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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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Report from the AEMH WG “Risk Management / Patient Safety”

Vienna, 21 April 2007

Chair: Dr Raymond Lies

Participants: Dr Marie Wedin, Dr Erik Obel, Dr Siri Tau Ursin, Dr Hrvoje Sobat, Dr Pier Maria Morresi, Dr José Esteves

The group had a brainstorming on the topic of Risk Management / Patient Safety from the perspective of hospital physicians with a focus on three topics.

1. No-blame reporting culture

The group agreed that there is a positive evolution toward a no-blame reporting culture in the whole hospital sector. The discussion whether the reporting system should be mandatory or voluntary, resulted that it should ideally be voluntary, but in case of serious mistakes putting in danger patients lives, or the functioning of the hospital there should be a reporting obligation to the hospital management. Therefore, the natures of serious events need to be defined and listed.

At all levels doctors must take active part in the process and push for a reporting system similar in all European countries to be compatible. A special focus must be made on the data protection of any kind of reporting system in order to avoid misuse.

2. European Institute for Patient Safety

Denmark is the only European country having a Patient Safety institute. Before creating a European institute the WG advocates a bottom-up evolution and the establishment of a committee on Patient Safety/ Risk Management within the hospital, conducted by doctors. The WG is not against a European Institute, but this institute should only be an advisory body and run by health professionals and not only by administrators.

3. The economic value of Patient Safety activities

In general there is no doubt that quality of health care has a positive economic impact. And good economics do not only mean less costs but also an added value on health and human aspects. It is difficult to measure specifically the economic value of Patient Safety activities, but it is an important component for decision makers, who want more quality, more efficiency for less costs. Therefore we should attempt to evaluate the financial consequences of Patient Safety activities for the patient, for the health insurance and for the hospital.

Conclusion: A systematic approach of quality at all levels within the hospital is the most effective preventive measure for a good risk management and for patient safety.

The working group will continue its work by e-mail with the objective to draft a position paper in line with statements expressed in other AEMH documents in order to demonstrate a coherent standpoint and to balance the numerous lobbying efforts of patients' organizations.

Dr Raymond Lies