IHF Secretariat
ACTIVITY REPORT 2016
World Hospitals and Health Services
The Official Journal of the International Hospital Federation

Social Media

Nowadays, everyone requires the use of social media. Therefore, we are happy to announce that IHF members and those who are not yet members, but want to get regular IHF updates, can access and get updates on all of IHF's events and activities through our social media platforms. Furthermore, Facebook, LinkedIn, and Twitter were used during the IHF World Hospital Congress.

Moreover, the annual World Hospital Congress also has its own social media platforms that will provide regular updates about the Congress. Updates and feedback will be more convenient and faster for everyone when you follow us on these platforms.

IHF Website and Exchange Platform

Since the launch of the new IHF website at the end of 2015, we have received great positive feedback from the IHF community. The website is user-friendly, interactive, and fully compatible with mobile devices. It provides easy access to our resources and activities.

The four issues of Volume 52 of the World Hospitals and Health Services were published this year. Abstracts were translated into Chinese, French, and Spanish to continue the objective of increasing the journal's audience.

The first issue of the journal featured articles of the winning entries from the 39th Chicago World Hospital Congress. The best practices and innovations of the winning hospitals and healthcare organizations were better highlighted through their articles.

Meanwhile, the second issue highlighted health care and the hospitals’ provision of services in Asia. One of the articles presented was entitled “Introduction of the development of the mobile smartphone application, “PWH easyGo” to help patients and visitors to navigate different departments and facilities on the hospital premises with ease.”

The September issue introduced African innovations in health services. The issue also included different tracks dealing with health services and provision of services.

The December issue, the last issue for 2016, was entitled “Managing the hospital revenue cycle & medical banking”. It showcased different articles on the financial aspects of medicine and healthcare. Most articles included in this issue cited medical financing situations and challenges being faced by healthcare organizations.

IHF Newsletter

This year we have used Vertical Response website to create and disseminate the newsletter. This is now sent monthly with six articles per issue and subscribers receive copies through their e-mails. The newsletter link can be found on all IHF social media accounts, which has largely increased our audience. You can access the newsletter online and subscribe to receive it by e-mail. Also, we truly value and appreciate your feedback to evaluate potential changes and make improvements.

This year we have officially launched the IHF Exchange Platform: an online platform exclusively developed for the IHF Community that provides a neutral setting for exchanges and interactions.

The hub will allow users to share posts and documents with the community. Individual private interactions are also possible through an internal mailing system.
The safety of healthcare facilities. This document showcases the outcomes of a global survey on the assessment of healthcare facilities' resilience.

We have received a total of 12 valid responses, and the results showed that most respondents consider hospitals safe places. Most countries (71%) have implemented a protocol to safeguard health-care services, and this protocol is seen as adequate despite the need for improvements.

More than a half of the respondents reported cases in which healthcare workers were injured or killed by violent acts. Almost all countries have a process to report these acts and this is mostly a mandatory process.

The report provides a list of the principal safety measures in place in healthcare facilities such as alarms, cameras, guards, etc.

The chart below shows the overall security (facility, personnel, patients, etc.) by country:

Given the global increase in violent acts, it is evident that new measures and strategies need to be implemented.

The ICRC outlines a list of 16 different elements that need to be considered to assess the safety of healthcare facilities (e.g., the location of the facility, presence of security staff, protocols in place, etc.).

Protocols to respond to violent acts as well as processes to systematically report these are of fundamental importance to assess the safety of the infrastructure and the measures that must be taken to improve resilience.

The full version of the white paper is available on the IHF website and has been broadly disseminated by the ICRC.
Integration of care, effective and formal communication processes and tools, systematic interaction between the different healthcare actors and Electronic Health Records System are some of the fundamental elements for integrated people-centred health services.

The full version of the white paper is available on the IHF website.

Most frequent tools in place to support integrated people-centred health services

---

Strengthening Hospital Level Integrated People-Centred Health Services

Following the IHF General Assembly's decision to support the resolution on WHO Integrated People-Centered Health Services strategy, the Secretariat has been working on a white paper to analyze the role of hospitals in promoting care coordination, as well as the barriers and solutions to provide integrated health care services.

We have submitted a survey to our members, of which we received a total of 15 answers.

Most of the participants reported that in their health systems care coordination is still limited and varies among sectors.

Respondents also agree on the need for a stronger collaboration between stakeholders, in particular, to respond to the increasingly ageing population with multiple chronic conditions.

Communication processes and tools are in place in most of the countries to guide patients through the healthcare system. Some of the tools used in the various countries are also listed in the report. Overall, respondents agreed on the need for efficient communication tools for patients.

With regards to the interaction between hospitals and other health services providers, we can say that we assist to a growing cooperation between hospitals and elderly living facilities/home care. This is probably due to the increase in ageing population with multi-chronic conditions. However, the interaction with other actors, such as patients’ organizations or social services is still limited.

Integrated people-centred health services are an overall priority, however, for most respondents, there are limited assessment tools in place to evaluate and monitor the actual integration level of care.

Guidelines and framework, community of practices, training and formal regulation are the most frequent tools in place to support integrated people-centred health services.

This study shows a growing interest and engagement at the national level for integrated people-centred health services although substantial improvements must be made.
EDUCATION AND TRAINING

**IHF Webinars**

IHF Webinars, a part of the IHF Training & Education activities, turned two in 2016. 10 webinars were successfully conducted during this year. IHF invited speakers from different countries including Pakistan, Hong Kong, France, United States of America, Australia, Japan, and Portugal to present relevant and timely topics on healthcare.

The recordings of the webinars can be accessed from the IHF website, as well as on YouTube IHF FIH – YouTube.

**IHF Leadership and Management program**

This year the IHF Secretariat was given the opportunity to review its training offering after having delivered a successful program to the Dubai Health Authority in 2014 and having worked closely with WHO-EMRO on a program for the Middle East region.

The work mobilized the team that has developed the initial program. The objective was to reorganize the face-to-face sessions to create modules that could be provided as a standalone offering.

At the same time, this revision provided the opportunity to improve the content of the full training prepared in 2014. This improvement was not so much for a change in the bulk of the sessions’ content, that is both relevant and up to date, but to reorganize the sessions and expand content for some of the sessions.

This revision focused significantly on the IHF targets. The IHF learning offering must be differentiated from the others available in this extremely competitive environment. While most educational offerings are based on the individual lead approach, IHF training is shaped for organizations that wish to support the professional development of its staff, and build a generation of leaders.

An experienced team with full knowledge of the entire Program content developed the IHF program to provide a highly consistent content. The adult learning approach, which relies on action learning provides participants with substantial support to make them a leading force in the transformation of the organization.

In this perspective, the IHF Secretariat and national members started to explore the joint-venture of the program either as standalone one week sessions or as a full-fledged one-year program to boost the interest and feasibility of the project.

This new strategy was presented to the IHF Governors in May 2016 to get their feedback and support for further development of IHF education activities provided to members as well as part of the broader agenda of the professionalization of Healthcare management, especially in emerging countries.

During last quarter of 2016, initial contact was made by the IHF Special Advisor in the Middle East, M Al Madani, and Tasneef from Abu Dhabi to explore the possibility of implementing the full training program in Gulf Countries. This initial support is promising but implementing either the entire program or the sessions in a pick and choose mode will require significant marketing efforts and will probably take time.

**IHF - Leadership & Management Program**

**Global Healthcare Internship Program**

Four students were welcomed to the 2016 Global Healthcare Internship Program:

- **8-weeks Spring internship (February to April)**
  - Kevin McNeil, Providence University, USA
  - Holly Deng, Cornell University, USA
- **8-weeks Autumn internship (October to December)**
  - Anjali Vasavada, Boston University, USA
  - Amanda Wozniak, Providence University, USA

The IHF Internship Program provides students with research opportunities in the healthcare sector and exposure with leading international healthcare organizations. The aim is to contribute to their professional development.

From the Secretariat point of view, its research capacity is enhanced together with its resources. Boston University (Geneva) is the leading partner for this program since it is responsible for the recruitment of interns.

The tasks assigned to interns mostly consisted...
of external communications, research, support to the Secretariat, as well as pre and post-Congress support.

The Global Healthcare Internship Program is expected to provide new opportunities to students in 2017.

**IHF 2016 New York Study Tour**

As part of a succession of events served by the IHF, the New York 2016 Hospital Executive Study Tour was held in partnership with the Health Investment & Financing Corporation from the 27th of June until the 1st of July 2016.

The four-day study tour featured speakers from the field of health and medicine; also, it dealt with different topics and issues regarding the organizations and acts concerning health.

The first day of the tour was held at the Wagner School of Public Service and was presided by the speakers Dean Sherry Glied of New York University’s Robert F. Wagner Graduate School of Public Service who discussed the Affordable Health Care Act; International Hospital Federation (IHF) Chief Executive Officer (CEO) Eric de Roosdenbeke, who gave the Overview of the Study Tour; and Health Investment & Financing Corporation’s President & CEO Alexander S. Preker, who presented the Implications of Affordable Health Care Act for University Medical Centers.

During the discussion, Mrs. Glied pointed out that the Affordable Care Act is to fill the gaps and is not to be considered a blueprint for the health system reform, which includes improving the coverage for all plans to make sure major public health issues such as the tax credit for buying insurance, Medicaid expansion, and health insurance exchange are covered to make the individual insurance market more systematic.

Also, the real benefit of Academic Medical Centers (AMC) was debated since there was a massive shift from episodic to the total cost of care in 2008.

Another highlight of the tour was the discussion on Accountable Care Organizations (ACOs) and Care Management with the objective of responding to the Triple Aim: 1) Improve the individual’s care experience, 2) Improve the health of the overall population, and 3) The resulting reduction of overall healthcare expenditures.

Claudia Colgan presented Accountable Care Organizations (ACOs), and Mount Sinai Health Network President Arthur Klein, MD delivered a presentation entitled Building Care Networks within a Health System on the second day of the New York Tour at the Icahn Medical Institute.

Meanwhile, keynote speakers Health Policy & Management Professor Lawrence Brown, Ph.D., and Ofra Weinberger discussed Managing a Complex University Hospital Merger and Technology Transfer on the third day of the tour held at the Health Policy and Management Department of Mailman School.

On the fourth day, speakers, New York Academy of Medicine Executive Vice President Anthony Shih, MD, MPH, and Vice President and Director of International Program in Health Policy and Practice Innovations Robin Osborn, MBA discussed Urban Health and Age-Friendly Cities and Commonwealth Fund at the New York Academy of Medicine.

Other sites visited during the tour were New York City Department of Health & Mental Hygiene, Mt. Sinai Hospital Continuum, Columbia University Medical Centre, and City MD.

**IHF Contribution to WHO supported program for Iranian Hospital managers**

The WHO country office in Tehran, Iran invited the IHF Secretariat to participate in developing a program that will allow the Ministry of health to train more than 500 public hospital managers in Iran. The IHF was invited to the initial meeting with the key national stakeholders and the WHO team to discuss the program content and strategy used for its provision. This introductory national workshop, held in early June 2016, allowed to shape a very comprehensive program, and the IHF was identified to support the development of the governance, leadership and management content in close collaboration with other members of various organizations from around the globe.
At the same time, this program was very ambitious and challenging considering the tight timeline provided by the national authorities, who wanted to be able to present the full training at the beginning of 2017 with the objective to have it completed by the end of 2017.

IHF supported the development of the program in close relation with Ministry of Health and the WHO support team from the Country office. This program was derived from the one that the WHO developed in 2015 for the EMRO Region but was almost fully restructured.

In close collaboration with a team of national experts, IHF developed a 5-day intensive adult learning approach to enhance leadership, management and governance skills and attitudes.

During one week, the national team of experts worked closely with the IHF CEO to get full ownership of the content and to customize it and to prepare the translation in Parsi. This week was very intensive thanks to the high interest and commitments of selected participants with a substantial desire to be able to present the final program so that a whole generation of public hospital managers will have been exposed to most advanced practice and thinking on leadership, governance, and management.

This training was also an opportunity to introduce the global competency directory supporting this nationwide initiative that advocates professionalization of hospital management.

WORLD CONGRESS AND INTERNATIONAL AWARDS

**World Hospital Congress**

The 40th World Hospital Congress was held last 31 October – 3 November 2016 in Durban, South Africa with the theme, “Addressing the Challenge of Patient-centered Care and Safety”. This Congress differed from the last thanks to key unique features. It was the first congress to be held on the African Content. Also, the 2016 Durban Congress was the first edition hosted as an annual event. More than 800 participants from different countries throughout the world were present at the event.

The keynote speaker was Dr. Aaron Motsoaledi, MP, and the Minister of Health of the South African Republic. At the same time, some plenary speakers were: Dr. Nicolas Crisp, Freelance Consultant (South Africa); Prof. Joan Lo, a Member of the National Health Insurance Committee, Ministry of Health and Welfare (Taiwan); Christopher Drexler, Regional Minister for Healthcare, Science and Personnel (Styria Region (Austria); Jonathan B. Perlin, President, Clinical Services and Chief Medical Officer HCA – Hospital Corporation of America; Marcelo Alves Alvarenga, Chief Experience Officer at the Hospital Sírio Libanês (HSL Syrian-Lebanese Hospital), São Paulo, Brazil; and Johan Torgersen MD/Ph.D., General Director, Division for Specialized Health Care, Norwegian Directorate of Health (Norway).

The scientific program was filled with more substantial concurrent and poster presentations. Opportunities were also maximized by attendees through the exhibition and sponsorship programs enabling them to receive visibility on a global platform to showcase their products, meet and network with peers, policy decision makers and professionals from the healthcare sector.
We wish to thank Bionexo do Brasil Ltda for sponsoring the Awards.

Although there were fewer entries than the previous edition, the overall quality of the submitted entries was excellent making choices difficult for the Jury.

Full results of the award recipient have been posted and a good media and social media information has backed up this event.

The ceremony for the award was held during the Congress and this year an opportunity was given to recipient to make a short presentation of their achievements. This session was very well received and will from now on be a part of the IHF congress.

In addition, the entries selected as finalist will be given better visibility as part of the IHF knowledge exchange platform. Further developments are needed to make sure that among the IHF membership community there can be better access to good practices and innovation. The role of the IHF Secretariat is to better support member sharing opportunities, and the development of collaboration.

Regardless of the quality of awarded initiatives, the IHF Secretariat should continue mobilize its members but also the broader community of healthcare service providers to get much more entries to be in capacity to demonstrate how healthcare providers are leading the quest for practice excellency. There is a lot of potential in this approach that goes far beyond a recognition process.

The example of this year recipient of the IHF grand award, the Hong Kong Authority is showing how a public service provider can be on the forefront of full integration of care and social services for elderly population. Considering how the ageing of population is a challenge for many countries, the approach adopted in Hong Kong can certainly guide many other providers, especially on medium to large urban centers.

Some topics of concurrent sessions included:

- WHO (AFRO): Improving quality of Care in Hospitals: A Comprehensive Information Technology Solution;
- Brazilian National Association of Private Hospitals: Quality of Care and Sustainability / A Brazilian Perspective;
- Belgian Hospital Association: How to become an excellent hospital? Strategies for transformation;
- Hong Kong – Hospital Authority: System improvements in Public Hospitals in Hong Kong;
- South Africa: Department of Health: Capacity building in leadership and management for hospital managers: local and international perspective.

On the other hand, poster presentations included topics on:

- Capacity Building in Leadership and Management
- Financing and Universal Health Coverage
- Governance and Accountability
- Quality of Care
- Service Delivery: Innovation in Delivery of Care and Hospital Services
- Technology: Role in Determining Clinical Pathways in Patient Care

The launching of the Durban Congress mobile application was also pushed through this event. This mobile application made access and updates to all the participants easier and convenient, and served as a guide during their stay at the Congress.

At the time this report was written, preparations were underway to organize the 41st Taipei Congress. The theme of this upcoming Congress, to be held 7-9 November 2017 at the Taipei International Convention Centre, will be “Patient-friendly and Smarter Healthcare”.

Visit the Congress website for more information.

Awards

This was the second year that the IHF launched a call for excellence achievements in the categories of leadership and management, quality and patient safety, service provision and Corporate Social responsibilities as well as for a combination of those to be recognized by the IHF-Dr Kwang Tae Kim grand award.
was driven by the IHF Secretariat that contracted with a web developer to have a user-friendly interactive platform that should enable to rate the relevance of each competency with the actual position and then to assess the expertise level on each of the skills. This provides a gap analysis that highlights critical needs for professional development.

It is expected that full development of this web platform and translation in English and Spanish will be launched in 2017.

During the EURAM meeting hosted in Paris and on the initiative of the University of Alabama at Birmingham USA, a review of competency based approach was initiated and a group of Academic institutions from around the world got together to further work on the benefit of the competency-based approach, which relied on common ground. This initiative is welcomed and supports the efforts made by IHF with this SIG to promote the professionalization of healthcare management through a universal common ground.

In conclusion, the IHF World Hospital Congress was also an opportunity for SIG members to showcase the use of the directory in their respective countries.

Most notable advancements are the adoption of a revised list of competencies by the Australasian College of Health Service Managers and the revision of curriculum by Catalan Training Institute for Health managers.

In 2017, the UH-SIG plans to pursue this research with case studies and survey data available later in 2017.

**Healthcare Management**

This was a year of transition after the adoption of the Global Healthcare Management Competency Directory in October 2015.

The SIG has been meeting through conference calls, and priority was given to dissemination of the Directory on various occasions. These meeting also provided insight on methods to popularize this work as well as to increase the number of stakeholders, in particular with Academia.

The first effort was made in getting external support and for this SIG members have developed funding proposal, but after some attempts, it was clear that such funding projects are not appealing unless there is more evidence of interest and utilization of the directory.

Therefore, most of the effort was dedicated to developing a web-based platform allowing competency self-assessment. This development was driven by the IHF Secretariat that contracted with a web developer to have a user-friendly interactive platform that should enable to rate the relevance of each competency with the actual position and then to assess the expertise level on each of the skills. This provides a gap analysis that highlights critical needs for professional development.

It is expected that full development of this web platform and translation in English and Spanish will be launched in 2017.

During the EURAM meeting hosted in Paris and on the initiative of the University of Alabama at Birmingham USA, a review of competency based approach was initiated and a group of Academic institutions from around the world got together to further work on the benefit of the competency-based approach, which relied on common ground. This initiative is welcomed and supports the efforts made by IHF with this SIG to promote the professionalization of healthcare management through a universal common ground.

In conclusion, the IHF World Hospital Congress was also an opportunity for SIG members to showcase the use of the directory in their respective countries.

Most notable advancements are the adoption of a revised list of competencies by the Australasian College of Health Service Managers and the revision of curriculum by Catalan Training Institute for Health managers.

In 2017, the UH-SIG plans to pursue this research with case studies and survey data available later in 2017.

**Healthcare Management**

This was a year of transition after the adoption of the Global Healthcare Management Competency Directory in October 2015.

The SIG has been meeting through conference calls, and priority was given to dissemination of the Directory on various occasions. These meeting also provided insight on methods to popularize this work as well as to increase the number of stakeholders, in particular with Academia.

The first effort was made in getting external support and for this SIG members have developed funding proposal, but after some attempts, it was clear that such funding projects are not appealing unless there is more evidence of interest and utilization of the directory.

Therefore, most of the effort was dedicated to developing a web-based platform allowing competency self-assessment. This development was driven by the IHF Secretariat that contracted with a web developer to have a user-friendly interactive platform that should enable to rate the relevance of each competency with the actual position and then to assess the expertise level on each of the skills. This provides a gap analysis that highlights critical needs for professional development.

It is expected that full development of this web platform and translation in English and Spanish will be launched in 2017.

During the EURAM meeting hosted in Paris and on the initiative of the University of Alabama at Birmingham USA, a review of competency based approach was initiated and a group of Academic institutions from around the world got together to further work on the benefit of the competency-based approach, which relied on common ground. This initiative is welcomed and supports the efforts made by IHF with this SIG to promote the professionalization of healthcare management through a universal common ground.

In conclusion, the IHF World Hospital Congress was also an opportunity for SIG members to showcase the use of the directory in their respective countries.

Most notable advancements are the adoption of a revised list of competencies by the Australasian College of Health Service Managers and the revision of curriculum by Catalan Training Institute for Health managers.

In 2017, the UH-SIG plans to pursue this research with case studies and survey data available later in 2017.

**Healthcare Management**

This was a year of transition after the adoption of the Global Healthcare Management Competency Directory in October 2015.

The SIG has been meeting through conference calls, and priority was given to dissemination of the Directory on various occasions. These meeting also provided insight on methods to popularize this work as well as to increase the number of stakeholders, in particular with Academia.

The first effort was made in getting external support and for this SIG members have developed funding proposal, but after some attempts, it was clear that such funding projects are not appealing unless there is more evidence of interest and utilization of the directory.

Therefore, most of the effort was dedicated to developing a web-based platform allowing competency self-assessment. This development was driven by the IHF Secretariat that contracted with a web developer to have a user-friendly interactive platform that should enable to rate the relevance of each competency with the actual position and then to assess the expertise level on each of the skills. This provides a gap analysis that highlights critical needs for professional development.

It is expected that full development of this web platform and translation in English and Spanish will be launched in 2017.

During the EURAM meeting hosted in Paris and on the initiative of the University of Alabama at Birmingham USA, a review of competency based approach was initiated and a group of Academic institutions from around the world got together to further work on the benefit of the competency-based approach, which relied on common ground. This initiative is welcomed and supports the efforts made by IHF with this SIG to promote the professionalization of healthcare management through a universal common ground.

In conclusion, the IHF World Hospital Congress was also an opportunity for SIG members to showcase the use of the directory in their respective countries.

Most notable advancements are the adoption of a revised list of competencies by the Australasian College of Health Service Managers and the revision of curriculum by Catalan Training Institute for Health managers.

In 2017, the UH-SIG plans to pursue this research with case studies and survey data available later in 2017.

**Healthcare Management**

This was a year of transition after the adoption of the Global Healthcare Management Competency Directory in October 2015.

The SIG has been meeting through conference calls, and priority was given to dissemination of the Directory on various occasions. These meeting also provided insight on methods to popularize this work as well as to increase the number of stakeholders, in particular with Academia.

The first effort was made in getting external support and for this SIG members have developed funding proposal, but after some attempts, it was clear that such funding projects are not appealing unless there is more evidence of interest and utilization of the directory.

Therefore, most of the effort was dedicated to developing a web-based platform allowing competency self-assessment. This development was driven by the IHF Secretariat that contracted with a web developer to have a user-friendly interactive platform that should enable to rate the relevance of each competency with the actual position and then to assess the expertise level on each of the skills. This provides a gap analysis that highlights critical needs for professional development.

It is expected that full development of this web platform and translation in English and Spanish will be launched in 2017.

During the EURAM meeting hosted in Paris and on the initiative of the University of Alabama at Birmingham USA, a review of competency based approach was initiated and a group of Academic institutions from around the world got together to further work on the benefit of the competency-based approach, which relied on common ground. This initiative is welcomed and supports the efforts made by IHF with this SIG to promote the professionalization of healthcare management through a universal common ground.

In conclusion, the IHF World Hospital Congress was also an opportunity for SIG members to showcase the use of the directory in their respective countries.

Most notable advancements are the adoption of a revised list of competencies by the Australasian College of Health Service Managers and the revision of curriculum by Catalan Training Institute for Health managers.

In 2017, the UH-SIG plans to pursue this research with case studies and survey data available later in 2017.
decided to identify, among IHF members, potential participants to such a group and Dr. Murtaza Esufally from Hemas Hospital was contacted to lead the first meeting of interested parties to explore further how this group could be of value for participants. There was an interesting exchange between representatives from Lebanon, Brazil, Egypt and Sri Lanka, and topics for getting this group moving were suggested:

- Share some of the work done to handle the profitability challenge and the type of success achieved;
- Hospitals to name good practices and share something that worked for them;
- Discuss more about standard cost of reduction and lean management;
- Further discuss how to do the group purchasing, the problems and issues about it;
- Limitation of quality staff and capacity building through experts giving lectures;
- Minimum quality Standards that can be shared with investors;
- Work on setting international standards that investors wherever they are can adapt.

Also, this group can help avoid that people forget the service and work more on money in their part of the business.

A side meeting was organized during the Durban world Hospital conference to discuss the following:

- Strategize methods to improve funding, finance mechanisms and service provision;
- Enhance the performance of healthcare organizations by providing opportunities for leadership, benchmarking and experience sharing;
- Forecasting the future in providing services;
- Highlight the specificities of operating in the market environment;
- Participate to the global healthcare community;
- Scrutinize opportunities for globalization in providing healthcare services.

This meeting came to a close on a discussion mostly on the limitation that the private sector is facing due to strict regulations on possible development of activities. In African countries, there is a specific challenge in obtaining licenses to operate even when there are resources available to set up the business.

Furthermore, this series of meetings highlighted the tension between colossal and powerful private sector players who have international growth perspective and the multiple small-scale national operators. The Big players have access to substantial resources allowing them to move on their own. Due to their nature and the sense of competition that drives their development these large groups are more willing to move on their own rather than to participate in a platform that is not under their auspice. Smaller private hospitals have more interest in being part of such a group, but all of them express concerns related to their local operational conditions.

The perspective of developing this team is probably in the middle of this spectrum of healthcare providers. Also, obtaining interest from the existing national private hospital association is important.

It may also be interesting to propose an external IHF congress on another day or month, or rather a two-day congress that can be held every year where we can call in all of these investment gurus and let them discuss challenges and opportunities.
The IHF CEO Circle is a confidential international network of senior healthcare executives where they can exchange, network, and share common challenges with peers across the world.

This year the group implemented a global collaboration on the “Greatest challenges faced by hospital CEOs”. More than 60 CEOs from 22 Countries participated in the online survey and phone interviews were organized to explore some of the responses more in-depth. Thanks to the support of the Navigant Consulting Solutions Centre and Anne Jensen, a student at the University of Minnesota, findings from the survey were analyzed and prepared to be presented at the IHF World Hospital Congress in Durban, South Africa. The survey showed that two major leadership challenges for CEOs are capital and financial concerns and achieving high quality outcomes for patients. It was also noticed that organizational changes represent a challenge for CEOs, in particular due to legal constrains and lack of access to capital.

Other points of consensus emerged from the survey:

- Inertia for change as a major cause of frustration for CEOs;
- Strong government oversight is a cause of concern for personal responsibility;
- Lack of integration as a fundamental barrier to improve patient centered care

Full outcomes of the research were presented during the CEO Circle Annual Meeting, held during the IHF Durban Congress.

The Congress was also an opportunity to organize a first-ever CEO Circle Social Reception, sponsored by CHIME (the College of Healthcare Information Management Executives): an opportunity for members of the IHF CEO Circle to gather together and network. More than 100 participants attended the reception, including IHF President, Erik K. Normann and IHF Governing Council Members.

The Chair of the CEO Circle, Rulon F. Stacey, Ph.D., FACHE, Managing Director at Navigant, moderated the CEO Circle Forum on “Performance Excellence Techniques to Improve Outcomes”. Three internationally recognized experts in Performance Excellence techniques provided outstanding presentations on how to use techniques to drive outcomes in healthcare organizations.

An active group for the CEO Circle has been created on the IHF Exchange Platform. To be a member of the Circle, CEOs of IHF member hospitals are invited to register at the IHF website and join the group.

In 2017 findings from the global collaborative on Hospital CEO’s challenges will be compiled in a white paper and shared with members of the Circle.
The IHF President and the IHF President-Designate: Advocacy & International Mission

Erik K. Normann, MD
IHF President

As President of the IHF, I attended a meeting on April 11th in Geneva in WHO HQ about future global challenges of lack of healthcare professionals. The meeting was a result of a strategy launched by the Secretary-General of the United Nations after establishing the High-Level Commission on Health Employment and Economic Growth. The meeting was a Health Professions Association Consultation. All the important and significant organizations participated, but the only organization representing employers was IHF. The topic is paramount, and the organizations should discuss how to handle the lack of qualified health professionals in the future as the needs for professionals are increasing. It is critical that the developing countries are not drained for qualified health professionals.

In May, 3-5th, the Governing Council meeting was held in conjunction with the Hong Kong Hospital Authority Convention. During the Convention, IHF was responsible for a parallel session that I chaired.

I was invited as the plenary speaker at EAHM's (European Association of Hospital Managers) 26th Congress in Bologna, Italy, 12-14th October. I was asked to talk about leadership and used this opportunity to present the Leadership Competencies for Healthcare Services Managers.

The 40th World Hospital Congress was arranged in Durban, South Africa from October 31st to November 3rd. The Congress was a success with many excellent 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 South Africa with the congress and to thank all the personnel involved in the preparations and meeting.

The Commonwealth Fund arranged their yearly meeting in Washington from the 15th to the 18th of November, during which they presented their reports. I had the opportunity to join the Norwegian delegation at this meeting and met with representatives from the Norwegian Ministry of Health and Care Services. I would like to express my gratitude to the CEO, Mr. Eric de Roodenbeke, and his staff for the excellent work the Secretariat is doing. Without them, it would not be possible run an organization such as the International Hospital Federation.

Francisco R. Balestrin
IHF President Designate

2016 was an exciting year for the International Hospital Federation. Under Erik Normann’s able leadership, the IHF has continued its tradition of capable and successful presidencies. It was able to provide greater value, with better quality, to all its stakeholders. I am confident the IHF has been making a positive impact on the health of communities and individuals, as well as empowering hospitals and health services with better management and better information. It has been my pleasure to serve as President Designate, and I am proud to have contributed to some of the IHF’s activities.

I was glad to attend meetings with the General Assembly, with the Governing Council, and with the Executive Committee, in Hong Kong, Durban, and online. I have also had the honor of participating in the Awards Committee, in which we have been tasked with stimulating submissions and rewarding scientific achievements during the World Hospital Congress.

I was also pleased to be a part of the IHF’s study tour in New York in 2016. In a very productive week, we studied some of the challenges that advanced health systems face and some of the innovative solutions that have been found to solve them.

I was also involved in a few of the IHF’s activities and special interest groups. I have been keeping up-to-date on the projects of the CEO Circle and the Investor-Owned Hospitals Special Interest Group, as well as the SIG on Healthcare Management.

The 40th World Hospital Congress in Durban was a memorable event, and I was glad to be a part of it as well, having moderated a Plenary Session and participated a Parallel Session. We have been active in promoting the World Hospital Congress, both through publicizing the event in Brazil – such as during our National Private Hospitals Congress and organizing a Brazilian delegation to Durban.

On a regional level, we have taken some first steps in deepening international collaboration within Latin America with LILASS, the Latin American League of Health Services. We hope to foster deeper bonds within Latin America and throughout the world.

Altogether it has been a very productive year. Of course, all the achievements would not have been possible without the commitment of the Secretariat, led by Eric de Roodenbeke. Eric has been tirelessly working alongside a dedicated and capable staff to promote the aims of the IHF. I am grateful for their work and hope to continue to work so that we can make an even greater impact in 2017.
IHF Special Advisors

Dr. Lawrence Lai, *Special Advisor for the West Pacific Region*, was an IHF Governing Council Member from 2005 to 2011.

Dr. Lai had continued to uphold and promote the IHF Mission and Vision in an endeavor to recruit IHF members whenever the opportunity arose. Dr. Lai had helped in arranging the IHF Governing Council Meeting in Hong Kong held during the Hospital Authority Annual Convention in May.

Dr. Lai had been engaged in various IHF events and activities. Serving as a member of the IHF Awards Committee for the 40th IHF International World Congress, which was successfully held in Durban, South Africa in November 2016, Dr. Lai had participated in the discussion and decision on Award categories, criteria on the selection of Awards and promotion of Award entries. Dr. Lai had also contributed to the selection process for winners of the IHF/Dr. Kwang Tae Kim Grand Award.

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

I attended the 2016 Hospital Authority Annual Convention in Hong Kong and participated in IHF Governing Council Meetings. I also participated in the IHF Session on “E-health and Healthcare” during which my colleague and IHF GC Member Dr Ahmed O. Balogun presented the Lagos State Experience.

I represented IHF at the African Forum Session, held from the 30th to 1st of October 2016 in Durban. During the meeting, I had several opportunities to promote the IHF among representatives of various African Countries.

Despite the serious foreign exchange problems in Nigeria, the Nigerian delegation was able to attend the IHF Congress in Durban and to host the Concurrent Session “Universal Health Coverage in Lagos, Nigeria: Financing Prospects and Medico-Legal Perspectives”. Dr. Balogun, Retired Permanent Secretary, Lagos State Health Service Commission attended all the 2016 GC meetings.

From 17 to 20 November 2016, I represented the IHF at the new hospital commissioning of Alexis Multispecialty Hospital in Nagpur, India. My participation as IHF Special Advisor was very successful and I had opportunities to share the IHF mission and values with attendees. This event was well publicized in local Indian media.

I would like to thank the IHF GC Members, the CEO and the entire Secretariat for the opportunity given to continue to be the Special Advisor for the African Region and promise to continue to disseminate IHF mission and values.
INTERACTION WITH INTERNATIONAL ORGANIZATIONS

Interaction with the World Health Organization

The 138th Session of the Executive Board

The 138th WHO Executive Board session was held 25-30 January 2016 in Geneva, Switzerland.

One of this year’s main topics was the WHO Reform, organized around three major dimensions: programmatic reform, governance reform, and managerial reform. In her closing remarks, Dr. Margaret Chan, Director-General of the WHO, underlined the urgency of “transformative change” and informed that a report will be prepared for the World Health Assembly in May.

Other topics discussed included NCDs, preparedness, surveillances and responses, health systems, among others.

Anti-Microbial Resistance (AMR) campaign

IHF was invited to participate in a meeting exploring the involvement of staff in fighting Anti-Microbial resistance. This was an opportunity for IHF to highlight its approach for the Multi-drug resistance tuberculosis project. If clinical guidelines and adequate practices are core to reduce AMR, the management also plays a major role in setting up the enabling condition for practices to be in place and for the whole organization to be focusing on this threat. But there is also another responsibility in embedding AMR measures in broader patient safety and infectious control systemic approaches in all stages and dimension of healthcare service provision.

IHF also joined the World Antibiotic Awareness Week in September 2016 with the following key message: we must handle antibiotics with care so they remain effective for as long as possible.

Moreover, specific messages were developed and addressed to hospital managers: Prevent hospital acquired infections by ensuring your health workers clean their hands, instruments & environment:

1. Prevent hospital acquired infections by ensuring health workers wash their hands, and clean instruments and their environment;
2. Develop institutional programs that optimize antibiotic use;
3. Dedicate necessary resources (human, financial, and IT) to preventing the spread of infections in health care settings & tackling antibiotic resistance;
4. Monitor the prescription of antibiotics and resistance patterns in your health facility;
5. Implement policies to discharge mothers & new-borns sooner rather than later;
6. Ensure proper management of hospital waste (including waste waters) and ensure health facilities have adequate toilets, running water, and other basic sanitary conditions.

IHF has supported the campaign through all its communication channels including social media.

Final consultation meeting of the European Framework for Action in Integrated Health Services Delivery

The WHO Regional Office for Europe organized the Final Consultation on the Development of the European Framework for Action towards Coordinated/Integrated Health Services Delivery (CIHSD), which was held 2-3 May 2016 in Copenhagen. The event provided the opportunity to inform and discuss the finalization of the document to be presented at the WHO Regional Committee for Europe at its sixty-sixth session (RC66) in September 2016.

The meeting convened a broad audience for rich technical and policy discussions, including Member State National Counterparts, National Technical Focal Points and appointed CIHSD Focal Points; invited experts; partnered organizations; patient representatives, health and social care providers, civil society and special interest groups and staff from WHO.

The European framework for action on integrated health services delivery takes forward the priority of transforming health services delivery to meet the health challenges of the 21st century. The framework for action is closely aligned with the values, principles, and strategies developed in the Global Framework on Integrated, People-Centred Health Services and the Global Strategy on Human Resources for Health: workforce 2030 adopted at the Sixty-Ninth World Health Assembly in May 2016.

It calls for actions across four domains: working to identify people’s health and multidimensional needs and to partner with populations and individuals; ensure that services delivery processes are responsive to needs identified; align other health system functions to support services delivery to perform optimally and facilitate the strategic management of transformations.

It is on the key considerations in transforming health services delivery that IHF contributed to the debate about the role of the hospitals and integrated care. In countries where hospitals are playing a dominant role while community and primary care networks are not enough developed or a poorly structured,
hospitals may have a fundamental role in driving better integration of care and in supporting the development of more efficient primary care. In both cases, hospitals are major healthcare providers that significantly contribute to integrated health services. They must adapt their internal processes and practices as well as their interactions with other healthcare providers to deliver integrated health services and leverage their technical, economical and organizational capacities in implementing integrated health services and adjust their mission and strategies to make integrated health services a priority.

Figure 1: Overview of the European framework for action on integrated health services delivery. Source: WHO Regional Office for Europe.

Nevertheless, effective policies are needed to promote and achieve a truly integrated healthcare system that boosts cooperation between social and healthcare systems. It is important to recognize that all healthcare providers have a different role depending on the type of healthcare system and healthcare provider capacities. We will not achieve an integrated model without involving hospitals and without promoting a change in hospitals views on their relationship with other healthcare providers. A process of redesign hospitals should be undertaken, to prepare them to face multi-morbidity chronic patients’ challenges, along with social needs. A model based on clinical standalone specialized units does not favor integration of healthcare needs. Patients’ needs should be the driver and boost hospital reorganization. IHF works with the International Alliance of Patients’ Organizations (IAPO) to promote this change. For such approaches to be implemented there are key enabling factors like payment systems, information systems tools and the promotion of the education of health professionals to adopt a paradigm shift in health care.

Hospital Safety Index

The IHF appointed three participants to attend the Hospital Safety Index Training organized by the World Health Organization from 26th to 28th September 2016 in Bratislava, Slovakia. A total of 16 professionals from various institutions and countries including Slovakia, Russia, Ukraine, Belgium, Kenya, USA, Indonesia, Sri-Lanka, Pakistan, Indonesia, Moldova, and Nepal attended the training.

The Hospital Safety Index training covered a broad range of safety issues in a hospital setting including both structural and non-structural components as well as disaster preparedness and response in emergency situations. The participants were trained on a globally used WHO tool in making hospitals more resilient in times of disasters and to keep them functional during and after disasters. The assessment focused on structural/building substance, non-functional utilities and emergency preparedness measures that are channeled into a safety index combined. The participants were also able to make recommendations on how to make hospitals more resilient to emergencies based on safety indices. However, the HSI tool is not applicable in assessing the medical performance of hospitals.

The training sessions were very interactive and provided participants with the opportunity to share country experiences and case examples regarding disaster response both at institutional and country levels. Notably, Moldova was highlighted as one of the countries to have successfully used the HSI tool to assess the safety level of various health care facilities and the country’s emergency preparedness. A team from Slovakia Ministry of Health also presented to the participants how they manage disasters and other emergency cases.

Figure 1: Overview of the European framework for action on integrated health services delivery. Source: WHO Regional Office for Europe.
opportunities for networking and possible areas of collaboration. Specifically, as IHF members we explored the possibility of collaboration between University Hospital Brussels and Kenyatta National Hospital in areas of research and capacity building on emergency medicine for the mutual benefit of the two institutions.

**High Level Commission on Health Employment and Economic Growth**

IHF was invited to the Francophone consultation on health employment and economic growth on 15-16 June 2016 in Abidjan. M. Serge Borsa from University Hospital Marseille attended the meeting on behalf of IHF. This meeting allowed fruitful exchanges of views through round-tables. The IHF representative was more specifically involved in an in-depth discussion with representatives from Guinea and Madagascar. Five major topics were discussed during the two-day meeting:

1. The economic impact of investments favoring employment in the health and social sector, and related conditions for attracting such investments;
2. Benefits of investing in training health professionals, and possible career opportunities in health and social sector;
3. How to better master international mobility of health professionals to avoid country shortage;
4. Fiscal spaces and financing employment of health workforce;
5. Major institutional reforms to implement for better governance of health system and healthcare organizations.

**The 69th WHA**

The 69th session of the WHO Regional Committee for the Western Pacific

In October 2016, Dr. Jesus M. Jardin, President of the Philippine Hospital Association, attended the 67th WPRO Assembly in Manila. The conference discussed various important health issues affecting the Western Pacific Region. Health topics such as malaria, dengue, zika virus, sustainable development goals, and health and the environment were presented and discussed. Current projects and activities in the implementation of the health programs were reviewed and assessed on their effectiveness and relevance. The strengths and weaknesses of the programs were analysed, and measures were identified to improve implementation and better outcomes. Committee members also made recommendations on the implementation of health programs. The Committee also urges Member States to implement action plans.

Two new strategies strongly related to the Sustainable Development Goals (SDGs) were implemented: Global Strategy for Women’s, Children’s and Adolescents’ Health to ensure every woman, child and adolescent, in any setting, anywhere in the world, can both survive and thrive by 2030 and Global Strategy and Action Plan on Ageing and Health 2016-2020 addressing the world’s rapidly ageing populations.

Other topics discussed were: air pollution, chemicals, the health workforce, childhood obesity, violence, non-communicable diseases, the election of the next Director-General, the SDGs; the International Health Regulations; tobacco control; road traffic deaths and injuries; nutrition; HIV, hepatitis and STIs; mycetoma; research and development and access to medicines. The WHA adopted the WHO Framework on Integrated, People-Centred Health Services and asked WHO to develop indicators to track progress.

The Assembly also adopted the WHO Framework of Engagement with Non-State Actors (FENSA), which provides full policies and procedures on engaging with different stakeholders including NGOs, the private sector, philanthropic foundations and academic institutions.

The 69th session of the World Health Assembly (WHA) was held 23-28 May 2016 in Geneva, Switzerland. About 3500 delegates attended the Assembly. On the 23rd of May, the Assembly elected Dr. Ahmed bin Mohammed al-Saidi, Minister of Health of Oman as its new President.

Following the first discussion regarding the WHO reform, WHO Member States established the Health Emergencies Program with the objective of strengthening operational capabilities for outbreaks and humanitarian emergencies. The Program aims to deliver immediate and full support to countries and communities in emergencies (disease outbreaks, natural disaster, conflicts, etc.).
**Interaction with the OECD**

**IHF and OECD**

IHF was invited to participate in the OECD quality and performance meeting. Participation in this meeting allows IHF to voice the perspective of health service providers in a technical setting where OECD country members are represented by public institutes and designated experts.

In preparation for the Ministerial Conference that will be held in January 2017, the OECD has developed an agenda to assess the dimensions of hospital performance that should be measured for developing an international monitoring tool as has been drawn up for Quality measurement.

The review of past work on hospital performance has permitted to underscore that mostly two approaches have dominated the performance work. One is to identify outcome measurement on specific tracer activities as proxy of overall outcome measurement of the clinical activities. The second is more related to mobilization of human resources as from 60 to 70% of hospital expenses are to cover staffing cost.

In addition, with the current international agenda on patient centered care, the latest developments on patient measurement have also been discussed, especially the work driven by ICHOM on Patient Related Outcome Measurement. This work is supporting value-based approach considering that value is not only the clinical outcome but also how this clinical outcome impacts the daily life of patients.

IHF has also been busy in promoting the importance of proper management of healthcare facilities as a dimension of performance of hospitals. The directory of core leadership and management competencies was presented to the OECD group. This topic has raised interest, but it also triggered numerous questions on methodology regarding measurement of practices and linking such practices with outcomes.

It was decided that working together to further explore measurement of management practices and its impact on healthcare facilities outcome should be pursued.

This collaboration is very positive, especially considering that the OECD has no formal framework to collaborate with Industry representatives. The only existing industry interface is the representative of commercial service providers to healthcare facilities: COCIR. Unfortunately, there are no formal relations with health service providers' organizations like the one IHF has with the WHO.

---

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

**Health Care in Danger**

After having participated and supported the recommendation on physical safety developed in 2015 by the ICRC, the IHF was asked to chair a working party to develop further recommendations for implementing critical measures to secure the operation of healthcare facilities in conflict situations better.

The working group was set up by ICRC with support from the Secretariat and includes mostly WHO and MSF. Attempts have been made to get an association of Architects and healthcare facility engineers on board, but they have not joined the group.

All parties agreed that the initial development was to provide the facility with a tool to quickly assess threats that require the implementation of risk mitigation measures. As part of the ICRC, a tool was developed and discussed with the group. Also, participation in the annual ICRC meeting provided the possibility of assessing the importance of violence in healthcare facilities including countries that are not facing a major conflict. This is most often related to urban growth, poverty and gangs.

The assessment tool was presented to the IHF General Assembly and is available for IHF members who want to use it. MSF also tested the tool, and feedback will allow fine-tuning of the tool if necessary.

This tool does not compete with the Hospital Safety Index developed by WHO. The Index requires trained assessors and a long process to review all items that are included for scoring the safety. The tool developed by ICRC is considered a rapid assessment tool that can be undertaken in-house with limited training and immediate recommendations on measures to be taken.

The next step will be to increase access by putting it on the web portal and by possibly developing an on-line tutorial and questionnaire. These are among the topics for further developments.
INTERACTION WITH OTHER NGOS AND PARTNERS

Hospital Management Asia

For this HMA edition, held in Ho Chi Minh, 6-11 September, IHF organized the senior management symposium on How hospitals can attract, retrain and retain the right talents.

Qualified healthcare professionals are increasingly in much greater demand than there is supply. However, the problem is worsening. So, how does a hospital remain competitive for all kinds of healthcare talent? This session aimed at allowing senior managers of hospitals to understand the different approaches to managing talent in these trying times.

The perspective from 3 countries provided valuable insights on strategies that have provided results that can inspire healthcare providers.

Total Talent Management for Nurses: Ms. Hsiu Chin Chen (Ph.D., RN), Director of Nursing, Chi Mei Medical Centre (Taiwan)

Countries around the world are experimenting critical nursing shortages. This presentation indicated how, in Taiwan, several approaches are combined to attract and retain talented nursing staff. This method is underlined by an effective strategy making nurses not only highly skilled professionals but also staff supported by an enabling environment conductive to autonomy and leadership. Collaborative working relationships are fostered. These combined approaches have achieved results with a decrease in turnover rates, low vacancy rates and increased efficiency in the organization of patient care proving best care to patients.

Nurturing Talents: Prof. Anupam Sibal, Group Medical Director, Apollo Hospitals Group (India)

Some organizations take extreme care of their talent and go lengths to please them, as they believe that their talent is their multiplier. The more they invest in it, the more they will grow. This presentation showcases excellent few real-life examples of such extraordinary talent management. The models are carefully selected from both within and outside the hospital industry and cover attract, retrain and retain aspects of talent management.

Meritocracy to identify and retain talents: Ms. Lilian Chew Chief Human Resource Officer Eastern Health Alliance and Changi General Hospital, Singapore

Putting in place a systemic approach based on merit requires developing activities in many fields going beyond the usual attract and retain approaches. This method is designed like a pathway taking everyone from good to great: it is not only about recognition and supporting professional development but also by offering social activities and supporting all aspects of living conditions. In Singapore having such a program is also critical for creating a substantial common ground in staff coming from various horizons with different cultural backgrounds.

Recruiting and Retaining Talents in Multicultural and Diverse Healthcare Environment

In addition to organizing this session with talented speakers, IHF chaired one session of Best practice presentations featuring among others Hemas hospital from Sri Lanka, an IHF member who has been recognized by one of the HMA awards.

IHF has also chaired the selection committee for the Innovation in hospital management and governance category. This has permitted to recognize initiatives demonstrating that it is possible to improve outcomes through innovative management practices.

To conclude, the IHF was also involved in a press conference and interview on trends affecting health services especially in Asia.
The partnership between IHF and HMA is now well formalized. Although the target of this event is regional and covering a larger audience than the core IHF members, it participates in the mission of IHF in support to healthcare organizations adopting improved management and leadership practices to provide the population with better care.

This year was the first one under a new management of this event with Clarion Events. The overall success of this edition is a very good sign for the continuation of this program and the involvement of IHF.

Interaction with Global Partners

Collaboration with ISQua

IHF and ISQua have been collaborating for many years, and this year was an opportunity to strengthen relations during the change in leadership of ISQua.

There is a solid foundation in the collaboration since IHF’s role is not to compete or overlap with ISQua’s mission, while IHF members’ quality improvement and patient safety are both mentioned as their top priority. Accreditation is a critical approach for developing quality and patient safety, and it is important that a permanent dialogue is established between ISQua, the membership organization representing accreditation, and IHF as a representative of healthcare service providers. Hence, it is important that IHF contributes in the work of the International Accreditation Committee hosted by ISQua. This committee gathers representatives of the major accreditation bodies from around the world and sets up common practices for certification. Among discussions, this year the topic recognition programs were raised and discussed. This allowed IHF to highlight the importance in debating this matter, especially with accreditors since hospitals are facing a growing offer of such programs that are all costly, and for which the real benefit on outcomes and quality of service to people versus the branding and marketing dimension with no proven benefit to patient care is evident.

As part of this collaboration, the IHF webinars are also offered in the training program that ISQua has set up to support better qualification in quality management professionals.

The collaboration with ISQua also permitted it to welcome the newly appointed CEO and allow him to share highlights in the evolution of ISQua with IHF members during the IHF General Assembly held in Durban during the World Hospital Congress.

IHF also brought some support to the ISQua conference through participating in paper selection and the chairing of sessions. ISQua provides similar support for the IHF conference.

There is also an exchange of information between both organizations that share their various publications. A periodic informal meeting between both CEOs also provides the change to update each other on international developments, and their respective involvement with leading International Organizations.

This collaboration is fruitful, but there is still room for enhancing it for the benefit of both parties and the community of health service providers.

Collaboration with the International Union of Architects

The group created last year continued to work throughout this year. The first stage of this work was the preparation of a workshop that was held in conjunction with the Geneva Health Forum, held in Geneva, Switzerland, 19-21 April.

The purpose of this initial program was to develop a methodology to identify cost components in the whole project design and construction cycle and to adopt a method for collecting information that can inform on possible practices from which good practices can be identified. A program of this caliber requires outreaching at large so that all relevant piece of information can be collected. Once the information regarding cycle/cost is collected and sorted, the next phase will be to extract the good practices from all this material. This will require further developments to adopt a process that makes sure the information is accurate, relevant and corresponds to good practices.

This first phase of the project ensured that the approach is relevant and can bring valuable information to decision makers when building or refurbishing a healthcare facility. The second phase will be the collection of information and the platform to screen the information and to make it available to the public. To move onto the second phase, the collection must be expanded to a large pool of hospital professionals and to find funders to cover expenses for developing the data management platform and supporting the screening process. A third phase would involve enhancing practices through appropriate research in areas where only limited experiences are available or no solid research to back up.

Considering that most construction design decisions have an impact on staffing, it was important to increasingly address the cost issue through the functions/activities rather than the basic inputs such as labor costs. The problem of measuring the time required for a project should be considered as part of the feasibility study including the importance of...
phasing in the situation when construction is on a site where the hospital is already operational, and activity must continue during construction (this is a very common situation). The maintenance cost would have to be separated in 3 subdivisions: one related to cleaning up, one for the maintenance of the building, and one for the maintenance of the technical infrastructure.

It was agreed that there is not a perfect approach to cost, but this one seems most generic and somehow aligned with dominant cost measurement approaches in place in many countries.

At this stage, it is not possible to present figures, as it was for the previous breakdown provided by group members, and the most important being labor costs. It was agreed that all cost items should be considered since, in addition to relative importance, the issue of feasibility must also be considered. Some easy to make decisions can have an immediate consequence that may not be as important as the total operating cost, but is worth perusing considering the amount that can be saved.

The matrix and collection process was adopted during the Geneva Forum workshop. It was recognized that both the matrix and collection process can be further refined and improved, but this should be done after data has been collected and an access platform has been developed.

It has been agreed that the group should come up with an initial set of guidelines to provide a valuable tool for participants and to get more interest in this work including through sponsoring. To start the work on the guideline, it was decided that each of the possible cost containment items must be considered at each stage of the project cycle. The guideline will be formulated as questions to be asked to ensure that options are explored and decisions are made after considering the pros and cons of these options as well as the context and choices related to operations for healthcare services.

Although remarkable progress was made in this work, the transition to the next step did not occur during this year due to the lack of availability. The IHF Secretariat was not in the capacity to continue sustaining the Secretariat of the activity on its own, and TESIS (the University of Florence- Italy), which had actively contributed to the Secretariat and the content development, was keen to hand over Secretariat activities to other members of the group. Unfortunately, none of the volunteers who committed to advancing these tasks have delivered any results.

This Topic is of great interest and relevance, but it requires that IHF devolve Secretariat resources to steer the activities. The second hurdle is in the capacity of IUA-PHG to mobilize its members to provide the information and contribute to content development. Lastly, for longer-term development and to achieve the objectives set by the group, the fundraising approach must be invested in since it is not possible to rely on good will alone. The large architect groups involved in healthcare most often work in “free rider” mode, and not many are linked to IUA-PHG, which means reaching out to them is also another difficulty.

**DESIGN DECISIONS AFFECT HOSPITAL COSTS**

![Diagram of Design Decisions and Building and Operating Costs]

**OBJECTIVE OF THE PROGRAM**

To define critical pathway and best practice for ensuring strategic design decisions in order to optimize hospital life performance.

**NGO Partners Round Table**

The objective of this forum for major Professional Health Associations (mostly located in Geneva) is to share info, discuss common issues, and explore possibilities of synergy and coordination. The meeting was hosted in March by IFPMA with the participation of IHF, IFF, ICN, IMC, WFPHA and WMA.

The role of respective organizations regarding SDG priorities was discussed. Most professional associations have undertaken some activities to include SDGs in their portfolio. An assessment of current activities and possible association with SDGs as well as how the organization can be most relevant in SDGs is the usual track taken. However, according to their mandate and constituency, the SDGs are not equally important to Professional Associations.

Access to medicine is also a critical topic. Perspective varies significantly among associations. However, all agreed that access to drugs is not enough; proper use is also critical for better health outcomes. In addition, oversimplification of issues may create greater confusion than real benefits; there is a need to share complexity. There are no inventories of existing partnerships promoting better and proper use of medicine, and this would be helpful.

Anti-Microbial Resistance is a hot topic for all. Research and use should not be approached separately, there is too much of a silo approach at present, and the food chain is not adequately included in the discussion. The great problem of
the use of antibiotics used in farming and added to the food chain, while a lot of attention has only been put on health professionals and patients.

How do we deal with multi-resistant patients? New care models may require a return to isolation in hospitals.

If they were to work together on this issue, all Professional Associations would gain benefits, and consequently people from the agriculture sector should also be on board.

With relation to the WHO, it is not clear how it is going to move regarding the HRH strategy, none state actors’ role, and medicine shortage (access and price). These topics are of interest for Professional Organizations in their interaction with WHO. Moreover, with the new ethical requirements, there is a concern that the on-line registry requirements on academics are less stringent than for NGOs.

In conclusion, this round table discussed membership and scope. Regarding the question of formalization, everyone agreed to keep it informal and to consider the possibility of presenting a common statement resulting from a collective work to be shared and supported by all. This is also valid for any advocacy tool or product on a subject matter that is common to all. In all cases, the timeline is critical because the organization should have time to discuss with respective constituency to get full endorsement before promoting a common statement. If this can be achieved, it would be a very powerful advocacy message, as for example it has been done by all those involved in the ICRC lead healthcare in danger action.

IHF SPEAKING OPPORTUNITIES AND INTERNATIONAL EXPOSURE

MedHealth Cairo Convention

IHF was invited to speak during the annual meeting organized in Cairo by the Arab Hospital Federation March 2nd and 3rd. This was an opportunity to open a discussion with the Arab Hospital Federation. At this stage, IHF suggested that the Arab Hospital Federation considered joining IHF or getting its members to contemplate joining IHF if they were not already members. The possibility of further cooperation was offered, and the IHF provided AHF the opportunity to benefit from a special members’ rate for the NY study tour as well as for participating in the IHF world Hospital Congress. The IHF also invited the AHF General Secretary as a VIP to its World Hospital Congress. At this stage, IHF believes it is important to keep the dialogue with the Arab Hospital Federation open using a similar approach as that used with other regional bodies of the same nature.

Additionally, this Congress gave IHF the chance to present its work supporting healthcare management competency. There is an urgent demand in the region for strengthening the professionalization of healthcare management and leadership, but it is far from convincing decision makers to invest in professional development and create a career path in healthcare management. The IHF presentation was made to the representatives of the Ministry of Health of the Arab League meeting in Cairo.

This session was also an excellent opportunity for a face-to-face discussion with the executive team of the Lebanon Hospital Association. Thanks to their dual membership to the IHF and Arab Hospital Federation there is an opportunity to explore possible synergies for that region further.

Moreover, IHF was also present in the exhibition area thanks to the Al Salam International Hospital in Cairo (an IHF member) who shared its space with IHF, and where IHF could display information on activities.

Although this participation has not provided specific outcomes, it has shown IHF’s commitment to the professionalization of healthcare management and its interest in supporting activities in the Middle East Region.

University Health System Conference

IHF was invited to participate in the first conference organized in Saudi Arabia on the future of University Hospitals, held in Abha, Saudi Arabia 30-31 March 2016. Currently, there are four University Hospitals owned by Universities, but with the creation of more than 20 new schools of medicine in the country, the number of University Hospitals is expected to expand. IHF was asked to share the international
As part of the partnership between IHF and University Hospital of Geneva, the IHF Secretariat was asked to take part in the scientific committee of the Geneva Health Forum, held 25-30 January 2016 in Geneva, Switzerland.

Furthermore, IHF was involved in two sessions of this year’s edition.

A session was dedicated to the work undertaken by IUA and IHF on reducing the operational costs of healthcare facilities thanks to appropriate design decisions. This session was an opportunity to present this group’s work to a broader audience, mostly made up of public health practitioners. Participants expressed interest, but the session was also an opportunity to identify the need for greater advocacy towards public health practitioners considering that architecture design is very much a technical issue in the hand of Architects. This feedback was also evident during the closing session during which the summaries of conclusions were presented in a plenary session.

IHF has a particular role in convincing Public Health specialists and leaders that, beyond the specific technical issues, the design of hospitals reflects many options in the way care is offered as well as in the role of health service provision for the population. All these options should be discussed and fully conceptualized before any physical project is launched and architects are involved. Too often architects are asked to suggest options while they could better focus on translating options into real buildings.

IHF also partnered with the Taiwan bureau of health promotion Administration for a special lunch session on Strengthening Partnerships between Public Health & Health Care. During this session chaired by Dr. Shu-Ti Chiou, director General for Health promotion (Taiwan), Dr. Anna Riera from the Catalan Hospital Association (La Unio) presented the diverse approaches from their members. The remainder of the session was an opportunity for an overall presentation of Innovations and Policies to Strengthen Partnerships between Public Health and Health Care in Taiwan.

Dr. Ming Chia Hsieh, Vice Superintendent of Yuanlin Christian Hospital, presented a specific example on Holistic Patient-Centred Diabetes Care by Information Technology and Multidisciplinary Team. The presentation discussed how hospitals rely on latest technology development and patient mobilization for effective health promotion.
IHF was invited by Hong Kong Authority to host a member session during its annual convention, held in Hong Kong, 3-4 May 2016. This was an opportunity to share developments in e-health from around the world. During the session the following presentations were given.

**Brazil: Challenges for Service delivering**
Two systems with SUS (public) and ANS (private).

The public system has twice as many hospitals, but three times the number of beds than the private system. The private system has as many intensive care beds as the public. Private expenses are just a little more than the public in terms of the GNI percentage. In recent years, the private sector has been hit by a crisis with significantly less spending than the private sector because many people cannot afford supplemental health insurance.

The Public system costs 350 USD per capita while the private costs approximately 800 USD.

The Private system is very concentrated: only 3 States, over 30% of the population, mostly use the private sector while these numbers are much less in other States. However, both public and private hospitals are overcrowded.

**Taiwan: Intelligent healthcare**

There are still numerous transcriptions from machine data to medical records. Interface is problematic for older equipment that does not have blue tooth technology. Using an interface device working with blue tooth and mobile devices can create a wide connection. This technology has been implemented in hospitals proving that it is possible to cope with technology limitation due to older generation equipment. Such an approach is very cost effective since it allows the older equipment to connect with the information system. Often, this equipment still fully provides the expected technical support for patient care.

**South Africa: Management performance for healthservice providers**

Hospital performance is very much related to the ability of leadership to manage. The Government of South Africa has decided to go through a systematic re-appointment process with higher qualification requirements in management for those in charge of tertiary public hospitals.

Standards for outcomes have been set, and a large percentage of hospitals from all levels do not comply. To support capacity development, a health competency model was developed: Instead of just looking for the right qualification, the focus was placed on work performance.

From the list of competencies, it was decided to concentrate development on education and training, but each of these programs must be credentialed. This is the role of an academic institution for leadership and management.

The next steps include the implementation of self-assessment and performance assessment, and this will be used to create customized training offered to individuals in relation to the position and profile. A matrix to measure performance has been adopted and evolution of results regarding this matrix will be monitored.

**Hong Kong: clinical management system**

A very comprehensive IT system is covers all HKHA services: Integrated applications, database and platform. Now a unique identifying number from the ID card has been implemented to manage patient interaction better.

To make sure the development of this integrated system stays on track, a considerable mobilization of users was carried out for the governance of the system: 44 groups with 260 staff from all units and professions now follow the Information system.

Increased process is expected. The current stage includes the collection and use of data however intelligence will be implemented. With the current technological developments, artificial intelligence will be soon experimented.

Participation in the session lead by IHF provided fruitful exchanges between IHF members and regional leaders. Additionally, our host, the Hong Kong Hospital Authority, organized special social events that further strengthened relationships and interactions between IHF members and leaders from Hong Kong and the region.

Through its President, Erik Normann, the IHF expressed its appreciation for being invited to this excellent national conference, the warm welcome given to the IHF delegation, and the high quality in organization and program.
Under the leadership of Robert Hernandez from University of Alabama at Birmingham (USA) a development working group hosted a session on Competency Measurement in Healthcare Management Education and Practice. During this occasion, IHF was invited to make a presentation of the global leadership and management competency directory and the work undertaken to promote the professionalization of healthcare management using competencies.

The DWG analyzed the situation: “competence of healthcare executives is crucial for delivering efficient and high-quality health services, thus sustaining the future of our health system. However, the following issues limit the development of this component of the workforce:

- Unclear definition of management roles and differentiation of management levels;
- Lack of agreed standards and training requirements for healthcare executives relevant to different career development stages;
- Inconsistent approaches in providing formal and informal educational and training to healthcare executives; and
- Lack of empirical evidence demonstrating the value of management competence and its connection with executive performance and provision of health services.

Research efforts in addressing and clarifying the issues above to determine healthcare executive workforce development strategies have been witnessed globally and are reflected in some publications. The DWG invited presentations on the research efforts in defining, identifying and measuring the management competence in a number of settings. The IHF directory was introduced on this occasion. Presentations not only lead to the sharing of the results of recent research but also promoted debate on management competency concepts and frameworks, and explored collaboration to advance the research globally.

After these presentations, researchers and representatives from professional associations and higher education discussed processes that could highlight the value of management competency development in various countries. Overall, the DWG was an opportunity for researchers from throughout the world to explore ways to better develop the long-term collaborative research agenda on using competencies in healthcare management education.

The University of Birmingham (USA) hosted an informal working party to run through the existing competency models and to assess if the one adopted by IHF is compatible with the ones universities have been working on.

The objective is to recognize differences but also to agree on core common ground for developing a research agenda that will be globally relevant.

IHF was invited to participate in this initiative, and a few meetings took place after the Euram conference.

This positive initiative supports the Healthcare management SIG. It is paramount that academia and research institutes work in the same direction as professional associations representing healthcare executives. The research agenda can bring substantial evidence benefiting the competency-based approach not only for education but also concerning managerial practices.

The interest of leading Academic organizations and their related professional organizations is a very positive development for the work undertaken by IHF in this field.

### Hospital Management International Conference

IHF was invited for the eighth edition of HMIC, held in Tehran, 25-27 July 2016, as a partner organization supporting program development and providing several presentations.
The purpose of this collaboration is to better support efforts undertaken in cooperation with WHO for enhancing hospital management in Iran. Also, participating in a national conference attended by more than 2000 delegates also provided IHF superb exposure in a country that is not yet involved in our activities.

The program provided open discussion through a keynote plenary session on the challenges for public hospitals to become more efficient followed by a high-level panel discussion on innovation in healthcare management. The interaction between panelists and audience showed that core challenges faced in Iran are similar to those of other parts of the world.

While the country is facing major challenges with the construction of hospitals to face the shortage of beds, there is an important debate on whether the construction of large hospitals in an urban setting can be an appropriate response to this challenge. The IHF presentation was an opportunity to demonstrate that the mega-hospital concept should be taken into consideration with caution since the expected benefits may not always be achieved. On the contrary, many reasons advocate for developing smaller size facilities supported by latest technologies and working in networks.

This conference also provided an opportunity to facilitate two workshops supporting national leaders to develop responses in critical areas. The first workshop was on patient empowerment, and although there may be interest in this topic, there is still a long way to go for drastic changes in patient-practitioner relations and to institutionalize patient empowerment. The government is taking steps, and the immediate challenge is getting professionals to adopt these evolutions. The other workshop was on the professionalization of hospital management. The global core competency directory on leadership and management was presented to a large audience that expressed interest in this approach and the willingness to work on customizing this method in response to national needs.

Participating to HMIC has given a good opportunity for IHF to better understand challenges in Healthcare for Iran and to learn from the approaches adopted by this country in support to hospitals, in particular through the ambitious Health Transformation Plan. This is setting up good condition for effective interaction with IHF and its members and paves the road for getting Iran to join IHF.
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.

6th International Congress of Hospitals

As an active IHF Full Member, APDH requested that IHF deliver a keynote presentation at its 6th Annual Conference, held in Lisbon, 24-25 November.

Participating in a national event is an opportunity for the IHF Secretariat to meet the affiliates of a full active member. Responding to member’s request for support to their annual conference is also part of the role of the IHF Secretariat. The theme of this year’s conference was “Innovation in Health - myth or reality”. IHF made a presentation on the importance of institutionalizing patient participation in hospitals. This is an innovation of the entire managerial approach that to date was mostly under two streams of power: the health professionals and the administration (under various modalities). Developing this approach requires more than a minor change in the organizational framework. This requires a real paradigm shift in the decision-making process at all levels of the organization and with different modalities regarding issues and stakeholders. There are many innovations in hospitals, but at this stage, no mechanisms allow to measure impact and to scale them up.