

# INTERVIEW

## The Secret of the Martini Klinik Culture

### Prof. Dr. Hartwig Huland



By Lena van Selm

The inclusive team culture at the Martini Klinik is one of the key factors for their superior results. According to the founder Hartwig Huland, the secret for this culture is the lifelong positions of the chiefs. Huland is of the belief that the Martini Klinik model is the future since patients will go to the clinics where they receive the best care and where the best care results in the best health outcomes.

#### What do you consider the key elements for the success of the Martini Klinik?

Three elements are essential. First of all, specialization; focussing on treating one disease only and becoming the best at it. Second, the life long positions of the chiefs at the Martini Klinik. This makes them feel like the Martini Klinik is their own hospital and they feel like they come home to their Martini home every day. When you feel like this you treat your patients and colleagues differently. Since all chiefs are equal and have the same spirit, the Martini Klinik doesn't depend on one leader. If I will retire nothing will change. Finally, the Martini Database allows us to learn and

improve a lot. The database contains data of over 30.000 patients including information after discharge. It's a goldmine!

#### How do you maintain the inclusive team culture at the Martini Klinik?

Life long positions are an important part of it. Also, we show appreciation to all of our employees and we are flexible for employees with families and kids. When making decisions we try to include the opinions of all groups. To keep everyone motivated and engaged we organize different types of internal conferences as well as sending a weekly newsletter to all employees with success stories. For example, if someone won an award, presented at an international conference, or if there is something new in the Martini Klinik. A great motivation for us all is the patient comment section on our homepage. If you see how happy many patients are, it makes you cry sometimes. The key question to ask is "would you recommend us to your friends and family?". We are all more critical when it comes to our loved ones than when it comes to ourselves. On this question, we get a 98-100% affirmative score from our patients.

Learning from inside	Learning from outside
A. Daily	E. Weekly
i. Morning conference: Last day's surgical cases, current patients on ward, scheduled surgeries of the day	vi. Resident lecture: recent literature
B. Weekly	vii. Advanced prostate cancer outpatient clinic: Interdisciplinary discussion
ii. Tumor board: Discussion on treatment for all patients	viii. Literature review: relevant articles
iii. Pathology conference: Discussion of unexpected pathological findings	F. Monthly
C. Monthly	ix. Interdisciplinary uro-oncological tumor board: Discussion difficult cases of outpatient and inpatient urologists
iv. Morbidity and mortality conference: Discussion of cases with complications	G. Annually
D. Annually	x. Martini Seminar: Presenting outcomes and recent research findings
v. Quality Review: Reporting outcomes of surgeons	

Box I: the many internal and external meetings at the Martini Klinik stimulate the learning culture.

# INTERVIEW

**Looking back, what were the main challenges when founding the Martini Klinik and how did you overcome these challenges?**

At first, many people were skeptical about only treating one disease and said that budget-wise it does not make sense. In the beginning we did not have a lot of patients and we never did any marketing. But, the patients that we treated were very happy and told their friends about us, so more patients came and we got a big name. Also, the general urologists weren't happy that we took prostate cancer treatment out of the urology section. At that moment it helped that I was head of the Department of Urology and head of the Martini Klinik. We agreed that residents spend a year with us during their rotations, so prostate cancer treatment is still part of the educational program. Another challenge was building up the database. When we started there was no money for a database manager and assistants. Luckily, we got a big donation from a family in Hamburg that believed in the idea to start up the project and by now it's evident that it works.

*“We never did any marketing. When you provide the best care patients will find their way to your clinic”*

Looking back at the process of founding the Martini Klinik I wouldn't do anything differently.

**How do you think the Martini Klinik model of providing care will develop in the future?**

Right now some clinics are starting to use a similar model. There is an endoprosthesis clinic in Hamburg and some clinics in the Netherlands and Scandinavia that show similarities with our model. I am convinced that models like the Martini Klinik are the future. Patients will demand this and put pressure on healthcare providers to reform. They look up the clinics with the best outcomes and go there to receive care.

**What advice do you have for other leaders in healthcare?**

Think about adopting a faculty system and focus on health outcomes. Also, outcomes after discharge are essential for the doctors to know. My vision is that there should be a central institution that receives the outcome information from the patient, validates it, and gives it back to the patient. My final advice: let the empathy for the patient be your drive!

Results	German average	Martini Klinik
Fully continent	56.7 %	93.5 % <sup>1</sup>
Severe incontinence <sup>2</sup>	4.5 %	0.4 %
Severe erectile dysfunction (1 year) <sup>3</sup>	75.5 %	34.7 %
Ureteral injury	0.6 %	0.04 %
Sepsis	2.5 %	0.04 %
Pulmonary embolism	0.8 %	0.1 %
Delayed wound healing	1.7 %	0.9 %
Rectal injury	1.7 %	0.2 %
Thrombosis	2.5 %	0.4 %

Table I: The superior outcomes of the Martini Klinik