

*Interview with Colonel Štefan Brunclík,
M.D., Commander of the Prague General Military Hospital*

OUR HEAD START SHOULD BEAR FRUIT IN THE FUTURE

Colonel Štefan Brunclík, M.D. was appointed Commander of the Prague General Military Hospital on July 1, 2004. At the beginning of the 1990s, he served as the chief medical doctor of the engineering corps in Litoměřice and later, he commanded a medical battalion in Terezín for four years. He became Deputy Commander at the Logistics and Medical Support Directorate of the General Staff of the Armed Forces of the Czech Republic in 1999. He completed a one-year course for military medical officers in the U.S. In 2005, he was awarded military manager of the year. On April 19, 2007, he received the prize "Manager of the year in the health care sector" awarded by the Czech Management Association.

One of your subordinates mentioned in the press that he appreciates your efforts to give the hospital more "military character". How should one imagine such a process?

Looking to the past, the Prague General Military Hospital, as well as other military hospitals in the Czech Republic, was conceived as an institution providing health care mainly to the employees of the ministry of defence, i.e. to professional soldiers, defence employees and their relatives, veterans and military pensioners. Nowadays, the view on the functioning and services of military hospitals is changing due to the downsizing of the Armed Forces. These facilities serve civilians more and more; the number of civilian patients treated at the Prague General Military Hospital has reached 85%. Most often, we provide health care to the citizens of Prague 6 but in some specialisations, like ophthalmology and neurosurgery, we treat patients from around the country. We have not undertaken any reform to boost the "military character" of the hospital as such. But at the moment, we are training several dozen employees of the 6th and 7th field hospital for military missions abroad. We are also preparing a health care programme for those employees of the ministry of defence in active service, as well as veterans, which should contribute to a higher quality of treatment. The name of the programme is the Green Way, and it should provide more extensive access to the services provided by the hospital. I prefer the Prague General Military Hospital to remain "military" and continue to provide good services and health care to professional soldiers. Naturally, we acknowledge that all patients have a right to the same treatment. We must continue improving the quality of our services, especially as far as the veterans are concerned. We have built several facilities, which have allowed veterans to have better access to treatment and at the moment, we are about to open a clinic for patients with long-term illnesses.

What is the proportion of military and civilian medical personnel in the hospital?

About 15% of our medical doctors are military professionals at the moment; the remaining 85% are civil employees. In total, there are 1,650 employees at the



Photo: Vladimír Weiss

hospital, including long-term interns from the field hospitals who are working here and if necessary, they are deployed to the missions.

What does the profile of a medical doctor who is preparing for mission post look like? Is there a tendency towards universalism or do all of them have a particular specialisation?

There are usually specialists in emergency medicine, surgery, radiology and several branches of internal medicine. There are also laboratories which must be staffed properly. The specialists in other fields, like neurosurgery or dermatology, are sent to the missions only when there is a particular request from NATO.

Under your leadership, the Prague General Military Hospital has become the only facility in the Czech Republic to receive the Joint Commission International Accreditation for medical facilities in 2005. Is it correct that you have to be re-accredited this year?

Yes, it is. The Joint Commission International (JCI) awards an international certificate to those facilities that fulfil roughly 360 international standards. The employees have to continuously monitor development of certain parameters. The whole system is based on an accreditation process which takes place in the U.S. and which is implemented by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Every three years, US hospitals are graded on the basis of the national standards from which the international standards are derived. The JCI then accredits those hospitals that voluntarily apply for international accreditation. There are about 100 of these hospitals in the world and the number is rising every year. The process of reaccreditation takes place every three years. It is estimated that on the basis of new scientific knowledge and introduction of new procedures, approximately 3-4% of the original standards get changed in those three years. The hospital has not only to prove that it is able to retain the quality of treatment and safety of the patients, but also that it is capable of further development and that it follows new trends in medicine. The demands such a process can make on our employees are immense, including safety standards like following strict procedures for fire prevention and waste management. To get certified, the facility has to fulfil at least 97% of the standards.

How does the first accreditation process work?

Usually, the hospital has to go through a three year preparation period. Consultants come in and screen the facility, and then outline any areas that need improvement. The "real" accreditation process can start only after the hospital improves these areas. During this process, the work of the employees and management is being evaluated. I think we have a very good name amongst the certified facilities because the 4th JCI International workshop will take place at Prague General Military Hospital in May. It is organised for those medical facilities that are interested in accreditation. Our hospital will serve as a model during the workshop. What is more, our reaccreditation takes place in November this year so due to the inspection of the workshop participants we can find and correct the few remaining shortcomings in time.

Besides the prestige, are there any other, particularly economic, benefits resulting from accreditation?

Unfortunately, I have to say that in the Czech Republic there are almost none. When we were awarded the certificate, I tried to negotiate with the health insurance companies to assign bonuses or other preferences

to accredited facilities, since we are providing better quality health care than other hospitals, such as much lower risk of medication mismanagement or health complications. We could try to do a comparison with other hospitals in the Czech Republic as far as these parameters are concerned but it would not bring any financial benefits. As for patient and personnel safety, we have effectively reduced risks. Now we have a good reputation, and we are sought out by tourists. Our cooperation with embassies, especially with the US embassy, has also been strengthened due our certification. Our head start should bear fruit in the future. The patients sometimes write letters or sponsor the hospital with small contributions but this is not a systemic solution. The level of treatment we provide is costly and if there is no groundbreaking health care system reform implemented in the next two years, the situation will become critical for us.

How costly is it to get certified internationally?

The facility has to cover travel and accommodation expenses for the experts and consultations but this is not the biggest investment. You have to invest a lot into existing as well as new facilities and devices, and also into human resources. The employees have to learn a new culture and way of thinking concerning both documentation and attitude towards the patients. You can enumerate such an investment but you can hardly enumerate the energy spent by those who are involved in such a change.

The Prague General Military Hospital was also the first facility in the Czech Republic to introduce plastic identification wristbands for patients in 2005. Do you have any assessment of this technology?

It is difficult because it is still in its infancy. When we introduced international standards, we experienced a sharp increase in cases of mismatch or mistaken identity. The reason was that in the preceding period, when we only started to get ready for accreditation, not all mistakes that occurred in the clinics and departments were reported, so the statistics were much lower. The mistakes were not reported because the personnel were afraid of the consequences. We changed our strategy; we stressed to our employees that the aim of reporting is not to punish the responsible person, with an exception for cases resulting in fatalities, but to have an overview of the mistakes, accidents and mismatches. After the original increase, the situation stabilised and the number is now decreasing. We had to find out what the real situation was, and only then was it possible to reveal the causes and adjust our processes. Mistakes will always occur because technology as well as humans can fail, but it is important to set the mechanisms that can prevent the failings to the highest degree possible. It means that we are effectively reducing risks for the patients.

Masaryk's Oncology Institute in Brno plans to introduce an even more sophisticated method of identification based on radiofrequency chips. Do you intend to improve your technology too?

It is all dependent on financing. The introduction of microchips would be more costly than our wristbands. So we opted for a financially acceptable method which brings good results. More detailed monitoring of patients and treatment by microchips would probably be more effective, but this technology is too expensive for us at the moment. We have only started introducing these methods and most hospitals do not even provide identification wristbands. Looking at the financial situation of the health care sector in the Czech Republic,

I think we can expect most hospitals to start with cheaper methods of identification like the wristbands.

The Prague General Military Hospital is also well known for its robotic surgery. Which treatments do you specialize in?

We bought the robotic system da Vinci in 2005; there are three hospitals in the Czech Republic where this robotic system is used besides our hospital, including Na Homolce and St. Anne's University Hospital in Brno. We focus on prostate operations, especially on total prostatectomy. We have the most experience with this type of operation in the Czech Republic and we are becoming recognized in Europe as well. The 5th Congress of Robotic Assisted Surgery takes place in the Prague General Military Hospital this year, focusing on prostatectomy. It is an important event, which will confirm the importance of our work. We will present our files and documentation of the operations during the congress. Robotic surgery brings huge benefits to the patients: usually two or three days after the operation, the patient can go home, he suffers no pain, there are minimal post-operational complications, the amount of blood lost is very low, the period of disability is shortened and what is most important, in most cases the patients retain their potency.

Some surgeons deprecate robotic surgery. Why?

The community of surgeons is split into two camps—those who advocate conservative surgery and those who support robotic assisted surgery. Robotic surgery is less invasive, as has been shown with robotic operations of the heart, which our specialists place very high value upon. It is, of course, a question of opinion. The older surgeons usually tend to take a conservative approach because they can control the operation better. Robotic assisted surgery is conducted only on the basis of the views provided by the 3D camera. The other reason is probably that the older generation has not tried robotic surgery yet. Robotic assisted operations are not covered by the Czech insurance company, and the expenses reach on average 100,000 CZK, which is usually covered by the hospital. We are in the process of deliberating with the insurance companies about the refund policy and I hope we will reach a positive outcome. The robotic system is costly: after a certain number of operations, usually from 10 - 15, the operational tools must be changed. These devices are very expensive - one costs around 130,000 CZK

Can the da Vinci system be used for all types of operations?

Yes. We have conducted other robotic assisted operations in the pelvic area. It is important to assess when it is more effective to use the robot and when to conduct traditional surgery. There is no added value in operating on a gallbladder robotically, for example, since we use laparoscopy and the results are the same. Robotic assisted surgery is suitable for operations where it can provide an easier survey.

What are your future priorities?

They are economization of the hospital, further improvements to treatment, patient and personnel safety and the development of priority specializations, including robotic assisted surgery, so that the Prague General Military Hospital becomes a flagship of the Czech Republic.

By Věra Řiháčková ■



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