

Final Report MFH Project at: Immanuel-Krankenhaus GmbH, Rheumaklinik Berlin-Wannsee, Germany

**“MFH – integral part of hospitals strategy
development”**

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Introduction – The Hospital

Address

Immanuel-Krankenhaus Rheumaklinik Berlin-Wannsee und Zentrum für Naturheilkunde
Klinik- und Heimbetriebsgesellschaft mbH
Königstrasse 63
14109 Berlin, Deutschland
(referred to in the following simply as "Immanuel Hospital")

The hospital ownership

The Immanuel Hospital is an institution of the Immanuel Diakonie Group (IDG), which includes a total of 26 diaconal institutions in Berlin, Brandenburg and Thuringia. These are hospitals, rehabilitation clinics, homes and assigned service enterprises with a total of about 1900 employees. The owner of the IDG is the Baptist Church of Berlin-Schöneberg, represented by a committee ("Kuratorium").

Specialization

The Immanuel Hospital is a special clinic, with departments of orthopedics / rheumatism surgery, internal medicine / rheumatology / clinical immunology, metabolic disorders / osteology and naturopathy. We have 200 beds and a large outpatient clinic. Every year some 3800 inpatients are treated at our hospital.
At Immanuel Hospital there are 235 employees.

Migration background of patients and employees

At our hospital the proportion of migrant patients is at 9.5 %. The largest single group are patients of Turkish descent, but in 2004 we treated patients from more than 20 countries.
7.8 % of our employees have a migration background.

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Local Project

Motivation and expectations

As a Baptist-owned hospital, it is especially important for us to respect and to promote the patients' dignity and personal freedom of choice in all matters. All patients should be treated in a manner corresponding to their concrete life situation and convictions. This basic attitude arises from the principle of free-ecclesiastical *Diakonie* committed to serving our fellow humans regardless of confessional or religious differences. It is our aim to respond to patients' individual needs in order for them to deal independently and self-dependently with their illness.

Thus it is with joy and great interest that we have taken part in the EU project "Migrant-Friendly Hospitals". The experiences of the fusion of employees from formerly separated Germany have led to a sensitization for the subjects "cultural background" and "national identity". The creation of a Corporate Identity determines the steps that we take within the Immanuel *Diakonie* Group. These can be derived from a set of eighteen values which are valid for all institutions, the fourth so defined value referring in particular to patients with a "different" cultural background. The experiences of the Immanuel Hospital will be transferred not only through exchange at the EU level but also at a more local level, namely to other institutions of the Immanuel *Diakonie* Group. This is one principle element for the strategic steps of intercultural opening.

Our second motivation for taking part in the MFH EU project arises from the strategic adjustment of the Immanuel Hospital according to WHO HPH policy: We participate in the WHO pilot project on implementing the Health Promoting Hospital concept by EFQM-Excellence model and Balanced Scorecard.

Lokal Project Partners

The Steering Committee

Composition: CEO of Immanuel Diakonie Group, head physician and senior doctor, nurse (from Ghana) and senior nurse, member from the personnel department (from Turkey), employee's representative and the "Focal Person" is Prof. Dr.paed. Dr.sc.phil. Werner Schmidt, sociologist, project manager and WHO representative.

Quality management representative (Deputy Focal Person and Subproject Manager) is Beate Lieske.

External support

Support by the Hospital Management

The CEO has supported the MFH project extensively and given it a place in the parallel running plans for the strategy development and in the internal quality system of the Immanuel Hospital. (Regulation of basic values, EFQM self-assessment, strategic aims and Balanced Scorecard.) There was the best possible support, because the CEO is a member of the Steering Committee. Many decisions could be made quickly and unbureaucratically. For the employees the priority of the project was always recognizable.

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Support by / Cooperation / local environment

There is a close contact to the local interpreter service (Gemeindedolmetscherdienst Berlin e.V.) and to the working group of "Migration and intercultural opening" of the *Diakonie* Berlin-Brandenburg. Regular contact and information exchange take place within a professional group from hospitals, social welfare institutions, nursing homes for the elderly and geriatric centers.

The "overall project" - Goals and measures

Goals

- Optimization of the inpatient and outpatient treatment of people with different cultural background.
- Reduction of dissimilarities in medical care.
- Comparison and exchanges of experiences within the EU
- Improvement of our enterprise philosophy
- Practical implementation of our values (especially Value 4)

What kind of measures were taken ?

- Integration of the project in the quality system
- Analysis of the situation by interviews with patients and staff
- Analysis of the organizational level by MFQQ (benchmarking)
- Package of measures for organizational development
- Participation in Subproject C "Staff training towards cultural competence", training of two departments with the participant group being of a multidisciplinary and multi-cultural composition.

Effectiveness - Results

- Investigation of our "migrant-friendliness" at all organizational levels by quality management. This is now a quality criterion for us.
- Establishing multilingual information for patients
- Establishing guidance and implementing communication instruments for everyday life activities.
- Staff of two departments received training in cross-cultural competence, in four modules with a total of ten hours.
- Establishment of a multidisciplinary working group which now continuously puts into practice the experiences of the training with high sensitivity and problem consciousness in the special situation of the hospital and which is very involved with detailed steps in optimizing patient care.

Cost-effectiveness

The project costs are to be valued as high at first sight. Working hours and the acquisition of multilingual materials were the biggest factors. The achieved results cannot be converted into money or healing times of patients. However, a well-informed patient is not only more pleased, but also is less likely to have to deal with (or present) false diagnoses, lower compliance or unplanned re-admission.

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Is it sustainable?

The permanence of the measures initiated by the EU project is protected by three factors:
Integration of the MFH concept in the enterprise strategy and in the quality system of the hospital.
Development of a core team of employees with cross-cultural competence in SPC.
Appointment of a multidisciplinary working group for continuous organizational development towards cross-cultural competence

Participation in the "European subprojects"

What

The two departments taking part in Subproject C (internal medicine and surgery) presented a multidisciplinary (doctors, nurses and physiotherapists) and cross-cultural (Germany, Greece, Finland) group of participants. They were trained for a total of ten hours over the course of more than four months by an external coach.

Why

The Immanuel Hospital decided to participate in Subproject C "Staff training towards cultural competence" because we see a key for the IK -organization development in the sensitization and education of employees in cross-cultural competence. We started the project "top-down" (integration in the enterprise strategy) and now it is a matter of forming the "bottom-up" beginning with the employees. Such a project must be intended from above and carried out from below. The achieved competence is the groundwork for further changes within the hospital.

How

- Module 1:** Raising awareness, personal reflection, problem consciousness and sensitivity
Module 2: Building specific professional skills in the area of cultural competence; introducing communication tools
Module 3: Experimental learning, including experiences from Modules 1+2.
Module 4: Further experimental learning, deepening skills which have been developed in everyday practice.

Experiences

Do's	Don'ts
<ul style="list-style-type: none">- support by the management; explicit support of the training- thorough preparation and careful choice of trainer- conversations with the department managers about the training- specific needs assessment for the departments- the long period of the training offered the possibility to reflect and develop	<ul style="list-style-type: none">- too high expectations of the students / ready action instructions / all-embracing competence- the title "Training" led to false interpretations (the English concept of "training" cannot be translated exactly into German); the main focus should be on raising awareness and sensitivity.- multidisciplinary composition also creates problems by the appointment planning

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Do's	Don'ts
<ul style="list-style-type: none">- experiences- multidisciplinary composition led to lively exchange of experiences and to concrete changes on different levels of the department- learning by practical examples- integration of technical competence for the development of systematic solution attempts	

Future prospects

The training form will be modified. Multicultural aspects will be integrated into the topics covered in regular continued vocational training .

There will be more intensive trainings for the middle management, as well as a platform for the exchange of experiences.

Multicultural competence will be a quality criterion in any case.

Recommendations for other Hospitals that want to become involved in MFH/CC (multicultural competence)

1. Ensure approval of the top management and the owner (Shareholder Agreement) at the beginning of the project and integrate MFH/CC into the enterprise philosophy and strategy.
2. Convince managers at all levels that MFH/CC can become a brand of their hospital and have numerous positive effects: by improving marketing, by increasing the competitive advantage, by increasing patient loyalty, and by contributing with a high utilization rate to positive operating results, thus helping to maintain the health location.
3. Communicate to doctors and nursing staff that multicultural competence is becoming a more and more important factor for the quality care of patients with other cultural backgrounds and with patients who speak non-national languages.
4. Begin with concrete measures which show the practical benefits in the treatment of foreign patients in everyday practice (e.g., multilingual information, guidance, communication tools).

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Presentations MFH/Marketing activities/Public presentations

- October 2003: Powerpoint presentation and Panel discussion in a workshop of the national meeting of the HPH – Network in Aachen, together with our friends of the project from the Netherlands.
- December 2003: statement about the MFH-project at the congress “Armut und Gesundheit” (“poverty and health”) in Berlin.
- 12th International Conference on Health promoting Hospitals, Moscow, May 26th – 28th 2004: Poster presentation: “On the way towards a hospital with cross cultural competence”.
- June 2004: Powerpoint presentation about our activities in Germany and as in the European Union on the “Pflegefachtagung” (“symposium of nursing”) in the Diakonie Berlin Brandenburg.
- Presentation of the project in national working groups:
 - o “Intercultural competence” – Gesundheits- e.V.”
 - o “Intercultural competence” – diaconal special group of health and consultation
 - o “Intercultural competence” – regional meetings of the national network HPH Berlin/Brandenburg
 - o “Intercultural competence” – regularly at the employee meetings in the time of 2002 – 2004
- An article in a comprehensive brochure about the intercultural opening process in our hospital. Anthologist is the “Diakonisches Werk Berlin – Brandenburg-schlesische Oberlausitz e.V.”.