The Second PATH International Workshop, Krakow, October 26-27, 2009

Minutes

Participants

Participants from 11 countries attended: Albania, Greece, Croatia, Czech Republic, Hungary, Lithuania, Malta, Poland, Slovakia, Slovenia, Turkey (list of participants in Attachment 1). The coordinator from Bosnia and Herzegovina was regrettably unable to attend. A skype videoconference was organized with the coordinator from France for the session on rehabilitation indicators.

PATH'09 in the countries

After the official introduction, PATH coordinators presented the background on which PATH'09 is implemented in the countries and the current status of implementation of PATH'09 and/or other quality initiatives (e.g. performance-based payment, accreditation, national quality strategy, national indicator system) in their countries (all the PowerPoint presentations are available on the PATH website).

Some countries have already started implementation of PATH'09 (Croatia, Hungary, Turkey, Slovenia), while others are initiating the process, setting up the structure and recruiting hospitals (Lithuania, Greece, Albania, Czech Republic, Malta, Poland, Slovakia), and others are completing data reporting and analysis for the previous phase of PATH while starting with PATH'09 (France, Estonia).

- In Croatia, PATH'09 was initiated with national workshop in February, 2009. Jasna Mesaric organized 6 local PATH workshops and now 21 hospitals have gathered data (for from 1 to 12 indicators). In Croatia PATH is welcomed with great enthusiasm by hospitals. This highlights the crucial role of the coordinator in the country, including her commitment and very regular contacts with hospital coordinators. The Croatian PATH website will soon be launched. Jasna Mesaric agreed to present her good experience as coordinator in the next Newsletter.
- Erika Takacs has organized 2 workshops in Hungary and it has been decided to collect data for 6 indicators in the autumn 2009. Now 8 hospitals (including 3 additional hospitals not participating in PATH-II) are involved. The Hungarian PATH website will soon be launched.
- The Turkish PATH website has been launched in August and its English version will follow shortly. After a national workshop in June 2009, 14 hospitals started to gather data for selected indicators.
- Rade Pribakovic and Slovenian hospitals are currently preparing for data collection, which is scheduled to start in December. PATH'09 was initiated in the country with a workshop in spring 2009.

Review of indicators description and discussion of data collection issues

The descriptive sheets for four indicators (prophylactic antibiotic use, use of blood components, operating theatre use, case fatalities for stroke) were reviewed in detail. A number of issues regarding standardization of definition and data collection procedures were raised. The revised descriptive sheets have been shared with the participants and their final comments received. This technical work highlighted the difficulty in standardizing definitions and data collection procedures internationally. Indicator description is a "learning by doing" dynamic process. It is therefore crucial that all issues raised in the field when implementing indicators are brought to the attention of the PATH network and that solutions to facilitate data collection and perform more meaningful data analysis are shared.

Rehabilitation indicators

A particular interest in rehabilitation and psychiatric indicators has been raised repeatedly over the last months. There was a clear request from participating hospitals, several of which are specialized, to develop specific indicators for those fields. Participants to the 1st PATH'09 coordination workshop in Ljubljana agreed to set up a taskforce for rehabilitation and psychiatric indicators with the objective to have a few (2-3) indicators proposed within a few months. In order to take this agenda forward, Erzsebet Boros presented a literature review of indicators for quality in rehabilitation care (USA, UK, Australia, Hungary) and Anna Zielińska-Meus described the experience with the use of indicators (linked to accreditation) in the biggest rehabilitation hospital in Poland. Pierre Lombrail (member of Advisory Board and coordinator for France) through skype videoconference reiterated his interest in supporting this approach and the potential collaboration in the frame of local projects.

In addition to monospecialty rehabilitation hospitals, many of the participating PATH general hospitals have a rehabilitation department. Hence, rather than have a distinct "PATH-rehabilitation" subsystem, it was agreed to have, as a first stage, some indicators for rehabilitation care incorporated within the PATH'09 mainstream indicators set. Rehabilitation indicators are considered as tracer-specific indicators, such as c-section rate, or mortality for AMI or antibioprophylaxis for hip replacement. Similarly, tracer-specific indicators for psychiatric patient or for chronic non communicable disease patients (e.g. diabetes) could be included in the longer term, shall PATH psychiatric subsystem start some time in the future. "Responsive governance" (including health promotion, coordination and integration of care with the community) is currently under-represented in terms of number of indicators. Rehabilitation-specific indicators might cover this performance dimension of PATH.

It has been decided to create the working group on rehabilitation indicators coordinated by Erika Takacs and Erzsebet Boros. Each PATH coordinator is welcomed to appoint own expert for the group by contacting Erika Takacs and the International Secretariat. The rehabilitation indicators will be decided at the next PATH international workshop in Turkey in June 2010.

Staff orientation indicators

PATH Coordinators in the Country endorsed plan to develop of a core set of questions that could be used in cross national hospital staff surveys aimed at measuring the staff orientation indicators.
Ann-Lise declared to prepare proposals of questions useful in developing indicators for some chosen domains of: absenteeism, skill mix and scope of control, morale and intent to leave, training, continuous learning, excessive working hours.

Evaluation of PATH II

An evaluation of PATH-II was undertaken to learn from the previous experience and adapt PATH'09 strategy accordingly. Coordinators in the countries were interviewed as well as one or two hospital representatives from the countries. Interviews have been recorded and analyzed. The report is currently being finalized. Ann-Lise Guisset presented the preliminary findings and recommendations.

This assessment highlighted factors critical to facilitating PATH implementation and its sustainable impact. For instance, the active role of the country coordinator in promptly reporting results back to hospitals and facilitating national exchange on data and management/clinical practices was identified as a success factor. Also, the strategic positioning of PATH as a tool for advancing the "quality agenda" (e.g. to implement or complement a national strategy on quality, to bring a number of initiatives under a single umbrella, to increase accountability and transparency) greatly supports PATH visibility and its implementation. These findings support a reinforced role of coordinators in the country, as stated in PATH'09 (vs. a "lower key" role in PATH-II without any formal responsibility for data analysis).

Indicators which had the most impact were prophylactic antibiotic use and operating theatre use. It is noteworthy that the indicators with most impact were the indicators which imposed a higher burden of data collection. This finding calls for a focus on cost-effectiveness rather than on burden of data collection when selecting PATH indicators or when defining data requirements for indicators. Rather than having a large base of indicators, it may be preferable to have fewer but better defined indicators, with proper data quality (which might imply ad-hoc data collection)and with follow-up actions to make sense out of the indicators and learn from those indicators.

One country coordinator highlighted the difficulty – and importance – of continuously interacting with hospitals after data has been submitted and results reported back to hospitals to actually move from data collection to data interpretation. Basia Kutryba emphasized that translating data into improvement has been a major challenge for PATH-II in most countries. Hence, it might be preferable to continue data collection and data interpretation efforts. There is a risk of loosing momentum once the full reports have been produced and sent to the hospitals. To keep the momentum, it might be considered to initiate data collection on a limited number of indicators, then to interpret them while continuing data collection on other indicators.

PATH'09 orientations and international comparisons

Ann-Lise Guisset reiterated the main orientations for PATH'09. Regarding WHO's role, she emphasized that the organization is part of the scientific committee and facilitating and supporting the development of PATH and its implementation in the countries (with a focus on countries where PATH is included on the Biennial Collaborative Agreement). WHO is a member but not leading the network. The ownership is shared by all participating hospitals and coordinators in the countries. PATH can only exist through the active participation of hospitals and coordinators in the countries. It is a joint responsibility to nurture the network in order to ultimately derive the maximum from it. As indicated previously, in this regard the role of the coordinators in the countries and PATH International Secretariat is crucial.

The request for international comparisons was highlighted by the PATH coordinators in most presentations (day 1). This is considered the key feature of PATH and the motivation for many hospitals to participate. In response to this expectation, Ann-Lise Guisset explained the major difficulties for international comparison in PATH-pilot and PATH-II. Some technical issues could be tackled through better standardization of data definition, data collection procedure and reporting. But the challenge is to "get the story behind the numbers" in order to be able to really make sense of any comparison. Also, it is important to carefully define peer groups (characteristics of hospital, countries) to compare to. Results are compiled for a self-selected sample. This sample cannot be considered to represent a country's overall performance. Instead of comparing across countries, it makes more sense to compare across similar hospitals. Also, it is preferable to identify and share "best practices" rather than to compare average values.

For these reasons, country coordinators recognized the need to first get well acquainted with the data, to uncover what they represent and only then to move to international comparisons. This means that at the first stage of PATH, it is not envisaged to establish a central database with all international data from which to pick and choose. Instead, data exchange will be organized within the frame of the PATH international workshops, where PATH coordinators will bring and share the data and all accompanying issues (data collection, legal frame, preliminary analysis of the results at the national level, etc.). Through this very "hands-on" approach we hope not only to share data but also to share success stories and to focus more on the best practices than on the raw results.

Concretely, at the third international workshop in Turkey we will commit one full day to international data sharing on a limited number of indicators (c-section, breastfeeding, antibioprophylaxis, operating theatre use, case fatality rate). Coordinators are expected to bring their data and be ready to identify the best performance in order to invite them to PATH conference in Croatia).
To maintain the "international flair" of PATH, it is crucial that the international network be very active. All opportunities to facilitate direct contacts between coordinators and between hospitals should be exploited. Those were discussed and identified. It was agreed to continue to hold PATH international workshops with

PATH coordinators twice a year as these workshops create an opportunity for PATH network to meet, learn from each other and build close collaborations. Following on Ljubljana and Krakow, the next workshop will take place in Turkey towards the end of June (date and venue to be confirmed). In September, Croatia will host the PATH international conference (coordinators and hospital representatives). It has been agreed as Basia Kutryba proposed to make PATH more visible on an international quality scene: we would attempt to present PATH at ISQua 2010 conference in Paris, at the International Forum (2011, Amsterdam) and at the ESQH/ISQua conference (2011, Krakow).

Twinning possibilities between hospitals – PATH subnetworks

Malta expressed interest in comparisons and cooperation with other university hospitals and some countries (Croatia, Hungary, Turkey) are willing to join the initiative that Joseph Schembri and Anrew Xuereb have agreed to take a lead on. Paul Bartels (Denmark) from PATH Advisory Board has agreed to provide scientific assistance to this network. The Czech Republic has expressed interest in cooperation with oncological hospitals. Turkey expressed interest in twinning projects in general.

The discussion concluded with the agreement that international networking was preferred to international comparisons. Data will be shared directly between country coordinators and not through a central database, at least in the first stage of PATH'09 implementation while the countries are getting acquainted and build capacity for comparing their data between countries. PATH stands for international networking, identification of best practices, and sharing improvement stories.

From the WHO point of view, local priorities are more important – it is recommended to choose indicators that best fit the country needs and represent all PATH model dimensions (at least one for dimension).

PATH'09 funding opportunities

Some participants have addressed the issue of funding. The lack of external funding is creating a major strain on the coordinators both at the country and the hospital level. When PATH is not directly within a national authority or financially supported by a 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 for the country coordinators to sustain their engagement. This will need to be addressed but in the short-term there is no "easy fix".

Memo for actions

- **PATH website:**
  - Provide the national PATH website addresses to highlight the links within the PATH international websites.
  - Keep the International Secretariat informed of the relevant national events in order to publish these on the PATH website. To upload material/information on the PATH website, please contact the PATH International Secretariat.
  - Discussions on PATH forum are available also in the national languages.

- **Newsletter.** The content as agreed so far:
  - Jasna Mesaric (Croatia)– "From data collection to actions for improvement – lessons learnt from Croatia on building hospital commitments for a dynamic network"
  - Basia Kutryba (Poland)– "Dealing with organizational inertia"
  - Joseph Schembri and Andrew Xuereb (Malta)– "Challenges for building a culture of transparency and accountability for measurable results"
  - Ewa Dudzik-Urbaniak (Poland)- "The OECD Health Care Quality Indicators Project"

  All coordinators and hospitals are invited to contribute. In particular, hospitals are kindly asked to present themselves and call for collaboration. Please send to PATH International Secretariat your input **by 15 December 2009.**

PATH Events

The Third PATH International Workshop, Turkey (June - date and venue to be confirmed).

The Third International WHO Conference on PATH, Croatia (September - date and venue to be confirmed)

Quality Events including the PATH Countries:

20-23.04.2010 International Forum on Quality and Safety in Health Care, Nice, France

28.04-1.05.2010 II International Congress of Performance and Quality, Turkey

29-30.04.2010 ESQH Spring Workshop on Performance Measurement, Istanbul, Turkey

27-28.05.2010 Quality in Healthcare XIV Annual Conference, Krakow, Poland

10-13.10.2010 ISQua 27th International Conference "Quality Outcomes - Achieving Patient Improvement", Paris, France

2011 International Forum on Quality and Safety in Health Care, Amsterdam, The Netherlands

2011 ESQH/ISQua conference, Krakow, Poland