The future of Hospitals and Healthcare

hope

European Hospital and Healthcare Federation

The future of Hospitals and Healthcare

REPORT ON HOPE AGORA ROME

6-8 June 2016

Contents

INTRODUCTION

In 2016 HOPE celebrates fifty years of success in expanding access to quality and affordable healthcare services for millions of Europeans.

The 50th anniversary celebration took place on 6, 7, and 8 June 2016 in Rome, where HOPE was founded. Hundreds of healthcare professionals attended, along with HOPE Board members, Liaison Officers and National Coordinators.

The HOPE Agora 2016 hosted a diverse mix of events: opportunities to meeting former past Presidents and the former Secretary-General, listening to key European associations on "The Future of Hospitals and Healthcare", discussing with healthcare professionals, and learning from each other.

These events reviewed past achievements while focusing on the present and future role of healthcare services. The HOPE Agora 2016 brought to the surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.

The Agora also concluded the HOPE Exchange Programme, which has reached its 35th. This edition welcomed 134 healthcare professionals from 22 European countries. During the Agora, HOPE exchange participants reported on their 4-week stay abroad. For their presentations, participants were asked to identify features within the host country's healthcare system inspiring for the challenges they face at home. Without judging the system of the country visited, participants described what they would like to see implemented in their own country, region, institution, or ward.

The topic of the Exchange Programme 2016 being "Innovation in hospitals and healthcare: the way forward", presentations of the findings focused on innovations in organisation and management. Innovations were identified in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.

CONFERENCE

The HOPE Agora 2016 started on 7 June with representatives of various key European healthcare organisations setting out their vision of the future and outlining the main trends that will affect the hospitals and the healthcare sector in the coming years.

Simone Tasso – HOPE Liaison Officer for Italy

Simone Tasso highlighted HOPE's role in Europe, stressing the importance of promoting continued knowledge sharing within member states.
He touched on the need to "break through the walls" and contrasting the feelings of distrust and withdrawal that prevailed in Europe after the financial crisis. He concluded by highlighting the role that primary care plays in Europe together with the necessity of strengthening the use of the technology.

Nicola Bedlington – Secretary General of European Patient Forum (EPF)

The role of patient empowerment in quality, sustainable healthcare systems of the future

Nicola Bedlington outlined the importance of guaranteeing equitable access to high quality, patient-centred health and social care. The EPF's purpose is to ensure that the patient community drives health policies and programmes. The economic crisis affected the equity of access to health and social services and led to cuts in budgets and social protection, and higher co-payments and lately, the migrant crisis has set new challenges.

She presented "*The Access Partnership*", an initiative launched in December 2014 aimed at promoting equity of access to quality care. It gathers healthcare professionals, healthcare industries, public health experts, health researchers and key decision makers in exploring ways to overcome inequities and to put

the issue of equity of access high on the policy makers' agenda. In 2017, there will be a patient campaign on access as this is not guaranteed in all European member states. This initiative is consistent with the United Nations sustainable development goals on health, namely the universal health coverage by 2030.

According to EPF, patients are not the problem but part of the solution. Their involvement is necessary to identify unmet service and therapeutic needs as well as to reach better health outcomes. Health systems need to change and respond to the challenges posed by chronic diseases, ageing population, technology and financial constraints. As a consequence, there is now a shift in the patient's role, from passive recipient to active and equal partner.

Thus, patient empowerment is fundamental to patient-centred healthcare and European collaboration is a key driver in this respect.

Jacqueline Filkins - Honorary President European Nurse Directors Association (ENDA)

Future Healthcare - From certainty to uncertainty and back

For Jacqueline Filkins uncertainties are surfacing today. She raised the issue of key technical developments that will impact healthcare and nursing in the future. She also mentioned the impact of the recruitment and staff retention and of the cultural issues that are now affecting organisational management. The significance of seamless care between hospital and primary care is supported by digitalisation of records and communication between professionals. Communication modes are changing; professionalization and specialisation of the workforce are increasing and leading to greater autonomy and accountability.

Since volatility has now become commonplace, health professionals need to develop their intuition skills and at the same time to demonstrate ethical leadership. Moreover, intuition has to be developed to improve planning. Technology will further shape the future but its use must not become "pathological". The workforce becomes *work-force* and the mobility and migration could be interpreted as the answers to recruitment or threats to integration and cohesiveness. The vision of the future is being shaped by accelerated technical advances, changing professional roles and greater patient expectations, demographic shifts and economic pressures.

Gerry O'Dwyer - President European Association of Hospital Managers (EAHM)

A Boundary Less Hospital Supporting Our Community

Gerry O'Dwyer stressed the need to care for people closer to the home at the right time with the right skills. Among the challenges Europe is facing, elderly care is one of the most important given that all European countries are experiencing an increase in the healthcare demand for elderly population. Furthermore, dementia prevalence is rising and will lead to heavier primary care workloads. In general, there needs to be quality and patient-centred care delivered closer to patients' homes, in the community or at appropriate hospitals.

The future of healthcare lies in a shift from general to personal healthcare where patients are meaningfully involved in their care pathways. In addition, technology enables professionals to take care of patients at home. Preventive medicine plays a crucial role when dealing with chronic diseases. Gerry O'Dwyer

concluded by mentioning that collaboration was important for innovation and that eHealth was also important.

Eric Félix Lartigau - General Director Centre Oscar Lambret and former Secretary of the European Society for Therapeutic Radiology and Oncology (ESTRO)

How future trends in Oncology may impact hospital organisation

Eric Lartigau explained how the future trends in oncology may impact hospital organisation in terms of bed capacities, human resources and finances.

The first trend concerns the increase of ambulatory surgery, which today allows patients to be discharged on the same day as the surgery. In France, this will mean 20% fewer conventional beds. The second trend is the decrease in the number of radiotherapy sessions, due to the use of hypofractionated radiotherapy which consists in intensifying the delivered dose during each session in order to reduce the total number of sessions. This would mean more and more specialists will be required in the future. The third trend is medical treatment a home. This will require permanent interaction among providers and more oncologists to be trained (+9%).

The fourth is about the identification of molecular modifications at cell level, which allows early phase screening of disease, as well as more targeted therapies. In the coming years such a trend will mean a need for more pathologists (+51%) and ambulatory seats (+32%). The fifth trend is the development of interventional radiology, a less invasive medical treatment for the patients. This will mean more consultations and the need to train more interventional radiologists and anaesthetists. Furthermore, scan use time (+16%) will increase. The sixth and last trend is the supportive care intended as the global care needed in parallel to oncological treatments. 63% of French people consider this care as important as fighting cancer. It has been estimated that in the future, 14 non-medical professionals will be needed for every four doctors. In general, an increase has been observed in out-patient care and in the need for preserving a high quality of care outside the hospital.

Peter Mildenberger - Chair of the Professional Issues and Economics in Radiology Subcommittee, European Society of Radiology (ESR)

Innovation in Imaging - What will happen in and with Radiology?

Peter Mildenberger representing the European Society of Radiology gave an exhaustive overview of the progress made in radiology as a discipline so far. New trends are emerging as a result of developments in technology and personalised imaging, improvements in staff working conditions, and new diagnostic and therapeutic approaches.
In the future, radiology will be more patient-oriented and value-based than today. Communication will flow faster and radiation protection practices will be stricter. There will probably be some kind of new departments.

Daniel Widmer - Vice-President European Union of General Practitioners/Family Physicians (UEMO)

Primary and Hospital care, the future of collaboration

Daniel Widmer stated that hospitals are organised in silos and mirror a disease-centred logic unfit for the coordination required in tackling multi-morbidity and chronic diseases. He underlined the critical link between primary care and hospital care, which arises from patients often accessing hospitals via the emergency department and without any referral. This situation represents a challenge together with the need to supporting home care and breaking silos. To achieve this, good ICT systems need to be implemented and collaboration between GPs and hospital doctors needs to be stepped up.

Aad Koster - President European Association of Homes and Services for the Ageing (EAHSA)

Integrating medical and social care into holistic care

Aad Koster focused on the importance of integrated care, since it is intended for elderly people, who represent today the largest group of patients. He underlined the importance of switching from integrated care to holistic care and of moving towards a patient-centred system of care. To do so the focus has to be on eHealth, wellbeing and on societal participation.

Against a backdrop of an increasing elderly population and greater demands for care relating to chronic disease and multi-morbidity, the need to bring healthcare closer to people's homes is becoming stronger. In addition, the aftermath of the financial crisis and the development of new technologies have pushed towards a less hospital-centred system of healthcare provision. This is leading to strengthened primary, ambulatory and home care. And ultimately this will all help to break down the silos between hospital care and primary care, and to better integrate health and social care.

Technology such as eHealth tools, digital imaging, virtual visitations and 3D radiology will play a fundamental role in providing personalised medical services to patients, especially for non-communicable diseases. Finally, quality and patient safety will remain the priorities especially in home care.

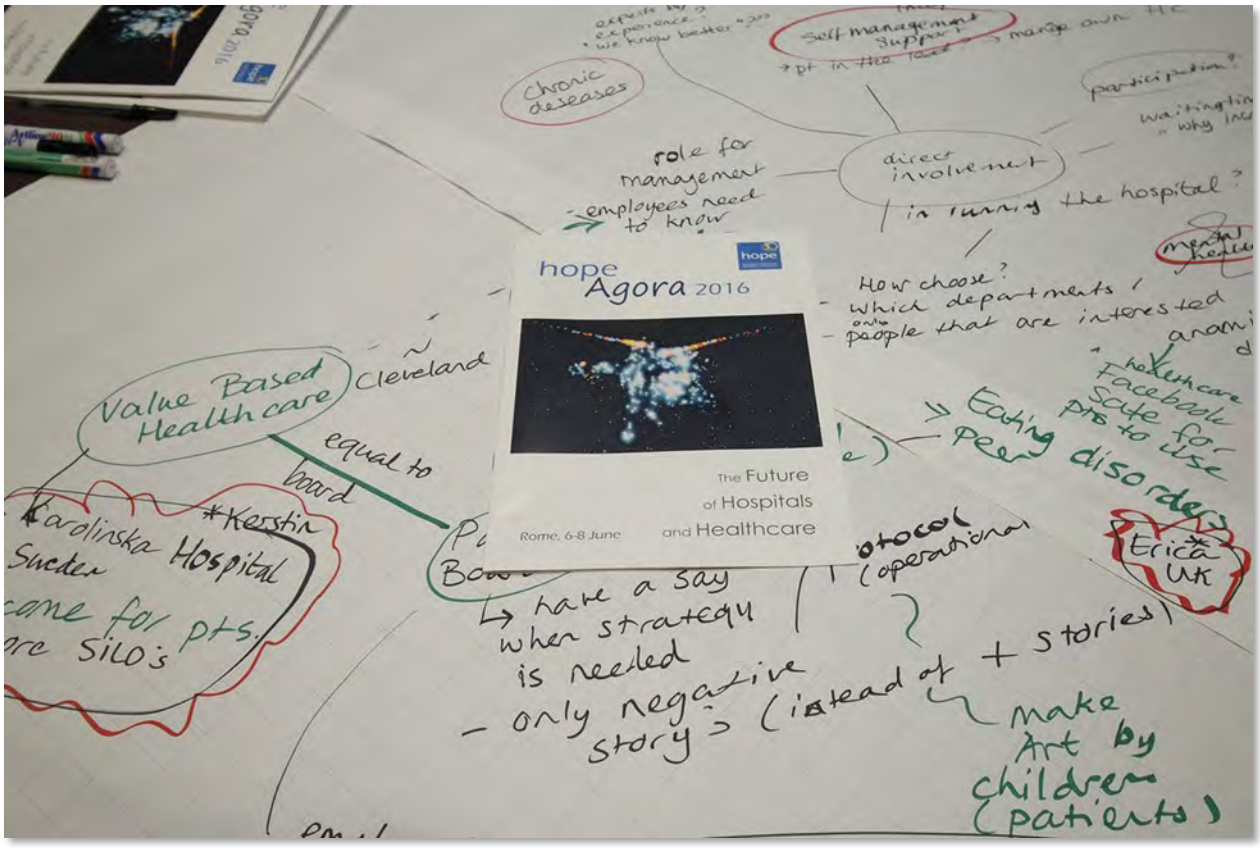
One of the key conclusions from all the presentations points toward patient empowerment, a process that helps patients gain control over their lives, increasing their ability to act on issues that they themselves define as important. In the future, patients will be more involved in their care pathway, taking part in the decision-making process together with medical staff. Besides recognising the importance of the patients' role, the speakers stressed the need to nurture the healthcare workforce and keep motivation high.

WORLD CAFÉ

HOPE organised for the first time a World Café during its Agora. Participants were invited to share the most interesting findings or innovations they found during the HOPE exchange programme, on topics of eHealth, patient involvement, human resources, ageing population, patient safety and integrated care.

Drawing on five to seven design principles, the World Café methodology is a simple, effective, and flexible format for hosting group dialogue. It aims at harnessing collective wisdom and not at reaching a resolution that involves trade-offs. The process began with the first of three 20 to 30 minute rounds of conversation for the group seated around a table. At the end of the round, each member of the group moved to a different table. Staying behind on each table was the "table host" for the next round, who welcomed the following group and briefly filled them in on what happened in the previous round. Each round had been prefaced with a question designed for the specific context and desired purpose of the session. After the groups' individuals were invited to share the insights of other results from their conversations with the rest of the large group.

The results of the sessions are resumed in the following sections.



eHealth

"eHealth is the use of information and communication technologies (ICT) for health. Examples include treating patients, conducting research, educating the health workforce, tracking disease and monitoring public health.[1]"

When considering eHealth, it should be remembered that it may be implemented at different geographical levels (local, regional, national and cross-border) and that this could represent a critical aspect to manage. In Europe, there are many differences within and between countries. For this reason, interoperability and ICT standardisation are the prerequisites of successful eHealth implementation.

A valid ICT system that enhances communication among the healthcare providers represents a priority. The use of ICT for health means finding a balance between the need to protect the data processed while guaranteeing its accessibility. Participants raised the issue of data ownership and big data management. They also underlined the value of the EpSOS project, the use of e-prescriptions and electronic patient records, and the use of telemedicine in rural areas.

Lastly, a key aspect is the need to instil a culture of promoting a digitalisation strategy designed to empower patients and to train medical staff.

Patient involvement

"Patient participation means involvement of the patient in decision making or expressing opinions about different treatment methods, which includes sharing information, feelings and signs and accepting health team instructions.[2]"

The involvement of the patients in the decision making process concerning their care pathway has an organisational impact at hospital and non-hospital levels. In some European countries, healthcare providers use various means such as advisory boards, focus groups and satisfaction surveys to involve patients and their families.

This choice is aimed at moving towards a value-based healthcare system where emphasis is on outcomes. Patient involvement and empowerment mean taking responsibility and therefore patients need to be health -literate. Families need to be educated in order for them to be autonomous, and medical staff have to be trained to communicate in new ways with their patients.

Human resources

"Human resources for health or 'health workforce' are defined as all people engaged in actions whose primary intent is to enhance health.[3]"

Human resources for health are facing today several challenges in Europe. Staff shortages are one of these challenges, with nurses taking on some the doctors' tasks and healthcare assistants taking on work from nurses.

Together with other factors, these shortages contribute to the mobility of healthcare professionals. This phenomenon needs to be monitored, especially in terms of the so-called "source countries", and a balance between the right to free movement and access to care has to be found.

Mobility might be an also issue in relation to the cultural and linguistic barriers that need to be overcome. Europe is facing the implementation of the framework for qualification recognition. Finally, the participants agreed on the importance of the relationship between the healthcare sector and universities as well as of the management training for doctors.

Patient safety

"Patient safety is the prevention of errors and adverse effects to patients associated with health care.[4]"

The first shared conclusion to emerge from the discussion was the need for a culture of learning from mistakes.

The leading principle will be transparency, and the reporting of adverse events will ensure greater patient safety and quality of service. Besides reporting, the discussion focused on the importance of data collection systems and on the use of medical records. An effective ICT system aimed also at providing early warnings is required. Further tools are protocols, hand hygiene procedures and check lists. Healthcare professionals need to be trained and patients have to be involved. In a context where the provision of health services is longer hospital-centred, the concept of patient safety is crucial in home-care settings.

Integrated care

"Integrated care consists in the management and delivery of health services so that patients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.[5]"

Integration of care emerged as a response to the need to bring care for closer to patients' homes. It has several dimensions: hospital and community, hospital care and primary care, health care and social care. Whatever the context, it is the patient who is the point from which needs should be identified. The premise for integrated care is to implement an effective ICT system allowing providers to share information on the patient and to work together. Institutions should collaborate closely and resources need to be co-ordinated by multi-disciplinary teams working together with patients and their families.

Ageing population

"In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates. This population ageing can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.[6]"

The demographic development, result of increasing life expectancy and decreasing fertility rate in more or less all European countries, Europe's demographics will result in more demand for health and social care and translate in longer periods of retirement, at least if measures and interventions are not taken by governments. However, all this comes at a time when the healthcare workforce is also ageing and poses two strains of problems, a generational one and a gender one[7].

According to the participants of the round table, this situation has led European Union member states to set up several initiatives of diverse nature. The final results of the session were that the focus should be on involving families in the care of ageing patients and on educating patients especially with regard to the prevention of chronic disease. Finally, the use of technology, especially telemedicine and telehealth, is crucial to providing adequate health services in home care settings.

COUNTRY INFORMATION

FINDINGS PRESENTED BY HOPE EXCHANGE PARTICIPANTS

AUSTRIA

HOPE National Coordinator	Gertrud Fritz
Exchange Participants 2016	Marc Mathea (Germany) Johanna Friedhoff (Germany) José Francisco Jimenez Galindo (Spain) Susanne Röberg (Finland) Tarja Tiitinen (Finland) Benoît Denizot (France) Łukasz Grabarczyk (Poland) Friedrich Yvonne (Sweden) Leonie Dunning (The Netherlands) Marleen Boy (The Netherlands)

The exchange participants hosted in Austria reported three kinds of innovation, defined on a different territorial basis. The first refers to the national level and corresponds to a system, called ELGA, which uses an electronic health record allowing professionals to share electronic prescriptions, hospital reports, X-rays and test results. Such information could be shared prior the patient's authorisation. ELGA replaced paper documents with eHealth tools.

The innovation reported at regional level involves two countries, Austria and the Czech Republic, one region and one hospital. This cross-border project funded by the EU was introduced to allow anyone living in the Region, both Czech and Austrian nationals, to access care easily at the Austrian hospital. In order to better assist the patients, a pilot phase was implemented to investigate further the limits and opportunities of the project and language courses were introduced.

The project was successful for the authorities, the professionals and the patients. It has opened the way for the implementation of further cross-border health care services.

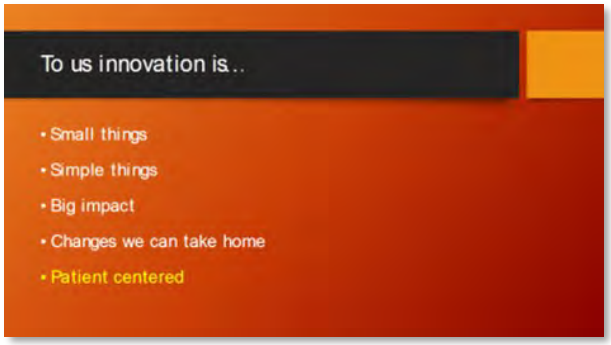
The participants also reported the example of a project aimed at supporting the health care for migrants in Salzburg. Professionals were facing barriers in providing care to these patients, due mainly to differences in languages and cultures. The key factor here was to improve communication. In this respect, the solution introduced referred to an interpreting service in 24 languages on the phone.

Moreover, an interreligious prayer room and a bereavement room have been designated and staff has been invited to follow cultural and training courses. These solutions intend to reduce the cultural and linguistic barriers.

DENMARK

HOPE National Coordinator	Bertil Selde Krogh
Exchange Participants 2016	Sven Nirk (Estonia) Araceli Ruiz García (Spain) Aija Salomaa (Finland) Vasiliki Katsarou (Greece) Raymond Healy (Ireland) Dariusz Timler (Poland) Pedro Casado Espanhol (Portugal) Mirjana Rajer (Slovenia) Margreet de Geus (The Netherlands) Ashish Vithaldas (United Kingdom)

Innovation has been defined as a central feature of patient care by the HOPE Exchange Programme participants hosted in Denmark. During the HOPE Agora, the three solutions presented concerned elderly care programmes, reduced hospitalisation and innovation with technology.



The elderly care programmes help deliver care at patients' homes or at hospital. They were introduced to improve elderly people's independence regardless of where they receive care. Solutions include mandatory home visits when they turn 75; the setting up of an effective ICT system to allow communication between healthcare providers (hospitals or general practitioners) and the local authorities and, finally, the introduction of innovative solutions for people suffering of dementia. The latter consists in the implementation of technologies at home to monitor patients' behaviours and to identify irregular patterns in advance.

Reducing hospitalisation means avoiding unnecessary admissions and decreasing the length of stay. Besides the treatment of the patient at home, the exchange programme participants reported the 24/7 access to primary care and the support to cancer patients before, during and after treatment. Finally, they also presented the "supporting relative programme" which draws on designated relatives to help ensure that patients who have undergone surgery are able have a comfortable discharge with fewer post-operative complications.

The third solution described concerned innovation with technology. It also focused on improving patients' independence as well as reducing the human interaction in some processes. An example is the automation of processes in the laboratory.

ESTONIA

HOPE National Coordinator	Hedy Eeriksoo
Exchange Participants 2016	Adrian Kobler (Switzerland) Svend Ulka Petersen (Denmark) Steve Baguley (United Kingdom)

The first innovation reported in Estonia is the so called "X-road", a system of software encryption and server security that allows sensitive data to be exchanged on the Internet. This has been defined as a key tool to enable healthcare integration, since it links the public and private providers via a unique national portal. Each communication is duly signed, authenticated and printed on time. The second innovation allows any citizen to access his/her personal information or documents such as e-prescriptions, by using an ID card. This is possible thanks to a national ID system implemented on the country. The third initiative consists of a portal showing citizens the data owned by the Government. It also allows them to decide which kind of information to show hide. The fourth and last innovation involves allowing general practitioners to access the patient data stored in hospital databases.

FINLAND

HOPE National Coordinator	Hannele Häkkinen
Exchange Participants 2016	Oliver Neeb (Austria) Alfons Riedelsperger (Austria) Marit Groner (Germany) Simon Nørregaard Jensen (Denmark) Francisco Bernabeu (Spain) Urbano Lopez Cruz (Spain) Asunción Merino Peralta (Spain) Tina Coleman (Ireland) Maurizio Moreno Fattori (Italy) Gunta Laizane (Latvia) Cachia Demis (Malta) Glória Almeida (Portugal) Jorge Jorge (Portugal) Nuno Neves (Portugal) Olmenius Veronica (Sweden) Monique Kortekaas-Rietveld (The Netherlands) Jurre Kranenborg (The Netherlands) Carol Singleton (United Kingdom)

In Finland, the innovative integration of social welfare and the healthcare system has paved the way for big changes which should bring positive effects on financial resources. Such integration is aimed at ensuring smooth communication among the professionals caring for patients, and shifting the focus from a specialised model of care to primary care and involving the patients in their care pathway. The second solution reported refers to the necessity of connecting patients to healthcare providers in areas with a low population density. This need is exacerbated for elderly people due to increasing demand in care services. In this context, the efforts are centred on using telemedicine to support patients at home and to connect them with hospital-based professionals. As a consequence, patients are empowered since they have to take more responsibility regarding their care. The third innovation refers to Auria Biobank which is the first bio bank established in Finland to support the research on cancer, diabetes and cardiovascular disease. Thanks to this research, the knowledge about these diseases will be associated to the risk factors, allowing the introduction of cost-effective and tailored treatments.

FRANCE

HOPE National Coordinator Cédric Arcos

Exchange Participants 2016

Rosamaría Casademont (Spain)
Amalia Franco (Spain)
Eva Garcia Suarez (Spain)
Jose Manuel Gasalla (Spain)
Mónica Hernandez Herrero (Spain)
Antonio Martinez-Gimeno (Spain)
María Concepción Moliner (Spain)
Darija Kuruc (Croatia)

The French innovations reported were the Territorial Hospitals Groups (GHTs – *Groupements Hospitaliers de Territoire)*, continuous medical education and disability care.
The GHTs have been introduced to solve efficiency problems and to improve coordination and planning of public and private for-profit and not-for-profit providers. They offer patients a coherent, understandable and coordinated care pathway across a particular area thanks to the creation of a shared technical platform. GHTs allow patients to get equal access to care and prevention activities in a context of performance improvement. This innovation will contribute to creating new jobs, according to a plan defined together with the universities.

Continuous medical education consists of mandatory programmes based on simulations while disability care is aimed at elderly people and psychiatric patients. The measures for elderly people are focused on dependence prevention and on the introduction of telemedicine to allow care at home. Patients are assessed through a questionnaire, whose results are submitted to a specialised nurse. Psychiatric patients are supported by a social integration programme based on employment, developed between the hospital and non-profit associations.

GERMANY

HOPE National Coordinator Peer Köpf

Exchange Participants 2016

Marion Androsch (Austria)
Elisabeth Neuditschko (Austria)
Hanns Ulriich Schlögl (Austria)
Xavier Bijaye (France)
Laurinda Santos (Portugal)
Johansson Annchristine (Sweden)
Regimantas Pestininkas (United Kingdom)

The first example of innovation in Germany consists in the implementation of the intercultural dementia companion programme. Caring for people with dementia can be a difficult task, especially for individuals who come from different cultural backgrounds. In this programme, specially trained professionals provide support to dementia patients with migrant backgrounds in their own native language and in line with their cultural values and norms. In addition, the intercultural companions are also able to explain the disease to family members, to provide information about the services available and to assist them with basic legal and health insurance enquiries. The HOPE exchange participants reported that this programme supported the change in perception about dementia by the family members who often see it as something to be embarrassed about. Educating relatives helps change those perceptions and eventually increases the quality of life for the affected patients. The future professionals receive 15 week of training on dementia as a neurodegenerative condition, but also on employment law, legal matters and intercultural communication. After a 10-day internship they are entitled to become official intercultural dementia companions in geriatric and geronto-psychiatric centres, as well as at patients' homes.

The second innovation described was about magnet hospitals, which are defined as such because they meet a set of pre-determined accreditation criteria. Magnet hospitals display strong transformational leadership to inspire nursing staff to take pride in what they do. They involve nurses in decision making and interdisciplinary work. A magnet hospital places patients at the centre of care and ensures that integrated care is delivered by teams with the appropriate skill mix. On the other hand, nurses are expected to get involved in research and practice evidence-based care. They are also expected to lead interdisciplinary projects and the success of nursing care is measured by empirical outcomes.

According to the HOPE exchange programme participants, research has shown that magnet hospitals have higher patient and staff satisfaction levels, lower staff turnover, improved clinical outcomes (lower rates of infection), fewer complaints and more innovation in nursing care. culture.

The third example of innovation in healthcare implemented in Germany is the development of a mobile device app aimed at having a clear view of bed occupancy rate. Through this app, managers have an overview of the entire organisation regarding real bed occupancy in all wards.

IRELAND

HOPE National Coordinator	Eamonn Fitzgerald
Exchange Participants 2016	Bodil Marie Clemensen (Denmark) Merja Sankelo (Finland) Ilon Metaal (The Netherlands)

Ireland has been defined by the HOPE exchange participants as the land of opportunity recovering from the effects of the financial crisis. Many innovative initiatives in the healthcare sector have been put in place despite a lack of resources. Health was set as a top priority on the policy makers' agenda and the new Minister of Health launched a strategic plan for the next ten years. The programme of reform is aimed at more integrated models of care.

One of the innovations experienced by the exchange participants relates to the empowerment of staff and patients, which turns around the concepts of patient safety and quality of care. Staff empowerment is possible through the introduction of leadership programmes coordinated by hospitals and the "*People Strategy 2015-2018*", which establishes the importance of the skill-mix in the workforce planning process. Patients are involved through their engagement in the clinical governance.

The exchange participants recognise as technical innovations the cyberknife, the electronic patient record and accreditation by international standards. According to them, technical innovation is seen as a key factor for "competition".

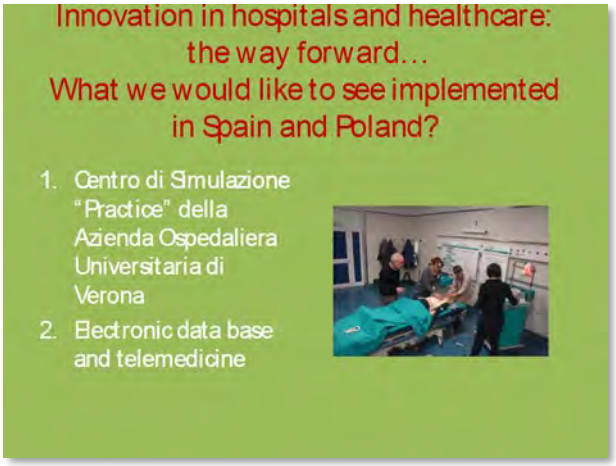
The third point outlined is related to leadership training for nurses. The central role of nurses is reflected in how wards are organised, with a chief nursing director planned.

ITALY

HOPE National Coordinator	Amleto Cattarin
Exchange Participants 2016	Milagros Ramasco Gutierrez (Spain) Magdalena Markowska (Poland)

The exchange programme participants hosted in Italy reported as first innovation, the "Simulation Centre" implemented in September 2012at the Integrated University Hospital of Verona. Itis aimed at health and administrative professionals but also students who need to be trained. Both surgical procedures and emergencies are simulated.

This is due to the need to strengthen technical and non-technical skills and to encourage teamwork. The second innovation concerns the use of an electronic database and telemedicine, to facilitate the cooperation within the different health providers. The objective is to guarantee the continuity of care and to enable the professionals to easily access patients' records. Information could be shared within the departments and patients could request consultations with doctors wherever they are.



LATVIA

HOPE National Coordinator Evija Palceja

Exchange Participants 2016 Cátia Gaspar (Portugal)
Fons van de Gevel (The Netherlands)

The healthcare sector in Latvia is characterised by the implementation of a national DRG system and by the need to improve hospital processes, according to the HOPE exchange programme participants hosted in this country. The first innovation mentioned refers to the adoption of the so called "Lean – Six Sigma Management", a methodology relying on a collaborative team effort to improve performance by systematically removing waste. A concrete example of such a methodology is a project aimed at reducing nurses' overtime in the operatory rooms as well as delayed operations. The second innovation reported aims at improving quality and patient safety through the implementation of the "total quality management" method. This is focused on the adoption of international quality standards and on the exchange of good practices related to quality management within diverse hospitals.

MALTA

HOPE National Coordinator	Michelle Galea
Exchange Participants 2016	Shila Hindsø (Denmark) Silvana Šonc (Slovenia)

The first initiative in Malta that was reported during the HOPE Agora is related to partnerships between private investors and public bodies aimed at improving hospital rehabilitation facilities. Normally, rehabilitation is for out-patients but since many older people cannot be discharged it has been necessary to manage them. Further projects for older people have been introduced in the country in order to ensure a high quality of life for them in the community and to improve their independence at home. Some examples of this kind are initiatives for active and healthy ageing and a 24/7 telecare service, giving patients the possibility to get in touch with a call centre at any time, any day.

The second cluster of initiatives refers to primary care and in particular to the introduction of awareness. An example is clinics treating food disorders.

The third example is about the Mental Health Act of 2012 which introduced new models of care aimed at reducing hospital stays and at ensuring the social inclusion of people suffering of mental disorders. Finally, the last innovation refers to the introduction of new management structures focused on professional development, staff supervision and team work.

POLAND

HOPE National Coordinator	Bogusław Budziński
Exchange Participants 2016	Janine Bender (Germany) Liselotte Brahe (Denmark) Gabriel De Arriba (Spain) Gustavo Merino Gómez (Spain) Erif Newman (United Kingdom) Louise Phillips (United Kingdom)

According to the HOPE exchange participants, Poland has a huge potential for change. The innovations presented correspond to big impact change. They have been classified in three categories: incremental, radical and revolutionary, and concern the cardiovascular (health outcomes) and oncological (clinical intervention) specialities but also medical equipment and facilities. Further innovations correspond to the development of information software applied to radiology which is extremely relevant compared to the investment sustained but also to the integration of emergency dispatch services. The HOPE exchange participants reported a holistic way of working consisting in inviting patients to express their opinions on the treatments received. In Łódź an awareness campaign for women suffering of cancer was introduced. Finally, efforts were made to find a balance between resources and quality of service. Innovation is not necessarily implementing new technology but using what you have in a smart and creative way.

PORTUGAL

HOPE National Coordinator	Francisco António Matoso
Exchange Participants 2016	Ole Sohn Jensen (Denmark) Mika Heikkilä (Finland) Pirjo Orre (Finland) Alina Pūrienė (Lithuania) Antra Kuprisa (Latvia) Łukasz Panasiuk (Poland) Sara Rozman (Slovenia) Iván Velasco Sanz (Spain) Claudia Kokkeler (The Netherlands) Julia Chappell (United Kingdom)

The first innovation identified in Portugal is partnership as a practice aimed at ensuring a holistic approach in patient care as well as an attention on healthcare spending and treatment outcomes. The first partnerships reported are about technology. An example is the use of a system based on gamification to train young professionals, rather than traditional simulations but also the introduction of a driverless vehicle to transport disabled patients within the establishment. These innovations have been developed by private companies working together with hospitals and universities. Another example of partnership for innovative technology is the introduction of genomics, which consists in mapping the human genome to find non-invasive diagnostic tools for several diseases.

The second kind of partnership concerns the optimisation of hospital. One practice observed is the introduction of a logistic system applied to pharmacies and operating rooms which reduces stock-costs and allows safe time for nurses, who do not have to carry out operative activities anymore. A further example consists in the organisation of short daily meetings during which the professionals involved share ideas on how to improve the quality of care and the patients' pathways.

The partnerships for innovative integration involve the public and private sectors but also not-for-profit organisations. Such partnerships are defined as innovations since they are aimed at re-thinking the "business model" of hospitals and other healthcare providers.

Another good practice reported was a project involving hospitals and a not-for-profit organisation, to provide neonatal and paediatric care at home. The professionals come from hospitals while the mobile unit used for the transfers are purchased by the organisation. The initiative, called "health in holidays", is aimed at people over 65 years who spend a week in a hotel assisted by health and social care teams. It has been promoted to reduce social isolation.

SERBIA

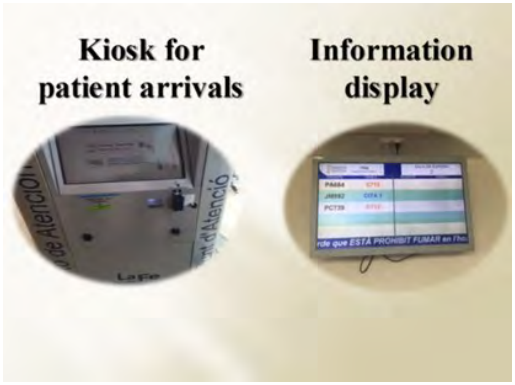
HOPE National Coordinator	Milos Bozovic
Exchange Participants 2016	Sylvia de Wit (The Netherlands)

The first innovation experienced in Serbia refers to the introduction of a system called "My doctor" which connects providers of primary, secondary and tertiary care. The use of such a system is mandatory and it has to be implemented by a certain date by all providers. This represents a challenge for the Serbian health sector since not all the systems are compatible. The introduction of this innovation has led to more transparency of data, less adverse events as well as more patient privacy protection. The second innovation mentioned is about the implementation of a system to optimise waste management, which has reduced bio -hazards and costs simultaneously. The last innovation relates to the way of communicating with patients, which is based on an equal relationship between patients and the medical staff.

SPAIN

HOPE National Coordinator	Asunción Ruiz de la Sierra
Exchange Participants 2016	Christian Queckenberg (Germany) Pica Andersen (Denmark) Kristiina Heikelä (Finland) Stéphanie Dumont (France) Anthoula Gorantonaki (Greece) Ilze Repsa (Latvia) Joanna Kamińska (Poland) Ana Isabel Santos (Portugal) Rita Veloso (Portugal) Sandra Brás (Portugal) Maria Zita Lopes Alves (Portugal) Erica Ericsson (Sweden) Carl Bradley (United Kingdom) Jane Darroch (United Kingdom)

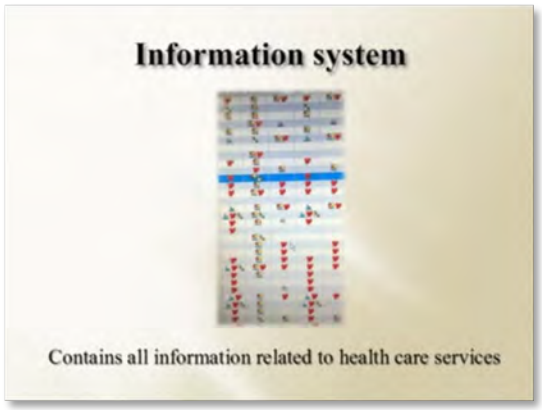
The first cluster of innovations is focused on patients. One concerns a system implemented to monitor the patients' pathways in hospital setting: a patient can register via a kiosk using a health card and takes a ticket. The number reported on the patient's ticket will appear on the screen outside the ambulatory, when it is the patient's turn. Moreover, the participants mentioned the creation of patient-centred department to make the patients feel at home. Participants also talked about the "kindness strategy" which started on the basis of the results obtained from satisfaction surveys. This is aimed at treating patients, not the disease.



The second innovation is the "case manager", a person who organises the patient pathway in hospital so that staff goes to patients instead of patients going to several places. The case manager helps reduce waiting times and ensures patient safety throughout the whole process.

The third initiative involves an information system which allows the exchange of patient information between primary care providers and hospitals. The fourth is about the introduction of a multidisciplinary team composed of diverse professionals trained to properly communicate to patients in the event of bad news. This multidisciplinary team involves both the patients and their family members, who are not subject to restrictions on visiting times.

Finally, the HOPE exchange programme participants mentioned the possibility for the patients who need chemotherapy to receive the treatment at home or at hospital. The family doctor is able to view the patient pathway at hospital through the integrated care record system, described above.



SWEDEN

HOPE National Coordinator	Erik Svanfeldt
Exchange Participants 2016	Brigitta Schmoll-Hauer (Austria) Maria Luz García Vivar (Spain) Cecilio Santander Vaquero (Spain) Heike Geschwindner (Switzerland) Heidi Schijf (The Netherlands) Gemma Snell (United Kingdom)

The innovations reported by the HOPE exchange programme participants hosted in Sweden relates to health care services for refugees quality improvement and patient safety and person-centred care measures.

The first consists in providing a "health check" for refugees, within two weeks of their arrival, which is performed in health centres where the workforce is composed by highly qualified immigrants. Moreover, migrants access treatments using a temporary ID card and their children are included in vaccination programmes.

The second initiative reported is the "green cross" which is a tool to identify and rank daily risks in order to prevent or reduce adverse events. The outcomes of the discussion on daily risks, involving a multidisciplinary team, are used for quality improvements.

The person-centred measures corresponding to the third innovation are aimed at helping individuals recognise their own strengths and abilities, enabling them to lead an independent life. Patients participate in the development of standardised care pathways and are involved in the decision making process.

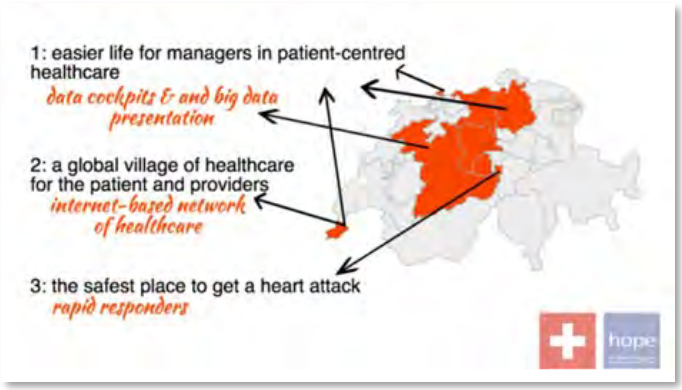
SWITZERLAND

HOPE National Coordinator	Erika Schütz
Exchange Participants 2016	Gerd Koorits (Estonia) Kadri Englas (Estonia) Ana Isabel Hijas Gomez (Spain) Gemma Montero (Spain) Marie-Helene Roux (France) Jonasson Katarina (Sweden) Wouter Reepmaker (The Netherlands) Rebecca Griffiths (United Kingdom)

In Switzerland, the first lesson learned by the HOPE exchange programme participants relates to data management. Hospitals process a huge amount of data which is often difficult to integrate. In Switzerland such integration has been possible, leading to the creation of a system that releases timely graphic information on diverse topics (medical data, process, performance, etc.). Data use also supports decision making through the visual representation of the processes that could be optimised where inefficiencies are encountered. In one of the hospitals hosting the participants, transfers have been reduced by 20% with this method.

The second innovation mentioned concerns the implementation of an internet-based network, allowing the exchange of patient information among health providers in primary, secondary and tertiary care. Information is exchanged in a secure manner and according to the patients' will.

Since there are areas characterised by limited access to healthcare services in Switzerland, one of the solutions introduced is the empowerment of local communities and their involvement in emergency situations.



THE NETHERLANDS

HOPE National Coordinator	Hans de Boer
Exchange Participants 2016	Samara Kornfeld (Austria) Simone Koch (Switzerland) Antonia Büchner (Germany) Mari-Leen Varendi (Estonia) Estrella Fernandez Vega (Spain) Susanna Kurkinen (Finland) Aurélien Delas (France) Joseph Ruane (Ireland) Chiara Tosin (Italy) Collette Crisp (Malta) Anna Farmas (Poland) Graça Nascimento (Portugal) Langner Kerstin (Sweden) Sarah Mahoney-Harrison (United Kingdom) Adam Wright (United Kingdom)

The three most valuable innovations observed by the HOPE exchange programme participants in this country relates to information technology and to value-based healthcare. IT solutions represent an added value for the whole system and have been designed to improve the quality of health services but also to gain benefits such as reduced costs, staff engagement and better governance. Some examples of IT solutions implemented are: patient portals (allowing patients to access information on their treatment through internet at home); dynamic planning tools (to help manage demand in health services in a flexible way); electronic patient registration and patient flow management (to reduce waiting times); bedside medication system (to decrease adverse events linked to the administration of drugs) and telemedicine (empowering patients in treatment).

Although all the tools listed are valuable, telemedicine for cardiac rehabilitation deserves particular attention. It is a system which supports patients in rehabilitation who have been suffering from cardiovascular disease. Patients have the possibility to perform some rehabilitation exercises at home and to send information about their health status through a smartphone to a nurse at hospital. The nurse, once

informed, gives feedback to the patients about their rehabilitation. Tele-monitoring increases the patients' commitment to their care and at the same time allows resources to be saved that could be invested on acute care rather than on rehabilitation.

Value-based healthcare is intended as a new way of providing health services focused more on clinical outcomes instead of on efficiency. This new way of orienting the health services turns around the concepts of holistic care and patient-centred view.

Some examples, focused on personalisation of care, are the patient councils consisting in associations representing the patients' perspective in relation to their care. In many hospitals, such councils hold a position on hospital boards and are involved in drafting policies and guidelines. Another example of personalised care is offered to oncologic patients, who struggle to eat and often lose appetite. To face this challenge, food should be available to patients 24/24. In a hospital of the Dutch hosting network little restaurants at each floor have been set up to provide food to patients at their convenience. The leading concept is that food should be viewed as a medicine and be available at any time. The third initiative is the so called "patient-group related specific assessment" which is a method introduced to evaluate the general health condition of geriatric patients through a questionnaire. After the initial assessment, the geriatrician, who takes the first contact with the patient, involves other professionals. This practice contributes to reducing the average length of stay, decreasing the follow-up consultations and improving the patients' satisfaction. Finally, the last good practice corresponds to multi-disciplinary teams caring for rehabilitation patients. The team is composed of doctors, nurses, therapists and social workers.

UNITED KINGDOM

HOPE National Coordinator	Tracy Lonetto
Exchange Participants 2016	Peter Plessing (Austria) Isabel Rodrigo Rincón (Spain) Minna Laitila (Finland) Chloé Saint-Ville (France) Gabriella Veress (Hungary) Kristine Golubeva (Latvia) Tânia Santos (Portugal) Miholič Mojca (Slovenia) Arnoud Rietveld (The Netherlands)

Clinical coaching was the first good practice reported for the United Kingdom as "a way to unlock a patient's potential to maximise his/her performance". This approach aims at supporting patients in the learning process about their health conditions, contributing to their self-awareness and making them more responsible. All the aspects of a patient's life are considered rather just his/her health conditions.

The first example presented was transactional analysis which consists in peer communication between the professionals and the patient. The second method is called coaching continuum and its objective is to decrease hospital re-admissions rate providing support to patients when they are at home, after discharge. The tools used in this respect are the wheel of life and the STOKERM method. The wheel of life gives a visual representation of the rating given by the patient to a certain item (e.g. mobility, well-being, diet, etc.) compared with the ideal rating that the item should have, according to the patient's wish. The STOKERS method is a tailored tool aimed at focusing on a certain action over a precise time span with the objective of gathering information from the patient as well as on the outcomes to accomplish.

The second good practice is the method case study carried out by two groups of professionals: the control group and the clinical coaching group. They establish a conversation with patients upon admission and again three days after discharge. This brought abouta10% decrease in hospital re-admissions and saved roughly €340.000 per day. The highest benefit was encountered in patients who experienced COPD, pneumonia and heart failure.

FOOTNOTES

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Chief Executive: Pascal Garel

Avenue Marnix 30, 1000 Brussels
Belgium

Tel: +32 2 742 13 20

www.hope.be