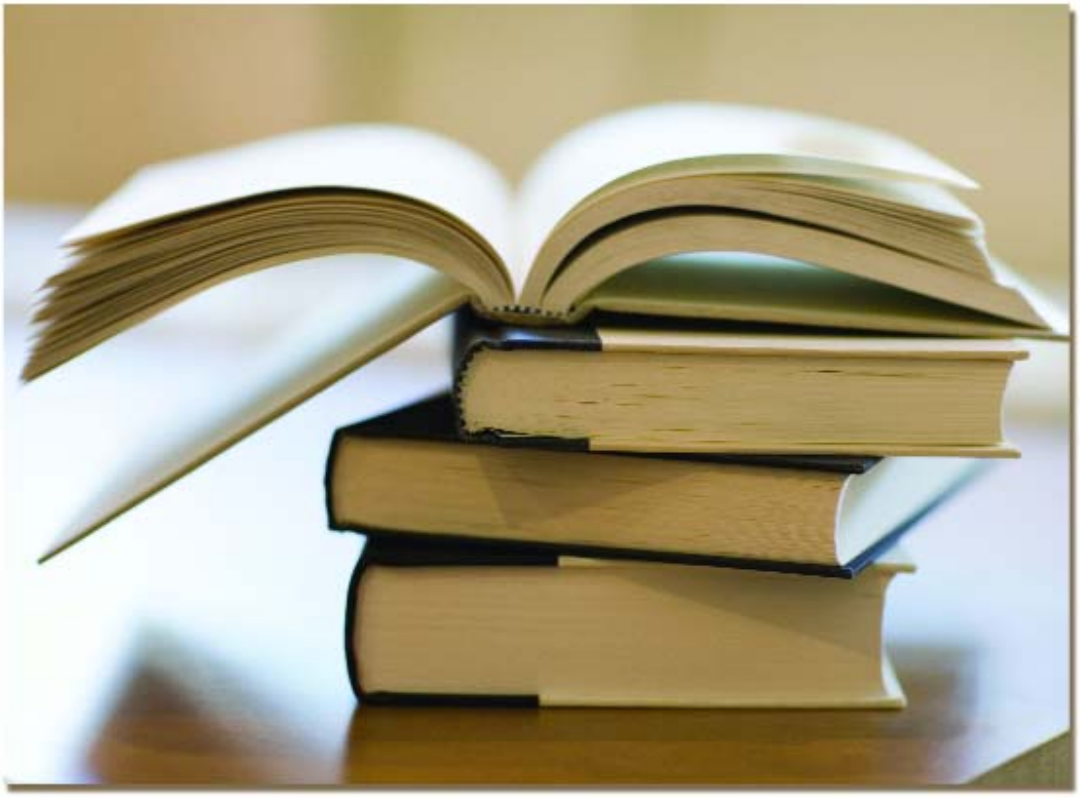
Quality first!

Challenges in the changing hospital and healthcare environment



hope

European Hospital and Healthcare Federation

Quality first!

Challenges in the changing hospital and healthcare environment

REPORT ON HOPE AGORA AMSTERDAM

26-28 May 2014

Contents

HOPE Exchange 2014

From 26 to 28 May 2014, the European Hospital and Healthcare Federation (HOPE) held its Agora in Amsterdam (The Netherlands), concluding the 33rd HOPE Exchange Programme intended for hospital and healthcare professionals with managerial responsibilities.

Having for topic "Quality first! Challenges in the changing hospital and healthcare environment", participants were bringing back to Amsterdam the results of their 4-weeks stay abroad.

Quality of healthcare is one of the most important factors in how individuals perceive their overall quality of life. In most European countries this has become a major political issue. Patients want to exercise their right to choose how and with whom they engage for their healthcare, demanding transparency of data and processes.

Patients are increasingly becoming stakeholders in their own care journey. They want to know more about the access to care as well as about the quality of services. Governments, health authorities and institutions are challenged to provide additional information on these issues and to encourage providers to publish data and indicators on quality: outcome data, readmission rates and mortality rates.

The trend contributed to make patients more conscious and to arise their expectations on the level of care. Consequently, policy makers and healthcare professionals are more aware on the fact that quality and patient safety are top priorities both at the national and hospital level.

Participants on the 33rd HOPE Exchange Programme were asked to look at the measures implemented at national, regional and healthcare organisation level. Furthermore, they were invited to focus on the definition(s) of quality, on how it is measured and on indicators and data used. Then, on the basis of elements observed during their stay, they had to provide information on quality initiatives that have been successful as well as on the challenges identified at national, regional and healthcare organisation level. Finally, they had to check whether concepts such as patient centeredness, patient perspective, patient empowerment and patient involvement were considered when improving quality at board level, operational management involvement team and patient, and in the treatment.

HOPE activities in the area of quality of care and patient safety

In coherence with HOPE's mission to improve the healthcare of citizens throughout Europe and high standards of hospital care, quality of care is a long-term interest of HOPE.

20 years ago, in 1995, HOPE created a working party on "Quality of Hospital Care", which met regularly to discuss this topical issue. As a result of the discussions within the working party, HOPE published in 1996 a comparative leaflet entitled "The Quality of Hospital Care in the European Union". The leaflet was the first to gather information on the way the health systems of the EU deal with quality, and highlighted the existence of different concepts and principles related to quality management in healthcare. Then in 1999, HOPE published a report "Quality of Healthcare/Hospital Activities", which aimed at providing information on the general principles of quality, quality management and quality challenges in healthcare.

HOPE interest at that time, and still today, is not only to exchange information among its members but also, with the broader healthcare community and policy makers, to make sure concerns of the hospital and healthcare sector are heard and taken into account. HOPE therefore participated and is still involved in key debates taking place at European Union (EU) level on the theme of quality of care, engaging with EU institutions and other stakeholders in the health area.

In 2005, HOPE was invited to join a working group on patient safety set up by the EU under the High Level Group on health services and medical care. This new group of discussion between Member States aimed at providing political guidance and was chaired by the European Commission. Since 2009, the term of reference of the group has been widened to include quality of care and the name of the group changed into Patient Safety and Quality of Care Working Group (PSQCWG). HOPE is a member of this group, which assists the Commission in the development of the EU patient safety and quality agenda. In 2013 and early 2014, HOPE participated in the development of two reports, respectively dedicated to Education and Training in Patient Safety, and Reporting and Leaning Systems for Patient Safety Incidents across Europe. In this last report, the HOPE Exchange Programme was mentioned by a Member State as having been the main rationale for the development of a reporting system at the local hospital level[1], demonstrating the impact of the HOPE Exchange Programme and the HOPE activities in the improvement of patient safety and quality of care at EU level.

In an effort to collaborate with a larger number of stakeholders, including researchers and academics, and contribute to the creation of knowledge and exchange of experiences in this area, HOPE was also a partner in several EU co-funded projects.

From 2005 to 2008, HOPE took part in the EU co-funded research project MARQuIS[2], which main goal was to compare and assess different quality strategies in healthcare systems across Member States, and to provide the required information for countries when contracting care for patients moving across borders: a topic that had been for a long time under HOPE's focus, as testified by the previous work carried out. The conclusions from the project reinforced some of the findings emerged from previous HOPE's work, such as the great variability existing among the different countries when it comes to the implementation of quality strategies. The conclusions also highlighted an important area for improvement, as it was found out that activities in the area of patient involvement were the less widely implemented.

EU co-funded research project DUQuE[3] (2009-2013) continued the work initiated by MARQuIS. DUQuE aimed to overcome some of the limitations highlighted in the previous research, such as limited use of patient-reported outcomes measures in the evaluation of the effectiveness of quality strategies. DUQuE was therefore conceived with the aim to evaluate the extent to which organisational quality improvement systems, organisational culture, professional involvement and patient involvement in quality management are related to the quality of hospital care, assessed in terms of clinical effectiveness, patient safety and patient experience in a large and diverse sample of European hospitals.

As a result of the research, DUQuE identified seven ways[4] to improve quality and safety in hospitals that have been recommended as a framework. Some of these elements recommended, such as the conduct of regular assessment and provision of feedback, have also been highlighted by the participants on the 2014 HOPE Exchange Programme, as can be read in this report.

It is without any doubt that the work on quality of care is strictly connected with the topic of patient safety. As a matter of fact, one cannot imagine that good quality healthcare can cause harm or put at risk the safety of patients.

The topic of patient safety entered preponderantly the EU agenda a decade ago, thanks also to the action of EU stakeholders such as HOPE. The year 2005 was a crucial year as many initiatives were organised around this topic; in April, HOPE co-organised with other European organisations led by the Standing Committee of European Doctors (CPME), a conference on Patient Safety during the Luxembourg presidency of the EU. The conference concluded with the publication of the Luxembourg declaration[5], which recognised that good quality healthcare is a key human right, and put forward several actions to be undertaken by EU institutions, national authorities and care providers to ensure patient safety acquires high importance on the EU agenda and to promote improvements in patient safety at national and local levels.

Because 2005 was a strategic year for this topic, HOPE dedicated its 2005 Exchange Programme to patient safety. The programme concluded with the Agora conference in Cardiff (UK), attended by over 300 health professionals from 27 countries, and set the scene for the UK presidency of the European Union, which declared patient safety as one of its priorities.

The same year marked also the beginning of a series of EU co-funded projects in the area of patient safety in which HOPE was deeply involved. The first to be remembered is SIMPaTIE[6] (2005-2007), whose aim was to establish a EU-wide methodology on patient safety in healthcare institutions. The project performed a mapping exercise to understand the status of the activities in the area of patient safety in 20 Member States and collect good practices. It also produced a vocabulary related to patient safety and a set of indicators to be used to improve patient safety both at system and organisational level.

SIMPaTIE paved the way for the project EUNetPaS (European Union Network for Patient Safety) and its successor the Joint Action PaSQ (European Union Network for Patient Safety and Quality of Care). Started in 2007, EUNetPaS aimed to encourage and enhance collaboration in the field of patient safety by promoting several activities such as the proposal of core European curricula for patient safety in higher education and as part of continuing education, and the creation of a library on reporting and learning systems to collect and share information among countries. As the project also aimed to improve medication safety in hospitals, HOPE played a key role in leading the work that allowed identifying good practices, translating them into tools and testing these tools in selected hospitals.

Building on EUNetPaS, its successor PaSQ (2012-2015) aims to consolidate the network created and make it permanent, enabling Member States and stakeholders to continue a long-standing collaboration in this important area. In an effort to continue the sharing of knowledge and experiences, PaSQ created an online database which collects a number of publicly available good practices. The work on implementation initiated by EUNetPaS has also been continued, with HOPE playing again an important role in the recruitment of healthcare institutions implementing the selected practices (i.e. WHO surgical safety checklist, medication reconciliation, multimodal intervention to increase hand hygiene compliance, paediatric early warning scores). Today, there are around 300 healthcare organisations from 18 countries implementing at least one of these practices within PaSQ. In support of the idea of a permanent network on patient safety, HOPE will continue in the future to collaborate with PaSQ actors, contributing to the promotion of safe hospital care across the EU.

Many other activities have been carried out by HOPE in this area, such as the organisation of conferences and study tours. In this context, it is worth mentioning at least one of these initiatives, which is the 2013 edition of the HOPE Exchange Programme, dedicated to the theme of patient safety. The programme ended with the conference "Patient Safety in Practice. How to manage risks to patient safety and quality in European healthcare", attended by 350 participants. The 2013 HOPE Exchange Programme was also an opportunity to create synergies between the work carried out by PaSQ and the Exchange Programme, both aiming at promoting and enabling knowledge and exchange of good practices.

The description of the work undertaken by HOPE testifies the long-standing interest, and HOPE commitment to promote improvements in the health of citizens throughout Europe, which goes hand in hand with ensuring people to have access to good quality healthcare, which continues to be a key topic for hospitals and, as a consequence, an important focus area of HOPE activities. In 2014, HOPE therefore decided to dedicate its annual Exchange Programme to the theme "Quality First! Challenges in changing hospital and healthcare environment". This report represents the opportunity to hear from health professionals from all over Europe what they have learnt from their stay abroad and their contacts with different healthcare systems and reality in terms of good practices, challenges and possible ways forward in the area of quality of care.

FOOTNOTES

1) Reporting and learning systems for patient safety incidents across Europe, European Commission - Patient Safety and Quality of Care working group,2014, page 20.
2) MARQuIS acronym stands for "Methods of Assessing Response to Quality Improvement Strategies".
3) DUQuE acronym stands for "Deepening our understanding of quality improvement in Europe".
4) The seven ways to improve quality and safety in hospitals recommended by DUQuE are:
   1. align organisational processes with external pressure;
   2. put quality high on the agenda;
   3. implement supportive organisation-wide systems for quality improvement;
   4. assure responsibilities and team expertise at departmental level;
   5. organise care pathways based on evidence of quality and safety interventions;
   6. implement pathway-oriented information systems;
   7. conduct regular assessment and provide feedback.
5) Luxembourg Declaration on Patient Safety - Making it happen!, 5 April 2005. http://www.eu2005.lu/en/actualites/documents_travail/2005/04/06Patientsafety/Luxembourg_Declaration_on_Patient_Safety_05042005-1.pdf
6) SIMPaTIE acronym stands for Safety Improvement for Patients in Europe.

Country information presented by HOPE Exchange Participants

Austria

HOPE National Coordinator	Gertrud Fritz
Exchange Participants 2014	Anne-Margrete Hedengran (Denmark) David Lafarge (France) Gabriella Veress (Hungary) Ieva Eglite (Latvia) María Jesús Liso Carcelero (Spain)

According to HOPE Exchange participants, Austria is characterised by the fact that all the initiatives for quality were taken at **national level**. The *Austrian Health Reform* is patient centered and aims at ensuring better access to healthcare through the strengthening of primary care and the enforcement of outpatient services. This was possible through the introduction of the so called "*Electronic Health Record Act*", which improved the information flow between the providers and the patients.

The *Quality Strategy* implemented in the country represents the legal framework wherein all the measures at national level were implemented: outcome quality measurement, patient surveys and patient safety initiatives.

Collecting information gathered through patient surveys is a way to improve the healthcare services as well as to reach high level of effectiveness of care. The measurement of patient safety initiatives was standardised to allow national and international benchmarking.

Participants identified other initiatives taken at national level: the introduction of the *Austrian Inpatient Quality Indicators* (191 indicators in 46 areas) and the *Quality Certification*. Activities have also been put in place for professionals: continuous *professional training*, online platform for *e-learning* and standardised *training for e-health data*.

Belgium

HOPE National Coordinator	Colberte De Wulf
Exchange Participants 2014	Anne-Laure Chauveau (France) Georgia Nouskali (Greece)

HOPE Exchange Programme participants in Belgium identified accreditation as the main initiative adopted at **regional level**. Belgium is geographically divided into three regions and each of them has a specific organisation of its quality strategy. For example in Flanders? some hospitals chose to implement the so called "NIAZ" system for quality, created by the Netherlands Institute for Accreditation in Healthcare, while others opted for the JCI accreditation (Joint Commission International).

According to participants, the definition of quality in this country is translated in two ways:

- focus on patients and the capacity to satisfy their requirements;
- capacity of providing definite answers for patients' needs.

The main initiatives taken to improve quality at **hospital level** concern the professional involvement as the driver to manage change. A Quality Committee in charge of key initiatives related to safety and quality improvement was for example introduced at Hospital AZ Groeninge with the purposes of promoting the diffusion of scientifically based guidelines and of improving clinical processes. At the same time, exchange participants recognised that the involvement of patients and their relatives in the definition of the path of care is a further factor of success. Other initiatives identified at hospital level concern communication, education and training.

The best practice presented during the evaluation conference was the so called "*quality wall*" where several graphs are displayed. Each graph shows how many times professionals adopted quality measures related to a particular issue in a certain period.

Belgium has to face several challenges, in particular the promotion of initiatives aimed at enhancing the integration, and the exchange of data between care providers and patients.

To improve the overall level of quality, participants defined several objectives to reach:

- centrality of the patient;
- diffusion of highly specialised medical services;
- trans-mural collaboration;
- introduction of centres of expertise;
- economic sustainability.

Denmark

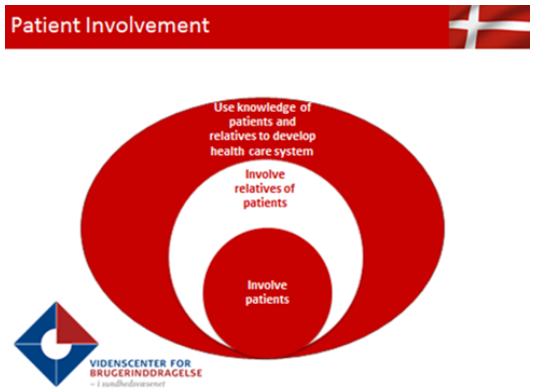
HOPE National Coordinator	Allan Tambo Christiansen
Exchange Participants 2014	Thomas Genser (Austria) Karina Leitgeb (Austria) Frederika Van der Heyde (Belgium) Nina Sinikka Oksanen (Finland) Panagiota Panagiotopoulou (Greece) Rozītis Džeimss (Latvia) Liza Heijboer (Netherlands) Domingos Manuel da Silva Pereira (Portugal) Vesna Djuric (Serbia) Andreja Vovk (Slovenia) Ana Belen del Prado Catalina (Spain) Anna Starling (United Kingdom) Vincent Ryan (United Kingdom)

In Denmark, the actors involved in the definition of a strategy focused on quality at national and local level are: the Ministry of Health; the Regions; the Municipalities; the GPs; the Danish Patient Association; the Patient Compensation Association; the National Agency for Patient Rights and Complains; the IKAS (Institute for Quality and Accreditation in Healthcare). They participated together in defining and implementing the *Danish Healthcare Quality Programme,* also known as "DDKM", for which the focus of the activity carried out in healthcare organisations should be quality improvement. To make it happen, this programme stresses the importance of measuring quality through **outcomes** and **indicators**.

The Exchange Programme participants hosted in Denmark identified three key words for the definition of quality: consensus, innovation and patient involvement. Each of these words is translated in initiatives taken at national level as well as healthcare organisation level.

At **national level,** the *National Healthcare Plan* on centralisation and specialisation, and the creation of an umbrella organisation of patient associations called "VIBIS" - *the Danish Knowledge Centre for User Involvement in Healthcare,* are two examples.

Solutions were implemented at **healthcare organisation level** to improve quality, some aimed at patients and others at professionals. Patients and relatives are involved in the path of care through consensus reaching, using either a top–down or bottom–up approach, while professionals have the possibility to access easily to clinical guidelines by the use of the latest technologies, such as smart phone or tablet application.



One example in pediatric recovery care is the introduction of an innovative and simple tool to facilitate the oxygen given to children who had surgery: a soother with an oxygen application.

Several challenges about quality in Denmark were identified by participants, in particular poor experience for patients and long waiting times. For example in the epilepsy clinic of Aarhuus University Hospital, the waiting lists for outpatients were so long so that the organisation developed a system by which they could fill out at home an online survey about their disease. It is then sent to a nurse who assesses by a sort of triage whether the patient needs an appointment or a telephone consultation, or nothing. After the implementation of this system there was a 50% reduction of follow up appointments and a decrease in waiting lists.

Estonia

HOPE National Coordinator	Pamela Ilves
Exchange Participants 2014	Raquel Valera Lloris (Spain) Thorsten Richter (Switzerland) Daniel Zahnd (Switzerland)

According to HOPE Exchange participants, Estonia today is facing several challenges in terms of quality both at national and healthcare organisation level. Despite its heritage due to the fact that the country belonged to the Soviet Union, since May 2004 when it entered the EU Estonia is trying to reach the European standards .

Estonia is characterised by measures taken at **national level**, which warrant the total coverage of internet access, enabling patients, professionals and providers to be connected with each other. To this end, an e-system as part of a national network was set up. It allows the collection of data of citizens at country level and it connects patients and healthcare service providers to the health information system, which includes ambulances, laboratories and social insurances.

Furthermore, it contributed to the development of a paperless system for documentation and to the introduction of e-prescription and tele radiology (the percentage of e-prescription increased by 94% from 2010 to 2012).

Participants identified quality initiatives implemented at **healthcare organisation level**: the introduction of satisfaction surveys, the development of guidelines and internal and external audits as well as the use of quality indicators. They underlined some initiatives that could be listed as actions to improve quality for patients in hospitals where they were hosted:

- in Tartu University Hospital, the construction of new buildings, the introduction of web based systems, and the certification of the oncology unit;
- in the South Estonian Hospital, the implementation of integrated IT system;
- in Parnu Hospital, the development of a quality management system.

Finland

HOPE National Coordinator	Arto Salo
Exchange Participants 2014	Rene Lambert (Austria) Trine Tousgaard (Denmark) Nicole Coquin (France) Ioannis Petrakis (Greece) Ilario Guardini (Italy) Joan Smallenbroek (Netherlands) Nathalie Ververs (Netherlands) Zyta Turek (Poland) Clara Branco (Portugal) Isabel de Jesus Oliveira (Portugal) Jesús García-Cruces Méndez (Spain) Nuria Luque Martín (Spain) Luis Fernando Talavera Martín (Spain) Irene Milbich (Switzerland) Judith Ratledge (United Kingdom)

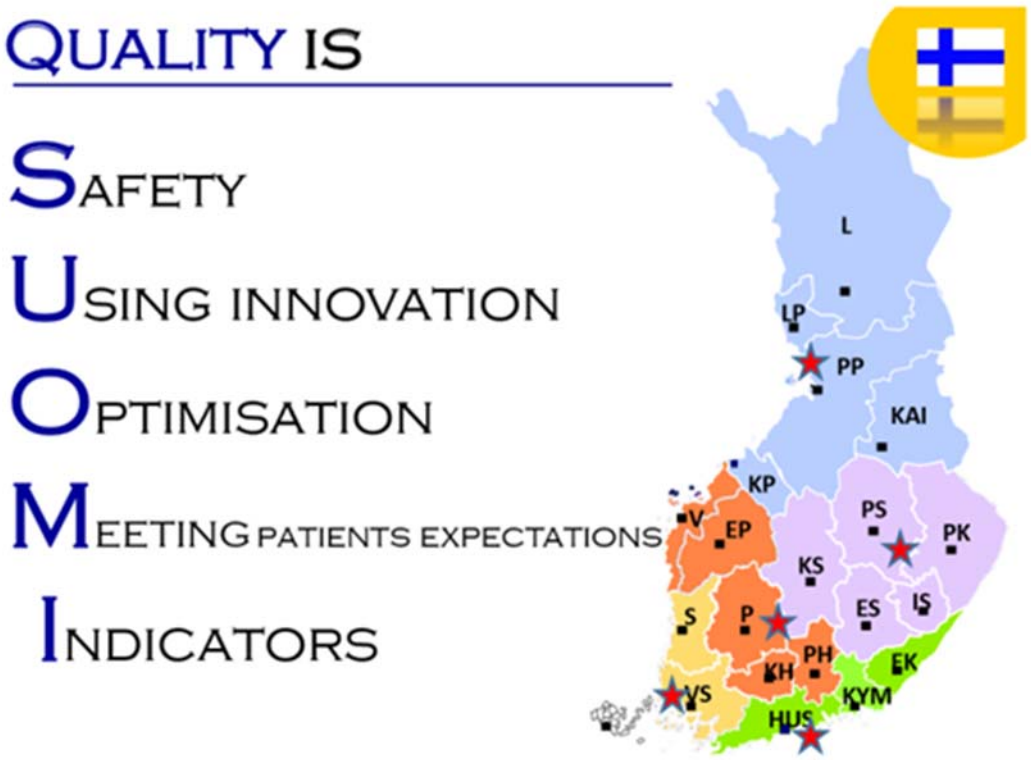
As reported by HOPE Exchange participants, Finland worked on an important measure at **national level** consisting in the introduction of a system called *National Patient Safety Incident Reporting System* (*HaiPro*), with the purpose of reporting incidents or adverse events on an anonymous or voluntary basis. Policy makers adopted this initiative in respect of the *National Programme on Patient Safety,* which represents the legal framework on medication safety, as well as of the *Finnish Patient Safety Strategy Act* for the years 2009 -2013. Besides this system, the country developed *telemedicine* as a solution to ensure access to care to people living in territories such as Lapland, characterised by a low average population density. Tools were adopted in this field: *video consultation services*, and *teaching and training sessions* for professionals.

The theme of reducing risk due to adverse events is recurrent at **healthcare organisation level** too. The *Anatomical Therapeutic Chemical classification system (ATC)* replaced the arrangement of pharmaceuticals according to their alphabetical order. The system divides medicines into different groups on the base of the organ on which they act and their therapeutic and chemical characteristics. In this way errors linked to medication are widely reduced. An additional and relatively new system implemented at *Jorvi Hospital* is the "*Hip slide*" aiming at optimising the path of care for patients who need hip replacement. Once operated, they are transferred to a specialised therapy rehabilitation ward where a multidisciplinary team takes care of the patient, in collaboration with social care and community services. The described solution reduced the average of stay at this hospital from 33 to 24 days. Finnish hospitals hosting the Exchange Programme participants, implemented also the so called "*RAFAELA*" which is a modern system aimed at balancing the nurse density in every ward and improving the resources allocation.

Several quality measures, introduced to meet patients' expectations, were identified: the *patient ombudsman*, whose role is to provide information on their rights in case of suspected medical malpractices or procedures of complaint; the *peer patient support*, consisting in encouraging the dialogue between patients affected by the same disease. The technique, practiced in Jyvaskyla allows *peer supporters* who have completed eight months training to become expert of the *clinical process* and to provide their opinion on what should be improved in the ward. Finally, participants mentioned the adoption of a *MoodPointer* to reveal the patient satisfaction level in real time.

There are three challenges that Finland has to face according to participants:

1. benchmarking: comparison at macro level (regions) and micro level (hospitals);
2. introduction of national agreement for five regions to allow data coordination;
3. professionals' recruitment in the northern area of the country (characterised by bilingualism) and transparency.



France

HOPE National Coordinator	Cédric Arcos
Exchange Participants 2014	Apostolos Giontzis (Greece) Carlo Bagliani (Italy) Lúcia da Graça Fernandes Pinto (Portugal) João Pedro Reis Serra Garra (Portugal) Luciano Calatrava García (Spain) Antonio Checa Garcia (Spain) María Pilar Núñez Méndez (Spain) Eulalia Poveda Lozano (Spain) Maria Luisa Talens Armand (Spain)

According to participants, initiatives on quality implemented by French hospitals have been taken at **national** and **regional level** as well as at **healthcare organisation level**.

An institution called "*HAS", the High Authority for Healthcare*, was created to ensure the achievement of quality as a general goal for providers in the whole country.

Furthermore, a national programme started in 2013 for four years, introducing *risk management measures* in order to reduce adverse events:

- *REMED*, which consists in a medication error review explaining how to prevent the pharmacological risk;
- *MMR*, which keep track of events that could lead to accidents;
- *Patient Safety Awareness Week*, an annual national campaign organised to raise awareness on patient safety issues.

Among the initiatives taken at **healthcare organisation level** and involving patients there are interviews conducted before the admissions, and the dissemination of informative materials (leaflets) aimed at encouraging to expressing their opinion.

Participants identified four challenges:

1. the need of reorganising the structures;
2. the stronger relationship between primary and secondary care;
3. the necessity of improving electronic records;
4. the enhancement of a patient centred system.

Germany

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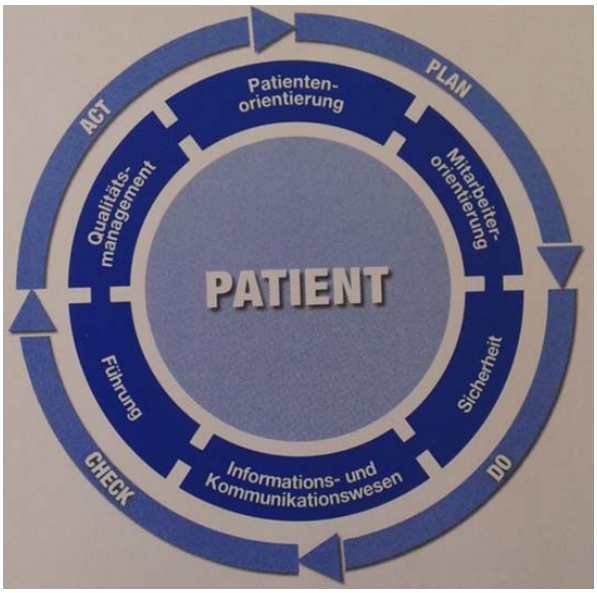
Exchange Participants 2014	Andrea Neurauter (Austria) Anita Lehmann (Denmark) Liisa-Mari Kullanmäki (Finland) Rudi A. Steenbruggen (Netherlands) Ewa Jasińska (Poland) Enrique Bravo Escudero (Spain) Serena Gilbert-Stacey (United Kingdom)

Exchange participants hosted in Germany, identified several challenges in order to link economic efficiency to quality measures. Several hospitals have been merged and supporting networks for clinical specialists were created.

The legal framework on quality is based on two acts: the *Patient Rights Act* of 2013 and the *Hospital Quality Management Directive* of 2014. These two documents represent the basis to develop quality culture and to call the attention on *patient involvement* in *clinical processes*.



The *Hospital Quality Management Directive* is the pillar for the implementation of actions at **national** and **healthcare organisation level**. One of the most important action was the introduction of a *centralized record of incidence and adverse events* that, together with a management system on *patient complaints* (implemented by hospitals), produces results used to design a system on *clinical risk management*. An additional initiative focused on *measurements*: the implementation of the so called *"CIRS" - Critical Incident Reporting System*, which is associated to a systematic analysis of errors allowing the staff to clarify the circumstances of the adverse events. Moreover, hospital CEOs recognised the importance of *quality reports* and *indicators*, and agreed on publishing them annually on hospitals websites. Indeed, the *publication on quality reports* is mandatory since 2005.

Further initiatives taken at **healthcare organisation level** are aimed at *professionals* and *patients*. Professionals are involved through *surveys*, *orientation programmes* for new hired people, development of *annual discussions* and the implementation of *wellness programmes*. On the other hand, patients and their relatives' feedbacks are collected through *surveys* and *focus groups* as well as from interviews conducted by *quality managers*. These are repeated periodically to assess the impact of changes. German hospitals introduced the figure of *quality manager* who collaborates with *dedicated human resources* in taking actions on improving quality. The goal is to monitor *processes* in order to reduce errors.

Greece

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Exchange Participants 2014	Mette Bille (Denmark) Vaida Lankauskienė (Lithuania) Lara Pino Domínguez (Spain) Christina Andersson (Sweden)

Greece is one of the countries most affected by the financial crisis since 2009. Despite this situation the country tries to deliver good quality of care to patients. HOPE Exchange participants noted that professionals do a lot of overtime, for which they are not remunerated. In this context, the strategy to improve quality of care is based on the concept of *prioritising resources*. One of the actions announced by the Ministry of Health to improve quality in terms of access to care, is developing the primary healthcare service by increasing the number of primary care providers.

Among the measures implemented at **healthcare organisation level,** participants identified the adoption of the *ISO 9001 quality management systems* by some hospital departments. The *Hellenic Accreditation System,* promoted by a national Council, is now involved in bringing in the agenda of the Ministry of Health the necessity of a legal framework on quality in healthcare. Some hospitals integrated a *performance assessment tool* called *PATH* to monitor quality indicators such as mortality from stroke and usage of blood.

According to the Exchange professionals hosted in the country, the practices to be implemented at healthcare organisational level are:

- the introduction of a *WHO surgical safety checklist* which is the most simple, effective and cheap measure to increase patient safety in the surgical procedure;
- the assessment of a framework in order to prioritise the actions to put in place;
- the improvement of *home community care* in order to assist patients at home instead of at the hospital. The *e-health unit* of Sotiria is a good example, as well as the introduction of a system that allows the patients, suffering from chronic obstructive pulmonary disease, to perform *measurements* at home;
- the use of *e-prescription.*

The biggest challenges Greek hospitals have to face are the prevalence of a hierarchical bureaucratic organisation of human resources as well as a shortage of nurses, which may affect the efficiency and the quality of care.

Hungary

HOPE National Coordinator

Andrea Ficzere

Exchange Participants 2014

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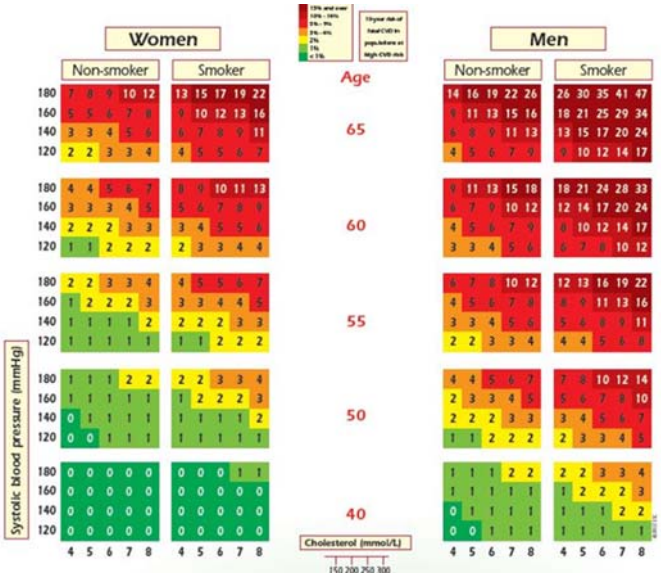
Francisca AtienzarCorvillo (Spain)
Marisa Merino Hernandez (Spain)
Christina Ceder (Sweden)

HOPE Exchange participants identified in Hungary initiatives on quality, carried out mainly by ad hoc institutions active at **national level:** the *Ministry of Health*, the *National Center for Patients' Rights and Documentation (OBDK)*, the *National Institute for Quality and Organisational Development in Healthcare and Medicine (GYEMSZI)* and the *National Health Insurance Fund (OEP).*

The Ministry of Health is responsible for laws, strategy, healthcare planning and control of the other institutions involved in quality issues and listed above. All of them are independent authorities (OBDK, GYEMSZI and OEP). The OBDK was established in November 2012 by a Government Decree to put in place the values of the *Semmelweis Plan*. It is the central office for legal protection of patients, children and recipients of social care. Representatives of patient rights were trained at OBDK and acquired an official certificate. The institution is in charge of providing information to patients and healthcare professionals on the conditions of cross-border healthcare, on healthcare providers and on patient rights, as well as on complaint procedures, legal remedies, and legal and administrative issues. The GYEMSZI is the national institution in charge of planning and defining concrete initiatives on quality. The goal is to ensure financial sustainability and to reduce geographical differences in accessing care. The basic principle to provide high quality care is regionalising the healthcare management. The OEP responsibilities consist in regulating the healthcare market and coordinating the several purchasers managing funds. This institution deals with quality issues such as defining the minimal requirements to ensure quality as well as competence levels and assessing quality indicators.

Besides the initiatives taken at national level, the HOPE Exchange participants identified certifications at **healthcare organisation level**: *ISO 9001* and the so called *MEES*, which consists in a set of national healthcare standards adapted to the requirement of ISO 9001. MEES provides indications on six groups of care. Its core activity is on clinical processes: general practice, medical services; inpatient services; outpatient services; women's protective services and general diagnostic procedures; general management and support processes.



The standards related to inpatient services, for example, give indications on how to offer effective care and, in the case of patients with chronic diseases, to alleviate the symptoms and stabilise the health conditions. The objective of the introduction of standards is ensuring the continuity of care, meeting the patient expectations and providing correct information. MEES underlines the importance of informing outpatients on the care pathway and of following the professional and clinical guidelines.

The good practices identified were clustered in three categories:

1. *prevention*: the *Balatonfüred Hospital* started a project to prevent cardiovascular diseases in cooperation with the local GPs; the *Uzsoki Hospital* set up a programme to improve health awareness among patients to reduce alcohol and smoking;
2. *compliance with European standards*: in *Uzsoki Hospital,* the concept refers to professionals providing care;
3. *patient and professionals involvement through annual questionnaires:* in *Veszprém Hospital,* the results collected are used to implement the improvements suggested.

Other examples of good practices were identified: the implementation of integrated education and training systems, the introduction of treatment simulation, the implementation of e-health and telemedicine initiatives and the adoption of horizontal approach based on collaboration with several institutions (such as universities).

Hungary is going through a process of change. This will certainly take time as it entails a different culture. For this reason, HOPE Exchange participants identified several challenges to ensure a better level of quality at country level, such as improving the infrastructures, renewing departments and equipment and investing in human resources. Improvements are needed to reduce the information gap between authorities or top management and employees. The goal is to improve the diagnostic procedures and to provide transparent information to patients.

Latvia

HOPE National Coordinator	Evija Palceja
Exchange Participants 2014	Elena Antoñanzas Baztan (Spain) Sonia Font Bosch (Spain)

The HOPE Exchange Programme participants hosted in Latvia considered that the main actions taken in the country were implemented at **healthcare organisation level**. The introduction of measurement systems in the hospitals provided information, which allowed the management to make choices for encouraging the day hospital care. Once implemented, these measures led to a reduction of the average length of stay and of the bed occupancy rate. Furthermore, data collections allowed the reduction of re-hospitalisation incidence within 72 hours.

In order to promote a patient safety culture, several steps were followed in hospitals: the introduction of a patient safety team and the planning of working groups on the issue. Furthermore, an interactive training programme for professionals was established , involving 10-11 people and focusing on discussions and practical exercises on the topic. The implementation of adverse event analysis was another element.

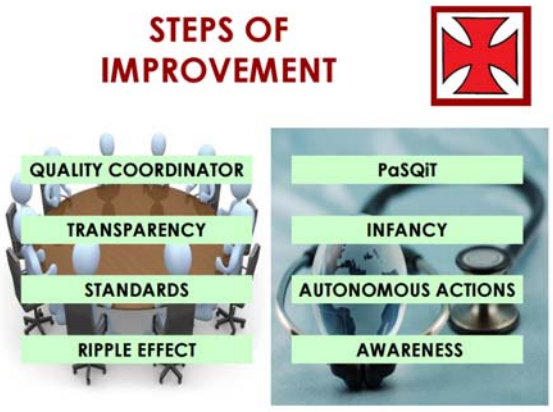
Patient safety is a relevant matter in surgery. Participants consider that hospitals should adopt the WHO Surgery Safety Checklists, prophylaxis protocols and registries to keep track of the eventual complications.

The Exchange professionals also considered that the introduction of a system to manage documentation could represent the basis to improve the knowledge of information related to patients (record keeping), to professionals (procedures, job description, etc.), and to legislative acts taken at European and national level. Furthermore, they recognised the importance of implementing standard procedures and of adopting a multi-disciplinary approach in taking care of patients.

Malta

HOPE National Coordinator	Michelle Galea
Exchange Participants 2014	Lene Viinberg (Denmark) Claudia Heinicke-Drechsler (Germany) Alejandro Ortín Freire (Spain) Pauline Garcia Hinarejos (United Kingdom)

HOPE Exchange professionals hosted in Malta discovered that managerial staff and health professionals working in hospitals have different priorities regarding the initiatives on quality to be adopted. Furthermore, they could not identify any legal framework relevant at national level. Nonetheless, it was possible to find numerous and isolated activities on the topic.



Quality management systems have been implemented at **healthcare organisation level** in order to improve *clinical processes*. They aim at providing indications on *infection control* and *pharmaceutical dispensation*. A *quality coordinator* was introduced whose role consists in training the staff as well as monitoring the compliance and the implementation of initiatives to ensure *transparency* of the *documentation*. Quality concerns several aspects of healthcare services as organisations require a cross-sector approach to face the ongoing challenges. For this reason, *partnership agreements* are in place in order to improve quality managers' participation to decision making processes. A team is in charge of monitoring the adoption of quality measures called "*PasQuit*" but its structure is not yet well defined. Moreover, the Exchange Programme participants mentioned the organisation of training courses on quality for professionals and the implementation of audits.

The challenges identified by the Exchange participants at **hospital level** are linked to the fact that the organisations are characterised by a strong hierarchical structure while professionals have a scarce knowledge of the people in charge of responsibility as well as of the concept of accountability. For this reason, the use of organigrams is rather uncommon. In general, at **national level**, the NHS lacks of complete and structured vision. A limited coverage of IT systems does not allow the collection of data. Furthermore, the influence of politicians is very strong: they tend to control the practices in the hospital departments. This feature is due to the fact that Malta is a very small country and the input to set quality as a priority in the agenda should come from them. The culture of "*blame avoidance*" still prevails among professionals because they are afraid of legal actions against them.

The recommendations suggested to Malta are to:

- develop a holistic approach, involving professionals, patients and relatives in the definition of the path care;
- dedicate a budget to professionals having responsibilities and empower the role of quality coordinator;
- reduce the hierarchical level in the organisation;
- create procedures and job descriptions;
- focus on accountability.

Netherlands

HOPE National Coordinator	Hans C.V. De Boer
Exchange Participants 2014	Eveline Meister (Austria) Elisabeth Trauner (Austria) Birthe Schultz (Denmark) Mette Posborg Søndergaard (Denmark) Ulla Syvänen (Finland) Sabine Edlinger (Germany) Carolina Alves Bento (Portugal) Beatriz Chamadoira Villaverde (Spain) Lena Andersson Nazzal (Sweden) Brit Freitag (Switzerland) Toral Pandya (United Kingdom) Senthil Kumar Thangavelu (United Kingdom)

HOPE Exchange participants identified in the Netherlands initiatives implemented at **national** and **healthcare organisation level**. In the first category, the *Netherlands Institute for Accreditation in Healthcare* (*NIAZ*) develops quality standards and assesses whether healthcare organisations comply with these standards. In particular, *NIAZ* appraises if healthcare organisations set-up measures that guarantee an acceptable quality level of care. At healthcare organisation level, the *Joint Commission International* (JCI) accreditation is becoming more important for staff members. In general, accreditation seeks to offer third parties (patients, healthcare insurers, Government bodies) the certainty that the organisation is robustly and safely settled.

The definition of quality was provided both by patients and professionals. For patients, it means being involved in their pathway, receiving clear communication about their treatment and sharing information with professionals. For professionals, quality is synonymous of good clinical outcomes based on guidelines and standards. Exchange Programme participants refer especially to child protection.

The best practices identified are the compliance to *guidelines*, and *standards*, and the *accreditation*. The *involvement of families* in the care of children affected by bronchiolitis was taken as a good practice in which health professionals share the information about the treatment pathway since the moment of the admission.

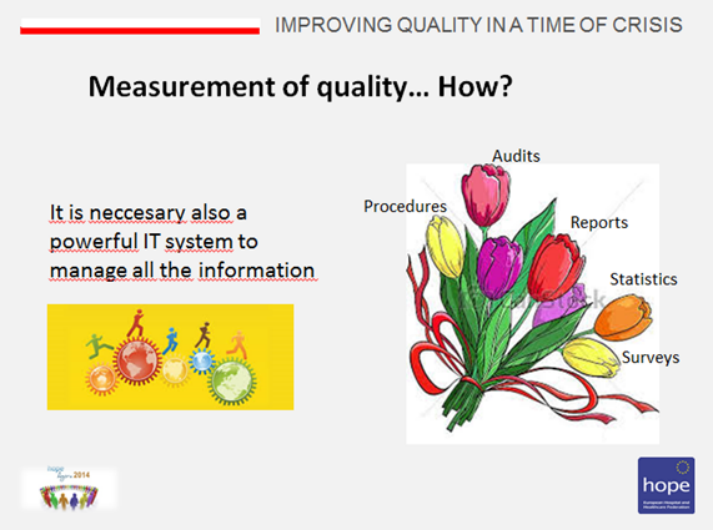
According to the Exchange professionals, the main challenges the Netherlands has to face are the cost of the whole health system, the requirements to achieve quality as outcome, which consists in investment in collecting data, and the pressure on professionals, who have less time and resources.

Poland

HOPE National Coordinator	Bogusław Budziński
Exchange Participants 2014	Norman Novak (Czech Republic) Heidi Laine (Finland) Tiago Menino (Portugal) Zdenko Garašević (Slovenia) Juan Carlos Adau Cristóbal (Spain) Ana Villegas Mateo (Spain)

Poland is making efforts to develop the concept of quality in the healthcare sector, as well as to improve its National Healthcare System. Hospitals adopted national and international *accreditation systems* (such as *ISO 9001*) in order to offering to patients high quality standards of care.

The key to reach the goal is represented by the creation of an integrated ICT system at **national level** enabling the data record exchange among professionals and patients and between the professionals themselves. It is also important at this stage to involve patients and professionals and to gather their feedbacks from surveys.



Despite the country being on the right way to improve, there are still several challenges to face with a lack of resources. Since it became a Member State of European Union, Poland put in place a process of continuous improvement aimed at easing the *access to care* through the shortening of inpatients' waiting list and the introduction of procedures focused on the reduction of clinical variability and the enhancement of outpatient services. Logistics have to be improved in order to modernise the hospital structures. Other challenges concern the necessity of promoting *synergies* between the different actors of the healthcare sector through the enforcement of networking as well as the need of update the *education system* for healthcare students through the organisation of specific training programs. Further effort should be make to make nursing careers more attractive.

Portugal

HOPE National Coordinator	Francisco António Matoso
Exchange Participants 2014	Nora Räisänen (Finland) Daniela Spanka (Germany) Gergely Lupkovics (Hungary) Diana Petersone (Latvia) Joanna Ubysz (Poland) Marta Maria Malnero López (Spain) Mia Tiensuu (Sweden) Tara Bearne (United Kingdom)

HOPE Exchange professionals identified measures implemented at national and healthcare organisation level mainly focused on *processes*, on *patient involvement*, on *data measurement* as well as on the adoption of *accreditation* and *certification systems* (national and international).

One of the solutions to improve quality, implemented at **national level,** has been the introduction by the Government of the so called "*SIGLIC system*", which connects hospitals with surgery departments in a unique network. The system picks up information from the hospitals' databases and addresses patients to the structure that best fits their needs: the way to ensure high quality by *improving the access* for patients to the most appropriate healthcare services. The system is focused on *processes* and its aim consists in increasing the "on time consultations" (30, 60 or 150 days) for treatments exceeding the clinical acceptable waiting time limit. Besides "*SIGLIC*", a further IT tool, focused on clinical processes, is the so called "*VITAL*": it registers periodically all the parameters of the patients and communicates their health condition to professionals.

Within the initiative aimed at improving quality and patient safety at **healthcare organisation level**, Exchange Programme participants identified an *incident reporting platform* as well as *campaigns on hand hygiene* and the so called "*SBAR*". This acronym stands for "*Situation, Background, Assessment, Recommendation*" and represents a technique used for prompt and appropriate communication in the healthcare organisations. Another measure belonging to this category and intended to *patient involvement* is the introduction of a *system of complaints*, which allows to collect feedbacks and to meet expectations in order to increase the general level of satisfaction. Patients have the right to receive a feedback in fifteen days. Patient involvement is possible through a multi-lateral approach which allows to save time, to reduce costs and to gain security.

In Portugal, an *accreditation* and *certification system* related to clinical outcomes and evidence based practices was introduced as well as *international standards* and *regulation* on patient safety and quality of care. Hospitals have the possibility to choose the certification they want to adopt, such as *CHKS* (*Comparative Health Knowledge System*), *JCI* (*Joint Commission International*) and *ISO*.

Policy makers recognised the importance of *comparing* healthcare organisations in order to enhance good results in term of quality for patients. A system called "*SINAS*" was introduced used for benchmarking the performances obtained. Patient satisfaction, patient centrality perspective, patient safety and clinical excellence are the parameters used for this exercise.

Slovenia

HOPE National Coordinator	Maja Zdolsek
Exchange Participants 2014	Miriam Mogensen (Denmark) Alfred Xerri (Malta) Maria do Céu Cláudio Valente (Portugal)

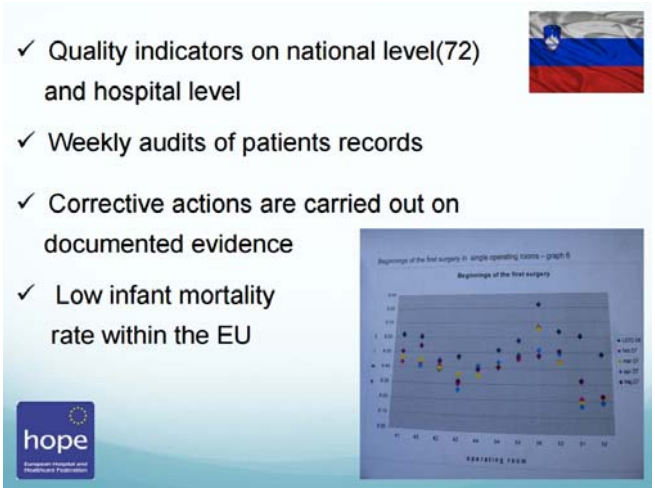
Slovenia adopted several measures to achieve high quality standards in healthcare. As a result of these measures, Slovenia has one of the lowest mortality rates. Patients are a priority on the political agenda and their involvement is formally regulated by the *Patient Right Act* of 2008 and the *Human Rights Ombudsman*.

One of the actions taken by the Government at **national level** was the introduction of a *strategy* through which quality issues were integrated in the academic curricula of nurses and physicians.

HOPE Exchange participants identified also priorities at **healthcare organisation level**: *patient satisfaction* and *professional involvement*. More precisely, professionals adopt a holistic approach involving in care not only their colleagues but also patients. This is the result of an interdisciplinary rather than a multidisciplinary method due to a strong collaboration between different departments.

Another example showing the focus on quality in this country is the presence of a person *responsible of quality* and in charge of raising awareness on the topic in the *University Medical Center*, in Ljubljana. Other initiatives classified in this category are introduction of risk factors in every department; introduction of simulation centres both at primary and secondary care level and the creation of clinics for people who are not covered by health insurance (to ensure the universal access to care).

In Slovenia *measurement of results* are becoming more important. For this reason, *72 indicators* were adopted at national and hospital level. Furthermore, Exchange Programme participants underlined the existence of corrective actions based on evidence emerged from weekly audits on random samples of patient records; surveys to patients and reports on surgeries in the operating theatres.



The adoption of a national or international *accreditation* or *certification* systems is very common: every institution got ISO or DNV.

Spain

HOPE National Coordinator	Asunción Ruiz De La Sierra
Exchange Participants 2014	Anne Puurunen (Finland) Foteini Tolika (Greece) Judita Daratiene (Lithuania) Beata Grzebieniak (Poland) Roman Małachowski (Poland) Maria de Fátima Sena e Silva (Portugal) Maria Antonieta Silva Domingues (Portugal) Daniela Vicente Martins (Portugal) Mirjana Ciric (Serbia) James Thomas (United Kingdom)

Exchange professionals hosted in Spain identified quality initiatives implemented at *patients*, *professionals* and *healthcare organisation level*. Quality in terms of patient satisfaction is a national priority and for this reason the Ministry of Health settled a central "*Patient Office*" where trained employees provide information to patients, and collect and manage their complaints.

A major action taken at **national level** is the *computerisation* of medical data through different systems. All care providers have access to the same information and they can easily exchange data between each other, reducing the risk of errors.

Initiatives promoted at **healthcare organisation level** and aimed at improving access to care are *hospitalisation at home* and *telemedicine*. These measures resulted in the reduction of the average length of stay at the hospital, and in effectiveness, as patients are cared at home. An additional priority is the *reduction of adverse events*. Spanish hospitals enhanced their procedures to ensure *hand hygiene* and to reduce the *incidence of infections*. Moreover a system called "*Synaps*" allows to monitor the errors. To decrease the risk linked to adverse events in operating theatres *surgical checklists* and *safety procedures* were adopted. Furthermore, the introduction of central pharmacies enhanced the medication management and decreased the drug wastage.

Among the best practices mentioned by the HOPE Exchange participants there are the creation of the *Health Observatory* in Asturias, in charge of promoting prevention through investigations of lifestyles and habits of population, and the introduction of an *accreditation system* by the *Andalusian Agency of Healthcare Quality*.

The HOPE Exchange participants concluded that in Spain patients are a top priority, in spite of the difficult financial situation of the country. Professionals in Spain work to decrease the number of mistakes using systems, technology and following processes put in place to improve quality.

Sweden

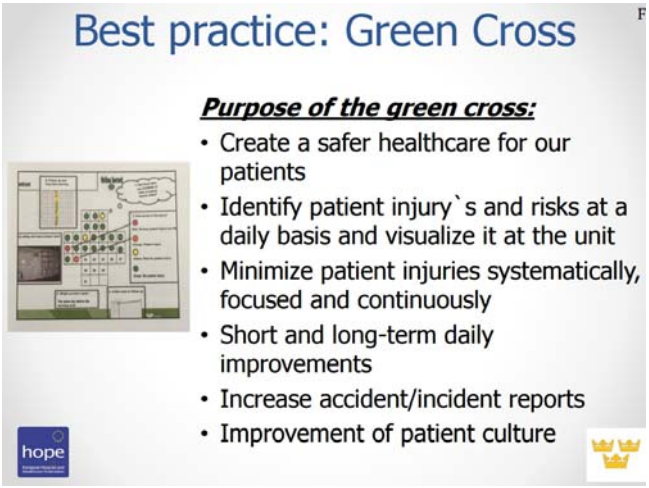
HOPE National Coordinator	Erik Svanfeldt
Exchange Participants 2014	Nina Höchtl (Austria) Melanie Mulstege (Netherlands) Fimke Wiersma (Netherlands) Pedro Almada Contreiras (Portugal) Johanna Biedermann (Switzerland) Alastair Mew (United Kingdom)

At the moment in Sweden there is no specific regulation on patients' right but a draft is under development. However, the topic of patients' right protection is incorporated in other legislation or policy agreements between the Government and the Councils. In addition, the introduction of a new law on the choice of primary care provider states that patients have the right to choose a private or public primary care centre while providers can receive public funding.

Measurement of results is a key concept and, for this reason, 81 registries were introduced at **national level** in order to reveal quality. *Indicators* listed in the registries provide, among others, quantitative information on patient outcomes, care provisions, interventions, use of technologies and mortality rates, and are related to primary and elderly care as well as to hospital activity. Since 2006, the *National Board of Health and Welfare* and *SALAR* publish annual regional comparisons of healthcare quality and efficiency.

In parallel to national level initiatives, Exchange Programme participants evidenced **healthcare organisation level** projects aimed at implementing *quality measurement systems* in accordance to a 3/5 year strategy. Furthermore, they recognised the diffusion of systematic data collection but also the spread of standard procedures and checklists.

One of the best practices identified by the Exchange professionals is the so called "*green cross*" implemented in Boras, which consists in indicating on a calendar when professionals have to produce *incident reports* with the purpose to improve patient safety culture among , and increase the production of useful information with the scope of systematically minimising adverse events . Initiatives on quality aimed at *patients' involvement* are the introduction of surveys on satisfaction; invitation to management meetings and interviews conducted to better respond to patient needs.

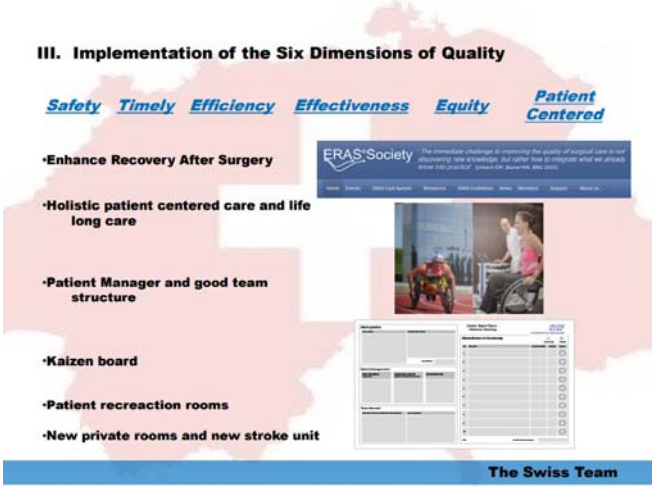


Despite the fact that Sweden is moving forward on improving quality of cares, it still has to work on this kind of initiatives and on elderly care and data collection. In addition, improvements are needed in the field of IT solutions, hygiene standards and patient safety culture.

Switzerland

HOPE National Coordinator	Erika Schütz
Exchange Participants 2014	Maria Brinck Krog (Denmark) Dimitra Kagiafa (Greece) Filipa Bento Loreto (Portugal) Dominika Oroszy (Slovenia) Maria Mercedes Ortiz Otero (Spain) Olivia Waller (United Kingdom)

Professionals on the Exchange Programme hosted in Switzerland identified six words that provide a complete definition of quality care are: *safety, timely, efficiency, effectiveness, equity and patient centred*. The implementation of these dimensions was possible through several initiatives taken at **healthcare organisation level**: the introduction of the so called "*simulation centers*" which consist in rooms where is created the scenario existing in real situations; the *empowerment of parents* participation for premature patients; the introduction of *council units* where professionals meet for two hours every day; the development of *oncology home visit* in order to offer more accessible cares; the enhancement of recovery after surgery; the introduction of the figure of the *patient manager* trained to lead a team of professionals devoted to patients; the building of *recreating rooms* and *new stroke units*. The main goal to achieve through the implementation of the measures above is creating the most comfortable atmosphere for patients and offering to them holistic cares.



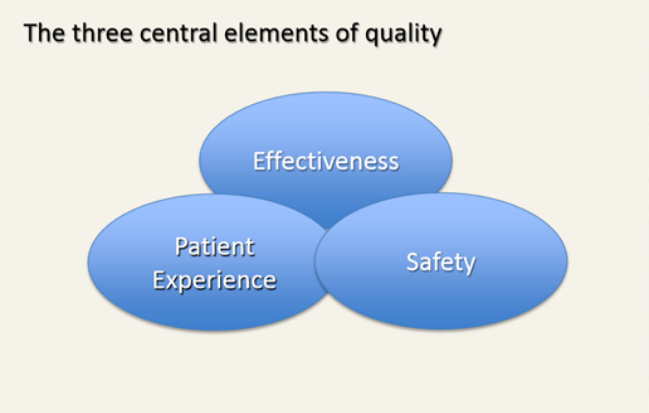
Despite quality being a priority, Switzerland has to face several challenges mainly due to the political organisation of the country in cantons: each of them has its own policy. Furthermore, the *use of IT tools* to keep patients records is not compulsory. It makes the exchange of information between professionals as well as the identification of errors more difficult.

The necessity to roll out a *National Quality Institute* within the national initiative is a priority on the politic agenda but the health insurances, doctors and providers are sceptic.

United Kingdom

HOPE National Coordinator	Hilary Watkins
Exchange Participants 2014	Maria Bruckner (Austria) Karin Bundgaard Nielsen (Denmark) Lisbeth Dammegaard (Denmark) Mari Liukka (Finland) Thomas Boeer (Germany) Argyro Fourlopoulou (Greece) Jacqueline Broekhuizen (Netherlands) Silvia Gorete Silva Oliveira (Portugal) Hugo Ferreira Moreiras (Portugal) Milena Vasic (Serbia) Peter Pustatičnik (Slovenia) Guillermo Alcalde Bezhold (Spain) Empar Carbonell Franco (Spain) Nekane Murga Elizagaechevarria (Spain) Lennart Fällberg (Sweden) Tobias Philipp Meyl (Switzerland)

The Exchange participants in the United Kingdom defined *effectiveness*, *safety* and *patient experience* as the three central elements affecting quality. The main initiatives introduced at **national level** are the targets on quality that healthcare organisations have to follow to produce high level care.



At **healthcare organisation level,** the measures identified are: the wide diffusion of *guidelines*, ensuring the delivery of quality care 24 hours per day and 7 days per week, and the organisation of periodic mandatory *training courses* for *professionals* (to ensure *safety* in practice and to improve their skills and experience).

The *online publication* of *data on performance* is a method used in the United Kingdom to encourage patients to benchmark the hospital activity and to be more informed on the place where they choose to receive care. *Results measurement* represents a tool to ensure transparency as well as surveys to patients, which are distributed to patients and relatives after the discharge.

The best practices evidenced by the Exchange participants refer to a *campaign on infection control*, to the adoption of *hand-wash measures,* which contributed to a reduction of deaths by 25% from 2006 to 2012, as well as the introduction of the so called "*FEAU*" – *Frail Elderly Assessment Unit*. This unit adopted a multidisciplinary approach and contributed to a bed use reduction close to 33% and to a decrease of the average length of stay from 25 to 6 or 3 days.

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