

SICUREZZA DELLE CURE E SICUREZZA IN CHIRURGIA

Storytelling dei Chirurghi Italiani all'estero



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Spółka Samorządu
Województwa Pomorskiego



Akademia
Medycznych i Społecznych
Nauk Stosowanych



"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



Poland
under
Communism

A Cold War History

A. Kemp-Welch



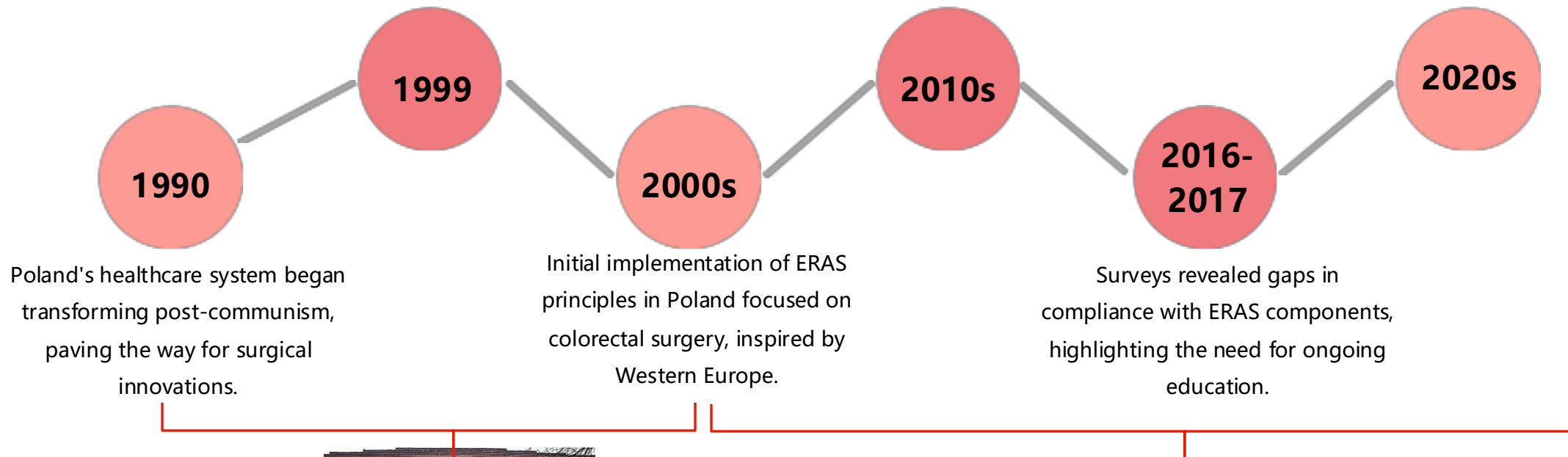
Historical Context of Health in Poland



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



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.



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KARTA OBIEGOWA
UMOWA ZLECENIE
ZATRUDNIENIE

| | | |
|----------------------------|---|--|
| Imię i Nazwisko pracownika | LUIGI MARANO | |
| Komórka organizacyjna | ODDZIAŁ CHIRURGII OGÓLNEJ I ONKOLOGICZNEJ SZPITAL ŚW. WOJCIECHA | |
| Stanowisko | LEKARZ SPECJALISTA | |
| Wymiar etatu | 1/1 | |
| Data zatrudnienia | 20.11.2023 | |

| Nazwa komórki organizacyjnej | Nr pokoju | Data, pieczęć i podpis |
|---|--|---|
| 1 Sekcja Plac | Nowe Ogrody, Bud. Administracji pok. 110 | |
| 2 Dział Logistyki - SZATNIA | Pok. H10 | PEŁNOMOCNIK DZIAŁU LOGISTYKI Dział Logistyki Członek Wyk. Zar. |
| 3 Magazyn Odzieży | Nowe Ogrody, Magazyn Centralny (rampa z prawej strony) | |
| 4 Ubezpieczenie PZU | Nowe Ogrody, Bud. Administracji pok. 110 | |
| 5 Zespół Kontroli Zakażeń | Niski Parter pok. B25 | PEŁNOMOCNIK DZIAŁU EPIDEMIOLOGICZNEGO Dział Epidemiologii i Zakażeń 09.13.30P |
| 6 Komórka BHP | Pawilon, pok. 7 i 8 | |
| 7 Dział Analiz i Umów Medycznych | Nowe Ogrody, Bud. Administracji pok. 209 | *dotyczy wyłącznie zawodów medycznych |
| 8 Sekcja Informatyki | Nowe Ogrody, Bud. Administracji pok. 220 | |
| 9 Administrator Bezpieczeństwa Informacji | Nowe Ogrody, Bud. Administracji pok. 200 | |
| 10 Pracownik ds. Obronnych | Nowe Ogrody, Bud. Administracji pok. 200 | |

Po uzyskaniu podpisów w pozycjach wymaganych należy uzyskać podpis Kierownika komórki organizacyjnej

| | |
|-------------------------------------|---------------------------------------|
| 11 Kierownik komórki organizacyjnej | INSPEKTOR ds. Kadr Anna Spisłowska |
|-------------------------------------|---------------------------------------|


Gdańsk, _____
Miejscowość, data

Podpis pracownika Sekcji Kadr

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





Academy of Applied Medical and Social Sciences

Visit schedule
at the Academy of Applied Medical and Social Sciences, AMISNS
(August 29th – September 1st, 2023)

29th of August, Tuesday

15:30 (estimated time) Arrival at AMISNS
15:45 Lunch with university representatives (Building C, room 006)

30th of August, Wednesday

10:00 Departure to Malbork from the hotel
11:00 Visiting the Malbork Castle Museum
14:00 Lunch (in town)
15:00 Return to the hotel, Elblag

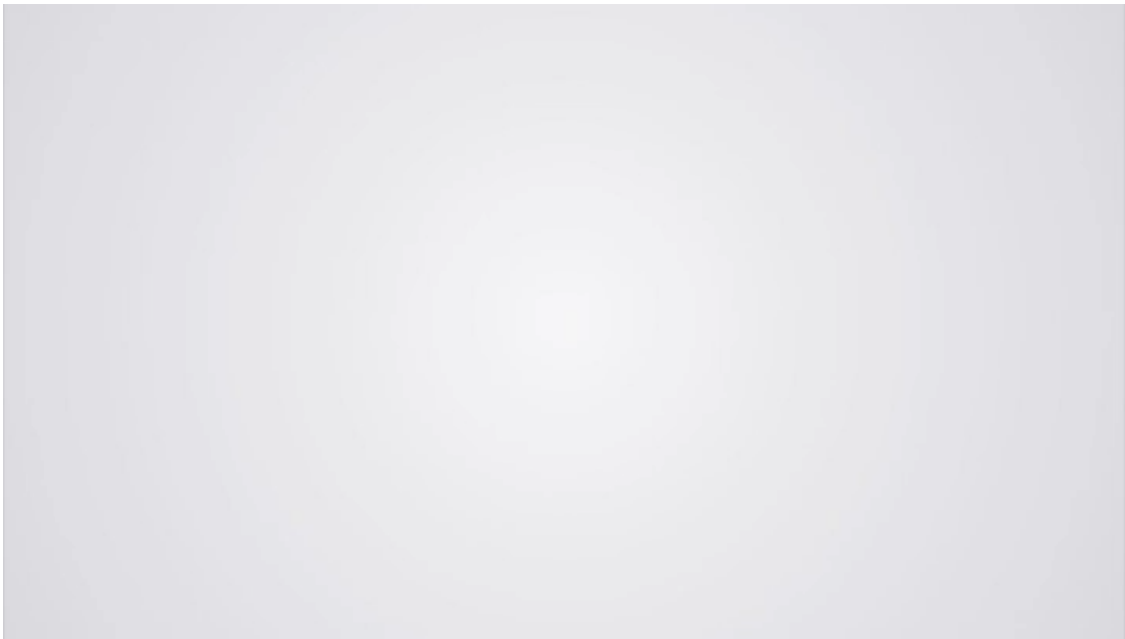
31st of August, Thursday

8:30 Meeting at the hospital
10:00 Sightseeing in Elblag:
Art Center Gallery EL
Museum of Archaeology and History in Elblag
14:00 Lunch (in town)
15:00 Return to the hotel
16:15 Meeting with Vice-Rector for Student Affairs and Medical Education, dr. hab. med. sc Beata Januszko-Giergielewicz, professor

1st of September, Friday

12:00 Departure to the airport to Gdansk from the hotel

Malbork Castel



Overview

Luigi Marano, MD, PhD



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

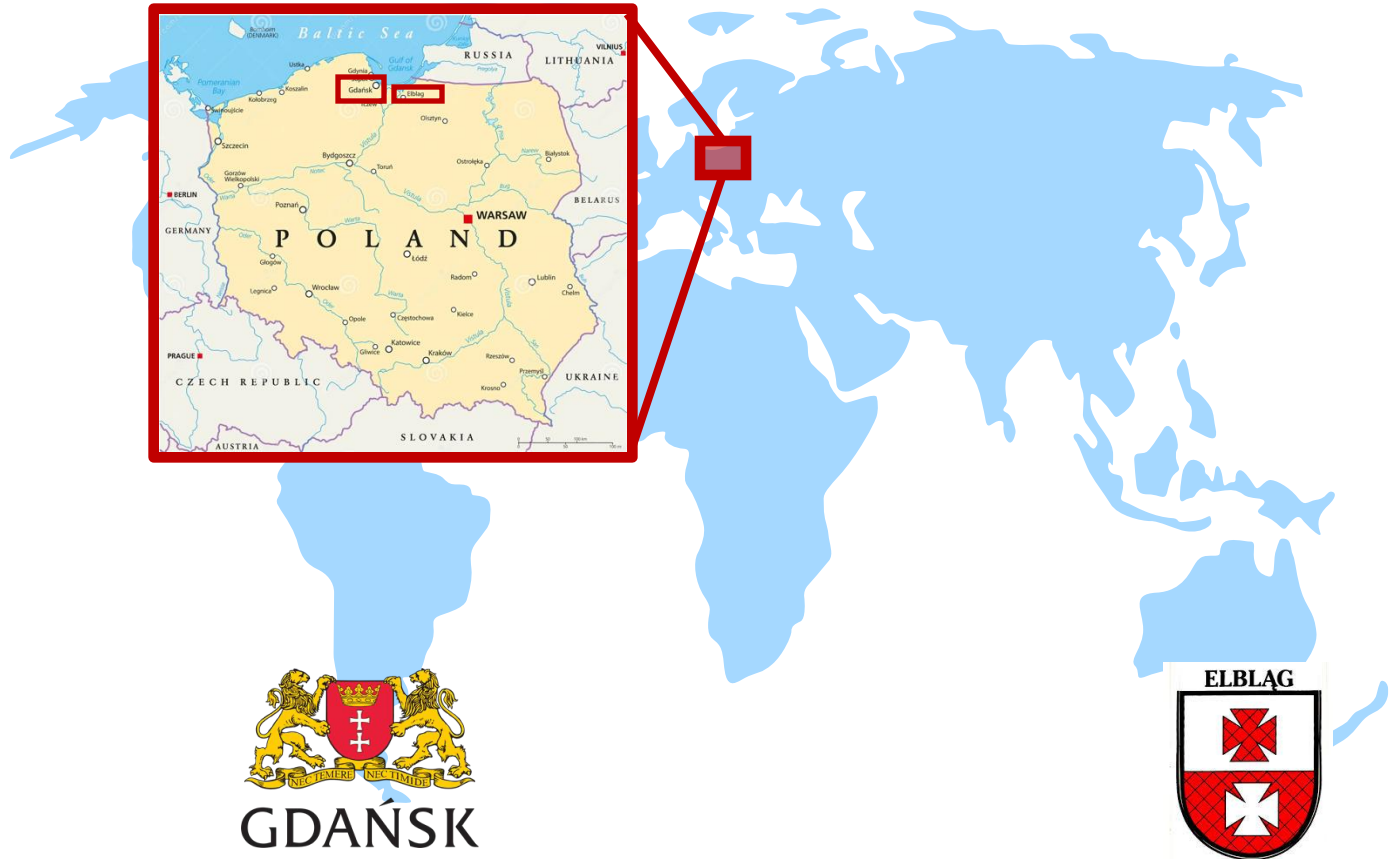
Professor of Surgery

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





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



MOST TOXIC SIGNS OF

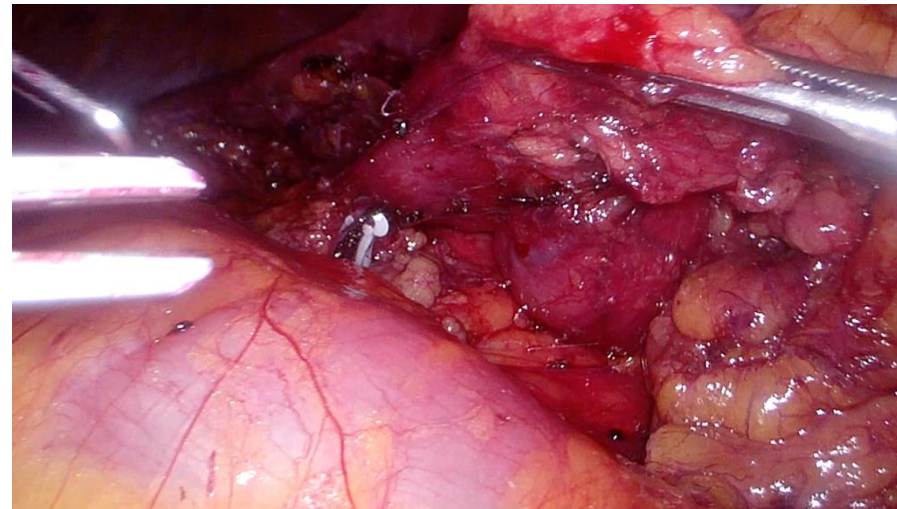
I quickly understood that **organizational transparency is an instrument of patient safety.**

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

competencies, not political or religious network

or internal competition

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.

Salary, Workload and Patient Safety

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

 Spółka Samorządu
Województwa Pomorskiego

1 Złoty polacco uguale a
0,24 EUR

18 nov, 18:05 UTC · Limitazione di responsabilità

4,24 Złoty polacco
1 EUR

ODCINEK LISTY PŁAC nr: 2025.03 /U 2025.04 Nazwisko: 011910 **Marano Luigi** Rej.pl.: Kliniczny Oddział Chirurgi
NIP Płatnika: 5833162278 Regon Płatnika: 221964385 NIP: Pesel: 83031424492
St.zaszereg: 0,17 zł Dod. fun.: 0,00 zł Procent wysł.: 0,00 % NFZ: 11R Pomorski Oddział Wojewódzki Narodowego Funduszu Zdro
Wym.zatr.: 1 Wym.cz.pr.: 2 Podstawa podatku nar.: 124 556,48 zł Podstawa składek ZUS nar.: 0,00 zł

| <----- Brutto, zasiłki, dodatki -----> | | | <----- Potracenia, 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 % | <u>44 999,13 zł</u> | 629 Koszt um.zlec. | | 11 280,25 zł | Potrącenia: 11 402,11 zł |
| | | | | 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 |

13305 Euro

10605 Euro /month

**Servizio
Ospedaliero
(Sala
Operatoria)**

1 l'importo Lando
2 ricevuta in conto
3 l'importo 329%
4 contributo solupria

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

Ospedale 10605 E + Università 2200 E=

12805 Euro / mese

 Akademia
Medycznych i Społecznych
Nauk Stosowanych

**Servizio
Universitario**

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 |
|--|--|--|---|
| <ul style="list-style-type: none"> • ↓situational awareness • ↓dexterity • ↓reaction time • ↑self-injury | <ul style="list-style-type: none"> • ↓situational awareness • ↓information processing • ↓attention • ↓error-recognition • ↓information recall • ↑intuition • ↑somnolence • ↑dissonance | <ul style="list-style-type: none"> • ↓interoception • ↓collegiality • ↓communication • ↓motivation • ↓patience • ↓leadership • ↑emotional lability • ↑cynicism | <ul style="list-style-type: none"> • ↓patient experience • ↓comprehensive assessment • ↓documentation • ↓input to discharge planning • ↓engagement with prolonged-stayers • ↓patient education • ↓interactions with family • ↓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

Ustawa o jakości
w opiece zdrowotnej
i bezpieczeństwie
pacjenta
Komentarz

- 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**

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



independent
governmental body



Ministry of Health
Republic of Poland

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



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

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

Data: 02 września 2021 r.

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.



SAMORZĄD
WOJEWÓDZTWA POMORSKIEGO

Why Accreditation Matters: Benefits for Surgeons and Patients

Accreditation is **VOLUNTARY**

BUT...

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



DEATH RATE DECLINE

2.5× more near-miss reporting



A screenshot of a 'NEAR MISS REPORTING FORM'. The form includes sections for 'Patient Information', 'Incident Details', 'Witness Information', and 'Reporting Information'. It is titled 'NEAR MISS' at the top and 'REPORTING FORM' at the bottom.

Reduced by 30%



Surgical Site Infection

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



Stronger Medico-Legal protection



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

CHOOSING THE RIGHT HOSPITAL

What Poland taught 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.



PODZIĘKOWANIE

DLA

prof. dr Luigi Marano

Z wyrazami głębokiego szacunku i wdzięczności
amy serdeczne podziękowania za Pańskie zaangażowanie, wspa
acę na rzecz Akademii Medycznych i Społecznych Nauk Stoso
ańska niezastąpiona pomoc oraz profesjonalizm przyczyniły si
do realizacji naszych wspólnych celów i sukcesów.

Ami
ONE



Minister
Cyfryzacji

Krzysztof Gawkowski
Wicepremier, Minister Cyfryzacji

Warszawa, 10.09.2025 r.

Szanowny Pan
prof. Luigi Marano

Przewodniczący Kongresu

European Federation – International

Society for Digestive Surgery

Szanowny Panie Profesorze!

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 złączy 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.

Życzę 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

dr Krzysztof Gawkowski
Wicepremier
Minister Cyfryzacji

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adres strony internetowej: www.gov.pl/cyfryzacja

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00-060 Warszawa



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

