



15 000 hospitals
more than **5 million** employees
24 hours a day at the disposal of
370 million European citizens

**The quality of hospital care
in the European Union**

**STANDING COMMITTEE OF THE HOSPITALS
OF THE EUROPEAN UNION**

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The Standing Committee of the Hospitals of the European Union (HOPE) is a non governmental European association, which was created in 1966, and since 1995, has been an international social profit association. It includes national hospital associations as well as representatives from the national health systems of the 15 member states of the European Union, plus Switzerland, as an observer.

The constitution of 1995 states that it is the Standing Committee's mission, as an NGO, to promote improvements in the health of citizens throughout the countries of the European Union and a uniformly high standard of hospital care throughout the EU and to foster efficiency, effectiveness and humanity in the organisation and operation of hospital services, with the following objectives: 1. to act as a principal source of advice on hospital and health affairs to the institutions of the EU; 2. to develop and maintain information about the planning and operation of hospital services and the health systems within which they function; 3. to advise members on matters relating to standards of provision, organisation, and operation of hospital services and the health systems within which they function; 4. to promote exchange programmes and training within the EU and elsewhere in the world; 5. to maintain links between health professions in the EU; 6. to liaise and cooperate with international bodies concerned with health affairs, particularly with the World Health Organization (WHO), the Council of Europe and with other international health organisations; 7. to engage in any other activity designed to further the best interests of hospital services in the EU and the health systems within which they function.

In order to achieve these objectives the necessary structures are: the Plenary Assembly, the decision making body; the Executive Committee (EXCOM) comprising the presidency and the heads of the national delegations and two Sub-Committees, one on Coordination (SCC) and one on Economics and Planning (SCEP). The first Sub-Committee deals with quality related hospital and community law oriented issues, the second with quantity and economics related matters. The President and Vice-President lead the Standing Committee and the Secretary General is responsible for the day to day management of activities.

With limited means, the Standing Committee is pursuing out its mission through information, representation, exchange, study and education. Through the work of its Sub-Committees on Coordination and Economics and Planning, HOPE demonstrated that there was a European dimension to health care. Among past achievements of HOPE are: a European Charter of Rights for Hospital Patients (1979); studies on hospital expenses (1975-1976), accessibility of health care (1978), the health professions (1985), planning and management (1985), bio-ethical questions (1987), the hospital budget (1988); recommendations regarding child care (1987), AIDS '1989), organ transplants (1989) and the liability of suppliers of services (1990), publications on health care management (1992), Hospital Services in the E.C. (1993), hospitals and the elderly (1993), hospitals and the city (1993), social dialogue (1994) and the Nursing /Midwifery profession in the E.C. (1995).

Since 1989, the Committee has been planning some very dynamic action for future years, promoted under the name HOPE, Hospitals for Europe. The HOPE agenda continues to include: improving existing relations within the European Union, collecting statistical and documentary data concerning E.U. regulations and European health care including alternatives to hospital care; enlarging the exchange programme which was established in 1981, achieving collaboration between Western, Central and Eastern European hospitals through Hospital twinnings with WHO Europe, (a series of HOPE Seminars in Berlin (1990), Strasbourg (1992), and Bucuresti (1994)); and finally, cooperating with the other health (care) organisations by organising AGORAs (1991, 1993 1995, 1997) and HOPE seminars.

Since April 1995 the working party on "Quality of Hospital Care" which is part of the Sub-Committee on Coordination, has met regularly in order to consider and develop projects on this very topical issue. It decided first to collect basic information on the way the different health systems of the EU deal with quality. A questionnaire was drafted and sent to the different members of HOPE in order to define which type of information would be useful for distribution. It was intentionally kept simple, open and limited to national (or regional) programmes, aiming at promoting the quality of hospital care in the different

countries of the HOPE members. As a result, HOPE has produced this comparative leaflet illustrating briefly for each country:

- the **definition** of what is understood by “quality of care”;
- the national or regional board responsible for defining the **policy** with regard to quality of hospital care;
- the national or regional, governmental or non-governmental **programmes** aiming to promote the quality of care, as well as any participation in international programmes or circuits;
- the other institutions or services involved in this **promotion**;
- the bodies or committees responsible for **controlling** quality;
- the **function** specifically related to the quality of care in the hospitals, if there is one;
- the principal key addresses of bodies in charge of promoting the quality of care.

This modest approach is only the first step of a series of studies and activities HOPE aims to develop on this issue.

HOPE

01 September 1996

A - AUSTRIA

DEFINITION

The Law on Health Care Institutions (BGBl. Nr. 801/1993,§5b) defines quality according to various quality assurance objectives in different fields:

- scientific/technical which are based on the level of scientific knowledge in the fields of medicine and nursing and the most recent technology;
- interpersonal which are based on the conformance of medical and nursing activities with value concepts as well as the rights and needs of patients;
- economic which are based on the question of whether the given medical objectives are achieved with the most efficient use of resources.

POLICY

Since **1993** the Ministry of Health and Consumer Protection (BMGK) (BGBl. Nr. 801/1993,§5b) has been responsible for defining the policy related to quality.

PROGRAMME(S)

On behalf of the BMGK, working groups created two programmes in **1994** called 'Guidelines for Quality Assurance' and 'Models of Quality Management for Austrian Health Care Institutions'. They deal with internal quality assurance (e.g. 'ways of managing quality').

Austria also participates in the *international programme of 'Health Promoting Hospitals'* (WHO).

PROMOTION

The Ludwig Boltzmanns Institute for Hospital Organisation and the "Wiener Krankenanstalten-Verbund" both participate in promoting quality of hospital care.

Ministry of Health and Consumer Protection (Bundesministerium für Gesundheit und Konsumentenschutz BMGK)

Krankenanstalten-Zusammenarbeitsfonds (Austrian Hospitals Cooperation Fund)

Att.: Mag. Gerhard Embacher or Dr. Magdalena Arrouas

Radetzkystraße, 2

A-1031 WIEN

Ludwig Boltzmanns Institute for Hospital Organisation

Mariannengasse, 10

A - 1090 WIEN

Wiener Krankenanstalten-Verbund

Schottenring, 24

A - 1010 WIEN

B - BELGIUM

DEFINITION

All the characteristics necessary for the provision of a service, product or structure to meet health needs in an optimum manner, whether or not expressed by the customer, be it an individual or a community.

POLICY

The quality of hospital care is imposed, to some extent, by the standards for accredited hospitals. These form part of the hospital legislation drawn up by the Federal Ministry of Health. The Community Health Ministers verify the application of these standards.

PROGRAMME(S)

The norms for accredited hospitals are concerned in particular with the registration by the nursing department and the hospital hygiene committee, of nosocomial infections and hospital infections in general, as well as eschars.

There is also a mandatory internal registration programme for nursing and medical activities and a quality programme for laboratory analyses. Other programmes are often prepared by the hospital federations or professional associations, but observance of such programmes is still optional.

PROMOTION

In medical matters, quality appraisal will become mandatory through "Peer Review".

BODIES FOR QUALITY CONTROL

The quality of hospital services is controlled by the inspection conducted by the departments of the competent Community Minister when the hospital and its services are accredited. The inspection report is then studied by the hospital community council which brings together representatives of the hospital sector. This council formulates an opinion for the Minister who grants approval with or without additional conditions.

SPECIFIC FUNCTION IN HOSPITALS

There is no post dealing exclusively with quality overall. It is shared between the hospital hygiene committee, the chief medical officer, the management of the nursing department, and middle management, etc.

Association Belge des Hôpitaux - Vereniging van Openbare Verzorgingsinstellingen

Gildenstraat 9-11
B-1040 BRUSSELS

Belgische Federatie van Caritas Ziekenhuizen - Fédération Belge des Hôpitaux de Caritas

Guimardstraat 1
B-1040 BRUSSELS

D - GERMANY

DEFINITION

The quality and efficiency of services and activities have to meet the general level of medical knowledge and development (SGB V § 2 (1) sentence 3 + § 70 (1) + § 137 sentences 1 and 2).

POLICY

The basic principles for policy making are defined by the Social Law (SGB V) and the Law on the Medical Profession). At *federal* level three organisations are responsible: the “Deutsche Krankenhausgesellschaft” (DKG), the “Gesetzliche Krankenversicherung” (GKV) umbrella organisations, the “Bundesärztekammer” (BÄK). The “Landeskrankenhausgesellschaft”, the “Landesverbände der GKV” and the “Ärztekammern” are responsible at *Land* level.

PROGRAMME(S)

External quality assurance measures in heart surgery, surgery, and neonatology are being *implemented* in German hospitals. In ambulatory surgery, standard case rates and special fees, quality assurance reports on a voluntary basis/certification are in their *first phase*.

A model programme from (BMG) for the improvement of medical quality assurance is also being implemented.

Hospitals also take part in *international* programmes such as Health Promoting Hospital (WHO), COMAC-Project (EU/CBO) and Golden Helix Award (EU/CBO).

PROMOTION

With a view to coordinating quality assurance activities, in 1993 the BÄK, the DKG, the GVK umbrella organisations and the “Kassenärztliche Bundesvereinigung” (KBV) set up a working group on the “promotion of quality assurance in medicine”.

SPECIFIC FUNCTION IN HOSPITALS

Service managers and ward managers are responsible for the quality of care. In many hospitals/departments, quality assurance committees, quality circles and authorised quality assurance agents co-ordinate and implement the internal quality assurance activities.

Deutsche Krankenhausgesellschaft (DKG)

Tersteegenstraße 9
D-40474 DÜSSELDORF

DK - DENMARK

DEFINITION

The definition of quality of hospital care in Denmark is contained in the “National Strategy for Quality Improvement in the Health Sector” published by the National Board of Health in **1993**. The strategy established the “Committee for Quality Improvement”, which represents the Health Department, the National Board of Health, the Association of County Councils, the Copenhagen Hospital Co-operation, the National Association of Local Authorities, various medical organisations and societies and various research institutes.

POLICY

National policy is set by recommendations by the National Board of Health in general and by the Committee for Quality Improvement.

Professional standards for treatment and care in particular are often defined by the medical societies. The National Board of Health has developed a model for reference programmes.

Technical standards are regulated by separate laws, for example the Law on Medical Equipment, in which EU-directives are adapted to Danish law.

PROGRAMME(S)

The *national* programme is formulated in the “National Strategy for Quality Improvement in the Health Sector”. At present, much effort is being made to improve the development and use of nation-wide quality databases in the hospital sector as a tool for quality improvement. This is a *joint venture* between the members of the above mentioned Committee for Quality Improvement.

At *regional* level, County Councils and the Copenhagen Hospital Co-operation are strengthening the organisation so as to meet the demand for quality improvement, and quality improvement and documentation are being increased in order to stimulate competition between public hospitals.

Participation in *international* programmes is generally at the level of obtaining information.

PROMOTION

Except for the above mentioned institutions, quality of hospital care is being promoted by research and training institutes such as the Danish Hospital Institute.

BODIES FOR QUALITY CONTROL

Responsibility for implementing quality improvement in the hospital sector lies with the hospital owners, County Councils and the Copenhagen Hospital Co-operation.

Except for general control of the standard of hospital treatment and care by the National Board of Health and the control resulting from the laws concerning technical standards for medical equipment etc., there is no programme of quality control.

The use of nation-wide quality databases will provide a better basis for comparison and self-control by hospitals, as there is no tradition of compulsory participation in national programmes, except perhaps in the field of laboratories.

SPECIFIC FUNCTION IN HOSPITALS

In general there is no specific function relating to quality in hospitals but, at the level of planning and administration, the subject of quality is becoming more prevalent. In the Copenhagen Hospital Co-operation, for example, there is a post: Head of Quality.

National Board of Health

Sundhedsstyrelsen

Att.: Mrs. Iben Holten

Amaliegade 13

P.O. 2020

DK - 1012 COPENHAGEN K

The Copenhagen Hospital Co-operation

Hovedstadens Sygehusfaelleskab

Att.: Mrs. Janne Lehmann

Bredgade 34

DK - 1260 COPENHAGEN K

Danish Hospital Institute

Dansk Sygehus Institut

Dampfaergevej, 22

P.O. Box 2593

DK - 2100 COPENHAGEN Ø

E - SPAIN

DEFINITION

To guarantee that all aspects of hospital activity are performed adequately, including the goal to meet users' expectations and achieve a high level of user satisfaction.

POLICY

According to the General Health Law of 1986, the assessment of the quality of health care should be a continuous process, involving all the activities of health personnel as well as the health services of the National Health System.

The Ministry of Health and Consumer Affairs established different methods for the assessment of health care with the advice of the Health Scientific Societies.

Doctors and other qualified professionals participate in the relevant hospital bodies responsible for the assessment of quality of care.

PROGRAMME(S)

There is a Programme-Contract between the *National* Institute of Health (INSALUD) and each hospital, in which the budget, activity and quality objectives are stated. The purpose of the programme is to identify problems relevant for all hospitals and to decide which objectives have the highest priority for improvement. Data are gathered from surveys on patient satisfaction, patient claims and data from previous programmes already in place in some hospitals. Quality objectives and indicators are set by the INSALUD and they are the same for all hospitals.

Through this programme-contract the Quality Unit sponsors a training programme on quality improvement with the collaboration of the National School of Public Health.

In addition, the Quality Unit collaborates with individual hospitals in their training courses on quality of care.

At *international* level Spain is active in the BIOMED COMAC Project with the participation of 45 Spanish hospitals.

PROMOTION

Quality improvement activities in health care are promoted by the National School of Public Health and the National Agency for Health Technology Assessment, both public institutions belonging to the Ministry of Health and Consumer Affairs. The Avedis Donabedian Foundation, a private non-profit making organisation has the same aim.

BODIES FOR QUALITY CONTROL

The General Health Law stipulates that all hospitals have to establish the appropriate mechanisms to ensure that a high level of quality of care is provided. They have also to make it easier for the external quality control units to accomplish their duties.

SPECIFIC FUNCTION IN HOSPITALS

According to the principles of the General Health Law, the regulations for the organisation and functioning of hospitals (*1987*) provides for the setting up of a Central Commission on Quality Assurance in all hospitals, a technical body that works in the quality health care areas. It functions as an important advisory body for the medical director of hospitals. The majority of Public Hospitals have established

such a commission.

INSALUD

Att.: Dra. Ana Sainz
Unidad de Calidad, Despacho 402
Alcalá 56
E - 28014 MADRID
Tel. (91) 338 07 30

Fundación Avedis Donabedian

Att.: Dra. Rosa Sunol
Diagonal, 340 - 3º 1a
E - 08034 BARCELONA
Tel. (93) 207 66 08

Sociedad Española de Calidad Asistencial

Att.: Dr. Octavi Quintana
Apartado de Correos, 24013
E - 08080 BARCELONA

F - FRANCE

DEFINITION

Quality is defined as all the properties and characteristics of a product or a service which make it suitable to meet the expressed or implicit needs.

POLICY

The hospital act no. 91-748 of 31st July **1991** recommends evaluation in hospitals as the guarantee of the quality of care provided for the patients:

Within the Ministry for Public Health and Sickness Insurance, the General Management for Health and the Hospitals Management each has an appraisal division.

Order no. 96-346 of 24th April **1996** created the National Agency for Health Accreditation and Evaluation ("ANAES") which replaces and expands the terms of reference of the National Agency for the Development of Medical Evaluation ("ANDEM"), created in 1990.

PROGRAMME(S)

Annual or more frequent programmes are subsidized by the Ministry for Public Health and Sickness Insurance.

The programmes will be defined by reference to the terms of reference of ANAES:

- * to encourage the development of evaluation of care and professional practices
- * to implement accreditation procedures.

In addition, the private sector has set up organisations to promote quality measures:

- * commercial sector: the quality assurance office
- * voluntary sector: the Hospital Association for Promotion and Action on Quality ("AHPAQ")

PROMOTION

The promotion of the quality of hospital care is one of the essential elements of the objectives of the reform.

BODIES FOR QUALITY CONTROL

In order to dispense quality of care and guarantee the quality and efficiency of services for patient, the institutions are required to set aside adequate resources for carrying out an evaluation, in accordance with the terms laid down by the public authorities within the framework of the Order and the regional hospitalisation agency in conjunction with the accreditation (see ANAES above).

Ministère de la Santé Publique et de l'Assurance Maladie

Att.: Pascal Garel
Direction Générale
Hôpital Charles Nicole
CHRU Rouen
F - 7600 ROUEN

Association Hospitalière de Promotion et d'Action pour la Qualité

FEHAP
10, Rue de la Rosière
F - 75015 PARIS
Tel. (33 1) 45 78 65.69; Fax: (33 1) 45 79 40 91

GB - GREAT BRITAIN

DEFINITION

A seamless complete process of care, developed from a patient perspective, demonstrating measurable outcomes of implementing current best evidence.

POLICY

UK Health Departments and the Management Executive are responsible for defining regulations, guidance and good practice codes (*national*, NHS Acts). They issued the Patients' Charter, Framework for Action,...

PROGRAMME(S)

Since **1948** Quality Assurance programmes have been in place across the UK *on national, regional, local and trust* level. The authors are various: Health Departments, Health Authorities, Trusts, Trusts Federations, IHSM, Universities, Royal Colleges, Kings Fund and other consultancies.

The UK also participates in *international* programmes (e.g. Golden Helix Award).

PROMOTION

Other institutions or services involved in promoting the quality of hospital care are: Community and local health councils, the Health Service Commissioner, Community Councils (Consumer level), Patients' Associations, Political parties/organisations, GP Fundholders, the Mental Health Act Commission, the Hospital Advisory Service.

BODIES FOR QUALITY CONTROL

UK Health Departments, Management Executive, Health Authorities and Trusts are responsible for controlling the quality. The participation rate of the hospital sector, both public and private, is 100%.

SPECIFIC FUNCTION IN HOSPITALS

Most Trusts (providers) have a Director for Quality, usually associated with nursing. Management also addresses the issue. Health Authorities (purchasers) have someone with the quality responsibility (defining purchaser quality standards and monitoring provider compliance).

United Kingdom National Health Service

Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS
ENGLAND

GR - GREECE

DEFINITION

At present there is not a generally accepted practical “working definition” for quality in health care.

POLICY

A National Governmental Committee for Quality in Health Care was established in **1994** in order to initiate various activities in the field. Yet, so far no further action has been undertaken as there is no financial or other type of support from the Ministry. One of the reasons, according to the Ministry officials, is that there are two other committees on quality control for laboratories and for imaging which need to be co-ordinated and more closely related to each other.

PROMOTION

There are no specific institutions. However, as part of their activities, medical associations and research institutions are involved in promoting the quality of hospital care.

BODIES FOR QUALITY CONTROL

Hospitals in Greece are not controlled by any “accrediting” organisation. Each hospital director and, especially, each medical director has the responsibility for the quality of the services rendered in the “old fashioned” way.

National Committee for Quality in Health Care

Att.: Dr. George Papoutsakis

Director of Health

Ministry of Health

17 Aristotelous Street

101 87 ATHENS

GREECE

Tel. and Fax: (301) 523 40 78

I - ITALY

POLICY

The “Comitato **nazionale** per la valutazione della qualità tecnico scientifica ed umana dei servizi e degli interventi sanitari e per l’accreditamento delle istituzioni sanitarie”, created by an act of the Minister of Health on 11 November **1991**, is the *national* board responsible for defining the policy with regard to quality of hospital care.

PROGRAMME(S)

Since **1994** Italy had a *National* IVU Project to evaluate and promote the quality of care for inpatients with urinary catheter.

PROMOTION

In most *regions* there is a regional committee on quality of care.

BODIES FOR QUALITY CONTROL

There is not yet a specific body or committee responsible for controlling quality, but an act of July **1995** created a system of quality indicators to be used by all Local Health Units and hospitals to control quality of care.

SPECIFIC FUNCTION IN HOSPITALS

In several hospitals, there is a committee to promote the quality of care and to manage projects in this field.

Ministry of Health

Att.: Tommaso Langiano, MD
Lungotevere Ripa, 1
I - 00153 ROME

Istituto Superiore de Sanità (IVU Project)

Att.: Maria Luisa Moro, MD
Viale Regina Elena 199
I - 00161 ROME

IRL - IRELAND

POLICY

Definition of policy regarding hospital care in Ireland is part of the general work of the Department of Health and the eight Regional Health boards that have responsibility for the delivery of health care. There is no national or regional board with specific responsibility for definition of quality.

PROGRAMME(S)

There is a Government commitment to raising standards in hospital care and the health Boards have been paying a lot of attention to quality especially in recent years. With this in mind, in **1992** the Minister for Health published "A Charter of Rights" for hospital patients to cover such areas as: access to hospital services, courtesy and visiting arrangements, religious beliefs and privacy, provision of information and consent to treatment, confidentiality, complaints procedure. This charter has been taken very seriously by the Health Boards and hospitals. It forms the basis of the expectation of Irish Citizens as to the quality of hospitalisation which will be provided for them.

At *international* level five Irish hospitals participated in the COMAC concerted action programme (**1990-1993**). The BIOMED concerted action programme (1994-1997) involves twenty-one hospitals. Ireland also supports the European Clearing House on Health Outcomes (ECHHO) and the International Society for Quality in Healthcare (ISQua).

PROMOTION

One of the aims of the Irish Society for Quality in Health Care (ISQH, **1995**) is to promote all appropriate developments and models for quality of health care with particular emphasis on multi-disciplinary approaches. The Irish Clearing House for Health Outcomes is currently being established.

BODIES FOR QUALITY CONTROL

The Chief Executive Officer of each Health Board is responsible for ensuring high quality hospital services.

SPECIFIC FUNCTION IN HOSPITALS

There is no specific function on quality of care in hospitals but the complaints procedure is working reasonably well. A very significant amount of time is now given by managers and clinicians to answering complaints made by the public about aspects of their hospitalisation. This results in higher standards as lessons are learned.

Irish Society for Quality in Health Care

St. Camillus' Hospital

Shelbourne Road

LIMERICK

IRELAND

Tel. (061) 32 66 77; Fax: (061) 32 80 42

LUX - LUXEMBOURG

DEFINITION

There is, at present, no official definition of quality in existence in the Grand-Duchy of Luxembourg. Nevertheless, the Hospital Association organising continuous training one of the main subjects of which is quality, defines it as “a set of characteristics of a hospital service which endows it with the ability to satisfy expressed or implicit needs whilst meeting an approved level of excellence”.

POLICY

There is no national or regional authority in the Grand-Duchy which defines the policy for quality of hospital care, but there is a willingness among the authorities responsible to set one up.

PROGRAMME(S)

There are no official programmes for promoting quality of hospital care, but numerous national or local initiatives have been seen in recent years (e.g. the Hygiene (1993) and Bedsore (1993) programmes, Care Dossier (national, 1994 to 1999), Neonatology (1995), Implantable Chambers, and Pain programmes).

Programmes for improving the quality of medical care undertaken by practitioners have been developed in parallel.

Only the bedsore, care dossier and neonatology programmes were drawn up with the collaboration of foreign expertise, but none of these, strictly speaking, forms an integral part of a *European* programme for quality improvement.

Furthermore, it must be emphasized that representatives from Luxembourg are members of CIPIQ (*international* collaboration of practitioners and those involved in the quality of health care).

PROMOTION

The Hospital Association, through its national intervention with its members, trust organisations and political authorities, is the originator of quality initiatives in the hospital sector.

The Permanent Committee for Hospitals, the Board of Health and the Union of Sickness Funds are also involved in promoting the quality of hospital services.

BODIES FOR QUALITY CONTROL

There is no official national organisation for controlling the quality of hospital services although the Board of Health, through the curative medicine division, can, on request, conduct a quality control of a specific situation.

However, the agreement between the Union of Sickness Funds and the Hospital Association provides for equal participation in quality control via a committee of appraisal provided for in the text of the agreement between the Hospital Association and the Union of Sickness Funds.

SPECIFIC FUNCTION IN HOSPITALS

There is no officially defined post for the management and improvement of quality. Nevertheless, some institutions have entrusted this task to their hygienist, their chief trainer or their middle management. Only one establishment has introduced a specific post for a quality manager.

In **1995** a draft Bill dealing with the organisation of hospitals and the rights and duties of beneficiaries of care proposed the creation of a function of quality co-ordinator in hospital establishments. Parliament has not as yet voted on this Bill.

Entente des Hôpitaux Luxembourgeois

13-15, rue Jean-Pierre Sauvage

2514 LUXEMBOURG

GRAND-DUCHE DE LUXEMBOURG

Tel. (352) 42 41 42; Fax: (352) 42 55 50

NL - THE NETHERLANDS

DEFINITION

Quality of care can be defined as care or a service with characteristics that meet specified requirements and, given the current state of knowledge and available resources, fulfil expectations for maximising the benefits and minimising the risks to the health and well-being of the patient.

POLICY

The Ministry of Public Health Service issued two acts on quality regulation: the Quality Act for Health Care Institutions and the Act on the Professionals in the Individual Health Care.

PROGRAMME(S)

The Ministry of Public Health Service is the author of programmes aimed at integration of professional and institutional quality.

PROMOTION

The PACE-Foundation, the Nzi (National Hospital Institute), the CBO and the Harmonisation Quality Review Foundation contribute to promoting the quality of hospital care.

BODIES FOR QUALITY CONTROL

Hospitals and professionals are responsible for the quality of care. Inspection of Public Health controls these activities.

SPECIFIC FUNCTION IN HOSPITALS

Almost every hospital has a quality manager, quality commissions and commissions on hospital infections for medical evaluation and take action in cases of poor quality.

NVZ vereniging van ziekenhuizen

Postbus 9696

NL - 3506 GR UTRECHT

Tel.: 030 2739883, Fax: 030 2739438

Centraal Begeleidin,g Orgaan voor de intercollegiale toetsing CBO

Postbus 20064

NL - 3502 LB UTRECHT

Tel.: 030 2960647

Hoofdinspectie voor de Gezondheidszorg

Postbus 5850

NL - 2280 HW RIJSWIJK ZH

Tel.: 070 3406134

P - PORTUGAL

DEFINITION

There is no official definition of the quality of care, but the Donabedian definition is most frequently used, i.e. "care which provides maximum well-being and satisfaction".

POLICY

The General Board of Health, a department of the *National* Ministry of Health, created by the Decree/Act 345/93 has the role of guiding, co-ordinating and supervising institutions providing health care and health services. In particular, it judges the acceptability of these institutions. The Minister is also responsible for establishing standards relating to the quality of care.

PROGRAMME(S)

The Government has drawn up programmes concerning specific aspects of the quality of care, in particular a programme for assessing the quality of care of "tracer" pathologies (from 1995 to 1998) and a method for assessing the quality of hospital nursing care (1984 to 2000).

PROMOTION

Other organisations are also participating in promoting quality: the Order of Physicians/Colleges of Specialists, the Association of Hospital Doctors, the National College of Public Health and the National Quality Board.

BODIES FOR QUALITY CONTROL

In principle the organisations managing the hospitals are responsible for the quality of care. Recently, there have come into being within hospitals some "Committees for Humanisation and Quality" entrusted with quality control.

Dirrecção-Geral da Saúde

Att.: Dr. J. Nunes Abreu

Alameda D. Afonso Henriques, 45

1056 LISBOA CODEX

PORTUGAL

S - SWEDEN

DEFINITION

“Totality of characteristics of an entity that bear on its ability to satisfy stated and implied needs”, ISO 8402:1994.

POLICY

Sweden has 23 *county councils* and three municipalities which are responsible for the organisation, management and policy of the health care system within their territory including quality issues.

An important role for the *central government* is to lay down basic principles for health and medical services through laws and ordinances. The most important of these is the Health and Medical Services Act of 1982, which lays down that people shall be offered health and medical services of good quality which shall be provided on equal terms and be easily accessible to all.

Other laws regulate the obligations and responsibility of personnel, professional secrecy, patients' records and the qualifications required by personnel to practice in the health professions.

PROGRAMME(S)

On the first of January 1994, the National Board of Health and Welfare issued provisions on quality assurance in health care and medicine including dental care. The provisions apply to patient-related health and medical care and dental care, both public and private. They state that, in professional activity, which includes preventive measures, diagnosis, care and treatment of patients, continuous, systematic and documented quality assurance should be conducted by authorised health care and medical personnel.

These provisions are now being adapted and will be replaced by new provisions by the first of January 1997. The requirements in the provisions on quality assurance and improvement will be extended to requirements on quality systems based on the ISO 9000 series of standards, mainly the ISO 9004:2 but also the ISO 9001, adjusted and translated for health care purposes.

In 1994 the **Federation of Swedish County Councils** decided to intensify efforts to co-ordinate, inform and otherwise stimulate efforts in health care quality, and to establish national awards for quality in health care.

PROMOTION

Most professional organisations have programmes for quality improvement: Swedish Medical Association, Swedish Society of Medicine, Swedish Association of Health Officers, Swedish Nurses Association and associations for occupational therapists and physiotherapists.

BODIES FOR QUALITY CONTROL

The Swedish National Board of Health and Welfare is responsible for supervising and assessing quality, safety and individual rights in health.

SPECIFIC FUNCTION IN HOSPITALS

Most hospitals are working with quality improvements. Some of them implementing ISO 9004:2 have appointed committees or persons responsible for quality assessment. Many laboratories have been accredited according to the EN 45001 standard.

Federation of Swedish County Councils

Landstingsförbundet
Hornsgatan 20, box 70491
107 26 STOCKHOLM
SWEDEN

Tel. (46) 08 702 43 36; Fax: (46) 08 702 45 90

SF - FINLAND

DEFINITION

The totality of characteristics of an entity that bear on its ability to satisfy stated or implied needs (ISO 8402:1994 proposed standard).

POLICY

At *national* level, the Ministry of Social Affairs and Health is responsible for defining the policy with regard to hospital care, but there is no compulsory or comprehensive national policy for quality. The National Board of Medico-legal Affairs has responsibility of quality of premises (licensing). There also exists within the board the Standing Committee for patient complaints and treatment hazards.

At *local* level, the quality policy is defined by hospital districts and individual hospitals owned by the municipalities.

PROGRAMME(S)

There are different projects concerning the use of medical technology, quality systems and quality improvement overall but there are no detailed *regional* or *national* programmes. A number of organisations have participated in projects to develop the quality systems using ISO standards. The first Finnish organisation has got the ISO certificate XII/95 and a few laboratories have been accredited through a laboratory accreditation programme. Also, recently, quality award programmes have been made available for Finnish health care.

There is a comprehensive non-profit making quality assurance programme for all (public and private) clinical laboratories (Lab Quality). A similar system for pathology laboratories is under development.

Finland is participating in several *international* projects for instance CEN and BIOMED. There are different research and development organisations participating in practice.

PROMOTION

The National Research and Development Centre for Welfare and Health, the Association of Local Finnish Authorities, the Finnish Institute of Occupational Health, the National Sickness Insurance Institution, the National institute for Public Health: all contribute to promoting the quality of hospital care.

SPECIFIC FUNCTION IN HOSPITALS

There is a law that every health care organisation should have a patient adviser whose responsibility is to advise the patients in case of malpractice or other quality complaints.

Some hospitals have a quality co-ordinator. Quality systems are seen as part of the everyday management of the hospitals and different strategies are used depending on the hospitals (for instance TQM et CQI).

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DEFINITION

“The totality of properties and features of a structure, a process, a product or a service, which are rendered suitable for fulfilling preset requirements: (Source: Manual for Quality Management in Swiss Hospitals (*Leitfaden zum Qualitätsmanagement im Schweizerischen Krankenhaus*), VESKA Training Centre, Aarau).

POLICY

The CNQ - the national labour community for the promotion of quality in public health - is a society which has been in existence since **1994** made up of care providers (Doctors' organisation, VESKA, Swiss Association for Nursing Care), social insurers (Swiss Concordat of Sickness Funds, Medical Tariffs Commission), the authorities (Federal Office for Social Insurance, Conference of Cantonal Health Directors) and science (institutes of preventive medicine, Conference of Medical Faculties of Swiss Universities). The promotion of quality in Swiss health care and the co-ordination of activities are its main objectives. The CNQ documents, informs, initiates, seeks to obtain financial resources, evaluates quality projects, prepares recommendations, is a platform for discussion for legislation and promotes international experience. Members participate on a voluntary basis. The secretariat is currently funded by the Swiss Institute for Public Health, whose members are largely identical with the members of the CNQ.

PROGRAMME(S)

VESKA (Swiss Association of Hospital Establishments) has set up a pool of information covering 40 programmes with a view to proposing a benchmark. It is preparing a training course for those responsible for quality in hospitals and has drawn up an introductory manual for hospitals based on some Austrian work. The Conference of Cantonal Health Directors is demanding a quality programme from public hospitals by the end of 1996.

The new Sickness-Insurance Act (“LAMal”) requires social insurers and care providers to reach an agreement on quality by the end of 1997.

At *international* level, Switzerland is participating in BIOMED (Concerted Action Programme on Q.A. in Hospitals) and in ISQUA (International Society for Quality in Healthcare).

BODIES FOR QUALITY CONTROL

Control is effected solely within the framework of ISO 9000 (Certification). Switzerland is however seeking to adapt ISO 9000 to the specific conditions of public health. The Federal Office for Metrology accredits the certifying organisations.

SPECIFIC FUNCTION IN HOSPITALS

There are some committees or quality circles. Some hospitals have a quality supervisor.

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