was handed over to Dr. Francisco Balestrin, and I wish him all the best for his two years as President.

The European Association of Hospital Managers (EAHM) together with the European Hospital and Healthcare Federation (HOPE) sponsored the European Hospital Conference held by the Society of German Hospital Day (Gesellschaft Deutscher Krankenhaustag mbH (GDK) during MEDICA in Düsseldorf on November 16th. I attended this meeting partly as Immediate Past President of IHF, partly as President of the Norwegian Hospital and Health Service Association. The latter is a member of both EAHM and IHF. On November 15th I attended the EAHM Executive Committee (ExCom) in Düsseldorf and I underlined the need of a stronger collaboration between EAHM and IHF.

I express my deepest gratitude to the CEO, Mr. Eric de Roodenbeke, and his staff for all the good work the Secretariat is doing. Without them, it would not be possible to run an organization like ours.

I also want to thank my colleagues of the Governing Council as well as the Executive Committee for the good collaboration and friendship. I especially mention and thank Dr. Kwang Tae Kim for his contribution to the Federation and now as Honorary Member, the new President Dr. Francisco Balestrin and the new President Designate, Dr. Risto Miettunen.

## **Francisco R. Balestrin**

IHF President Designate

January/November 2017

IHF President

November/December 2017



2017 was a busy year for the IHF. As the Federation seeks to better define its mission and its goals for the future, it has still been doing an outstanding job in the present, by providing value for its members and in discussing the key issues of healthcare for the future.

It was also a very special year for me, personally. I have received the honor of being President of the IHF in this time of change for the Federation. This honor was even more gratifying by having the ceremony happen during what was a wonderful World Hospital Congress in Taipei. Our hosts excelled in the reception and the quality of the Congress and showed that the commitment, dedication, and competence of its members makes the IHF a great organization.

I had many opportunities to work for the IHF and to promote its values in 2017. Though it has been a lot of work, I would not say it was difficult. Much the opposite – representing the IHF has been an amazing opportunity to meet interesting people, hear new and exciting ideas, make friends around the world, and make a difference in the lives of patients and healthcare providers.

In March 2017, I was a speaker at the conference on Digital Transformation: Health's Journey, in Barcelona, Spain, where we discussed the digital future of healthcare, and how new tools will improve the way we provide safe and quality care at an affordable cost.

I also visited Optum's laboratory, in Minneapolis, USA, to see how data, information, and technology is changing our understanding and the pace of evolution in healthcare.

In May, the Governing Council met in Paris, France. Our meetings with the OECD showed us how well-regarded the IHF is in the international community, and also opened many avenues for cooperation between the two organizations. I was especially interested in the OECD's work on wasteful spending in healthcare. It is a pressing topic for all of us that wish to do more with less for our patients.

Some other international events were also on my agenda. The LIFE Conference at the University of Miami, in June, and the V Foro de soluciones exitosas e Innovacion em salud, in Colombia, in September, both had very interesting insights on innovation and upcoming trends in healthcare.

In October, I was in London for the Sodexo Congress, and extended my visit to the Netherlands,

to learn more about the work they have been doing in Value-Based Healthcare. Some of their solutions immediately became projects, which are currently being implemented in Brazil. This shows the value that cooperation and contacts across national boundaries can add to our activities at the national level.

In November, I was at the 41st World Hospital Congress in Taipei. It was my great honor to become the President of the IHF, after serving as President Designate for the previous two years. It is a great challenge to follow, Dr. Erik Normann, who not only is an admirable man but who has led the IHF through a very successful presidency.

It is always necessary for an organization such as the IHF to renew itself and, for that, those that have already given their contribution must open spaces to those that are arriving. That being said, Dr. Kwang Tae Kim's contribution has been fundamental to the IHF, and I am sorry I cannot count on him in the Executive Committee anymore.

As I said, however, renewal is a positive thing, and I am happy Dr. Risto Miettunen will be bringing new inputs and ideas in his new position as President Designate as well as Dr. Muna Tahlak, as our new treasurer.

Altogether, Dr. Eric de Roodenbeke has led a successful 2017 for the IHF, and we count on him to lead the way of change and transformation of the organization in 2018.

## **Risto Miettunen**

IHF President Designate

November/December 2017



In November, in conjunction with the 41st World Hospital Congress in Taipei, I was appointed as IHF President Designate by the General Assembly. In this new position, I am looking forward to working together with Dr. Francisco Balestrin, Dr. Eric Normann, and Dr. Muna Tahlak, in particular in this period of change for the IHF.



## IHF Special Advisors



**Dr. Leke Pitan**, *Special Advisor for the African Region*, was an IHF Governing Council Member from 2005 to 2011.

In 2017 lots of efforts were done to ensuring continuity of the IHF activities in the African Region, namely with the election of a new representative of Nigeria in the IHF Governing Council. With the departure of Dr Ahmid Balogun from the Lagos State Health Service Commission, we had to find an equally competent and committed replacement.

I have supported a smooth transition of the Governing Council membership from Dr. Ahmid Balogun to Dr. Sola Pitan, Senior Special Assistant to the Lagos State Governor on Health Matters. Dr. Pitan is strategically placed to continue with the efforts of his predecessor Dr Balogun and he is expected to work with me on widening the IHF membership both locally in Nigeria, and in Africa.

Despite some difficulties, I have been able to ensure that the Lagos State Health Service Commission membership within the IHF was maintained and renewed.

This membership renewal enabled representatives of the Lagos State Health Service Commission to attend the World Hospital Congress in Taipei, Taiwan, in November.

From 9 to 11 May 2017, I represented the IHF at the Nigerian National Health Management Conference, co-organized by the Federal Ministry of Health and Rova College of Health Executives in Abuja. During this occasion I presented a paper on “Healing without Harm” with a sub-theme on “Challenge of Growing Complexity in Medicine and the Rise of Specialization and Sub-specialization”.



**Dr. Juan Carlos Linares**, *Special Advisor for the Latin America Region*, was an IHF Governing Council Member from 2009 to 2015.

In 2017, I was in permanent contact with Presidents and Directors of Hospital Associations of different countries of Latin America: Uruguay, Mexico, Brazil, Colombia, Bolivia, and Peru.

I also had opportunities to collaborate with the Ibero-American Organization of Providers of Health Services. This has been a very intensive year of work for the Latin American Hospital Federation.

In each Meeting, Congress or Exposition I have participated, I commented and reviewed the IHF activities while explaining the benefits of being an IHF Full member. I am looking forward to gaining interest and future new members.

The relationship with all these Hospital Associations exceed our encounters and fortunately have been fluent and continuous during the entire year. I also send to them the IHF Newsletters as a way of being present and promoting its work.

Being the host, I specially represented IHF in the Experts International Meeting in Buenos Aires, October 2017. The same happened at the XXIII International Congress named “Health, Crisis, and Reform”, organized by CAES and the OIPSSS in Buenos Aires.



## INTERACTION WITH INTERNATIONAL ORGANIZATIONS

### *Interaction with the World Health Organization*

#### **The 140th session of the Executive Board**



The 140th WHO Executive Board session was held on January 23rd – February 1st, 2017 in Geneva, Switzerland. A second shorter meeting took place in June, as a follow-up to the Health Assembly.

This year, key topics of discussion were: antimicrobial resistance, poliomyelitis, the global shortage of medicines and vaccines, promoting the health of migrants, the Global Vaccine Action Plan, progress in the implementation of the 2030 Agenda for Sustainable Development, and adolescent health.

The High-Level Working Group on the Health and Human Rights of Women, Children, and Adolescents established by WHO and OHCHR (Office of the United Nations High Commissioner for Human Rights) was also presented and discussed.

Member States nominated three candidates as Director-General: Dr. Tedros Adhanom Ghebreyesus, Dr. David Nabarro, and Dr. Sania Nishtar. Dr. Tedros was elected during the World Health Assembly in May.

#### **WHO Interregional task force on hospitals**

IHF was invited to participate in the first meeting of the interregional task force on hospitals in Almaty (Kazakhstan) on June 21st and 22nd, 2017. This meeting gathered the WHO lead officers in charge of the hospitals from the Headquarters and most of the WHO regional offices. Also, experts from various part of the world were invited to join this group.

The objective of the meeting was to review an initial draft of a position paper prepared by WHO headquarter. The IHF has been involved in writing some sections of this first draft.

The IHF CEO facilitated the initial session aimed to get from the WHO Regional Office representatives a full understanding of the demands they are facing regarding hospitals. The very long list of topics resulting from this session was a clear indication of how hospitals are triggering attention in most countries. Support request is most often on the policy agenda, i.e., the role of hospitals in the delivery system and transformations of hospitals for them to provide better health services to the population. In addition, many countries are also looking for support to enhance the operation of their healthcare facilities. This is covering a large

spectrum of issues on management, quality, and safety, operational efficiency, etc.

Subsequent sessions allowed to fully review the draft position paper to make sure it will be written to serve as an entry point for countries to consider the critical issues they need to consider if they want to enhance the role and the operation of the hospitals in their health system. It was agreed that this should not be a normative paper since the variety of situations and priorities in the countries is well recognized.

This meeting also allowed to record the initiatives taken by the various regions, and their respective priorities. Currently, the EMRO region is placing emphasis on supporting the countries in healthcare management, and IHF is working closely with the EMRO Office on these matters beyond the major project undertaken in support to Iran (see the article on WHO - Evaluation of the Training program for hospital Managers in Iran). The WPRO region is also advancing on this topic, but to date, the mobilization of IHF is lesser. Other regions are also responding to country requests, but they do not have a strong portfolio of activities supporting hospitals.

The draft position paper was updated after this meeting and disseminated for consultation. The IHF Secretariat shared it with its members. Initial feedback on the paper was very positive, considering that it describes the major trends affecting health service provision and the challenges hospitals are facing.

IHF's participation in this initiative will continue in 2018 as it is expected that this paper will be discussed in the regions during their respective Regional Committees. A paper for the international community will be finalized between the end of 2018 and early 2019. IHF will be associated with all steps.

Since 2018 is the year in which the Alma Ata Declaration will be celebrated, it is important to have such a position paper available. This will avoid repeating what happened in 1978 when the role of hospitals in relation to Primary Health Care had been homitted when adopting the Alma Ata Declaration.

For the IHF Secretariat, participation in this group is reflecting the good level of collaboration between IHF and WHO. In addition, this is also important for IHF Members considering that the IHF Secretariat is bringing to this group the voice of the healthcare service providers demonstrating that the providers are involved in a rapid change dynamic. Very often case studies demonstrate how the providers are the driving force of this change. To continue in this direction, it will be increasingly important that IHF members share their innovative practices with the IHF Secretariat.

## WHO - Euro meeting on Integrated and person-centered care

This two-day meeting was held on 22 and 23 June 2017 in Almaty, Kazakhstan. The purpose was to convene integrated health services delivery focal points (IHSD FPs) and nominated delegates from countries, together with invited experts and WHO staff members.

Most of the meeting, to which IHF was invited, discussed a global perspective on the integration of hospitals.

Sessions were organized to discuss and exchange practices, focusing on integrating PHC and hospitals as a priority gateway for transforming health services delivery.

The focus of the first day was on updating IHSD, its implementation package and illustrative country practices on putting integrated health services delivery into practice, as well as providing guidance on approaches to depict capacity and performance of the PHC in the Region and its possible application in countries.

The second day of the meeting was set out to explore country needs and perspectives on integrating PHC and hospitals. Key highlights of the discussions can be summarized as follows:

- The scope of transformations towards integrated service delivery is highly context-specific and change over time, but principles in pursuing it are universal; change management and innovation are imperative.
- Ensuring a political buy-in for developing integrated people-centered services delivery requires better evidence on its cost-effectiveness and impact. Measuring service delivery performance, creating a pool of resources and platforms for experience sharing is an important way to introduce, sustain, and advance reforms.
- Population and community engagement is not a means to an end in health service delivery transformations but an opportunity to improve access, overcome resistance and improve cultural acceptability of care.
- PHC performance measurement provides an important proxy for diagnosing and tracking country progress in moving towards integrated people-centered health services delivery; new frameworks for performance measurement should build on the existing ones and be able to capture service delivery capacities in PHC.
- PHC and hospital integration requires finding synergies and exploring innovative models of service delivery where joint accountability for population health outcomes should be a guiding principle and should be outlined in the renewed WHO vision for hospitals.

During this meeting, the IHF CEO made a presentation on the importance of professionalizing healthcare service management and presented the Global Management and Leadership Competency Directory. The presentation was well received, and several delegates expressed their interest in the competency directory and the international initiative for the professionalization of health service management.



## Global Health service delivery Network

In relation to the adoption of the Integrated Person-Centered Health Services (IPCHS) framework, the WHO has implemented a network including all the major professional associations, the IHF, and other partner organizations such as ISQua and IAPO.

The aim of the WHO Global Service Delivery Network (GSDN,) is to support the implementation of the Framework on IPCHS. This Network will raise global awareness and advocacy to place integrated people-centered health services at the top of the international health agenda by actively engaging and leveraging relevant global efforts, initiatives, organizations, and other key stakeholders. In this regard, the Network will also ensure proper collaboration and alignment with existing related networks including the Global Health Workforce Network, International Health Partnership for UHC 2030, Health Data Collaborative, and P4H Social Health Protection Network facilitated by WHO to promote health systems strengthening and universal health coverage. The Network focuses on four interrelated objectives:

- To play an active role in facilitating and advocating for integrated and people-centered health services through galvanizing political, social and communications support at the global level;
- To support the exchange of information and knowledge among key stakeholders building on existing knowledge platforms, especially through the [IntegratedCare4people](#) website;
- To help mobilise financial and non-financial resources to support IPCHS implementation throughout the world and to sustain Network's activities;

- To strengthen collaboration on integrated people-centered health service delivery, with eventual linkage to networks focused on specific areas of service delivery (e.g., patient safety, surgery, infection prevention, and control, etc.).

The IHF Secretariat participated in the first meeting as well as in the follow-up conference calls organized for members to share their views and exchange information on their respective activities. On behalf of the GHSDN, the IHF was also invited to participate in the **Universal Health Coverage Forum** on 13-14 December 2017 in Tokyo, Japan, co-organized by the Government of Japan, JICA, the World Bank Group, WHO, UNICEF, and the International Partnership Health for UHC 2030 (UHC2030). The key objective of the forum was to stimulate global and country-level progress towards UHC, through the joint review of UHC progress and sharing of country experiences. A specific report on this forum is presented in a dedicated section.

Participating in this network provides IHF with benefits at two levels. First, it is an opportunity to effectively network with the most important international stakeholders involved in the health sector and to share with them a common goal toward more integrated people-centred health service delivery. The second level is related to the advocacy IHF can carry out to be sure that health service providers are not sided while most often the international arena offers a lot of room for the associations representing the health professionals and public health players.



## Universal Health Coverage Forum

The IHF was invited to participate in the **Universal Health Coverage Forum** hosted in Tokyo by the government of Japan. This forum is the unique gathering of major international partners that support the UHC2030 platform.

The group provides a unique opportunity for international networking on the critical topic of the access to health services.

For IHF it provides an opportunity to make sure that the UHC agenda is not high jacked only by the issue of the resource mobilization for providing access to health services, and the role of Primary Health Care as the backbone of the health service delivery system. While recognizing the importance of these two essential components of UHC, the IHF is also expressing the critical importance of available quality health services of all natures responding to health needs of the population.



Format and program:

- The format consisting of official high-level sessions and technical side events/break-out sessions, as well as exhibition/marketplace, and the optional site visit was good for a 4-day event;
- Great opportunity for GSDN members to enhance group dynamic in support of IPCHS as part of UHC. The representatives of various organizations have been able to consolidate their dialogue regarding the respective contribution of each organization to the UHC agenda;
- There was a diverse range of stakeholders, organizations, civil societies, and partners attending the Forum, all tackling the common goal of “health for all”. However, it was difficult to understand the context, interest, and priority of each group. It would have been good if introductory materials had been provided in advance.

Take away from this meeting:

- IHF actively participated in the discussions held during the three side events and one

- break-out session: 1) Why quality of health services matters for achieving UHC; 2) The power of surgical care to catalyze UHC; 3) Measuring what matters: Primary Health Care as a foundation of UHC; 4) improving quality and efficiency.
- UHC2030 Marketplace was organized by the International Health Partnership for [UHC2030](#) with the presence of 20 networks and initiatives, including GSDN where IHF CEO made a short presentation on behalf of the network partners.
  - There were good case studies of efforts made by low-and-middle-income countries in implementing UHC from Kenya, Afghanistan, Bangladesh, Sudan and Chile, in some cases showing how the action started from small communities before scaling up to local and national level.
  - “Business unusual: innovating for health systems of the future” featured 25 organizations presenting more than 40 innovations across some areas such as innovative financing, mobile health delivery and access, technology and data innovations, and remote delivery and supply chain management.
  - Of importance to highlight: the launch of [“Tracking universal health coverage: 2017 Global Mentoring Report”](#). Among the trackers, the one for hospitals may not be the most relevant as in most countries the bed/population ratio is not as significant as the role of hospitals. IHF Members may have a role to play in participating in the development of new trackers to measure the contribution of hospitals to health services and the health status of the population.
  - The meeting showed how Japan achieved UHC in 1961 by securing affordable basic health care for all, income redistribution, integrating elderly care into the community care, future prediction of health care reform before designing health care services, political commitment (established a medical school in every prefectural in Japan to deliver equal health care services). A very good example of a country with high-level health outcomes, reasonable health expenditures, and a critical role played by hospitals in the provision of care.
  - Interesting site visit to Kashiwa city, “Toyoshikidai project –community development for the elderly”. Kashiwa city has actively promoted community development for a super-aging society. Among those over 65 around 15% are recognized as requiring elderly care. Those over 75 are considered as requiring additional care support. The project aimed at establishing a community where residents can remain energetic and active as long as possible (creation of fulfilling work) and where residents can live at home with peace of mind as long as possible (promotion of home care/development of a model center for integrated community care). The lessons learned from this project can inspire many countries; it was developed on 3 axes that require a considerable amount of cooperation between a large variety of stakeholders: (i) Universities, urban planning, and local authorities worked together on a comprehensive approach for the population; (ii) health and social authorities worked to best combine their financing schemes in support of the population for people to stay in their community; (iii) social mobilization with the economic actors contributed to increasing contribution of people to the society.



## Evaluation of the Training program for hospital Managers in Iran

IHF was invited to participate in the evaluation of the Training of Trainers program that was implemented in 2016 with the objective to retrain around 500 public hospital directors in Iran fully.



A multi-disciplinary team was tasked to document and assess the process undertaken for developing the training program, its uptake by a national team, and its deployment in the regions. The outcome of this program was also assessed at two levels: through the direct beneficiaries and its consequence in the health services. This assessment was built on the analysis of the objective of this program (relevance) and the level of achievements of its goals. It is expected that this mission will guide those willing to undertake a similar training journey as well as support to the existing program to enhance its impact and sustainability.

As part of this evaluation team, the IHF CEO participated to the following tasks:

- Define concrete actions steps to strengthen and roll-out program (including, if necessary, further training of trainers or revision to curriculum);
- Propose mechanisms to sustain training of managers, i.e., discuss opportunities for institutionalization and building-in incentive schemes for management practice improvement;
- Suggest additional complimentary activities to strengthen leadership/management of hospitals, e.g., develop training for other target groups, review hospital performance, make explicit the framework on gradually increasing decision-frame for hospital managers (related to the autonomy of hospitals), etc.



The evaluation has permitted to confirm the overall success of this program and to recommend some improvements to enhance it and mitigate some shortcomings that were identified. What is now at play it is to put in place an inception program for all newly nominated hospital directors as this initial group will be going through usual turn over.

### In conclusion: (Executive summary)

**WHO assessment team commends MOHME for its initiative and implementation of a remarkable training program:**

- already showing indications of impact,
- to be repeated with small refinements,
- that could be adapted to other audiences,
- to be framed within a wider context of HTP program to create an enabling organizational environment

**and suggest this experience is documented and disseminated internationally**



The other strong recommendation was on the importance of creating a professional association so that these directors could feel better that they belong to a professional group with the same interests and perspectives. IHF has offered support in the development, and in connecting the systematic use of the core competency self-assessment as a vehicle to build up a continuous professional development program.

Lastly, the Ministry of health is considering opening a specific training center in healthcare management in the free zone of Kish to increase its role for continuous education and possibly open training for participants from the Middle East. This initiative can also be supported by IHF in relation with its members, especially in countries having similar school operating for their public hospital managers.

The full report is not a public document, but it is expected that it will support some publications that will disseminate the lessons of this ambitious and successful program.

For IHF, participating in both the program and its evaluation shows the trust that has been developed with WHO and the national authorities. It is expected that this program will trigger further activities for IHF both in the country and in the EMRO Region. Participating in such activities is important for IHF as in this part of the world the membership is still limited and IHF needs to be better known and recognized.

## WHO European health systems foresight group

On July 2017, IHF was invited to join the European Health Systems Foresight Group in Brussels.

This Foresight Group aimed to develop perspectives on the long-term future of health systems in Europe, which can form the basis of a vision for the future of health systems in Europe for the 10th Anniversary Conference of the Tallinn Charter. The objective of this meeting was to have a first brainstorming on several issues; the challenges facing health systems in Europe, the issues that they raise, scenarios for the future, and what we can learn from elsewhere. It also had the purpose of considering what outcome the group should produce; what would an ideal vision for the future of health systems in Europe look like, and how the 10th Tallinn Charter Anniversary Conference should take this forward. And, finally, to plan the work of the Future Perspectives group to deliver these desired outcomes in time for the 10th Anniversary Conference, including what sources of input are needed and how the group can most effectively work together.

Several experts and stakeholders, including IHF, gathered in this meeting chaired by Hand Kluge, Director of the Health Systems and Public Health Division.

The work was organized as an interactive brainstorming; the attendees were distributed in several breakout-working groups to discuss and debate:

- First topic: trends, issues and challenges for the future of healthcare systems (debate) and report back from groups;
- Second topic: Values of the Tallinn Charter: what will health systems look like in 2070? Visions and scenarios: risks and challenges.

Finally, we discussed the potential outcomes from this process: What other input will be useful for this process? Who else should we talk to?

The organizers gathered all the information and ideas from the debate to make the first document to continue the work. Subsequent meetings were considered.

## 68th Session of the WHO Regional Committee for the Western Pacific



In October 2017, Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven represented the International Hospital Federation as an official observer at the 68th session of the World Health Organization's (WHO) Regional Committee for the Western Pacific in Brisbane, Australia.

Only one non-government organisation was invited to make an oral presentation during the meeting. AHHA proposed that adequate hospital funding, sensible investment in prevention and primary care, and a system-wide shift to universality, outcomes and value-based care were needed to respond to the increasing challenges of healthcare systems under financial pressure and populations with ever increasing and more complex healthcare.

In her presentation, Ms. Verhoeven noted that rising rates of chronic disease and associated comorbidities result in more complex and more costly interactions between hospitals and primary care providers. Reducing the burden of disease, and reducing financial pressure on healthcare systems, will depend on improved service design, delivery, and coordination of care across the patient journey.

For this to happen, strong government stewardship that encourages improved service quality, accessibility and consumer choice are required, along with the alignment of financial and operational incentives. Ms. Verhoeven emphasised that governance arrangements and system design should incentivise health outcomes achieved rather than outputs produced and that this must be undertaken while aiming to support principles of equity, efficiency, sustainability, and universality. A stable, predictable, and equitable health system with the institutional capacity to evolve and respond to consumer needs is essential to improving the quality of life, and will provide sustainable economic benefits by reducing the impact of chronic disease on the system.

At this meeting, Australia announced it had agreed on a country cooperation strategy with WHO. Traditionally, country cooperation strategies are established between WHO and developing countries, where the Organization has offices and provides direct support. The strategy announced by Australia is aimed both at improving the health of Australians, and at leveraging the experience and expertise available in Australia to boost support for other countries in the Region.

The strategy is framed around three foundations of cooperation:

- WHO contributes to improve health for all Australians, in particular through its work to set international norms and standards on how best to prevent and manage disease;
- Australia contributes to regional and global health by sharing expertise and experience with other countries, facilitated by WHO; and
- Australia and WHO collaborate to promote and contribute to improving the health of everyone.

Three strategic priorities have been identified:

- Enhancing health safety, with a focus on strengthening resilience to threats such as priority infectious diseases, emerging disease outbreaks, and other emergencies with health consequences
- Promoting people-centred health systems and universal health coverage (UHC), with a focus on exchanging information and expertise in health systems policy; and
- Strengthening health regulation, to benefit from Australia's expertise in this area.

## ***Interaction with the International Committee of the Red Cross***

### **Health Care in Danger**

A graphic with the text "HEALTH CARE IN DANGER" on the left and "IT'S A MATTER OF LIFE &amp; DEATH" on the right. The words "HEALTH", "CARE", "IN", and "DANGER" are in large, bold, black capital letters. The words "IT'S A", "MATTER", and "&amp; DEATH" are in smaller, grey capital letters. The words "OF" and "LIFE" are in red capital letters.

This year the IHF continued its activities supporting the ICRC lead project on Health Care in Danger.

Following last years, the IHF continued to chair the Community of Action on protecting healthcare facilities from Violence.

In line with previous discussions (September 2016), the first meeting concentrated on the presentation of MSF's: after conducting field testing of the assessment tool for healthcare facilities in armed conflict and other emergencies, developed and tested by the ICRC/WatHab Unit. The subsequent discussion reinforced the need to articulate the complementarity of this tool with the existing and comprehensive Hospital Safety Index, to clarify and determine how members of the working group can promote the assessment tool, and to ensure that the assessment would link to the relevant HCD recommendations.

In addition to the above, it was agreed that the Working Groups would explore other topics included among the recommendations to strengthen the safety of health care facilities through a collective effort.

Aside from the discussion on how members of the Community of Action could use and promote the Security Survey for Health Facilities in armed conflict, the main objective of the second meeting was to explore if the group could continue to work together on specific recommendations related to psychosocial support for health-care personnel in health facilities. The presentations by the WHO and the ICRC/Mental Health Team provided the basis for the discussion and invited further exploration of possible common initiatives. Bearing in mind the different mandates and different working methods, participants agreed that elaborating a directory/mapping of existing approaches, initiatives, tools and networks in this area could be an important starting point. However, as no member committed to developing specific action, the analysis of this situation did not go further than what was shared among the meeting participants.

The third meeting allowed to assess the dissemination of the Survey since 2016. It was



reported that it has been used in seven ICRC Delegations in various parts of the world. ICRC has also received information that the Survey has systematically been used by the Pan-American Health Organization (PAHO) in its project in El Salvador and Honduras. IHF has promoted the survey during its conference in Taipei. At this stage, it is considered that the tool has been tested in enough locations and settings to be promoted. IHF will be pushing its utilization with its Members. The last part of this meeting focused on how to move forward with the group as it was necessary to find other actions to mobilize healthcare organizations to enhance their safety in situation of violence. An initial discussion was launched on the possible use of the partnership approach to increase the opportunity for hospitals to share their experiences and practices. IHF welcomes this idea since it has been supporting greater use of the partnership approach and that this approach could help increase the outreach.

In addition to facilitating the work of the Community of Action, IHF supported also the Campaign "Health workers are not a target" that took place in September 2017 and ICRC's launching of a new HClD video during the Annual Human Rights Council and the regular session of UN General Assembly.

There is still work to be done to better scope the use of the hospital partnership approach to support the HClD project, since it is important to build it up on existing initiatives in other domains.

The development of a partnership approach is the priority for the group for 2018 while continuous efforts will be made by all members to disseminate further the tools developed by the HClD project.

For IHF, this collaboration with ICRC remains important for at least two reasons. Firstly, the issue of hospitals facing violence is one on which IHF needs to be vocal since violence is a complete opposite to the core values that IHF and its Members support, and it undermines the mission of health care facilities in support to the population. Secondly, beyond the core principles and value, it is critical for IHF to support its Members with tools and practices as violence is affecting both the people working in healthcare and those served by the facilities. For both reasons, IHF has adopted a resolution during its annual General Assembly to identify better all initiatives taken around the world to face and mitigate violence in healthcare organizations.

## **MOOC on "Violence against Healthcare"**

The IHF Secretariat attended the "Massive On-line Open-source Communications" (MOOC) meeting held on November 22nd in Geneva. The objective of this meeting was to discuss how to better disseminate and promote the MOOC on "Violence Against Healthcare" and where the MOOC can be facilitated.

This meeting was attended by representatives of the International Federation of Medical Students Association, the World Confederation for Physical Therapists, the International Council of Nurses, from Doctors without Borders (MSF), the World Federation of Medical Education, and the World Medical Association.

The MOOC, presented by Erin Downey, Adviser, Health Unit, Health Care in Danger (HClD) Project, ICRC, and her colleagues, is organized under six modules.

Participants were invited to disseminate the information and to provide feedback on the uses of the MOOC.

## Interaction with the OECD



OECD does not provide any specific formal status for international NGOs, but for several years, the IHF Secretariat has developed solid working relations with the OECD health unit. These working relations allow IHF to be invited to official OECD meetings like the Health Ministerial Conference side meetings as well as to participate in the meetings of the working party on Health Quality. Also, informal meetings with health unit team members, allow to exchange views on the work developed by the OECD and to share about activities undertaken by IHF Secretariat.

This year in addition to the participation to the ministerial conference side meeting and a meeting from the working party on quality, the IHF has organized a joint meeting with OECD leadership and Governing Council representatives to discuss topics of shared concerns and interest.

### Ministerial conference side meeting on Future of health

This meeting was attended by both the IHF President (Erik K. Normann) and IHF CEO. It was an opportunity to hear a high-level commitment from OECD in the health sector and hear the perspective from academics, policymakers, industry representatives and union voice. OECD General Secretary announced that the priority for 2017 is to develop an international measurement of patient assessment of health services as there is the now recognized PISA annual evaluation for education. This indicator will be called the PARIS indicator (Patient Reported Indicator Survey).

All the renown speakers participating in this meeting agreed on the fact that there is an urgent need to change the way we assess health outcomes. Patients can tell a lot by changing the question from what the matter is to what matters to you. Cochrane collaborative shows better health results when patients are involved. Getting patients on board at all levels in the system requires co-design, co-production, and co-assessment. Many good intentions but very far from them because health systems are too focused on health data related to clinical care.

IHF was able to voice the following concern in this meeting: a lot of attention is given to the micro (interpersonal interaction and role of patients), and macro level (system, policy, and regulatory interventions) but too little attention is given to the meso level, the one of the organizations. Health professionals work in the setting of the organizations and the implementation of regulation and policy also happen at that level. IHF needs to review this priority better: analyze the dynamics and impacts at the institutional level. It is also very important to assess enabling policy and regulation for actual

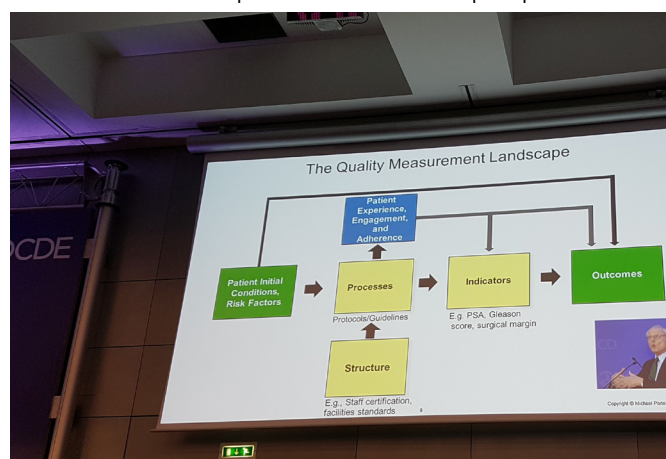
people involvement to better measure how they impact outcomes.

The work on the PROM was presented by the promoters of this approach (ICHOM). In countries like Canada, UK, and Australia there is a strong institutional movement to adopt a systematic approach including PROMs.

ICHOM has covered about 45% of the burden of disease with 21 standards, but nine are still under process leading to 59% of the burden of diseases.

However, measurement is still at an early stage considering the laps between intervention and results (smoke cessation is measured 5 to 10 years after end). Comparability of data remains a critical issue. Functional health status is still difficult to measure at international level. There are also concerns about ignoring past attempt as the value measurement is not a new approach but is back on the table. Is therefore important to understand errors made in the past as lessons can be of major importance for this initiative and should not be ignored. It is not recommended to put aside measuring clinical outcomes in addition to PREM and PROMS.

At national level, some IHF Members are already engaged on value-based approaches, and therefore it is very important to participate to such discussion as it allows having a view of the global trend on this issue. There are promising potential outcomes, but it is still too early to know how operational the developed approach will be. It is important to go beyond the tool and to establish mechanisms to fully include qualitative dimension of care and its impact on the life of people.



### OECD HCQI Expert Meeting

The IHF is regularly invited to participate in the OECD HCQI Expert Group that meets twice a year. Participants are designated by OECD Members' State and are usually experts from Quality related national institutes, experts working on the research undertaken by this group, officials from countries and from international organizations. IHF is the only International NGO invited in addition to the European Forum for Patients.

A majority of the work is on quality indicators that are linked to clinical outcomes, but this committee is also addressing the issue of hospital performance and also allows open discussion on the work prepared by the OECD health unit (specific reports and health at a glance). It is mostly in these matters that IHF participation is important.

The agenda is open for IHF to share its activities that can be of interest to the members of the group. On this occasion, the IHF CEO was able to promote the competency self-assessment platform that is now available in an open source approach. IHF also expressed the common concerns of its members that will result in the adoption of resolutions regarding violence in hospitals, how to reduce waste (in relation with OECD report), and the measurement of performance in hospitals through a value-based approach. It also expressed the concern around an ISO initiative toward elaborating standard on hospital administration. The performance of hospitals is related to some extent to leadership and management practices, and a standard based approach is not relevant if a variety of health system and difference of culture are not taken on board.

During the meeting, the session on hospital performance gave another opportunity to open the discussion with committee members on including management practice measurement as part of the approach to hospital performance. At this stage, most of the members are hesitant to move from the public health-driven approach to one that would be outside the clinical field. This hesitation shows that participants in this working party have clinical and public health background and affiliation. There is some fear to move in a domain that is totally out of their grounds, and that is very qualitative.

On the contrary, the OECD health team believes, that the management and leadership dimension should be explored further and taken on board in measuring hospital performance but without a green light from the committee members, it is difficult for them to move in this direction.

At this stage, the IHF may have to consider mobilizing its Members, and the academics that are involved in the IHF Hospital Management SIG to work on management practices that could be related to the competency directory.

As this would represent an important investment, it is important for the IHF Secretariat to open up this discussion with its Members and explore possible options including venues for sponsorship.

### **OECD - IHF joint meeting**

On May 17th the IHF and the OECD held a joint meeting to discuss their priorities and key activities on the topic of health. The meeting consisted of topics on overall organizational priorities and key activities of both the IHF and the OECD, and

included presentations from various representatives on valid mechanisms to measure performance for health service delivery, ways to minimize wasteful spending on health services, the efficiency of patient-reported performance measures and maintaining successful ongoing collaborations.

Beyond the presentations made by IHF Members and OECD health team and the discussion generated by these presentations (outlined here under), it has been agreed that it would be of interest to periodically organize such exchanges. The best venue must be identified as the IHF Congress may not offer the most convenient setting and most appropriate audience. It was also agreed that the IHF Secretariat should continue working with OECD health team on specific matters like the strategy for improving the use of OECD indicators, identification from OECD report most relevant information for health service providers (from macro to micro approach). On its side, the IHF should work on proposals that OECD health team could put forward to the health committee (as this is necessary to engage a program of work). Although there is an expression of interest, the OECD does not have a vehicle to work on management practices and hospital performance. This should be undertaken by IHF, but results coming from such work would then be shared with the health committee and possibly put forward for discussion with the HCQI expert group.



### *Valid Mechanisms to Measure Performance and Outcome for Health Service Delivery*

The overarching question is to measure more effectively the contribution of health services to health system outcomes. The OECD Health Committee is overseeing the Health Care Quality Indicators Program which is collecting data on over 50 indicators and providing reports to strengthen primary care, advocate the patient's voice, and improve access to data. R&D departments are specifically working to provide quality measures of hospital performance, low-value care, patient safety, dementia, and health data infrastructure. Currently, OECD is using 15 indicators from 17 countries covering 3000 hospitals, but its objective is to expand outcomes measurement. There has been some work on linking up to these outcome indicators to the size of hospitals, and there is an

interest to see how it would be possible to assess if management has any influence on outcomes. Even if a lot of progress has been recorded over last ten years, there is still limited utilization of data for decision making both at national and facility level.

The German Hospital Federation's priorities are focused on encouraging all hospitals in Germany (public, a charity based, and private) to deliver services under the same conditions (i.e., quality standards, legal basis, reimbursement, admission standards, working conditions, and open to all patients). To ensure these identical conditions, the German Hospital Federation (DKG) is working on developing minimum standards, public reporting, hygiene, peer review, brain-death criteria and more. As the system is price regulated, it is expected that this approach will support competition by quality putting in place a virtuous cycle of continuous quality enhancement.

The National Health Service of the United Kingdom is focused on providing long-term patient outcomes, population-based care, and addressing the changing role of hospitals as experts of not only treatment but also of prevention and coordination. These goals will be faced with the challenge of measuring hospital performance in the context of integrated care and data protection.

The burden of reporting health measurements in the USA is extremely high with total costs of over \$15.4 billion per year. Furthermore, this burden falls heavily on physicians and leads to only a few meaningful improvements. To reduce this burden, the American College of Healthcare Executives recommended hospitals to have a process of identifying benchmarks that measure the impact on a patient's health and remove the ones that do not, integrate new measures through bundled payment, and finally balance the burden of reporting with the actual need for information.

Discussion between IHF Governors and the OECD team raised the issue of actual utilization of this information by the patient while the dominant pattern in many countries remains the trust to the practitioner for guiding the patient. While trust is a cornerstone for interaction between patient and health workers, the challenge is to increase transparency and awareness without breaking trustfulness in the relationship.

### Ways to minimize Wasteful Spending on Health Services

Regarding wasteful spending, both the OECD and the French Hospital Federation presented on the magnitude of wasteful hospital expenditure that exists throughout the world as well as at the country level. While the FHF presented new initiatives to tackle ineffective expenditures in France better, the OECD provided information on the top three sources of waste within healthcare (wasteful

clinical care, operations waste, and governance-related waste) and how to identify and reduce each source. Through a system of "acknowledgment, information, persuasion, and payment", hospitals around the globe can identify, manage, and remove wasteful expenditure.

Looking at wasteful spending opens the issue of the efficiency of health spending. The question of the end of life care as well as the issue of low-value care (Choosing wisely initiative) cannot be avoided.

Once the assessment is complete, and there is agreement on the fact that there is a waste, the next step is not a blame game pointing out worst performers but rather about implementing improvements. To measure progresses priorities should be set at least at regional or national level with the full participation of relevant stakeholders.

### The Efficiency of Patient Reported Performance Measures

The priorities of the Danish Health Data Authority highlighted how well-tested, focused, and patient-oriented performance measurement tools have shown to increase doctor-patient dialogue and act as a helpful guide for doctors to choose the best form of treatment for their patients.

In 2017, Brazil's ANAHP first implemented the ICHOM Standard Set of Heart Failure in seven of its top-ranked member hospitals. After implementation, all participant hospitals now have an interest in using other ICHOM Standard Sets, and other hospitals are interested. ANAHP will continue to serve as a centralized benchmark platform and will help support future initiatives of collaboration amongst ICHOM Standard Sets.

## INTERACTION WITH OTHER NGOS AND PARTNERS

### *Hospital Management Asia*

The IHF has a formal partnership agreement for Hospital Management Asia held annually in a different location. This year it was hosted in Manila by the Private Hospitals Association of the Philippines.

IHF is involved in three major activities during HMA: press conference, Award selection and ceremony and IHF Senior Management Symposium and it benefit from an exhibit pod.



*IHF Senior Management Symposium: Challenges of the 21st century for hospital design*

Cost of building and equipment is a very important upfront investment; however, it is well documented that operating costs very quickly override the initial investment.

The combination of initial capital investment and operating cost make decisions on hospital design a very critical issue.

Optimizing operating cost is related to work and process optimization, but a building can quickly become a major source of limitation in operating cost optimization.

This session aimed to provide participants with critical recommendations on how to lead a construction or refurbishment project in such a way that all enabling conditions are set for operating cost optimization. This session did provided not only guidance but also an opportunity to rethink the role of healthcare leaders in the design programming process.

- Reducing operating cost by design: This presentation by Maria Grazia Giardinelli from TESIS (Florence, Italy) gave participants a full understanding of all factors that should be taken into consideration when having to make decisions on building or refurbishing a hospital. The matrix developed by International Union of Architects and IHF lists all costs regarding all steps from an initial project to the full commissioning of a building. This is already a handy tool for anyone leading a design project to avoid major pitfalls and to mobilize most

appropriate stakeholders. The on-going project by IUA-IHF was unfolded with the perspective to collect and analyze best practices.

- Optimizing hospital design programming: This presentation by Patricia C. Williams, MS, CHE Founder and President Global Health Services Network provided guidelines on critical issues that need to be reviewed in a construction process to avoid potential pitfalls on operating costs. Case studies and practical recommendations supported it.
- Function before Form: This presentation by Dr. Libby Hy Lee head of Strategy & Planning Hong Kong Hospital Authority focused on the challenges in the hospital service planning and thus the architecture design. It detailed the principles for project planning and good practices developed in Hong Kong involving a large spectrum of stakeholders and recognizing the specific needs of each location and facility.
- A tool for space management, cost containment, and asset control: This presentation by Luca Marzi from TESIS (Florence, Italy) was made with the example of Careggi Hospital Center (Florence, Italy). A project was developed with software lab to be able to fully monitor the project activities managed both inside and outside this hospital.; monitoring of the times and costs of the completion steps of the individual lots; monitoring of the structural assets against environmental properties connected with their building, organizational and system components. This presentation demonstrated the added value of specific design project management software that can capture and support data analytics for the best achievements of the project objective.



*Participation in the Press conference*

Although most of the Press was local, this session was an opportunity for IHF to put forward the importance of professionalization of healthcare management and introduce the Global Directory.

It also gave a chance to put forward some key challenges for health service delivery in that region. The importance of the resilience of hospitals both in

case of natural disaster but also because of human violence. There is growing concern of having hospitals as a target and for this IHF has been strongly supporting the Health Care in Danger project from ICRC. Other challenges are more global, and are related to payment systems and how they support the most effective coverage of people health instead of just paying for treatments.

The move toward integrated care is another shift that will greatly impact the region. Currently, the health services are more disease and person-oriented rather than health and population oriented. The role of the patient is fast evolving in this new service delivery landscape, so it is critical to make sure to harness this change to move toward a new model of care where co-production of health becomes the central piece.



*Chairing the Jury for Innovation in Hospital management*

The participation in this Award Category is providing an opportunity to witness development and potential break-through innovation in hospital management from South East Asia Region. Like every year more than 40 projects were submitted for this category. If at least half of submission are not reflecting true innovations but rather the implementation of a management practice (that may be well recognized) in a hospital where it was not in place.

The awarded project was from Aga Khan University Hospital for “Reengineering the discharge process”. The Aga Khan University Hospital, Karachi is one of the leading tertiary healthcare providers in a densely populated metropolis and operates in a highly demanding environment with a high acuity level. The Business Process Reengineering (BPR) Team was commissioned by the hospital’s CEO to conduct a BPR of the inpatient discharge process. Delayed electively planned procedures and long wait times in the Emergency Room motivated this study. Findings from the analysis revealed delays from patients occupying beds due to non-medical reasons as a result of a broken and inefficient discharge process arising from administrative delays in bill clearance, lab and radiology workups, pharmacy preparation, doctor rounds, patient logistics and poor communication. Moreover,

the execution of tasks on the discharge day was sequential instead of simultaneous, and on average the discharge process took 8.2 hours, out of which 70% was spent in non-value adding activities. The hospital was losing 240,000-bed hours annually as a result of this waste. To ensure that patients were optimally utilizing beds, a redesign of the discharge process was required that would bridge the time gap between doctor’s decision to discharge, and the patient’s exit from the hospital.

Other recognized projects were Apollo Hospitals (India) for the ART of TASC, Integration to Excellence in Clinical Governance - The Apollo Standards of Clinical Care (TASC) and KK Women’s and Children’s Hospital (Singapore) Small Ideas Big Improvements. Both projects demonstrated innovative approaches to respectively improve quality and empower staff supporting the corporate culture and achieving multiple small improvements that end up by making a significant difference.



## Interaction with Global Partners

### ISQUA - Accreditation Committee



IHF is a Consultative Member of the Accreditation Committee (AC) from ISQua. This committee is gathering all major accreditation bodies from around the world, and it sets up rules and good practices for accreditation. IHF CEO is representing IHF to this committee.

During its stay in Amman (Jordan), the IHF CEO was supported by the Accreditation Council from Jordan that organized for IHF a full day of meetings with some key hospital leaders from the private sector. This was an opportunity to make a presentation of IHF and to unfold the opportunities for hospitals to be joining the international community of members. For the private sector in Jordan, the medical tourism market is a current concern as hospitals are facing travel restriction for those that used to come from abroad to get treatment. Also, although there is a Private Hospital Association, its priorities are focused on national issues. There is a lot of effort to be made by IHF to demonstrate the value of participating in an international network. However, the free membership campaign was an opportunity to get some of these hospitals on board for 2017.

A special meeting was also organized with the Minister of Health where IHF had the opportunity to promote the professionalization of health care management and offered to organized training for executives as it did for Dubai Health Authority. Although the topic seemed to be of interest for the Minister, there has been no formal follow up action.

The first AC meeting provided an opportunity to share the work done by IHF in mapping the competencies in leadership and management (Core Competency Directory) with requirements for hospital accreditation in leadership and management domains. It was a challenge to complete the mapping since the wording of accreditation standards is quite far from the wording of individual competencies. Also, the perspective is quite different when looking at individuals and institutions. Finally, the accreditation standards are not always open to the public domain and their assessment criteria not easy to master by a person who is not a surveyor from the respective accreditation body.

The lesson from this initial approach is that it would be easier to work from the accreditation standard toward the competencies rather than to do it the way around as IHF did it. In addition to bridge accreditation standards and competencies, it will be necessary to work on management practices. From this discussion, it was decided that accreditation bodies that have an interest to further work on the

leadership/management component will be liaising with IHF to move forward.

The second AC meeting took place prior the ISQua annual conference that was hosted in London. In this meeting, the issue of the development of ISO certification having a growing interest in the health sector was discussed. At this stage, there is no unique view on this matter. It is well accepted that for technical activities like a laboratory, ISO is valuable and complements well accreditation (or is part of it). But the broader health care service provision has concerns that an ISO approach would be more restrictive than the current accreditation process. Also, the business model for ISO would bring in large firms that are not at all specialized in the health sector and may be driven by other interest than the participation in a continuous quality improvement process.

There was also an open discussion on whether an international recognition process could be developed aside accreditation for the specific recognition programs that may exist either at national or international level (baby friendly hospitals, green hospitals, aged friendly hospitals, health-promoting hospitals, etc.). On this matter, IHF CEO expressed the concern from the health service providers perspective: each of this recognition comes at a cost that is sometimes significant. It may be appealing for some hospitals finding in this a way to differentiate themselves, but at the end of the day, the mushrooming of recognition program is a burden. It would be better to have accreditation standard to evolve so that some of the specific dimensions that are in these recognition programs are better encompassed and could also be communicate to the patients and community.

Along with AC meetings IHF has offered support to ISQua for a possible relocation of its International Accreditation Program (IAP) activities in Geneva. Over the recent years, ISQua has been threatened by the European Commission with an EU directive imposing that only one organization is entitled to be recognized as accreditation body in each Member State. As ISQua is in Ireland where such organization exists the Commission requires that ISQua gives up the use of accreditation. This is unacceptable for many ISQua members who are from all parts of the world. In the health sector accreditation is a well-recognized terminology, and it is not appropriate to give it up. Although this EU commission ruling is not appropriate, it is simpler to find another option than to challenge it. As Switzerland is not in EU, having an organization supporting IAP based in Geneva would solve the problem. For IHF to be hosting this new organization would not represent any constraint or require additional resources while it would strengthen a solid institutional collaboration. This would not require any changes, and IHF would not be involved in the management of this

organization, it would simply provide a physical location for hosting the legal entity which activities are carried out in all parts of the world.

## Global GS1 Healthcare Conference

*Imagine one world, one standard, one vision: improving patient safety*

IHF was invited by GS1 to participate in the Global conference, which was held in April in Berlin, Germany.

Although most of the content of the conference was technical and focused on specific issues related with identification, it was also an opportunity to address more systemic issues that have an important impact both on safety and efficiency.

Interesting messages were shared with the participants on developments all healthcare facilities are facing.

- *Big data*: getting the right data remain critical, and it is still not always obvious to find accurate information in the right location. Virtual does not mean that there is no need for tracking the information, it is rather the contrary.
- *Cloud solutions*: protection of data is a current issue, improvements still to be done on safety. Providers need to take steps for client data protection, but clients may not be willing to pay the price for this protection.
- *Social media & mobile application*: part of patient empowerment, making communication potentially complicated. Risk of overacting is quite high because of immediate communication.
- *Sensor technology*: ethical issues with inner body chips. Currently implemented devices are self-monitoring their performance. New technologies will be built on the fact that body is a sensor.
- *Development of Infrastructure*: implementation of solutions is still backward technical capacity. Questions on factors that will help in speeding it up. Almost all hospital can integrate tracking system. The issue is to integrate different identification systems.
- *Internet of things*: connected with the strong development of automatization and role of robots in hospitals. Devices speak to each other and decisions are made automatically.

Special Regulations for unique identifier: this is a constraint for manufacturers as they will pay in the long run but represents a significant investment and requires getting all stakeholders on board.

Numerous healthcare organizations have adopted unique identifiers based on GS1 system, and the conference was an opportunity for them to share their experiences.

The *NHS Trusts* (United Kingdom) presented their experience in adopting unique identifiers. The reason for adoption is both safety and productivity in relation to better trackability. This is also very much linked with an e-procurement approach and paperless hospitals. The objective is to get things right the first time.

The *AGKAMED* (a GPO based in Germany) presented the Global Data Synchronization Network (GDSN) who is in the process of adopting unique identifiers for procurement and documentation in Hospitals. Currently no catalogue management with the supplier. Interoperability between suppliers and hospitals is critical for the paperless objective. The main competitor to GS1 is HIBC. Some companies use both however, consistency is critical for hospitals and Vendor Managed Inventory (VMI) requires of a unique system. There are some options with RFID technology but the dominant approach is currently scanning of product and patient (wristband).

The French public GPO, *RESAH* is a central purchasing body (1 B€ per year) but also a resource center for expertise. It supports hospitals to integrate innovation and bring forward efficiency. They have developed a project to evaluate the benefit of adopting GS1 and demonstrating the feasibility of the paperless approach. The test has been positive and now it is time to scale up and get over last hurdles: legal dimensions, adoption by all stakeholders.

The *Elizabeth Tweesteden Hospital* in the Netherlands: a merger of two hospitals in 3 locations. Persuaded main suppliers to move to GS1 standards. At the same time, the hospital is also generating its codes. Over the years they have reduced stocks by 10% and reduced express delivery costs by 70%. Digital recalls in hours instead of days. Forecasting improved through usage analysis.

The Poster Ceremony that recognized projects in health care facilities provided an opportunity for IHF to be presented to the participants of the conference and engage in side discussions on the importance of adopting identifiers that are consistent for the entire supply chain, but also for the full operation of the facility: People, Places, Processes, and Objects.

While interoperability has been a key concern for developing information systems, the healthcare leaders are still not fully mobilized on both opportunities and challenges with adoption of unique identifier systems linked with automatized reading systems.





## Tripartite Meeting on Improving Employment and Working Conditions in Health Services

From April 24-28, 2017, the International Labor Organization (ILO) held a “Tripartite Conference on Improving Employment and Working Conditions in Health Services”. The purpose of the meeting was to discuss how addressing workforce shortages can provide a pathway to equal access to health care for all in need. Alongside this discussion, attendees considered effective strategies on how to inform policymakers of the selected topic on international, regional and national levels. The Meeting was composed of eight employer participants and eight employee participants, each appointed by the Governing Body of the ILO based on nominations by the Director-General. The IHF, alongside other intergovernmental and non-governmental agencies, was invited to attend the meeting as an observer. Points discussed throughout the meeting included what challenges and opportunities governments and their social partners experience in promoting effective work in the health services sector, what specific tools and strategies are required to ensure this work, and how social dialogue can be enhanced to better contribute to addressing these challenges. In terms of promoting this work, attendees concluded that increasing social dialogue between governments and representative employee, decreasing privatization of health, encouraging proper health education and evaluation, recognizing the role of women as main caretakers to reduce gender inequalities, and using financial reward schemes and health worker migration programs to attract workers can all sustainably and productively enhance the effectiveness of health workers.

All countries across the globe face challenges in recruiting, deploying, and retaining sufficient numbers of well trained and motivated health workers. However, equal access to quality healthcare entirely depends on the availability of an appropriate number of adequately trained health workers in the place that they are needed the most. To address these increasing work shortages effectively, it is crucial to invest in the health workforce and take measures to provide decent employment opportunities and proper work conditions to healthcare workers.

## IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE

### ACHE 2017 Congress

IHF represented by its CEO and by Dr. Risto Miettunen (IHF Governor), participated in the Congress where two leading IHF figures have been recognized.

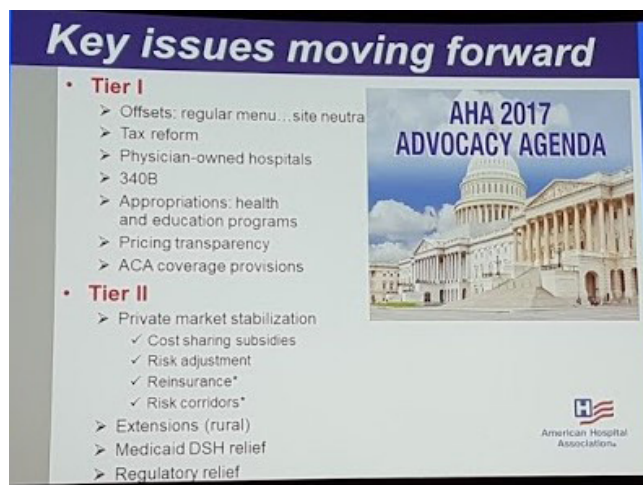
**Thomas C. Dolan**, the former CEO of ACHE and IHF President 2011-2013, was recognized by the most prestigious distinction as the recipient of the Healthcare Hall of the Fame for 2017. Only one person is recognized every year for his or her contribution to healthcare through his career.



**Rulon Stacey**, former ACHE President, was recognized by ACHE with the Gold Medal award. This is the highest recognition provided annually by ACHE for the contribution by an individual to the profession. Rulon Stacey is IHF Honorary Lifelong Member and has lead the initiative to create the IHF CEO Circle.



As for the past edition, the ACHE Congress is both a great place for networking with healthcare leaders from the USA and to hear latest development in health service delivery in the USA as well as advancement in healthcare management practices. A presentation by Richard J. Pollack (AHA - CEO) provided a focused and highly informative update on developments in the healthcare reform.



Also, the ACHE booth promoted the IHF Taipei World Hospital Congress with a roll-up display and leaflets for participants.

For this edition, IHF had no formal speaking opportunities but networking time was fully used to follow up the HM-SIG February meeting with the US-based participants and to meet new potential partners (Navigant, who sponsored the CEO Circle Breakfast) and individuals willing to contribute to IHF activities.

## Informs conference

The Conference, organized in July in Rotterdam, attracted 360 participants, from across the globe, ranging from Chile to China and from India to Iceland, who presented 400 cutting-edge research achievements in healthcare analytics, focused on optimizing outcomes.

IHF was invited to a plenary session featuring, Erik Gerritsen, Secretary General of the Dutch Ministry of Health Well Being and Sports, and Eric de Roodenbeke, IHF CEO.



After a presentation on present and future of the Dutch Health System (Erik Gerritsen), IHF made a presentation on “Future Roles of Hospitals”. Both presentations were followed by three dilemmas/propositions, to facilitate discussion/audience participation.

- Hardware failure, software errors, and user mistakes can easily lead to adverse events, including loss of health and death. Proposition: Those who are ‘politically’ responsible, should not advance Health IT implementation at the speed of science but with maximum caution and care.



Advances in medical sciences, technology, and society at large, have considerably improved life expectancy and health of populations across the globe in recent decades. These advancements have in turn brought about demands and aims which pose new challenges to societies. In high income countries, the affordability of health service systems is under pressure. At the same time, low and middle income countries seek to build up their health service systems with limited resources – sometimes hindered by humanitarian crises.

While there are differences between continents, countries, and even within countries, many of the present challenges result from global developments and are shared. There is much to be gained for the global population from sharing solutions and joining scientific forces to improve health services. In all the dynamics and complexity of the global developments, and the abundance of data available, operations researchers have a key role to play in these improvement efforts. A key role in finding affordable and sustainable solutions for the challenging problems faced by today's health service systems. Optimizing health service operations, and outcomes.

- The utility of hospitals stems largely from their functioning as locations where organizations can enjoy economies of scope and scale. For information services, economies of scope and scale function differently. Proposition: the use of Health IT, eHealth, Analytics, and alike, will essentially change the role and importance hospitals play in health systems.
- Operations Research and Analytics play major roles in the efficient and effective use of a wide variety of industries and organizations, ranging from the military, energy production, logistics, airlines, hotels. Propositions: Comparatively, hospitals have done a poor job at developing and implementing Operations Research and Analytics technologies to improve their efficiency and effectiveness.

The discussion triggered by presentations and the propositions shared with the audience showed that Information System experts are cautious on how their domain is impacting health service delivery as at the same time they unfold a huge potential for drastic changes but also may increase the frailty to breakdown and malicious actions.

## IHMC

The 9th International Hospital Management Conference held in Teheran at Razi International Convention Center focused on innovations in hospital management and provided an opportunity for exchanging experiences and new findings as well as exploring successful experiences in the world.



The IHF was invited to make a presentation about the importance of competency-driven approach in support to health care management and leadership. This provided an opportunity to share with the audience the Global Competency Initiative leads by IHF, and to invite the Iranian executives to undertake their competency self-assessment. Such a presentation came promptly as the competency approach was used in the training IHF had participated in during the previous year. An important number of public hospital managers that had been trained in the program participated in this conference and could relate with the content of the courses they had received.

In addition to the presentation and the participation to panel sessions, the IHF CEO was also invited to the stage with the Deputy Minister for the award ceremony that recognized the managers who had best performed over the last year.

Participating to this conference in addition to the participation to the evaluation of the WHO supported training program was an opportunity for additional exposure of IHF, and to better established its leading international role in support to the development of professionalization of healthcare management.



## Hospital Management Conference

The NHS transition from quantity to value-based healthcare



In October IHF was invited by the Hellenic Health Service Management Association for their annual conference in

Athens, Greece. This conference was the first one after a few years of disruption due to the major economic crisis the country had faced. For IHF it was important to express its solidarity with a very dynamic group of healthcare leaders who have been supporting health services in difficult times.

Eric de Roodenbeke: «Ο Επαγγελματίας της Διοίκησης είναι Κρίσιμος Σημείας για τα Νοσοκομεία»

Πρώτος ομιλητής στην εναρκτήρια τελετή ήταν ο κ. Eric de Roodenbeke, PhD, επικεφαλής της International Hospital Federation (IHF), με μεγάλη εμπειρία διοίκησης νοσοκομείων και πρόληψης σε διεθνείς οργανισμούς, όπως ο Παγκόσμιος Οργανισμός Υγείας



Ο Επικεφαλής της International Hospital Federation στο βήμα των 5ης Ημερίδας.

(WHO). Μεταξύ άλλων, τόνισε ότι οι νοσοκομειακοί Διοικητές πρέπει να προωθήσουν την αριστεία του επαγγελματία και να καταβάλουν να ακολουθεί η γνώμη τους, από τους ασθενείς της πολιτικής υγείας. Ο ομιλητής είναι ένας «επιστήμονας ως τακτική περίπτωση» ότι, η διαχείριση και η ηγεσία στον τομέα της υγείας δεν είναι τόσο σημαντικό όχημα, αν τελικά επιτυγχάνεται πολύ καλή κλινική φροντίδα. Όμως, αυτό το επίτευγμα στο επίπεδο της κλινικής φροντίδας δεν πρέπει να υπονομεύσει τη σημασία της υψηλής παροχής υπηρεσιών υγείας εκ μέρους της Διοίκησης και ηγεσίας.

This conference was an opportunity to promote the professionalization of healthcare management and the use of the Global Competency Directory as well as the Self-Assessment Platform.

Among the various presentations it was also very encouraging to witness that the association leadership is bringing to the delegates the latest developments from the international scene. It was also very interesting to see how the private sector has been innovative and providing high-quality services with strong social mobilization. A very interesting case study was presented from a Hospital in Thessalonica.

This conference was also an opportunity to further discuss with the Vice President of Portuguese Hospital Managers Association. Portugal has taken major steps to put in place a management academy under the auspice of the national manager's association and is also interested in relying on the competency directory to develop both assessment tools and education offerings.

Both Greek and Portuguese Associations have expressed strong interest to be involved in the Global Competency work and to be part of the IHF Health Management SIG. This is creating the initial step for an initiative towards southern European countries.



## 5th Annual Congress of Private Hospitals in Brazil: CONAHP

This year the ANAHP Congress, held in São Paulo, in November, was on the future of healthcare and it provided a great opportunity for participants to tackle all dimensions to be considered to be more responsive if not proactive in facing expected changes.

The initial lecture was on the future of healthcare executive, and IHF CEO was invited to share the vision from the global perspective. This presentation was an opportunity to share the trends that Healthcare executives will have to face. The Global Core Competencies Directory developed under the auspice of IHF was presented because mastering these core competencies should equip the executives for the challenges of the future. This presentation triggered interest in the audience, and further reference was made to the competency self-assessment platform that is available in several languages including Portuguese. A call for a large utilization of this self-assessment tool was made and discussion undertaken with CeBEX the Brazilian College of healthcare executives to promote the utilization of the competency directory among its members.



### *Some take away messages from the Congress*

To accelerate transformation first consider the factor for success on the transformation of health service delivery. What makes care fully integrated is more important than just focusing on transformation, at a point this is more about a real paradigm shift. In this context, it is expected that technology expenses will weigh more than expansion resulting from an ageing population.

In Brazil most people consider that in the future hospitals will be driven by technology and innovation but the health care business will continue to be driven by quality and efficiency. The role of the patient is considered a critical component of this evolution

with more active participation in health support. Data analysis and artificial intelligence are driving change although not yet clear how. Executives will play a critical role if fully competent: importance to rely on competency assessment and to move into a continuous professional development approach based on the IHF global core competency directory.

The role of ANAHP is foremost to advocate by supporting the population for the transformation of the legal environment that prevents adaptation to current and rising challenges. It is also important to show the population how hospitals are providing better health.

In Brazil, everything is in place to move toward the hospital of the future, so the real challenge is on how the dynamic will be put in place with the existing stakeholders.

Triple Aim has been widely adopted in most advanced hospitals of the country. They are moving on their own without waiting for the government to regulate. For example, development of primary care is driven by hospitals that implement the importance of health promotion.

Transformation should not undermine quality and safety but should on the contrary support further improvements. Severe adverse events remain a major shortcoming in hospital performance, dealing with that is a priority of today and for tomorrow.

Risk of dropping the ball is not to discount. Continuous effort is critical to avoid any backup on results as there is no possibility to stay still and live on current results.

Should ANAHP play a stronger role in pushing for more regulation remains an open question. ANAHP has been promoting some critical regulations to improve delivery, recognizing the nature of healthcare that cannot be only driven by market rules. ANAHP has produced a white book on Presidential candidates, and it needs to be updated for coming elections. This book reflects proposals from citizen and not "private sector wishes". Hospitals are not isolated, they are open widely to population doing what they can best do. In São Paulo hospitals have demonstrated their capacity to be system solution providers. Private hospitals are not only for rich but also respond to the needs of all types of patients.



## Future Healthcare Manager in Europe

The IHF was invited to present the latest developments on the Core Competencies Directory for Leadership and Management of Healthcare Organizations, last September at the IESE workshop on the Future of Healthcare Managers.

This workshop was organized by the Center for Research in Healthcare Innovation Management (CRHIM) of IESE Business School in Barcelona, Spain. The Future Healthcare Manager in Europe (FHME) project is a joint initiative by the European Institute for Innovation and Technology Health (eithealth.eu) in partnership with Karolinska Institutet and Université de Grenoble-Alpes.

The European Association of Hospital Managers (EAHM) and the Societat Catalana de Gestió Sanitària (SCGS) were also present in the workshop amongst other outstanding healthcare professionals.

The objectives of this workshop were to develop and promote new leadership competencies for healthcare management in Europe integrating evolving information and communication technologies.

Two-day sessions broken down into IESE management lectures and debate among the 40 participants from diverse healthcare organizations. New ideas were presented on the future of healthcare management regarding potential competencies for leaders, such as digital transformation and positive leadership.

Core content and driving lines of the workshop were based on the study “Hospital of the Future” publication, developed by IESE, which describes the future role for leading hospitals under the following objectives:

- Understanding and describing the role of the future healthcare manager in Europe.
- Developing a framework of competencies required by European healthcare managers.
- Validating these competencies in 3 cities: Grenoble, Stockholm, and Barcelona.
- Identifying six specific topics and related potential competencies:
  1. Entrepreneurship in healthcare organizations
  2. Positive leadership in healthcare
  3. Value-based healthcare
  4. Innovation and change management in healthcare organizations
  5. Governance of healthcare organizations
  6. Digital transformation in healthcare

Regarding the 80 Core Competencies Directory, Lucy Nugent, Anna Riera, and Marisa Gil Lapetra presented the upstream developments, the direct applications using the online tool and the future progress towards a dictionary of competencies, respectively.

The initiative was very well received encouraging potential horizontal agreements with the IHF in this field



## Muscat Convention meeting

On November 20th and 21st 2017, the Oman Ministry of Tourism mobilized numerous stakeholders within the congress industry and hosted a forum at the brand-new Oman Convention and Exhibition Center. Representatives from the congress business, government officials, and professional organisations were invited to participate, as well as the IHF. During this 2-day forum, the local professional associations explained their journey to succeed in hosting congresses in Oman and acknowledged the role of different government agencies.

Several discussions were framed by Mr. Robin Lokerman, the president of MCI, one of the world's largest professional congress organizers and MC for the occasion. The IHF was inquired about the way candidates are assessed and selected to host the annual World Hospital Congress. The IHF being a membership organization supports a sustainable model for the congress. As opposed to the regular competitive process in bids, the IHF advocates for a collaborative approach. Nevertheless, the major criteria for selection are the geographical rotation, accessibility, and technical capacity. Eventually the need to provide a sound scientific program accompanied by an appealing social offer. The ultimate necessity stems from the capacity to achieve solid estimations of real costs sufficiently in advance and the importance of outstanding initiatives for attendees.

Professional Congress Organizers in the panel made recurrent attempts to strengthen their fundamental role in the industry. Willing to appeal decision-makers in the non-profit arena, they explained that while corporations do play a fundamental role, non-profits are becoming the key stakeholder with whom to run a collaborative game. Despite many small and medium scientific associations not considering the role of professional agents in accordance with their nature, PCOs pinpointed the great mistake this could be and the irreversible consequences of not taking them into account.

Another major issue discussed was "Sponsorship". It was stated that local organizer committees as well as small and medium associations, should not consider them as unethical commitments. Partnerships with the private sector, especially in the healthcare industry, go along the standards for international PCOs for cost-containment which is a real issue in the healthcare industry. International congresses are not a cash-cow anymore. Moving experts around the world requires time and effort. Therefore an increasing strain on moderate ticket pricing is likely to create problems for small and medium associations. Apart from financial arrangements with the corporate sector and negotiation rounds with PCOs, it was put on the table the necessity for LOCs to make the difference on their side by introducing distinctive factors to place them out of the lot.

Overall Oman officials interacted with us very vividly and seemed to be completely ready for their round-the-corner congress performances.

The forum closed with networking sessions and dinner with counterparts.

## European Association of Hospital Managers

The 26th EAHM Congress was held 12-14 October 2016 in Bologna, Italy. As President of the IHF, Dr Erik K. Normann was invited to be a plenary speaker during the session on Leadership and Management.

Dr Normann talked about the work done by IHF on this topic and the pamphlet produced, named Leadership Competencies for Healthcare Services Managers. This document concludes five Key Domains and 27 Subdomains. This is an important report and lot of attendees were interested both in the working process and how the report is followed up/implemented.

The congress was visited by mostly Italians and some hundred representatives from different European countries.



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#### Day 3 - From information to intelligence

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