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The FOREFRONT of MEDICINE

CHIREC is investing in a brand-new hospital and the latest technology to ensure it provides its patients with the best treatment possible.

Images by Michael Smits

CHIREC, or the Centre Hospitalier Interrégional Edith Cavell, is dedicated to delivering the best patient care possible through leading-edge technologies and passionate personnel. As a group of five hospital sites and one medical centre, CHIREC offers treatments in every medical and surgical discipline, with the exception of cardiac surgery and interventional cardiology.

As a devoted hospital organisation, CHIREC places vital importance on providing high-quality private medicine based on a personal approach, respecting the patient's freedom of choice, and offering transparent tariffs. It's a

multidisciplinary, patient-centred organisation that prides itself on putting the patient and their health first in every manner, aiming to meet the majority of its patients' needs and facilitating access to specialist doctors.

To aid its people in this endeavour, CHIREC partners with leading universities and learning centres to foster innovation and collaboration. As a leading centre with a clear scientific character, CHIREC encourages its competent and motivated staff to engage in a large number of innovative projects and continual training programs.

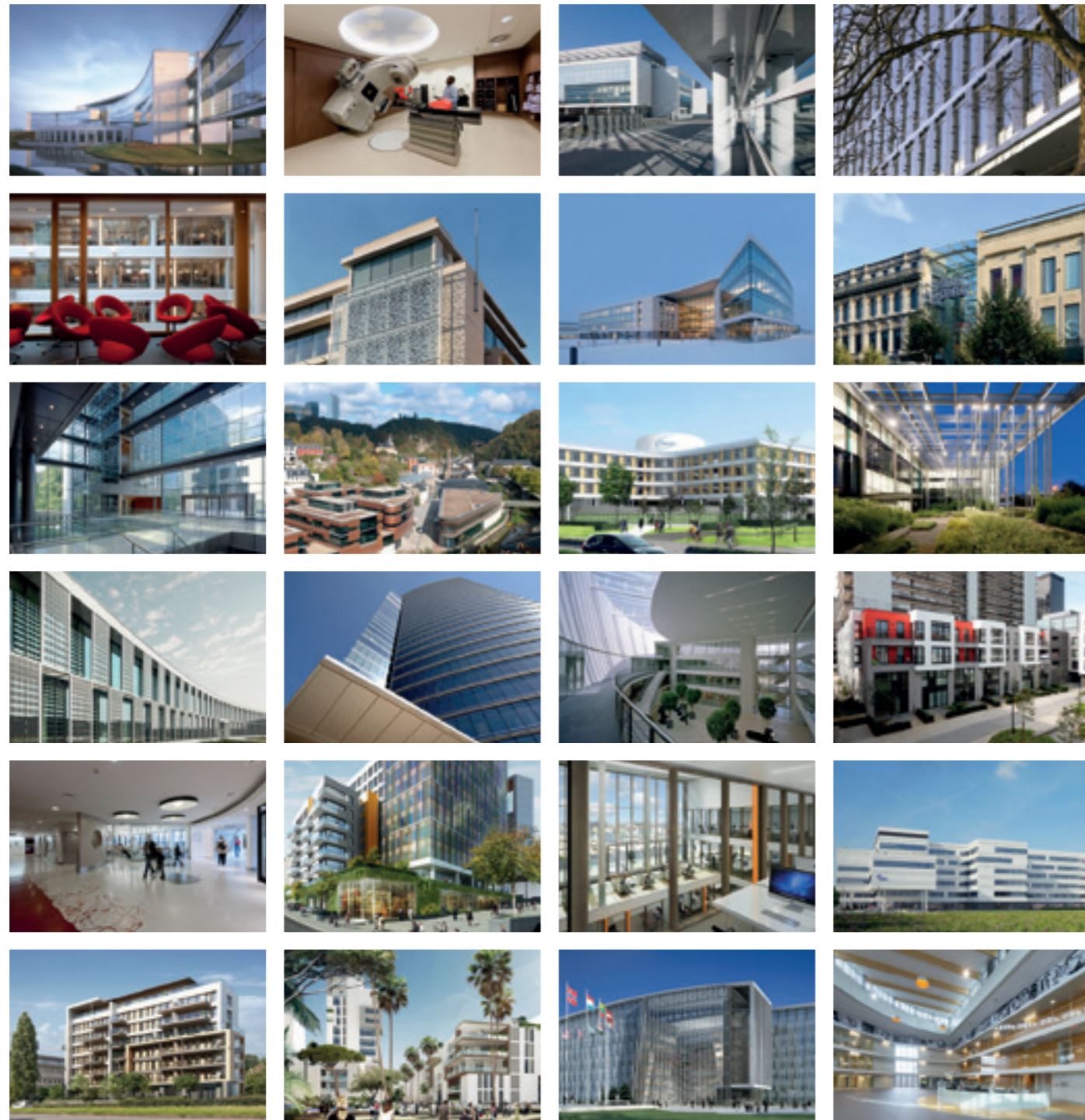
With complementary, multidisciplinary teams, CHIREC

ensures that its people utilise their wide-ranging skills and deliver the finest treatment. CHIREC believes that a therapeutic approach, built on close contact between these teams and chosen specialists, is the best way to serve and treat their patients, with this high level of communication with specialists maintained throughout treatment. These personal relationships allow CHIREC to better serve their patients and ensure that they avoid any unnecessary waiting lists or delays.

Dr Jacques de Toeuf has been leading CHIREC as General Medical Director for a decade and has recently retired from the position. Before his role at >



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CHIREC, Jacques held a number of positions in the medical field, both on the surgical and administrative sides.

“I started as a surgeon and I practised surgery over 37 years. Meanwhile, I was busy with medical representation in the hospital where I worked as a medical counsellor. I had a lot of challenges as a representative of the Belgian Medical Union, which is the same thing as the General Medical Council in the United Kingdom. I had two mandates as the president of that organisation and it brought me into contact with a lot of organisations and state authorities like the Ministry of Social Affairs and the Ministry of Health.

“I was really busy with the organisational side of the hospitals and I also looked after the financial

“Our collaboration is characterised by an attitude of extraordinary mutual trust and transparency. It allows ASSAR Architects to help CHIREC in realising its strategic goals. We are thankful to its board, committee, and leaders that we can accompany them in their challenging adventure.” - Willy Azou, Architect, Senior Partner—Director, Executive Officer, ASSAR Architects



side of things with the fees and incomes of the doctors and practitioners, so I had quite a broad spectrum. I heard there was a position opening in this hospital group, which is private, and it fit with my perception of a medical practice. I submitted my application and I was successful.”

When Jacques took over the reins of CHIREC, the organisation was running at a significant loss and lacked a vital business focus. Over the past decade, Jacques has turned CHIREC around and transformed the group into a

forward-thinking, profitable business. He says he reinforced a focus on quality of service and an emphasis on being effective and profitable as a business.

“First of all, I work with a team of people. A CEO doesn’t do everything and he doesn’t know everything either, so he has to be surrounded by a team of people, coming from different professions and backgrounds, who are at the top of their field. We built a team here, giving real decision-making power to the different directors. It was about breaking >



“The second step was to make a strategic plan. You can’t move a business forward without a strategic plan.”

- Jacques de Toeuf

the vertical hierarchical model to go towards something that was more of a consensus type of structure, which means it’s a group of people from different areas who come together and make decisions together. That was the first step; realising all of that.

“The second step was to make a strategic plan. You can’t move a business forward without a strategic plan, which is a five- or six-year plan that clearly describes where you want to go and what you need to get there. That requires that you try to identify and emphasise the values of the hospital, which includes the values of the doctors and nurses that work there.

“The third thing was to regain the confidence of the banks. That means that you have to show that

you’re able to aggressively manage all the expenses you incur so that you do some form of money management that will remove anything that is superfluous which doesn’t contribute to your objectives. We stopped some programs where we weren’t able to generate profits, so that was done very smoothly over two to three years.”

Turning the business from a loss-making organisation into a profitable one was not an easy journey for Jacques and his executives, with the team making a lot of big decisions to transform the company. Jacques says, “We have to be able to generate income and that comes from the fact that patients stay in your hospital and choose to be treated there. To facilitate that, we have to manage our branding and image. It’s about letting the world know that you have people of value and that you’re at the top of the list of investors in medical material

technology and so on. We also re-organised the soul of the hospital—its administration, which is mainly a huge investment in IT.

“Our IT department was purely orientated towards building accountability and not towards medical practice, nurse practice, and other activities, which are directly in relation to our core business which is treating patients. We needed to bring new operations, new hardware, and new systems into our hospitals, so it wasn’t an easy thing to solve. I would say after 10 years it’s still ongoing and we’re still not completely finished because you need money for all those changes and so it’s a gradual process.

“When I joined the company in 2004, we were losing money every year. We reached an equilibrium in 2005 while investing three or four million euros into the hospital group. Since 2007 and 2008, we’ve made profits ranging from €10–15

million a year while investing approximately €50 million a year, which is a big change.”

This investment has seen the group acquire a range of new technologies and facilities, including the current construction of a brand-new hospital after knocking down two old hospitals. After this work is completed, CHIREC will boast four leading-edge hospitals in its network. Jacques states, “We’re developing a brand-new hospital with 500 beds, which is now under construction. There were two main reasons behind that decision.

“Firstly, the two hospitals that will be demolished are old; both were built in the 70s, so they’re around 40 years old. The buildings themselves did not meet today’s requirements for a modern hospital. The ceilings, the structure of the rooms, waste management, registration, and IT were all outdated. They were also

not very patient-friendly hospitals; patients had to walk around looking for departments because the hospitals were just big open markets with no visibility.

“Secondly, it was a matter of efficiency. The two hospitals that will be closed have 280 and 220 beds respectively, and these figures are not large enough to prompt a hospital to run a lot of specialised medical services, which are often necessary. You can’t have a fully staffed intensive-care unit with a 200-bed hospital. It’s impossible. You can’t justify having a specialised medical machine if you are such a small hospital. We operate two outpatient clinics downtown because we don’t have room to open those services internally.

“There’s been a big shift in the hospital sector today and it’s much more open towards patients not staying in hospitals, whether it’s surgery or medicine. It’s unique to

have a diagnostic and rehab unit on a one-day basis, so it requires different services and personnel. They can’t be deployed in the ancient hospitals. We made some calculations and it would have cost more to rehabilitate the old hospitals than to create a new, larger hospital.”

CHIREC’s Edith Cavell clinic and Leopold Park clinic will merge to make way for the new hospital under the Delta partnership project. The new hospital will be part of a business complex linking various products like a hotel, restaurants, and shops, which will benefit patients, visitors, and staff as well as the local community and inhabitants of Brussels and the province. The project provides for the construction of a building for clinical activities, several car parks, a power plant, a pedestrian esplanade, and surrounding grounds including roads, access, and landscaping. The hospital will be right in the centre of the site, >

“We have a solid, trusting relationship with CHIREC that helps us grow together. CHIREC is a loyal partner with a strong focus on quality care. They have accepted us as their resource for communications software and services.” - Danny VandeVyver, Managing Director, Unify Belgium-Luxembourg



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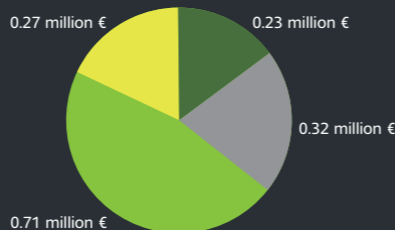
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occupying 110,000 square metres. A long-stay facility will be built on the surrounding grounds.

In addition to its new development, CHIREC will also invest in its existing assets. Today, the group is thriving with a range of care options for the residents of Brussels. Its Basilique Clinic is situated in the municipality of Ganshoren in North Brussels. This centre comprises outpatient hospital wards, a musculoskeletal rehabilitation department, and two operating suites with five operating theatres. It also offers 16 consultation areas, and 50 beds for ambulatory surgery.

The clinic has a host of facilities including a radiology department, a scintigraphy department, and a laboratory. The Basilique Clinic has long been seen as a pioneer in the field of day surgery; its One Day Clinic opened in 1985 and more than 3,700 operations are now carried out there each year.

CHIREC has also invested in its Braine-l'Alleud-Waterloo Hospital, which has been an integral part of the group since 2000. A new wing was built in 2001 for the intensive care unit and administrative and logistical services, together with an extensive renovation of the operating suite. In 2010, another new building followed, housing the new geriatric department, the musculoskeletal rehabilitation department, and medical and surgical day wards. These additions, including three new dedicated operating theatres, dramatically increased the hospital's capacity and allowed it to better serve the community (Western Brabant and south Brussels).

In addition to developing its St-Anne St-Remi hospital, CHIREC has also put a lot of effort into expanding the services of its Europe-Lambermont Medical Centre. Situated along a

main road opposite Josaphat Park, the Europe-Lambermont Medical Centre has become a vital part of the CHIREC hospital group and an important Brussels outpatient centre. With a location close to NATO and with easy connections to Brussels airport, the medical centre serves a huge population, with almost 60,000 consultations each year. All the doctors who work at the Europe-Lambermont Medical Centre are members of CHIREC and most medical specialties are represented. A large number of paramedical professionals also work there including dentists, physiotherapists, psychologists, speech and language therapists, and nurses, which makes the centre a very versatile provider of all kinds of medical care.

These hospitals and their services are a testimony to the care and dedication of the CHIREC team as it has developed its leading-edge hospital network. CHIREC



was formed in 2000 after a merger with Braine-l'Alleud-Waterloo Hospital. In 2001, a group of doctors were welcomed into CHIREC from a clinic in

Walloon Brabant and the Bois de la Pierre Medical Centre in Wavre was opened. The following year CHIREC came close to bankruptcy but was saved

through a financial contribution from the institution's doctors, and bank loans.

After this near-disaster, CHIREC focused on getting back on its feet from 2002 to 2005, with the institution's financial and economic health restored and the scope of its activities improved. From 2005 to 2010, CHIREC undertook major renovation works on all its sites. It finished construction work that had begun before the crisis in 2000 and opened new buildings at Cavell, Parc Leopold, and Braine-l'Alleud-Waterloo. CHIREC introduced extension plans for Braine-l'Alleud-Waterloo and embarked on the groundbreaking Delta project for its brand-new hospital.

Jacques has overseen many of these changes since 2004 and says that the past decade has been an extremely transformative one for the entire CHIREC group. "It's my feeling that I gave this hospital >

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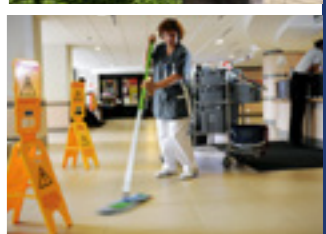
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group the image of quite a human- and patient-orientated enterprise. A decade ago, the perception of this hospital group was that it was a clinic for the elite with a lot of money, exaggerated fees, and a lack of social feeling and mindfulness. This has changed over the years.

“It is now perceived by society as a hospital group that is integrated, where doctors and other workers work together, and it’s not all about the profits. This is a big achievement because politicians are the ones who decide about sourcing and pricing. They give the authorisation to build a new hospital, so the people who can determine whether you survive or die have an image of your business which is feeding their decision-making, and we realise this.”

The values and philosophy of CHIREC are integral to its continual success and sustainability. These form the core



of its business approach and strategy as CHIREC continues to build on its firm foundations. Quality and safety are vital components of this philosophy with CHIREC putting quality processes in place and monitoring the safety of its patients. Understandably, a strong emphasis on hospital hygiene also forms a part of this safety focus.

Another part of CHIREC’s philosophy is a dedication to scientific dynamism. In 2004, CHIREC established the CARE Foundation, a medical research foundation that allows CHIREC’s specialists to further develop their expertise and skills. As part of this focus on continual learning and development, CHIREC’s specialists also attend a number of international conferences to learn from colleagues and peers. They also organise numerous meetings, mostly in the field of cancer treatment and orthopaedics.

Consideration and respect also form key pillars of the CHIREC philosophy. CHIREC and its staff respect all decisions made by its patients and their families about their care and take everyone’s religious and cultural beliefs into account. CHIREC places the wellbeing of its patients as its first priority.

CHIREC’s philosophy and approach also concentrates on the latest equipment and technology. Each year, CHIREC purchases the very latest medical and technical equipment to ensure its hospitals deliver the best service and care to their patients. The group has acquired a number of new CT scanners, including the first dual-source CT scanner in Brussels and the very latest new PET-CT scanner. Four CT Somatom Emotion Scanners and two MR Symphony TIM 1.5 T magnetic resonance imaging systems have also been acquired, and radiotherapy has two of the very >



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“The new hospital will be about pairing innovation with top technology, and it’ll be a high-performing enterprise. For the general public and the patients, this is vitally important. We’re not in a bad position moving forward.”

- Jacques de Toeuf

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This investment in cutting-edge technology has transformed the CHIREC group into a haven for medical professionals as staff work together to deliver the most modern and efficient care to patients. This culture of collaboration is something that Jacques says is crucial to CHIREC and its day-to-day performance.

“There are two groups of people in CHIREC: the workers and the owners. Hospitals are by law non-profit organisations and the health sector is considered to be a soft sector in terms of the social relationships between the owners and the workers. It’s not the cultural performance imposed by the institution, but it’s the workers

who implement a culture of professional performance. We had to try and share a common set of values and goals.

“From the doctors, it was the opposite. The doctors were individual people and working in an individual manner for themselves and their own patients, and we had to try and align them with the objectives, which were based around service and focusing on a group of people serving the patients. That has taken some time and I would say that 80 per cent of the doctors are aligned with these objectives, which is a big achievement.”

Jacques and his team have focused on nurturing not only internal relationships between staff, but also external relationships with suppliers and partners. Jacques states that these partnerships are fundamental to CHIREC’s business. “Every time you had a

need for something you just looked at the market and you just bought what you needed. Your people inside the hospital would check the materials and it would soon become old or falling apart. Obviously, the main part of a contract is not the hardware—it’s the services around it.

“I think we ended up getting materials with a contract that relied mostly on preventative maintenance, checking the devices, and bringing the expertise of the supplier to meet our needs, instead of looking at the prospectus ourselves and finding something that fits our needs. This is a big change and you need to have partners in the different fields. That means you need a partnership with them—you cannot build it if you only have a relationship in which someone gives an order and someone supplies the product. You must shift it towards an efficient partnership.



your hospital, from the ceiling to the cellar. You have to have time to discuss with people at every level so that you can ensure you have a correct image and perception of the way the business is run. Most of the hazards of a new role as CEO are based around the fact that they have to rely on the opinions of a range of people. They have to rely on these people to accurately identify and explain where the problems are.

“The CEO then has to manage the solutions from all these people’s problems, and I think the best thing is to take the time to form your own opinions and then you can try and convince people of your strategic plan. However, if you skip that analysis phase, you can lose up to two years.”

Over the years, Jacques has implemented his own solutions and those of his team to ensure CHIREC develops the best medical services for the people of Brussels. As the medical sector evolves, CHIREC and its passionate people will keep up with and lead technological trends and medical developments while the hospital group continues to grow. Jacques says it’s an exciting time for the entire group.

“The future is looking quite bright. We will be confronted by financial difficulties because there’s still a crisis across Europe. My feeling is that we have a very good management tool with teams ready to face the unusual, to cope with the unexpected, and to solve any unresolved problems. Whatever happens, we’ll be able to get through it. The second thing is that the new hospital will be about pairing innovation with top technology, and it’ll be a high-performing enterprise. For the general public and the patients, this is vitally important. We’re not in a bad position moving forward.”

With a new hospital being constructed under the Delta project and a continual investment in the latest medical technology, CHIREC is set to lead the sector as it serves thousands of patients and their families each year. •



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“A partnership means that both partners get their benefits in the relationship. It’s got to be a win-win situation. Keeping that in mind, you can have a quality of service that is far higher than what you get as just a one-off purchase. That also means that these people must have personal relationships with different contacts within the hospitals so they can understand the needs and what’s really important. Even if it’s not verbalised by the people in the hospitals, they must have the capacity to understand the feelings of these insiders. You cannot build that with just a simple contract to buy something. You build that with

relationships and with people who you communicate with regularly. I think that approach is really one of the keys to our success.”

When Jacques joined CHIREC, he focused on building internal and external relationships and understanding the core components of the business. Jacques says it’s essential to mine the viewpoints of your staff and partners both when first understanding the business and when building the business for the future.

“You must have time to understand your business, your enterprise, and

