Outcomes of prostate cancer surgery vary sharply. Is that inevitable? No. Hartwig Huland and his team at Hamburg’s Martini-Klinik consistently reach such impressively good results that hospital managers from all over the world pilgrimage to Hamburg these days. And here is how they did it.

Text: Philipp Grätzel von Grätz | Photos: andicam
Specialize.

**High volumes create benefits on various levels.**

On an administrative level, it is all about volume. Surgeons at the Martini-Klinik perform close to 2,500 radical prostatectomies per year. With 200 to 300 prostate surgeries annually, each individual surgeon can acquire unmatched expertise and strive to approach surgical perfection. Furthermore, the high number of patients per institution makes it possible to collect data for quality management on a large scale. In fact, the Martini-Klinik has created the world’s largest database on prostate cancer surgery, with feedback loops geared at best possible results, highest patient satisfaction, and lowest complication rates. And there are additional benefits beyond expertise and quality management: High volume hospitals have a high profitability, therefore they find it easier to justify the investments in technology and training that keep them ahead of the competition. As a consequence, they become attractive employers as well.

Know the results of what you do.

Monitoring outcome rigorously helps to minimize complications and maximize quality. A hospital will only become a leader in its field—and attractive for patients from way beyond its vicinity—when it succeeds in proving that it offers better or indeed much better care than others do. In this context one of the key levers is the careful measuring of patient-reported medical results both short-term and long-term. With radical prostatectomy, key parameters include full continence rate, severe erectile dysfunction rate and severe urinary incontinence rate, ideally measured not only at discharge but again one year after surgery and beyond. At the Martini-Klinik, 93.5% of patients achieve full continence at one year; 34.7% experience severe erectile dysfunction, and 0.4% severe urinary incontinence. This is way better than average on a national and international level, with, for example, doctors not seeing patients ‘upon availability’. Instead, the doctor who advises a patient before the procedure is the one whom the patient meets daily during his stay in hospital, who performs the operation and who is available should any issues arise after surgery. The Martini standard is one-to-one discussions between the patient and the surgeon assigned to him, and not early morning ward rounds with half a dozen medical professionals at the patient’s bedside. This close relationship between doctor and patient pays off in multiple ways. Not only is patient satisfaction exceptionally high, there is also a huge willingness to contribute to quality improvement efforts. Even five years after treatment, close to 70% of patients respond to their annual voluntary patient questionnaire. This close relationship between doctor and patient is its internal organization. The hierarchical structure so typical of surgical departments all over the world is replaced by a faculty system in which everyone’s results are made transparent, reviewed and benchmarked unapologetically—ultimately to the benefit of the patient.

**Summary:**

Super-specialization, rigorous measurement of patient-report outcomes over many years, a commitment to using state-of-the-art technology, and a team-based professional structure that values learning and collaboration over competition and hierarchies—this is the essence of the Martini Principle. It was explained in much more detail in the white paper series In-sights #7 “Do one thing and do it better than anyone else”, recently published by prostate surgeon Prof. Dr. Hartwig Huland and Herbert Stähr. Today one of Europe’s pioneers of data-driven quality management in surgery, Huland co-founded the Martini-Klinik as recently as 2005—with a clear vision of how medical care in an age of technology-assisted precision medicine should look. Can what makes the Martini-Klinik so successful in prostate cancer surgery be applied to other disciplines, too? For Huland there is only one answer: Yes.

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Embrace innovation.

A commitment to cutting-edge technology is key to staying ahead and attracting talents. For a hospital that has, thanks to specialization and a robust devotion to measuring patient-reported outcomes, become a leader in its field, resting on its laurels is not an option. Staying ahead of the competition means having to be at the forefront of diagnostic and therapeutic developments all the time. It means embracing whatever innovation has proven to positively affect quality of care and long-term therapeutic success. In an age of precision medicine, embracing innovation in prostate surgery is about using state-of-the-art diagnostics, implementing AI-powered guidance systems, and drawing on sophisticated robotics where indicated. Being able to offer cutting-edge technology will also help to attract both skilled experts and young talents who are very aware of the technology-enriched future of surgery and who actively look for employers that share their convictions.

**Focus on the patient.**

Best possible care means always putting the patient at the center. Successful hospitals do more than simply provide access to surgical treatment. The Martini-Klinik is focusing on patient benefits and continuously improving patient services on all levels. For example, doctors are not seeing patients ‘upon availability’. Instead, the doctor who advises a patient before the procedure is the one whom the patient meets daily during his stay in hospital, who performs the operation and who is available.

AI-powered guidance systems belong to the age of precision medicine.