Introduction

The following comments are the result of my thoughts about the improvement of the German health care system. The implicit and explicit connection to matters of Ethics and Morality inevitably lead to my discussion of Catholic hospitals. Some remarks on my points of view are incomplete, sometimes shortened. Thus it is a great opportunity to discuss these questions with our guests which are well versed in this theme.

At first I will examine the trends of the health care sector, especially with a focus on Christian hospitals in Germany. Competing against each other, the Christian and the publicly or privately held hospitals act increasingly alike. The dominant Quantity- and Quality-Management can be shown as induced by the hospital financing system, because Christian Hospitals cannot dodge the economic pressures and the mechanisms of the financing system. Therefore I like to show some chances that could be helpful to transform their economic rationality.

Quantity-Management

Christian hospitals are evolving greatly within the German health care system. The management of private or public hospitals is fully influenced by the principle of profit-maximation in order to achieve the maximal surplus or profit. The reasons for the use of the principle of profit maximation of Christian hospitals have to be seen in the DRG-Hospital Financing System. Christian hospitals are not constrained to maximize the surplus, because they are non profit organizations, they act in the same way as the other hospitals. This Financing System

- rewards the choice of patients, whose costs of treatment exceed the proceeds,
- requires a minimization of the costs of treatment (e. g. mainly payroll costs), especially when patient count was not increased.
- supports an acceleration of the treatment, because the treatment costs could be decreased.

In general the financing system gives inducement to a production-oriented thought about the work in and of hospitals and its transfer in administrative decisions. Employees are recognized as costly. At the end Christian Hospitals and their employees are only persons with economical relevant features, which have to be rationalized.

The necessity to achieve a surplus in each period and to act like private and common hospitals is also interconnected with the Hospital Financing System. The state North Rine-Westfalia for instance is responsible for the investments of hospitals. But the states reduced their engagement giving an unchanged financial amount for hospital investment since the last 15 years. So the hospitals have to finance the part of the investments, which the state undermines by its relatively lowering engagement.

Anything necessary to fill the dictum of cost reduction, finds its way into every economic function: the corporate culture, the personal development, the marketing, sell-and-buy-decisions, mergers or technology implementation. The processes between hospitals and other partners in the Healthcare system are also induced by the pure rationality of the economic thought, if the function generated greater economic viability. If Christian Hospitals do not rationalize in the same way as other hospitals they disappeared from the Healthcare market.

**Quality Management**

Initially the Ministry of Health Care saw the risks of the inducements of the DRG-Financing System. It obliges the hospitals to implement a Quality Management System, which has to be proved by the hospitals under external assistance. Christian Hospitals prefer a special Quality Management system called proCumCert. The Catholic and Protestant Church are associates of the KTQ limited company, which certificates the Quality Management System.

On the one hand the proCumCert-System attempts to apply general Quality standards, which are developed for all German hospitals (KTQ-criteria). On the other hand it contains a special compound of questions that allows auditing a hospital with regard to the Christian spirit. Hospitals seeking a quality audit, apply it after answering these questions singularly. The
replied package is called self assessment and has to be confirmed by external auditors, which will be proofed by a written and personally auditing process. The package of questions entails the following categories:

- patient orientation or customer focus in the hospital handling process between admission and discharge
- ensuring the employee focus
- safety in the hospital
- information-system
- responsibility of the proprietor
- quality management
- spirit
- society (education, networking, environmentalism, research and development)

These categories include questions, which are estimated with a score. The arithmetical mean defines the quality in the corresponding category. The result of the audit is a certificate – three years legally valid. The Quality Management audit is not prescribed for hospitals and will not be sanctioned. Currently 530 hospitals are KTQ-certificated, some of them already two or three times, because the certificate has to be extended for the next three years. By this kind of Quality Management there is a expectation, that the public will realize the quality certificate, because a short form of the quality report has to be published in the internet.

The rationality of both perspectives in addition to the quantity and the quality management will be increasingly connected, as I want to show in the remainder.

**Quality and Quantity**

Basically both the perspectives come into contact by the objectives, the methods, and instruments used to rationalize a Christian Hospital in the future.

At first, everything what occurs in a hospital will only be important, if it led to profitable results. Quality management will also be valued by economic code as is the Quantity Management. The input and production thought of a hospital leads us to see a hospital as a sum of properties, and Christian spirit is only a part of hard facts, that could be measured and
valued by special questions. Also the employees are means of properties, they have to optimize via their individual skills. Finally quality and quantity are summarized in two reports, an annual balanced sheet and a quality report. But not only in the way of operationalizing both perspectives embody the same way of hospital management. The reorganization process is similar in both concepts. To rationalize a hospital will be more successful, if the employees will be involved in this process. Resistance to change will not arise, if the management allowed the employees, to develop their own suggestions to rationalize the hospital. In this way the employees will personify a way to achieve a goal. The quality management is based on the inclusion of the employees as well. They can discuss their suggested solution to quality problems and can transfer the solutions into their practice.

These examples can show us, that there is no reason for an answer of the question of the meaning of life, because the meaning of life is replaced by the meaning of quality and quantity rationalization. The central goal is to achieve lower costs than proceeds/income/earnings/benefits. And this meaning will be accepted by the employees as well, because they know the mechanism and the results of the development process in the industrial profit sector with the end of unemployment or working poor. More and more the Christian hospital will become similar to an economic enterprise that has no patients, but customers and employees as production factors, not human beings. And the management leads the Christian hospital “financing-system-compatible”, without any chance to act differently.

The Christian transformation of the economic rationality

Now, one could say, that some Catholic hospital managers consider their decisions to slow or delay the rationalization process as long as they can. Their hospital interacts with other Catholic hospitals to achieve a fix cost decrease or a better performance. Other managers try to match the Christian basic assumptions of charity, the value of life, ethics and so on with the economic rationalization process. They introduce guiding principles explicitly show their employees the Christian management of hospitals. But I answer, that these examples do not change the principles of the economic rationalization process, which undermine the good principles in the course of the years. Behind the dictum of the Christian Hospital Managers there works an economic principle that can only be delayed not cancelled. In this way the ethics of a Christian hospital can persist as long as the economic base is not in danger. But I
want to say, that all these actions of hospital managers hide the real process of economizing the hospital sector. What we need is a radical change in financing the hospitals in Germany.

I like to show it in a table, where I see the action parameters to realize a new Catholic Hospital Culture.

Table 1: Fields of activity by the Catholic Church in the Health Care System

<table>
<thead>
<tr>
<th>Field of activity</th>
<th>Previous Perspective</th>
<th>Future Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idea of quality</td>
<td>Quality as an attribute</td>
<td>Quality as a root metaphor</td>
</tr>
<tr>
<td>Idea of ethics</td>
<td>Ethics as a „cornice“ of a Catholic hospital, aesthetics as the design of hospitals</td>
<td>Catholic ethics as a root, that explains and founds the management of a hospital, aesthetics as requirement of existence</td>
</tr>
<tr>
<td>General context for the health care system</td>
<td>Input oriented financial system with an social insurance system, financing each sector of the health care system</td>
<td>Tax financed social security system financing regional networks (managed care)</td>
</tr>
<tr>
<td>Macro-economic incentive</td>
<td>Competition</td>
<td>Cooperation</td>
</tr>
<tr>
<td>Micro-economic model</td>
<td>Industrial production model</td>
<td>Service provider as a social organization</td>
</tr>
<tr>
<td>Economic target</td>
<td>Input-economic viability</td>
<td>Output-economic viability</td>
</tr>
<tr>
<td>Administrative purpose</td>
<td>Profit maximizing</td>
<td>Balanced results</td>
</tr>
<tr>
<td>Function of a hospital manager</td>
<td>adept</td>
<td>developer</td>
</tr>
<tr>
<td>Function of the patient</td>
<td>Object and customer, external factor</td>
<td>Co-producer</td>
</tr>
<tr>
<td>Function of the employees</td>
<td>Means to an end, producer of healthy, factor of production</td>
<td>Co-producer and Human Resource</td>
</tr>
</tbody>
</table>

I like to discuss some of the points of my table with a special focus of attention of Quality Management. Some of the other points will be discussed in the context of the following presentations.

Quality is the fundamental idea and not a property or an attribute of a Catholic hospital. Every hospital has to work out the content along the principles of the healing ministry of Jesus. But the hospitals need a discursive ethic along this way and the managers have to be trained, so that all employees can take part in the process to find out the actual meaning of this model.
The proCumCert Quality Management System has to be modified into a system, which allows connecting the fundamental idea with all aspects of Quality measurement and control. The healing ministry of Jesus is not bounded by some questions in the question catalogue of proCumCert which are reserved for moral aspects. Ethic and moral cannot conclude by deduction within the bounds of economic rationality. Economic rationality is a condition for the work of Catholic hospitals, but not the meaning of life. What we need is an open internal communication-process about the meaning of life and the process of hospital transformation between managers, doctors, nurses and so on. The plan, do, check and act-circle, that is essential in the Quality Management process leads into a learning organization, where the employees can really learn from their mistakes without pressure and sanction.

The invitation to take part in an open communication process has to address to employees at all, and not only to the Catholics. In view of the fact that the German population declines in the next 40 years from 82 Million to less than 62 Million, we have to accept human beings with their faith and to integrate them into a new concept called diversity management. On the long run the personal development will become a strategic factor and Catholic hospitals have to answer this trend with a special modular concept, which integrates the education and training of the employees during their working time.

The Catholic hospital shows by symbols and the organizational behaviour an open minded organizational culture. The aesthetic dimension of the organizational culture gives up the functional architecture, which underlined the functional economic rationality in the past. The atmosphere of the new understanding in organizational culture can be presented by Christian symbols and the behaviour of all employees and the space leads them to reflect upon the Christian order for their work and their quality of live. The Christian order is the only model that deals with principles and maxims for both sides of life.

Other aspects showed in the tabular will be discussed later. But I like to say that the new Catholic Hospital is not build without dealing with the other challenges. There is enough work for the Catholic Church attempt to influence the Healthcare policy to modify the financial system and to support research projects they will develop a new model of the hospital service management based on the idea of co-production between employees and patients, cooperation and managed care in Germany.
Thank you for your attention!

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