

Hospitals seek Uniqueness through Art & Cultural Events

Customer-oriented care provision & marketing makes the difference

The hospital that can deliver broader and more highly specialised services will be able to boost its competitiveness twofold: increase earnings by creating additional sources of net revenue and the ability to clearly differentiate itself from other hospitals. According to patient satisfaction surveys recently conducted by CKM apart from the experience as an in-patient, patients' perceptions of scope of services and specialities provided by the hospital are increasingly important factors in their "where-do-I-want-to-have-my-treatment-done" decisions. In order to sustain or increase market share it is an essential future requirement to develop some aspects of uniqueness, if not in the service provision itself, then in the surrounding services, contractual characteristics or any other way which impinges on the prospective patient's well being.

It is obvious that the opportunity for applying uniqueness to skills, resources and activities like those provided by hospitals is limited. However, there remains one area where opportunities for uniqueness are plentiful yet which up to now by the majority of care provider organisations has been least practiced, least understood and least appreciated and that area is marketing. Through the use of marketing it becomes possible to equip



The Acrobat by Allen Jones in the Chelsea & Westminster Hospital, London, UK

Services that are designed to improve the communication between patient and hospital staff and which also have a general beneficial effect on the ambience and culture of an organisation are of utmost importance for sustaining a good reputation and gaining competitive advantage.



Prof. Dr. Dr. Wilfried von Eiff

an organisation and its service provision with a "plus" that distinguishes it from its incumbents. The value and benefits that accrue from making one's organisation distinguishable from a competitor's in terms of non-medical aspects seem to have at last been accepted by hospital management since quite a number of them increasingly promote and offer art and cultural events as real "pluses" to their patients and prospective clients.

The art and cultural events found to be offered by provider organisations entail art exhibitions, concerts, theatre, dance, painting etc. Empirical evaluations of the patients' perceptions of the social and personal meaning revealed that art and cultural events appear to

- ▶ contribute to a "holistic" health care, i.e. physical, mental and psychic;
- ▶ decrease fear and anxiety during the hospital stay (in particular with children), promote trust and compliance;
- ▶ enhance the image of the organisation among staff;
- ▶ promote and improve contact to visitors and the public in general.

In London for example the Chelsea & Westminster Hospital considers itself to be more than a hospital. In the biggest naturally ventilated atrium in the world thrives an alternative art venue open 365 days a year, 24 hours a day.

A rainbow-coloured mobile tumbles five storeys down the atrium and paintings, drawings, prints and photographs enliven the walls of wards, recovery and treatment rooms and public areas. The hospital houses the largest indoor sculpture in the World and Veronese's Resurrection graces the Chapel.

Chelsea and Westminster staged the world's first music festivals and operas in a hospital, which are now annual events. Each week there are entertainments and performances on the wards and public areas of the hospital for patients, staff and visitors.

The work of the Arts Project is recognised as pre-eminent in the drive to transform the atmosphere of hospitals and to improve the well being of patients. It benefits patients, their families, staff, visitors and the whole community. The project is not funded by the NHS but entirely through private donations and sponsorship.

In Münster, Germany, since 1993 the University Clinic runs a cultural project called "Cultural Impluses" offering some 700 cultural events each year for patients, their relatives, visitors and staff. The project has received nation-wide recognition in particular for its "clown doctors" programme within the paediatrics speciality department. CKM was recently commissioned to conduct a survey with the remit for an overall assessment of the cultural activities programme and specifically to report on how it was viewed and received by in-patients.

The survey concluded that the cultural events programme was very positively received and perceived by in-patients:

- ▶ 85 percent of the in-patients interviewed agreed to be culturally interested;
- ▶ 90 percent of the respondents gave top marks to the hospital's idea of its arts and cultural events programme;
- ▶ 71 percent of the respondents were found to know about the programme and had at one time or another thought about it.

Yet only just a quarter of in-patients interviewed had actually attended programme events. Why the discrepancy between the high percentage rate of declared interest and the low actual attendance rate? The reasons are found partly in the patients' limited mobility

and partly in the inadequate internal "marketing" of the cultural programme.

Judging by the saying "Do good and talk about it" the ineffectiveness of the Clinic's marketing becomes quite obvious.

Hence besides having a patient-oriented art and cultural events programme care provider organisations have to ask themselves the following questions:



Clown Doctors in the University Clinic of Münster, Germany

How can we...

- ▶ effectively inform our patients prior, during and post discharge about content, venue, date and time of art and cultural events in our facility?
- ▶ get our patients actually to attend events?
- ▶ achieve to make our art and cultural events programme in its own right distinguishable from others?

Conclusion

"Do the right thing and do things right" and support your attractive cultural programme with adequate and professional marketing resources. Use the chance to make arts and cultural events a distinguishable "plus" in the delivery of your care provision for your organisation's and above all your customer's benefit.

▶ SSM Health Care - Healthcare's first Baldrige

SSM Health Care, St. Louis, USA has become the first healthcare provider to win the US's highest honor for quality achievement, the Malcolm Baldrige National Quality Award administered by the U.S. Commerce Department. The 21-hospital Roman Catholic system is among 42 organisations that have applied under the healthcare category since it was added to the program in 1999.

Created in 1987 the prize is awarded annually to up to three organisations in each of the categories of manufacturing, service, small business and, starting in 1999, education and healthcare. Not every category has a winner in all years. Previous winners were for example Boeing Co., Federal Express Corp. and Xerox.

SSM has been using the Baldrige model for evaluating its performance for more than seven years, and the model has been "instrumental in helping us achieve our mission", system President and CEO Sister Mary Jean Ryan said. The model consists of seven criteria: leadership, strategic planning, customer and market focus, information and analysis, human resource focus, process management and business results.

SSM's "work with patient feedback and physician communications make it an outstanding example of what can be done when fresh thinking and modern science are brought to the delivery of healthcare in America," HHS Secretary Tommy Thompson said in a written statement. "With its groundbreaking automated system that makes clinical information available to any of its physicians wherever they may be, SSM Health Care has shown that it is truly dedicated to bringing the technological revolution to healthcare."

“ Bone & Joint Hospital joined SSMHC in 1995. We were the first health care organisation to receive the Oklahoma Quality Award in 1996, also based on the Baldrige criteria. We have recently received additional recognition such as receiving a five-star rating for both total hip and total knee replacement from Healthgrades.com, placing us in the top 5% in the U.S. for these procedures. We were also recently named by American Association for Retired Persons' (AARP) Modern Maturity magazine to the top ten hospitals for orthopedics list in the country. ”

Janet Farhood, Vice President, SSMHC Bone & Joint Hospital, Oklahoma City, USA

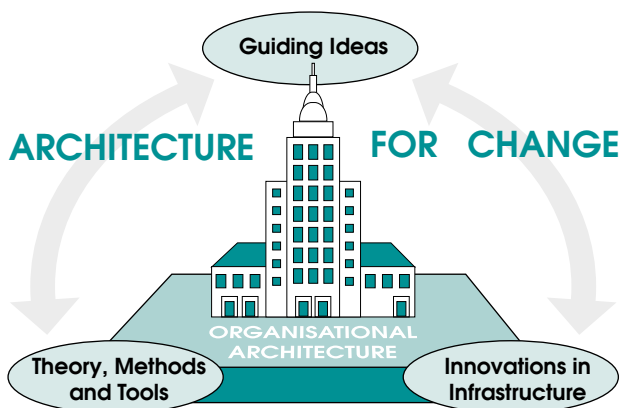
While the award is a milestone, it is only one component of an ongoing quality improvement effort, system officials said. "SSM Health Care is a role model of world-class excellence and has achieved extraordinary results," Commerce Secretary Don Evans said in announcing the award. "The men and women of this organisation represent the highest ethical standards in public responsibility and corporate citizenship."

Clinical Change and Organisational Learning

Gene Beyt is one of the leading experts in the field of health care management in the USA. He teaches leadership, systems, change and organisational learning at the Tulane University New Orleans, USA and he currently serves on the Health Care Effectiveness Team for the state's public hospital system. At the IHBF Gene Beyt presented the establishment of a statewide Disease Management Program in Louisiana implemented by the Health Care Services Division (HCSD) of Louisiana State University's Health Science Center in collaboration with the Tulane University Medical Center.

The Disease Management Program was initiated to develop and implement a systematic approach to care for selected diseases, based upon treatment protocols that emphasize clinical and non-clinical interventions from which there is the greatest impact potential in maintaining a patient's good health.

Working in the context of disease management, HCSD established the organisational architecture necessary for clinical change and organisational learning.



The guiding ideas for change were clearly enumerated by the system's leaders, including the institutional administrators and medical directors, and were supported by the specific disease management purposes adopted by the system-wide working teams. These guiding ideas consisted of a core ideology and included the core values and purposes and also served as a basis for new and expanded program development, funding request and strategic deployment.

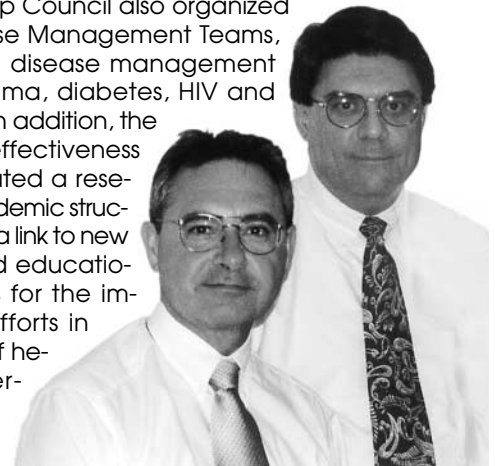
Infrastructure support was addressed by the health care effectiveness team consisting of the system's medical and nursing directors and experts in the areas of medical

management, information systems and outcomes measurement. The purpose of the health care effectiveness team was to help, direct and support the management, the measurement and the redesign of the clinical care continuum through physician leadership and health systems research in collaboration with caregivers.

Leadership, systems thinking tools and quality management methods necessary to initiate and sustain change, were taught to the System Leadership Council, which consists of the medical directors from each of the hospitals along with representatives from administration, quality management, nursing and patient advocacy.

Significant emphasis was given to dialogue skills. A "safe container" was created with emphasis on active listening, translating what was said to a deeper meaning and fostering an active process of seeking the truth together.

The Leadership Council also organized System Disease Management Teams, which began disease management efforts in asthma, diabetes, HIV and heart failure. In addition, the health care effectiveness activities initiated a research and academic structure providing a link to new concepts and educational programs for the improvement efforts in the delivery of health care services.



Prof. Gene Beyt, Tulane University New Orleans, USA and Prof. Wilfried von Eiff

Although the story of change is a work in progress and all aspects of the change cycle have not been completed, the initial disease management projects have demonstrated improved clinical care and cost-effective services through the creation of an organisation that learns.

Through a process of clear enumeration of the aims and goals by the highest level of system leadership and an emphasis on developing and supporting key clinical leaders throughout the system, a transformation in thought and action is gradually occurring throughout the public hospital system that may significantly improve the quality of health for those served.

The State-of-the-Art of E-Commerce of Prescription Drugs in Europe

At a recently held IHBF Expert Meeting on 'International Healthcare Systems' Professor Aloys Prinz, a lecturer at the Westphalia Wilhelm-University, Münster, Germany presented findings from his research on the benefits and risks for pharmacists and end users associated with the nascent e-trade of prescription drugs. His research reveals that there are still wide difference throughout Europe in the e-trade development for prescription drugs. Early adopters of online dispensing are countries like the Netherlands, Switzerland

and the United Kingdom. The list of laggard countries includes Germany where pharmacies are at present still the only legitimate dispensers of prescription drugs. And yet as Professor Prinz's work clearly demonstrates an adoption and making online dispensing legitimate would result in immense savings for the German healthcare system judging by the experience gained in some of the countries he reviewed. Savings of between 1.3 and 6.5 percent of the annual spending on pharmacy dis-

pensed prescription drugs he argues can be achieved. Expressed in 2001 figures relating to Germany this represents a net worth of between € 0.36 and 1.84 billion per annum.

Though the economics clearly speak for e-trading, the Professor cautions and emphasizes that other important issues like drug availability, drug safety and consumer protection will all have to be considered with equal importance to the economics to make the e-commerce of prescription drugs a viable and reliable improvement proposition.

Likewise he argues, a blind no to the legalization of the e-trade in prescription drugs is equally questionable. Hence the solution he says, should be sought in a measured approach of the cons and pros.



Prof. Aloys Prinz, University of Münster, Germany and Prof. Wilfried von Eiff

Statements from the Project Partners



"The global network facilitated through the IHBF is an invaluable opportunity to explore the unifying core aims, practices and values of diverse health care provider organisations, as well as the unique features of each. Such exposition allows depth of understanding and an impetus which enable health care providers adopt best practice models in response to modern challenges and a fast moving environment."

Marwan Habiba, Senior Lecturer, University of Leicester & Leicester Royal Infirmary, UK



"Benchmarking is one of our strongest motivational factors in the day-to-day running of a private hospital. The best practices presented at this forum have been proven in practice. Delegates gain invaluable information and ideas to apply in practical hospital management! The exposure to the IHBF gives a deeper perspective in quality improvement and cost-cutting because of the international cross pollination."

Résa van der Merwe, Hospital Manager, Curamed Medi-Clinic, Kimberley, South Africa



"The most interesting point of the IHBF-project is to expose your own thinking open to the influence of others and to learn from others as well as gaining ideas and inspiration from the outside. The wide range of the presented themes at the IHBF allows one to broaden one's point of view."

Magnus Oetiker, Hirslanden Holding, Zürich, Switzerland



"The IHBF has proven to be a very valuable resource for exchanging best practice ideas and for developing relationships with top international experts in the health care arena. Through in-depth presentations, networking events and problem solving sessions, a unique and creative synergy has developed. The insights and practical solutions have been invaluable to our organisation."

Ed Goodemote, Vice President, Lakeland Regional Medical Center, USA



"It is an excellent forum to exchange practical experiences, not only of successful improvement projects, but also in overcoming challenges, developing new perspective and ideas. It is an honour for Singapore to be invited by IHBF. It has offered a valuable networking opportunities to leverage on participants' wealth of knowledge into achieving our common goal for cost effective Quality healthcare."

Ayliana Phe, Head Quality Management Systems, Tan Tock Seng Hospital, Singapore



"Being part of the IHBF network offers the chance to learn from best in class hospitals from almost all over the world. The open exchange of experiences and best practices provides a great opportunity to improve hospital management and patient care."

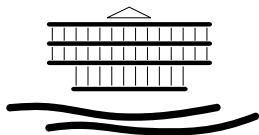
Peter Neumann, CEO, Krankenhaus Düren GmbH, Düren, Germany

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