



Joint Action on Patient Safety and Quality of Care (PaSQ)

In the frame of the initiatives to improve patient safety and quality of care in Europe, the European Commission had launched a call for a Joint Action on the topic in its Health Programme for 2011. Several DUQuE partners will participate to this Joint Action accepted for funding in early October 2011: the Avedis Donabedian University Institute, the European Hospital and Healthcare Federation (HOPE), the Department of Clinical Quality and Patient Safety of Central Region Denmark and the European Society for Quality in Healthcare (ESQH).

The Joint Action on Patient Safety and Quality of Care (PaSQ) is currently in the negotiating phase with the European Agency for Consumer and Health (EACH) and is set to start in March 2012. It builds upon the methods and tools developed by the EUNetPaS project (2008-2010), relevant international collaborations and previous EU supported Patient Safety projects. PaSQ's general objective is to support the implementation of the Council Recommendations on patient safety. More concretely, the Joint Action aims to provide a platform for collaboration and networking between Member States, international organisations and stakeholders so that they can identify and exchange good practices on issues related to the quality of health care, including patient safety and patient involvement.

France, in the person of Jean Bacou (HAS), is coordinating the Joint Action and is the leader of Work Package 1, whose role is to coordinate all the work packages, manage internal and external communication and monitor the European network of national networks on patient safety (e.g. as established in EUNetPaS).

The Agency for Quality and Accreditation in Health of the Republic of Croatia is in charge of the Work Package 2, which will focus on dissemination and ensure that the results and deliverables of PaSQ are known to all partners and available to all key audiences and target groups in accordance to Communication and Visibility Manual.

Work Package 3 will deal with evaluation of two aspects of the joint action:

- The process of the Joint Action (Activities implemented according to Project plan? Obstacles timely identified and dealt with? Quality management actions taken?);
- The effect of the Joint Action (Tasks linked to the specific project's objectives? Do they guarantee their efficient implementation?)

Three Core Work Packages also attend the heart of the matter.

Work Package 4, which is led by the Danish Society for Patient Safety, aims at identifying, assessing and making good clinical practices visible in patient safety [hereafter mentioned safe clinical practices (SCP)], and at setting up exchange mechanisms around SCP. These exchange mechanisms' objectives are to provide health care professionals with the opportunity to increase their knowledge and develop their skills in SCP to enhance patient safety.

Germany, through the Agency of Quality in Medicine is leading with HOPE as co-leader the Work Package 5, which focuses on implementing and monitoring good practices in health care organisations of the participating Member States. A survey on existing Patient Safety practices will be conducted by the Member States and stakeholder

organisations and a selection of good practices relevant for most of the other Member States will be identified.

The Spanish Ministry of Health and Social Policy and Equity will be in charge of Work Package 6, whose role is to provide a detailed analysis of the QMS (Quality Management Systems) in Member States as well as a selection of strategies and good practices transferable among Member States. In each Member State, it will identify the organizations at national or regional level responsible for QMS, including patient safety and patient involvement. The Work Package ultimately aims at creating a collaborative network of such organizations involving EU stakeholders, to achieve sustainable exchange of information.

Finally, Work Package 7, led by the Ministry of Health of the Slovak Republic, will examine drivers and barriers to Patient Safety and identify and contact the main stakeholders in Member States and target groups (health professionals, patients, etc.).

The main outcome of the Joint Action will be the consolidation of the permanent network for Patient Safety in Europe (established under EUNetPaS) resulting from recognition of its added value. The commitment expressed by the 27 Member States to build a permanent collaborative network on Patient Safety will be enlarged to address quality issues and reinforced by assuring long-term Member State engagement in the PaSQ network together with the Commission. Additionally, it is expected that countries not yet involved in the network will recognise its advantages and join the consortium while expressing their long-term commitment.

Meeting of the Working Group on Patient Safety and Quality of Care_____

On 21 November 2001, the Working Group on Patient Safety and Quality of Care (WGPSQC) met in Brussels.

The Directorate General for Health and Consumers firstly presented the preliminary findings on the implementation of the European Council Recommendations on patient safety.

In June 2009, the European Council adopted recommendations encouraging Member States to put in place and improve national strategies to prevent and control adverse events in all healthcare settings. Two years later, the Commission has sent Member States questionnaires in order to evaluate how they have implemented these recommendations.

The preliminary analysis of the questionnaires showed that although Member States had declared that initiatives had been put in place in their country to implement the European Council recommendations (in terms of national safety strategies, patient involvement or reporting and learning systems for example), there was a lack of details and clarity regarding what actions exactly have been undertaken.

For the Commission several elements could represent obstacles to the implementation of these recommendations, such as the existence of other pressing issues on the agenda (e.g., financial crisis), financial constraints or an insufficient time lapse between the adoption of the recommendations and the reporting. The Commission declared its intention of contacting some of the respondents for clarification.

The Working Group meeting was also the occasion for the Cochrane Collaboration to present its activities, which centre on helping healthcare providers, policy makers and other stakeholders to make well-informed decisions about health care, based on the best available research evidence.

The preliminary results of DUQuE were also presented by Mrs. Rosa Suñol, the coordinator of the project. She gave a short presentation of the project and its major deadlines, as well as an update of what was being done in the current phase of the project. She also highlighted the encouraging results the project was showing so far and the excellent work that had been achieved by country coordinators.

Furthermore, Mr. Jean Bacou from the French *Haute Autorité de Santé* (HAS) gave a quick update of the preparation of the joint Action on Patient Safety and Quality of Care, which was accepted by the Commission in October 2011 and which France is coordinating. The question of the role that the Commission will play in the joint action was also addressed by some of the participants of the meeting, which led to a sometimes heated debate. No final decisions were made on the manner.

The rest of the meeting revolved around the future plan of work of the Working Group. The Directorate General for Health and Consumers emphasized the fact that the working group had to add more content to its activities and deliver a tangible product. It was eventually agreed that members of the Working Group had up till the end of the year to suggest future directions of work for the Working Group's work plan.

Interview with Mr. František Vlček, DUQuE country coordinator for the Czech Republic_____



- Could you tell us a bit about yourself? What your current position is, what professional background you come from, what path you followed to arrive where you are now...

Currently, I am deputy director of Czech Accreditation Committee (SAK), a non-government, non-for-profit organization. Our main goal is achieving quality and patient safety improvement in health care in Czech Republic. The tools we utilize to achieve the goal are external quality assessment (accreditation), consulting and education, and research.

This position takes up most of my time but I also work for the 3rd Medical School, Charles University, Prague, where I teach public health and participate in some research activities as well. Recently I started my training to become a surveyor for Joint Commission International.

My career was a bit unusual for the given time and place. I graduated from medical school and, frankly, I was really frustrated from the state of things in Czech healthcare. Because by the time I graduated (2004), I had my own company, I was pretty much decided to leave health care and pursue my well developing career in human resources. Just by coincidence, I met David Marx who was chairing the SAK Board at that time and who persuaded me to turn my frustration into positive motivation to contribute to improvement in local health care. In 2004, I started working part-time in Central Military Hospital Prague (who was aspiring for JCI accreditation) as quality and patient safety manager and part-time as executive director for SAK - well, at that time, it was a very small enterprise with around 10 000 EUR turnover, 4 surveyors and one secretary. My office was a laptop and a phone. In 2008, it became clear I could no longer perform both positions, SAK has grown to a fully professionalized organization with over 300 000 EUR turnover and the Central Military Hospital has achieved its reaccreditation. SAK transformed into a non-profit NGO and, as David Marx became the director, I was offered a full-time position as his deputy. Voila, here I am.

- Has it been difficult to engage hospitals in the project and to acquire their participation? If so, why do you think that is? What are the barriers to participation in DUQuE? What do you believe motivates hospitals that choose to participate in the DUQuE Project? What is the added value for them?

In Czech Republic, it has not been particularly difficult to engage hospitals in the study. I think the reasons are manifold. Firstly, Czech Republic is not experiencing the "quality fatigue", often mentioned by other participating countries. On the contrary, quality and patient safety in health care has been gaining momentum in the last years and most healthcare organizations understand it fits into the generally changing nature of healthcare provision and management. Secondly, the participating hospitals welcome the prestige, extensive feedback on their own performance and recommendations for quality and safety management which all have been promised to them as important outcomes from the study. Last but not least, I believe it is SAK's reputation. We have repeatedly proved our dedication, honesty and diligence in the field of quality and safety improvement. We are not profit-driven which allows us to make our services very accessible to all healthcare providers and we conduct our activities in non-confronting and educational manner. I hope it does not sound too confident when I say some hospitals simply enrolled in DUQuE to return the favour.

- How does the DUQuE project relate to what is being done on similar issues in the Czech Republic?

There are generally two approaches in Czech Republic. First, public health experts, researchers and even government actively participate in many projects related with the issues covered in DUQuE (such as PaSQ JA, EUNetPaS, OECD, WHO and EC quality and safety initiatives, the new project MUNROS and others). Secondly, Czech Republic government, medical schools and health care providers utilize the outcomes of most major projects and implement them in practice. The Czech Ministry of Health for example issues national patient safety goals every year, organizes country-wide patient satisfaction surveys, assembles a catalogue of performance indicators and promotes projects in the area of patient safety, one example being the centralized adverse event reporting and learning system. Czech

Republic healthcare providers are widely enrolled in the external quality assessment, namely ISO certification, JCI and NIAHO international accreditations and, of course, the SAK accreditation which now has three sets of standards - for hospitals, long-term and follow-up care and for outpatient healthcare providers (general practitioners, outpatient specialists and homecare). In general, even though we are a small country, quality and patient safety improvement, both in practice and research, has its meaning in Czech Republic.

DUQuE Partner's meeting in Paris _____

On 3rd and 4th November 2011, the partners and experts that collaborate in the Duque project met in Paris at the Haute Autorité de Santé headquarters to discuss the analysis plan for the Duque project. Partners discussed and made decisions about the following steps in the Duque project: validation of data collection, finalizing of aggregation methods for different constructs, decision on strategies for immediate feedback to participating hospitals and formal feedback that will be created at the end of the project. The partners also agreed on which teams would be in charge of focusing on different channels of dissemination of the Duque project in order to promote the importance of research on quality improvement in the health service arena.

The meeting successfully promoted decision-making and enabled the progress of the project. Next Partner's meeting will be held in Barcelona, Spain, on 22nd and 23rd March 2012.