

SICUREZZA DELLE CURE E SICUREZZA IN CHIRURGIA

Storytelling dei Chirurghi Italiani all'estero



Luigi Marano

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Program Director, Advanced Minimally Invasive and Robotic Digestive Surgical Oncology
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Visiting Professor, Dnipro Medical State University, Ukraine



Copernicus Podmiot Leczniczy
sp. z o.o. z siedzibą w Gdańsku

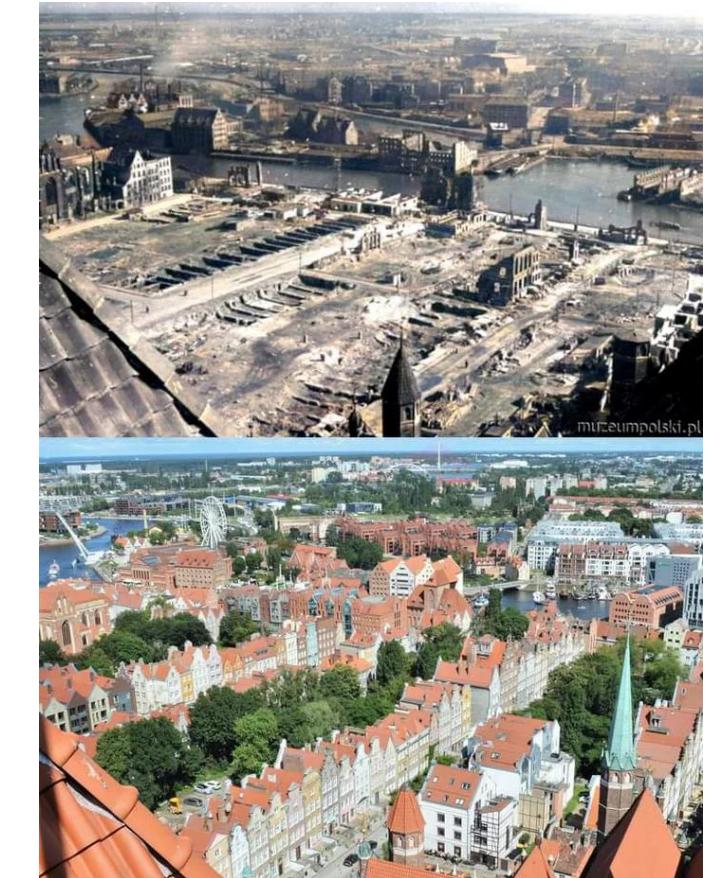
Spółka Samorządu
Województwa Pomorskiego



A painting depicting a group of soldiers in camouflage uniforms on a hillside. They are raising a flag with white and red horizontal stripes. The sky is a dramatic orange and yellow, suggesting sunset or sunrise. The foreground shows dark silhouettes of trees.

"In a country that has experienced tensions, conflicts, and radical transformations, medicine can only reflect that complexity: it is both a product of history and a driver of social change."

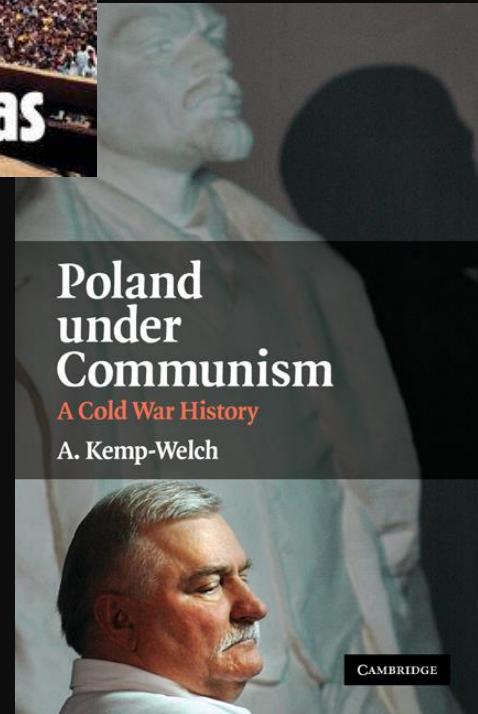
Historical Context of Health in Poland



Historical Context of Health in Poland



1989



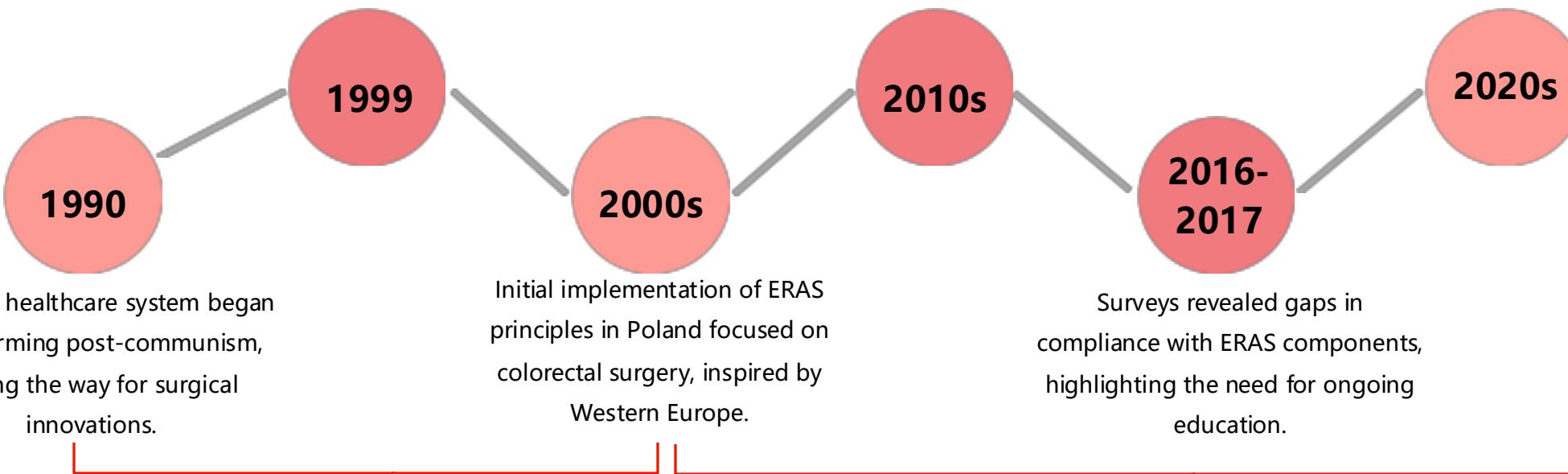
Historical Context of Health in Poland



ERAS protocols were formally conceived, influenced by Scandinavian surgical conferences and global trends.

The Polish Association of Surgeons endorsed ERAS, promoting training and knowledge dissemination across institutions.

Increased adoption of ERAS protocols in public university hospitals, enhancing recovery in elective gastrointestinal surgeries.



My first day in Poland

The international journey



AMBASCIATA D'ITALIA
VARSAVIA
PLAC DABROWSKIEGO, 6
VARSAVIA POLONIA

OGGETTO: ESPATRIO

Gentile Connazionale

ho il piacere di comunicare che questo Comune ha provveduto all'iscrizione nell' A.I.R.E. di Perugia per ESPATRIO (ai sensi dell'art. 2, lett. A, della Legge 27 ottobre 1988, n.470 e circolare MIACEL n.12 del 1990), come da comunicazione inviataci dalla Rappresentanza d'Italia specificata in indirizzo.

per le seguenti persone :

- **MARANO LUIGI**

Nato a MADDALONI (CE) il 14/03/1983
Numero Famiglia AIRE 8553 Numero Individuale 2023-549

Responsabile del procedimento

Dott.ssa Archinucci Rachele

Nel ricordarle che questo ufficio è a sua disposizione per eventuali chiarimenti, si coglie l'occasione per inviarLe

Distinti Saluti

Dott.ssa Archinucci Rachele
Firma autografa omessa ai sensi dell'art. 3 d.lgs. 39/1993



My first day in Poland

When is the «competition» (concorso)?

My Polish colleagues looked at me with total confusion.

There is **no concorso**.

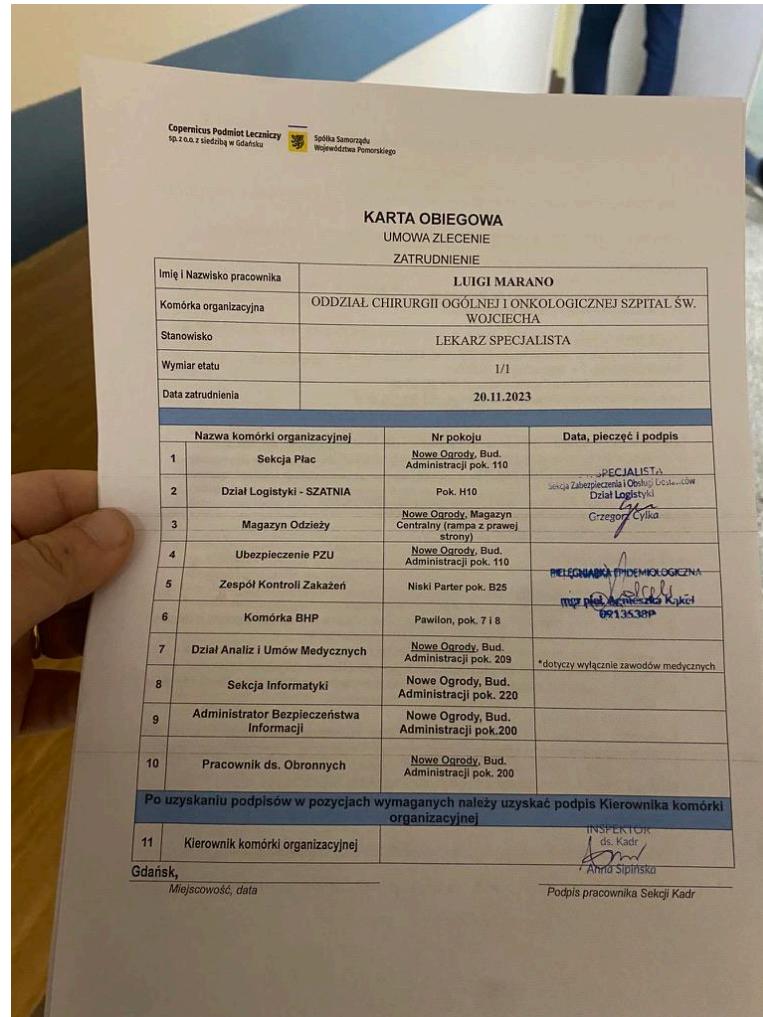
No national mechanism.

No five-year waiting lists.

No pre-written winners.

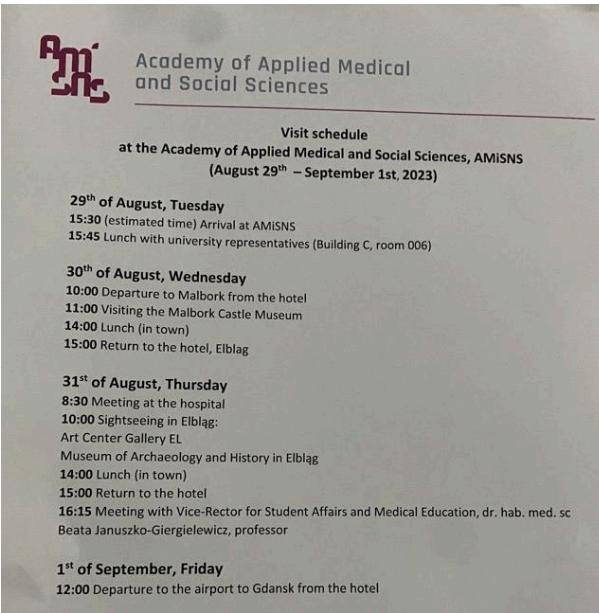
No opaque panels.

No 300-page application for a job you already know you will not win.

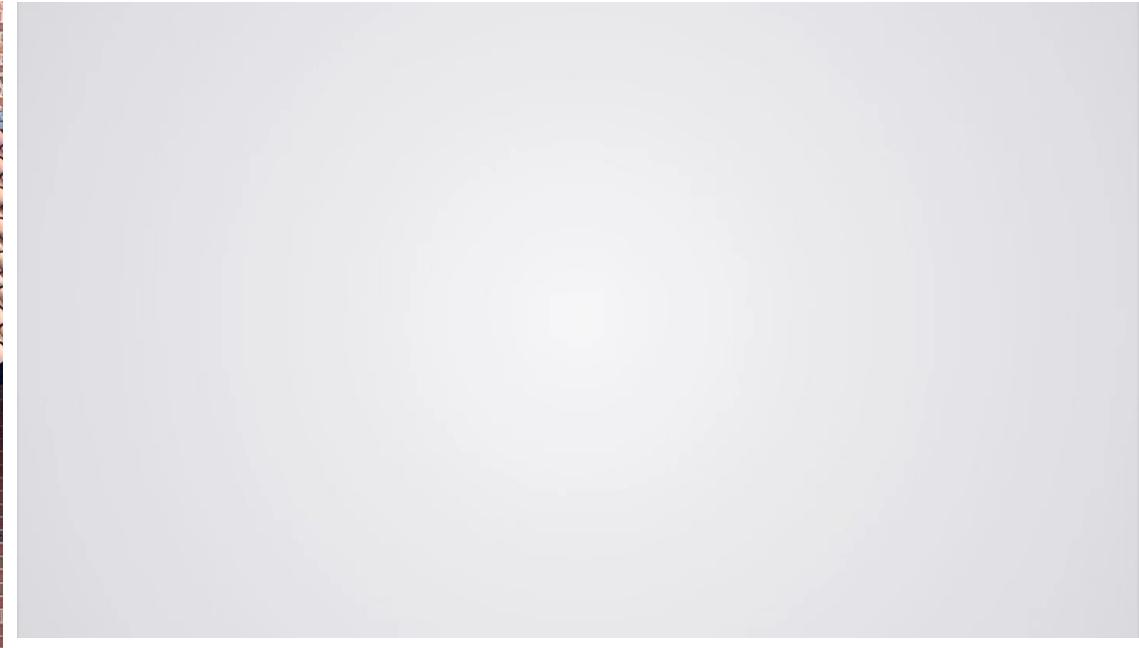
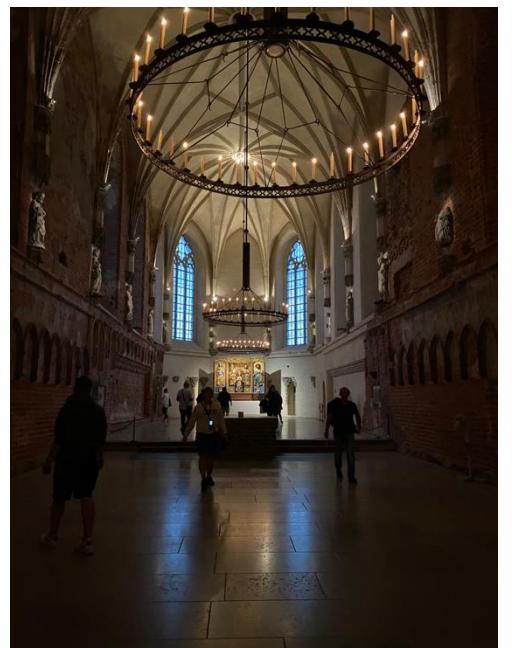


That was the moment I understood that I had entered a system where **risk management and patient safety begin long before you enter the operating theatre.**

My first day in Poland



Malbork Castel



Overview

Luigi Marano, MD, PhD



Prorector for the Development of International Cooperation in the Field of Medical Sciences

Professor of Surgery

Department of Medicine
Academy of Applied Medical and Social Sciences –
AMiSNS, Elblag



Program Director of "Laparoscopic and Robotic Digestive Surgical Oncology Program"

Department of General Surgery and Surgical Oncology
"Saint Wojciech" Hospital, Gdansk



ELBLĄG 2023
Stare miasto



25-28 NOVEMBRE 2025
AREZZO FIERE E CONGRESSI

20
Years
2006-2025

The absence of public competition: choosing people, not protecting positions



MOST TOXIC SIGNS OF

I quickly understood that **organizational transparency** is an instrument of patient safety.

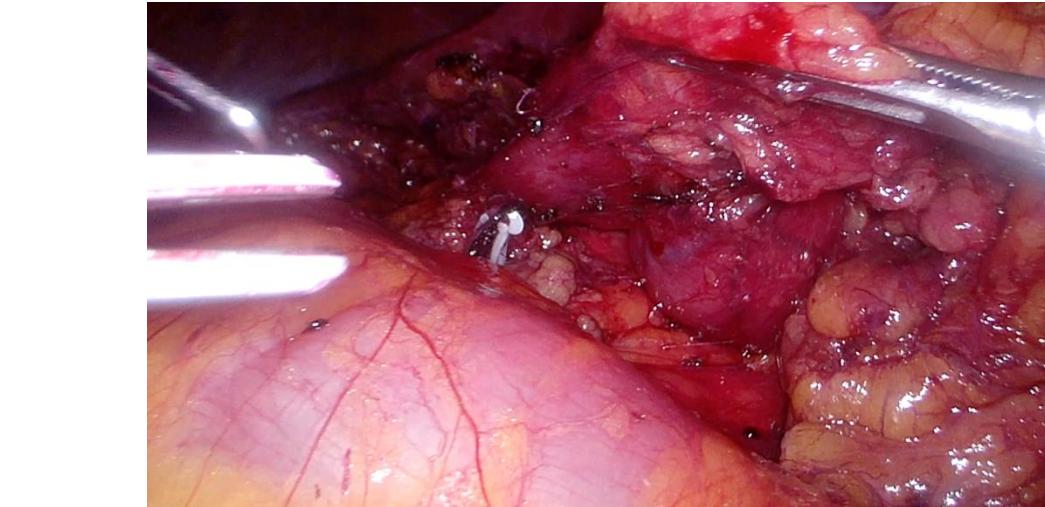
If you want the safest surgeons, you must create the safest recruitment system.

competencies, not political or religious network

or internal
competition


hirewithhive

My real evaluation...: laparoscopic gastric resection



Fixed-term contracts as a safety tool



2 years, renewable only on documented activity:

Surgical Volume and Complexity

Complication rates, re-interventions, readmission (per single surgeon)

Teaching and Research Output

Annual appraisal: not only numbers but outcomes and teamwork, not titles

In Poland my contract is not 'eternal'. Every few years I must demonstrate what I really did: complex surgeries, postoperative outcomes, participation in MDT meetings, teaching, research.

This create the culture where no one can «HIDE BEHIND THE ROLE». This is risk management in its purest, most human form: continuous accountability. Our continuity in the job is explicitly connected with measurable, auditable clinical results.



strumenti

PARAMETRI

Periodo *

1 gen 2019 - 29 nov 2022



FILTRI

- Mostra Grafico
- Mostra Riepiloghi nei totali

Codice
Cod.

Inqua
Anzia

Valori Ba

... Totali

Teoriche

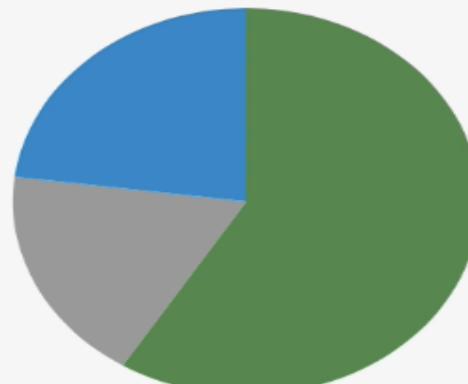
7530.00

Svolte

9257.55

Saldo

1727.55



kload and Patient Safety

Siena

racchi, 16 - Siena

2.686,97000
e 2.686,97000

mpetenze

36,97000

17,19000

67,15000

32,15000

11,18000

47,83000

58,26000

52,86000

22,29000

94,53000

59,71000

20,38000

0,01000

30,07000

1,92000

Professore Associato Convenzionato SSN (10 aa)



Attività Assistenziale +

- Sala Operatoria
- Ambulatori
- Guardie
- Reperibilità

Attività Universitaria

- Lezioni frontali
- Lezioni pratiche
- Tesi di Laurea/Spec/Dottorati
- Tutoraggio Specializzandi
- Attività di Ricerca
- Master
- Summer School

2867,92 Euro/mese



Salary, Workload and Patient Safety

Copernicus Podmiot Leczniczy
sp. z o.o. z siedzibą w Gdańsku

 Spółka Samorządu
Województwa Pomorskiego

**Servizio
Ospedaliero
(Sala
Operatoria)**



**Akademia
Medycznych i Społecznych
Nauk Stosowanych**

**Servizio
Universitario**

ODCINEK LISTY PŁAC nr: 2025.03 /U 2025.04 Nazwisko: 011910	Marano Luigi	Rej.pł.: Kliniczny Oddział Chirurgi
NIP Płatnika: 5833162278	NIP: Pesel: 83031424492	
Regon Płatnika: 221964385	NFZ: 11R Pomorski Oddział Wojewódzki Narodowego Funduszu Zdro	
St.zaszereg: 0,17 zł	Podstawa podatku nar.: 124 556,48 zł Podstawa składek ZUS nar.: 0,00 zł	
Dod. fun.: 0,00 zł		
Wym.zatr.: 1	Procent wysł.: 0,00 %	
Wym.cz.pr.: 2		
Brutto, zasiłki, dodatki	Potrącenia, ZUS	
1 204 Um.zlecenie 21 dn 56 401,24 zł	626 Podatek zlec. 3 32,00 % 6 326,00 zł	Wynagr.BRUTTO: 56 401,24 zł
2 999 ROR procent 100,00 % 44 999,13 zł	629 Koszt um.zlec. 4 9,00 % 11 280,25 zł	Potrącenia: 11 402,11 zł
1 l'imposto Lando 2 ricevuta in conto 3 l'imposto 32% 4 contributo soltanto	790 Skł.zdrowotna 4 9,00 % 5 076,11 zł	W tym podatek: 6 326,00 zł W tym ZUS: 5 076,11 zł Zasiłki ZUS: 0,00 zł Wypł.inne: 0,00 zł WYNAGR.RAZEM: 44 999,13 zł R-O-R: 44 999,13 zł ***DO WYPŁATY: 0,00 zł

1.5 Remuneration: net 2200 Euro (in words: two thousand two hundred Euro)
1.6. Other terms of employment:
1.6.1. Conducting scientific activities for the Employer, including publishing articles in scientific journals for the Employer,
1.6.2. Conducting teaching activities for the Employer,
1.6.3. Conducting training, courses and lectures at postgraduate studies,
1.6.4. Performing activities related to obtaining domestic and foreign grants for the Employer and initiating these activities, as well as performing all formal activities related to them.

2200 Euro/month



1 Złoty polacco uguale a
0,24 EUR

18 nov, 18:05 UTC - Limitazione di responsabilità

4,24	Złoty polacco
1	EUR

13305 Euro

**10605 Euro
/month**

Ospedale 10605 E + Università 2200 E=

12805 Euro / mese

Salary, Workload and Patient Safety

- Less need for excessive extra-hospital activity to survive economically
- More time for:
 - **preoperative planning and M&M meetings**
 - **research and training in new technologies**
 - **proper rest → reduced fatigue-related errors**



International Journal of Surgery Open

Volume 35, September 2021, 100382



Research Paper

Fatigued surgeons: A thematic analysis of the causes, effects and opportunities for fatigue mitigation in surgery

Dale F. Whelehan ^a   , Daniel J. Brown ^b , Tara M. Connelly ^c , Paul F. Ridgway ^{a,c}

Table 4. Impacts of fatigue on performance and patient care.

Technical	Cognitive	Affective	Patient Care
• ↓situational awareness	• ↓situational awareness	• ↓interoception	• ↓patient experience
• ↓dexterity	• ↓information processing	• ↓collegiality	• ↓comprehensive assessment
• ↓reaction time	• ↓attention	• ↓communication	• ↓documentation
• ↑self-injury	• ↓error-recognition	• ↓motivation	• ↓input to discharge planning
	• ↓information recall	• ↓patience	• ↓engagement with prolonged-stayers
	• ↑intuition	• ↓leadership	• ↓patient education
	• ↑somnolence	• ↑emotional ability	• ↓interactions with family
	• ↑dissonance	• ↑cynicism	• ↓MDT communication
			• ↓progress of patient care
			• ↑paternalism
			• ↑surgery time
			• ↑operative complications
			• ↑patient death

This translates into less fatigue, more time for preparation, and safer decision-making in the operating room. A rested surgeon is a safer surgeon. This is not ideology—this is physiology.

Quality of life is a risk-management tool.

The Legal Backbone of Patient Safety in Poland

Act on Patient Rights and the Patients' Ombudsman (2008–2009).



- Consolidates all patient rights (information, consent, privacy, access to documentation);
- Creates a central (and independent) Ombudsman responsible for individual and systemic issues;
- Patients can submit complaints and claims;
- Hospitals must cooperate and correct systemic failures ;
- Patient rights explicitly linked to quality and safety of care.

The first pillar is legal: an Act entirely devoted to **patient rights**, and an Ombudsman with **real authority**. This forces institutions to think of safety not as a 'favour' we do to the patient, but as a legal obligation, **monitored at national level**

The 2023 Act on Quality and Patient Safety

- hospital directors must implement internal quality and safety systems (they are legally responsible)
- adverse events must be recorded, analyzed, corrected
- SOPs must be updated and audited
- incident reporting becomes mandatory
- safety indicators become national metrics
- **accreditation standards become binding**

Ustawa o jakości
w opiece zdrowotnej
i bezpieczeństwie
pacjenta
Komentarz

This new law obliges each hospital director to have real systems for risk management: SOPs, adverse event registers, recurring analyses, and improvement plans. It is not optional; it is a legal duty, with the explicit objective of building a culture of safety.

Accreditation: how safety becomes measurable



Ministry of Health
Republic of Poland

The process for hospital accreditation:

- Hospitals complete a structured **self-assessment** based on CMJ standards (safety, quality, documentation, infection control).
- **On-site survey (3–5 days):** direct observation in wards and ORs, interviews with surgeons and nurses, audit of processes and documentation.
- **Scoring system** applied to clinical, organizational, and safety standards; thresholds required for certification.
- **Accreditation valid for 3 years**, with mandatory improvement plans and monitoring.

The accreditation process forces hospitals to **transform good intentions into measurable actions**.

Because risk management that is not measured is not managed.

Szpitalu św. Wojciecha w Gdańsku

CERTYFIKAT AKREDYTACYJNY

Potwierdza się spełnienie przez
COPERNICUS PODMIOT LECZNICZY
SPÓŁKA Z OGRANICZONĄ ODPOWIEDZIALNOŚCIĄ

standardów akredytacyjnych
dla leczenia szpitalnego

w zakresie działalności zakładu leczniczego
COPERNICUS – SZPITAL w Gdańsku



Minister Zdrowia
z upoważnienia Ministra Zdrowia
Waldemar Kraska
Sekretarz Stanu
/Dokument podpisany elektronicznie/

Certyfikat nr: 2021/22
Certyfikat ważny 3 lata od daty wydania

Data: 02 września 2021 r.



SAMORZĄD
WOJEWÓDZTWA POMORSKIEGO

Why Accreditation Matters: Benefits for Surgeons and Patients

Accreditation is **VOLUNTARY**

BUT

Reduced by 30%



Surgical Site Infection

Accredited hospitals receive **higher reimbursement rates** (typically **+5–25%** depending on the procedure)



2.1–2.4% Accredited vs.
3.0–3.5% non Accredited



DEATH RATE DECLINE

2.5× more near-miss reporting

NEAR MISS



REPORTING FORM

Professional recognition: accredited centers preferred for training, research projects, and international collaborations.

Stronger Medico-Legal protection



CHOOSING THE RIGHT HOSPITAL

What Poland thaught me

My Polish experience taught me that **patient safety is not only what happens inside the operating room.**



Take-Home Messages

Patient safety is the explicit goal of the Polish legal and institutional framework

Fixed-term, performance-based contracts and better salaries can favour accountability and reduce fatigue-related errors

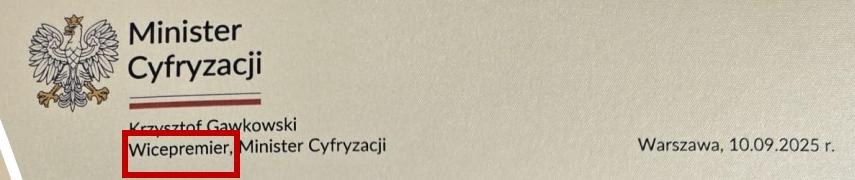
Hospital-level systems (accreditation, SOPs, checklists, incident reporting) make risk management visible and measurable

As surgeons abroad, we have the responsibility to bring back good practices to our home countries, not just technical skills. And I genuinely believe that these elements—if adapted, not copied—could strengthen surgical safety in our Country



• **In Paesi giustamente orgogliosi della propria identità nazionale, io — straniero — sono stato accolto, ascoltato e persino riconosciuto.**

E questo, più di ogni altra cosa, dimostra che quando si portano competenza, rigore e risultati, anche le porte più inattese possono aprirsi.



Szanowny Pan
prof. Luigi Marano
Przewodniczący Kongresu
European Federation – International Society for Digestive Surgery

Scenariusz Panie Profesore!

z przyjemnością pragnę pogratulować Państwu organizacji Dorocznego Kongresu European Federation – International Society for Digestive Surgery. To nie tylko spotkanie naukowe, ale przede wszystkim przestrzeń, w której rodzą się nowe idee i wspólne inspiracje.

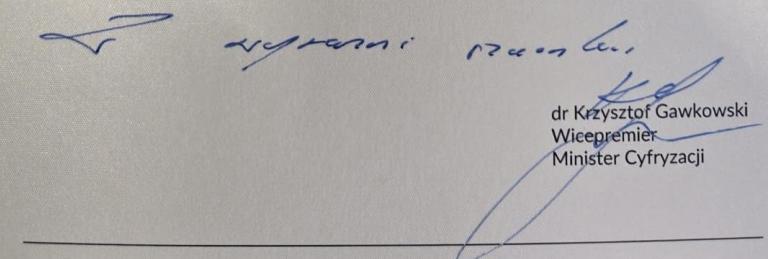
Tematyka wydarzenia – choroba refluksowa przełyku, nowotwory złącza przełykowo-żołądkowego oraz nowoczesne, wielodyscyplinarne technologie diagnostyczne i terapeutyczne, jest niezwykle aktualna i znacząca dla rozwoju medycyny.

W szczególności, zaproponowany nacisk na innowacyjne technologie – takie jak chirurgia małoinwazyjna, robotyka czy sztuczna inteligencja – świadczy o wyjątkowej ambicji organizatorów, by wiedzę i praktykę kliniczną dostosowywać do nowych rozwiązań i nowoczesnych technologii.

Program kongresu stanowi doskonałe narzędzie do wymiany wiedzy i doświadczeń w gronie wybitnych specjalistów – chirurgów, gastroenterologów, radiologów, patologów, onkologów i badaczy.

Jestem przekonany, że połączenie doświadczeń oraz prezentacja innowacyjnych technologii przyczyni się do dalszego rozwoju nowoczesnej medycyny i poprawy jakości opieki nad pacjentami.

Zyczę Państwu, aby każdy dzień kongresu przynosił satysfakcję, twórcze rozmowy i poczucie, że wspólnie tworzycie coś naprawdę wyjątkowego. Niech te dni w Elblągu pozostaną w pamięci nie tylko jako czas nauki, ale też jako doświadczenie spotkania ludzi pełnych pasji i oddania.



dr Krzysztof Gawkowski
Wicepremier
Minister Cyfryzacji



**Viva la Repubblica Italiana,
Una e Indivisibile**

