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| Title:            | EHC -European Hospital Conference  
                    Presentation: AEMH View on Today’s Policy in European Hospitals |
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Different countries
Different health systems
Different hospital models
Different problems

EUROPE TODAY
1- RISK MANAGEMENT

GENERAL

• “naming and blaming” culture
• Health accidents

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

SPECIFIC

• Evaluation of hospitals
• High technology
• Expensive treatments
• Hospitals always good target for cost saving measures

Patients safety and quality of care

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

• Developing quality measures
  – Promote quality control evaluation
  – Involve local groups
1- RISK MANAGEMENT

• Reducing high-hazard risks
  – Create a reporting system
  – Identify changes

2- PRE AND POSTGRADUATE MEDICAL TRAINING

• Pre-graduate training
  – Bologna process
  – Harmonization
  – 6 years or 5500 hours

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.

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.

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

• 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).
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.

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.

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.

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.

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.
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.

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”

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

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.

6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- The citizen on the health system
  - Satisfaction, participation and rights
  - Accessibility and continuity of care

6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

- Organization of the activity

  - Promote
  - Plan
  - Co-operate

Other centers
Other institutions
6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

• Professionals
  – effective,
  – sustained,
  – high quality professional development

European Hospital Conference, Düsseldorf 18 November 2011

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

• 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.

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.

THANK YOU