PERFORMANCE ASSESSMENT & QUALITY IMPROVEMENT

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CONTENT

EDITORIAL

Dear PATH Network,

Late 2009 and onwards has faced many interesting initiatives at different levels of PATH development - we attempt to portray these while keeping up with responsibilities of the Secretariat and country coordination in PATH countries.

Thus, you may read about the PATH internal meetings, both in Krakow and the that was in Istanbul in June, about the International PATH Conference in Brijuni, Croatia, September 23-25.

And the effects of these, both in terms of the Network development and the increased uptake in the number of countries, interested in sharing the philosophy of PATH leadership program.

Krakow Country Coordinators' workshop has witnessed the birth of PATH university network, led by Malta (Joe Schembri) and also of a group developing rehabilitation indicators for PATH set, guided by Hungary (Erika Takacs). Both are bottom up and self-managed initiatives - the leading countries take responsibility for group and content formatting and their growth.

There is also interest in setting up the network of psychiatric hospitals, consolidated with Jan Mainz during the Istanbul workshop, that will be further developed during the Brijuni event.

Conference in Croatia is focused on attracting the wider international audience of hospitals and healthcare policy circles. Planned along are the CCs meeting on 22nd, the strategic backup retreat of the Advisory Board on 24th and accompanying meetings.

Enclosed you will also find some countries reports about the national coordination; the sharing from Malta about building a culture of transparency and accountability in university hospital and a report form the field PATH mission in Albania, the country that has declared an offensive in hospital quality measurement. The effort has been a joint venture of WHO Europe and WHO CC Krakow. Enclosed is the draft still program for Brijuni conference. Sincerely wishing us all enjoyable summertime,

The Editors

PATH COUNTRY REPORTS

PATH in Croatia

For the time being, assessment of Health Care performance has not yet been systematically done in Croatia, except for some sporadic cases; however, efforts are made to gradually introduce it in daily practice. In this context, PATH project appears to be an excellent opportunity to start it countrywide.

The starting point for PATH'09 in Croatia was an initiative of Croatian Society for Quality Improvement in Health Care (Society), following the 2nd International WHO Conference on PATH in Vienna. This was supported by the Ministry of Health and WHO country office.

In collaboration with WHO country office a strategic note of PATH, roles and responsibilities was drafted and distributed with the invitation to potential hospital participants (to all hospitals) asking them to appoint hospital coordinator. At this stage 18 hospitals responded to participate. Under the auspices of MoH and in collaboration with Andrija Štampar School of Public Health, Croatian Medical Chamber, WHO Country Office in Croatia, WHO Collaborating Centre for Development of Quality and Safety in Health Systems in Krakow – Poland and ESQH, the Society organized a one-day National conference on PATH project in Zagreb, February 13, 2009. Before the Conference on February 12, a stakeholders meeting including representatives of MoH, medical association, chambers, school of public health, health insurance fund and academic institutions was held. All of them demonstrated their support.

Hereby there is a brief report on the PATH related activities performed to date in Croatia.

After the National Conference a total of 25 hospitals have been registered, including 8 university hospitals, 10 general hospitals and 7 special hospitals (psychiatry and rehabilitation). The hospital coordinators are mainly quality managers or person in charge of quality.

Six workshops with hospital coordinators have been organized (April 8, May 5, June 16, September 17, October 21 and November 26, 2009.). At these workshops we have vividly and interactively discussed the infrastructure that is necessary for PATH program implementation in Croatia and how to organize data collection to acquire optimal, high quality information.

In Croatia, in fact a large body of data are collected and submitted in the form of annual reports to the authorities (MoH, Public health institute and Croatian Institute of Health Insurance). The problem is that these data are not used for evaluation and improvement of our own performance, but are simply piled up Some data on the indicators kept at the central national database may require quite a complex procedure to acquire since they cannot be extracted individually; the more so, the data thus obtained would require additional validation for quality and accuracy. Therefore, we have decided not to use the central national database in this phase of the program. Instead, we consider it more appropriate to develop the culture of quality measurement at the hospitals and to be in touch with our own data and to use results of their analysis for improvement.

Based on this, during our coordinator meetings we discuss more specifically on PATH and how it would contribute to those objectives, how it needs to be complemented/integrated to better respond to the objectives, what will make implementation difficult/easy, etc.

Of the set of phase 1 indicators proposed, we have adopted the following ones: C-section rate, Case fatality for stroke and AMI, Postoperative pulmonary embolism, Length of stay, Day surgery, Needle injury, and Smoke free hospital audit.

We have considered the possibilities of including sub-indicators and related indicators, adjustment/stratification, and actions for improvement for all indicators. We have chosen only those for which data can be collected. It should be noted that currently hospital information system is not available in 95% of Croatian hospitals (computerization has just been under way).

All our hospital coordinators have generally accepted July 30 as the deadline for data collection. I would like to note that in addition to all the activities related to the choice of indicators and making all those involved understand what has to be performed and how to do it in the best way possible, we also had to have the indicator drafts

translated into Croatian language and Excel forms for data collection developed.

We have established a mailing list for hospital coordinators included in PATH'09, for all communication and a tool for discussion, continuous questions and answers during the process of data collection and other related issues.

Excel forms (that have been defined together) were distributed to all hospitals participating in PATH by the end of June 2009; to each form (indicator) was attached detailed instructions how to fill it out, and continuous help and built-in controls were available in the Excel form and upon e-mail contact, if needed.

In parallel with the establishment of pilot phase, we have been active in preparing other indicators. The proposals for other indicators were thoroughly discussed at our workshop on September 17, 2009. At this workshop, we also presented preliminary results of the analysis of phase 1 indicators. This was the first stage when we were able to provide a validation and an overview of the entire project, with emphasis on difficulties in data collection process discussion. We identified a number of possible problems, including difficulties in manpower allocation and data extraction for the existing (usually paper-based) hospital records. Furthermore, we encountered a number of possible issues in data entry and filled in surveys sending, which enabled us to understand the main issues in this project. Based on these experiences, we will be able to provide a better account of the future data collection processes.

We have decided to work in collaboration with a relevant professional (Society) in the field of particular indicator, making sure that profession has a prominent place in this project.

Strengths of PATH in Croatia include good contacts among the country PATH coordinator, hospital coordinators, a good period for such processes as Croatia has just entered the first stage of hospital accreditation process, as well as the high interest of various hospitals for participation in the project. The main activity of our coordinator's meeting is development the culture of quality measurement based on the local specificities. Lastly, we have assembled a broad scope of the working team which includes and biostatistician skilled in similar work.

We perceive PATH as the first national campaign in Croatia to collect data on hospital performance for the voluntary improvement per se. We believe and hope PATH project to be a useful tool to improve the quality in our health services and to share experience with other European countries.

Jasna Mesarić, MD, PhD., Country Coordinator

A sincere acknowledgement goes to all of the hospital coordinators, who helped and showed a lot of enthusiasms in participating and working on this project.

PATH in Hungary: Steps taken and future plans

After the announcement of PATH'09 seven Hungarian hospitals registered for the project in the spring 2009. We organized five workshops so far (three ones in 2009, two ones in February and May in 2010). Ten indicator descriptive sheets are translated into Hungarian and data collection tools (e.g. data collection forms, xls for data reporting, data extraction protocol) are prepared also for the same ten indicators. Data collection and validation processes have already finished for 7 indicators (prophylactic antibiotic use, 4 indicators based on administrative database, smoke free hospital audit and needlestick injuries). Data validation for 'operating theatre performance' and data collection for 'post-operative thromboembolism' and 'AMI patients prescribed aspirin at discharge' is in progress. Reports and results on 'prophylactic antibiotic use' and 'smoke free hospital audit' have already been finalized. We have calculated the first results for further five indicators and hospitals have received feedback on three of them. We have also the first results on 'prevalence of staff smoking' (indicator from PATH II) which is involved in our indicator set by the request of the three newcomers but finally three 'older' participants also repeated the survey. We are going to prepare data collection for 'exclusive breastfeeding' and 'use of blood components', too.

The Hungarian PATH coordination team has enlarged by one more person (now three of us working on it). We launched the Hungarian PATH pages inside

our organizational website (http://hsmtc.hu/kutatas/path) and a Hungarian forum inside the international PATH website. However, we still have to develop and promote these initiatives.

We are planning to organize further workshops bimonthly and a national PATH conference in Budapest on 21st October 2010.

Erika Takacs, Country Coordinator

PATH in Albania

On 23-24 March 2010, thanks to the visit of Ewa Dudzik-Urbaniak and Ewa Wójtowicz, and WHO support has been organized in Tirana a Workshop to introduce PATH in Albania. The workshop was attended by the representatives of 10 hospitals, and local hospital coordinators. They are 6 hospitals, which agreed to participate on PATH. During the PATH workshop all indicators has been discussed in view of Albanian context, and has been decided three indicators will be implement in Albania, as the first face. Those are expected to present on 21-23 June 2010 PATH meeting in Istanbul, Turkey.

The indicators are:

- C-section rate
- Patient based stroke 30 day in-hospital
- Patient based AMI 30 day in-hospital

So far in PATH movement are involved 7 Albanian Hospitals, one of them is University Hospital. We already presented the data of 3 chooses indicators in PATH Istanbul Meeting, and on first week of September the National Center of Quality, Safety and Accreditation of Health Institutions (NCQSA-HI) will present to the hospitals the feedback and a report about the situation and comparison of results of data that they had collected.

In addition the collection of performance indicators on clinical Effectiveness, Safety, Staff orientation and Efficiency using an Albanian Instrument is going on in about 20 hospitals in Albania.

We are pleased to let you know that on December 10, 2010 the NCQSA-HI will hold the 5th National Quality Conference, with theme: "Achievements and Challenges in improving the Quality of Health Care in Albania".

Isuf KALO and Ines ARGJIRI

PATH in Poland

Polish hospitals entered the next PATH edition in March 17th 2010 at the workshop for Hospital Coordinators. That was after national coordinators adapted and translated descriptive sheets and data collection forms. New PATH direction has been presented followed by the discussion how hospitals used the results from previous PATH phase. PATH indicators set was presented and interactively agreed, to be approved at the next meeting with hospitals 0n April 26. Finally, hospitals decided to start new data collection phase for 5 indicators (AMI, stroke case fatality; c-section, exclusive breast feeding at discharge, operating theatre use). Data collection forms were finally agreed for these indicators. It has been very difficult to decide about the methodology for data collection regarding antibiotic prophylaxis as there are different practices in different hospitals. This issue needs to be revisited after summer. Hospitals were also introduced to the WHO Safe Surgery Checklist.

Presently, we have 21 PATH hospitals registered, busy with data collection and reporting. Next PATH hospitals' workshop is planned for autumn, after the Brijuni conference.

Basia Kutryba, Ewa Wójtowicz, Ewa Dudzik-Urbaniak,, Country Coordinators Team

REPORT ON PATH COUNTRY COORDINATORS MEETING IN KRAKOW

The workshop has been attended by participants from 11 countries: Albania, Greece, Croatia, Czech Republic, Hungary, Lithuania, Malta, Poland, Slovakia, Slovenia, Turkey. Apologies came from the coordinator from Bosnia and Herzegovina. A skype videoconference was organized with Pierre Lombraire from PATH AB and French CC for the session on rehabilitation indicators.

PATH coordinators presented the background for PATH'09 implementation in the countries and the current status of PATH and/or some other quality initiatives (e.g. performance-based payment, accreditation, national quality strategy, national indicator system). PowerPoint presentations have been posted on 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), some others are completing data reporting and analysis for the previous PATH phase, 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 already gathered data (on 1 up 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.
- Erika Takacs has organized 2 workshops in Hungary and it has been decided to collect data for 6 indicators in the autumn of 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 - its English version will follow shortly. After a national workshop in June 2009, 14 hospitals started to collect 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

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.

PATH International Secretariat Team

PATH II EVALUATION

LESSONS LEARNT FROM PATH-II – RESULTS OF A QUALITATIVE EVALUATION

PART 1: Performance measurement and information systems

Introduction

There have been to date four distinct phases in the development of the PATH system: (i) model development (which included a conceptual framework and two sets of performance indicators) (2003-2004); (ii) pilot test (2005-2006) and (iii) second wave of data collection with voluntary participating hospitals (PATH-II), some of them being supported through Biennial Agreements between WHO and its Member States (2007-2008); (iv) redevelopment of PATH and implementation of PATH-09 (ongoing).

The first pilot has been evaluated by Groene et al (2008) and concluded that: (1) embedding PATH in existing performance measurement initiatives was key to success in implementation ; (2) a number of organizational and methodological challenges remained in the design and implementation of international research on hospital performance assessment; and (3) important tasks to be undertaken included: further standardization and improved validity of performance indicators; increased use of routine data; more timely feedback with a stronger focus on international benchmarking; and further support on interpretation of results.

As PATH was heading in its third phase of data collection (PATH-09), we initiated the evaluation of its second phase of data collection. The expected outcome of the evaluation was to improve the relevance of the PATH system to the needs of participating hospitals and countries, increase its impact, and ensure the long term sustainability of the project. For this evaluative qualitative research, PATH-II was assessed against its stated objectives to **(i) stimulate hospital performance measurement activities and the improvement of information systems to collect reliable and valid data in the Member States of the WHO Regional Office for Europe and (ii) achieve concrete improvements in hospital quality in WHO European Member States participating in PATH.** The second objective can only be partly addressed at this point because performance measurement we have no repeated measurement over time to identify trends. Also, we cannot attribute change in time to the implementation of PATH and the information system to generate the indicators is not "stabilized". Much of the improvements at the initial stage –or apparent decline in quality, e.g. if more adverse events are being reported– may be related to improvements in the measurement rather than in the performance itself. However, the interviews gathered examples of the impact of the implementation of PATH on performance management and quality improvement activities at hospital level.

Three clusters of research questions were addressed:

1. **Did PATH serve as a as a tool to stimulate hospital performance measurement activities in the participating hospitals and at the national level? How did PATH contribute to building a culture of evaluation and to establish (and use) performance assessment systems? And what impact did PATH have on the information systems?**
2. Did PATH stimulate hospital performance management and quality improvement activities in the participating hospitals? Did it result in concrete actions to improve quality and measurable quality improvement?
3. Did PATH stimulate the national environment for performance measurement and quality improvement? Through what mechanisms? What was the impact of the implementation of the PATH project on the national environment for performance measurement and quality improvement?

This analysis of the effect of PATH was complemented by a strategic analysis to reposition PATH in its strategic context. For each of the above questions, we assessed what were the national and local factors influencing the implementation and impact of PATH.

In this short paper, we discuss the results on performance measurement activities and information systems (see research questions for cluster 1 above).

We gathered data through telephone interviews with a sample of hospital coordinators and all coordinators in the countries. Twenty interviews were carried out between May and July 2009 out of the 24 initially planned. Interview were transcribed by a neutral party based o0n the audio recordings of the interviews and checked by the interviewer.

Results and discussion

A. Performance assessment systems and national contexts

PATH impact on indicators and data (see tables 1 and 2) varied widely depending on the national context of implementation:

- **Well-established performance/quality measurement system:** PATH was implemented "on top" of existing systems, and the data generated by the existing system was used in PATH. In such contexts, the expectations regarding improvement in performance measurement and information system is limited and there is no potential for PATH to make a substantial impact as it uses readily available and already used data
- **Numerous concomitant initiatives for performance measurement**: PATH is used parallel to other projects with no explicit coordination mechanism. This might create competition, since hospital staff cannot devote substantial time for PATH indicators, and hence it limits the potential of PATH to a few indicators which are under greater

scrutiny ("*it is difficult to integrate a lot of indicators because we have a lot of obligatory indicators* (…), "*the integration of PATH within other similar national project would be an asset for PATH to be successful as opposed to run projects in parallel*"). The opportunities for collaboration between projects and for integrating indicators need to be assessed. PATH can be tailored by integrating national obligatory indicators (and thereby gain more attention). Furthermore, PATH indicators can contribute to new indicators into the national obligatory set of indicators.

- **No national projects on performance measurement**: In systems where data is available but transmitted to external agencies for statistical purposes without any feedback loop to use it internally for performance management, PATH can serve for building capacity and bringing together hospitals around a common set of indicators with uniform definitions and elaborating common data collecting tools, in line with international best practice ("*Our hospitals didn't have a tradition of delivering data on quality indicators. They were only providing some administrative data required by the Ministry or other authorities. It seems a reason for hospitals to start doing so*"). It limits the "barriers to entry" to indicator development as PATH hospitals/countries can build on those readily available and internationally agreed indicators.

Table 1. PATH impact on performance assessment – some country examples

Country	Examples
Belgium	Hospitals better prepared to approach new quality and patient safety contracts with payer and set up quality management policies in hospitals
Estonia	PATH resulted in setting up a national network of hospitals interested in quality improvement and meeting monthly to benchmark performance and exchange information and best practice
France	PATH a valuable effort to track and benchmark performance. Indicators could be used for contract with Regional Health Authorities. Positive impact on group of private hospitals.
Hungary	PATH influencing the thinking of hospital managers about performance measurement, through continuous measurement and by giving examples of how to plan quality management in the future.
Poland	National Accreditation Agency at NCQA to update its quality standards and incorporate performance indicators to be collected by hospitals, including some PATH indicators. Also, participation in PATH helped hospitals prepare accreditation visit.
Slovakia	PATH project has had an impact on the choice of national indicators to be monitored by health insurance companies. Also changed culture of participating hospitals about performance and quality improvement.
Slovenia	PATH is now part of a comprehensive quality management project, which brings together the medical chamber, the Ministry of Health and the Health Insurance Fund. Some of the PATH indicators will be included in hospital contracts with Health Insurance Fund in 2010. 14 hospitals participate in PATH in 2009 (1 in 2010).

Table 2. PATH impact on performance assessment – classification

Classification impact	Example observed in countries
Observed impacts on performance measurement systems	
Provide a stepping stone (prepare the field) for national indicator systems	PATH changed the way of thinking in relation to performance management and created a national network which allowed for comparisons across hospitals in Estonia
Raise awareness and provide tools for more feedback loop (report back data from central database for hospitals' performance measurement)	Results were reported to hospital management and new survey tools were developed to collect indicators in Hungary
	Based on the results from PATH a project focusing on prophylactic antibiotic over- and under-use was initiated in Belgium
Incorporate PATH indicators in existing national systems	It is considered to include PATH indicators in the National Accreditation Programme in Poland
Build capacity for the use of DRG (discharge abstract) database in hospitals	Efforts were made to extract indicators from the DRG data base in France
Observed impacts on information systems	
Set up a new routine data collection system, identify new roles for data collection	Operating theatre occupancy rate in Estonia
Make slight changes sustainable for routine collection of PATH indicators	Discharge letters in Slovenia
Identify gaps in information systems	Human resources databases were developed in Hungary
Raise awareness on over- and under-reporting	Needle injuries in Slovakia
	Breastfeeding in Hungary

The environment is mature for PATH in a number of countries. In those countries, we observe a trend to collect more and more performance indicators and to collect them for contractual purpose and for accountability and transparency. PATH provides a "protected environment" in which to build capacity for performance measurement and analysis. Through PATH, hospitals can learn about the potential use and abuse of indicators and develop the capacity to enter into an informed dialogue with the authorities presenting indicators project or with the media presenting indicators to the public. PATH provides an opportunity for hospitals to participate in an international performance measurement project in the absence of priori performance measurement projects on a national scale.

However, it should be recognized that the competition of other obligatory performance indicators projects makes the burden of any additional data collection or extraction unacceptable. It is critical that the indicator environment is very well understood and that PATH feasibility is assessed before initiating it. If other performance projects are to co-exist with PATH, it is critical that the potential synergies are identified and that the projects are aligned in the common domains of performance.

B. Information systems in the hospitals

In countries most of the data was readily available. Though, for some indicators data was available but its extraction from the existing databases proved very burdensome. For instance, indicators covering the staff orientation dimension proved to be extremely challenging to collect; more than initially envisioned. Human resources indicators highlighted a number of issues with the human resources databases, beyond the burden of data extraction. In general, indicators collected from administrative databases (e.g. case-fatality rate, readmissions, length of stay, day surgery rate) were pretty straightforward to retrieve. In three countries, available data was extracted centrally by the country coordinators. This exercise highlighted the potential to report back the central data (e.g. at the National Insurance Funds) for the internal management of the hospital. For the data that was already collected, PATH revealed some issues with data quality. PATH raised awareness of under-reporting of adverse events (i.e. needle injuries). As an example, in one country:

C. Opportunities and threats for PATH implementation in the countries

Participation to PATH provided countries/hospitals with an opportunity to join a structured performance project proposing standardized indicators defined after a review of the literature and supported by appropriate material; credibility of WHO as a brand for the project. The scope of PATH, through its multidimensional framework, goes beyond traditional financial and clinical indicators and hence additional indicators can be identified to complement or strengthen the existing systems for a more balanced and comprehensive approach to performance measurement (PATH indicators added). PATH builds on many sources of data (discharge abstracts, human resources database, occupational medicine database, patient records, patient surveys, operating theatre database etc.). It raises awareness on the potential for a feedback loop of performance indicators from the central database back to hospitals for internal performance management. And it can have an impact on information systems: identify new roles for data collection, set up new routine information systems, make slight changes to existing information systems to include new indicators, identify gaps in information systems, build capacity for using the administrative database (discharge abstracts)

However, a few issues remained in the implementation of PATH indicators. Some indicator definitions were unclear (e.g. c-section). When the burden of data collection was considered too high (manual data collection), the indicator was "dropped". To the exception of the indicator on antibioprophylaxis which generated a lot of interest from the hospitals (and resulted in improvement activities), hospitals tended to select indicators they have readily available. The "core" set of indicators was not recognized as compulsory and hence PATH's capacity to push the hospitals to go beyond what they usually gather and analyse was limited. PATH indicator definitions are not stable as changes were observed between PATH-I and PATH-II and more recently PATH-09. It is critical that the indicator definitions are finalized and the operational issues with data collection are solved to take the full benefit of PATH.

This evaluation highlighted the importance of proper strategic alignment of PATH with the national context, as a critical success factor. Several organizational arrangements are possible and the exact positioning and role of the coordinator in the country will vary depending on the context (national health insurance, ministry of health, institute of public health, quality improvement institute, academia). PATH was designed as a tool for hospitals by hospitals. It proved to be also – maybe even more– a tool for hospitals and coordinators in the country to advocate and strengthen performance measurement and quality improvement policies at a national level.

Ann-Lise Guisset, WHO Europe

REFLECTION ARTICLE

Challenges for building a culture of transparency and accountability for measurable results

How effectively information flows through hospitals is directly related to the culture. Good practice suggests that a culture characterized by transparency is beneficial not only for the regulator, but more importantly for those at the operational level as it is the nature of an internally healthy organization. Many hospitals in other countries have managed to build cultures of transparency, and this was possible because of a major paradigm shift from a 'blame culture' to a 'learning culture'; and also due to a major commitment towards building an environment where information could be shared between departments, wards / units, clinics and individual health care providers. Furthermore, this important change has contributed in building a culture of measurement and providing incentives for continuous improvement.

Hospitals in Malta have not yet passed the whole process of this cultural change. Some performance measurement reporting initiatives are mandatory, whilst others are at the discretion of hospital management and clinicians. Our only acute general teaching hospital has gone beyond these basic requirements, and thus sought assistance from sister hospitals overseas. In fact in 2002, in collaboration with the Ministry of Health, our acute general teaching hospital embarked on an international performance indicators benchmarking programme initiative. Though it was possible to collect and collate the required set of data for four consecutive years of participation, this experience has shown that methods used locally for data collection were cumbersome. The hospital coordinator had to request data from various departments, clinics, and individual health care providers, who at first were reluctant to share information. Today, we still find hospital employees who believe that since data is generated by them during their course of duty, will become and remain their personal property. In view of this, they find it difficult to understand that the management has the right to have access to data and use them to measure performance and take necessary measures to improve the quality of services.

From this international benchmarking experience, it was noted that there were variations amongst performance measurement systems and reporting standards used by the various hospitals. This lack of standardisation made information difficult to collect, aggregate, report, and interpret in a way that makes sense to all participating hospitals.

In view of the above, it is a great challenge today for hospital administrators in Malta to instil in minds of health care providers the essence of transparency and better public information on quality to help hospitals and care providers improve by benchmarking their performance against others. This challenge implies that health care providers:

Commit themselves more to visibility and openness, thus make data available to everyone within the hospital.

Complete reliable clinical and administrative documentation.

Make optimal use of all electronic systems, and be less dependent on manual systems of documentation and reporting.

Understand performance measurement requirements and standards of care.

Be more consistent with policies and standard operating procedures.

Overcome fears of litigation by patients.

Understand the crucial role of an 'enabling environment' to sustain improvement activities.

Regularly measure performances against pre-established standards.

Identify best practices and share them with others.

To assist health care providers to further build a culture of transparency and accountability, health care administrators have undertaken a number of measures. Amongst others, one would find the Freedom of Information Act, which should come into force in January 2010; common and accessible information technology systems across the hospital and beyond; consultant job plans/agreements wherein measurable results are stipulated and reviewed; and collection and collating of data has become an academic requirement for publishing research results, which is related to reward schemes. Furthermore, a directorate of standards was set up to set priorities, oversee the development of appropriate quality and efficiency measures, and ensure the collection of timely and accurate information on these measures at the individual provider level.

Our participation in the PATH project, through the setting up of performance indicators, processing and sharing data with each other should help us to further influence the present local situation, and move towards a more culture of transparency and accountability for measurable results.

Joe Schembri, Country Coordinator, Malta

WELCOME TO PATH 2009/2010

We welcome new Country Coordinators from Albania in PATH and look forward to working and learning together, thanking them for bringing their experience and expertise to the network.

Prof. Isuf Kalo, MD PHD; director of National Center of Quality, safety and Accreditation of Health Institutions in Albania.

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REPORT ON PCC WORKSHOP IN INSTANBUL

The Third PATH '09/10 International Workshop was held in Istanbul, Turkey, 21 - 23 June, 2010. The workshop was co-organized by WHO office for Europe, PATH International Secretariat in Krakow and Ministry of Health in Turkey.

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

Representatives from 13 countries: Albania, Croatia, Czech Republic, Denmark, Estonia, Germany, Hungary, Malta, Oman, Poland, Slovenia, Switzerland, Turkey and experts: Jan Mainz, Denmark and Christopher Veit, Germany participated in the meeting.

The workshop started with presenting experience from PATH countries and others heading towards the National Indicator Projects or similar processes: Turkey, Poland, Germany and Denmark presented their progress regarding PATH'09/'10 program and benefits related to the experience of the Danish National Indicator Project or German BQS. Discussion followed, with PATH coordinators presenting other quality initiatives: performance-based payment, accreditation, national quality strategy, national indicator system) in their countries.

Krakow WHO CC presented the WHO Safe Surgery Checklist, its implementation and adaptation in Poland, following the direction 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 Brijuni conference in Croatia. Interesting session was aimed at twinning with another country regarding data exchange and common comparative analysis: operational definitions, data collection and results from the preliminary indicators analysis were shared among the coordinators. The results compared involved: C-section and % of cases excluded due to exclusion criteria (Hungary, Malta, Turkey); case fatality for AMI (Albania, Estonia, Hungary, Malta, Slovenia); antibiotic prophylaxis – contextualization: country description of process, methodology and guidelines.

There were interesting discussions about the development of rehabilitation indicators, as well as the new formation, PATH University Hospital Network. We have also discussed the program of Brijuni conference. Jan Mainz presented the Danish experience regarding professionals' involvement – it turned out that there are many similar difficulties in the countries, regarding the issue of "winning" professionals for improvement. There is a need to address the EU funding opportunities for PATH, due to the common lack of external funding which 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 is usually difficult to sustain engagement.

PATH International Secretariat Team

INTERNATIONAL CONFERENCE IN BRIJUNI "CLOSING THE GAP BETWEEN MEASUREMENT AND QUALITY IMPROVEMENT"

We are pleased to announce the III PATH International Conference at the Brijuni Island (Croatia) on September 23rd-25th. The event provides a unique opportunity for PATH hospitals and networks from more than 14 countries to meet and exchange good practice of performance management and continuous quality improvement.

The conference format fosters interaction: the program includes keynote presentations, roundtables, sub-network meetings, thematic group sessions, poster session, hospital twining forum to inspire hospitals and policy makers and facilitate change and exchange. Additional added value provide invited plenaries covering the areas of hospital quality culture, safety and patient/citizens involvement. Regarding better care and risk reduction the conference will also focus on safety measures in surgery – WHO Surgical Safety Checklist.

The targeted audience includes Country Coordinators, hospital managers/hospital quality coordinators healthcare policy-makers.

The program is building along four streams:

- Stream 1: Hospitals/policy-makers forum – informing policy
- Stream 2: Hospital twining forum – inspiring for action
- Stream 3: Thematic groups – understanding PATH indicators results
- Stream 4: Sub-network meetings – peer learning

The conference is organized by PATH Country Coordinator in Croatia, PATH International Secretariat, WHO Europe, under the auspices of the Croatian Agency for Quality and Accreditation in Health Care with support of PATH Network. Co-organizers include: European Society for Quality in Healthcare, ESQH Office for Quality Indicators, Croatian Society for Quality in Health Care, Croatian Medical Association and Croatian Medical Chamber.

We are looking forward to welcoming you to the Brijuni Islands!

Jasna Mesarić
PATH Country Coordinator, Croatia
President of the Croatian Society for Quality Improvement in Health Care, Croatian Medical Association
and PATH International Secretariat Team

WHOM TO CONTACT IF YOU WISH TO JOIN PATH?

1. **Your Country Coordinator**
2. **WHO CC Krakow**

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3. **The WHO Regional Office for Europe**

If you wish to discuss how to position PATH in your country and the next steps or to receive additional information, please do not hesitate to contact Ann-Lise Guisset at WHO.

Ann-Lise Guisset

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LINKS & DATES

Links:

- Agency for Health Care Research and Quality (AHRQ), Quality Indicators: http://www.qualityindicators.ahrq.gov/
- Agency for Health Care Research and Quality (AHRQ), National Quality Measures Clearing House: http://www.qualitymeasures.ahrq.gov/
- European Society for Quality in Healthcare: www.esqh.net
- ESQH Office for Quality Indicators in Aarhus, Denmark: www.esqh-office-aarhus.dk
- Methods of Assessing Response to Quality Improvement (MARQuIS): www.marquis.be
- Organization for Economic Development and Cooperation (OECD), Health Care Quality Indicator Project: http://www.oecd.org/health/hcqi
- Public Health Portal of the European Union (EU), Health Care (including safety and patient mobility): http://ec.europa.eu/health-eu/care_for_me/index_en.htm
- Safety Improvement for Patients in Europe (SIMPATIE), http://www.simpatie.org/Main
- The Joint Commission, Performance Measurement: http://www.jointcommission.org/PerformanceMeasurement/
- WHO Regional Office for Europe, European Hospital Morbidity Database (based on discharge abstracts: http://www.euro.who.int/InformationSources/Data/20061120_1
- European Union Network for Patient Safety (EUNeTPaS): http://www.eunetpas.eu
- WHO World Alliance for Patent Safety: http://www.who.int/patientsafety/en/
- WHO Baby-friendly hospital initiative: http://www.who.int/nutrition/topics/bfhi/en/index.html
- The European Network of Smoke Free Hospitals http://ensh.free.fr
- The Safe Injection Global Network (SIGN) Alliance http://www.who.int/injection_safety/sign/en/
- The Tallinn Charter: Health Systems for Health and Wealth: http://www.euro.who.int/document/HSM/6_hsc08_edoc06.pdf

PATH events

- **21-23 September 2010** PATH Third International WHO Conference, Croatia, Brijuni Islands
- **11-13 October 2010** - ISQua International Conference on Quality, Paris, France (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)

Other Healthcare Quality events in Europe

- 23–25 September 2010, Tartu, Estonia, "Baltic Public Health Conference 2010 – Accomplishments and Challenges"
- 10 to 13 November, Amsterdam, Netherlands, EUPHA and ASPHER The 3rd European Public Health Conference