

## Volume 15, Issue 4/2013 - Editorial

### Joint Responsibility....

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The annual conference of the European Public Health Alliance held during the Lithuanian EU presidency demonstrated that disparities in the physical health of the population of EU member states are ever more increasing. For instance, one statistic showed that restrictions in actively pursuing one's way of life either due to disease or death is increasing in countries with low to moderate incomes. By now, this rate is twice as high in these countries as it is in higher-income nations. It was also ascertained that the current financial crisis suffered by the member states does not only negatively impact the economic situation. It also restrains the health coverage and has sustained negative effects on health systems as a whole.

Apart from this observation, the EU Commission's working paper pinpointed other factors influencing citizens' physical states of health. These are manifold and comprise factors concerning education and training as well as employment, levels of income and life style choices. It seems obvious that all factors mentioned interact with each other. In this working paper the Commission appeals to all countries and their healthcare stakeholders to employ targeted actions and investments in order to decrease these health disparities in the long run.

As hospital managers it is also our duty to improve our citizens' health status and thereby support social cohesion – for instance, via the range of services offered at our institutions. The daily practice of hospital management shows that the above-mentioned disparities might easily exist in one's own country or even in the catchment area of the hospital. Anybody willing can observe the social divide of a population in any emergency hospital department. We are also aware of the fact that the austerity measures currently implemented in so many countries place an additional financial burden on patients. It goes without saying that for some patients this might imply a limited access to healthcare services. On the other hand, hospitals too are forced to operate in the red, if they want to secure their current standard of services and continue to do so in the future. This in turn is most commonly associated with further investments to keep up with developments in the fields of medicine and medical techniques alike.

It is hospital management's job to efficiently negotiate this balancing act between social responsibility and economic efficiency of the institution – short-term as well as long-term. You can read about these issues in detail, and how the EAHM supports its members in these challenging and manifold tasks. The 24th EAHM congress, which we will cover in this issue, is a perfect example of mastering the balancing act. Reports on IT applications in medical technology, as well as management of an operating theatre contain numerous helpful tips.

Furthermore we are pleased to introduce the IMPOmodel, which we will be using as the working method of the EAHM in the future. As you can read in detail, IMPO offers a global acquisition of hospital managements and flags up connections as well as various aspects to be considered during assessment. On the basis of national and social guidelines, the INPUTS, it clarifies that all activities in a hospital should be patient-orientated and focus on social responsibility, which is also the stick by which it should be measured. Management and processes, doctors and employees in the daily routine hereby constitute the hospital's central motor. By means of this model we as the association believe we have brought forth an enriching programme. It is our conviction that IMPO is an ideal approach to let hospital managers learn from each other and to strengthen them in their responsibility for patients and social cohesion.

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