



**Summary of the Project**

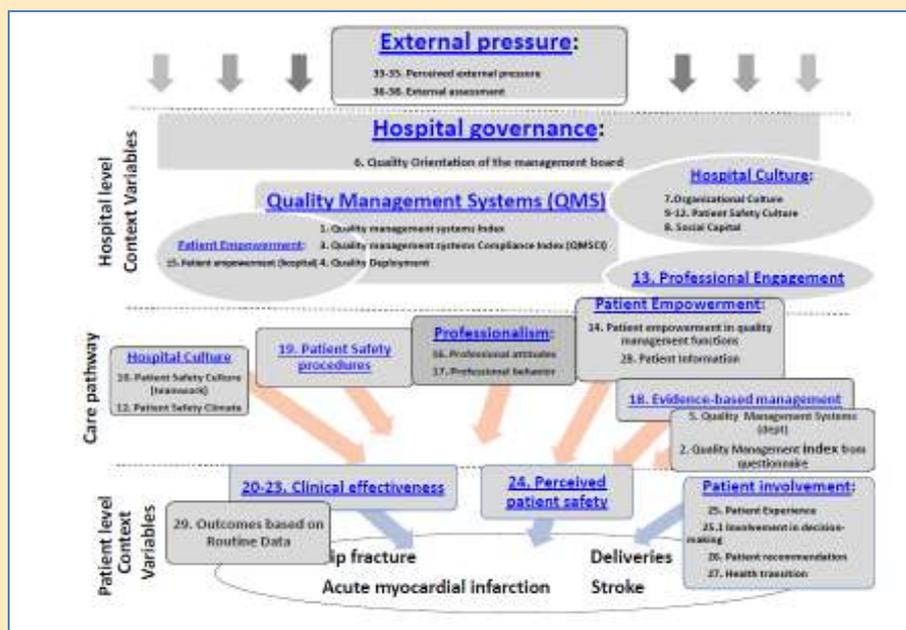
The figure below shows the conceptual model for the DUQuE study, outlining the expected relationships between constructs at different levels and outcome measures in four care pathways (hip fracture, stroke, acute myocardial infarction, and deliveries).

A care pathway is a care plan that details the essential steps in the care of patients with a specific clinical problem and describes the expected progress of the patient.

The constructs at hospital level (i.e. applied hospital-wide) are: 1) hospital governance, 2) hospital culture, 3) quality improvement systems, 4) patient empowerment, and 5) professional engagement (i.e. engagement in governance).

The constructs at pathway level are: 1) hospital culture, 2) patient safety procedures, 3) professionalism, 4) patient empowerment and 4) evidence-based management.

The constructs at patient level are: 1) clinical effectiveness, 2) perceived patient safety, 3) patient involvement and 4) outcomes based on routine data.



The DUQuE project is collecting large amounts of data that will be used to address its research objectives. These data are collected in order to capture key (hypothetical) *constructs* (such as organizational culture, etc.) that explain the interrelationships among various measured variables.

## Update of DUQuE

---

### ***Field test compliance results/response rate:***

Eight countries are participating in the DUQuE project (Czech Republic, France, Germany, Poland, Portugal, Spain, Turkey, and United Kingdom). In each country, 30 hospitals randomly sampled where approached to participate, of which 12 contributed to the in-depth study.

The main tasks related to data collection expected from the participant countries included:

#### **For each one of the 30 participating hospitals:**

- Distribution and Administration of IT platform based questionnaires to professionals
- Providing Administrative Data

Additionally to the above mentioned, **each one of the 12 in-depth hospitals** also provided per condition:

- Patient charts review per condition
- Patient surveys per condition
- External visits

7 out of the 8 participating countries completed the field test data collection by February 2012. England's field test has been postponed due to delays related to the ethical approval.

### ***Current situation: Data Analysis***

All the data collected from questionnaires at hospital, pathway and patient level have been delivered to UCLA for analysis.

This analysis will comprise four main parts: the main psychometric analysis of the constructs, sensitivity analysis of the constructs, the main analysis of the research objectives, and sensitivity analysis of the research objectives. The statistical methods to be utilized for each of these four main parts are listed below.

**Main psychometric analysis:** factor analysis, reliability analysis, validation analysis

**Sensitivity analysis of the constructs:** multiple imputation for missing data, factor scoring

**Main analysis of the primary research objectives:** descriptive analysis; bivariate analysis; causal model specification through the use of Directed Acyclic Graphs (DAGs); multivariable analysis of specified causal models including outcome modeling, exposure modeling, and doubly robust estimation

**Sensitivity analysis of the primary research objectives:** sensitivity of the results to the multiple imputation procedures; adjustment for systematic sources of selection bias, misclassification, and confounding using record level adjustment techniques currently under development at the epidemiologic methodology lab at the UCLA School of Public Health.

Measure	Information required	Total
<b>HOSPITALS RECRUITMENT</b>	Non In-depth hospitals	113
	In-depth hospitals	84
	Total	197
	% of expected hospitals design 2009	82
<b>PROFESSIONAL QUESTIONNAIRES</b>	Overall number of questionnaires completed	9689
	Overall number of questionnaires Expected	12285
	Overall % questionnaires completed	78,87
<b>PATIENT SURVEYS</b>	Overall number of Surveys completed	6536
	Overall number of questionnaires Expected	10350
	% Overall Surveys completed	63,15
<b>CHARTS REVIEW</b>	Overall Number of Charts Transferred	9082
	Overall number of questionnaires Expected	12075
	Overall % Transferred	75,21
<b>EXTERNAL VISITS</b>	Number of External visits completed	63
	Number of expected hospitals	86
	Overall % completed from expeted	73,26
<b>ROUTINE ADMINISTRATIVE DATA</b>	Number of hospitals completed	178
	Number of expected hospitals	199
	% hospitals completed	89,45

## Kick-off of the Joint Action on Patient Safety and Quality of Care (PaSQ)\_\_\_\_\_

The Joint Action on Patient Safety and Quality of Care (PaSQ) was officially launched on 24<sup>th</sup> and 25<sup>th</sup> of May 2012 in Roskilde, Denmark.

Danish Minister for Health, Astrid Krag was present at the kick-off of PaSQ, whose prior objective is to support the implementation of the 2009 Council Recommendations on Patient Safety.

Coordinated by the French Haute Autorité de Santé (HAS), the Joint Action aims to achieve this by strengthening cooperation between EU Member States, international organizations and EU stakeholders on issues related to the quality of health care, including patient safety and patient involvement.

The Joint Action also plans to facilitate the exchange of information and establish common principles at the EU level through the integration of knowledge, experiences and expertise gathered from Member States and EU

stakeholders.

In addition it will work on facilitating the development of Patient Safety programmes in Member States, provide support to those countries less advanced in the field and promote the involvement of stakeholders through national platforms organized around one PaSQ national contact point in every EU Member State.

More specifically, four core Work Packages (WP) will aim at achieving these objectives.

WP4's key objective will be to identify a series of transferable good patient safety practices and share these practices through exchange mechanisms in the form of meetings, study tours, placements, workshops, twinning or technical assistance and through an interactive web tool. WP4 will centre on Patient Safety at the clinical level, within the healthcare institution, targeting health care professionals with a key position or decision making role.

WP5 will centre on the implementation of selected good clinical practices in patient safety in healthcare organisations of the participating member states. It will also select healthcare organisations for implementation, establish an implementation tool box, monitor the implementation process and assess the implementation process.

WP6 will aim at strengthening cooperation between EU Member States and stakeholders on issues related to Quality Management Systems in healthcare, including patient safety and patient involvement/empowerment. WP6 will help support and catalyse sustained collaboration and establishing learning mechanisms among Member States and stakeholders.

Finally, WP7 will examine the drivers and barriers for sustained collaboration in the field of Patient Safety and Quality of Care (PaSQ) and secure further collaboration after the Joint Action. It will also work on identifying and contacting the main stakeholders in Member States, national public institutions, authorities, agencies and target groups.

**Press Contact:**

Jean BACOU: [j.bacou@has-sante.fr](mailto:j.bacou@has-sante.fr)

Maggie GALBRAITH: [m.galbraith@has-sante](mailto:m.galbraith@has-sante)

**More information:**

[http://patientsikkerhed.dk/fileadmin/user\\_upload/documents/Konference/2012\\_PaSQ/Dag\\_1/WP4.pdf](http://patientsikkerhed.dk/fileadmin/user_upload/documents/Konference/2012_PaSQ/Dag_1/WP4.pdf)

## Interview of Basia Kutryba, International Coordinator for DUQuE \_\_\_\_\_



- *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.*

Recently I enjoy a sort of comfortable retirement: I have just stepped down from the position of ESQH (European Society for Quality in Healthcare) past president, which provides the kind of perspective one has after leading the international network for more than 5 years. Though I am still on the Executive Board, I hope to have more space for the care quality related issues that are crucial for my own country (I am Polish and live in Poland).

In Krakow I head the WHO Country Coordination for the Development of Quality and Patient Safety in Health Systems at NCQA (the Polish Quality Center

and Agency of the Ministry of Health) and we are busy with the customization of the WHO Surgical checklist and the Clean Care campaign which is just starting in Poland.

I also travel around the country with the JCAHO (Joint Commission on Accreditation of Healthcare Organizations) based hospital accreditation program and chair the EU Working Group on Patient Safety and Quality of Care. Two weeks ago we launched the Joint Action on Patient Safety and Quality Care and the entire group is very enthusiastic about this.

- *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?*

I have been responsible for the international coordination of the field test in DUQuE. This involved in-depth hospitals in 8 countries and translated into 1 to 1.5 day long hospital visits, patient records review and patient surveys.

Your question relates to hospitals' recruitment: well, the study covered 8 countries and depicted the local culture and positioning of the healthcare quality. In my opinion and generally speaking, the hospitals' engagement was more difficult in countries that were already advanced in performance measurement than in recent adopters and late starters.

These difficulties cause some concerns about the eligibility of future research planned by the Commission, namely the availability of piloting sites in different healthcare systems.

I also find interesting the role that different Ministries of Health play in the recruitment and engagement of hospitals from the public sector: some participating countries have required more specific collaboration on the side of the project consortium than others.

- *What do you believe motivates hospitals that choose to participate in the DUQuE Project? What is the added value for them?*

I believe we have created a stimulating Public Relations policy at DUQuE, first by announcing the project as innovative research, which it undoubtedly is, if one views the utmost complex and mature scientific design and goals. Additionally, each in-depth hospital in 8 countries will get a report, which describes the maturity of individual hospitals' quality strategies. We have planned for the appraisal of research participants: chair of the Board of Trustees, hospital CEO, Medical and Quality Directors, Chief Nurse, Hospital Coordinator, each survey participant; individuals involved in conducting chart review and patient survey, the ones collecting administrative data – each one will receive the DUQuE certificate of appreciation. Both Country and Hospital Coordinators have been invited to join the publication scheme. All Country Coordinators will be offered a grant to participate in the closing DUQuE conference in Berlin, in December 17 2012.

## **DUQuE Dissemination Plan**

---

This year the Duque project will be presented in different conferences:

- IHI conference- Paris, April 19<sup>th</sup> 2012
- Advisory Council Meeting- Brussels, 21<sup>st</sup> September 2012
- ISQUA conference- Geneva, 21<sup>st</sup>- 24<sup>th</sup> October 2012
- Final conference- Berlin, 17<sup>th</sup> December 2012

## **DUQuE Final Conference**

---

The final conference of the EU funded DUQuE project (*"Deepening our Understanding of Quality Improvement in Europe"*)

will be held on

**December 17<sup>th</sup>, 2012**

**09:00 - 18:00**

at

**the Maritim proArte Hotel  
Conference Center in Berlin, Germany**

In light of great advances in the assessment and improvement of quality of care, policymakers, healthcare providers and researchers are keen to evaluate the effectiveness of various quality improvement governance approaches, particularly at the hospital level. The DUQuE project, led by a consortium of prestigious research centres and universities in the field of health care quality in Europe, provides promising theoretical insights and

evidence-based toolkits related to improving the effectiveness of quality improvement systems in hospitals.

Using data from more than 200 hospitals from eight European countries (Czech Republic, England, France, Germany, Portugal, Spain and Turkey), the four year multi-method project assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care (specifically clinical effectiveness, patient safety and patient reported outcomes).

The conference will enable the presentation of DUQuE's main findings, and provide a friendly, open forum for the discussion of the results. Evidence-based guidance documents, practical toolkits and appraisal schemes for hospital managers, purchasing agencies and governments interested in the development and assessment of hospital quality improvement systems will also be presented. The conference attendance will be free.

If you plan to attend the conference, we kindly ask you to please contact us ([duque@uk-koeln.de](mailto:duque@uk-koeln.de)) by August the 15<sup>th</sup>.

Conference agenda will be available soon.

Looking forward to seeing you in Berlin!