

'More transparency and q lity-orientated remunerati

'If you don't invest in development in good time, you'll be left behind later. It simply costs money if you want to advance processes in teaching, research and patient care.' In the cover interview with 'Monitor Versorgungsforschung', Prof Dr Jochen A. Werner, CEO of Essen University Medicine, talks about the long transformation path he has been responsible for for almost a decade. The path that he and his team have accompanied with three books worth reading - ' Green Hospital', 'Smart Hospital' and 'Human Hospital' - is recognised both nationally and internationally. Among other things, 'News Week' ranks Essen University Hospital in the top 20 of the world's best smart hospitals.

In an interview: Prof Dr Jochen A. Werner, Medical Director and Chairman of the Executive Board of Essen University Medicine.

>> Herr Professor Werner, in 2015 - almost a decade ago - you initiated the transformation of Essen University Hospital into a smart hospital. When you look back over the past nine years, what were the highlights and what successes have you already achieved?

When I came to Essen from Giessen and Marburg in 2015, one part of the negotiations with the Supervisory Board was to further develop the site and to focus not only, but very intensively, on the topic of digitalisation. Digitalisation is first and foremost a question of culture and mindset. The first highlight was therefore the fact that the opportunities associated with digitalisation were recognised and discussed at all. We were lucky that there were already a number of very committed people here at the time who wanted to go down this path. When we then hired Dr Anke Diehl, a digital change manager and chief transformation officer, who has already been interviewed in 'Monitor Versorgungsforschung' (editor's note: MVF 03/22), the whole thing really took off. However, it is important for me to note that here in Essen, digitalisation is not taking place for the sake of digitalisation, but that the justified demands and wishes that people have in the hospital - by which I mean both the patients we care for and their relatives, as well as our many thousands of employees - are not only being transferred to a digital structure, but are also being improved as a result.

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Can you give us an example?

Nine years ago, for example, Essen University Hospital did not have a proper centralised emergency department. This gave us the great opportunity to completely reorganise our emergency department and set it up digitally from the outset. At the same time, the electronic patient file was introduced, which of course also had to be implemented - from admission to the medical and nursing areas. In Mrs Schmidt-Rumposch, we found a Director of Nursing who is very open to digital technology. If that hadn't been the case, we wouldn't have been able to continue with various topics.

And then came the coronavirus pandemic ...

... and we were glad that we had already come a long way down the path of digital transformation and that we had some important digital tools atour disposal - starting with the digital emergency department, which some people had previously said we didn't need in Essen. Despite focussing on the pandemic, we could not ignore another very important topic in these difficult and challenging times: sustainability. Sustainability not only means avoiding waste and reducing energy costs in the hospital, but also taking precautions for periods of heat and minimising CO2 emissions..

Do you have a formulated strategy for all of this?

Of course we had a guideline and our basic convictions. But we didn't have a formulated strategy, possibly even a PowerPoint. We deliberately didn't do that because we wanted to remain open and flexible to all developments in a process and transformation of this kind. Of course, we have analysed where we stand. In order to do this, we needed to collect data accurately - which is why we are already doing quite well in terms of data availability. We have done our homework on many of our most important challenges, but - to be honest - we still have a lot of room for improvement. Overall, however, both smart and green hospitals have made good progress in Essen. On the one hand, because we have managed to establish the necessary digital infrastructure, but above all because we have had and have been able to recruit an incredible number of committed people who want to drive the transformation forward in terms of sustainability. For the Smart Hospital task area alone, we brought together just over 30 employees in a steering group. And when we were looking for climate officers, we were able to identify and motivate 130 of our colleagues from the various departments to drive the topic forward with us in one week. This is not just because people are keen to get involved; it also has something to do with employee loyalty, because it is often underestimated that other factors such as participation and co-determination play a role in addition to a decent salary.

However, you not only launched the 'green hospital' initiative in 2020, the first year of the pandemic, but also founded the Institute for AI in Medicine, or IKIM for short, in which the faculty and patient care work together.

That's right. This is not just about more efficient evaluation and diagnosis of radiological findings, but also about storing, pooling and analysing all the data generated in a hospital. The declared aim of IKIM - a joint institution of the University of Duisburg-Essen and the University Hospital - is to use AI-supported data analysis to advance science and healthcare in equal measure and, above all,to create concrete benefits in patient care for both patients andemployees. Around 180 people now work there, and while they certainly won't solve all of the world's problems, they will at least solve some of the ones that exist in our hospital.

This brings us back to digitalisation, the starting point of our conversation. But digitalisation, even in the context of a smart hospital, does not yet create trust.

This is precisely why we have founded another institute: the Institute for Patient Experience. At Essen University Hospital, we define patient experience as all the experiences that our patients have during their hospitalisation. This includes everything they see, hear, touch and think. These impressions, which can be conscious or unconscious, form the individual patient experience, which has an

extremely significant influence on their well-being and also on the course of their illness. Among other things, this also means that our patients do not have to be afraid or even fear that they will be cared for by robots instead of humans or de-humanised in some other way.

Would you like to illustrate this with an example?

We recently had a visit from Minister Ina Scharrenbach from the Ministry for Regional Identity, Communities and Local Government, Building and Digitalisation of North Rhine-Westphalia. Together, we visited the West German Proton Therapy Centre Essen (WPE) - incidentally the largest for children and young people in Europe. This is a high-end radiation therapy that is very gentle, especially for children and adolescents, because the tissue around the tumour is irradiated much less and therefore less stressed or damaged than with other techniques. Children and adolescents lie on a radiotherapy table during treatment and are fixed there with a mask because it is essential that they cannot move during radiotherapy.

So far so good, but it sounds very technoid.

It is indeed high-tech. But the masks were painted and designed by the children in our care themselves under the guidance of art therapists. For the children, this is much more than just occupational or art therapy, because they know that they can help themselves, and above all other children, to overcome their fears. As a result of our experiences here, we founded a centre for artistic therapies in medicine.

This reveals a completely different side of a university hospital that provides maximum care.

That's right. On the one hand, precision molecular-driven and data-based radiotherapy, and on the other, an astonishing amount of affection, empathy and humanity. Human factors that are all too often overlooked in the face of excessive DRG issues, hospital reforms, wage disputes and discussions about the shortage of doctors and nurses. And human factors, this must also be said at this point, which are infinitely important for successful healing, but are often not paid for by the regular structures. All of this is about much more. In everything we do, we not only have the patient's well-being in mind, but also that of our employees. Our very existence depends on everyone - whether doctors, nurses or other professions - feeling comfortable in their respective workplaces. This is not so easy in a company as large as ours with around 11,000 employees. However, it helps that we have partially broken away from the previously strongly hierarchical structures that are still often found at university hospitals in particular by creating flatter hierarchies in order to promote better cooperation. And not just within the medical profession, but among all professional groups. All of what I am saying here is not an issue that only applies to the Essen site. It is an issue at all university and other large hospitals. It is important to me that we address the detailed issues involved and fill them with life and positive experiences. We are and we live Green and Smart and now also Human Hospital. With the dichotomy of cutting-edge medicine on the one hand and humanity on the other, you naturally have to justify yourself every day if something happens that is perhaps not always quite so human. We have to live with this and be prepared to learn from our mistakes at all times.

How are you financing this transformation and the newly established institutes?

As I mentioned, none of this is counter-financed, including the Institute for Patient Experience, which is headed by Ms Schmidt-Rumposch, Director of Nursing and Chairwoman of Essen University Hospital, as the Institute's Managing Director. Although only a handful of staff work there , this is also a commitment to how important it is for us to involve our patients so that they can participate in decision-making wherever possible. Incidentally, this starts with the choice of colour when departments are repainted. We ask both our patients and our employees how and where they feel comfortable, what we can do and what we can improve. To stay with the example of wall colour: The choice is usually not the usual hospital white or pale green. According to Green and Smart, all of this is the approach of the Human Hospital: appreciation, humanity, trust and respect.

'Smart, Green, Human - everything is inextricably linked'. They write this in their current book 'Human Hospital'. This triad merges, reinforces itself, creates synergies and is 'the basis for solving our far-reaching structural challenges in the healthcare system'. How do the three building blocks differ?

The aim of the Human Hospital is to ensure maximum efficiency in patient care and to optimise processes in such a way that a noticeable reduction in the workload of employees is achieved. At the same time, friction losses are to be eliminated through close, digitally supported links with other players in the healthcare system in order to ensure an overall increase in efficiency - always focussing on direct patient benefit. The foundation for the Human Hospital is therefore the Smart Hospital with a focus on digitalisation and the Green Hospital with the aim of becoming more climate-friendly. After all, people can only become and remain healthy in a healthy environment. Anyone who consistently places people at the centre of their actions must consequently actively protect the climate and conserve resources. This is the focus of the Green Hospital. We see the human hospital approach as an overarching solution for overcoming the key challenges facing hospitals: demographic change, the shortage of skilled labour, the lack of funding and the urgent need to increase efficiency in day-to-day operations.

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Does the lens of economics come into play here, which you also have to put on as head of a hospital?

Of course, the Board of Directors, and therefore I too, are subject to the dictates of economics. We always have to ask ourselves: what is profitable and what is not? We know that we have to work econo-

mically, but we also know that we still have the opportunity to make our hospital fit for the future. For my colleagues and me, this means not only putting economic interests at the centre of our actions, but also putting people first. If we are convinced of an idea or a project, we always try to find ways and means to finance it. Incidentally, we are in no way different from traditional market-orientated companies: If you don't invest in development in good time, you will be left behind afterwards. It simply costs money to advance processes in teaching, research and patient care. However, these are not costs, but important investments in the future of healthcare.

You have initiated a change management process via digitalisation, sustainability and ecology, which also requires a cultural change. How do you deal with your employees here?

Here, too, you have to be honest: Transformation doesn't happen overnight. And especially at the beginning, the whole thing is a bit cumbersome and didn't trigger storms of enthusiasm everywhere, even in the initial situation, because it's all about change. In this case, everyone has to find their own personal way. The fact that we now have so many employees who have travelled this path with us and me shows me that we are on the right track. Here's a small example: we have installed a photovoltaic system on the roof of the proton therapy centre I mentioned earlier - a genuine high-energy facility - which can certainly only supply a small proportion of the energy we need here. But the photovoltaic system is a sign that sustainability is important to us. What is even more important is that we have planted a flower meadow on the roof between and around the photovoltaics. An employee from the proton therapy centre has set up boxes with bee colonies there. It was one of the most moving moments for me when I stood up there with her and got misty-eyed because she spoke enthusiastically and passionately about her bee colonies. And when I was presented with my first jar of honey, it wasn't just a simple jar of honey, but a really tasty sign of a change in mindset and corporate culture.

That certainly can't be overestimated.

And there's more. We were able to win over Professor Gustav Dobos, who headed the Clinic for Naturopathy and Integrative Medicine at the Evangelische Kliniken Essen-Mitte for 22 years and has been Director of the Centre for Naturopathy and Planetary Health at Essen University Hospital since 2021, to talk to us about the Green Hospital and our bees. His team and he have developed a green hospital food for us.



Prof. Dr. Jochen A. Werner

is an ear, nose and throat specialist. His scientific interests lie in the field of oncology, especially lymphogenic metastasis. He has developed innovative surgical methods. Following his move into hospital management, Werner has been working intensively on the challenges of digitalisation and personalised medicine. During his clinical, practical and scientific work, he has spent almost three decades dealing with issues relating to lymphogenic metastasis, laser medicine and the biological progression of extracranial vascular malformations. He has been Medical Director and Chairman of the Board of Essen University Hospital since 2015. From 2011 to 2015, he was Medical Director at the University Hospital Giessen and Marburg (UKGM GmbH).

After all, you have 5.32 euros a day for three meals.

Exactly. You can either throw your hands up in disbelief or think about how you could invest the money better, for example in a healthier, Mediterranean diet rich in plant fibre.

However, like Minister Habeck, you have certainly been accused of wanting to abolish the currywurst.

Yet we haven't even banned it from the menu. However, we have added healthier alternatives that are not labelled vegetarian or vegan. This gives everyone the choice to eat what they like. For example, a menu sequence developed for us by Nelson Müller, a well-known chef from Essen who also runs the gourmet restaurant Schote. Together with our own chefs, Nelson Müller has brought the topic of sustainability to the forefront in our kitchen, and certainly also the flavour. Incidentally, this was an idea from the staff that was realised here.

There are now 36 university hospitals in Germany, do you see yourself as a pioneer and entrepreneur?

In my long professional life, I have experienced far too many meetings in which a single doubter was enough to stop an important project or put it on an eternal loop, because there is always something that can be clarified or reviewed. The important thing is: At some point, you just have to do it instead of discussing it. There are some sensational university hospitals in Germany that are certainly further ahead than us in one area or another. In other words, everyone has to go their own context-specific way. But not just talk about it, but also implement it, for the benefit of patients and staff.

Be honest: do you want to become the number 1 smart or human hospital?

Absolutely not. We are not in a race. Nevertheless, I was delighted when News

Week ranked us in the top 20 of the world's best Smart Hospitals - without having applied - in fifth place across Europe and second place in Germany after Charité. This shows me that our efforts are being recognised and that we seem to have done some things right and have something to show for it.

'In the end, it's not about advantages or disadvantages for certain hospitals, but about ensuring high-quality care for people across the board.'

We now have the major federal hospital reform in front of us. Do you see positive momentum for what you have created over the last nine years, or is the reform setting you back somewhat?

The hospital reform is long overdue. As you know, it was initiated by the then Federal Minister of Health Jens Spahn with a report from the Bertelsmann Foundation, but was unfortunately slowed down by the coronavirus pandemic. Professor Lauterbach took up the idea at federal level and Minister Laumann in North Rhine-Westphalia. The latter understood that you first have to talk to the people in the facilities and get them on board if you want to achieve something. That's why we're already a big step further in NRW .

In your latest book 'Human Hospital', you write about an 'impetus for change and optimism'. Where exactly do you see this impetus?

Politicians are finally taking a very concrete look at the specialisation of hospitals and the consolidation of the hospital landscape. And even if 'well thought out' doesn't necessarily mean 'well done' and I don't agree with everything the Federal Minister of Health says and, above all, how he goes about it. Quite the opposite. Nevertheless, I have the feeling that more and more decision-makers have realised that the short-term and short-sighted plugging of financial holes will not solve any of our problems in the long term. Despite all the criticism of the hospital reform and the false start to many projects, such as the recent hospital atlas, I believe that a rethink has finally taken place. There can, must and will be no more 'business as usual'. This is a very decisive step. We at Essen University Hospital have been arguing and even fighting for this for a long time.

The legislation is intended to restrict the sole financing of hospitals via DRGs. Where do you see advantages and disadvantages for a hospital like yours?

Ultimately, it's not about advantages or disadvantages for certain hospitals, but about ensuring that people receive high-quality care across the board and that the right patient with the right clinical picture ends up in the right bed. For this reason, a holistic approach is always required, in which university hospitals are the actual centres of excellence. However, we still treat patients far too often who could have been treated just as well, possibly even better, elsewhere - perhaps even on an outpatient basis. At the same time, patients with complex diseases who urgently need our expertise do not come to us. To prevent this from happening in the future, one thing is urgently needed: more transparency and remuneration that is also based on the quality and provision of certain services. In my opinion, we are on the right track with the flat rates for the provision of services and, despite all the criticism, also with the hospital atlas - with a view to the system as a whole.

Prof Werner, thank you for the interview. <<

The interview was conducted by MVF editor-in-chief Peter Stegmaier.

Literature/Links:

https://www.uk-essen.de/institut/ikim/
https://www.patientenerleben.de
https://www.ume.de

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