WORKSHOP ON RISK MANAGEMENT
CONCRETE CASE STUDIES AND FUTURE TRENDS

Brussels
22 January
2020

2ND EDITION
European health care systems are going through a deep crisis that affects all stakeholders: public and private hospitals, primary care and the medico-social field.

Four major transitions are shaping the paradigm shift we are all facing:

- a demographic transition with an ageing society
- an epidemiological transition with more chronic conditions due to Non-Communicable Diseases (NCDs)
- a technological and scientific change driven by the digital transformation including IT as a new paradigm
- and finally, a democratic transition with increased implication of more informed citizen-patients who are to be considered not just as users but real players, in a new dialogue with health professionals.

These major changes experienced in each European Member State are taking place in a context of medical shortages and budgetary constraints for all players. The combined factors are modifying the current balances enhancing complexity with potential underlying risks whose full scope is not yet under anyone’s control.

We consider that risk management is one of the levers securing and optimizing the activity of healthcare providers. Professionals are invited to share experiences and solutions in view of emerging risks, in an innovative approach for a common goal: safety and quality of care.

In this context and as a follow-up to the first edition organized in November 2018, UEHP and SHAM have joined forces inviting European experts for a working session and interactive exchanges on innovation in hospital risk management with stakeholders in the field.

Dr Paul Garassus
President of UEHP
DURING THE SESSION, PARTICIPANTS WERE ABLE TO EXCHANGE WITH THEIR EUROPEAN COUNTERPARTS AND A PANEL OF EXPERTS WITH THE AIM OF FOSTERING MUTUAL REFLECTION ON FORWARD-LOOKING TOPICS AND SHARING BEST PRACTICES.
Our philosophy is of course to contribute through collaborative reflection to the enhancement of the quality and efficiency of care, but our mindset is above all focused on concrete proposals.

We favour exchanges through plenary conferences, small interactive working groups but also individual interactions in a friendly and convivial setting.
QUALITY AND SAFETY ARE KEYWORDS FOR HOSPITALS – SOME GERMAN MODELS ARE INSPIRING BY THEIR SOUND METHODOLOGY BASED ON DEDICATED PROGRAMS AIMED AT ACHIEVING IMPRESSIVE TARGETS

Strong quality culture and processes on risk measurement are the cornerstone of a successful patient safety program internally developed by leading hospital groups. In Germany where a significant share of hospital activity depends on large private groups, key players such as Sana and Asklepios really put risk management culture in their organization going beyond compliance requirements. Quality processes often come as part of the corporate strategy with structured actions. 9 of them are seen as good practices:

- Develop a systematic risk assessment, based on scenario analysis, where the worst-possible but credible event is used as a basis
- Do risk audits: on priority topics and high risk areas (Surgery safety, Intensive Care Unit, Obstetrics, Emergency room) and have it done by a dedicated quality team
- Report errors and learn: a simple, safe, anonymous, software centrally controlled by the quality division, shared across all clinics, without sanction to avoid the blaming culture and promoting actions
- Get to the bottom of the causes with a systemic case analysis to gain valuable knowledge from critical events to avoid future patient damage
- Inform and involve patients (with flyers on patient safety or leaflets describing procedures patients will undergo): The patient should not be seen as potential cause of trouble, but really as part of the resolution in adverse events
- Dialogue with peer reviews by independent experts from the same specific field for quality assurance
- Train through simulation to make teams aware of risk
- Report to management board to give feedback about progress and issues
- Involve insurance talk by working in partnership with the insurer about the evolution of the risk profile and sharing of benefits.

Illustration with SiSy
Self-developed by Sana Kliniken

In 2006 Sana launched a monitoring of Risk Management to develop the “Sana safety index”, based on probability of occurrence, probability of detection and potential damage.

This catalog includes 10 subject areas, listing 56 criteria representing 393 sub-criteria, with distinction between criteria affecting all hospital departments or special areas (operating theater, ICU, dialysis, etc.).

The result is “SiSy” (Sana Sicherheitssystem) with three major goals: patient safety, organizational security and safety for employees.

Key words about Sana:
Network of 54 facilities with 33 000 employees. All hospitals have had quality certification since about 2008 and this is also the basis of the management systems.
RELYING ON A GOOD QUALITY TEAM OF EXPERTS IS NOT ENOUGH, AS PRACTITIONERS HAVE CENTRAL ROLES IN RISK MANAGEMENT

The implementation of good practices remains challenging and the capacity to integrate and update is complex. Keeping in mind what works is as helpful as knowing what are the causes of failure.

Taking the simple example of site infection, there are still missing aspects such as:

- Leadership / management problem with lack of incentives and infrastructure. Not only should incentives (financial and others) be put in place but also discipline in commitment.
- Awareness and educational programmes: training and education are essential, especially to manage difficult situations.
- Sharing between operators: Lack of multi-disciplinary work.
- Surveillance: sometimes good surveillance programmes have been implemented but not followed through by the hospital because it is not viewed as a priority.

Dealing with the human impact and its psycho-social consequences for the caregivers require certain empathy and soft skills from the management team. Healthcare professionals may be perceived as second victims, they face assaults and also need to be considered in the field of risk management and supported with adapted training. It is also an opportunity to redesign university programmes and training to be more attractive for students.

It is all about awareness when you speak about risk, because the more accidents or events happen then the higher our awareness is.

James Loïc Georges,
Head of International Development
NEW HEALTH ECOSYSTEM RELYING ON PATIENT-CENTEREDNESS PUT HEALTHCARE SYSTEMS UNDER PRESSURE TO REACT NOW

The global healthcare spending has reached $10 trillion with an increasing growth rate (creating rising costs and inconsistent outcomes). Hospitals which are not competitive or do not have high-tech procedures see a shift of patients towards high-tech hospitals perceived to be better. As a consequence, public and private healthcare businesses start to file for bankruptcy, causing an economic distress in the economy.

Organizations should look to expand their point of access to get closer, both physically and digitally to the health consumers, and shift the focus from treatment to prevention and early intervention.

Advanced technologies through sensors and trackers start analyzing a large set of parameters (steps, sleep patterns, heart rate) and create personalized insights into the consumer’s health, so that health consumer personalized experienced will become the norm, not the exception.

The catalyst for change: Radically interoperable data will empower hyper-engaged consumers to sustain well-being and receive care only in the instances where well-being fails.

Two jobs to be done for consumers to holistically address their health (overall state of well-being encompassing mental, social, emotional, physical, and spiritual health).

Five enablers for consumers to accomplish their jobs to be done.

Five tasks that ecosystem players will perform on behalf of consumers.

Three categories of business archetypes in the future of health environment.

About 10 years ago the medical centre was losing money (with $150m deficit) and ranked in the bottom (positioned 60th out of 90 academic medical center). Then the center made the choice to install a comprehensive information system capturing every activity of the institution in real time (medical care, finance, teaching, research) and in an integrating manner.

Now the centre is a global leader in patient care, education and research (ranked #1 and #2), while generating a financial surplus of $240m.
TO NAVIGATE IN CONSUMER-CENTERED MODELS, INCREASE ACCESS AND AFFORDABILITY, IMPROVE QUALITY AND REDUCE COSTS OF HEALTHCARE SERVICES, IT REQUIRES STRATEGIC CHOICES TOWARDS DIGITAL TECHNOLOGIES

The use of data and machine learning methods will actually identify illness early, enable for active intervention, and improve the understanding of diseases progression. Rather than assessing patients and treating them, the primary focus will be on sustaining wellbeing by providing health consumers with ongoing advice and support.

To survive in this context, healthcare providers are expected to embrace 3 orientations:

1. **Adjust the business models** to stay competitive:
   - either being the **product leader** delivering most advanced care and best services (university hospital)
   - the **experienced leader** known for exceptional customer satisfaction and loyalty (NPS-driven)
   - the **integrator** emphasising value in a system of a vast scale and scope (building platforms)
   - or the **health manager**, focusing on specific population cells (territorial players).

2. **Forge partnerships** to reduce costs and accelerate transformation: adopt and adapt to existing innovation. Identify which of them could have an impact on your own business models to invest in it.

3. **Develop tactics** to engage effectively with healthcare consumers: Big data, deep learning capabilities enable personalised and real-time artificial intelligence and even behaviour interventions that shape consumer beliefs and actions.

We are convinced that leadership in health care is implicit in excellence in Patient Safety. Clinical risk management requires the application of many tools and strategies, and constant innovation, in order to be able to face the new risks which arise in our healthcare organizations.

**Nuria Marañón**, Head of Patient Safety

The Texas Children’s Hospital used an integration platform to change its business and reduce unwanted variation.

They deployed an analytic platform to aggregate and analyse the data, as a result:

- $2,000 reduction in costs per patient.
- 80-day difference in the average length of stay.
- $32 million reduction in total direct valuable cost.
- 1.62% return on investment.

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HAVING DATA DRIVEN ORGANISATION IS RIGHT BUT NOT ENOUGH TO SOLVE PROBLEMS, SO YOU NEED TO BUILD A TEAM THAT CAN REALLY MAKE SENSE OF THE DATA AND BRING NEW TOOLS AND FIND NEW TRIGGERS

As no one-size-fits-all solution applies to risk management, it is important to be cautious about the fact there is no guarantee that data can reduce risk, but it will certainly increase the awareness of risk.

Technology is not a solution in itself, but can enable the implementation, effectiveness and monitoring of successful strategies to reduce low value care. Define who will be involved in the accurate use of the data (combination of clinicians and engineers trying to expose something human from the data) and focus on reliability (making sure that data is comparable and sustainable).

Cultural changes must accompany technological changes. Changes for physicians and other healthcare providers represent a shift from a culture of thoroughness to a culture of appropriateness and value. Behavioral barriers can limit or slow down the good impact of transformation. Thus, creating the link to the development and acquisition of professional skills should be a top priority.

Ultimately, patients need to be front and centre in initiatives, making sure they are more satisfied and have better health outcomes.

BUT THIS DIGITAL TRANSFORMATION ALSO MEANS ORGANISATIONS ARE MORE EXPOSED

Healthcare is increasingly depending on ICT and it is rapidly increasing. There is the expectation to connect more systems, have more interconnectivity, getting the data as quickly as possible to mobile systems in the hospital.

Five years ago infected systems might spread a little in the hospital or in another environment but now ransomware is really a game-changer and an entire hospital can be shut down in a couple of minutes (a thing that was unthinkable before, expect through a virus).

The security impact is huge. Changing medical data is something, but another potential threat is also interfering with all the medical records, mixing the data so that all the medical records are no longer trustworthy, worse that just deleting all the medical records, and putting not only a hospital but an entire system down.
REGARDING CYBER, WE NEED TO TALK ABOUT SAFETY VERSUS SECURITY, BECAUSE RISK ON A MEDICAL DEVICE CAN ULTIMATELY LEAD TO PERFORMANCE IMPACT

The medical system embraces many related risks for hospitals: no longer access to medical records so patients divert to other locations, no longer access to systems, not even to the hospital, unable to know who the emergency responders are, no access to the prescription information, and so on.

In 99% of cases, patching system to a medical system should not cause any harm, but there is still a percentage where the performance of the device (example with x-ray tube) can be reduced by half creating something wrong with the imaging.

EVOLVING TOWARDS A CONCEPT OF SHARED RESPONSIBILITY BETWEEN HOSPITALS AND MANUFACTURERS COULD PAVE THE WAY FOR BETTER OUTCOME

Medical IT, office IT do not always interact well together, so making changes to the IT infrastructure means to ensure that on the medical side, people are aware of it. A clear example is the overnight network upgrade with the patient-monitoring system not being able to power to the central station anymore in the middle of the night, combined with limited staff, which raises serious issues.

We want to put a strong emphasis on shared responsibility, starting with the need for discussions and exchange of information, not only internally but also with manufacturers. We are shifting from merely selling a product (for instance an ultrasound system) to health IT services. now we see an increasing trend towards hospitals wanting to acquire imaging services sharing responsibilities with the manufacturer.

Therefore the manufacturer should always provide advice and support, never patch a system without the right guidance, and make sure that the system still works afterwards.

It is essential that manufacturers and healthcare providers have a common understanding of how to solve this problem. Incident reporting and information sharing are becoming more and more important. Manufacturers should have a seat at the table to talk about security incidents and security risks in hospitals.

Different strategy towards risk mitigation
• Accept in case no budget for it – however seems not realistic due to the various implications.
• Transfer risk by dedicated coverage or contract agreement.
• Mitigate and buy a newer version of the software.
• Reduce risk by separating from the normal network – various ways but comes at a price anyway.
“It was a pleasure to attend the Risk Management workshop, including the session on Healthcare Associated infections – what are the main triggers of event prevention? What strategies to put in place? Risk assessment in healthcare is an emerging issue and this workshop provided a chance for an exchange of knowledge and experience between hospital pharmacists and other healthcare professionals taking into account multidisciplinary and multi-stakeholder perspective of risk management.”

Nenad Miljkovic
The European Association of Hospital Pharmacists, Director of Professional Development

“I loved attending the workshop, especially to learn more about all the different views and challenges. It strengthened me as a representative of the medical device manufacturers. We need to work closer together to face the challenges with Cybersecurity, which is only one of the many challenges for the organizations that provide healthcare.”

Ben Kokx
Philips, Group Security, Product Security, Director Product Security

“The workshop was extremely relevant. Healthcare systems need to undergo adaptation if they want to adequately respond to the future health needs of EU population. Risk Management and innovation strategies are essential parts of this process of adaptation.”

Dr.ssa Fidelia Cascini
Istituto di Sanità Pubblica, Università Cattolica del Sacro Cuore

“I really enjoyed the congress in Brussels. It’s a pleasure to meet committed people from neighbouring European countries. I can see that we can learn a lot from each other and that it is worthwhile to promote the exchange. Even though the health care systems differ somewhat, the clinical and safety-related problems are very similar. Therefore, the possible solutions offered by other systems are perhaps more obvious than they appear at first sight.”

Severin Federhen
Leiter Zentralbereich Qualitätsmanagement / Risikomanagement / Organisationsentwicklung Stiftung Mathias-Spital Rheine

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Severin Federhen
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“One rarely has the opportunity for such a close exchange with professionals from other countries in healthcare business. Concerning the workshop and the topics itself, I am also very satisfied, they were all over interesting and subject-related; good discussions, sometimes it was nearly a deep dive into the subject. The workshop has more than fulfilled my expectations.”

Hendrik Schöpper
Augusta-Kranken-Anstalt gGmbH, Referent der Geschäftsführung

“Being able to share experiences and challenges on clinical risk management at this international workshop not only enriches, but also gives you a perspective on how you are doing as an organization.”

Nuria Marañón
Quironsalud, Head of the Patient Safety Department

“A very interesting topic sharing opinions with many experts. Brainstorming focused on the multi-disciplinary approach to risk management in healthcare and important issues regarding fields and aspects which are not evidenced to many healthcare workers allowed to better understand specific topics. As a surgeon and patient safety official in my healthcare service I appreciated exchange of experiences and found that «all the world is a stage» and the workshop itself proved that sharing experiences and opinions is fundamental to standardize minimum patient safety requirements and avoid adverse events and malpractice issues.”

Francesco Venneri
USL Toscana Centro Clinical Risk, Manager and Patient Safety Officer Florence Healthcare Service

“Very engaging, very well structured workshop on an increasingly important topic for all healthcare institutions across Europe. Great to hear different perspectives from different stakeholders and to see commitment to drive progress and reduce risks in care delivery.”

Fiona GARIN Mc Donagh
Becton Dickinson S.A., Senior Director, Strategic Marketing Europe
ABOUT US

Created in 1991, the European Union of Private Hospitals (UEHP) is the umbrella association representing the private hospitals in Europe towards the European institutions.

UEHP counts 17 members, representing more than 5,000 private hospitals in Europe. UEHP is driven by three important principles: free access, quality, equity and economic sustainability of health services.

The purpose of UEHP is to defend and represent the interests of the private hospitals in Europe, to help generating the political and economic conditions, aiming at improving the independent initiative in the health field. Moreover, UEHP studies and creates better conditions for the smooth management of independent hospitals. The priority of UEHP is to promote high quality healthcare focused on the patient.

www.uehp.eu

Founded in 1927 by hospital directors, Sham is a European mutual insurance company specializing in insurance and risk management for healthcare industry.

Sham is the parent company of the Relyens mutual group, that has ~1’000 employees located in 4 countries (France, Spain, Italy, Germany) across 9 offices.

www.relyens.eu
NEXT EDITION

We invite you to join us for the next edition 2021!

Our common ambition is to maintain the spirit of a European Community dedicated to risk management for healthcare providers. UEHP and SHAM join forces to provoke discussions and compare positive experiences dedicated to safety. New risks require new solutions. You will have the opportunity to meet leading experts who are shaping the future of risk management.

FOR ANY QUESTIONS, COMMENTS AND SUGGESTIONS

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