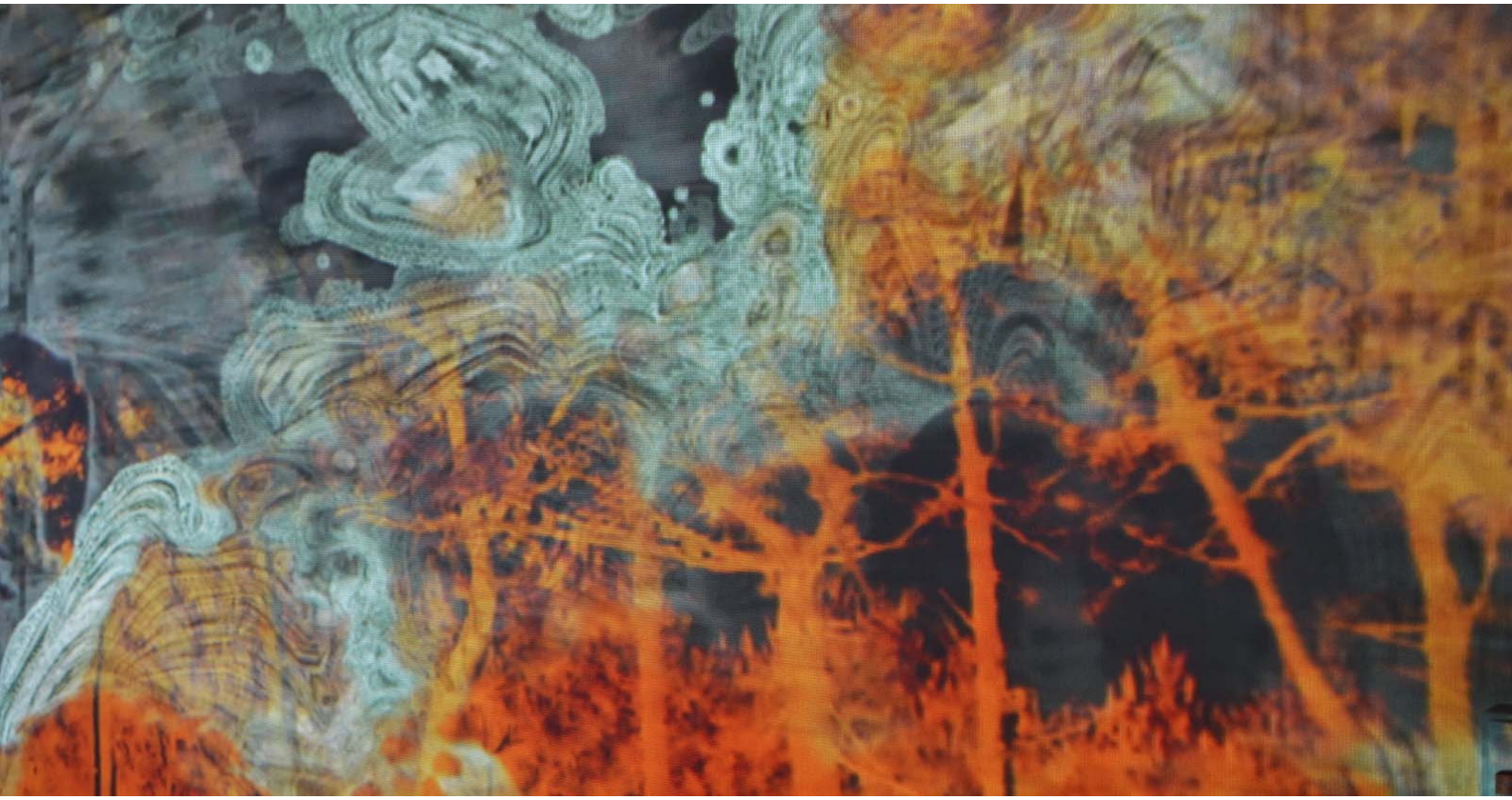
General Report

on the Activities of the

European Hospital and Healthcare Federation

2013



hope
European Hospital and Healthcare Federation

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Atelier "La Démisure du Possible" with residents of RAVERA / Centre Rainier III / CHPG Monaco

Artist: Fred Perié

"La Démisure du Possible" is an innovative, digital, ergonomic, sensorial and interactive proposal specifically designed by Art dans la Cité with Fred Perié to improve the lives of older people in health care institutions, recreate the social link, break their isolation and anticipate disruptions related to aging with a unique stimulation of the senses and cognitive faculties.

General Report on the Activities of the European Hospital and Healthcare Federation — 2013

HOPE
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The General Report on the Activities of the European Hospital and Healthcare Federation — 2013
was adopted by the Board of Governors of HOPE on 26 May 2014

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European Hospital and Healthcare Federation

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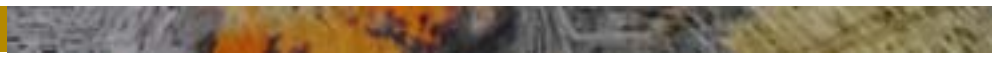
Contents

Chapter 3

KNOWLEDGE AND EXCHANGE 41

Chapter 4



Introduction

Patient safety was one of the main focus areas of HOPE activities in 2013. The issue is of ever greater importance at EU level and within Member States.

In December, HOPE published the report "Patient safety in practice - How to manage risks to patient safety and quality in European healthcare", which compiles the findings and patient safety initiatives identified by the participants of the 2013 edition of HOPE Exchange Programme.

HOPE continued its involvement in the Joint Action PaSQ (European Union Network on Patient Safety and Quality of Care) actively contributing to the work carried out in 2013, and was regularly invited to attend and provide inputs to the Commission's Patient Safety and Quality of Care Working Group, of which HOPE is a member.

But in 2013, many other health issues were debated within the EU political agenda: the proposed Regulations on medical devices and in vitro diagnostic medical devices; the proposed Regulation on clinical trials; the proposed Regulation on data protection; the proposed Directive on professional qualifications; the proposed Directive on public procurement; the Horizon 2020 package and the new EU Health Programme 2014-2020, among others. HOPE closely monitored these issues and participated in meetings and events where they were debated. HOPE followed as well the different aspects of the transposition of the Directive on patients' rigths to cross-border healthcare.

Besides the legislative agenda, 2013 was a year of active engagement for HOPE in several EU co-founded projects. The DUQuE research project, aimed at studying the effectiveness of quality improvement systems in European hospitals, was successfully completed and others started such as EUROTRACS (EUROpean Treatment & Reduction of Acute Coronary Syndromes cost analysis) and the Joint Action on Health Workforce Planning and Forecasting.

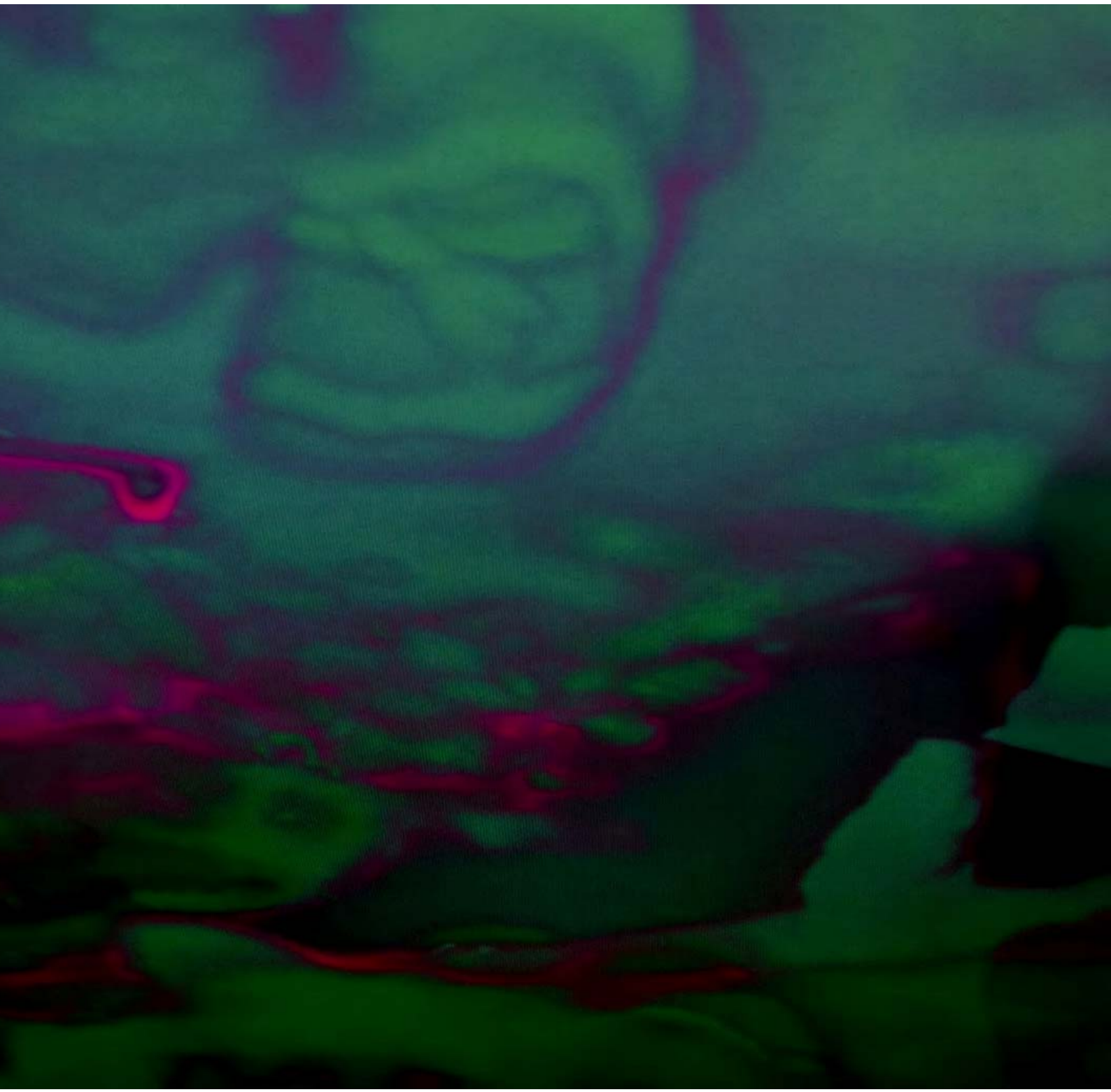
HOPE continued its involvement in the field of eHealth with its participation in the thematic networks Momentum and AgeingWell, as well as in the eHealth Governance Initiative. In other projects HOPE lead some core activities such as the dissemination in the cross-border care

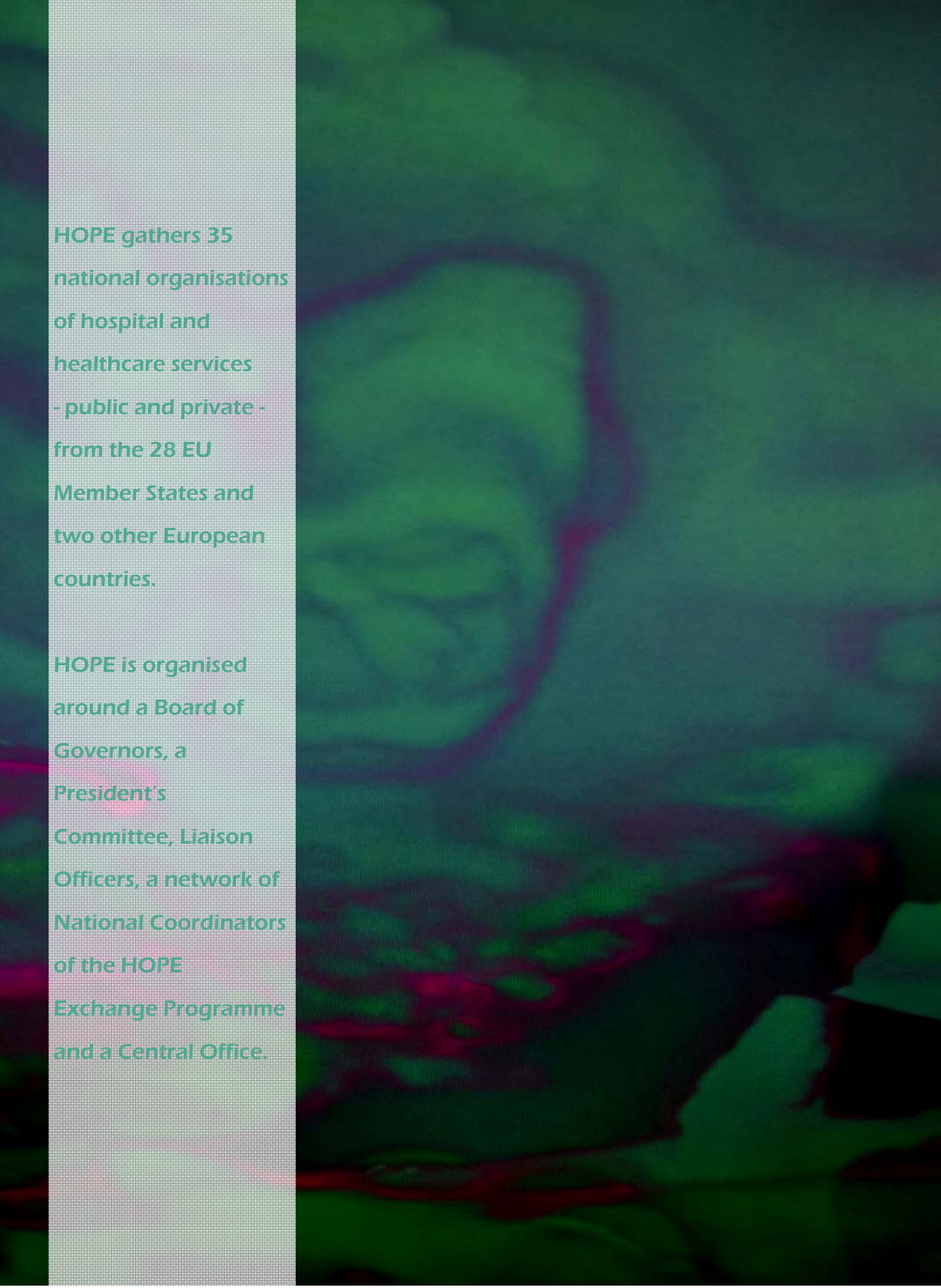
project HoNCAB, and the identification of the target groups' training needs and competences within HEALTH C (Improving Crisis Communication Skills in Health Emergency Management).

In addition to the report on the HOPE Exchange Programme dedicated to the theme of patient safety, HOPE also published its official Reference Book "Hospital Healthcare Europe", the report "Mediation in Healthcare" and a report on under-nutrition.

Chapter 1

LIFE AND GOVERNANCE





HOPE gathers 35 national organisations of hospital and healthcare services - public and private - from the 28 EU Member States and two other European countries.

HOPE is organised around a Board of Governors, a President's Committee, Liaison Officers, a network of National Coordinators of the HOPE Exchange Programme and a Central Office.

Governance

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The Board of Governors (BoG) consists of the President and the Governors, one for each EU Member State. It is the forum for all major policy decisions. The BoG met twice in 2013: on 10 June in The Hague (Netherlands) as part of the HOPE Agora 2013. The second meeting took place on 28 October in Birmingham (United Kingdom).

HOPE Board of Governors in The Hague (Netherlands)

From the left to the right: Dr. Urmas SULE (Estonia), Mr. Robbert SMET (Netherlands), Mrs.Dr. Aino-Liisa OUKKA (Finland), Mr. Mike FARRAR (United Kingdom), Mrs. Pascale FLAMANT (France), Mr. Simon VRHUNEC (Slovenia), Mrs. Eva M. WEINREICH-JENSEN (Denmark), Mr. Georg BAUM (HOPE President – Germany), Mr. Erik SVANFELDT (Sweden), Mrs.Dr. Sara C. PUPATO FERRARI (HOPE Vice-President – Spain), Mr. Pascal GAREL (HOPE Chief Executive), Mr. Gérard VINCENT (France), Dr. Jaroslaw FEDOROWSKI (Poland), Mr. Marc SCHREINER (Germany), Mrs. Coralie CUIF (France), Mr. Willy HEUSCHEN (Belgium), Mr. Nikolaus KOLLER (Austria), Dr. György HARMAT (Hungary), Mr. Marc HASTERT (Luxembourg).

The President's Committee (PsC) consists of the President, Mr. Georg Baum, the Vice-President, Mrs.Dr. Sara C. Pupato Ferrari, and three Governors. The President has the power to co-opt other representatives of HOPE delegations to contribute to the President's Committee, without voting right. In June 2013, the mandate of the three sitting members, Dr. György Harmat (Governor for Hungary), Mrs. Eva M. Weinreich-Jensen (Governor for Denmark), and Dr. Urmas Sule (Governor for Estonia), was renewed for a 1-year term. The mandate of two co-opted members, Ing. Joseph Caruana (Governor for Malta) and Dr. Jaroslaw J. Fedorowski (Governor for Poland), was renewed for a 1-year term.

The PsC oversees the implementation and execution of the decisions taken by the Board of Governors, co-ordinates the work of the Liaison Officers and the working parties, acts for HOPE, and authorises legal representation. The PsC met in Brussels (Belgium) on 19 April and on 20 September to discuss the agenda of the Boards of Governors and the meetings of the Liaison Officers, and to decide on the priority activities of the organisation.

The network of Liaison Officers was created to improve activities and to professionalise them. In 2013, HOPE Liaison Officers met three times: on 14 March in Brussels (Belgium), on 10 June in The Hague (Netherlands) and on 21 November in Stockholm (Sweden). At these meetings, Liaison Officers discussed the state of affairs of the projects, the 2013 topics and the transposition of Directives. This was also an opportunity for HOPE to find common positions regarding legislation under negotiation.

As it does on a regular basis, the network of National Coordinators of the HOPE Exchange Programme met twice to work on the HOPE Exchange Programme: on 10 June in The Hague (Netherlands) and on 22 November in Stockholm (Sweden).

The Central Office is based in Brussels. It is organised and directed by the Chief Executive, Pascal Garel, assisted by Mrs. Colberte De Wulf, with EU Policies Assistant Mrs. Silvia Bottaro and Health Economist Mrs. Isabella Notarangelo. From February to April HOPE took on Mathieu Allain as a trainee and from May to August Laurie Andrieu.

GOVERNANCE AT THE END OF 2013

President	Mr. Georg BAUM
Chief Executive	Mr. Pascal GAREL

GOVERNORS

Austria	Mr. Nikolaus KOLLER
Belgium	Mr. Willy HEUSCHEN
Bulgaria	Mrs. Todorka KOSTADINOVA
Croatia	Mrs.Dr. Ksenija KRAJNOVIĆ (a.i.)
Cyprus	Mrs.Dr. Evi MISSOURI-KHETAB (a.i.)
Czech Republic	Dr. Roman ZDÁREK
Denmark	Mrs. Eva M. WEINREICH-JENSEN
Estonia	Dr. Urmas SULE
Finland	Mrs.Dr. Aino-Liisa OUKKA
France	Mr. Gérard VINCENT
Germany	Mr. Marc SCHREINER
Greece	Dr. Yannis SKALKIDIS
Hungary	Prof.Dr. György HARMAT
Ireland	Dr. Fergal LYNCH
Latvia	Dr. Jevgenijs KALEJS
Lithuania	Dr. Dalis VAIGINAS
Luxembourg	Mr. Marc HASTERT
Malta	Ing. Joseph CARUANA
Netherlands	Mr. Robbert SMET
Poland	Dr. Jaroslaw J. FEDOROWSKI
Portugal	Mrs.Prof. Ana ESCOVAL
Romania	Dr. Mircea OLTEANU
Slovakia	Prof. Marián BENCAT
Slovenia	Mr. Simon VRHUNEC
Spain	Mrs.Dr. Sara C. PUPATO FERRARI, Vice-President
Sweden	Mr. Erik SVANFELDT
United Kingdom	Mr. Mike FARRAR

HEADS OF DELEGATIONS

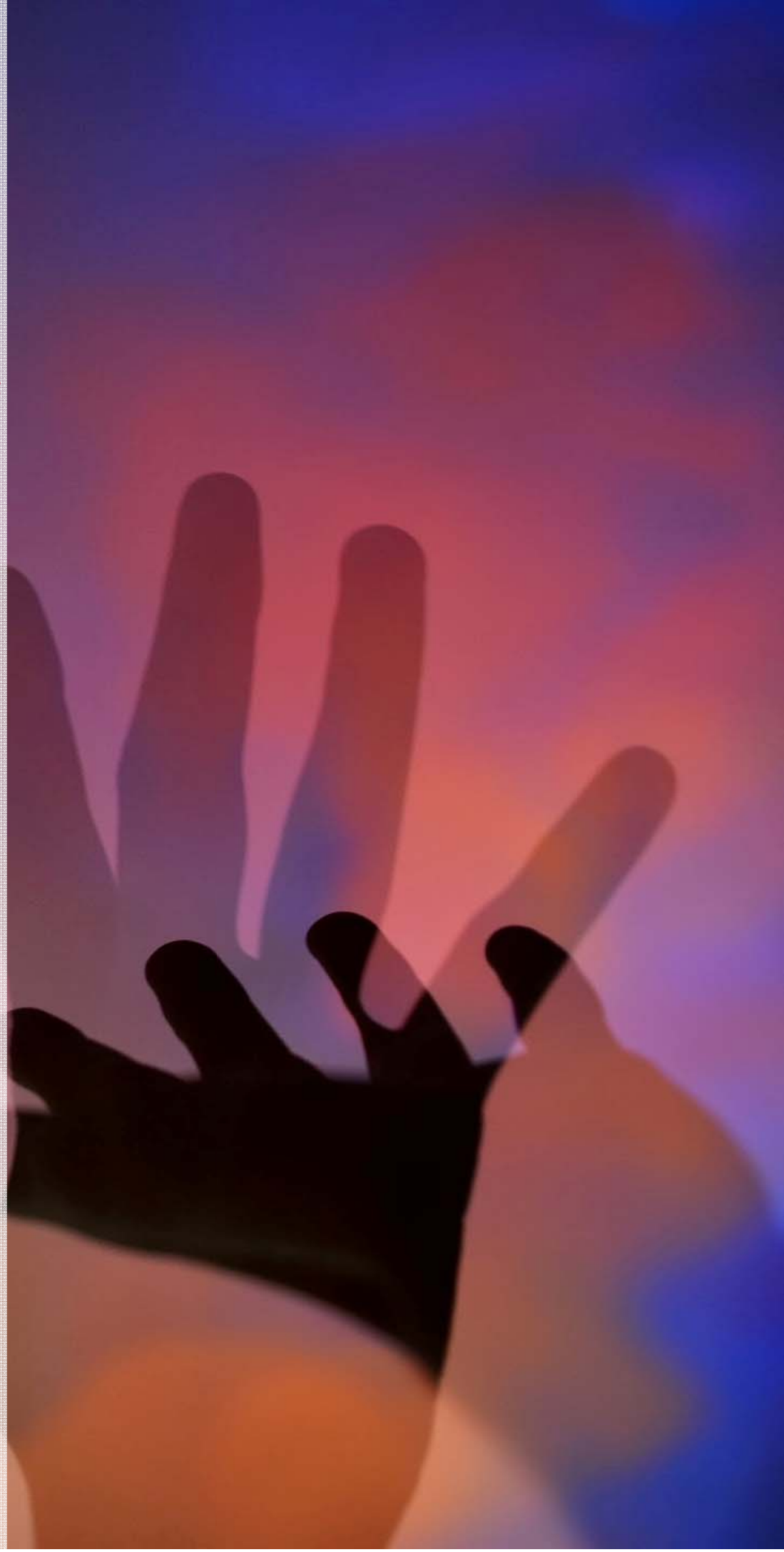
Observer member	
Switzerland	Dr. Bernhard WEGMÜLLER
Consultant member	
Serbia	Prof. Georgios KONSTANTINIDIS

Chapter 2

INFLUENCE

A major part of HOPE's work is to help shape EU law to take account of the realities of healthcare. To achieve this, HOPE has to follow the development of both hard and soft law.

In 2013, several important health policies were debated in the EU agenda. HOPE closely monitored them and provided its input, also participating in key meetings where these issues were debated.



Hard Law

Hard law refers to laws that take precedence over national law and are binding on national authorities. This consists of EU Regulations, Directives and Decisions.

In 2013 several important health policies were debated in the EU agenda: the proposed Regulations on medical devices and in vitro diagnostic medical devices; the proposed Regulation on clinical trials; the proposed Regulation on data protection; the proposed Directive on professional qualifications; the proposed Directive on public procurement; the Horizon 2020 package and the new EU Health Programme 2014-2020, just to mention a few. HOPE closely monitored the legislative process and provided its input, also participating in key meetings where these issues were debated.

HOPE intervenes at three different points in the decision process: when the first discussions take place, when a proposal is adopted by the Commission, and finally when legislation is adopted and enters the transposition process. This means different types of involvement for HOPE's Central Office and HOPE members.

DIRECTIVES AND DECISIONS ADOPTED

PROFESSIONAL QUALIFICATIONS DIRECTIVE

Since the beginning of the legislative process in late 2011, HOPE has been very active in monitoring the review of the professional qualifications Directive and has developed a position on several topics, most of which have been taken into account in the final legislative text.

The aim of the Directive is to facilitate the free movement of EU citizens by making it easier for professionals (including health professionals) qualified in one Member State to practise their profession in another Member State. The Directive was adopted by the Council on 15 November 2013, which endorsed the vote that took place in the European Parliament in October.

The new legislation introduces the following innovative aspects:

- ***professional skills card*** – the professional skills card consists of an electronic certificate issued by the professionals' home country and based on the existing Internal Market Information System (IMI). It will facilitate information exchange between Member States administrations and therefore automatic recognition in the host country;
- ***alert system*** - the set-up of an alert system on disqualifications of health professionals;
- ***partial access*** - a clarification of the rules on partial access (i.e. access to some activities of a certain regulated profession), to facilitate the recognition of professions that are not recognised in others states and in cases where the professional is not fully qualified in the state of origin. A Member State will be able to refuse a partial access to a profession on the grounds of public health concerns;

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- ***common training principles*** - qualifications obtained under common training frameworks, based on a common set of knowledge, skills and competences or standardised training tests, will automatically be recognised by Member States. Professional associations and organisations which are representative at national or Union level will be able to propose common training principles;
- ***language skills*** - competent authorities will be able to apply language tests after the recognition of the qualifications, which is particularly important for professions with patient safety implications such as health.

The revised Professional Qualifications Directive (2013/55/EU) was published in the Official Journal of the EU on 28 December 2013, entering into force on 17 January 2014.

Member States will have to transpose the Directive into national legislation by 18 January 2016.

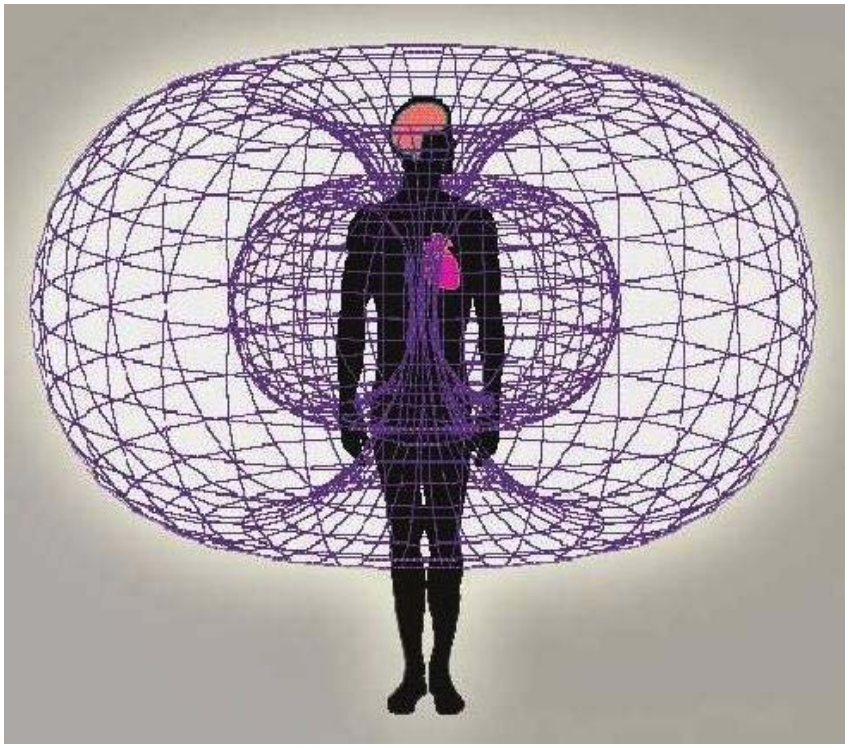
ELECTROMAGNETIC FIELDS DIRECTIVE

On 29 June 2013, the Directive 2013/35/EU of the European Parliament and of the Council on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) came into force.

This Directive replaces a 2004 Directive, which never came into force because of problems with its implementation. The healthcare community, including HOPE, expressed concerns that the 2004 Directive's overly strict exposure limits would hamper potential medical applications of magnetic resonance imaging (MRI), concerns that have been taken into account in the final text of the newly adopted legislation.

The new rules review exposure limitations based on new scientific evidence while providing exceptions for the installation, testing, use, development and maintenance of MRI equipment used in healthcare, as well as research in this area. Rules on health surveillance and on the records to be established regarding risks, prevention and protection measures have also been strengthened.

Member States shall bring into force the laws, regulations and administrative provisions necessary for complying with this Directive by 1 July 2016.



IONISING RADIATION DIRECTIVE

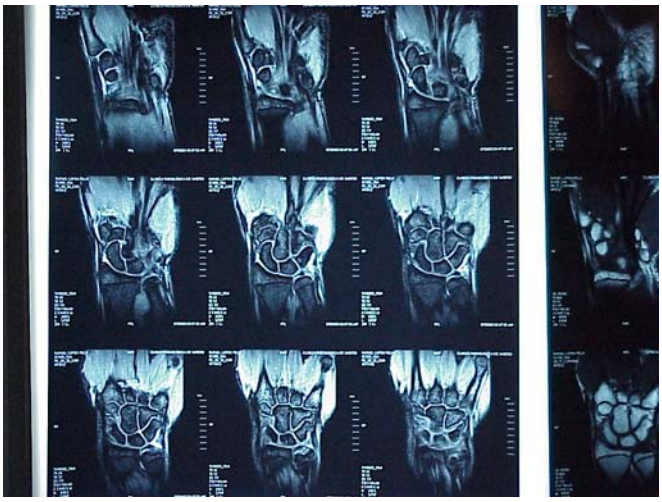
Following the vote in the European Parliament, the Council of the EU adopted on 5 December 2013 a Council Directive laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation.

The Directive, building on almost two decades of research on radioprotection at international level, aimed to reinforce checks on products emitting ionising radiations in a wide range of contexts including medical, industrial, power generation and waste management.

The new legislation brings together five Council Directives in one single piece of legislation. These include Council Directive 96/29/Euratom laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation, which provides the basic radiation protection obligations and applies to all activities involving ionising radiations. The other four more specialised acts are the Medical Directive (97/43/Euratom), the Directive on high activity sealed sources (2003/122/Euratom), the Directive on outside workers (90/641/Euratom), and the Directive on public information (89/618/Euratom).

Under the new rules, Member States shall establish legal requirements and an appropriate regime of regulatory control, which for all exposure situations reflect a system of radiation protection based on the principles of justification, optimisation and dose limitation. The Directive also provides for education and training on radiation protection and provision of information related to exposure.

Member States will have until 6 February 2018 to transpose this Directive into national legislation.



HORIZON 2020 PACKAGE

In the past years, HOPE has been a partner in several key projects funded under the Seventh Framework Programme for Research (FP7), such as DUQuE (Deepening our understanding of quality improvement in Europe) and Managed Outcomes (Operations management and demand-based approaches to healthcare outcomes and cost-benefits research). At the request of the Commission HOPE was as well very much involved in the debate shaping the new programme.

In the past years, HOPE has been a partner in several key projects funded under the Seventh Framework Programme for Research (FP7). HOPE was as well very much involved in the debate shaping the new Horizon 2020 programme.

The Horizon 2020 package, the new European Union's Framework Programme for Research and Innovation for the period 2014 – 2020, was adopted in December 2013.

The Horizon 2020 legislative package comprises five regulations on:

- the establishment of Horizon 2020;
- the specific programme implementing Horizon 2020;
- rules for participation;
- the European Institute for Innovation and Technology (EIT);
- the strategic innovation agenda of the EIT.

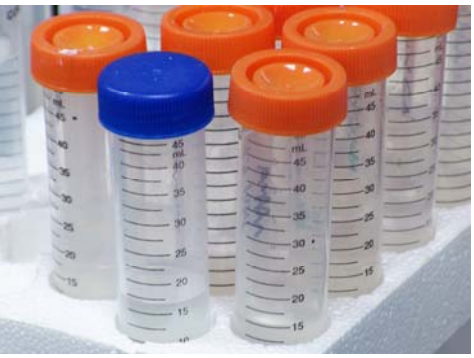
The new funding programme will have a budget of 77 billion Euros in current prices for the seven-year period, thus making Horizon 2020 the world's largest research programme.

The Horizon 2020 budget has been mainly divided between the three pillars composing Horizon 2020:

I. scientific excellence;

II. industrial leadership;

III. societal challenges, which will focus on areas such as health, climate, food, security, transport and energy.



The first official calls for proposals for the period 2014-2015 were published in December 2013.

Under the pillar Societal Challenge, the area of "Health, demographic change and wellbeing" (SC1) includes topics such as:

- understanding health, ageing and disease;
- effective health promotion, disease prevention, preparedness and screening;
- improving diagnosis;
- innovative treatments and technologies;
- advancing active and healthy ageing;
- integrated, sustainable, citizen-centred care;
- improving health information, data exploitation and providing an evidence base for health policy and regulation.

CROSS-BORDER THREATS TO HEALTH DECISION

On 6 November 2013, the decision on serious cross-border threats to health came into force. This new legislation aims to strengthen cooperation and coordination between Member States in order to effectively prevent and respond to a possible spread of severe human diseases across borders.

The main innovative aspects contained in the decision relate to:

- the strengthening of the EU preparedness planning capacity by re-enforcing coordination as well as sharing of best practices and information on national preparedness planning;
- the improvement of risk assessment and management of cross-border health threats, also providing risk assessment for threats that are not communicable diseases and of which no EU agency is in charge;
- the establishment of the necessary arrangements for the development and implementation of a joint procurement of medical countermeasures, including vaccines;
- a better coordination of response at EU level by providing a legal mandate to the Health Security Committee (HSC) in co-ordinating preparedness. In the event of a crisis, the HSC is now able to decide quickly on the coordination of national responses, communication of messages to the public and to the healthcare professionals.

In 2013, HOPE was actively involved as a partner of HEALTH C, a two-year project co-founded by the European Commission through the Lifelong Learning programme. The project aims at improving crisis communication skills in health emergency management and will have as a final result the release of a training course and a toolkit in communication in health emergency situation. This will help health authorities' staff in the development of competences required for managing communication in health emergency situations, thus contributing to an effective response to the spread of serious cross-border threats to health.

PROPOSED DIRECTIVES AND REGULATIONS

MEDICAL DEVICES REGULATIONS

The revision of the medical devices legislation was one of the major issues in the EU legislative agenda.

The aim of the two proposals on medical devices and on in-vitro diagnostic medical devices, published in 2012, is to address inconsistencies in interpretation of the current rules by the Member States, increase patient safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability.

The reports by MEPs Dagmar Roth-Behrendt (S&D, Germany) and Peter Liese (EPP, Germany) were adopted by the European Parliament during the October plenary session. Ministers also exchanged their views on the draft regulations during the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council meeting of 10 December.

But one of the main issues still dividing Member States' positions is the reprocessing of the so called "single-use" medical devices, one aspect for which HOPE has been constantly vigilant for the last ten years. HOPE advocated that, when done in a safe way, multiple uses of medical devices are a way to reduce costs and contribute to the protection of the environment. Re-use of medical devices results in the reduction of procurement costs, better use of cleaning and sterilisation equipment and in the reduction of inventory, reduction of waste, overall reduction in the consumption of raw materials and primary energy.

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Another issue still under discussion relates to the supervision process, thus whether the regulatory system should principally focus on measures in the pre-market stage or should also be based on stronger post-market surveillance provisions.

The medical devices legislative process was also discussed in the Commission's Medical Devices Expert Group, which is composed of Member States, industry and other stakeholder representatives in the field of medical devices and to which HOPE is now regularly invited. An important meeting of the expert group took place on 9 July 2013 to update stakeholders on the state of play of the negotiations and most critical points related to the two draft regulations on medical devices, as well as an update on the "PIP Action Plan", aimed at greater supervision of Notified Bodies.

The Parliament aims to reach an agreement on this major legislative reform before the European elections in May 2014.

DATA PROTECTION REGULATION

The revision of the general data protection regulation aims to strengthen current EU data protection rules and to ensure a more harmonized approach to data protection and privacy across the European Union. The draft proposal contains provisions, which might have an important impact on healthcare services and research. Therefore, HOPE has been closely following the legislative process since the publication of the proposal in 2012.

In January 2013, HOPE adopted a position paper on the Commission's proposal. HOPE welcomed the Commission's effort to further harmonise data protection requirements in the European Union and the provisions to support healthcare and health research. However, HOPE brought attention to some areas that must be enhanced to facilitate improvements in care delivery, continuous medical innovation and to support medical research for the benefits of society. A considerable number of provisions will restrict the availability of health data, delay innovation, create legal uncertainty and increase compliance costs if they remain unchanged.

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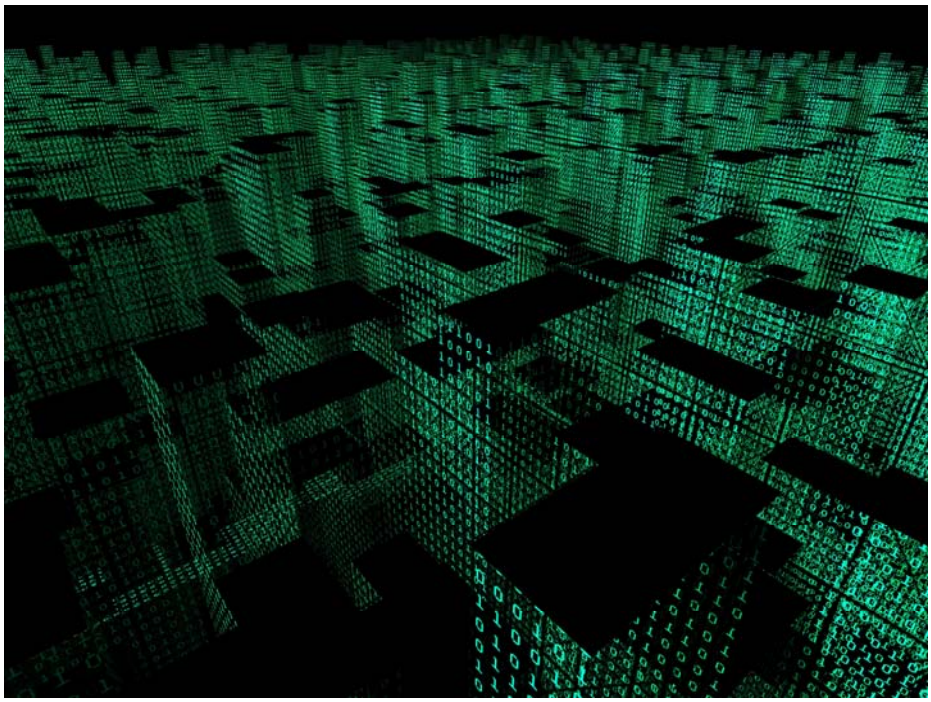


In addition, HOPE joined the Healthcare Coalition on Data Protection at the end of 2012. The Coalition is composed of key stakeholders of the healthcare sector in Europe representing physicians, dentists, medical research, healthcare providers, the pharmaceutical industry and the medical technology industry. The main activities within the Coalition a Joint Statement on 29 January 2013, which outlined how and why health data are processed to improve care delivery, support medical research and ultimately ensure patient safety. The Coalition also tabled some joint amendments.

On 16 January 2013, the Rapporteur Jan Philipp Albrecht (EFA/Greens, Germany) presented the draft report to the parliamentary committee on Civil Liberties, Justice and Home Affairs (LIBE). More than 3000 amendments were tabled by MEPs. The draft report was adopted by the LIBE Committee on 21 October 2013. The committee vote also set out the Parliament's mandate to start negotiations with national governments in the Council. The Parliament aims to reach an agreement on this major legislative reform before the European elections in May 2014.

CLINICAL TRIALS REGULATION

On 17 July 2012, the European Commission adopted a proposal aimed at boosting clinical research in Europe by simplifying the rules for conducting clinical trials, while maintaining high standards of patient safety.

A majority of hospitals are involved in research studies which often take the form of clinical trials. HOPE considers the proposed Regulation to be a significant improvement to the current Directive and a clear attempt to streamline the authorisation of new clinical trials.

On 29 May 2013, the EU Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) unanimously adopted the draft report by Rapporteur Glenis Willmott (S&D, UK) and on 20 December 2013, the Permanent Representatives Committee (Coreper) approved a compromise reached between the Lithuanian Presidency, the European Parliament and the Commission on 12 December. The agreement reached sets the timeline for authorisation of clinical trials at 60 days, with a tacit approval when no decision is taken within this timeline. Furthermore, in the future, one single application will be sufficient for conducting clinical trials in several Member States, instead of an application in each Member State as required by the current legislation.

To come into force the draft regulation still needs to be formally approved by the European Parliament, whose plenary vote is expected to take place in April 2014, and by the Council.

PUBLIC PROCUREMENT DIRECTIVE

The modernisation of the EU legislation on public procurement was one of the twelve priority areas for stimulating growth identified in the Single Market Act. The proposal for the review of the Directive was published by the European Commission at the end of 2011.

The reviewed Directive provides for a simplification and flexibilisation of the current procedural regime. It allows procurers to make better use of public procurement in support of common environmental and societal goals, introduces a new procurement procedure which can be used for the development and purchase of innovative products, services and works, and facilitates access for SMEs.

Since the beginning of the legislative process HOPE advocated clear and simple rules with a reduction in the level of detail and greater reliance upon the general principles of transparency, equal treatment and non-discrimination.

On 5 September 2013, the Internal Market and Consumer Protection Parliamentary Committee (IMCO) endorsed the trilogue agreement on the text reached at the end of June under the Irish Presidency of the Council of the European Union.

MEPs took into account HOPE's position, which stated that, in order to develop the full potential of public procurement, the criterion of the lowest price should be removed. The new rules would enable authorities to consider not only the price, but also environmental, social benefits or innovative ideas offered by a bidder. The new legislation would also include stricter rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

Simplification has also been introduced by providing a standard "European Single Procurement Document" in all languages and requiring authorities to share the details of eligible bidders from national databases. The system would be based on self-declarations and only the winning bidder would have to provide original documentation.

To come into force the draft regulation still needs to be formally approved by the European Parliament, whose plenary vote is expected to take place in January 2014, and by the Council.

On 2 October 2013, HOPE also participated in a workshop organised by Health Care Without Harm (HCWH) Europe on sustainable public procurement in European healthcare. The objective of the workshop was to bring together European policymakers and public procurers to stimulate debate on the link between green and social public procurement, provide comparative information from different case studies across Europe as well as recommendations for the long-term sustainability of the healthcare sector. During the workshop several best practices of green and social public procurement in the European healthcare sector were also showcased.

Image European Commission

FLUORINATED GREENHOUSE GASES REGULATION

Fluorinated greenhouse gases (F-gases) are used in an increasing number of applications such as air conditioning, refrigeration systems, aerosols and extinguishers. Hospitals are a major sector in which these gases are used.

The Commission's proposal was published on 7 November 2012 and aimed at ensuring a high level of environmental protection by reducing substantially F-gases emissions responsible for climate change.

On 19 June, the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) voted the draft report by Rapporteur Bas Eickhout (Greens/EFA, Netherlands) and on 18 December, the Permanent Representatives Committee (Coreper) approved an agreement reached between the Lithuanian Presidency of the Council of the European Union and representatives of the European Parliament.

The new rules would allow a reduction in the emission of F-gases by two-thirds of today's levels by 2030. In most recent equipment, where energy-efficient and cost-effective measures are available, the use of F-gases would be banned. Finally, the new legislation would also introduce a phase-down measure that will gradually limit the total amount of Hydrofluorocarbons (HFCs) - the most significant group of F-gases – that can be placed on the market with a freeze in 2015, and reaching 21 % of the levels sold in 2009-12 by 2030.

The text still needs to be formally adopted by the Parliament, whose plenary vote is expected to take place in early 2014, and by the Council, which is due to take its decision after the vote in Parliament.

HEALTH PROGRAMME 2014-2020

In 2013 negotiations continued between the Council, the European Parliament and the Commission on the EU Health Programme for the period 2014-2020. HOPE has been and is a partner in several projects and Joint Actions co-financed under the current EU Health Programme.

On 13 November 2013, The Committee of Permanent Representatives (Coreper) approved a compromise reached between the Lithuanian Presidency, the European Parliament and the Commission on some important issues such as the budget, internal governance and co-financing for Joint Actions.

The new EU Health Programme is aimed at encouraging innovation in healthcare, increasing the sustainability of health systems, improving the health of EU citizens and protecting them from cross-border health threats. The programme will have up to 449.4 million Euros in current prices at its disposal.

The new EU Health Programme aims to supplement Member States' health policies in the following four areas:

1. ***promotion of good health and prevention of diseases***, addressing risk factors such as smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity;
2. ***protection from cross-border health threats*** which could be improved by providing additional capacities for scientific expertise;
3. ***contribute to innovative and sustainable health systems*** where the new EU Health Programme could provide support of the voluntary cooperation between Member States on health technology assessment (HTA);
4. ***facilitate access to better and safer healthcare***; eligible actions include support for Member States and patient organisations on issues such as patient safety and quality of care, rare diseases and antimicrobial resistance.

In order to come into force the draft regulation still needs to be formally adopted by the European Parliament, whose plenary vote is expected to take place in early 2014, and by the Council. After the adoption, the annual work programme 2014 and the call for proposals will be launched by the Consumer, Health and Food Executive Agency (CHAFEA).

Soft Law and Other Initiatives

Besides hard law, HOPE also closely monitors soft law in relevant areas such as patient safety, eHealth, ageing or chronic diseases.

Soft law refers to non-binding instruments, such as recommendations and opinions, as well as white papers and green papers, Commission communications, consultations and rules governing how EU institutions and programmes work.

PATIENT SAFETY

In 2013, HOPE was very active on the theme of patient safety, dedicating its annual Exchange Programme to the topic of "Patient Safety in practice. How to manage risks to patient safety and quality in European healthcare".

Besides this, HOPE attended the meetings of the Commission's Patient Safety and Quality of Care Working Group, closely followed the adoption of the European Parliament resolution on patient safety, and continued to actively contribute to the work performed within the Joint Action PaSQ (European Union Network on Patient Safety and Quality of Care).

HOPE took the lead in two tasks within PaSQ: one related to the development of the concepts and implementation support tools for the Exchange Mechanisms (e.g. meetings, workshops, study tours, etc.) for the sharing of best practices and experiences in Patient Safety Practices and Good Organisational Practices. The second task involved recruiting Health Care Organisations for the implementation of four Safe Clinical Practices (WHO Surgical Safety Checklist, Medication Reconciliation, Multimodal Intervention to increase hand hygiene compliance, Paediatric Early Warning Scores) selected within the project. More information on HOPE activities within PaSQ is provided in this report in Chapter 3 (HOPE as a partner – ongoing projects).

Patient Safety and Quality of Care Working Group

In 2013, HOPE attended the two meetings of the Commission's Patient Safety and Quality of Care Working Group. The group brings together representatives from all 28 EU countries, EFTA countries, international organisations, EU bodies and key EU stakeholders, including HOPE. The Group assists in developing the EU patient safety and quality agenda.

Both meetings took place in Brussels on 8 March and 4 November 2013.

During the first meeting, the Work Plan for 2013-2014 was discussed and adopted, and working methods were agreed. In particular, it was decided to create two subgroups, respectively working on Recommendations focusing on:

- reporting and learning systems;
- education and training of health workers in patient safety.

HOPE joined both subgroups.

The second meeting on 4 November constituted an opportunity for the two subgroups to provide an update on the work accomplished, namely the results of a mapping exercise carried out in the summer. Both Recommendations will be approved in the first half of 2014.

On this occasion, the Commission also presented the steps undertaken to prepare the second report on the implementation of the 2009 Council Recommendation on patient safety. Besides the information collected through a questionnaire to be completed by all Member States, a public consultation was also launched in December 2013 and a Eurobarometer will be released in early 2014. The report, which is due to be published in April 2014, will provide an assessment of the implementation and progress since 2012, when first report was released.

Patient Safety and Quality of Care European Parliament Resolution

On 30 May 2013, HOPE participated in the workshop on patient safety organised by the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI). The workshop represented an opportunity to share views and discuss issues related to patient safety. At this occasion, an own-initiative report by MEP Oreste Rossi (EFD, Italy) was presented on the implementation of the 2009 Council Recommendation on patient safety, including the prevention and control of healthcare-associated infections.

The resolution was finally adopted in Strasbourg on 22 October. It highlights that some of the Council's recommendations have so far been implemented by only a few Member States, and that there is room for improvement in hospital and non-hospital care. In particular, it calls for further efforts to be made in patients' empowerment and the overall training of health professionals and carers, as well as in the implementation of European classifications on patient safety and the development of European guidelines on patient safety standards.

The text also highlights that progress still needs to be made with respect to informing patients about healthcare-associated infections (HAIs) and supporting research into the prevention and control of HAIs. It also encourages the Member States and regional and local authorities to prioritise, as far as possible, approaches based on mediation when adverse events associated with healthcare occur.

eHEALTH

HOPE contributes to shaping the European agenda on the theme of eHealth mainly thanks to its participation in the eHealth Stakeholder Group.

Established by the Commission in 2012, this group comprises 29 European umbrella organisations, including HOPE, representing different groups like health professionals and managers, patients and consumers, industry, standardisation bodies. Its aim is to ensure an informed dialogue with the European Commission and to add value to policy design and implementation.

In 2013, the Group met on 29 January, 15 May, 30 September, and 1 October to work on the following issues:

- interoperability;
- telemedicine deployment;
- working force in eHealth;
- health inequalities;
- legal issues.

HOPE also actively continued its involvement in the eHealth Governance Initiative (eHGI), which supports cooperation between Member States at Political Governance levels and eHealth Stakeholders and contributes to the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way. More information on HOPE activities within the eHGI is provided in this report in Chapter 3 (HOPE as a partner – ongoing projects).

AGEING

European Innovation Partnership on Active and Healthy Ageing

HOPE joined in 2012 the European Innovation Partnership on Active and Healthy Ageing, which gathers stakeholders from the public and private sectors, across different policy areas.

The Partnership's main scope is to increase, by 2020, the average healthy lifespan in the EU by two years pursuing three strategies:

- improving the health and quality of life of Europeans with a focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems;
- enhancing the competitiveness of EU industry through business and expansion in new markets.

The priority actions fall under three pillars reflecting the "life stages" of the older individual in relation to care processes:

- prevention, screening and early diagnosis;
- care and cure;
- active ageing and independent living.

In January 2013, a second invitation for commitment in support of a specific Action Plan was launched and received around 320 commitments. Prospective new members had to indicate to which thematic area and which deliverables they would have worked towards and what their expected concrete contribution was. Over one third of the commitments were made for the Action Group on Preventing Functional Decline and Frailty in which HOPE has been involved since the beginning of the partnership.

HOPE also attended the Second Conference of Partners organised on 25 and 26 November 2013 in Brussels. The objective of this event was to show evidence about how the current commitments are contributing to social and economic growth and jobs creation, and to debate how the Partnership's activities can be scaled up. During the conference, sessions were also devoted to the Action Groups' results over the first years and next steps.

CHRONIC DISEASES

Chronic diseases represent the major share of disease in Europe and are responsible for 86% of all deaths in the region. Current forecasts indicate that in the EU, the population aged 65 and above will rise from 87.5 million in 2010 to 152.6 million by 2060.

In 2013 the Joint Action on Chronic Diseases (CHRODIS-JA), in which HOPE is involved as a collaborating partner, was adopted. Led by the Spanish Institute of Health Carlos III, the Joint Action will kick-off in early 2014. The Joint Action will address the challenge of the increased burden that chronic conditions and diseases place on the health systems and individuals in Europe, with a specific focus on multi-morbidity.

The European Commission also published a final report in November, which summarises the actions taken at EU level to tackle chronic diseases.

It focuses on two main priorities:

- prevention and health promotion;
- disease management with an emphasis on patient empowerment.

In order to continue the discussion on where further EU action might add value, the Commission's DG Health and Consumers intends to organise an EU summit on chronic diseases in 2014. The summit would review action to date and provide a forum for participants from Member States and stakeholder organisations on future needs.

EU HEALTH POLICY FORUM

HOPE continued its active involvement as a member of the EU Health Policy Forum, which constitutes an important tool of influence on major EU health policies as well as an opportunity to collaborate with other health stakeholders at EU level. The Forum brings together 52 umbrella organisations representing European stakeholders in the fields of public health and healthcare. In 2013, HOPE contributed to the activities of the Forum by attending two meetings, which took place in Brussels on 9 April and on 11 September.

HOPE continued its active involvement as a member of the EU Health Policy Forum, which constitutes an important tool of influence on major EU health policies as well as an opportunity to collaborate with other health stakeholders at EU level.

The first meeting in 2013 was addressed by Tonio Borg, the EU Commissioner for Health and Consumer Policy, who discussed with stakeholders some key points from the Commission Staff Working Document "Investing in Health", adopted as part of the Social Investment Package on 20 February.

After this first meeting, the Forum's members worked on a position paper on "Investing in Health" and published it in May. The position paper is a reaction to the Social Investment Package and its accompanying working document on Investing in Health, which contains strategies to improve the efficiency and effectiveness of health systems in a context of tighter public healthcare budgets and discusses how health can contribute to increase human capital and social inclusion.

On 11 September 2013, the main objective of the meeting was to take stock of the activities and the achievements of the EU Health Policy Forum in the period of 2009-2013. Members highlighted that the Forum represents a valuable communication channel, enabling stakeholders to contribute to EU health policies. At the same time, several proposals were put forward and discussed to make the Policy Forum more effective in the future mandate. These proposals will be summarised into a document and further debated in the course of 2014.

PLATFORM ON ACCESS TO MEDICINES

HOPE is a member of the platform on access to medicines in Europe, which is one of the three work areas of the Process on Corporate Responsibility in the field of Pharmaceuticals. The platform facilitates discussions and collaboration among the Member States and relevant stakeholders in order to find common, non-regulatory approaches for better access to medicines after their marketing authorisation.

The platform comprises five working groups on facilitating supply in small markets, promoting good governance for non-prescription drugs, capacity building on managed entry agreements for innovative medicines, mechanism of coordinated access to orphan medicinal products, and on market access for biosimilars.

The working group on market access for biosimilars, was invited to take stock of the availability of biosimilar medicinal products in European national markets and to define the necessary conditions for an informed uptake and adequate patient access to these products. The working group published in April its final deliverables which include:

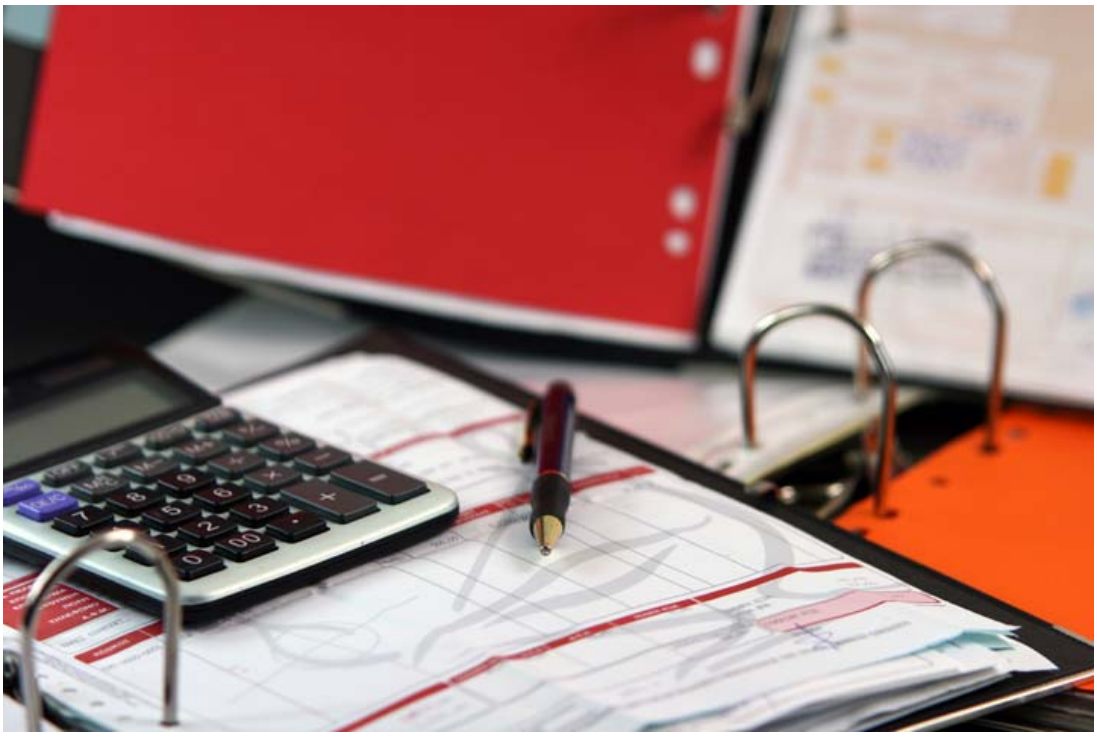
- a table with information on the reimbursement status of biosimilar medicinal products in EEA countries;
- a study on "Biosimilar accessible market : Size and biosimilar penetration";
- a consensus information document entitled "What you need to know about Biosimilar Medicinal Products" with a Q & A for patients, physicians and payers.

VAT: FISCALIS 2013

HOPE participated in the 2013 edition of the Fiscalis seminar in Venice-Mestre, organised by the European Commission in collaboration with the Italian Tax Administration. The main objective of the seminar, entitled "*VAT in the public sector and exemption in the public interest*", was to examine the shortcomings of the current VAT rules for the public sector and analyse possible options for reforms. The seminar was attended by representatives of the EU Member States and several stakeholders.

Conclusions of the seminar stressed the necessity of reforms in the VAT system. One of the priorities in this regard is the review of the VAT rules for the public sector including the special rules for public bodies and the tax exemptions in the public interest. Hospital and medical care activities are among the activities in the public interest exempted from VAT.

With a view to preparing an impact assessment, the European Commission also launched a public consultation in October 2013 on this issue.



ENDOCRINE DISRUPTERS

HOPE attended on 21 March 2013 the debate "Towards non-toxic healthcare – Alternatives to Phthalates in medical devices". The main objective of the event, organised by Health Care Without Harm (HCWH) Europe and hosted by Corinne Lepage MEP (ALDE, France), was to raise awareness on the issue of endocrine disrupters in medical devices and where medical device producers, doctors and hospitals facility managers were invited to share their experience in producing, purchasing and using medical devices without endocrine disrupting chemicals, in particular phthalates.

The debate came after the adoption by the European Parliament on 14 March 2013 of a resolution on the protection of public health from endocrine disrupters.

Endocrine disrupters are substances that cause adverse health effects by disturbing the production or activity of hormones. They include dioxins, PCBs, phthalates, parabens and bisphenol A. These substances are present in many products such as pesticides, pharmaceuticals, plastics, including medical devices used in hospitals.

The resolution calls for a number of specific measures, including:

- fast measures to protect vulnerable groups such as children, young people and pregnant women;
- development of EU multidisciplinary criteria for deciding which substances are endocrine disrupters and which are not;
- the addition of tests identifying endocrine disrupters to existing EU legislation on chemicals;
- the recognition of endocrine disrupters as substances of very high concern in REACH regulation.

Chapter 3

KNOWLEDGE AND EXCHANGE

Development of knowledge and facilitating exchanges is at the essence of HOPE's activities. Joining consortiums, participating in projects and joint actions is now a regular practice.

In 2013, HOPE held the 32nd edition of its Exchange Programme and was also active in the organisation or co-organisation of several conferences.

HOPE AS A PARTNER – COMPLETED PROJECTS

RESEARCH – DUQUE – QUALITY STRATEGIES

In August 2013, the DUQuE project (Deepening our understanding of quality improvement in Europe) came to an end.

Using data from 188 hospitals from seven European countries (Czech Republic, France, Germany, Poland, Portugal, Spain and Turkey), this four year multi-method project started in 2009 and assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care (specifically clinical effectiveness, patient safety and patient reported outcomes). HOPE was the leader of Work Package 6 “Analysis of policy implication and impact”.

DUQuE, financed by the EU 7th Research Framework Programme, has achieved its main goal of studying the effectiveness of quality improvement systems in European hospitals. The final recommendations of the DUQuE project will be published in 2014.

EUROPAID – MEDICAL EQUIPEMENT DONATIONS

Committed to improving patient safety within but also beyond the European continent, HOPE took part in a European Union co-financed three-year project called "*Strengthening cooperation tools and developing dialogue between medical devices donation actors: improving practices in projects support equipment of health organisations in developing countries"* (DCI-NSA/2009/205-811).

Led by the association Humatem, this project was developed in partnership with HOPE, Biology Without Borders, Cap Solidarities, and Urgence Réhabilitation Développement.

This project was co-financed by EuropeAid. It helped improve supply of services to donation actors, resources for information and training: documentary , training campaigns, technical and methodological support, thematic groups, discussion forum and international conference.

"Equip'aid. Sharing for Better Healthcare" was the first leading international meeting, devoted to the improvement of medical equipment support projects for healthcare facilities in the field of international aid. It took place in Chamonix Mont-Blanc (France) on 19 and 20 November 2013 to conclude the project.

Europaid

HOPE AS A PARTNER – ONGOING PROJECTS

JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE

The Joint Action on Patient Safety and Quality of Care (PaSQ) aims to contribute to Patient Safety and good Quality of Care by supporting the implementation of the 2009 Council Recommendations on patient safety through cooperation between European Member States, EU stakeholders and international organisations on issues related to quality of health care, including patient safety and patient involvement. This will be done by sharing knowledge, experience and good practices with each other, the Commission and relevant European and international bodies, as well as examining transferability of these practices.

HOPE is one of the members of PaSQ Executive Board (but the only European stakeholder) and actively contributed in 2013 to the work carried out within the Join Action. In particular, HOPE was task leader for the development of the concepts and implementation support tools for the Exchange Mechanisms (e.g. meetings, workshops, study tours, etc.) for the sharing of best practices and experiences in Patient Safety Practices and Good Organisational Practices. The concepts and implementation support tools were integrated in the final version on the Action Plan for the Exchange Mechanism released in July 2013.

As a member of the review team, HOPE was also involved in the review of the Patient Safety Practices to be displayed on the public part of PaSQ website, to ensure the practices submitted were sufficiently described and understandable for the public.

Also, HOPE was task leader for the recruitment of the Health Care Organisations to be involved in the implementation of four Safe Clinical Practices (WHO Surgical Safety Checklist, Medication Reconciliation, Multimodal Intervention to increase hand hygiene compliance, Paediatric Early Warning Scores) selected within the project. There are currently about 200 health care organisations from 18 Member States taking part in the implementation process. The implementation officially started in July 2013 and will last until September 2014.

In 2013, HOPE attended several teleconferences and meetings of the consortium. Partners met in Berlin on 14 and 15 January for the Second Coordination meeting and in Paris on 17 and 18 October for the Third Coordination meeting. On both occasions, an update was provided on the work already carried out and next steps and participants shared their view in an interactive way thanks to workshops and discussions.

HOPE also participated in another meeting, which was held in Bratislava from 30 September to 1 October. The aim was to discuss the sustainability of PaSQ Network on Patient Safety and Quality of Care after the end of the Joint Action. An initial document gathering proposals for the sustainability and the creation of a permanent network on patient safety, as well as future working priorities within the network was presented and discussed. This will be further revised based on inputs from PaSQ partners and finalised in 2014.

HONCAB

The project to support the creation of a pilot network of hospitals related to payment of care for cross border patients (HoNCAB) is co-financed by the European Commission (Executive Agency for Health and Consumers) under the Second Programme of Community Action in the Field of Health (2008-2013).

The project aims to set up a pilot network of hospitals allowing members to exchange information and experiences on cross-border care and cross-border patients' flows, especially on issues related to reimbursement. Through this activity, the project aims to help hospitals preparing for the new conditions that need to be applied after the transposition of the European Union Directive 2011/24/EU on the application of patients' rights in cross border healthcare.

HOPE attended the meeting of the consortium held in Brussels from 3 to 5 July. After this meeting, some core activities were fine-tuned and continued such as those related to the development and piloting in 14 hospitals of the dataset to collect and exchange information between hospitals based on a number of pre-defined variables. Two patient questionnaires were also created on reimbursement and quality of care received.

HOPE is also the Leader of Work Package 2, dedicated to the dissemination of the project. Within this Work Package, HOPE developed with the support of partners a project leaflet, now available in seven languages, and the official website www.honcab.eu. HOPE also worked on the first issue of the project newsletter, which was released in September.

HEALTH C

"Improving Crisis Communication Skills in Health Emergency Management" (Health C project) is a two-year EU co-funded initiative aimed at supporting health authorities staff in development of competences required for managing communication in emergency situations. The final result will be a training course in communication in emergency situations and a toolkit.

HEALTH C
Improving Crisis Communication Skills in Health Emergency Management

2013 was a year of intense activity for the consortium. HOPE led Work Package 2, aimed primarily at identifying the target groups' training needs and competences. In order to reach this result, a questionnaire was developed by the partnership to explore training needs and to obtain an overview of crucial factors in health crisis communication and preferred learning methods.

Based on the findings, the consortium initiated in late 2013 the development of the training course, which will comprise three core modules on: communication competences and processes; use of social media: use of traditional media. The training course will be piloted between May and June 2014. HOPE is part of the working group developing the content for the module on traditional media.

EUROTRACS

EUROTRACS (EUROpean Treatment & Reduction of Acute Coronary Syndromes Cost Analysis) project was officially launched in Barcelona on 2 and 3 July 2013.

EUROTRACS aims to develop utility analysis (cost-effectiveness) in terms of cost per Quality-Adjusted Life Year (QALY) saved in two fields:

- interventions designed to prevent coronary artery disease incidence;
- optimal use of coronary angiography and percutaneous intervention procedures in the management of patients with acute coronary syndrome.

Decreasing coronary artery disease (CAD) morbidity and mortality in the most cost-efficient manner is an important objective in public health. Moreover, identification of Acute Coronary Syndrome (ACS), procedures associated with the minimum in-hospital mortality, is urgent required in for updating current guidelines, especially regarding the elderly.

The proposed action will allow policy makers to design national and international public health actions aimed at decreasing coronary artery disease morbidity and mortality in the most cost-efficient manner. Those public health actions will in turn increase the quality of life and longevity of Europeans.

A predictive Internet-based model to interactively analyse the 10-year CAD event incidence, obtained by modifying the population prevalence of the targeted risk factors (smoking, cholesterol, hypertension) will be developed to identify the most cost-effective population interventions. EUROTRACS results will deliver longer-term benefits to society by helping to reduce CAD and ACS morbidity, mortality and cost and age-dependent inequalities in ACS in-hospital treatment.

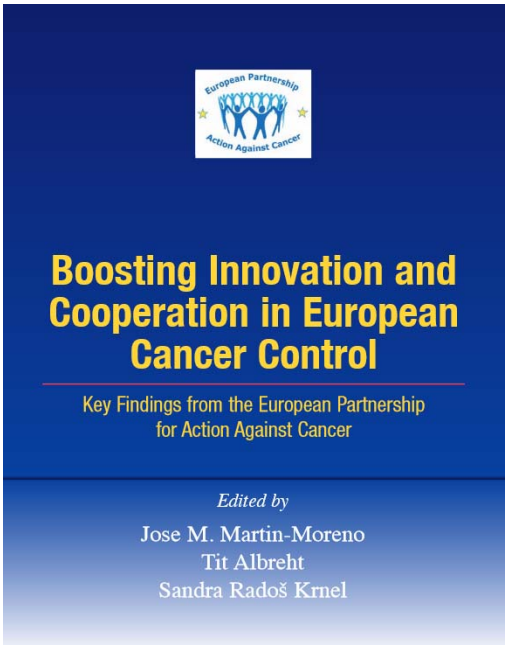
EUROPEAN PARTNERSHIP FOR ACTION AGAINST CANCER

The European Partnership for Action Against Cancer (EPAAC) runs from February 2011 to February 2014 with the aim of drawing together relevant organisations to share expertise and identify challenges in order to reduce the number of new cancer cases in the EU by 15% by 2020. The Joint Action foresees international co-operation in four main areas: prevention, research, healthcare and information.

The specificity of the Partnership is that involves a joint stakeholder response to prevent and control cancer. Led by the National Institute of Public Health in Slovenia, EPAAC Joint Action encompasses 36 associated partners from across Europe and over 100 collaborating partners.

In 2013, HOPE participated in the edition of the book entitled "*Boosting Innovation and Cooperation in European Cancer Control*" published by EPAAC. The book explores some of the innovative strategies being deployed against cancer in Europe and how international collaboration has assisted in combating the cancer burden.

In addition, it highlights some outstanding examples of how cooperation between national and international entities as well as policy-oriented innovation are contributing to the collective effort to control cancer.



JOINT ACTION ON EU WORKFORCE PLANNING AND FORECASTING

On 11 and 12 April 2013, HOPE participated in the kick-off meeting in Brussels of the Joint Action on Health Workforce Planning and Forecasting as associated partner in the project.

The general objective of the Join Action is to create a platform for collaboration and exchange between Member States to prepare the future of the health workforce (HWF). This platform will support Member States to take effective and sustainable measures in view of the expected shortage of the health workforce on European and national level.

In addition to the kick-off meeting, HOPE also attended the first Work Package 5 meeting in Rome on 16 and 17 May. A series of discussions were held on methods, templates, focusing on the prime deliverable concerning a Minimum Data Set (MDS) for health work force supply and demand based planning. A second workshop was held in Milan on 19 and 20 September to define the criteria and requirements of the MSD, and to agree on founding principles, targets and potential users. The MDS aims to be the data foundation for Member States on which data collection system and registers could be built for planning and forecasting.

eHEALTH THEMATIC NETWORK – AGEINGWELL

The AgeingWell network was launched in 2012 with the main objective to improve the quality of life of elderly people by promoting the market uptake of ICT solutions for Ageing Well. To achieve its aim, there are five main objectives of AgeingWell:

- develop guidelines for deployment and sharing of best practice between key competence centres;
- build ICT for Ageing Knowledge Centre with the aim of sharing the results with the Ageing Well Community;
- develop an ICT for Ageing Society Strategic Agenda, with the aim of providing a study on options for future structure and implementation of EU innovation funding;
- promote the European innovation reinforcement between innovative ICT industries & Ageing (in particular SMEs) and Venture Capital firms, Business Angels and other;
- raise awareness within the European community of ICT & Ageing stakeholders.

The AgeingWell network comprises experienced organizations in ICT for ageing well, covering the industry, user organizations, public authorities, investors, housing and insurance companies and ICT solutions providers that share and run an interactive online platform, sharing a vision of "Market uptake of ICT for Ageing Well". The 16 founding members' expertise relates to all aspects of ICT and people's lives: ICT for health, health/medicine, community care, transport, the built environment, education, employment, pensions, social welfare, civic participation, new technologies, sporting and cultural activities, and the elderly as consumers.

On 30 May 2013, HOPE Chief Executive Pascal Garel presented the thematic network AgeingWell at the conference “Numérique en santé: les innovations qui changent la donne” (Personal health systems: innovations that change the environment) which was organised in Paris, in Parc des Expositions. This event was held within the exhibition “Salons de la Santé et de l’Autonomie”, a yearly event with three stands: Hôpital Expo, Gerontexpo and HIT (health information technologies). It was an appropriate place for dissemination as the three stands cover the whole spectrum of issues around ageing, information technology and care.

The goal was to discuss the relevance of personal health systems as “innovations that change the environment”, highlighting the existing advantages and challenges, in the context of ageing. The initiative gathered more than 50 selected participants from the three files of knowledge: ageing, healthcare and information technology to exchange knowledge and practical experience, coming from the healthcare, management and industrial fields.

eHEALTH THEMATIC NETWORK – MOMENTUM

Momentum (Thematic Network for Mainstreaming Telemedicine Deployment in Daily Practice) is a platform where key players can share their knowledge and experience in deploying telemedicine services into routine care to build a body of good practice. One of the outcomes of the project will be a Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process.

HOPE contributed to the project by attending three meetings organised by the consortium in 2013. The first meeting took place in Brussels on 6 February with the purpose of coordinating the work of the four Special Interest Groups (SIGs) involved in the project, respectively dedicated to the following themes: telemedicine strategy and management (SIG1), organisational implementation and change management (SIG2), legal and regulatory issues (SIG3) and technical infrastructure and market relations (SIG4).

HOPE was involved as an editor in SIG1. This involved reviewing the draft section of the Blueprint dedicated to the analysis of a questionnaire, which gathered information on telemedicine services under the theme of telemedicine strategy and management.

The consortium and telemedicine practitioners met again in Berlin on 8 April for the Second Workshop to discuss progress in the SIGs' work and in Brussels on 18 and 19 November to agree on the structure of the Blueprint and analyse in depth several cases of telemedicine use.

eHEALTH GOVERNANCE INITIATIVE

The eHealth Governance Initiative (eHGI) supports cooperation between Member States at political levels and involves many eHealth stakeholders. It seeks a strong coordinated political leadership and the integration of eHealth into national health policies. It achieves this through the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way. The Initiative is closely linked to article 14 of the eHealth Network established by Directive 2011/24/EU on the application of patients' rights in cross-border healthcare.

More concretely, the eHGI provides support to the following priority areas for the eHealth Network:

- eID EU governance for eHealth services;
- semantic and technical interoperability;
- data protection;
- patient summary.

HOPE is member of the Policy and Strategy Committee (PSC) and participated in the three meetings organised in Brussels on 10 April, 17 October and 10 December 2013. HOPE also reviewed some key documents produced in 2013.

HOPE AS AN ADVISOR

JOINT ACTION ON HEALTH TECHNOLOGY ASSESSMENT

HOPE participated as stakeholder in a meeting of the European Network for Health Technology Assessment (EUnetHTA), which took place on 13 May 2013 in Brussels.

In 2004, the European Commission and Council of Ministers targeted Health Technology Assessment (HTA) as "a political priority", recognising "an urgent need for establishing a sustainable European network on HTA". EUnetHTA was established to create an effective and sustainable network for HTA across Europe, to help develop reliable, timely, transparent and transferable information and to contribute to HTAs in European countries. EUnetHTA is a network of government appointed organisations (from EU Member States, EEA and Accession countries) and a large number of relevant regional agencies and non-for-profit organisations that produce or contribute to HTA in Europe.

The main purpose of the meeting was to discuss the stakeholder forum co-chairmanship, and to exchange information and potential activities about setting up a permanent network of HTA agencies. Therefore, the following points were discussed:

- stakeholder co-chair of the Stakeholder Forum;
- interest of Stakeholder Forum members;
- mandate of co-chair, including duration;
- process for nomination in 2013 and in the future;
- permanent network of HTA agencies;
- exchange of information on status of development (e.g. implementing act, financing);
- status of stakeholder consultation and common activities.

In September 2013 Dr. Jaques De Haller from CPME was elected as representative of EUnetHTA providers group to support the activity of the Co-Chair.

On 17 September 2013 the EUnetHTA JA2 Stakeholder Forum meeting took place. During the event, the following topics were discussed:

- updates on the activities carried on by the WPs in the past months;
- proposed meeting with the medical device industry;
- implementation of co-chair function in the stakeholder forum;
- permanent EU cooperation on HTA;
- EUnetHTA training expanded beyond patients and providers;
- developments on the organization of the EUnetHTA conference in Rome scheduled in October 2014;
- stakeholder forum input on the JA2 Year EUnetHTA report;
- procedural issues.

CHAIN OF TRUST

On 24 January 2013, HOPE attended the final conference of Chain of Trust, a EU co-funded project started in 2011 and in which HOPE has been involved in the role of advisor. The overall objective of the project was to assess the perspective of the main end users of telehealth services across the EU, to see whether and how views may have evolved since the initial deployment of telehealth and what barriers remain.

During the final conference, main project findings and recommendations were presented to stakeholders and policymakers, including representatives from the European Commission and the European Parliament, who should be key actors in defining strategies for taking forward the project's results.

In particular, the project showed that education and training of healthcare professionals and patients are very important in order to provide them with the skill set required for new ways of communicating and interacting. It also highlighted the role of healthcare managers, including in hospitals: they should support health professionals to effectively integrate telehealth in the delivery of care on the one hand, and to properly inform and support their patients on the other, especially in the context of chronic disease management.

RENEWING HEALTH

On 8 October 2013, HOPE attended the User Advisory Board meeting of Renewing Health, a European project co-funded by the European Commission under the ICT Policy Support Programme.

Renewing Health aims to implement large-scale real-life test beds for the validation and subsequent evaluation of innovative telemedicine services using a patient-centred approach and a common rigorous assessment methodology. The User Advisory Board, of which HOPE is one of the members, comprises representatives of patients and their informal caregivers, healthcare professionals, health authorities, healthcare organizations and payers.

The aim of the meeting was to share and discuss with participants preliminary results from some of the piloted telemedicine services. The following pilots were presented: remote monitoring and health coaching for patients with diabetes and heart disease (Finland), telemedicine real-time nursing consultations for Chronic Obstructive Pulmonary Disease patients (Denmark) and telemonitoring for chronic heart failure (Veneto Region, Italy).

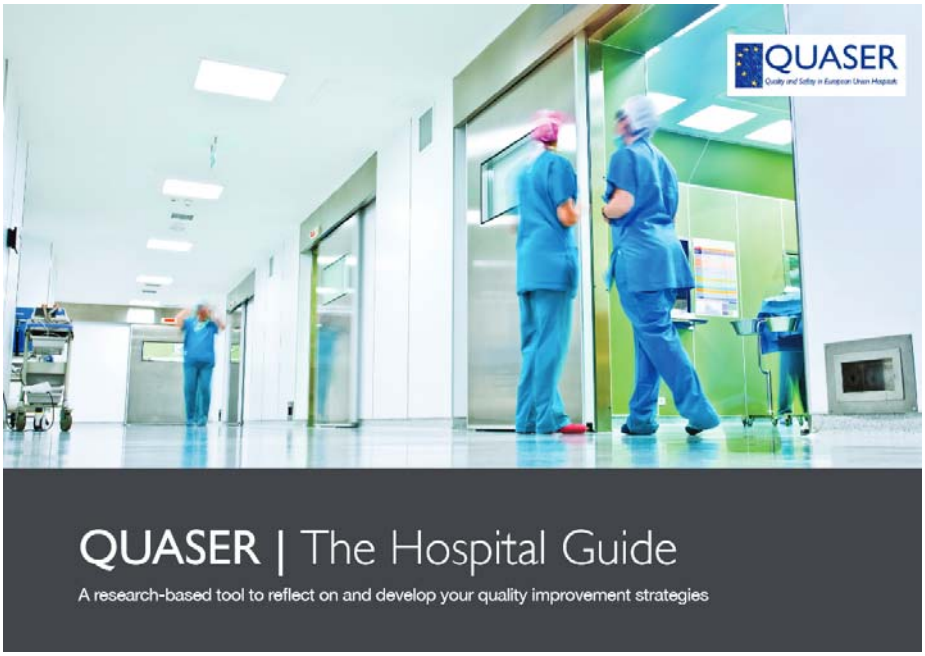
Until the end of 2014, Renewing Health will be able to provide indicators on clinical effectiveness economical and organisational outcome, patient satisfaction and transferability of the services piloted. Project results will be publicly available in the summer of 2014.

QUASER – QUALITY AND SAFETY IN EUROPEAN UNION HOSPITALS

The Quality and Safety in European Union Hospitals (QUASER) project was a EU co-funded research project exploring the relationships between the organisational and cultural characteristics of hospitals, and how these impact upon clinical effectiveness, patient safety and patient experience in European Union countries. The projected started in 2010 and ended in June 2013.

In 2013, the work of the consortium has been focused on developing the two Guides (for hospitals to implement quality improvements and a framework for payers to assess hospital quality) which constituted the main outputs of the project.

A third stakeholder workshop, held in London in May 2013, contributed significantly to the development of these guides. It was attended by 13 participants from 8 European countries representing three groups of stakeholders (hospital managers, payers and patient group), including HOPE. The aim of the workshop was to review and make recommendations on prototypes of the guides, which were published in July 2013.



ECAB – EVALUATING CARE ACROSS BORDERS

HOPE was invited to be an observer within the ''Users' Advisory Board'' of the EU-funded research project ECAB, evaluating care across borders.

Evaluating care across borders

ECAB

European Union Cross Border Care Collaboration

This project brought together major academic researchers from several European universities (e.g. London School of Hygiene &Tropical Medicine, Semmelweis University, Universidad Barcelona, London School of Economics) to look into various issues relating to cross-border care in Europe such as healthcare professionals, prescriptions, hospital collaboration.

It ended in October 2013 with a conference to which HOPE contributed.

PROJECTS UNDER CONSTRUCTION

IPPOCA – IMPROVING PROFESSIONAL PRACTICE ON CHILD ABUSE

HOPE was invited to join the as a partner the IPPOCA consortium. The project, which will start in 2014, is co-financed by the European Commission under the Daphne III programme. The programme aims to contribute to the protection of children, young people and women against all forms of violence and attain a high level of health protection, well-being and social cohesion.

Led by the Italian Meyer Children's Hospital of Florence, the project aims to improve knowledge and practices implemented by the health staff of paediatric hospital partners when a child is thought to be a victim of abuse or maltreatment.

To achieve this, the project will develop a manual to support health staff and will pilot a teaching programme based on the manual's content. The manual will identify a number of lessons learned to reach common procedures for the detection and treatment of an abused child, applicable to the different partners' countries.

Exchange Programme

HOPE EXCHANGE PROGRAMME – 32ND EDITION

In 2013, the HOPE Exchange Programme celebrated its 32nd edition.
141 professionals benefited from this 4-week training period in host institutions in most Member States of the European Union and in Switzerland.

This year's topic was "*Patient Safety in practice. How to manage risks to patient safety and quality in European healthcare*". Starting on 13 May 2013, the HOPE Exchange Programme closed with the HOPE Agora, the final events held in The Hague (Netherlands) from 10 to 12 June 2013.

Like in previous years, a prize was awarded to the three best country presentations. Winners were chosen by the HOPE National Coordinators. Belgium won the first prize, France the second and the third one was awarded to the health professionals who stayed in Sweden.

CONFERENCES ORGANISED BY HOPE

HOPE AGORA 2013 – PATIENT SAFETY IN PRACTICE

From 10 to 12 June 2013, HOPE held its Agora in The Hague, the Netherlands, concluding the 32nd HOPE Exchange Programme dedicated to the theme "*Patient safety in practice. How to manage risks to patient safety and quality in European healthcare*".

The HOPE Exchange Evaluation Conference of 12 June was preceded by a congress on this theme on 11 June, organised by the Dutch Hospitals Association (NVZ) and the Dutch Federation of University Medical Centres (NFU) in collaboration with HOPE. The event was attended by 350 participants.

The morning plenary provided an overview on cultural aspects that influence patient safety in hospitals and how managers can deal with this effectively. After an introduction and welcome by Ferry Breedveld (NFU), the session opened with a keynote speech from Leon van Halder (Dutch Ministry of Health, Welfare and Sports) who highlighted several Dutch initiatives and policies to promote patient safety and cultural aspects that determined them. Niek Klazinga (Head of the Health Care Quality Indicators (HCQI) Project) illustrated the results of the EU-funded research project DUQuE, which assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care. Wim van Harten (NKI-NVL) presented VMS, the Dutch programme

for safety management in healthcare and Erik Heineman (Groningen University) focused on the viewpoint of the medical specialist, highlighting cultural differences influencing their work in hospitals. Finally, Diana Delnoij (Tilburg University) talked about patient participation in safety management, providing an insight into patients' experiences and explaining how patients can be involved so to enable their active participation to their safety. Concluding this session, Yvonne van Rooy (NVZ) further stressed that improving patient safety represents an important priority today. Stimulating mutual learning and exchange of experiences is fundamental since safety is the result of the close cooperation among many different professionals.

In the afternoon, several workshops were organised allowing attendees to share their views and experiences in a more interactive way. During the workshops, experts presented good practices from different European countries on seven themes (medication safety, reporting incidents, communication gaps, patient participation, infection prevention, safety in the operating theatre and working in teams).

The conference ended with an interview of HOPE Chief Executive Pascal Garel and Jean Bacou (HAS, coordinator of PaSQ Join Action) who highlighted the close connection between HOPE Exchange Programme and PaSQ Joint Action, both aimed at promoting and enabling knowledge and good practice exchange. It was also stressed how flexibility and a bottom up approach are the way forward in order to take into account the different national contexts and realities in Europe.

CONFERENCES CO-ORGANISED BY HOPE

HOSPITAL BASED FINANCING FOR MEDTECH INNOVATION

On 4 December 2013, HOPE and the European Health Technology Institute for Socio-Economic Research (EHTI) organised a joint debate with the purpose of understanding the opportunities and challenges represented by hospital based financing for MedTech in practice and fostering dialogue by considering the points of view of the different stakeholders and experts involved in this topic.

In times of austerity in Europe, the focus is often being placed on the costs of public services. This frequently results in short term cost-cutting that can be counterproductive when analysed in the light of societal and long term economic benefits and put financing of innovation at risk. With the demographic trend towards an expanded older population requiring and expecting a high level of health care and a shrinking number of taxpayers, the pressure on healthcare resources will continue to increase. However investments in health and innovation are critical not only because health is a value in itself but also because health is a pre-requisite for economic growth. Innovation to ensure an improved health outcome, sustainability of the healthcare system, delivery of good quality healthcare need to be appropriately financed.

EHTI has conducted research in order to develop a descriptive process on how innovation for MedTech is financed at hospital level. This research aims to better determine whether the current DRGs systems address the financing of innovation, whether special financing schemes exist and to which degree the value of innovation is considered when these are set up. It will also ascertain what are the challenges faced by hospitals and manufactures of medical technology in practice. Besides, it will leverage previous studies conducted by HOPE on “DRGs as a financing tool”, “Hospital Financing: Diagnosis Related Groups - Leading the debate” as well as HOPE’s work related to DRGs and under-nutrition.

EQUIP'AID – SHARING FOR BETTER HEALTHCARE

"*Equip'aid. Sharing for Better Healthcare*" was the first leading international meeting, devoted to improving medical equipment support projects for healthcare facilities in the field of international aid.

The conference took place in Chamonix Mont-Blanc (France) on 19 and 20 November 2013 and brought together participants from Northern countries, countries in transition and developing countries.

The conference had the following objectives:

- sharing information and experiences, by promoting dialogue between all stakeholders involved in medical equipment support projects;
- identifying synergies, by examining the various practices and policies affecting the transfer and set-up of medical equipment;
- facilitating research work and transversal thinking on issues affecting this sector, with the aim of improving practices over time;
- developing a common vision around the axis chosen for this first edition: "Sharing for better healthcare".

ENSURING HIGH QUALITY, PATIENT CENTRED CARE

On 28 and 29 October 2013, sixty-four delegates from 22 European countries took part in a summit on how to improve quality, organised in Birmingham by the Hospitals Forum at the NHS Confederation and HOPE. The event was attended by chief executives and hospital managers, to see what countries are doing to improve relationships between staff and patients and if any best practices can be shared.

The two-day event gave delegates the opportunity to visit wards and to see what England is doing to provide better healthcare for patients, with the aim of sharing experiences and best practice with European colleagues and prompting a deeper understanding of the different approaches to quality and patient-centred care. All of the national health systems talked about during the event were different, each with a unique history and social and political background yet a number of the issues raised seemed universal.

Increased patient expectations at a time of tightening budgets was a common theme, with the Slovenian representative, Simon Vrhunec, emphasising the impact the recession has had on their health economy.

Interestingly the issue of bed capacity that is so acute in the NHS is much less so in Serbia.

A process for the systematic collection of data in order to review the performance of healthcare organisations was presented by the German representative Marc Schreiner. “Structured dialogue,” as the process is called, involves the collection of data on a yearly basis on a national level, coupled with a set of defined steps, which dictate if and when an intervention is required to improve performance.

At a clinical level the importance of something as simple as admitting to colleagues when you may be more likely to make a mistake was highlighted by Yogi Amin, from University College London Hospitals. A lesson, which can be applied to all levels of an organisation.

FOSTERING FINANCIAL SUSTAINABILITY OF HEALTHCARE SYSTEM USING EU COHESION POLICY FUNDS IN POLAND

The Polish Hospital Association organised a local event in Warsaw to raise awareness on how to best use cohesion policy funds in healthcare in the context of the preparation of the coming 2014-2020 programming period. The event "*Fostering financial sustainability of healthcare system using EU Cohesion Policy funds in Poland*" was co-organised by HOPE and COCIR (the voice of the European Radiological, Electromedical and Healthcare IT Industry) and in the framework of the annual Polish Hospital Association conference on Thursday 20 June 2013.

The four hour session was sponsored by COCIR companies (Agfa, Philips, GEHC, Orange Siemens, T-Systems and Toshiba) operating in Poland and started with an update from the European Commission. Andor Urmos from DG REGIO gave a presentation via videoconference as well as Maria-Jose Peiro from DG SANCO who was physically present at the event. In the second part, Polish speakers from the Ministries of Health and Regional Development as well as from public and private hospitals and from the employers' association gave their views. The event closed after an animated and interactive panel discussion with the various speakers from Poland.

The event was attended by 200 participants from public and private hospitals as well as industry and local authorities and was live tweeted.

1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH

The first European Forum of Public Procurement of Innovation for Health was organised by Resah-idf in partnership with HOPE and with the support of the European Commission within the Salons de la Santé et de l'Autonomie from 28 to 30 May 2013 in the Parc des Expositions, in Paris.

Hospital Procurement, with a 120 billion euro volume of expenses European wide, has a major role to play in the enforcement of competitive and innovation capacity, at the regional, national and European level.

The one-day conference focused on:

- Horizon 2020 and the European policy for demand-driven innovation;
- the role of hospital purchasers in the process of industrial innovation, with learning of success stories from several European countries;
- the legal "toolbox" of Public Procurement of Innovation (Pre-commercial procurement, Intellectual Property issues, cross-border call for tenders, etc.);
- industry expectation, especially SMEs, toward hospital buyers.

HPH CONFERENCE 2013

Co-organised by HOPE, the 21st International Conference of the Health Promoting Hospitals Network (HPH) took place from May 22-24, 2013, in Gothenburg, Sweden.

The programme highlighted innovative themes with a high potential for HPH. Under the working title "Towards a more health-oriented health service", the conference focused on:

- WHO Euro's health 2020 strategy;
- patient-reported health outcomes as promising tools;
- findings from neuropsychoimmunology and consequences for health promotion;
- health impacts of environment and design;
- patient empowerment;
- health system support for health promotion.

DIGITAL HOSPITALS

On 17 April 2013, HOPE and COCIR (the voice of the European Radiological, Electromedical and Healhtcare IT industry) organised in Brussels the workshop "*Digital hospitals: healthcare transformation, from electronic patient records to fully connected hospitals*".

The workshop built awareness on health ICTs potential to improve the quality of care and connect hospitals to the wider health community for more efficient healthcare systems. The first part illustrated the uneven availability of clinical information systems at the application level and across European countries. The second part was an opportunity for the OECD to share its views and evidence gathered on clinical information systems and their perceived impact on accessibility, efficiency, quality of medical care and patient safety. The third part facilitated a debate on how the different stakeholders can align efforts and incentives to remove barriers and accelerate the adoption of advanced clinical systems and better integrate digital hospitals in the health information platform of the future.

FOSTERING FINANCIAL SUSTAINABILITY OF HEALTHCARE SYSTEMS

HOPE and COCIR (the voice of the European Radiological, Electromedical and Healhtcare IT industry) organised the workshop "*Fostering Financial Sustainability of Healthcare Systems*" in Brussels on 18 March 2013.

Tonio Borg, EU Commissioner for Health and Consumer Policy gave a keynote speech at the workshop. The Commissioner reported that "The economic dimension of healthcare has never been considered as closely as it is now: The efficiency of public spending and cost effectiveness are included in many policies at any government level". He added, "EU countries must decide how to use their share of the Structural Funds. The Commission encourages Member States to seize this opportunity to implement reforms needed to maintain quality of care, coupled with efficient and sustainable health systems."

The Commissioner also outlined, "We need innovative ways how to deliver better healthcare, to more people, in a more efficient manner. And we need to make smart and long-term investments in health with a much greater focus on promoting good health."

The workshop was an opportunity for Pascal Garel, HOPE Chief Executive, to deliver several messages on behalf of hospitals and healthcare services. The evaluations made on the use of structural funds in healthcare are seldom positive, however compared to other sectors such as transport for example; healthcare has nothing to be ashamed of. There is certainly more complexity in healthcare systems than in any other part of the economy. It is true however that the lack of capacity and mutualisation at national level explains a lot, in particular in central and eastern Europe. There is a clear need to improve capacity building, bring more technical assistance, improve process and transparency, and follow a strategic approach.

Tonio Borg, EU Commissioner for Health and Consumer Policy at the workshop "Fostering Financial Sustainability of Healthcare Systems"

CONFERENCES WITH HOPE AS A SPEAKER

EUROPEAN HEALTH FORUM GASTEIN

In the context of the 16th European Health Forum Gastein held from 2 to 4 October 2013, HOPE was invited for a discussion to the concluding panel during the parallel session on “Investing in health” at the European Health Forum on 3 October 2013. The session was devoted more precisely to the topic “From health to wealth, priorities for investment by 2020”. The moderation was done by Paola Testori Coggi, the Director General for health at the Directorate General Health and Consumers of the European Commission.

This was an opportunity for HOPE Chief Executive Pascal Garel to emphasise the need, expressed several times, for a better coordination between EU policies, in particular in the context of a growing need for the integration of care, social and health. He reacted also against the general opinion of the need of closing hospitals as a sort of end in itself. He reminded delegates of the major changes that took place recently in the hospital sector, in particular with the development of day care. The renewed interest for primary care is welcomed by hospitals that are facing massive impact of both the demographic shift and the crisis.

The discussion also covered the structural funds for which it is recognised that the health sector in most countries is not structured enough to compete with other sectors of the economy. Capacity building is clearly needed to overcome the many obstacles in obtaining those resources.

HOPE Chief Executive Pascal Garel at the parallel session “From health to wealth, priorities for investment by 2020”.

PERSONAL HEALTH SYSTEMS: INNOVATIONS THAT CHANGE THE ENVIRONMENT

On 30 May 2013, HOPE Chief Executive Pascal Garel presented the thematic network AgeingWell at the conference *"Numérique en santé: les innovations qui changent la donne"* (Personal health systems: innovations that change the environment) which was organised in Paris, in Parc des Expositions. This event was held within the exhibition "Salons de la Santé et de l'Autonomie", a yearly event of three stands: Hôpital Expo, Gerontexpo and HIT (health information technologies). It was an appropriate place for dissemination as the three stands cover the whole spectrum of ageing, information technology and care.

The goal was to discuss the relevance of personal health systems as "innovations that change the environment", highlighting the existing advantages and challenges, in the context of ageing. The initiative gathered more than 50 selected participants from the three files of knowledge: ageing, healthcare and information technology to exchange knowledge and practical experience, coming from the healthcare, management and industrial fields.

HOPE Chief Executive Pascal Garel presenting the thematic network AgeingWell

CLOSTRIDIUM DIFFICILE INFECTION IN EUROPE

On the 19 April, the "Clostridium Difficile Infection in Europe" report was launched during a meeting hosted by HOPE. Experts from across Europe highlighted the current deficiencies in the management of Clostridium Difficile Infection (CDI) and outlined the steps needed to address them.

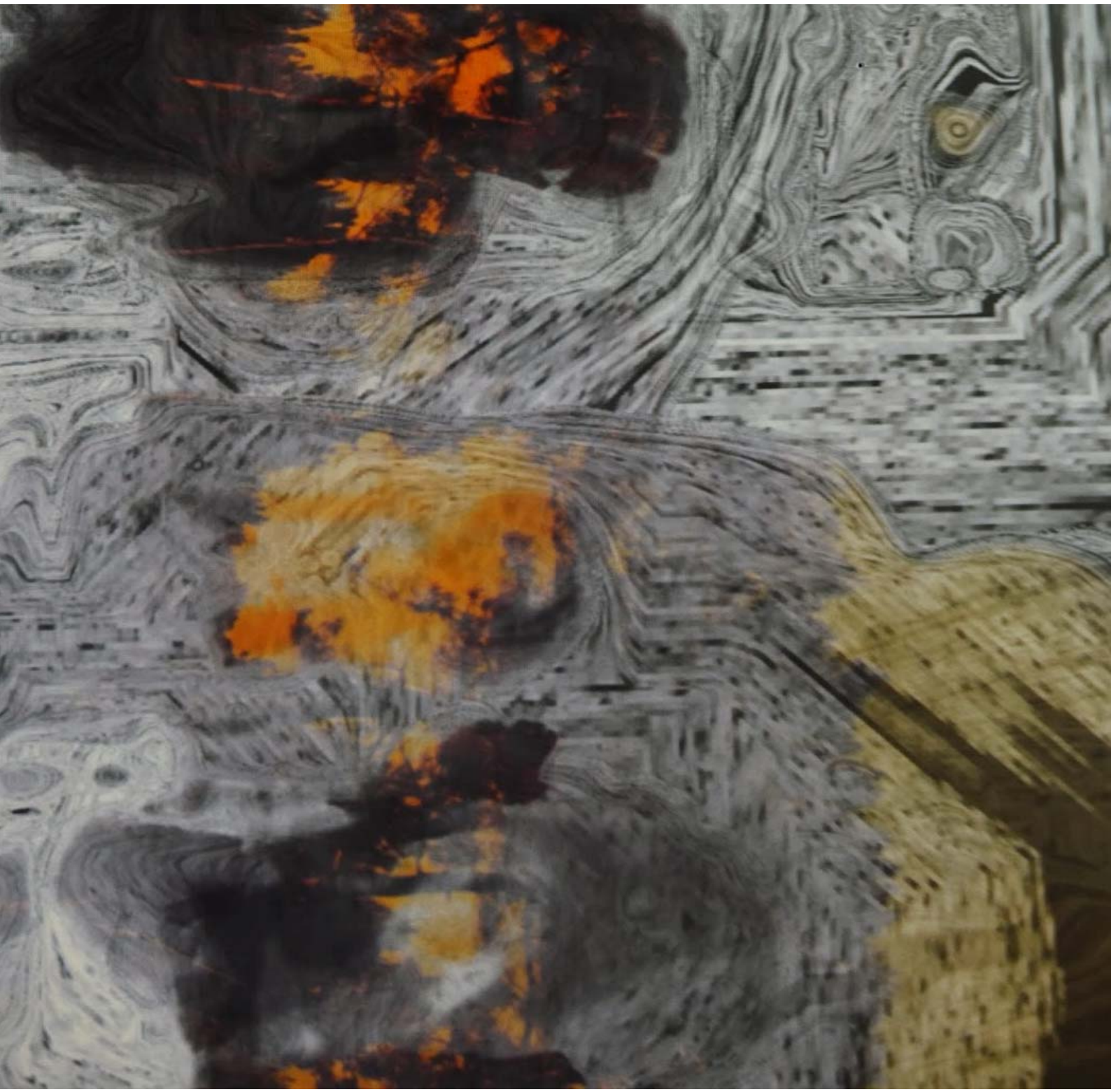
Hospital patients with CDI are up to three times more likely to die in hospital (or within a month of infection) than those without. Furthermore, CDI has an enormous impact on healthcare systems and infected patients can stay in hospital an extra 1–3 weeks, at an additional cost of up to 14.000 Euros, compared with patients without CDI. There is currently little research into how and why the incidence and severity of CDI continues to increase. The most recent comprehensive incidence study was carried out in Spain, in 2008, and showed that two thirds of CDI cases were going un-diagnosed.

The CDI in Europe Report, written by a group of leading European infectious disease experts with the support of Astellas Pharma Europe Ltd., demonstrates how CDI threatens patient safety and the quality of care provided. The Report makes recommendations to improve CDI management, within the context of current EU policy initiatives, which call for: increased awareness of the signs and symptoms of CDI to improve rates of testing and diagnosis as well as improved awareness of and compliance with guidelines for CDI therapy and infection control. The Report also makes a case for the introduction of national-level surveillance systems in all Member States and increased patient education and awareness.

The Report identifies a number of reasons why CDI is not being well managed. In many countries there is an inadequate level of awareness of CDI among doctors and other healthcare workers, resulting in under-diagnosis. Where this happens, treatment is delayed or omitted, leading to increased morbidity, complications and implications for the treatment of other co-existing diseases. Proactive infection control measures may also be delayed, risking further outbreaks. Additionally, only a third of European countries have a nationally recommended diagnostic test algorithm for CDI, with testing in nursing homes and the community being

Chapter 4

PUBLICATIONS



In 2013 HOPE published two reports, a joint report on the theme of under-nutrition and the 2013 edition of "Hospital Healthcare Europe", the official HOPE Reference Book.

Publications

HOSPITAL HEALTHCARE EUROPE 2013

In April, HOPE published the 2013 edition of "Hospital Healthcare Europe", the official HOPE Reference Book. It contains in-depth management reviews, informed articles and case studies.

There is one section, HOPE Bulletin, devoted to HOPE articles and individual sections on cardiology, clinical care, nursing and patient care, facilities management, IT and communications, laboratories, pharmacy and therapeutics, radiology and imaging, theatre and surgery.

HOPE bulletin consisted of the following articles:

- ageing patients, ageing workforce;
- EU mechanisms relating to health policy at the EU level;
- data and trends in hospitals across Europe;
- the current crisis, hospitals and healthcare.

MEDIATION IN HEALTHCARE

HOPE published a report entitled "*Mediation in Healthcare*", which presents the results of a survey aiming at comparing the scope and methodology of conflict resolution in the healthcare sector in the different EU Member States.

In case of conflicts occurring at any level of the society, mediation is becoming a quite widespread method of Alternative Dispute Resolution, both because of its effectiveness and because its efficiency. Indeed, it is proven that this method allows reaching a more satisfying agreement between the conflicting parts, saving time and money, but also in many cases reducing the factors of stress.

The specific aim of the survey was to collect information on characteristics and use of models of mediation in healthcare matters in the Member States of the European Union. Answers were received from 12 countries: Belgium, Estonia, Finland, France, Hungary, Latvia, Luxembourg, Malta, Slovenia, Spain, Sweden and the United Kingdom.

After a general overview, the report is divided in three sections that, following the structure of the questionnaire, investigate the typologies and features of mediation services, and conclude with an assessment of the future of mediation, highlighting the growing importance of mediation in healthcare.

PATIENT SAFETY IN PRACTICE

HOPE published in December the report "*Patient safety in practice - How to manage risks to patient safety and quality in European healthcare*".

The report illustrates the contents and findings of HOPE Agora 2013, which was held in The Hague (Netherlands) on 11 and 12 June, concluding the 32nd HOPE Exchange Programme.

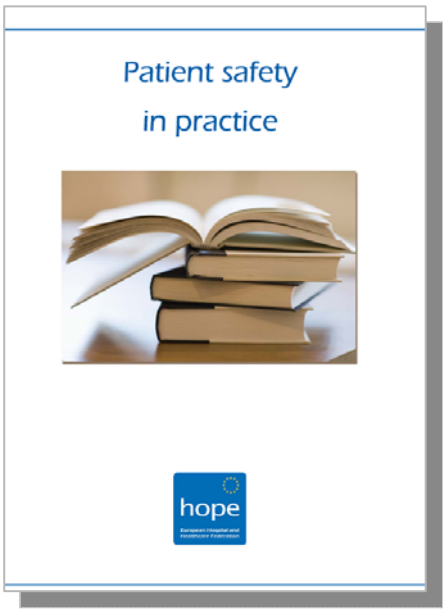
HOPE Agora consisted of a high level conference and an evaluation meeting where the 141 participants of the 2013 programme presented the results of their experiences throughout the four weeks they spent in another country.

In the first part of the report, results and patient safety initiatives identified by the HOPE Exchange participants have been synthesized and clustered in four categories:

- initiatives at national level;
- initiatives at hospital level;
- initiatives involving professionals;
- initiatives involving patients.

The second part of the report contains a more detailed overview of the findings of the HOPE Exchange participants country by country.

The most prominent topics identified by participants were: the prevalence of a culture to report incidents and its diffusion within the hospital; the existence and use of an effective system of data collection; the identification of the "problem owner" of patient safety and of the management and professionals' responsibility; the interrelation of the collected information through a patient safety management system.



Furthermore, HOPE Exchange participants covered several issues with an impact on safety/risk management such as: medication safety; overall hygiene issues; patient involvement before and after operations; standard operating procedures in each clinical path; patient records and organisation of the archives.

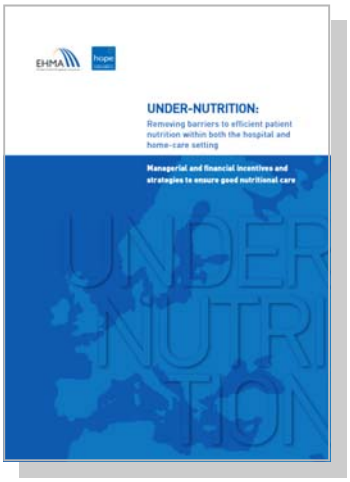
Each presentation explained which measures had been implemented in hospitals to improve patient safety, the most successful actions taken, and the ones which could be transferred to other European healthcare systems.

UNDER-NUTRITION – HOPE/EHMA REPORT

HOPE and EHMA (European Health Management Association) published in May the joint report "*Under-nutrition: Removing barriers to efficient patient nutrition within both the hospital and home-care setting*".

The report presents the findings of a workshop organised by HOPE and EHMA in November 2012. The workshop brought together leading European nutrition experts to identify some of the key barriers to good patient nutrition and to look at potential strategies to ensure good nutrition.

The workshop laid out the challenge to healthcare providers across Europe and gave insights into how nutrition might be managed more effectively. While the workshop identified clinical practice as a vital element in the prevention of under-nutrition, it also highlighted the need for effective management and financial systems to ensure positive health outcomes.



General Report on the Activities of the European Hospital and Healthcare Federation 2013

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European Hospital and Healthcare Federation