

PATH: Towards capacity building for performance assessment in the frame of the Tallinn Charter



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Outline

1. Introduction: What is PATH
 - Objectives
 - Key features
2. Background:
 - Performance assessment systems in Europe
 - Tallinn Charter
3. Key orientations for PATH'09
4. How “enabling” is the environment? (group)
5. Strategic positioning of PATH

Introduction: What is PATH?

■ OBJECTIVE: What PATH stands for....

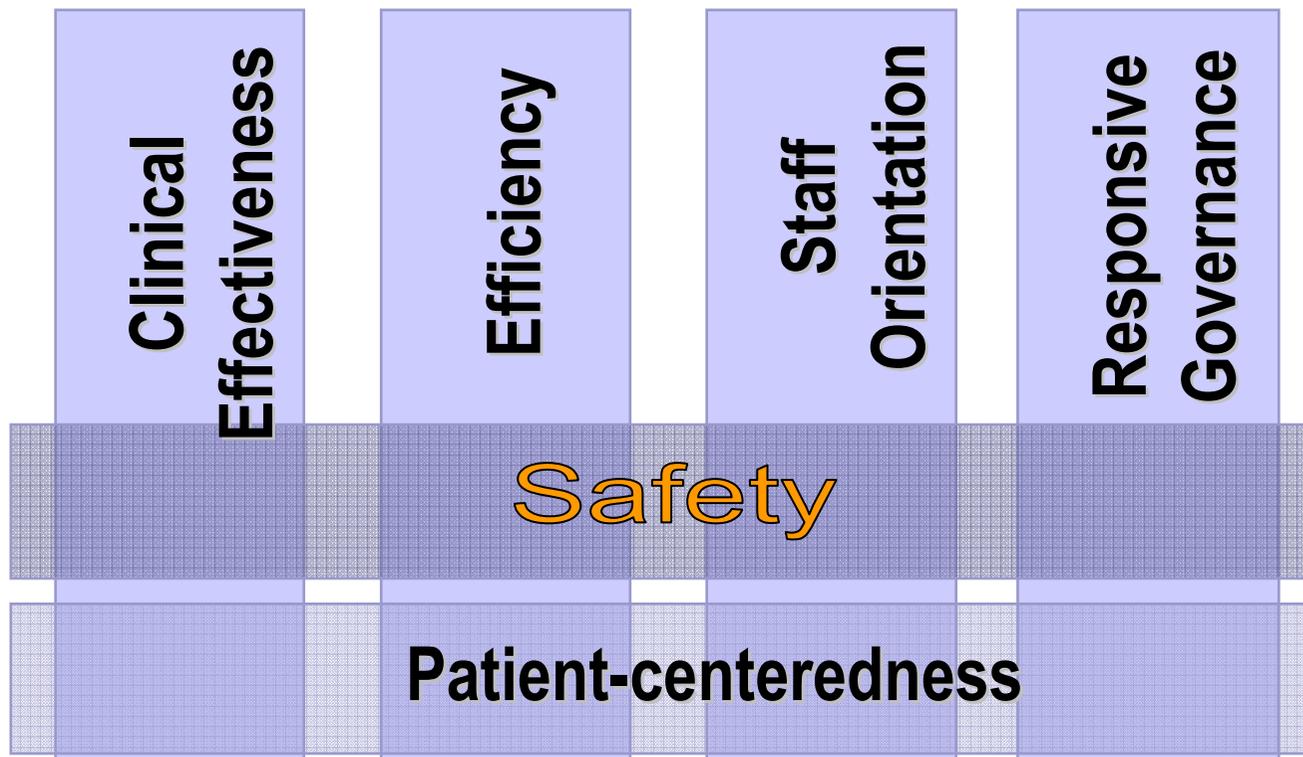
Support hospitals in

- assessing their performance,
- questioning their own results, and
- translating them into actions for improvement

BY

- Providing **tools for performance assessment**
- Enabling **collegial support and networking** among hospitals

Introduction: What is PATH?



Focus on system!

Introduction: What is PATH?

■ Steps and tools: the 4M's

Motivate

Voluntary participation

Measure

Collect and compute

Make sense

Assess and understand

Move

Act for quality improvement

Introduction: What is PATH?

■ **Distinctive features**

□ **Comprehensive framework**

- Six inter-related dimensions of performance

□ Support to move from measurement to quality **improvement actions**

■ Descriptive sheets

- Background information to motivate for the use of the indicator and provide venues for interpretation

■ Balanced dashboard

- Key message in PATH: do not interpret in isolation

■ Workshop, Newsletter, access to international network, facilitated direct contacts with individual hospitals, etc.

- Share results, interpret differences, compare practices

□ **Custom-made**

Background: (1) Performance assessment systems in Europe

In systems

In enabling environment

Great variety

- **Degree of maturity** of performance assessment systems
 - From pioneers to consolidation, "taboo" to "just the way it is", "revolution of mentality" to "daily business", "defensive" to "proactive", "bottom-up" to collaborative
- Why (objectives), for whom, by whom, with whom (stakeholders), what (content), how (tools, incentives, source of control), etc.
- **Degree of maturity of information systems**
 - Paper vs. electronic format, Integration of databases, Reliability, completeness, promptness
- **Accountability structures**
 - From "administration" to "management", From "command and control" to "responsibilisation"
- **External pressures** for increased accountability
 - Hospital reforms (e.g. DRGs), Media attention (e.g. "wild" public reports)

Background: (1) Performance assessment systems in Europe

- Proposed taxonomy in 2000

NATURE OF EXPECTED ACTIONS

SOURCE OF CONTROL

	Positive Formative Supportive	Negative Punitive Summative
Internal	Continuous Quality Improvement PATH	Internal evaluation
External	Accreditation	Government accountability (e.g. UK performance rating)

Background: (1) Performance assessment systems in Europe

Towards HARMONIZATION

- Do not reinvent the wheel: learn from experience, share best practices – towards standards for evidence-based indicators
- Facilitate coexistence of systems, limit burden of data collection and analysis while building synergies
- Integrate and build bridges: Adequate for different levels of analysis (departments, hospitals, regions, national health system)
- → EU and other international projects
- Harmonization of data, criteria for indicator selection, indicator definition but....

Background: (1) Performance assessment systems in Europe

Consensus emerging around complexity

- Complexity of performance construct
- Complexity of measurement
 - Degree of conclusiveness vs. Transparency and transaction cost (statistical methods, external controls on quality, aggregating indicators, burden of data collection)
- Complexity of building-in incentives
 - Potential adverse effects (tunnel vision)
 - Increase competition or collaboration?
- Complexity of aligning indicators with strategic priorities
 - Data driven vs. Information driven?

Background: (1) Performance assessment systems in Europe

Taxonomy bis.... Picture is getting blurred.... No simple solution to a complex problem

NATURE OF EXPECTED ACTIONS

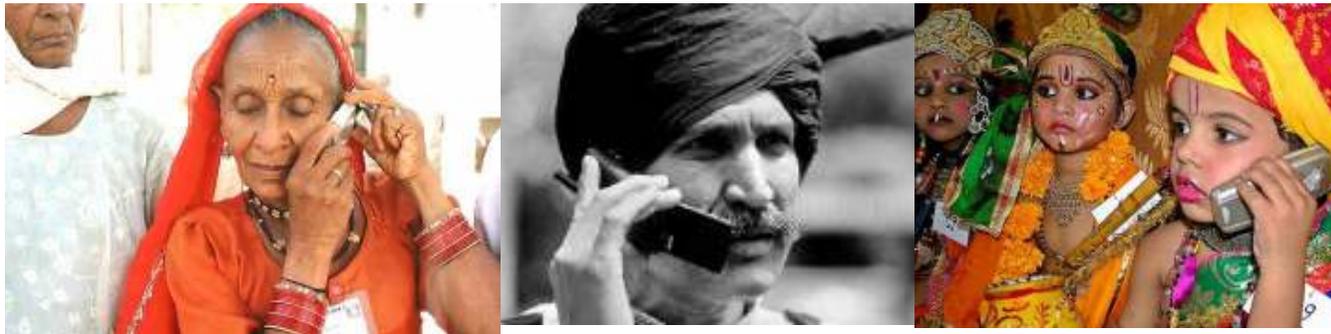
SOURCE OF CONTROL

	Positive Formative Supportive (mostly, voluntary)	Negative Punitive Summative (mostly, compulsory)
Internal	Continuous Quality Improvement PATH Quality registers (e.g. Scandinavia) IQIP Ontario Hosp. Quality Report	Internal evaluation Dutch Inspectorate (2005)
External	Accreditation EFQM, JCI, ISO BQS (Germany): indicators, structured dialogue, peer-review	Government accountability NHS performance ratings

Quality registers going public
 Indicator based accreditation
 BQS and structured dialogue
 Dutch inspectorate and accompanied disclosure
 Danish Indicator Project or how to get media attention
 Fee for performance and quality contracts
BURNING PLATFORM
 ++ NORMATIVE

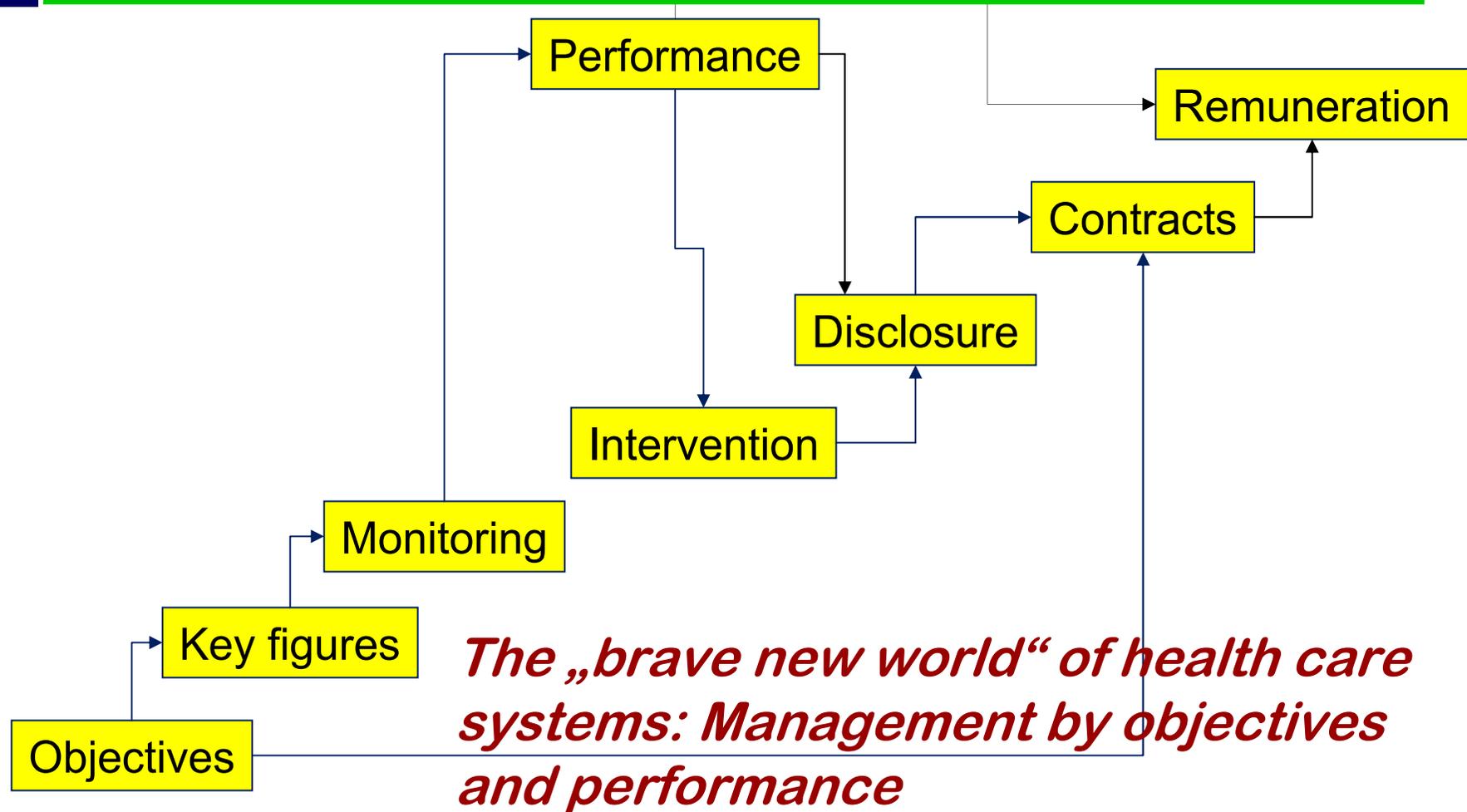
Can we expect a "technical jump"?

- It is more about **developping** a culture of measurement, accountability and transparency, than about implementing a "one size fits all" technology



It is being reported that by April 2008 there will be more mobile phone users in India than there is in the U.S., cell phone users in India now exceeds 250.93 million. To put that into perspective that's about 1 in 4 Indians who own a mobile phone. This growth in cell phone users is huge, much larger than that of America or even China.

Background: (1) Performance assessment systems in Europe



Background: (2)The Tallinn Charter

- The Tallinn Ministerial Charter adopted by WHO's 53 Member States highlights important features of health system strengthening
 - Health systems need to **demonstrate good performance**
 - The WHO Member States commit to “*promote transparency and be **accountable** for health system performance to achieve measurable results*”
 - The Charter states that “*patients want access to **quality care**, and to be assured that providers are relying on the best available evidence that medical science can offer and using the most appropriate technology to ensure improved **effectiveness and patient safety**”*

Background: (2) The Tallinn Charter

From the Tallinn Charter to the Vienna Statement on hospital performance measurement

- **We, the members of the PATH network,**
- **Recognize** that equity, solidarity, and participation are core values of WHO Member States as stated in the Tallinn Charter on Health Systems, Health and Wealth, and that accountability and transparency are essential to promote these. In particular, we recall the commitment made by the Member States of the WHO European Region through the Tallinn Charter on Health Systems, Health and Wealth to promote transparency and to be accountable for health system performance to achieve measurable results (...)
- **Recognize** that a comprehensive and holistic view of hospital performance which goes beyond traditional concepts of single performance dimensions is necessary (...)
- **Declare** that we are committed to quality. (...)



Background: (2)The Tallinn Charter

From the Tallinn Charter to the Vienna Statement on hospital performance measurement

- **We, the members of the PATH network,**
- **Believe** that performance assessment is a cornerstone to quality improvement processes and that while there are variations in the way performance measurement is currently used for performance improvement in European hospitals, it is important that performance assessment tools be adapted to the diversity of needs across the Region. It must be aligned to the strategic orientations of each hospital and should be embedded in its local context, thereby helping to test and revise the hospital's strategies.
- **Understand** that hospitals are only one of many actors in complex health systems and that they need to coordinate their efforts with other stakeholders and sectors.

PATH (re)development

Phase	Results
<ul style="list-style-type: none"> ▶ Define and analyze existing hospital performance assessment models and develop a comprehensive model of hospital performance assessment 	<ul style="list-style-type: none"> ▶ The PATH model has been developed and validated through four international experts meetings in 2003 and 2004, supported by extensive review of the literature
<ul style="list-style-type: none"> ▶ Pilot test the model in 6 different countries (50 hospitals) 	<ul style="list-style-type: none"> ▶ The model has been pilot-tested in 2005-2006 and results published in IJQHC (Groene et al, 2008)
<ul style="list-style-type: none"> ▶ Provide technical support to WHO European Member States in order to develop their own strategies on hospital performance assessment 	<ul style="list-style-type: none"> ▶ Technical support has been provided to Albania, Estonia, Hungary, Slovakia and Slovenia so far and will keep on building through the current BCA
<ul style="list-style-type: none"> ▶ Implement a European Network on Hospital Performance Assessment and develop guidelines to assist forward country implementation 	<ul style="list-style-type: none"> ▶ Two international conferences (Brussels, Vienna) have started up a European Network and lessons from the pilot and from the second wave of data collection (2007-2008, 8 countries, 150 hospitals) help fine-tune the PATH toolkit for hospital performance assessment

Key orientations for PATH'09

■ **PATH at a policy level:**

- Bring performance/quality issues higher on the **public agenda**
- Create an **enabling environment** to support and recognize hospitals in their actions for performance improvement
- **Position** PATH strategically (not just an isolated initiative but support long-term objectives)

→ 1st step: agree on strategic note for PATH in Croatia

Key orientations for PATH'09

■ PATH a “franchised” concept:

- Capacity building
 - Local ownership
 - More responsive to hospitals
 - Flexibility: incorporate local indicators, adapt reporting structure locally
 - Shorter time between data collection and feedback to hospitals
- Data analysis at local level
- By whom?

Key orientations for PATH'09

■ **PATH as a tool to raise awareness:**

- Build a **culture of measurement**, identify entry points, gaps in information systems and question and improve data quality (by making more use of it, by comparing results on administrative database with time-limited surveys)
- Do not need to have perfect information systems to start measuring performance
- Do not hesitate to have specific **prospective** data collection limited in time and for a sample (survey)
- ..while continue building administrative database on routine data

Key orientations for PATH'09

- **PATH as a tool for quality improvement**
 - Better link indicators with actions for improvement
 - International network with collaboration of international partners
 - WHO-PATH working as an umbrella to establish links not only between hospitals but also with experts. Use their indicators, relate to their “diagnosis tool” if want to go further...

Key orientations for PATH'09

- **PATH as a tool for strategy development and monitoring:**
 - Link performance measurement and hospital strategy
 - Provide management with performance monitoring tool
 - PATH as a stepping stone to build its own “strategic dashboard”
 - Accountability vs. quality improvement? (e.g. indicators at aggregate level or tracer level)

Key orientations for PATH'09

- **By participating to PATH'09, what do you get?**
 - **A toolbox to make yours**
 - Facilitation of international contacts:
 - create opportunities for direct exchange (PATH international secretariat at the WHO Collaborating Centre in Krakow – Barbara Kutryba and team)
 - WHO support to create an enabling environment for performance improvement initiatives and to PATH to initial strategies



Key orientations for PATH'09

Clinical Effectiveness

- Caesarean section use
- Prophylactic antibiotics
- Case fatality rates for AMI and two types of stroke
- Readmission rates for AMI and two types of stroke

Efficiency

Day surgery

Staff Orientation

Degree of qualification of nursing staff (diploma) Staff Survey

- Absenteeism
- Skill mix and scope of control
- Morale and intent to leave
- Training
- Continuous learning
- Excessive working hours

Responsive Governance

Staff smoking

Post-operative pulmonary embolism rate

Needle injuries

Safety Perspective

Patient survey
Country standardized tool of Hospital (e.g. CAHPS)

Pressure ulcer

Length of stay

Patient Perspective

Exclusive breastfeeding

Discharge preparation

How enabling is the environment?

■ Discuss

Use of indicator / indicator systems and quality management in your hospital / your country?

- What is the current situation?
- How do you view your country / hospital in 5 years from now?

How enabling is the environment?

■ Discuss

Use of indicator / indicator systems and quality management in your hospital / your country?

- What is the current situation?
- How do you view your country / hospital in 5 years from now?
- What are the challenges and opportunities to get there?
- How can PATH contribute? At what conditions? How to use it for advocacy purpose? How do you view the role of the “country coordinator” with that regard?

How enabling is the environment?

- **Stakeholders: whom will benefit from PATH?
Who might have an interest to participate?**
- **Other systems?**
- **National or regional policies?**
- **Other incentives towards more quality management, more culture of measurement, more accountability and transparency?**
- **Resources available, sources of funds?**



CCL: Take home message?

Tasks for data analysis and reporting

- Central data retrieve from administrative database (e.g. discharge abstracts)
- Data quality control (data mining, reliability)
- Compute indicators - Statistical analysis
- Preliminary feedback to hospitals for
- Design report format
 - How to present the data? Graphs, tables, text, symbols
 - At what level to aggregate?
 - How to allow for local customization (e.g. empty fields)
 - What reference points
 - Comprehensive view? How to relate indicators?
- Publish reports
- Organize international comparisons (international reference points)