

## **And the award goes to: Havelhöhe!**

### **Gemeinschaftskrankenhaus Havelhöhe (GKH) hospital wins KTQ Award for its responsibility group concept**

When in the autumn of 2006 the first responsibility group started work in House 14, the enthusiasm in the GKH for this new management model was not exactly overwhelming. That processes are devised and responsibility for them resides where the work is done, i.e. with the staff in each section, was something that could be understood and was welcomed. And the idea that doctors, nurse and therapists take on the management of their section with equal standing and clear responsibilities was a very attractive idea, given the otherwise rather rigid hierarchical structures in German hospitals. At the same time the scepticism regarding the success of the project was great and there were many questions: is every member of staff capable of assuming a management role? What skills do staff in middle management possess? Can sectoral self-management ever be effective and efficient?

At that point no one could imagine that five years later a delegation of staff from the GKH would stand on the stage of the Hotel Andel on a sunny day in later summer to receive the KTQ Award 2011 for “its outstanding work in staff management and staff development”. Only hospitals which are KTQ-certified can apply for this award. The GKH has been one of the total of 524 certified acute hospitals in Germany (out of altogether 2000) since 2008. On the journey home from the award ceremony there was time to take a look back.

#### ***How it all began***

“With the departure of Nurse Ulzhöfer in House 14, an important person with key tasks has left at a sensitive time in the development of the abdominal centre, whom it will be difficult to replace. (...) It is therefore planned to set up a “responsibility group” of doctors, nurses and therapists in House 14 from October 2006 onwards to develop, on the one hand, an increasingly interprofessional self-management system and, on the other hand, to work consciously on the necessary social processes which are required by such an interdisciplinary centre.” (*Havelhöhe aktuell*, October 2006)

That – as Mr Bersdorf emphasised in his acceptance speech at the award ceremony – “the other sections very quickly said ‘we also want that’” may not quite accord with reality. Because it soon became apparent in the work of RG 14 that professional self-management not only requires a great deal of additional work but also demands skills which are not taught in university courses and training. Then there was the additional factor that not every head doctor was immediately keen on the idea of having to share “power”. And the sudden “role change” from colleague to superior caused problems particularly among the nursing staff at the beginning.

In order to obtain the necessary business management, legal and social skills, about 80 members of staff from all sections and professional groups (including all members of the management group) undertook further management training in the following years. At the end of this intensive work period, the participants all took a positive view. Even if one or the other person occasionally felt as if they were about to drown in the mass of information, there was, nevertheless, no one who seriously considered dropping out.

Today there are a total of eight responsibility groups at the GKH in which 62 members of staff from all professional groups are involved. Some are only starting out on their path, others are already “old hands”. Even if not all the requirements are always managed smoothly and there are sometimes serious snags, there is presumably no one in the RGs who would wish for a return to the old structures.

For all the colleagues who work with commitment in their sections and are involved in the continuing development of the Gemeinschaftskrankenhaus Havelhöhe, winning the KTQ Award is a recognition of their hard work and at the same time a great motivator for continuing with the sometimes tiring work on and with this innovative management concept. And for the members of the management group, too, the award is a lovely confirmation that their endeavours to tread a new path in staff development were worth while, despite initial difficulties, and have not only been recognised by their peers but, indeed, rewarded.

Eva-Maria Tholen

### **Acting out of a common ideal**

#### **A look back at the annual conference in Dornach**

As one of several nurses from the Gemeinschaftskrankenhaus Havelhöhe (GKH) hospital who were able to attend this year’s annual conference of the anthroposophic medical movement from 14-18 September in Dornach, I would like to give a brief description of this meeting with its festive signature.

After all, the conference was particularly dedicated to Rudolf Steiner, whose 150th birthday occurred this year, as well as to Weleda and the Ita Wegman Clinic, which were established 90 years ago. Thus the lectures on the first days, particularly those by Peter Selg, were strongly concerned with the origin of the anthroposophic medical impulse in Steiner’s spiritual research and the history of the collaboration between Rudolf Steiner and Ita Wegman in the establishment of the first anthroposophical clinic and Weleda. If to begin with I questioned why such a still so young medical movement was looking so intently at its past, the latter’s significance with regard to the present quickly became clear.

It was touching to be shown how the basis for the practical work initiated by Steiner with the physicians in the 1920s had been laid from an early stage in his work a whole up to that point, and that there was a therapeutic thrust inherent in it in all its aspects. It was also interesting for me to learn that, for example, in the pioneering phase of the first clinic, the Ita Wegman Clinic, not everything was simple and perfect but that there were small beginnings under difficult material circumstances. In the documentation for the treatment of a young patient from that time, there was even a note that at that time too the prescribed wraps could not always be applied due to “staff shortages”. But alongside this there was also the very important account that the nurses started their working day in the morning with a joint verse and were thus able to act out of a common intention, a common ideal.

In connection with the other focal point of the conference, which was concerned with the social forms and the inspirations which are required today for creating a healing climate in

anthroposophic medical institutions, it began increasingly to dawn on me that in future it can no longer just be a matter of ever new treatment guidelines, nursing techniques, etc, but that a great deal of weight must be placed on how we deal with one another in the contact with our patients and also among ourselves, how the quality of our concrete encounter is formed. This appears of increasing importance to me in view of the reduced time which people have available for in-patient treatment. Here it will increasingly be the case that as therapeutic actors we will only be able to initiate things rather than carry them through to their conclusion ourselves. In order to continue to be effective in such a situation, it appears particularly important to me that we gain greater clarity about the way in which we look at the other person, our inner attitude towards them when we encounter, observe them. This aspect was particularly dealt with in the morning lectures by Michaela Glöckler and the following work in small groups.

I believe that we have made a start in such a direction at Havelhöhe with the events on spirituality by Matthias Girke and Harald Matthes and hope in very concrete terms with regard to my department that we might consider as a team whether a joint verse, a small piece of eurythmy together in the morning might provide a different foundation for our work.

I must say in all honesty that sometimes I have returned home from conferences of this kind filled, on the one hand, with all the inspiring new things I have learnt but, on the other hand, also disconcerted by the thought: how am I supposed to integrate all of that into my every-day work on top of everything else?

This time, in contrast, it was a bright serenity which filled me, the good feeling of being part of a worldwide professional movement which continues to try to put into practice that in which I so often fail but which I have the privilege to continue exercising:

“May God give me the equanimity to accept those things I cannot change; the courage to change those things I can; and the wisdom to distinguish the one from the other” (so-called “serenity prayer” which determined the work in the small groups on the second day of the conference).

Olaf Dulige, Nurse, Ward 9