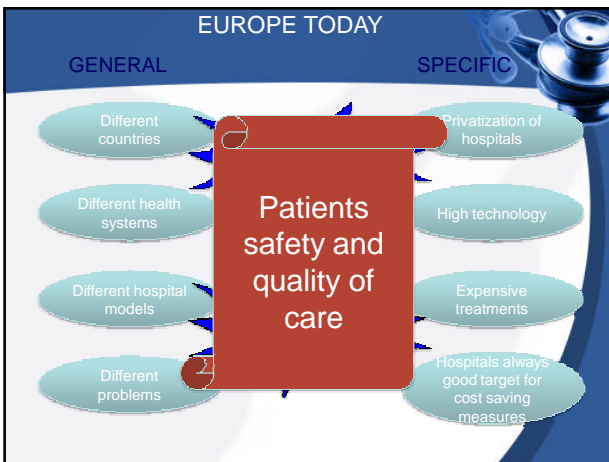




**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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1- RISK MANAGEMENT

- “naming and blaming” culture
- Health accidents

Involvement of managers, physicians, nurses and other stakeholders is essential to guarantee quality and patients safety

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1- RISK MANAGEMENT

- **Changes in multiple organizational components**
 - Use of information technology to reduce errors.
 - Use of a check control system
 - Create a reporting culture

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1- RISK MANAGEMENT

- **Developing quality measures**
 - Promote quality control evaluation
 - Involve local groups

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1- RISK MANAGEMENT

- **Reducing high-hazard risks**

- Create a reporting system
- Identify changes

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2- PRE AND POSTGRADUATE MEDICAL TRAINING

- **Pre-graduate training**

- Bologna process
- Harmonization
- 6 years or 5500 hours

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2- PRE AND POSTGRADUATE MEDICAL TRAINING

- **Postgraduate training**

- Difficult to harmonize
- Programs
- Training periods

36 medical specialities that are official in at least two member states.

Other 14 were recognized in all Member States.

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3- CPD (Continuous Professional Development)

- CPD can be defined as the educational means by which doctors ensure that they maintain and improve their medical competence and clinical performance.
- It is an ethical and professional responsibility of every practicing doctor to ensure that the medical care they provide for patients is safe and based on valid scientific evidence.

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3- CPD

- **Doctors should be supported on assessment of their learning needs**

- CPD is a huge concern for medical profession
- CPD is an ethical obligation

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3- CPD

- **Doctors should be supported on assessment of their learning needs**

- CME (Continuing medical education) credit points is an insufficient instrument to measure quality, is only an indicator of time spent.
- Also recertification or revalidation showed no value in detection of incompetent / underperforming doctors (AEMH declaration of Athens).

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3- CPD

- **Health professionals education and training**
 - Improve quality of training and working conditions of junior doctors
 - Encourage European hospital doctors to plan for CPD actions implemented in the framework of the organization.

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3- CPD

- **Health professionals education and training**
 - National Medical Associations should claim for medical careers
 - Training of hospital staff should be a priority in quality management.

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4- WORKING CONDITIONS OF HOSPITAL DOCTORS AND OTHER HOSPITAL STAFF

- Labour conditions of hospital doctors play a crucial role in patients' safety.
- Poorly paid work, non-specialized doctors doing specialized tasks, cheap manpower in health services, quantity instead of quality indicators only leads to an increasing risk for patients' safety.

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4- WORKING CONDITIONS OF HOSPITAL DOCTORS AND OTHER HOSPITAL STAFF

- **Improvement of working conditions of hospital doctors**
 - Provide health care workers with optimized working conditions.
 - Limited working hours with obligatory rest time period.
 - Stimulate teamwork training throughout each health care provider's career.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- Describes a situation where a task normally performed by a certain type of health professional is transferred to a health professional with a different or lower level of education and training, or to a person specifically trained to perform a limited task only, without having a formal health education. Task shifting occurs both in countries facing shortages of physicians and those not facing shortages. It carries with it significant risks.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- It should never be a cost saving strategy.
- Task shifting in poor countries may be used to justify a policy shift in rich countries.
- Shortage of doctors and more expensive manpower should never justify task shifting.
- It should not and must not be associated with second-rate services.

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- **shortage of doctors**

– RCP Press Statement December 2010

“The RCP is concerned by the mounting evidence of poor care delivered to patients in hospital out of hours and at weekends”

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- **shortage of doctors**

- There is a consistent pattern of increased mortality rates in patients admitted to hospital outside normal working hours

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5- TASK SHIFTING / SHORTAGE OF DOCTORS

- **shortage of doctors**

- Reduced senior medical staffing
- Reduced nurse and technical staffing

More Medical / Nursing staff is the key to patient safety because services need to be 7/7 for maximum efficiency.

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- **The citizen on the health system**
 - Satisfaction, participation and rights

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- **Accessibility and continuity of care**

6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- **Organization of the activity**

- **Promote**
- **Plan**
- **Co-operate**

Other centers

Other institutions

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- **Professionals**
 - effective,
 - sustained,
 - high quality professional development

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6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- **Structure**
 - "state-of-the-art"

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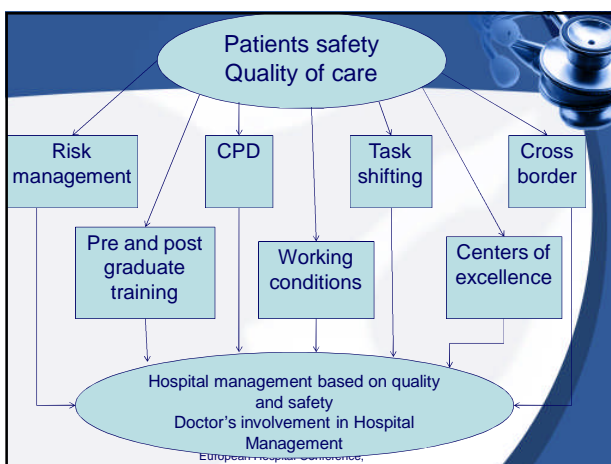
6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- **Results**

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7- PATIENTS' RIGHTS IN CROSS-BORDER HEALTH CARE


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- Decisions involving individual clinical judgment
- Decisions involving larger organization-wide resource allocation
- Decisions involving patients' safety


are highly interrelated

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- The nature of physicians' involvement in management must be understood within this context.

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LARGER INVOLVEMENT OF DOCTORS IN HOSPITAL MANAGEMENT

- Support doctor's involvement in hospital management and strategic decisions.
- Implement doctors' post-graduate education in management of health care units.

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