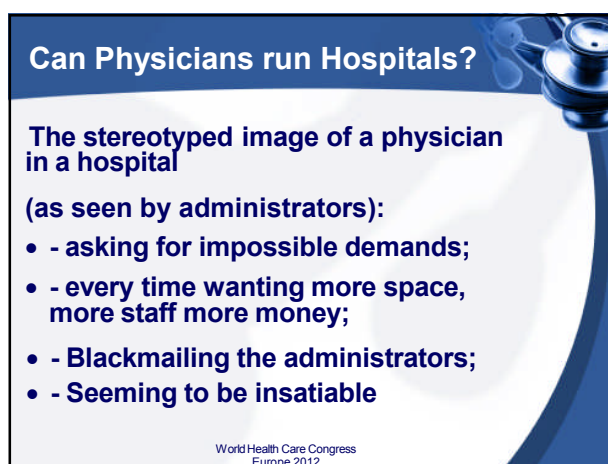
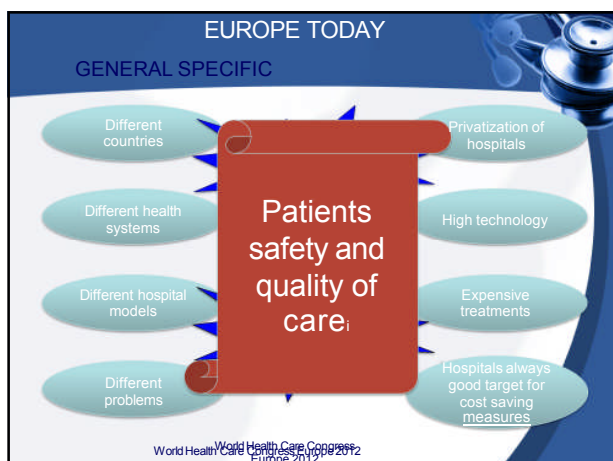
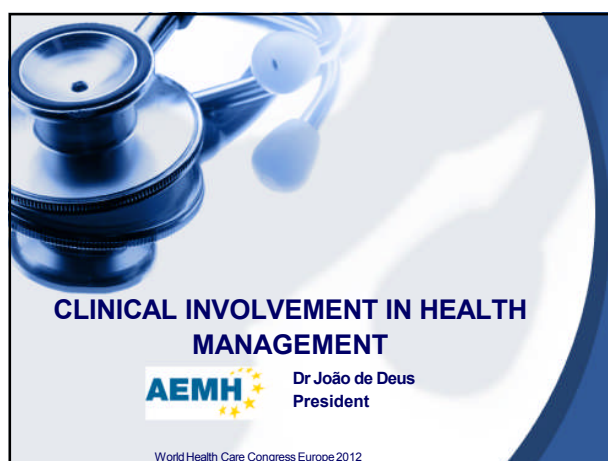




ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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How can Doctors reach this skills?

• Doctor's Post-Graduation in Management of Health Care Units

(Catholic University – Economy Department in cooperation with PMA)

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How can Doctors reach this skills?

The course aims to provide participants with training in:

- Classical functional management areas – Accounting, Marketing, Human Resources, etc.
- More specific areas that are a cross between medicine and management – Epidemiology, Clinic Based Management, etc.

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How can Doctors reach this skills?

The course aims to provide participants with training in:

- Integrated framework and strategic areas – Health Systems, Strategic Management, etc.

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Struture of the Programme 1st Semester

	Health Systems and Policies
	Introduction to Managing Health Units
	Team Leadership
	Basic Notions of Statistics
	Health Economics
	Logistical and Hospital Information Systems
	Medical IT and Clinical Information Systems
	Management Skills I
	Medical Ethics and Deontology
	Seminar: Communication in Medicine

Struture of the Programme 2nd Semester

	Marketing
	Human Resource Management
	Accounting and Financial Management
	Health Law
	Epidemiology
	Medical Ethics and Deontology
	Management Skills II

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Struture of the Programme 3rd Semester

	Accounting and Budgetary Management
	Health Quality Management
	Strategy
	Clinic Based Management
	Management Skills III
	Seminar: Knowledge Management

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How can Doctors reach this skills?



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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 racionalizing services by defining appropriate care;

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Have physicians advantages compared with lay administrators, when running a hospital? Yes!

- 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;

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Have physicians advantages compared with lay administrators, when running a hospital? Yes!

- 7. They can accomodate the provider-consumer relationship with the need of rigour and the complexity of health administration.

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Doctors in management better results?

- “In Good Hands”
- (Transforming Clinical Governance in New Zealand)

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Principles

- Quality and safety will be the goal of every clinical and administrative initiative.
- The most effective use of resources occurs when clinical leadership is embedded at every level of the system.
- Clinical decisions at the closest point of contact will be encouraged.

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Principles

- Clinical review of administrative decisions will be enabled.
- Clinical governance will build on successful initiatives.
- Clinical governance will embed a transformative new partnership which will be an enabler for better outcomes for patients.

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Physician-Leaders and Hospital Performance: Is There an Association?

- The Institute for the Study of Labor (IZA) in Bonn

• Amanda H. Goodall

• July 2011

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Physician-Leaders and Hospital Performance: Is There an Association?

- top-100 U.S. hospitals in 2009
- widely-used media-generated ranking of quality
- The personal histories of the 300 chief executive officers of these hospitals are then traced
- The CEOs are classified into physicians and non-physician managers

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Physician-Leaders and Hospital Performance: Is There an Association?

- Index of Hospital Quality (IHQ)
 - structure,
 - process and
 - outcomes

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Physician-Leaders and Hospital Performance: Is There an Association?

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Physician-Leaders and Hospital Performance: Is There an Association?

- Each chief executive officer was classified into one of two categories -- physician-leaders, and leaders who are non-physician managers

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Physician-Leaders and Hospital Performance: Is There an Association?

- It finds -- in each of three disciplinary fields -- that hospitals positioned higher in the US News and World Report's —Best Hospitals||| ranking are led disproportionately by physicians
- The study shows that hospital quality scores are approximately 25% higher in physician-run hospitals than in the average hospital.

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1- RISK MANAGEMENT

- “naming and blaming” culture
- Health accidents

Involvement of managers, physicians, nurses and other stakeholders is essential to guarantee quality and patients safety

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1- RISK MANAGEMENT

• Changes in multiple organizational components

- Use of information technology to reduce errors.
- Use of a check control system
- Create a reporting culture

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1- RISK MANAGEMENT

• Developing quality measures

- Promote quality control evaluation
- Involve local groups

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1- RISK MANAGEMENT

• Reducing high-hazard risks

- Create a reporting system
- Identify changes

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2- POSTGRADUATE MEDICAL TRAINING

- Programs
- Training periods

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3- CPD (Continuous Professional Development)

- CPD can be defined as the educational means by which doctors ensure that they maintain and improve their medical competence and clinical performance.
- It is an ethical and professional responsibility of every practicing doctor to ensure that the medical care they provide for patients is safe and based on valid scientific evidence.

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3- CPD

- **Doctors should be supported on assessment of their learning needs**

– CPD is a huge concern for medical profession

– CPD is an ethical obligation

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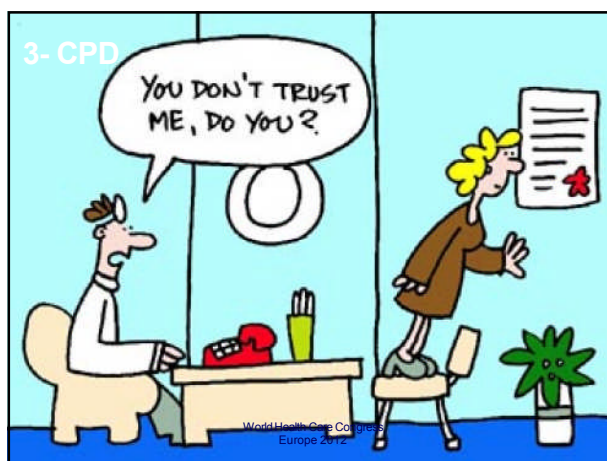
3- CPD

- **Doctors should be supported on assessment of their learning needs**

– CME (Continuing medical education) credit points is an insufficient instrument to measure quality, is only an indicator of time spent.

– Also recertification or revalidation showed no value in detection of incompetent / underperforming doctors (AEMH declaration of Athens).

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3- CPD

- **Health professionals education and training**

– Improve quality of training and working conditions of junior doctors

– Encourage European hospital doctors to plan for CPD actions implemented in the framework of the organization.

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3- CPD

- **Health professionals education and training**

– National Medical Associations should claim for medical careers

– Training of hospital staff should be a priority in quality management.

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4- WORKING CONDITIONS OF HOSPITAL DOCTORS AND OTHER HOSPITAL STAFF

- Labour conditions of hospital doctors play a crucial role in patients' safety.
- Poorly paid work, non-specialized doctors doing specialized tasks, cheap manpower in health services, quantity instead of quality indicators only leads to an increasing risk for patients' safety.

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4- HOSPITAL WORKING CONDITIONS OF DOCTORS AND OTHER HOSPITAL STAFF

• Improvement of working conditions of hospital doctors

- Provide health care workers with optimized working conditions.
- Limited working hours with obligatory rest time period.
- Stimulate teamwork training throughout each health care provider's career.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- Describes a situation where a task normally performed by a certain type of health professional is transferred to a health professional with a different or lower level of education and training, or to a person specifically trained to perform a limited task only, without having a formal health education. Task shifting occurs both in countries facing shortages of physicians and those not facing shortages. It carries with it significant risks.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- It should never be a cost saving strategy.
- Task shifting in poor countries may be used to justify a policy shift in rich countries.
- Shortage of doctors and more expensive manpower should never justify task shifting.
- It should not and must not be associated with second-rate services.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

• The citizen on the health system

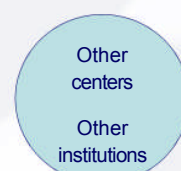
- Satisfaction, participation and rights
- Accessibility and continuity of care
- Improvement of doctor-patient relationships on a trusty basis

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

• Organization of the activity

- Promote
- Plan
- Co-operate



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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

• Professionals

- effective,
- sustained,
- high quality professional development

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

• Structure

- "state-of-the-art"

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

• Results

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7- PATIENTS' RIGHTS IN CROSS-BORDER HEALTH CARE

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- Decisions involving individual clinical judgment
- Decisions involving larger organization-wide resource allocation
- Decisions involving patients' safety

are highly interrelated

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- The nature of physicians' involvement in management must be understood within this context.

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LARGER INVOLVEMENT OF DOCTORS IN HOSPITAL MANAGEMENT

- Support doctor's involvement in hospital management and strategic decisions.
- Implement doctors' post-graduate education in management of health care units.

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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;

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- Should physicians work with other administrators and other professionals, when running a hospital? Yes!

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