

Achieving Relevance in the Global Health Community

a report by

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To anyone who has attended an international congress of the International Federation of Hospital Engineering (IFHE), it is readily apparent that issues experienced by health facilities management professionals are not unique to the individual but have a universal common thread.

Notwithstanding a nation's percentage of gross domestic product spent on health – be it at the top-end or the low-end of the scale – the issues relating to health in general, and strategic asset management in particular, are not readily solved or even tackled adequately in some cases.

Over the past years, hospital engineering and health facilities in general have borne the brunt of economic rationalism and, in some instances, this will still be the case. However, there is a highly perceptible change in focus in some countries towards a health service programme with appropriate strategic asset management.

Many national health services fall short and many, through no choice of their own, are in no position of opportunity to apply even rudimentary elements of strategic asset management. Herein lies the major challenge and opportunity for IFHE to achieve relevance and become a major collaborator in the groundswell towards effective strategic asset management.

“The IFHE is a pool of unique knowledge and expertise, collectively and individually through member organisations.”¹

There is a move by the World Health Organization (WHO) from undertaking ad hoc activities to planned activities, namely well-delineated work for collaboration, establishing timeframes and implementation between IFHE and the WHO.

The WHO has published objectives and functions with one particular responsibility being “to promote co-operation among scientific and professional groups that contribute to the enhancement of health.”²

Potential collaboration by IFHE aligns with the objective of promoting strategic asset management; however, the means of achieving this objective, although well meaning, are ill-defined.

In terms of training, there is certainly scope for electronic open learning services to provide teaching and education in the management and leadership area and, with care and attention to differing global cultures, they could be of considerable benefit.

e-Commerce is galloping along in industrialised nations but, when it comes to attempts to apply it in developing countries, there appears less certainty on a clear way forward.

The technology training aspect presents a more problematic issue relating to the hands-on approach supplemented by electronic learning of the technical theory (e.g. steriliser operation and maintenance and medical gas system maintenance).

It is timely to consider alternative strategies in relation to developing competencies of health facilities staff in developing countries. Possible considerations include the following:

- presenting the international congress in those countries or venues that are more accessible, both in geographical and financial terms, to other developing countries;
- conducting round-table forums at future congresses, but ensuring there is adequate representation from those who can articulate their difficulties in achieving competencies and obtaining appropriate training;
- seeking out a developing country with demonstrable commitment and motivation to pilot a programme based on the UK's Eastwood Park training courses through the KnowledgePool concept and sponsor that programme³; and

1. Andrei Issakov, *World Health Organization (WHO), 17th Congress of the IFHE, Bergen, May 2002.*

2. WHO (2002), <http://www.who.int/aboutwho/en/>

3. KnowledgePool, <http://www.knowledgepool.com>

- creating partnerships with industry, international facilities managers and universities to conduct training and development programmes in various locations.

There are many international companies and educational institutions that participate in health engineering projects in developing countries in complete isolation from IFHE and member countries. The opportunity for IFHE to act as a clearing-house for information and experience in this environment is significant.

“In general, however, it is fair to claim, based on my experiences elsewhere, that Mongolia has had more success thus far than most of the other transitional economies. It is therefore worth considering that, through further inputs by organisations such as the Institute of Hospital Engineering, Australia (IHEA) in collaboration with the IFHE, more progress will be made in raising the standards and status of hospital engineering in Mongolia.”

The success of the health delivery reforms has not gone unnoticed. The Asian Development Bank has recently concluded that progress with the reform program warrants further investment and support.”⁴

This comes back to the issue of collaboration. The whole solution is not the sum of these individual efforts; rather, it is the proactive group approach that achieves the better outcomes.

This in itself presents a challenge, such as the suggestion that:

“The possibility of online affinity groups, a kind of virtual support and coaching group. But, an over-emphasis on technology at the expense of essential human contact – especially when it comes to practising competencies – could be a great mistake.”⁵

When it comes to delivering competencies and skills to colleagues – be they in far regions such as the Pacific, Africa, outback Australia or Central America – there needs to be consideration of that balance between technical and emotional intelligence.

Health facilities management fundamentals are simple to grasp but the finer points leading to continuing and consistent success have many parallels with management. Newcomers to hospital engineering are often not interested in waiting several years to learn the craft. They pass over the fundamentals in an attempt to reel in impressive results.

Even in developed, technologically advanced nations, gaining widespread acknowledgement of the expertise and skills possessed by the members for the benefit of the global health industry community in general is a continuing challenge. There is an enormous wealth of knowledge, competence and experience possessed collectively and individually within IFHE. Promoting the benefits of participating in and tapping into this knowledge and asserting such participation adds value to the role within a health facility in an environment of ambiguity and uncertainty is paramount.

Notwithstanding the breadth and depth of experience, hospital engineers are at times their own worst enemies; attempting to be all things to all people to the point of compromising the service, making it exceedingly difficult to recover and undertake the primary function. The issue here is whether the right thing is being done in terms of strategic asset management. Using the analogy of the vintage car, a great deal of time, effort and money is spent on maintaining and acquiring parts for an increasingly ageing asset. The traditional mindset of keeping something operating indefinitely is great engineering but poor management and should be abandoned. It follows and could be argued that hospital executives will also have a traditional mindset or belief that the engineer will keep it functioning forever, to the detriment of strategic asset management.

The art of collaboration, the team advantage, the ‘group-minded’ approach raises the issue of what percentage of knowledge to do a job is stored in one’s mind.⁵ In 1986, the answer was typically around 75% but, by 1997, the percentage had slid to between 15% and 20%. Considering what is needed to operate in this current data-driven management environment, there is an understanding that a network of associates is of equal importance as computers, databases and other design formulas and cognitive ability.

A forum/network such as IFHE can help solve daily dilemmas and allow health facilities managers to concentrate on the strategic, statutory and regulatory issues of key importance to their daily work. Reaching the future hospital engineering managers in developing countries should be the focus of IFHE. It can further enhance its credentials and relevance in assisting the likes of the WHO in sharing its considerable collective expertise to those who most need it. Tangible action and commitment to defined strategies is obligatory. Getting closer to industry so there is more interaction between the commercial and the health management worlds is imperative. ■

4. J Cozens, “Shaping the Future of Hospital Engineering in Developing Countries”, *The Australian Hospital Engineer*, Vol. 25, No. 1, Autumn 2002, pp. 9–14.

5. D Goleman, “What Makes a Leader?”, *Harvard Business Review*, Vol. 76, No. 6, Nov–Dec 1998, pp. 93–102.