

Volume 15, Issue 1, 2013 - Editorial

Learn From Your Mistakes

It was a spectacular apology that David Cameron offered in parliament for the deplorable state of affairs that was allowed to persist for years at Stafford Hospital. As far as we know, the poor quality of care of a hospital had never before been quite so intensively, media-frenziedly discussed in any European parliament as it was in this case. The official apology of the British Prime Minister was offered to victims, patients and families who had been forced to fight long and hard in order to have their complaints heard. An investigation under Robert Francis QC names the versatile reasons on 1,800 pages.

In first place it is the hospital management, but even more so the National Health Service (NHS) and the government officials involved that must now face up to the serious accusations. According to the BBC, the investigation assumes that the disgraceful standard of care of Stafford patients is by no means an isolated case. Its 290 recommendations therefore not only address the Stafford Hospital – they are also a summons to all hospitals, and in particular to the NHS as well as to official governmental authorities. Amongst others, Francis demands a sustainable change in the NHS' organisational culture. We have an additional report on this subject in the inner sections and will try to let our British hospital colleagues have their say in the next edition of (E)Hospital.

As hospital managers we can all learn from these occurrences. First of all: Addressing the topic of abuse and neglect should not be limited to a single country, nor should we now be tempted to make sweeping generalisations about all hospitals. It cannot be ruled out that health systems in other European countries might also be forced to face accusations in a similar vein. On the other hand, it is also true that many hospitals still offer a superb quality of healthcare – even in light of ever decreasing budgets and impeding systemic conditions. It is part of the job of the EAHM to analyse this area of tension between predetermined frame works and capacity and, where necessary, to give out written warnings. This area is therefore also a focus of the lecture topics at the 24th EAHM congress in Luxembourg.

Furthermore, the EU Commissioner for Health should take particular care regarding the disclosure of quality characteristics within the EU guideline on cross-border healthcare. Luckily there were no patients of other EU member states among the 'Stafford victims'. But what if there had been? Surely the European Court of Justice would have become involved in double quick time, questioning the national jurisdiction before European action.

The guideline mentioned above can prevent this, if its legal requirements are processed in a timely fashion by the EU states and also by the partners in the health area. The subject of 'quality' has been at the top of the EAHM's agenda for many years now. After our seminar in 2012 in Dusseldorf our advisory board on European Affairs compared the quality indicators in place in different countries, thereby providing important impetus for prevention. We will report on this topic as well, both in our journal and at our congresses.

Another lesson can be learned from the occurrences at Stafford Hospital. When searching for causes for the scandalous conditions and the allocation of responsibility it will most probably be inevitable to investigate not only the quality management but also the hospital's public supply mandate, the job description as well as the powers of the hospital managers, and last but not least the management structure of the institution. As without these written responsibilities and structures investigated in practice the basic preconditions for patient-orientated and efficient dealings will be lacking. The EAHM and in particular our scientific subcommittee have been heeding these facts for years. The previous results produced by the advisory board, especially in light of the occurrences in Stafford, show once again how much we can learn from each other on EU level, in particular regarding the management of our health institutions. Part of this process is no doubt the critical self-appraisal of our working mode in hospitals and a comparison on European level, without pointing the finger of blame and incrimination against each other.

Willy Heuschen

EAHM Secretary General

Editor-in-Chief

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