

HOSPITAL Público

A PARTILHA DE BOAS PRÁTICAS
CONGRESSO

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27th EAHM CONGRESS
EUROPEAN ASSOCIATION OF HOSPITAL MANAGERS
26 - 28 SEPT 2018
CASCAIS • PORTUGAL

APAH
ASSOCIAÇÃO PORTUGUESA DE ADMINISTRADORES HOSPITALARES



EUROPEAN ASSOCIATION OF HOSPITAL MANAGERS

More than 1000 from 43 countries*



Alexandre Lourenço (president of APAH), Gerry O'Dwyer (president of EAHM) and Victor Herdeiro

* Yesterday morning.

A journey full of unique and enriching moments

Victor Herdeiro
President of the Local Organising Committee

When, in June 2016, APAH embraced the challenge of organising the EAHM European Congress, we began a journey full of unique and enriching moments.

Throughout this journey we always had the support of EAHM and its associates. Today, it is a moment of great joy for us when we acknowledge that you

have accepted our invitation, joining us in these 3 days. We hope EAHM2018 meets your expectations and wish you all a productive and enjoyable Congress.



Technical visit at the Hospital de Cascais

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plataforma lusófona para promover sinergias entre países



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FILIPA MOTA E COSTA



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Opening Ceremony

The most experienced, talented and knowledgeable healthcare professionals in Cascais

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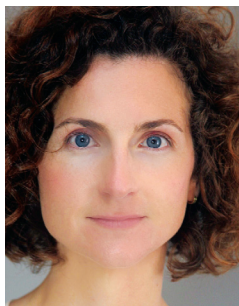
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HOW TO MAKE THE BEST USE OF IT?

A competence-based approach to enhance healthcare management



Marisa Gil Lapetra
Knowledge Strategies Manager for
International Hospital Federation

There is little evidence showing a link between actual management performance and competence attainment. Competencies however are key determinants of performance and share a complex relationship. In healthcare professions competencies are gained through pre-service education, in-service training and work experience, and are a major driver of performance. To the extent poor performance is caused by low com-

petencies, improving them should be a top priority. But how are performance and competence linked, and how well can we measure competencies?

Healthcare organizations will look at individual and organizational performance periodically to assess the efficacy of their services. The results help healthcare organizations determine whether they need to design training and/or continuing education for improving provider performance. Increasing complexities of healthcare delivery and changing market conditions would explain the promotion of the assessment of initial competencies (healthcare programs) as well as experienced paths (Continuous Professional Development), thereby amending teaching and assessment methods for competence achievement. Rapid technological and scientific innovations require spending substantial resources to assure competencies of new and existing healthcare managers. Competence assessment is an integral part of the certification and recertification processes of service providers.

A level of competence is defined in relation to a standard. Competence can be above or below the standard, or stated as a proportion of the standard. Considerable efforts have been put forward in the field of healthcare management designing a competence model adaptable to professional development and to academic programs. Some limitations persist. It is an iterative process requiring continuous review. As healthcare industry changes rapidly, healthcare management competencies also require continual updating and validation. Furthermore, healthcare management as a profession, evolves as the field of healthcare delivery becomes more complex.

To accompany National Associations of Healthcare Managers in their pursuit to enhance leadership and managerial capacity and capability for healthcare managers, the International Hospital Federation set up the *Global Consortium for Healthcare Management*. The Consortium has since served as a catalyst for defining the skills, knowledge and abilities needed for the

“The approach on competencies as a global reference looks at performance assessment and endeavors hospitals to relate performance outcomes to management practices against a solid and unique reference.”

healthcare management profession, publishing *“The Leadership Competencies for Healthcare Services Managers”*.

In response to a widely stated lack of management competen-

cies in healthcare programs, the Consortium adopted a list of 80 core competencies critical for healthcare leaders who manage health services, recognizing the role of the competence approach for healthcare management. By developing this unique reference, the Consortium also formally recognized healthcare management as a profession.

The rationale for the development was dual, enhancing management capacities while elevating the selected 80 core competencies to gold standard for healthcare management programs. The approach on competencies as a global reference looks at performance assessment and endeavors hospitals to relate performance outcomes to management practices against a solid and unique reference. In this respect the Consortium seeks consensus worldwide in management practices with regard to the 80 core competencies, followed by a scoring system for hospitals performance allowing to compare critical outcomes on safety, financial results and clinical results.

How much does a bad treatment cost?



João Marques-Gomes
Nova School of Business and
Economics & Nova Medical School

When one asks for a cappuccino at Starbucks or Costa, one knows that the cappuccinos of one and the other coffee shop will not be very much different from each other. When one goes into a hospital, one assumes that

the kind of equivalence that one finds among coffee shops can also be found among hospitals. Broadly speaking, anyone of us assumes that the health outcomes among hospitals will not differ much.

The truth is the differences can be very significant. According to the International Consortium for Health Outcomes Measurement (ICHOM), in Germany, the reoperation rate after hip surgery of the best hospital is 18 times lower than the reoperation rate of the worst hospital. Additionally, in Sweden, the variation in capsule complications after cataract surgery is 36 times. This means that the best Swedish hospital has outcomes that are 36 times better than the worst hospital.

Having variation in health outcomes means that the health systems have been funding clinical practices that are not as good as they could be. This is a worldwide problem that ought to be address-

ed promptly as it has direct consequences for the patients and their families, as well as for the health care payers. On the one hand, a bad treatment means that the pa-

“Having variation in health outcomes means that the health systems have been funding clinical practices that are not as good as they could be.”

tient will be sick for a longer period of time and/or that the disease will unnecessarily become more serious. On the other hand, at the level of the health system, a bad treatment can bring more disease and consequently more expense.

The variation in health outcomes among health care providers also translates into a problem of inequality of access to health care, lack of transparency, and breach of trust in government.

Some persons may be fortunate and have a hospital near their homes that produce the best health outcomes, while others may have the misfortune of living near a hospital that produces the worst health outcomes. But perhaps more worrying than this is the fact that the people are kept in the dark regarding the health outcomes of the health care providers. When a person goes into a hospital, the person goes in good faith trusting that the gover-

ment agencies have done their jobs, and have ensured that the best possible treatment will be provided. Unfortunately, the person – anyone of us – may be going into a hospital whose practices lead to very poor outcomes.

I strongly believe that the health outcomes by condition, and at the level of the patient, should be collected straightaway, and that this information should be disclosed. Everyone would benefit from it. The patients would know which providers perform best. The Medical Doctors would use this information to improve their own clinical practice. This information would also be helpful for them to identify to whom they should refer patients. Furthermore, this would allow the health care payers to foster the adoption of the best clinical practices, and it would prevent them from paying for bad treatments as if they were good.

