



**QUALITY
TIME**

THE QUALITY MAGAZINE OF
THE HIRSLANDEN PRIVATE
HOSPITAL GROUP — 2017/18

DON'T SEND ME FLOWERS — Hygiene regulations in the oncology department
I'VE BECOME A REALIST — An interview with the patient Désirée Bernal
BRINGING EXPERTS TOGETHER — The tumour board

Editorial

Dear Reader



Perhaps you can still remember: Last year, Hirslanden accompanied – and perhaps even slightly revolutionised – the yearly quality report with “Vanessa’s diary”. We attempted to make quality tangible from a very individual perspective through the eyes of our fictitious patient Vanessa Birrer.

Quality is and remains paramount to us as a hospital group – from the patients’ and from the company’s perspective:

What is good quality? What can we do on a daily basis to meet these requirements? And how can we improve our performance on an ongoing basis, and thus also enhance our patients’ quality of life in the same way?

For this reason, we would like to invite you to experience quality at Hirslanden this year as well. However, no longer through the eyes of a fictitious patient but rather from the perspective of Désirée Bernal, Roger Tobler, Prof. Dr Christoph Renner and Josef Sowinski.



Keeping everything in check



Funny and sad at the same time

What do these people have in common? They are all dealing with the topic of cancer in their own way and have high quality standards, not least for themselves as patients, nurses, oncologists and priests.

We would like to offer you a closer perspective of the world of these people in the following magazine “Quality Time” and in the related short films on our website www.hirslanden.ch/quality – with the necessary degree of empathy, understanding and sometimes also with a touch of humour.

On behalf of the Executive Committee and all my colleagues at the Hirslanden Group, I extend to you my very best wishes



Dr Ole Wiesinger
Chief Executive Officer

PS: As is the case every year, the figures, dates and facts on the company and our quality measurements are available on our website at www.hirslanden.ch

And: The findings of our comprehensive patient satisfaction survey are now available online at www.hirslanden.ch/patient-satisfaction

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www.hirslanden.ch/quality

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👁 ONLINE VIDEO
An online interview is available at:
www.hirslanden.ch/quality

Imprint

Publisher: Hirslanden Private
Hospital Group,
Corporate Communications
Editorial staff: Nina Bieli
Design /realisation:
We & Me Design Studio GbR,
www.weandme.com
Text: Kerstin Konz, Joel Bedetti,
www.joelbedetti.com
Photography: Kniff Projektagentur GbR,
www.kniff.eu,
Basil Stücheli, www.basilstuecheli.ch
Printing: Kromer Print AG, www.kromer.ch
Print run: 17 000 copies

HIRSLANDEN
Boulevard Lilienthal 2
8152 Glattpark
T +41 44 388 75 85
unternehmenskommunikation@hirslanden.ch
www.hirslanden.ch

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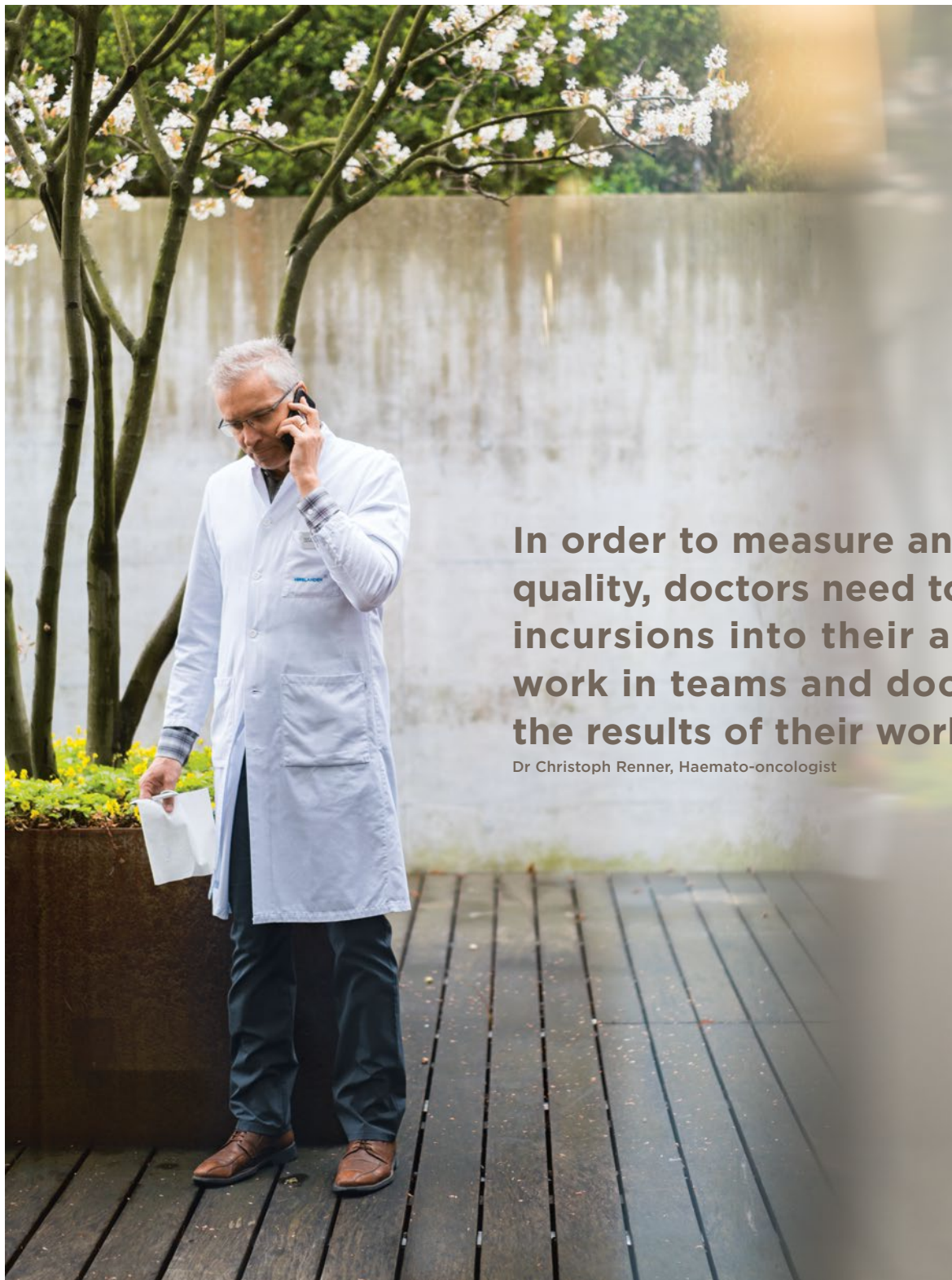
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In order to measure and increase quality, doctors need to accept incursions into their autonomy, work in teams and document the results of their work.

Dr Christoph Renner, Haemato-oncologist

For Christoph Renner, quality time means time with his family on the water or in the mountains.

Same standards for everyone

Doctor Renner, when was the last time you had to see a doctor? Two months ago I had to go to Klinik Hirslanden's company doctor. We discovered that one of my patients was infected with tuberculosis, so I also had to be tested.

Did the appointment meet your expectations in terms of medical quality? It was a simple blood test – it was fast, it was fine.

How do you define quality medical treatment? When the doctor is sufficiently qualified to perform the treatment and they carry out their work in accordance with best practices. But that's an abstract definition. Quality becomes tangible through the actions we take: by following procedures, documenting them and making them quantifiable. This kind of quality reporting has recently become more established.

But documentation is already happening: every patient has a medical file. Of course, every hospital does that – it's a legal requirement. But medical files look different everywhere, there is no uniform method of documentation. There is a lot of data available, but it's of varying quality and stored in numerous different databases. Processes can only be compared if they are carried out and documented in a standardised way.

Who defines these standards? In oncol-

ogy in the German-speaking world, it's the German Cancer Society. It offers certifications that we're striving towards at the Oncology Centre Hirslanden. The Prostate Cancer Centre and the Breast Cancer Centre have both been certified since 2017. Other centres are currently being established. That means we're catching up to the large public hospitals, some of which have already taken this step.

Do such standards take into consideration the different medical practices in the individual countries or hospitals? Quality assurance in oncology provides a framework that doesn't always take into account how hospitals had previously organised their processes. The diagnosis and treatment of a tumour should always conform to state-of-the-art practices. Of course not all hospitals have access to the same resources and certain minor aspects may be done differently. But certifications ensure that minimum standards are adhered to and documented.

How exactly is quality measured in oncology? You document how big the tumour was, how many lymph nodes it affected, which therapies were used and how successful they were. You record statistics such as how many cases were presented to the tumour board and how many of the board's decisions were implemented. Consist-

ent documentation means that we can also measure the hardest quality parameters, such as mortality. How long do patients with the same type of cancer live for in hospital A and hospital B? Patients can often live with cancer for many years, so we'll only be able to draw conclusions about such data in several years' time.

Documentation always requires time and effort. Many doctors won't be happy about this. No one wants to spend hours doing paperwork after the consultation hours. That's why the Tumour Centre employs medical documentation officers. When a doctor does not adhere to the stipulated processes, the quality of their treatment may still be high – except it can no longer be objectively assessed. These days hospitals can't simply say, "You're in good hands with us." You also have to be able to prove why. If you can present a certificate, it's not the be-all and end-all, but at least it's a criterion. Patients are also increasingly opting for certified centres. The number of patients at the Prostate Cancer Centre has increased since it was accredited by the German Cancer Society.

Is it harder to implement these kinds of standards at a private hospital than it is at a public hospital? Public hospitals have stricter hierarchies, so they can implement these kind of →

Quality becomes tangible through the actions we take: by following procedures, documenting them and making them quantifiable.

Dr Christoph Renner, Haemato-oncologist



ONLINE VIDEO
Scan the QR code

internal processes faster. Affiliated doctors at private hospitals are generally used to a large degree of autonomy and need convincing. Certifications also help private and smaller hospitals. They prove that patients can expect the same high-quality treatment that they would receive at a renowned university hospital. And renowned hospitals can no longer just rely on their strong reputations. They also have to publish their quality statistics.

Do private hospitals also offer quality-related advantages? Of course! As a doctor, you have much more direct contact with the patients. At univer-

sity hospitals, senior consultants often visit patients alongside senior physicians and assistant doctors, and then delegate decisions. Here at Hirslanden, I prescribe the medications myself and I'm my patients' direct contact person.

But you promote the formation of interdisciplinary institutions like the weekly tumour boards. That means additional work for doctors. It's work that pays off. Tumour boards are a key instrument for upholding quality standards. In our case, the attending oncologist doesn't decide on their own how to treat a particular patient, but instead submits themselves to critical questions and comments from their specialist colleagues. But this interdisciplinary approach is not easy for all doctors, because it involves an incursion into their personal autonomy.

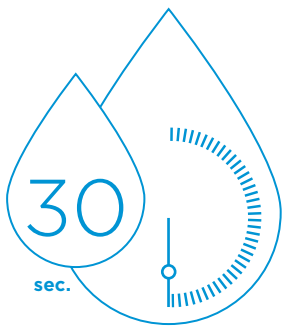
How do you feel about this loss of autonomy? Naturally I sometimes feel constrained by it. Important decisions always have to wait until Tuesday, when the haematological and oncological tumour board discusses my treatment suggestions. And sometimes the board disagrees with my suggestions.

Isn't there a risk that all these standards and interdisciplinary collaboration could diminish the personal relationship between the doctor and their patients? Quantifiable quality and personalised medical care are not mutually exclusive. Plus as the attending doctor, you're still responsible for the patients – the tumour board's decisions are not set in stone. On the other hand, the board does prevent emotional decisions. If I have been treating a patient for years, after the fourth unsuccessful round of chemotherapy, I might want to try one more round, because I have developed an added level of empathy for the patient. But the board might argue that because the last four treatments did not work, there is no indication that a fifth one will be successful. So then you'll hopefully take this on board when weighing up the patient's options. •

EN DETAIL		Q
10	The advanced training regulations of the FMH recommend 10 training days per year for doctors	
6 – 9	It takes 6 to 9 years to qualify as a specialist	
461	doctors are employed at Hirslanden	
affiliated doctors work at Hirslanden	1 680	
40 – 80	consultations with treatments take place in the Oncology Centre Zurich per day	
3	medical documentarists work in the Tumour Centre Hirslanden Zurich	
3 – 30	cases are discussed per tumour board meeting	

The battle against bacteria

Preventing the spread of bacteria is a top priority at Hirslanden, so its hospitals go above and beyond Switzerland's statutory hygiene standards – and the benefits are clear. Yet the greatest obstacle in this battle remains complacency caused by daily routines.



Tip: If you are healthy, water and soap are sufficient for everyday hand hygiene. It is important to wash your hands for around 30 seconds and thoroughly clean between your fingers with soap and warm water. Paper towels are better than electric hand dryers, which blow pathogens in public toilets around the room. During flu season, it can be a good idea to use hand sanitizer. It is most effective when applied to dry hands. Sanitiser gels need around 30 seconds to take effect.

Dangerous souvenir

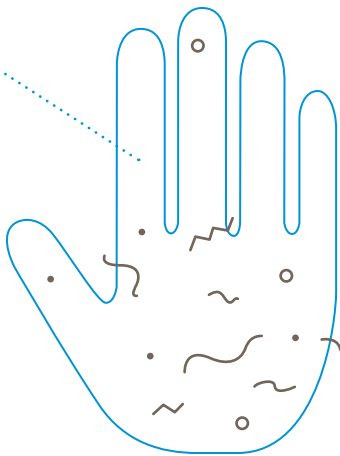
The superbug problem is partially caused by the medical industry. The more often antibiotics are prescribed, the faster resistant bacteria develop. That is why the use of antibiotics is closely monitored in every Hirslanden hospital. A few years ago antibiotics were prescribed somewhat indiscriminately. But now the use of antibiotics is strictly regulated and doctors must first carefully weigh up the treatment options, says Ulrike Sollmann, Head of Quality Management at the Hirslanden Group. People, too, play a role in the spread of bacteria. Multi-resistant bacteria are a dangerous, but usually un-

ESBL, MRSA, VRSA and KPC: not only do these germs all have long and difficult names, they are also multi-resistant bacteria. They pose no threat to healthy people, but these 'superbugs' are problematic for people with weak immune systems. Bacteria – particularly multi-resistant bacteria – can be deadly for patients. That is why Hirslanden declared war on bacteria years ago and has developed a complex quality control system for all its hospitals. The strategy is based on monitoring, treatment and prevention. "It's working very well," says Dr Christian Westerhoff, Chief Clinical Officer of the Hirslanden Group. Wound infections are examined during what are known as 'indicator operations'. Any negative changes are immediately visible. In addition, the results are registered in the national SwissNoso databank under the indicator 'wound infections acquired in the hospital'. In nationwide comparisons Hirslanden is always either at or above the benchmark regarding rates of infection, says Westerhoff. And that is how it should be. Infections acquired

in hospital are extremely rare, but every infection is one too many. Hirslanden exceeds the national standards with regard to catheters and breathing tubes. Unlike in other Swiss hospitals, the number of hospital-associated infections in the intensive care unit caused by catheters and breathing tubes is precisely recorded, which is a crucial aspect of patient safety, according to Westerhoff.

37 875

litres of disinfectant are bought every year.



The hands of hospital personnel are a major cause of bacterial transmission.

99.85 %

of the applications of a central venous catheter and

99.15 %

of the applications of urinary tract catheters on the intensive care ward took place without infection in Hirslanden hospitals in 2017.

70 000

According to SwissNoso, 70 000 patients acquire an infection in Swiss hospitals every year. That equates to around every 12th patient.

Q EN DETAIL

Detailed quality figures 2017/18: www.hirslanden.ch/quality

noticeable souvenir. Eastern Europe and Asia are considered particularly problematic. To prevent an outbreak in a Hirslanden hospital, at-risk patients who have visited a hospital in these regions are isolated and examined before any treatment is undertaken. With the help of a quick test, it only takes a couple of hours to determine whether or not the patient is carrying multi-resistant bacteria. The best weapon in the fight against germs is good hygiene. Every Hirslanden hospital has trained hygiene staff to ensure it meets the Group's strict stand-

ards. If employees are unsure of anything, they can request assistance from the Hygiene Advisory Centre (BZH). The BZH conducts hygiene inspections twice a year at every Hirslanden hospital.

Hygiene saves lives

Bacteria are most commonly spread by people's hands. All patients receive a fact sheet with numerous hygiene tips, such as regularly disinfecting their hands and storing their toothbrush in a cupboard. The medical staff are also routinely reminded to disinfect their hands for 30 seconds before and

after having contact with a patient. To ensure these rules are not overlooked during day-to-day procedures or in emergencies, SwissNoso and the Patient Safety Switzerland association organise an annual Hygiene Day on 5 May to remind us that hygiene saves lives. Trained personnel also conduct hand disinfection surveys on the wards, which are designed to continually raise awareness among employees about risky situations. Routines pose the greatest threat when it comes to superbugs. •

The perfect combination

Treatment

Surgery

Surgical intervention is the best form of treatment for localised tumours that are detected early, as it is possible to remove the entire malignant growth. If the cancer has already metastasised, i.e. spread to other parts of the body, surgery alone is not enough to beat the disease.

Every year
16 278
oncology patients undergo surgery at Hirslanden.

The Hirslanden hospitals have a total of
104
operating theatres.

Radiotherapy

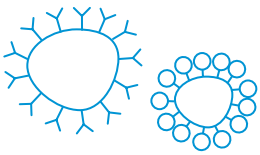
Radiotherapy is also suitable for localised tumours. It destroys cancer cells using a special kind of X-ray radiation. However, if the tumour is located near a vital organ, then radiotherapy may be too dangerous. The CyberKnife minimises this risk: a robot-assisted beam of gamma rays adapts to the rhythm of moving organs like the lungs, thereby targeting the cancer with extreme precision. This technique also minimises side effects such as skin burns.

The Hirslanden Private Hospital Group has
7 linear accelerators throughout Switzerland, including the CyberKnife.

Hirslanden operates in **4** radiotherapy institutes.

2 221
radiation oncology treatments are carried out each year.

There is a wide variety of therapies available for the treatment of cancer. The latest is immunotherapy, which activates the body's own natural defences in the fight against the cancer. But we are still a long way from phasing out chemo and radiotherapy.



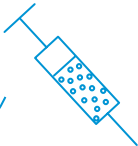
322
immunotherapy treatments are carried out at Hirslanden each year.

Immunotherapy

The latest treatment method is called immunotherapy. A few years ago, researchers discovered that the body's own immune cells identify cancer cells as foreign bodies, but can't fight them as the cancer activates a type of brake within the immune cells. New medications are capable of releasing these brakes. Immunotherapy has already been successfully used in the treatment of lung and skin cancer. Compared to chemotherapy, the side effects are minimal: it can cause the immune system to go into overdrive and cause flu-like symptoms and inflammation in organs.

Combined therapy

Nevertheless, immunotherapy will not make conventional cancer treatments redundant in the short term. "The treatments complement each other", says Ulf Petrusch, an oncologist at Klinik Hirslanden and Klinik Im Park. "That's why we combine them, depending on the patient." For example, you could reduce the cancer using chemotherapy, then surgically remove the rest. Or a tumour could first be radiated and then destroyed using chemotherapy or immunotherapy.



Chemotherapy

Surgery and radiotherapy cannot be used to treat blood cancers and advanced tumours. This is when chemotherapy comes into play. It is particularly effective at destroying rapidly dividing cells, however it causes acute side effects such as nausea, tiredness and sometimes long-term damage to the kidneys, lungs and liver.



Stem cell therapy

For certain types of cancer (e.g. lymph node cancer), a combination of high-dose chemotherapy and stem cell therapy is used. The stem cells responsible for the production of blood and antibodies are extracted from the blood prior to chemotherapy and stored in liquid nitrogen. After the high-dose chemotherapy, they are returned to the patient's bloodstream where they help to rebuild the body's blood and immune system.

53
stem cell treatments are carried out at Hirslanden each year.

The Hirslanden Private Hospital Group administers chemotherapy to around
1 034
patients annually.

QT

QT

Treatment

Don't

send me flowers

Hygiene regulations are often particularly strict for oncology patients.

The number of stem cell transplantations among oncology patients continues to grow and the procedure presents particular challenges for both doctors and nurses. Patients and their families must also adhere to certain guidelines to avoid risking the success of the treatment.

The start is quick and easy. "Each of the three injections only took about a minute," remembers one patient. "There was a short unpleasant feeling of pressure in my chest." Lying down for six hours during the stem cell harvesting was more arduous, as were the ten days of quarantine in her hospital room. Quarantine is necessary, as stem cell transplantation severely weakens the immune system.

Autologous stem cell therapy, in other words, the transplantation of the body's own stem cells, is no longer only used to treat malignant blood and bone marrow diseases, but also other types of cancer that require high doses of radiation or chemotherapy.

After the treatment, the patients' own cells are returned to their own body. After eight to ten days, the spinal marrow once again produces enough blood and defence cells. Patients are not allowed to leave their rooms during this time.

It is much less risky to transplant the patient's own stem cells rather than donor cells, so the roughly 25 patients

who undergo this treatment each year do not need to be moved to an isolation ward. However, their room does need to be specially prepared. "The curtains and shower curtains are also cleaned," says nurse Stefanie Hinder. When the nurses come close to the patients, they have to wear a protective gown. And to protect patients from germs and fungi, the patients are not allowed to have any flowers in their room.

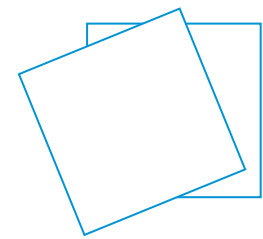
To prevent infections, the number of visitors is limited to the patient's closest family members or friends. Visitors must thoroughly disinfect their hands before entering the room and keep their distance. "Kissing and hugging is not allowed," says Hinder. Small children or people with colds are likewise excluded. Some patients deal with isolation better than others, according to the nurse. Many suffer from tiredness and nausea. They temporarily lose their sense of taste and the mucous membrane in their mouths often becomes painfully inflamed.

Immunosuppressed patients are only allowed to eat cooked food. Fruit must first be peeled and leftovers must be disposed of quickly.

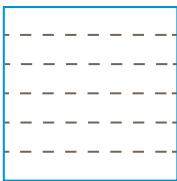
The mucous membranes are particularly sensitive after a transplantation, which is why toothbrushes must be very soft and can only be used once. Patients are also not allowed to shave, because the body's blood clotting →

Flowers made from paper are allowed. You can find folding instructions on the next page.

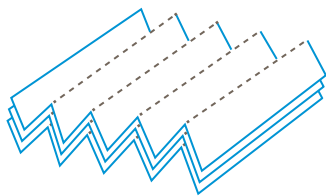




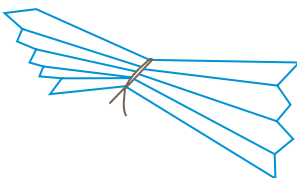
Fold serviettes, origami paper, newspaper pages ...



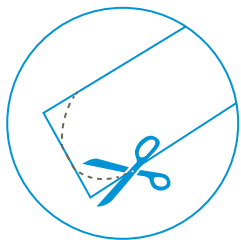
... like an accordion.



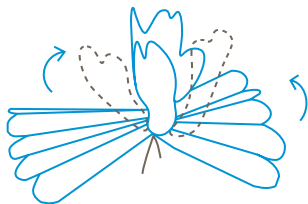
Place seven pieces of paper on top of each other.



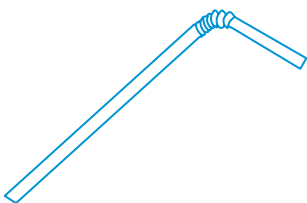
Tie them together in the middle with a piece of wire or string.



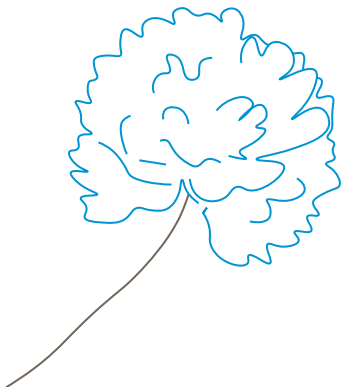
Cut the corners off.



Carefully fold the individual layers upwards.



Attach a wire stalk or drinking straw to the flower.



ability is impaired so that even small cuts can bleed heavily. After ten days patients can leave their room wearing a face mask and they can leave the hospital after around three weeks. But at home they have to take many preventative measures in relation to hygiene, because their immune system will take up to 100 days to fully recover from the transplant. Working in the garden or with compost is particularly risky for contracting fungal infections, which can become very dangerous for people without natural defences. Large groups of people should also be avoided. This new start in life requires a lot of patience and discipline for all types of cancer. However, autologous stem cell therapy, i.e. treatment with the body's own stem cells, is considered a great hope for the treatment of cancer. Hirslanden has been offering this treatment at Klinik Hirslanden in cooperation with the University Hospital of Zurich for quite some time. Since 2017 Klinik Hirslanden has been one of the selected centres in Switzerland and Europe that complies with the comprehensive criteria of the Joint Accreditation Committee ISCT-EBMT (JACIE) for autologous blood stem cell transplantation. ●

About tubes, catheters and cannulae

A selection of the medical tubes used to administer medication, fluids or food, which are also used in oncology.

Chest muscle under the collarbone: port-a-cath

A port-a-cath is a small implant under the skin that is primarily used for patients who have to take medication constantly (or regularly), such as cancer patients. The port-a-cath is placed under the skin during a short operation. The catheter is barely visible under the skin and can stay inside the body for years. It can be used to administer medication and take blood samples.

Forearm to the elbow: peripheral venous catheter (PVC)

PVCs are usually inserted by a nurse without local anaesthesia. The plastic tube is several centimetres long and remains inside the vein, so that sterile fluid solutions and medications can be administered or blood transfusions can be carried out. As with the CVC, the PVC must be removed as soon as it is no longer urgently required. PVCs can also be inserted into the back of the hand or another extremity.

Inside of the upper arm: PICC line catheter

A PICC catheter (peripherally inserted central venous catheter) provides access to one of the body's central veins and is inserted through a vein in the upper arm. An ultrasound display is used to monitor the catheter as it is carefully pushed through to the heart area. Like CVCs, PICCs are used to administer all kinds of medications and take blood samples in a way that avoids damaging the veins. PICCs are an alternative to CVCs and can remain inserted for several months.

Keeping everything

Treatment



PATIENT SATISFACTION
Hirslanden continuously asks about the nursing care. The findings are available at www.hirslanden.ch/patient-satisfaction

in check

QT

Chemotherapy makes no distinction between ‘good’ and ‘bad’ cells. It not only destroys the tumour, but also weakens the patient’s immune system. “Any subsequent infection can have major consequences for chemotherapy patients,” says Stefanie Hinder, a nurse at Klinik Hirslanden who has specialist training in oncology. “That’s why it’s important that patients don’t expose themselves to any risks.” The nurses adhere to comprehensive safety procedures to minimise risk.

Nursing medical history

When patients arrive at the hospital, the nursing staff conduct an initial consultation. A form is used to record the progression of the disease, the patient’s diet and allergies, as well as psychological and social factors such as their family environment and living situation. “We have to know, for example, whether the patient will need to be able to climb stairs at home,” explains Hinder. “If they do, the patient will receive specialised support while they are in hospital to ensure they will be able to manage stairs at home. We plan their discharge during their admission.”

Weight and vital signs

Nurses measure new patients’ weight, height and vital signs such as pulse and blood pressure. These vital parameters are checked every day, so that the nurses can detect any changes that occur during the treatment. Chemotherapy often causes weight loss, which can be offset by a specialised diet. However, weight loss can also indicate kidney dysfunction: when the patient can no longer pass enough urine.

Condition of the blood

Upon admission, a blood sample must be taken to test the kidneys and check the inflammation parameters. These values show whether the body will be able to handle the chemo. If the values are not within the normal range, the attending doctor will prescribe medication such as antibiotics to reduce the inflammation.

Patient information sheet

After the initial checkup, staff give the patients advice about how to behave after their immune system has been weakened. “Patients should avoid busy places where there are a lot of people, as well as places where germs spread rapidly, such as public swimming pools,” says Hinder.

Oral checkup

Shortly after they are admitted to hospital, patients receive a plant-based medication that alleviates inflammation in the mouth. “Chemotherapy weakens the mucous membranes in the mouth, which can lead to infections,” explains Hinder. The nursing staff use a checklist they developed themselves to examine the patients’ mouths every day and ensure they are regularly taking the medicine.



We plan their discharge during their admission.

Stefanie Hinder, nursing specialist oncology

Treatment

6R rule

Before the nursing staff administer a dose of chemotherapy, they must first obtain the all clear from the attending doctor and inform the patient about the side effects: tiredness, nausea, weight fluctuations, as well as hair loss in the case of high-dose chemotherapy. Then staff make sure the medication is provided according to the ‘four-eyes principle’ and the 6R rule: right patient, right medication, right dose, right route, right time, right documentation?

Reminder about risk factors

Before the patient is discharged from the hospital, a nurse goes through the patient information sheet with them again. It reminds them to avoid large groups of people and travel in the coming months. The patient receives medications or prescriptions to counteract the after-effects of the chemotherapy. The nurse explains how to take the medications, as well as their side effects. Then the checkup is complete – until the patient returns. Chemotherapy typically requires several cycles to effectively stop the growth of a tumour. ●



EN DETAIL	
1034	cycles of chemotherapy are carried out at Hirslanden per year
4950	litres of emulsion for the treatment of mouth mucosa are used per year
20 000	
security checks are carried out on Ward S1 at Klinik Hirslanden per year (includes administration of medication, transfusions, chemotherapies, blood samples, OR preparations)	
3 – 6	cycles of chemotherapy are required to contain a tumour

QT

I've
a



ONLINE VIDEO
Scan the QR code on
the next page

become

Désirée Bernal has had bone marrow cancer for four years. This is her second relapse. Yet Bernal still makes the most out of every day.

realist

She used to play golf, ride a bike and loved Zumba. Now she has difficulty carrying a tray of coffee and strawberry tarts. Bernal has been at Klinik Hirslanden for a week, because her eleventh vertebrae cracked as a result of her second relapse.

Nevertheless, the 54-year-old smiles brightly as she enjoys the April sun on the hospital's terrace. "I hope I'll be able to go home in two or three days," she says. Désirée Bernal has found a way to deal with her cancer. "I enjoy every day that I'm gifted as a result of the therapy."

It started with radishes. Bernal was trying to take a bunch of radishes off the shelf when a debilitating pain struck her in the middle of her sternum. She only just made it to the supermarket checkout. An unlucky sprain, she thought to herself. But despite taking pain killers, the pain dragged on. Her GP sent her for an MRI. There was a gaping hole in her sternum, so a bone biopsy was ordered. The diagnosis: multiple myeloma, bone marrow cancer. →



I have developed a certain sense of calm that I didn't have before the disease. I can laugh about hectic everyday situations. Désirée Bernal



What did you think when you found out, Ms Bernal? Désirée Bernal: I accepted the diagnosis. Before that I had still hoped that it would turn out to be a mistake. That someone had mixed up the MRI images.

How did your family handle the diagnosis? It was obviously a shock for my family. But I knew that I could count on them. It was different with my boss. When I told him that I had to have chemotherapy, he said: "But Désirée, you can't do that, everyone else is on holiday."

How did you cope with it yourself? The stem cell therapy after the chemotherapy was a litmus test. Before the stem cells were collected using a dialysis machine, I had to build them up through injections into my bone marrow. That caused unbelievable pain in my spine. After the high-dose chemo, the stem cells were returned to my body and I had to stay in an isolation

for three weeks. I had already shaved my hair. I didn't want to see it all fall out.

How did you make it through quarantine? The whole time I thought about how I would eat truffles afterwards. A friend of mine sent me a video of herself making pasta. I couldn't wait.

How was the care provided by the hospital staff? They were a great support, warm and very competent. We discussed our families and hobbies and chatted about trivial things. Once we watched a Birgit Steinegger sketch on my tablet. I appreciated that they took time for those kind of moments.

What was it like leaving the room after three weeks? It was like entering a whole new world. But I was so weak that I had to use a wheelchair. On the same day, my husband drove me to rehab in Davos, where I rebuilt my body – and my lust for life.

Did you enjoy the Alps? I wanted to use the altitude to improve my stamina and blood values! But I also looked forward to that first pizza. I had the truffles later. It was wonderful when my brother came to visit – he had shaved off his hair in solidarity. My husband wanted to as well. But I said no, at least one of us should keep their superb head of hair.

How did you return to your old life, Ms Bernal? It started with a few grey clouds. My boss told me: "I'm sorry, Désirée, but we can't let you keep working here like this." The bank's branch manager tried to support me, but there were no jobs available in the back office at the time.

How did you find a way to return to the world of work? My job coach asked me whether I wanted to work for her company as a way of getting back into the workforce. After that I



For Désirée Bernal, quality time means consciously enjoying time together with her husband.

Yet you remain interested in the world around you. How do you do it? I enjoy the little things in life and always set myself goals. After the first relapse I wanted to get a dog, Lily, who I could take to dog obedience school. But shortly before the second relapse I realised that I was no longer able to take care of her properly. When we gave Lily to her new owners, I said to my husband: "Now I need a new project." So now I'm learning to play guitar.

How has your attitude to life changed? I feel thankful for every new day and particularly for my husband, who has supported me for all these years. I have developed a certain sense of calm that I didn't have before the disease. I can laugh about hectic everyday situations.

You can no longer ride a bike, go skiing or play golf. Have you found new hobbies? I'm occupying my time with astrophysics. It provides a totally different view of life in the universe and our galaxy. We are made from the same atoms that make up stars and after we die we'll become one with the universe again. That's somehow reassuring.

Our strawberry tarts are long gone and the sun's rays are casting long shadows across the terrace. Before Désirée Bernal returns to her room, she leans forward and says "I have one more goal – can you guess what it is?" She grins. "I want to study astrophysics." •

received a part-time job at the Axa Winterthur Academy through an IV reintegration programme. At the same time I did postgraduate studies to become a Personal Assistant. But then the cancer came back.

What happened? I fractured one of my ribs – I'm not sure how. Bone marrow cancer gradually destroys the bones. At the hospital I was only prescribed pain killers, even though they knew about my diagnosis. My husband even had the reports from the oncology centre sent by express. After several months of pain, my oncologist ordered an MRI – and saw that cancer cells had become active in the rib.

What treatment were you given? Professor Renner prescribed radiotherapy and later chemotherapy in pill form. Despite the radiation and the job at AXA, I managed to finish my postgraduate studies. But afterwards

the IV decided that I was unfit to work. I felt embarrassed at first, but the IV consultant said: "I have never seen someone fight so hard."

What happened to your life? I felt socially excluded. Cancer treatments are improving all the time, but this type of cancer is not very well known. There are not many options for people with multiple myeloma to work at least part-time from home. There are also medical reasons for leading a somewhat socially isolated life: my immune system is permanently weakened, so I have to avoid infections. I don't catch public transport any more and don't go to my friends' exhibition openings.

What is your current diagnosis? It's unclear. In September it looked like I was in remission. But in February this year, a tumour became active again. This up and down has changed me. I no longer believe that my cancer can be healed.

Be our guest

Arrive and feel right at home – it’s not exactly what you expect when you have to go to hospital. But that’s exactly what we strive for every day.

Hospitality

Ruedi Stocker believes first-class medical care and first-class service go hand in hand.

It’s just before twelve. Tables are filling up at the Quadro restaurant. Many of the people are regular guests and come by after checkups or hospital visits. If their illness permits them, patients also enjoy dropping in during their time in hospital. Quadro is the hospital’s gourmet oasis. The menu and ambience are not typical of a hospital restaurant. Ruedi Stocker, Head of Food & Beverage, gets his ideas from the world of hotels and fine dining, where he worked for many years. “The patient is also a guest,” says the qualified chef and hotel manager. Stock believes you should go the extra mile for patients. He warmly greets his regular guests and has a quick chat with his employees. Friendliness, good service, good food – according to Stocker, you have to have it all. Even though the patients primarily come to Hirslanden to receive medical treatment, food and service still plays an important role during their stay.

Appealing interior design and personalised service are more than just nice extras. “If someone is severely ill, they look for security and people they can trust”, says Dr Christian Westerhoff, Chief Clinical Officer of the Hirslanden

Group. “That is really crucial for their recovery,” says the doctor. “If the conditions are not right, they might behave defensively and the patient/doctor cooperation can suffer.” Experts suggest that it is not just the relationship between the patient and the staff, but also the architecture, interior furnishings and the hospital’s surroundings that play a role in the patient’s recovery. This is even taught as an academic subject in Berlin. It has a slightly esoteric name – ‘healing architecture’ – yet this specialist field is based on empirical data. It all started with a study by architecture professor Roger Ulrich published in Science magazine in 1984, which compared two groups of hospital patients who underwent the same operation and then stayed in a room either with a view of a park or a concrete wall. Patients who could look out at the park needed fewer pain relieving medication, suffered less from depression and on average could go home one day earlier than the patients of other group. Light, nature, temperature and ventilation are today considered positive influencing factors for medical buildings. Much is also done on the wards to →

QT



1 300 employees work in the Hospitality division and 150 employees in Facility Management.

CHF 350 000 is spent on kitchen cleaning products per year, which corresponds to 194 444 bottles of Handy dishwashing liquid.

The annual laundry costs amount to CHF 11 million, which corresponds to 782 714 packages of detergent.

CHF 16.5 million is spent on food and beverages per year, which corresponds to 20 650 000 croissants, 11 379 310 bottles of soft drinks (5 dl) or 3 837 209 coffee creams in Zurich.

Hospitality

QT



For Ruedi Stocker, quality of life means doing something nice for yourself every now and then.

create a good atmosphere. Works of art hang on the walls and the ventilation system filters out the typical hospital smell as much as possible. Since 2017 Hirslanden has continually and systematically asked patients how they perceive these efforts. The comprehensive catalogue of 80 questions supplements the far less extensive patient survey of the Swiss National Association for Quality Development in Hospitals and Clinics (ANQ). “The initial results show that Hirslanden ranks in the top ten percent for many indicators,” says Westerhoff.

The results of the patient satisfaction surveys are also interesting for other reasons: economists from the Massachusetts Institute of Technology (MIT) recently discovered a correlation between patient safety and patient satisfaction. To put it another way: the better patients felt in the hospital, the better the hospital’s patient safety statistics. Westerhoff says one possible explanation for this is that a culture of quality equally affects both of these factors – not only the medical quality, but also staff friendliness and the quality of the food. ●



PATIENT SATISFACTION
Hirslanden continuously asks about the nursing care. The findings are available at www.hirslanden.ch/patient-satisfaction



Drop us

Many thanks for the excellent nursing care.

a line

Many thanks for the excellent treatment during my unplanned holiday in Room 150.



again



sometime!

Dear Nursing team, thank you very much for taking good care of our mother/my wife. We greatly appreciate your efforts.



To the employees of Ward S1/Many thanks for the consistently good, attentive care during my stay at Klinik Hirslanden. I wish you all the very best for your personal and professional future.

The soul suffers too



For Josef Sowinski, quality time means sympathising with others and being there for them.

Every once in a while, illness turns our lives upside down. When it does, the hospital chaplains are there to comfort and console our patients and their relatives. This support helps them to overcome the non-physical impact of disease and injury.

Sometimes it all happens so fast. A sudden accident or a very serious diagnosis can destroy dreams and throw whole lives off track. Such circumstances often raise questions that the patient may have never thought about before. It can be hard for patients – and their family and friends – to stay strong and not lose heart.

In these kinds of situations, we need people like Josef Sowinski. The 60-year-old has worked as a chaplain for 30 years, seven of which he has spent at Klinik Hirslanden in Zurich. He works alongside two Protestant chaplains: Esther Wannenmacher and Helen Trautvetter. Sowinski knows how important the patients’ attitudes are for their recovery. “A lot depends on the patient’s state of mind.” After all, it takes a lot of energy to beat a disease, explains the deacon. “Humans are psychosomatic beings. Body and soul are inseparable. If the body is unwell, the soul suffers, too.”

Obviously, chaplains are not able to cure the patients. “But we can guide and support them.” This requires patience, above all else. “We start every conversation by listening.” The chaplains never impose on the patients.

However, most people are happy to have a chat. Chaplains always have time to talk, which is a rare privilege.

Catering to different needs

Sowinski doesn’t always reach for the Bible when providing consolation. After all, not all patients are Catholic or even religious. The theologian also assists non-religious patients and organises visits from representatives of other religions or denominations. Some patients receive a daily visit from Sowinski. “It doesn’t have to be long. Some of them don’t have any family and are happy when someone checks in on them.” Occasionally patients have even got in touch with him before they were admitted to hospital. Some also stay in contact afterwards. “I frequently receive letters.”

As the end of their lives draws near, many people return to their religious roots. Sometimes they ask the deacon and his colleagues for a blessing, anointing of the sick, or even their last rites. The chaplains naturally accommodate such requests. However, only when the patient explicitly asks for them. “We never impose on anyone.” Religious services are held at the →

The chaplains work on behalf of their respective churches, however they are available to help all patients, their relatives and the hospital staff.



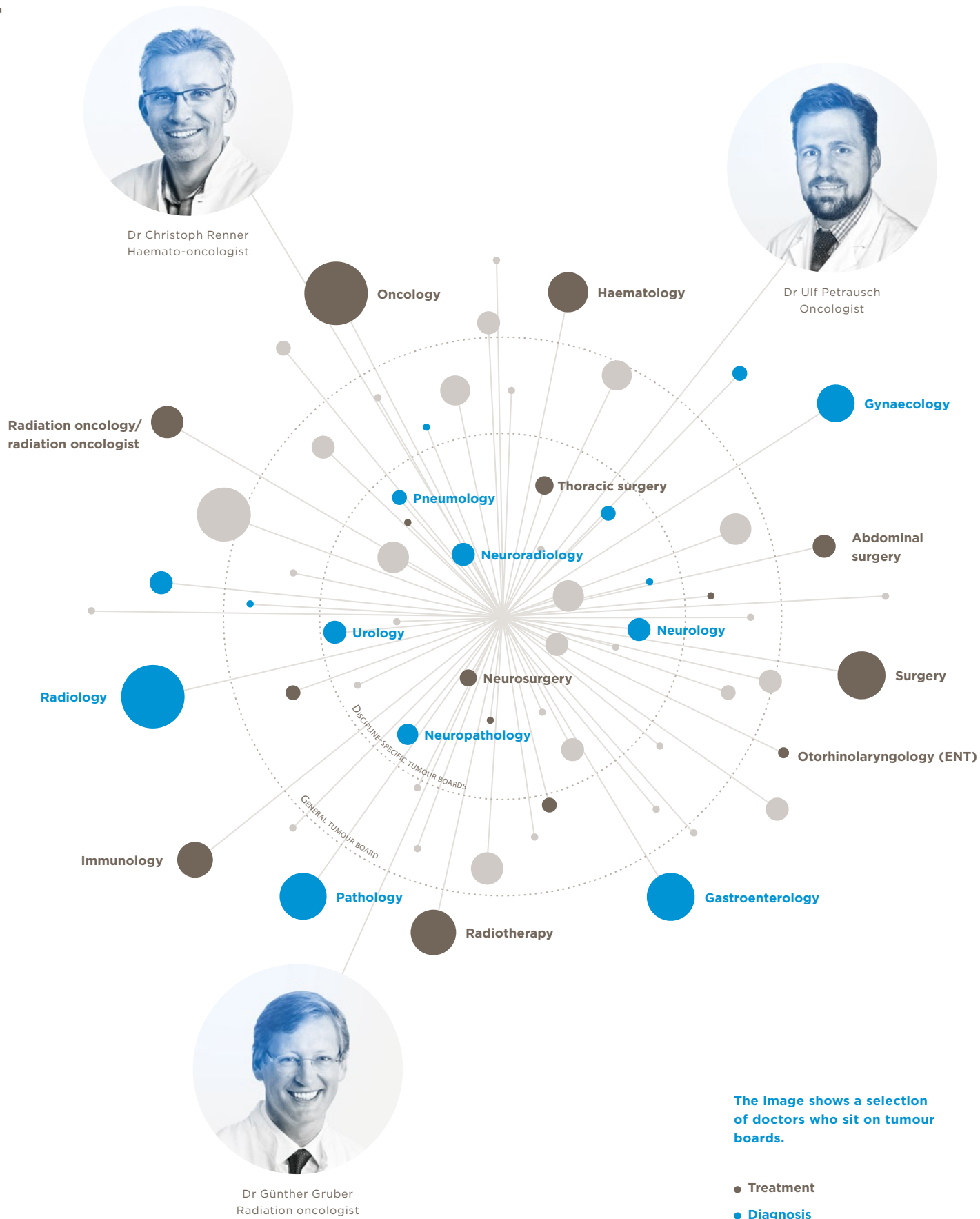
A full-time chaplain makes about 2000 visits per year. They conduct around ten discussions a day, depending on the level of interest among the patients. In total, there are 18 chaplains working at the Hirslanden Group.

hospital on the Day of the Sick and at Easter, Pentecost and Christmas. Twice a year the hospital chaplains offer memorial ceremonies for the deceased. The patients usually contact the chaplains directly in the wards or via email or telephone. Doctors and nurses also occasionally ask the chaplains for help. Despite the difficult circumstances, the deacon loves his work. “It is a wonderful profession. My work is very meaningful.” Chaplains may not be able to change a patient’s diagnosis, but they can help them to gain courage for the challenges ahead. This also boosts their well-being. “Even with terminal illnesses, people can still live long and good lives,” says the chaplain. Quality of life is also influenced by a person’s attitude. “That’s true of all people, not just those dealing with illness.” •

The chaplains work on behalf of their respective churches; however, they are available to help all patients, their relatives and the hospital staff. They can be contacted via the nurses, doctors, reception, or directly via contact details provided on the hospital websites.

Dear Children,
A hospital is a busy place. Patients are being treated, and doctors are hurrying from round to round. The nursing staff are handing out medication and visitors are getting something to eat in the cafeteria. But, is there something not quite right here? 14 items and living things which do not belong in a hospital at all have hidden themselves. Can you find them?





Bringing experts together

The Oncology Centre’s interdisciplinary tumour board meets to discuss the hospital’s cancer patients. These meetings prevent doctors from making gut decisions and increase the quality of Hirslanden’s oncological care.

It’s Tuesday afternoon at Klinik Hirslanden. Haematologist and oncologist Christoph Renner enters the windowless conference room in the basement and sits down with his laptop. Several remote colleagues join the meeting via video call on a wall-sized monitor – almost like in a James Bond film. Three pathologists, one oncologist from Baar and Dr Panagiotis Samaras from Hirslanden Klinik Im Park, whose voice sounds distorted. “Pano, something isn’t right,” says Renner. “Can you hear me?” asks Samaras. “Now it’s good.” Now the colleagues from the Oncology Centre on the third floor arrive and sit down on the benches, which have been arranged in a horseshoe shape. Renner opens the first patient file. “Let’s get started.” The weekly meeting of the haematological tumour board has begun.

Cancer can spread nearly everywhere in the body, so oncology should ideally involve different medical specialists. Pathologists, gastroenterologists, urologists, gynaecologists and radiologists diagnose the diseases, while surgeons, haematologists, radiotherapists and immunologists provide the treatment.

Tumour boards institutionalise this interdisciplinary collaboration. The Tumour Centre alone has five boards with different focuses, such as breast cancer or blood diseases. The Oncology Centre doctors are regulars on the board and other specialists are brought in from other Hirslanden hospitals depending on the cases under review. Even external doctors can present their cases to the board. “There’s growing interest,” says Renner, who chairs the haematological board.

Anita Hirschi-Blickenstorfer from the Oncology Centre is up first. She shows an X-ray image of an elderly patient, which appears on the screen alongside the video call. “The tumour is seven centimetres long, it used to be 13 centimetres, so it is currently in a state of partial remission,” explains Hirschi-Blickenstorfer. The others are sceptical about whether the tumour has been beaten for good. After a short discussion, the board decides a tomography should be carried out in three months to see how the tumour develops. Renner types the decision into the electronic patient file and opens the next one.

More than a dozen cases are scheduled for today’s discussion, which means five minutes for each case. All the participants receive the patient files in advance, even though the fast pace of

hospital work doesn’t always leave them enough time to study the facts as closely as the attending doctor does. What is important is the pooling of different areas of expertise and the fresh eyes that the colleagues bring to the meetings, explains Renner. “The board prevents gut instinct decisions.”

Decisions should always be based on the facts – even for tough calls. Such as the patient Panagiotis Samaras introduces next. A young woman who came to her doctor with stomach pains. The PET-CT examination conducted by the gastroenterologist appears on the screen. “The lymph nodes almost exceed normal size,” explains Samaras. But the swelling could also be inflammation. The board decides to order another gastroscopy. “Surgery should only be used as a last resort,” says Samaras. He will present the case again at a future meeting.

After an hour the room empties, just as quickly as it had filled. Christoph Renner clutches his laptop under his arm. He says it is not just the doctors that appreciate the tumour board – the patients also appreciate it. “It automatically gives them a second and third opinion about their illness.” Sometimes he receives emails and phone calls from patients on Tuesday evening, he says. “They want to know the outcome of the discussion of their case.”



For Stefanie Hinder, quality time means watching her favourite band perform live.

For Roger Tobler, quality time means spending time in the mountains.

Funny and sad at the same time



ONLINE VIDEO
Scan the QR code



Closeness is important, so is taking a step back – and of course humour. Manager Roger Tobler and oncology nurse Stefanie Hinder discuss the best ways to help cancer patients. And when it’s okay to cry, too.

Ms Hinder, Mr Tobler: How would you define good oncological care?

Stefanie Hinder: You have to empathise with the patients, but not take pity on them. We help them the most when we’re supportive. Cancer patients are not only fighting tumours. They also have to sort out their financial affairs, because they are often unable to work for years. **Roger Tobler:** Conversations are really important in oncological care – we become part of the patient’s lives. Many of them receive treatment for years, so you develop relationships.

What is a typical work day?

SH: We dispense medication, administer chemotherapy, admit and discharge patients, make sure they get to their treatment appointments on time, accompany them if required, if they’re too weak. There’s always something to do.

Is there still time for conversations with the patients? **SH:** Conversations with the patients are very important.

We don’t have allocated time for this, but we’re flexible and always open for a chat.

How do you help exactly? **RT:** We inform patients about where they can access further support, like the Cancer League or ‘Look Good, Feel Better’. **SH:** We can also give them simple advice. Like gradually cutting their hair shorter before it falls out, so that they can slowly get used to having no hair.

How do you support the relatives?

RT: We explain what is happening during the therapy. And we listen to them. Often you don’t need to say much. You just have to be there.

Is working in oncology more demanding than in other departments?

RT: Many nurses who previously worked in other departments have difficulties working in oncology. When they realise the work is affecting them too much, they leave. **SH:** Even nurses in our pool don’t exactly jump for joy →

A nurse walks an average of 7.5 km per day on the ward.



when we call them up for duty. Some of them can't unwind after work and take the emotional burden home with them.

Never happens to you? SH: No. I walk through the door and leave work behind me. Of course, now and then there are cases that I talk about at home. And when work is particularly stressful, we discuss it as a team.

But surely there have been situations where that didn't work? SH: I had a patient who I looked after for so long that we developed a strong relationship of trust. As she lay in bed dying, I couldn't do it any more – it affected me too much. But I continued to visit her. RT: I also cried in a patient's room, because the relatives' grief was so overwhelming. I asked myself: is this unprofessional? SH: I think crying is allowed. It would be odd if we just stood there like robots. But of course you have to get a hold of yourself and keep working.

Does humour help? SH (laughs): Absolutely. We laugh a lot within the team, but also with the patients. RT: It's important to many of them that we don't just talk to them about their disease, but also about everyday things. SH: You can joke around with some of the patients. Recently we had a patient who was diagnosed with cancer three weeks before she retired and who was very pessimistic. I said to her: Come on, we're not going to let the cancer enjoy your retirement. It's often funny and sad at the same time.

We laugh a lot with in the team, but also with the patients.

Stefanie Hinder, nursing specialist oncology

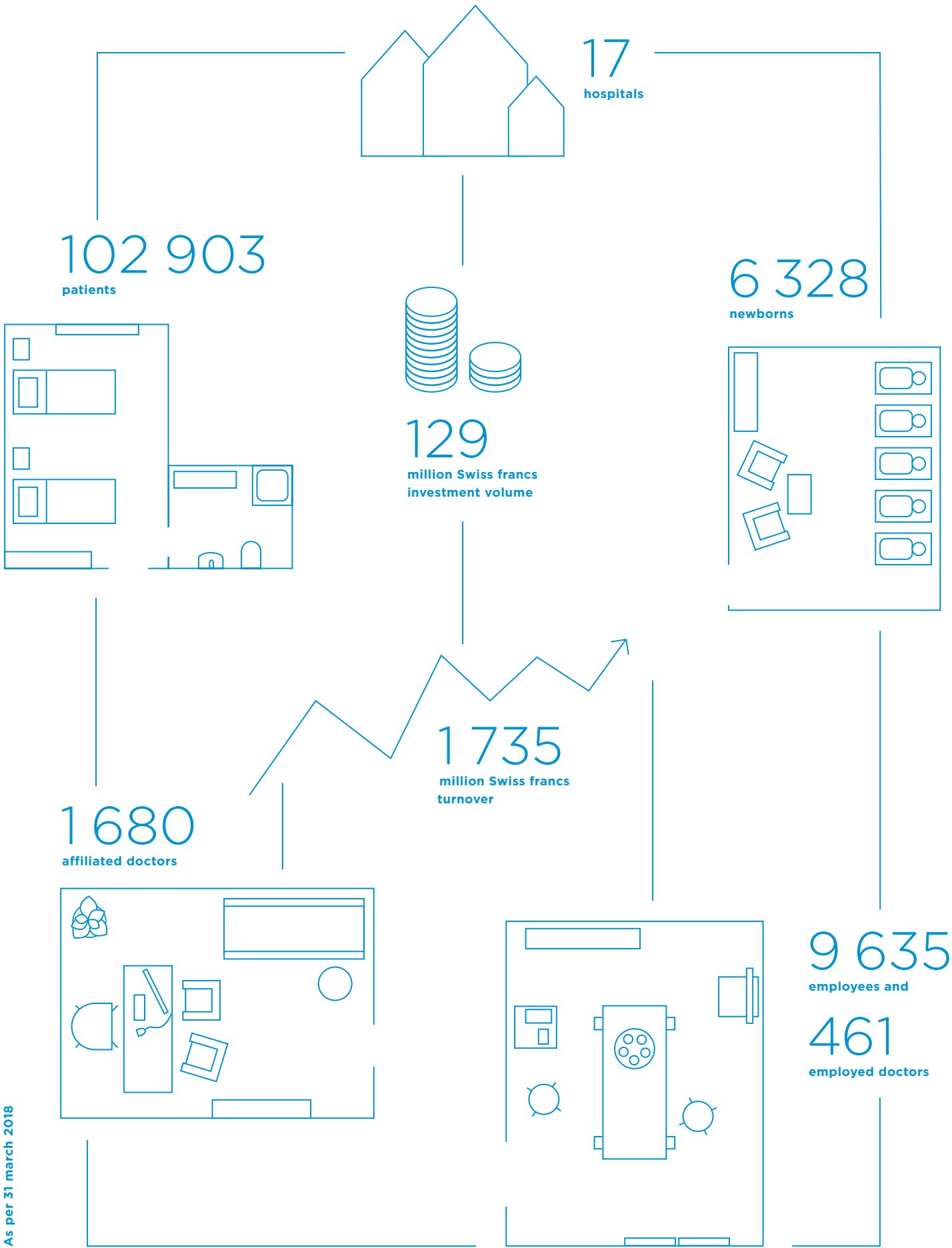
Around 4,300 nursing staff work at Hirslanden.

Do the patients express their gratitude? SH: Our patients are very grateful, particular for the little things. We also receive a lot of chocolate – there's always a stockpile in the team room (laughs). One patient sends us a thank you card every year on the day that they finished their stem cell therapy.

Has this constant confrontation with death also changed your personal outlook on life? RT: Society needs to move beyond the idea that cancer equals death. Cancer can't be healed, but it's possible to live without tumours. Even for a very long time. Luckily, the way society deals with the disease is changing, albeit slowly.

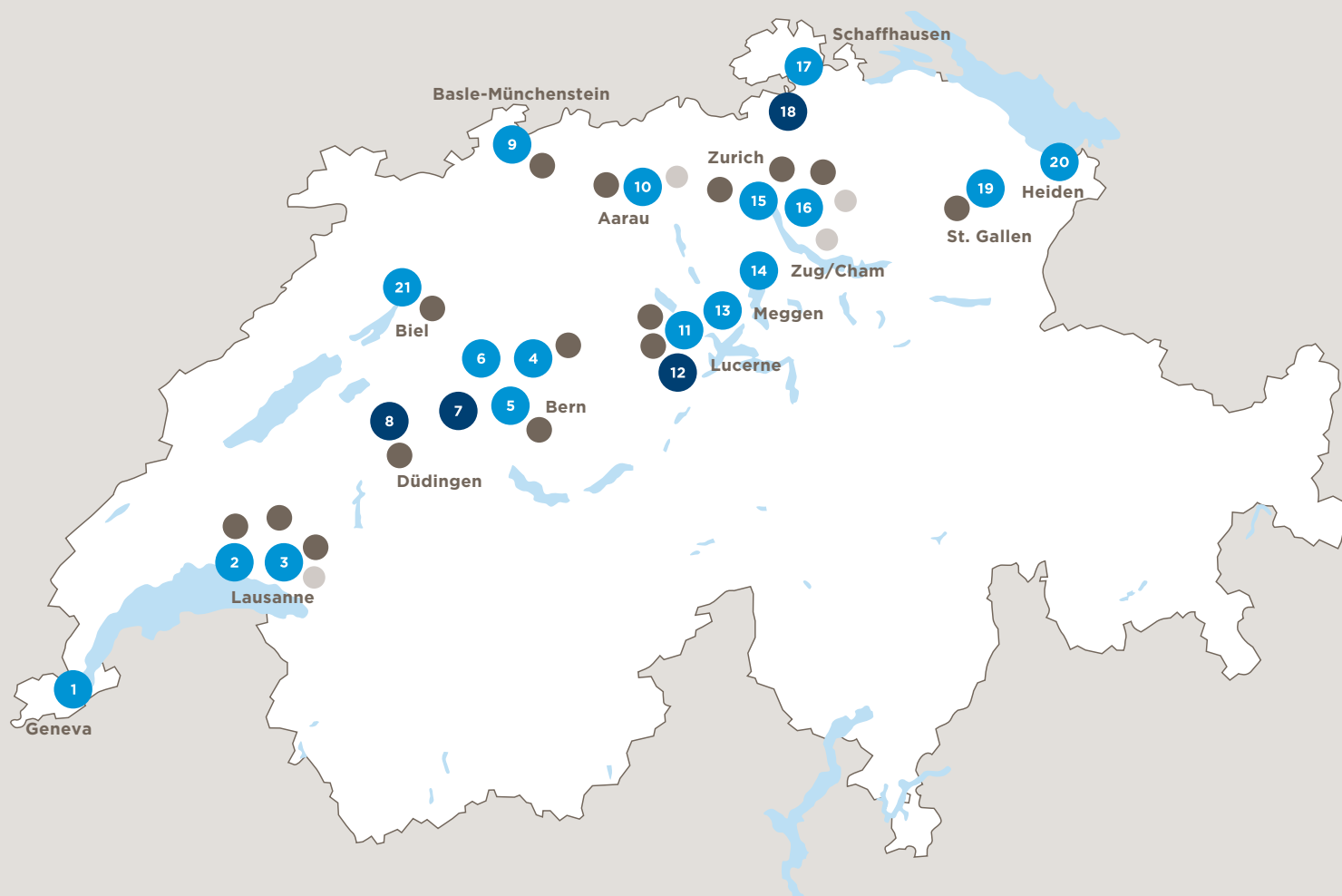
How do you know? SH: Death used to be a taboo topic. Not even the doctors would tell their patients that they had cancer. Today some patients are still too ashamed to go outside during the chemotherapy. Then everyone will see that I have cancer, they say. But more and more patients don't care, they don't even hide their bald heads any more.

Can death also be a form of release? RT: I got my current role after working in a hospice for the terminally ill. During the nursing training, my comments sometimes went against the grain. Many people thought you should do everything you can to keep people alive, as everyone has a right to life. Then I said: Everyone also has a right to die. SH: But of course the success stories are the best. When patients visit us a few months after they have been discharged, standing upright and with hair, so that we don't immediately recognise them. Until we realise: Oh it's you! •



As per 31 march 2018

The hospitals and centres of the Hirslanden Private Hospital Group



- 1 Clinique La Colline, Geneva
- 2 Clinique Bois-Cerf, Lausanne
- 3 Clinique Cecil, Lausanne
- 4 Salem-Spital, Bern
- 5 Klinik Permanence, Bern
- 6 Klinik Beau-Site, Bern
- 7 Praxiszentrum am Bahnhof, Bern
- 8 Praxiszentrum Düdingen, Düdingen
- 9 Klinik Birshof, Basle-Münchenstein
- 10 Hirslanden Klinik Aarau
- 11 Klinik St. Anna, Lucerne

- 12 St. Anna im Bahnhof, Lucerne
- 13 Hirslanden Klinik Meggen
- 14 AndreasKlinik Zug/Cham
- 15 Klinik Im Park, Zurich
- 16 Klinik Hirslanden, Zurich
- 17 Klinik Belair, Schaffhausen
- 18 Praxiszentrum am Bahnhof, Schaffhausen
- 19 Klinik Stephanshorn, St. Gallen
- 20 Klinik Am Rosenberg, Heiden
- 21 Klinik Linde, Biel

- Hospitals
- Outpatient clinics
- Radiology institutes
- Radiotherapy institutes