HUC, as a corporation, they have a culture.

“A corporation’s culture is what determines how people behave when they are not being watched” (Tom Tierney)
HUC also have an implicit culture (as once called by Financial Times):

The large number of unspoken assumptions and beliefs which managers in the organisation share about “the way we do things around here”
We know that HUC works well, and we also know that:

“If something works in one culture, there is little chance that it will work in another”

(F. Trompenaars)
We run HUC according to principles well known by employees:

1. Do not damage
2. To improve
3. Patients in the centre of processes
4. Professionals in the centre of changing

"Nothing persists, but changing" - Heraclito
Leadership is essential (see Gen. Montgomery)

1. must have infectious optimism;
2. determination to persevere in the face of difficulties;
3. and radiate confidence even when he himself is not too certain of the outcome

Relevance of physicians in hospital administration
The ideal administrator is a professional:

- Trained to communicate with governments, health agencies and media;
- Familiar with products and program evaluation;
- Knows about the roles and rights of patients and employees;
- Skilled in conflict resolution;
- Appreciate a reality most physicians deny – the impossibility of providing optimal health care to everyone.

(Morgan and Cohen, CMAJ 146(5) 1992)
Relevance of physicians in hospital administration

The stereotyped image of a physician in a hospital

(as seen by administrators)

- asking for impossible demands;
- every time wanting more space, more staff
- more money;
- Blackmailing the administrators;
- Seeming to be insatiable

(Morgan and Cohen, CMAJ 146(5) 1992)
Genesis of the impossible demands by physicians

Physician’s function is to treat patients! Someone should set the stage for them to do their work!

But, if they assume themselves the mission to address the needs of the community in terms of illness ... or if society charges physicians with this mandate, then they should assume this mission on behalf of citizen!...

Actually, the identification of the “needs” is much more than a technical process ... it is a political process!

(Morgan and Cohen, CMAJ 146(5) 1992)
Can a physician run a hospital?

A physician can be taught:
- to see the big picture,
- the needs of a hospital as a whole,
- the budgetary constraints

(Morgan and Cohen, CMAJ 146(5) 1992)
Can a physician run a hospital? Yes!...

A physician is already a professional with rigorous training and can be taught on:

- leadership skills
- strategic planning;
- setting goals for a hospital;
- consider different organizational models as the best way to deliver programs;
- team building and communication;
- management personnel (hiring, union agreements, disciplining, performance appraisals, how to budget)

(Morgan and Cohen, CMAJ 146(5) 1992)
Can physicians run a hospital? Yes!

1. Physicians are getting consciousness of budgetary constraints – they already started seeing more to health administration than money;

2. Those with training as managers or administrators, hold the best of two worlds - administration and technical dimensions;
Have physicians advantages compared with lay administrators, when running a hospital? Yes!

1. They share interests with other physicians;
2. They have the insight of physicians motivations;
3. They have a high level of trust;
4. They can contribute to rationalizing services by defining appropriate care;
5. They can interact with other physicians in practice-related areas as improving the quality of care and technology assessment;
6. They can cooperate with other physicians to standardize methods of care by assessing outcomes and mortality rates;
7. They can accommodate the provider-consumer relationship with the need of rigour and the complexity of health administration.

(Morgan and Cohen, CMAJ 146(5) 1992)
Should physicians work with lay administrators and other professionals, when running a hospital? Yes!

1. At HUC, the Board includes two physicians (one as CEO), two lay administrators and a nurse;
2. Each of the 7 intermediate management areas is ran by a physician, as director, but the leading team also includes a lay administrator and a nurse.