ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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AEMH-European Secretariat – Rue Guimard 15 – B-1040 Brussels
Tel. +32 2 736 60 66, Fax +32 2 732 99 72
e-mail : secretariat@aemh.org, http://www.aemh.org

AEMH ACTIVITY REPORT
CPME Meeting, Brussels 19-20 October 2007

AEMH Conference 2007
AEMH Plenary Meeting
Working groups:
- EWTD
- Risk Management/ Patients Safety
- Hospital Accreditation

AEMH-Conference 2007

The AEMH organizes once a year a conference in the context of its Plenary meeting. This year's conference was organized 19 April 2007 in Vienna in collaboration with the Austrian Association of Senior Hospital Physicians and entitled **"European Hospitals evolving into Centers of Excellence?"**. Speakers were medical doctors, representatives from national authorities, the industry and the health insurance. During the lively debate it appeared that the term of "centers of excellence" needed to be defined. This a short abstract of the different speeches, the full programme is attached and the presentations can be retrieved from the AEMH website
http://www.aemh.org/pages/events_conf_07.html

The AEMH Working group on Hospital accreditation chaired by Dr Joao de Deus will further analyze the outcome of the conference and include the conclusions in a statement.

Reinhart Waneck, MD PhD, the key note speaker, President of the Austrian Association of Senior Hospital Physicians and from 2000-2004 State Secretary of Health quoted in his lecture a WHO recommendation from 2000 " ***The state cannot excuse itself from its responsibility for the Public Health Sector, but it should abstain from too much direct involvement."***As a result the states exert less and less influence and there is a gradual shift from being the provider to being the insurer. Private partners in the Public Health Sector will gain significantly importance. These new „healthy-competition"-hospitals will distinguish themselves by their quality and the care-standard they offer. As the patient's information and knowledge of service-offerings in the medical sector is already high and will be even higher in the future, the quality of medical standard can be presumed as a mere prerequisite. The emancipated patient will act as a regulator.

Michael Heinisch, General Manager of the Vinzenz Holding Hospital and lecturer for Health Care Management, warned from comparing hospitals to factories and reparation to healing. In his definition of Centers of Excellence he mentioned criteria such as waiting time, number of adverse events, but also productivity and profitability and to act with competence and compassion.

Hubert Hrabisch, MD, Director General of the Austrian Health Ministry divided the topic into three branches: Healthcare, Research and Education. His definition of centres

of excellence are hospitals specialized in particular diseases, hospitals focusing on scientific activities and ensuring most effective expertise. He pleaded for European Accreditation guidelines to ensure quality standards.

Arne Borgwardt MD at the Orthopaedic Department, Frederiksberg University Hospital, exposed the Danish Health care Quality Assessment Programme as a model based on standards, evaluation and reporting, which key is self assessment Health care professionals are highly involved in the process, which is however very time-consuming and he pleaded to ensure that physicians retain sufficient time for their clinical and scientific work.

Hartmut Pelinka, MD Ph, Medical Director of the Austrian Social Insurance for Occupational Risks, reported on the Trauma and Rehabilition Centers, which underlay state of the art medical standards and should not only treat occupational accidents but focus on surgical and conservative treatment of all injuries and the resulting impairments.

Wilhelm Frank, a scientific consultant in public health services especially in the fields of epidemiology, statistics, evidence-based disciplines (EBM, HTA) and health economics, lectured on the importance of pharma-economics, which he resumed in the harmonization of quality and best practice with economic thinking.

Robert Scharinger, Deputy Head of the Information Management Department of the Austrian Ministry of Health, delegate to EMEA, the eHealth Experts Group and the ECDC, quoted the specific aims of Pharmacovigilance (WHO-definition), which are : improve patient care and safety as well as improve public health and safety in relation to the use of medicines, contribute to the assessment of benefit, harm, effectiveness and risk of medicines, encouraging their safe, rational and more effective (including cost-effective) use.
EudraVigilance, the common electronic reporting gateway of the EU is an important tool for the electronic exchange of suspected adverse reactions.

AEMH Plenary Meeting

The AEMH held its 60th Plenary Meeting 20-21 April 2007 in Vienna/ Austria. The general assembly elected a new **treasurer for the term 2008-2010: Dr Hrvoje Sobat, Croatia**.

The four **AEMH working groups** met in parallel session, the reports are resumed hereafter.

EWTD

The conclusions of the working group were:

1. There are clear advantages of the current EWTD both for doctors and patients. Applied soundly, both senior and junior doctors are to gain, especially by the increased protection against accidents and mishaps.

2. Patient safety will improve by implementation of the Directive, if applied in a structured manner.
3. To avoid increased work load and especially increased discontinuity, it is necessary to reorganise the hospital work-schedule. Ultimately, this means an increased number of positions both for junior, as well as senior hospital doctors. It also means the need for improved procedures and especially of methods of reporting and charting patient flow-through. The so-called "Medical Time" must be protected, possibly (and hopefully) by improved IT-techniques.
4. Loss of income must be compensated, and the compensation must be graded according to the level of competence and seniority.
5. The training of specialist has to be analysed and re-assessed, the length possibly has to be increased, the efficiency improved and new technologies (web-based/virtual models/animal models) used to compensate for the possible reduced patient contact.

Risk Management/ Patient Safety in Hospitals

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.

Hospital Accreditation

The working group is in the process to draft a statement, taking into account the work of the past two years on hospital management based on quality and safety, the evolvement of hospitals into centres of excellence and the migration of doctors and patients.

There is a need for general European recommendations. Accreditation is one of the tools that can be used, but in a standardised form all over Europe, in order to guarantee quality of treatment and ensure patient safety.
The process should include:

1. Hospital accreditation based on quality and safety must consider:

- Risk management
- Involvement of doctors in Hospital management
- Working conditions of Hospital doctors
- Evaluation of pre-and post graduate education.

2. Hospital development and centres of excellence:

In a world where diagnostic and treatment procedures are under continuous development there is a need for a development policy for hospitals and for individual doctors. There is a constant imperative to incorporate new treatment modalities in hospitals across European countries. This leads to a need for hospitals as well as for individual doctors to document competencies in new treatment modalities to ensure optimal treatment and safety of the procedures used.

3. Hospital organizational standards:

Working processes in the hospitals must be documented. This includes documentation of essential procedures used in diagnostic and treatment modalities as well as the information given to patients. In most accreditation models already put to use, these elements have been incorporated.
Every hospital must be able to document the effect of treatment as well as the safety of procedures used. There is a need to develop generally accepted markers for this, markers that can be used all over Europe by any hospital.

<u>Pre-, per- and postgraduate Training</u>

The working group analyzed an inquiry, which amongst other put the question whether there is a need for a European Advisory Committee on Medical Training. A majority of the AEMH member delegations answered positively.
Furthermore the group reached the following consensuses:
Pre-graduate Training (medical school): To change the AEMH standpoint and become in favor of the Bologna process to facilitate mobility, comparability and harmonization in Europe.
Postgraduate training CPD : Opposing a mandatory CME system, turn directly from CME to CPD.

The next meetings of the AEMH will take place

1st May 2008 – Zagreb/ Croatia	AEMH Conference "Cross-border Health" – organized in collaboration with the Croatian Medical Chamber
2-3 May 2008 – Zagreb/Croatia	61st AEMH Plenary Meeting

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EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS

VERBAND DER LEITENDEN KRANKENHAUSÄRZTE ÖSTERREICHS
AUSTRIAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
ASSOCIATION AUTRICHIENNE DES MEDECINS DES HOPITAUX

AEMH Conference 2007
"European Hospitals evolving into Centres of Excellence?"

organized in connection with the 60th AEMH Plenary Meeting
and in collaboration with the Austrian Association of Senior Hospital Physicians

Venue: **Radisson SAS Palais Hotel**
Parkring 16, A-1010 Vienna/ Austria

Programme

19 April 2007
14:00 – 18:00

OPENING and WELCOME

14:00–14:30 ***Prof. Dr. Reinhart Waneck**, President of the Austrian Association of Senior Hospital Physicians (AASHP)*

***Dr. Walter Dorner**, President of the Medical Chamber Vienna*

***Dr. Raymond Lies**, President of the AEMH*

"European Hospitals evolving into Centres of Excellence?"

PART I

14:30-14:45 **KEYNOTE LECTURE**
Structural Changes of European Hospitals on Different Levels
- Actual Situation in Austria
- Responsibility and Development
- Quality Aspects
- Cooperation of Medical Institutions
- Interdisciplinary Treatment
- Patient Mobility
- Patient Rights and Interest
- Role of Senior Hospital Physicians

- Prof.Dr. Reinhart Waneck

14:45-15:30 **Definition of Centres of Excellence**
- Heinrich von Wulfen (SiemensAG)
- Dr. Michael Heinisch (Vinzenz Holding)
- GenDir.Sekt.Chef Dr. Hubert Hrabcik (Austrian Ministry for Health, Family and Youth)

15:30-15:50 **Developing Hospital Accreditation in Europe**
- The situation in Denmark

- Dr. Arne Borgwardt, Clinical Director

15:50-16:00 **Q & A**

16:00-16:30 **Coffee Break**

"European Hospitals evolving into Centres of Excellence?"

PART II

16:30-16:50 **Health Insurance**

- Prof. Dr. Hartmut Pelinka (Austrian Social Insurance for Occupational Risks)

16:50-17:20 **Pharmaco-economy**

- Mag. Dr. Wilhelm Frank (Study Group for Scientific Medical Care)

17:20-17:40 **Pharmacovigilance**

- Ing. Robert Scharinger (Austrian Ministry for Health, Family and Youth)

17:40-18:00 **General Discussion and Conclusion**

19:00 **Departure to Reception**

19:30 **Reception by the Mayor of Vienna at the Restaurant Grünspan**

AEMH-European Secretariat
Rue de la Science 41, B-1040 Brussels
Tel. +32 2 736 6066, Fax +32 2 732 9932
e-mail : secretariat@aemh.org
http://www.aemh.org

VLKÖ-AASHP-AAMH c/o Vienna Medical Academy
Alser Straße 4, A-1090 Vienna/ Austria
Tel. +43 1 405 13 8320, Fax +43 1 405 13 8323
e-mail : primverband@medacad.org
http://www.leitendekrankenhausaerzte.at