



Migrant-friendly hospitals – Network of hospitals for the migrant population (MFH)

A project from the Swiss Federal Office of Public Health (SFOPH) and H+
Association of Swiss Hospitals

Final Conference of the European project Migrant-Friendly Hospitals

Hospitals in a culturally-diverse Europe

International conference on quality-assured health care and health promotion for
migrants and ethnic minorities

Amsterdam, The Netherlands, December 9-11, 2004



1. Introduction

1.1 Swiss healthcare system (I)

- Switzerland has a high-quality but expensive healthcare system which ensures access to safe healthcare for all as a matter of principle.
- The federal government and 26 cantons share the responsibility for public health which results in a complex legal and factual healthcare structure.
- Hospital policy and hospital care are essentially matters of cantonal responsibility. There are around 229 public and 136 private hospitals and special clinics.
- 28% of the Swiss population has a migration background.



1. Introduction

1.1 Swiss healthcare system (II)

- Scientific studies and experience show that access to healthcare frequently involves higher barriers for the migrant population than for the native population, and that as a result there also arise qualitative differences in the standard of care.
- The migrant population is subject to particular hazards to their health.
- Everyone must have an equal chance of getting appropriate healthcare services.



1. Introduction

1.2 Migration and Public Health - The Confederation's strategic orientation 2002 - 2007

- a. Education (basic education, advanced and continuing training)
- b. Public information, prevention and health promotion
- c. Healthcare provision
- d. Treatment for traumatised asylum seekers
- e. Research (basic research, assessment and monitoring)



2. The project

Migrant-friendly hospitals

A network of hospitals for the migrant population (MFH)

2.1 Basis

- Contract between the Swiss Federal Office of Public Health and H+ Association of Swiss Hospitals
- H+ delegates project management and implementation to Dr. P. Saladin, Hospital expert
- Contract duration: Dec 1, 2003 – Nov 30, 2006



2. The project

2.2 Objectives

- Creating a network of hospitals which are recognised for their special expertise in providing healthcare to the migrant population.
- Transferring knowledge and know-how by exchanging the experiences of the directly involved doctors, nurses, administrators.
- Working out recommendations for “best practice” standards of cross-cultural expertise.
- Encouraging and supporting innovative cross-cultural projects of hospitals through financial backing.



2. The project

2.3 Basic assumptions (I)

- a) **Guarantee quality of care by virtue of cross-cultural skills:**
cross-cultural skills are the ability to realize, to comprehend individual circumstances according to the specific situation in various contexts and to develop appropriate treatments from this understanding (Domenig, 2001).

- b) Ensure excellence of hospital staff in the “management of diversity” of all hospital processes.
Migrant friendliness means patient friendliness.
Understand diversity as “treasure” and a source of renewal.



2. The project

2.3 Basic Assumptions (II)

- c) Examine special offers for (parts of) the migrant population very seriously. Secure sustainability. Do not create any (new) discrimination.
- d) High quality of care, good management of diversity and strict attention to the concerns of the migrant population at all levels of the hospital leads to an increase in efficiency and produces a competitive edge.



2. The project

2.4 Principles of the project work

- Collaboration in the network is on a voluntary basis.
- Experiences at hospitals in caring for the migrant population have to be taken into account.
- The project should support the hospital staff in mastering their duties and generate real added-value to them .
- The project should encourage hospitals to networking with pre-and post-hospital service providers.
- Financed projects will be assessed.
- The network is to be institutionalised in a yet-to-be-determined form.



2. The project

2.5 State of work (I)

4 Working groups are at work for developing recommendations for the hospitals:

Working group 1: Patient processes

- Regular admission
- Diagnosis
- Treatment
- Discharge
- Evaluation (quality of processes and outcomes)



2. The project

2.5 State of work (II)

Working group 2: Hospital strategy

- Vision
- Strategy
- Migrants in the hospital
- Finance
- Marketing
- Infrastructure



2. The project

2.5 State of work (III)

Working group 3: Language, communication, information

- Translations (written)
- Interpreting
- Communal interpreting
- Training
- Type of organisation for an interpreting service



2. The project

2.5 State of work (IV)

Working group 4: Empowerment of hospital staff

- Empowerment of staff both with and without migration background
- Empowerment of migrants
- Advanced and continuing education



3. Start – up financing (I)

- As a matter of principle hospitals have to finance cross-cultural measures by their own budget.
- The project manager may, however, grant start-up financing for individual projects.
- The following criteria will apply in the appraisal of a project:
 - a) It should contribute towards improvements in care and the entire patient process for migrants.
 - b) It should comprise a novel, innovative measure for the applicant institution.

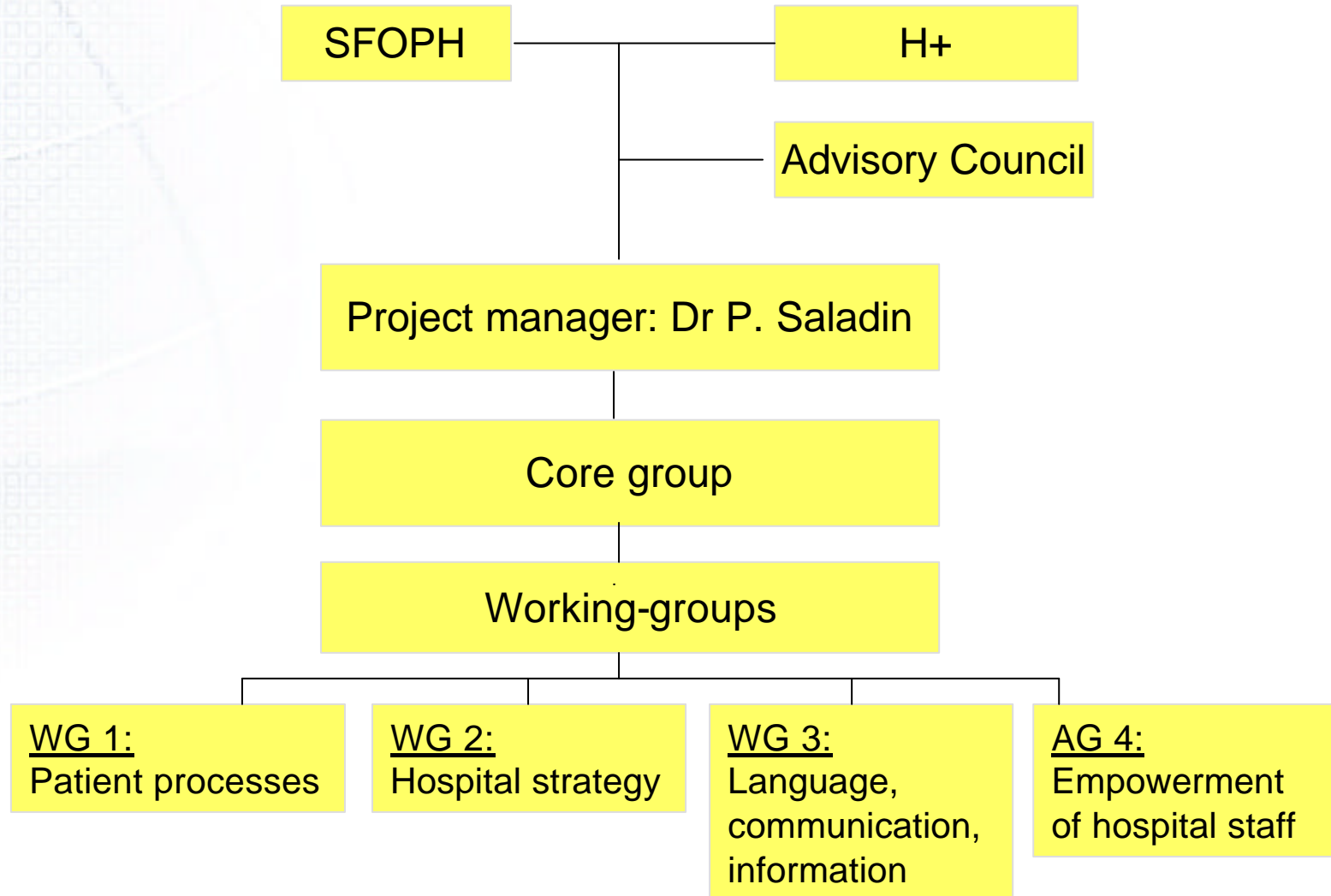


3. Start – up financing (I)

- c) It should contribute towards networking the patient process with other institutions, if necessary
- d) It has to be in line with the overall strategy and the quality standards of the applicant institution and has to be approved by the hospital management
- e) The MFH project may co-finance only a portion of a proposed project. The applicant institution has to guarantee the continuation of the financing if the project is successful.



4. Project organisation





5. Open issues (I)

- There is an almost complete lack of general data on the state of health of the migrant population in Switzerland. How will it be possible to assess the project's effect on their state of health?
- Will we succeed in convincing hospital managements that being migrant-friendly ultimately means being patient-friendly?
- How will the increasing number of illegal immigrants be integrated into the healthcare system?
- Is it possible to adapt the public health regulatory framework in such a way that it "pays" to be a migrant-friendly hospital?



5. Open issues (II)

- How can the idea of the project be securely anchored in hospital strategies and in Swiss national and cantonal healthcare policies?
- Should there be an accreditation mechanism or “label” for migrant-friendly hospitals?
- Will there be a co-operation arrangement regarding migrant-friendliness between hospitals at European level and if so, what will be the content and the form ?



6. Next steps

- Working out recommendations to hospitals on best practice in cross-cultural skills
- Publishing a manual for hospital managers
- Financing innovative hospital projects
- Clarifying open issues



7. Link

Link to Migrant-Friendly hospitals – Hospital network for the migrant population (MFH)

[www. hplus.ch](http://www.hplus.ch) → Direct access → Migrant-Friendly Hospitals (MFHs) or
[www. hplus.ch](http://www.hplus.ch) → Service → Links → Migrant-Friendly Hospitals (MFHs)

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