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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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## **Background Document for the AEMH-statement on Accreditation of Hospitals in Europe**

Patient safety and treatment qualities are major issues in Europe as in the rest of the World. Migration of patients as well as doctors has increased over the last decade, and is expected to increase further in the future. As a result of this increased migration there is a need to focus on the quality of diagnostic procedures and treatment in a cross border perspective. There is a need for general European recommendations concerning documentation of quality and patient safety.

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**

### **2- Hospital development and centres of excellence**

### **3- Hospital organizational standards**

#### **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.

## AEMH - STATEMENT

### HOSPITAL MANAGEMENT BASED ON CPD AND PATIENT'S SAFETY

- **Changes in multiple organizational components.**

Risk management has to be a primary focus in hospital care. In order to reduce high-hazard risks, hospitals should create a reporting system, notifying: adverse events, no harm incidents, near misses; open to all levels of assistance; typically non-punitive, confidential and anonymous.

- **Larger involvement of doctors in hospital management.**

Physicians' involvement in management and in strategic decisions positively affects hospital performance and quality of care. Support doctors' involvement in hospital management and implement doctors' post-graduate education in management of health care units are aims that all Medical organizations should prosecute.

- **Improvement of working conditions of hospital doctors.**

Labour conditions of hospital doctors play a crucial role in patients' safety. Excessive working time, poor or no rest after a long period of work, understaffing teams, overload work, inadequate or outdated equipment, lack of collaboration and communication among clinical staff, creates an accident opportunity. Hospital doctors should claim for optimized working conditions, limited working hours with obligatory rest time period and team work training throughout lifelong.

- **Health professionals education and training**

Exquisite qualification programmes for junior doctors and Continuing Professional Development will bring less risk in hospital performances. Training of hospital staff should be a priority in quality management, so improving quality of training and working conditions of junior doctors, encouraging European hospital doctors to plan for CPD actions implemented in the framework of the organization and claim for medical careers with a peer evaluation based on technical performances and Continuous Professional Development should be a priority.