



International
Hospital
Federation

IHF NEWSLETTER

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Editorial: Patient Safety Initiatives in Germany

The IHF is proud to announce the launch of a White paper "*Patient safety initiatives in Germany - From the hospital perspective*" written by Doris Voit. Dr. Voit is a physician that works for the German Hospital Federation and represents German hospitals at the Federal Joint Committee.

In this paper, Dr. Voit highlights all the different measures undertaken by the Federal government and various stakeholders in the healthcare system to improve patient safety with a special focus on hospitals.

The German Hospital Federation (DKG) is one of these stakeholders and one of the most active in developing and implementing a nationwide promotion strategy for patient safety. From inside, Dr. Voit is well placed to provide a comprehensive and deep analysis of the different measures that could inspire other systems in their efforts to improve patient safety.

We invite you to read this document, available for free download at the IHF website at the following link: <http://www.ihf-fih.org/en/Publications/IHF-Publications/Other-publications>

We wish you a good reading.

IHF News

39th World Hospital Congress - Chicago, October 6 - 8

The **International Hospital Federation**, together with the **American Hospital Association** and the **American College of Healthcare Executives** will jointly host the [IHF 39th World Hospital Congress](#) in Chicago

2015 IHF CHICAGO

39th World Hospital Congress

ADVANCING GLOBAL HEALTH & HEALTH CARE
October 6-8, 2015 * Hyatt Regency Chicago * Chicago, USA

REGISTRATION NOW OPEN !
<http://worldhospitalcongress.org/en/registration>



Why Participate?

2015 IHF Chicago will provide a unique opportunity for visionary health care leaders from across the globe to exchange ideas and best practices. I look forward to seeing you in Chicago and sharing in that exchange with you.

Deborah J. Bowen, FACHE, CAE, President/CEO, American College of Healthcare Executives

The American Hospital Association is excited that the IHF 39th World Hospital Congress is coming to Chicago ... several of our hospitals will open their doors to their colleagues from around the world to highlight the many changes and innovations taking place in American health care.

Rich Umbdenstock, FACHE, President/CEO, American Hospital Association

At IHF's 39th World Hospital Congress in Chicago ...for the first time, IHF will honor innovative programs with IHF Awards. Come and join us in Chicago!

Kwang Tae Kim, MD, PhD, President, International Hospital Federation

Plenary Speakers:

CARISSA ETIENNE, Director, PAN AMERICAN HEALTH ORGANIZATION (PAHO)

DR. CLAUDIO OTTENBERG, President, HOSPITAL ISRAELITA ALBERT EINSTEIN (Brazil)



MS. LIISA-MARIA VOIPIO-PULKKI, Director, MINISTRY OF SOCIAL AFFAIRS AND HEALTH (Finland)

BERNARD J. TYSON, Chairman and CEO, KAISER PERMANENTE (USA)

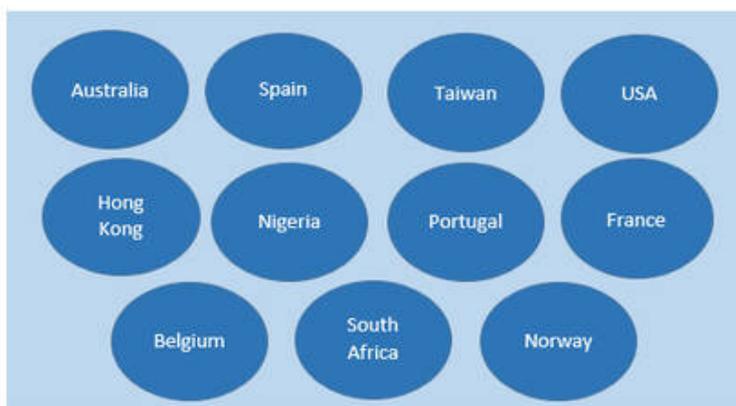


MAUREEN BISOGNANO, President and CEO, INSTITUTE FOR HEALTHCARE IMPROVEMENT (USA)

Congress Thematic Tracks:



Country Showcases:



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www.worldhospitalcongress.org

IHF Partners

Patient safety initiatives in Germany - From the hospital perspective

By Dr. Doris Voit - of the German Hospital Federation

ABSTRACT: The objective of this article was to take a broad informative approach to patient safety initiatives in Germany. Given the breadth of information available, a representative sample of topics will be presented to allow a general understanding to the present healthcare safety climate. While this article cannot be considered fully comprehensive, it does reflect a cross-section of the current theoretical knowledge and practical approaches of relevant initiatives and projects.



The German legal framework has targeted patient safety as a federal focus and encourages stakeholders in both the hospital and the ambulatory care sector to develop strategies for patient safety. With patient representatives taking a more and more active role at all levels of the German healthcare system, they are increasingly engaged in the development of safety measures within policies and programs.

Numerous initiatives led to an increase in patient information and empowerment, as well as the further development of relevant instruments of learning directly from patients' perspectives, such as management of complaint procedures and patient surveys. The government strengthened patients' power via the "Patients Rights Act" and continues to stress the need for all healthcare providers to implement the newly developed minimum requirements for clinical risk management and critical incident reporting via mandatory federal directives. Multidisciplinary patient safety on-the-job education and local training of health professionals is strongly encouraged.

Patient safety issues are increasingly incorporated into formal undergraduate and postgraduate training of health professionals. There are plenty of related activities in Germany, including groups developing recommendations and relevant policies aimed at preventing avoidable healthcare-related harm to patients. German hospitals already have longstanding experience with quality assurance measures and quality management. The new regulations strengthen existing mandatory patient safety initiatives in hospitals and encourage providers to develop more voluntary relevant activities. At present there are numerous local, regional and nationwide activities with respect to patient safety in the hospital sector, whereby best practice examples are increasingly rewarded to stimulate exchange of experience and to share safety lessons among the entire healthcare community.

Free [download the document](#)

WHO Round Up

First Draft of the Framework for Country Action Across Sectors for Health and Health Equity

The purpose of this framework is to respond to a request from the World Health Assembly in Resolution WHA67.12, which charges the Secretariat to prepare a framework for country action to support “national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence”. This framework aims to provide technical assistance to Member States in taking country-level action across sectors for improving health and health equity; such action includes the health sector’s support to other sectors in developing and implementing policies, programmes and projects in their own remit, in a way that optimizes co-benefits (i.e. for all sectors involved).



The document explains what action across sectors means, why such action is needed, the underlying values and principles and how effective actions can be carried out across sectors. It also clarifies the various roles and responsibilities, and provides practical steps for taking action, and for monitoring and evaluation (M&E) of actions taken.

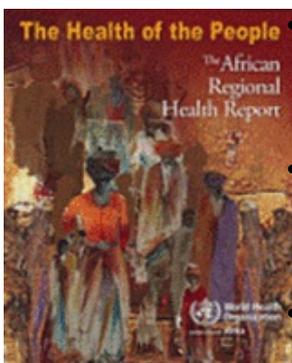
Action across sectors refers to policies, programmes and projects undertaken by two or more government ministries or agencies. It includes both purely horizontal action between ministries and agencies, and action across different levels of government. Key approaches include the “health in all policies” approach and the “whole-of-government” approach. Engagement with non-state actors who play a critical role in promoting action across sectors is essential; this is also known as multistakeholder action.

Download [the whole document](#)

The African Regional Health Report: The Health of the People

The Health of the People is the first report to focus on the health of the 738 million people living in the African Region of the World Health Organization. While acknowledging that Africa confronts the world’s most dramatic public health crisis, the report offers hope that over time the region can address the health challenges it faces, given sufficient international support.

It provides a comprehensive analysis of key public health issues and progress made on them in the Africa Region.



- HIV/AIDS continues to devastate the WHO Africa Region, which has 11% of the world’s population but 60% of the people with HIV/AIDS. Although HIV/AIDS remains the leading cause of death for adults, more and more people are receiving life-saving treatment. The number of HIV-positive people on antiretroviral medicines increased eight-fold, from 100 000 in December 2003 to 810 000 in December 2005.
- More than 90% of the estimated 300–500 million malaria cases that occur worldwide every year are in Africans, mainly in children under five years of age, but most countries are moving towards better treatment policies. Of the 42 malaria-endemic countries in the African Region, 33 have adopted artemisinin-based combination therapy—the most effective antimalarial medicines available today—as first-line treatment.
- River blindness has been eliminated as a public health problem, and guinea worm control efforts have resulted in a 97% reduction in cases since 1986. Leprosy is close to elimination—meaning there is less than one case per 10 000 people in the Region.
- Most countries are making good progress on preventable childhood illness. Polio is close to eradication, and 37 countries are reaching 60% or more of their children with measles immunization. Overall measles deaths have declined by more than 50% since 1999. In 2005 alone 75 million children received measles vaccines.

see [the full report](#)

Midterm review of national health plans: an example from the United Republic of Tanzania

Introduction

In the health sector, regular reviews of progress and performance are critical for good planning and resource allocation. Most countries have a national strategic plan for the health sector that outlines major strategies and sets targets. Such plans often cover a period of five years and usually include regular monitoring of core indicators and the progress being made towards set targets. The results of progress reviews are typically published in annual progress reports [1– 5](#) and discussed at annual meetings of the relevant stakeholders. The stakeholders may then decide how – and if – the implementation of the strategic plan needs to be adjusted. In a recent investigation of 75 countries, it was found that 58 (77%) countries were conducting annual reviews of their health sectors. [6](#) During the implementation of a strategic plan, such annual reviews are often supplemented with more extensive midterm and – sometimes – final reviews. The World Health Organization (WHO) has specified the key characteristics of a monitoring and evaluation platform for supporting regular reviews of health sector strategy.



Compared with annual reviews, midterm reviews are usually broader in process and scope. They may be conducted in conjunction with a regular annual review or they may replace it. They take a multi-year perspective and pull together all of the available relevant data to assess the progress and performance of the health sector as a whole. Ideally, they should pay special attention to data quality, long-term trends, contextual changes and equity, and compare performance at national level with that in other similar countries. They should also form the basis for the situation analysis for the next strategic plan.

At present, most midterm reviews are conducted by teams of international and local consultants and the analysis and synthesis of evidence are usually quite rapid. Ideally, any midterm review should begin with a thorough and systematic analysis and synthesis of all of the relevant data, to provide a comprehensive picture of progress and performance. It should be conducted by national research and public health institutions, in close collaboration with the national health ministry, the national statistical authority and international partners.

As an example, we present a midterm review done for the United Republic of Tanzania in 2013. A systematic approach was used to analyse and synthesize data from multiple sources.

[Read more](#)

From International Organizations

Is Violence a Public Health Problem?

Submitted by Patricio Marquez, for Investing in Health, Blog of the World Bank

Reading Nobel Laureate Gabriel Garcia Marquez's masterpiece "One Hundred Years of Solitude," one is confronted with an unsettling reality: In the mythical town of Macondo, violence is an accepted mechanism used by successive generations to deal with individual and social conflicts. It also inflicts enduring pain on the town's people long after disputes are settled with blood.

While "magic realism" is at the core of Garcia Marquez's novel, let's not forget that its depiction of violence and its after-effects was shaped by real historical events in Latin America--events that continue today to illustrate the inexorable reality of violence and its negative impact on families and communities everywhere.





Since violence in its many forms—interpersonal, self-directed and collective—often leads to physical and mental impairment, disability, and premature death, it should be seen as a major public health issue that requires sound epidemiological assessment of its causes, as well as multisectoral policies and strategies, including public health interventions. Let me make the case.

The relative importance of violence as a public health issue is clearly illustrated by the results of the 2013 Global Burden of Disease Study, which shows that interpersonal violence and self-harm are among the top 25 causes of global years of life lost. And a recent report by the World Health Organization (WHO) estimated that about 500,000 deaths occurred worldwide in 2012 as a result of homicide alone.

Interpersonal violence, which is violence that occurs between family members, intimate partners, friends, acquaintances and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder abuse, is particularly endemic in Latin America and the Caribbean, where it is ranked among the top five causes of years of life lost in 15 countries of the region.

Indeed, WHO data indicate that low- and middle-income countries in the Americas have the highest estimated rate of homicide in the world (28.5 per 100,000 population), followed by the Africa region (10.9 per 100,000 population).

By contrast, the rate in high-income countries has declined over the 2000-2012 period to a low of 3.8 per 100,000 population.

In some of countries in Latin America, the problem is severe: young adults in El Salvador have the highest probability of death from interpersonal violence in the world, and people in Central America, more than any other region, are most at risk of being killed violently.

Read [the full document](#)



Hospitals and Services Worldwide News

Financing and Work Force Issues in Israel's Healthcare System

By Dov Chernichovsky and Eitan Regev,

This chapter will discuss two structural problems in the healthcare system: the **continued downward trend in the share of public funding for the system** and the ongoing decline in the supply of the physician work force relative to the population, with particular emphasis on the aging of the physician population.

Both of these problems pose a risk to Israel's good performance with regard to its population's health. In contrast to the trends in the healthcare systems of other developed countries, including the United States, there is a continuing shift towards greater private funding in the Israeli healthcare system. This trend widens the disparities in access to health services and widens overall gaps between income groups. These changes in the healthcare system are the result not only of the diminishing share of public funding, but are also due to the fact that a large portion of private financing occurs via out-of-pocket expenditure. Although some 80 percent of the population has supplemental insurance in Israel, this insurance does not contribute sufficiently to reducing direct out-of-pocket expenditure, unlike in other countries where the private insurance system is more developed.



The aging of the physician population is another issue. While it is beneficial that older physicians bring with them greater experience to the healthcare system, considering the overall decline in the number of physicians relative to the population in Israel, this trend could lead to a further drop in the supply of practicing physicians.

Download [the full report](#)

Bending the Curve on Patient Safety?

By David Blumenthal, M.D. and David Squires

Fifteen years ago, the landmark Institute of Medicine report, [To Err Is Human](#), estimated that medical errors led to 44,000 to 98,000 deaths each year. Later estimates put those figures even higher.

Because the lion's share of errors seemed preventable, the report asserted that, "it would be irresponsible to expect anything less than a 50 percent reduction in errors over five years."

Nothing like that occurred. Together, the seemingly intractable flaws of our health care system—misaligned incentives, fragmentation, poor information and communication tools, slow-to-change professional training regimes—prevented the kind of effective national assault on medical errors that the American public deserved.





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But change may finally be on the way. The U.S. Department of Health and Human Services [announced](#) at the end of 2014 that the rate of “hospital-acquired conditions” fell by 17 percent between 2010 and 2013. Hospital-acquired conditions include post-surgical wound infections, dangerous drug reactions, patient falls, and pressure ulcers for bedbound individuals. All told, the decline in such preventable problems saved about 50,000 lives and \$12 billion. The rate of improvement also appeared to be quickening over the three years studied.

Saving lives and saving money is the ultimate win for American patients and their families—and the epitome of value, which is the holy grail of current health care reform efforts. A safer health system could improve Americans’ well-being as much or more than many high-tech breakthroughs in pharmaceuticals, genetic therapy, or imaging, and cut spending in the process. Improved safety could even help explain the welcome but puzzling recent decline in the U.S. health care spending growth.

Assuming that these preliminary findings hold up, the question becomes “Why?” Why, after years of frustration, is the safety logjam now breaking? As is often the case, the answer seems to be that an improved understanding of safety problems, along with public and private actions, are coming together to make a difference. To name a few possible contributors:

- Public policies:
 - The Partnership for Patients: 80 percent of the nation’s hospitals are participating in a quality improvement collaborative created under the Affordable Care Act (ACA). The Partnership focuses on reducing hospital-acquired conditions and readmissions.
 - Value-based payments: Again with a boost from the ACA, hospitals’ Medicare payments are now tied to their performance, including penalties for having high rates of hospital-acquired conditions. The direct effects of payment incentives on safety have likely been small, but they have certainly drawn providers’ attention to safety issues.

see [full report](#)

Better Hospitals, Better Health Systems: The Urgency of a Hospital Agenda

By Maureen Lewis, Published by the Center for Global Development

As the global community shifts to meet the challenge of universal health care (UHC), the new priorities and imperatives facing emerging economies will require attention and investment. Climbing costs, the rapid escalation of chronic diseases, emergence of complex morbidities and poly-morbidities, relentless urbanization, and the expanding expectations of citizens are simultaneously confronting countries as they move towards UHC. Responding effectively to the UHC challenges will entail strengthened health systems to generate better patient services and improved population outcomes.

Investing in hospitals and their performance will be key to this success.



Reaching the expectations of universal health coverage requires renewed efforts to upgrade and strengthen hospital investments, and to promote the integration of patient care across levels of care. Whether addressing ebola outbreaks, promoting maternal and infant survival, managing the burgeoning chronic disease epidemic, or simply meeting the ICU and surgery commitments of health care, hospitals remain central. The lack of investment and modernization of hospitals—whether in physical plant infrastructure or management systems—over the past few decades has rendered many expensive inpatient institutions shells of their potential.

This paper outlines the nature of the issues surrounding hospitals in emerging markets and makes the case for early action to bridge the abyss of neglected hospital investments and the path needed to address the shortcomings and gaps in current policies and investments.

[Download the PDF](#)

Health Partnerships: an effective response to the global health agenda

Guest edited by: Andrew Jones, Head of Partnerships, THET

To engage effectively with the changing landscape of global development and health, this series wishes to examine the model of ‘Health partnerships’ or ‘twinning’ between hospitals or health care training institutions in high-income countries and those in low or middle-income countries (LMICs).

Globalization & Health is seeking papers that present health partnerships in a broad context, examine the role they play in addressing global deficiencies in the quantity, quality and accessibility of human resources for health, analyze their strengths and weaknesses rigorously, and make the case for policy-makers and leaders to investigate or invest in them.

Topics to be covered:

How health partnerships enable an institution in a developing country to progress on health issues

How a project's achievements grew to a national or regional level through connections and partners

How health partnerships use technology for communication and remote learning / mentoring

The significance of knowledge exchange in global health partnerships as health challenges evolve

The role of institutional partnerships in humanitarian response

Health partnerships are peer-to-peer collaborations focussed on meeting health workforce development needs and offer a framework for sharing expertise internationally. We welcome manuscripts with any clinical, technical or geographic focus, and interventions that target any level of the health system, including those authored by both the high-resource setting and the developing country partner.

Submit your manuscript

Deadline for submission: 30th April 2015

The series will be sponsored by the [Tropical Health & Education Trust \(THET\)](#), which has been working with health partnerships for 25 years and has been at the forefront of efforts to facilitate the growth of this approach.

Submit your manuscript via the [online submission system](#), specifying the title of the series in your cover letter.



International Events

Hong Kong - Hospital Authority Convention

May 18 -19, Hong Kong

The focus of the scientific programme of the Hospital Authority Convention 2015 will be the four Hospital Authority's core values, viz. "People-centred Care", "Professional Service", "Committed Staff" and "Teamwork". Aiming to promote the sharing of knowledge and experience on clinical advances and approaches to modern healthcare service, the Convention facilitates exploration and discussion of contemporary concepts among healthcare professionals and stakeholders.

To read more [visit](#)

Japan - 65th JHA Congress 2015 Karuizawa

June 18 – 19, Nagano, Japan

Organized by the Japan Hospital Association

Switzerland - H+ Congress

November 11 - Berne

"La santé: un enjeu de pouvoir" - "Das Gesundheitswesen – die Machtfrage"

Organized by H+ Les Hôpitaux de Suisse

[Read more](#)

Korea - 6th Korea Healthcare Congress 2015

November 12 – 13, 63 Convention Center, Seoul, Korea

Korean Hospital Association

Germany - German Hospital Conference

November 16 – 19, Düsseldorf

Deutsche Krankenhausgesellschaft



