



The Third PATH International Workshop, Istanbul, June 21-23, 2010

Minutes

The meeting took place in Grand Öztanık Hotel / Taksim-Beyoğlu İstanbul

Participants

Representatives from 13 countries: Albania, Croatia, Czech Republic, Denmark, Estonia, Germany, Hungary, Malta, Oman, Poland, Slovenia, Switzerland, Turkey (list of participants in Attachment) and experts: Jan Mainz, Denmark and Christopher Veit, Germany.

Apologies: Bosnia and Herzegovina, France, Greece, Lithuania, Slovakia, Spain,

Monday, 21 June, 2010

1. Welcomes and introduction

Welcomes and introduction by Ann-Lise Guisset from WHO Europe and hosts: Dr. Mehmet Demir Country Coordinator from Turkey and Advisor of Minister of Health and Dr. Hasan Guler Deputy General Director of Curative Services Department.

2. Experience from PATH countries and others heading towards the National Indicator Projects or similar processes :

Dr M. Demir presented Health Transition Program in Turkey and International Projects hold in Turkey.

Basia Kutryba, PATH IS and CC for Poland presented the general update on progress in PATH.

Christof Veit, CC Germany talked about how BQS Project in Germany translates into improvement activities.

Jan Mainz, the Director of the Nordic Indicator Project, Denmark, presented The Danish Indicator Project.

Presentations will be posted on PATH website.

Presentations have been followed by the discussion and presentation of country experience related to the role that the National Indicator Project or BQS have.

PATH coordinators presented the current status of implementation of PATH'09/'10 and/or other quality initiatives (e.g. performance-based payment, accreditation, national quality strategy, national indicator system) in their countries.

Basia Kutryba presented briefly the WHO Safe Surgery Checklist, the barriers in implementation and adaptation in Poland, following the trend to disseminate this risk reduction tool in PATH hospitals. The discussion round the table showed that many countries are in preparatory phase, planning to introduce the checklist. The issue will be followed up during the PATH International Conference in Croatia (September 23-25).

Tuesday, 22 June 2010

1. Country presentations and discussion by indicators

Prior to the workshop, CCs were asked to bring their data and results (if they have them already) to Istanbul. Ewa Wojtowicz and Ewa Dudzik – Urbaniak from PATH IS and CC Poland moderated the discussion about operational definitions and data collection, results from preliminary analysis indicators: C- section rate, Case fatality for stroke, Case fatality for AMI, Exclusive breastfeeding, Prophylactic antibiotic use, Operating theatre performance, Use of blood components.

The aim was to enable data exchange between CCs interested in voluntary twinning to compare results and decide upon international comparisons and the mode of data/results presentations in Brijuni. It has been decided to present comparisons for:

- a) C-section and % of cases excluded due to exclusion criteria (Hungary, Malta, Turkey),
- b) case fatality for AMI (Albania, Estonia, Hungary, Malta, Slovenia),
- c) antibiotic prophylaxis – contextualization: country description of process and methodology and guidelines

Before the results would be send to Ann-Lise Guisset in August for analysis and presentations, CCs would be send guidance on how to proceed.

For other indicators collected by few countries, the small group exercise was proposed. It is about twinning with some other country regarding data exchange and common comparative analysis.

This will be self regulated by CCs themselves and it seems, the Forum in PATH website seems the perfect platform for such communication and exchange. Presentation of the results is planned for Hospital Twinning Forum in Brijuni. So far, the interest comes from Malta, Croatia, Hungary and Turkey.

2. Development of rehabilitation indicators (for rehabilitation hospitals and wards).

Erika Takacs, CC Hungary and Erzsebet Boros from Hungary, have been coordinating the work on rehabilitation indicators supported by rehabilitation specialists Anna Zielińska-Meus (Poland) and Stephen Abela (Malta). They have presented the progress related to the development of rehabilitation indicators so far, based upon the survey (a ranking list of indicators) among all interested countries. 5 indicators have been chosen and short descriptive sheets will be prepared for September. The meeting of the group and further discussion will be continued in Brijuni, Croatia (23th September, Wednesday). CCs were asked to identify hospitals in their countries interested in monitoring performance in rehabilitation.

Many of PATH general hospitals have rehabilitation department, there are also some monospecialty rehabilitation hospitals which are interested in joining PATH. Rehabilitation indicators, when agreed and developed will be included in PATH indicators set.

3. PATH University Hospital Network – kick off session

The Network has been started in Krakow from the initiative of Malta and is led by Joe Schembri. Paul Bartels from ESQH Aarhus Office on Quality Indicators provides the scientific support.

Joe presented about some specific characteristics of teaching hospitals and discussion followed, regarding leadership and accountability. It has been agreed that a proposal of 3-4 specific indicators will be presented in Brijuni at the designated meeting (September 23).

4. PATH International Conference in Brijuni, Croatia, 23-25 September 2010 – planning and discussion

Discussion moderated by Ann-Lise Guisset, covered the objectives and program; It has been decided that CCs are responsible for providing appropriate dissemination policy and advertise the conference in their respective countries, also invite hospitals for poster session. Some changes in the program has been proposed, following the work of Jasna Mesaric CC Croatia and PATH IS. Jasna has presented the conference venue – Brijuni island - and accommodation and travel details.

Wednesday, 23 June 2010

1. Feedback loop to management and professionals: how to bring them onboard, how to present them the results

Jan Mainz presented the Danish experience regarding professionals' involvement. Discussion moderated by Joe Schembri revealed many similar difficulties in the countries, regarding the issue of "winning" professionals for improvement.

2. EU funding opportunities for PATH

The lack of external funding creates a major strain on coordinators, both at country and hospital level. When PATH is not directly placed within national authority or financially supported by national authority (e.g. Ministry of Health, Health Insurance), or technically and financially supported through the Biennial Collaborative Agreement (BCA) between the WHO Regional Office for Europe and its Member States, it can be difficult to sustain engagement. Thus, there is a need to address this. The suggestion to do so comes from Paula Adams from Spain.

Ewa Dudzik-Urbaniak has presented EU funding programs eligible for supporting PATH. The discussion followed on fundraising opportunities and setting the ground for responding to EU call for proposal. The possibilities included: Leonardo da Vinci; 7th Framework Program, Public Health Program. The agreement was that countries need to decide about participation and be actively involved in developing the project proposal, should they decide to become partners. PATH IS ventured to follow up upon the application rules and details and also take up the role of project coordinator.

PATH EVENTS

23-25 September 2010 The Third International WHO Conference on PATH, Croatia (Brijuni Islands)

11-13 October 2010 - ISQua International Conference on Quality, Paris, France (30 min PATH session on 13th October)

17 May 2011 - PATH CCs workshop in Krakow

18-20 May 2011 - ESQH, ISQA International Conference on Quality, Krakow, Poland (PATH session)