PERFORMANCE ASSESSMENT & QUALITY IMPROVEMENT

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CONTENT

EDITORIAL

Dear PATH Hospitals,
Dear PATH Community,
Dear PATH New Comers,

Welcome to the PATH Newsletter number 3

By now, the hospitals have collected indicator data and sent it for centralized analysis. This marks a major step. We would Al like to thank all 150 participating hospitals for their continuous commitment and direct investment during this burdensome and prolonged phase – as will be recognized with the attribution of participation certificates during an official ceremony at the International PATH Conference in Vienna. We would like to thank all for their understanding and patience with regards to delays. Data are currently being processed and national reports – including international reference points – will be made available by midMarch.

Although the international comparisons are among the major strengths of PATH, the value of national comparisons and national, mostly local networking, should not be underestimated. Country coordinators have been extremely valuable in supporting hospitals in data collection and data submission. They will have a major role in facilitating interpretation of results. In this domain, the support provided to the project by the WHO Collaborating Centre in Krakow is also crucial. We wish to thank all coordinators as they are a cornerstone to the success of PATH and refer participating hospitals to those essential resources. We would also like to thank the Ancona Collaborating Centre for their valuable efforts to the success of PATH.

But PATH needs to go far beyond data. It is about people and the definite, concrete actions for improvement. With publication of this Newsletter, we move further towards a lively network of hospitals motivated to learn from each other. Thus hospitals have been invited to present themselves in this Newsletter to make PATH network more lively and personal. With active participation of all, we hope to multiply opportunities to have hospitals and country coordinators come in direct contact with each other to move together along the path of quality improvement (voluntary twinning, thematic discussion groups, hospital visits, etc.) – what PATH is all about. Please mark the 3rd and 4th of July in your agendas and join us for the First International PATH Conference in Vienna. Embark upon this unique opportunity to hear about innovative quality improvement initiatives and to build long-lasting partnerships with PATH counterparts, both in Europe and throughout the world and also to challenge and stimulate the major stakeholders for mandating and establishing performance management and accountability higher on the political agenda.

The PATH project is about hospitals and for hospitals and the PATH network lives and evolves through its hospitals. The "dialogue box" will be open on the website for all par-

ticipants to make suggestions, present themselves, ask questions to the PATH community, share interesting links, initiate discussions, etc. Thank you in advance for your numerous contributions – be it just a short note or a more complex essay. Please, do not hesitate also to send us any suggestion on how to improve our responsiveness to your needs and how to stimulate the PATH network.

Commitment of the WHO Regional Office for Europe to the PATH project has been reaffirmed. The multiple dimensions embedded into PATH, the opportunity to foster an international benchmarking network, and the open and constructive approach to performance measurement make it a unique tool that has prompted WHO's support. WHO has injected additional resources and reviewed organizational structures to consolidate PATH further. Future of the project is already envisioned and will be unveiled at the Vienna Conference. The different strategic options are currently being carefully evaluated to make sure that PATH is deployed with great professionalism and aiming at major impact for hospitals.

Ann-Lise Guisset, Basia Kutryba
Jeremy Veillard

WHO Performance Assessment Tool for Quality Improvement in Hospitals.

A project of the WHO Regional Office for Europe.

All PATH hospitals are allowed to use this logo (complying with the criteria as specified in the letter of understanding).

INTERNATIONAL PATH CONFERENCE IN VIENNA

We kindly invite you to Vienna to the Public Healthcare Conference « Performance Assessment in Healthcare Delivery PATH» held **on 3rd and 4th of July, 2008.**

The conference is a partnership of WHO Europe and Karl Landsteiner Institute for Quality Management and Patient Safety (IQMS).

The conference will provide a unique opportunity to hold the important stakeholders from all layers of healthcare services management gathering. Keynote speakers from European government institutions, international healthcare organization, the scientific field and individual hospitals will offer insight based visions and operational perspectives on quality management in hospitals. The results of PATH performance assessment to date will be presented, analyzed and discussed, and networking among partakers will be facilitated on a bi- and multi-lateral basis, accommodating the needs of entire health care sector. Likewise the participants will have an opportunity to interact in related seminars and workshops. A social program and a gala dinner will complement the active participation of all contributors.

The conference is open to a wide public. On this occasion, PATH participating hospitals will find a forum to discuss results and exchange on best practice for data collection, indicator interpretation and set up of quality improvement initiatives. Other interested parties who have recently been introduced to PATH, will learn about the project and its potential contribution for quality management in their country/hospital. Stakeholders like, but not limited to, ministries, medical chambers, institutes of public health and universities will have the opportunity to engage with international counterparts to discuss current challenges. Within this framework, the participants will also learn about state-of-the-art practices with regards to quality incentives and other tools to foster quality improvement culture within the health sector.

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UPDATE ON PATH HOSPITALS

An update on number of hospitals that have provided data to date:

- France: 50
- Germany: 46
- Poland: 29
- Belgium: 16
- Hungary: 6
- Estonia: 4
- Slovakia: 3
- Slovenia: 1

NEW PATH MANAGEMENT

PATH has recently experienced a change, both in management and in the analysis levels. We are very grateful to Mr Oliver Groene from WHO Barcelona Office for all his efforts for up taking the project, its coordination and managing PATH till the fall of 2007. Our community fully appreciates Oliver's time, energy and experience in international work.

At the same time we would like to welcome back Mr Jeremy Veillard and Dr Ann-Lise Guisset who started the PATH project back. Jeremy is now WHO Regional Adviser on health Policy and Equity (a.i.) and lead on hospital performance measurement. Dr Ann-Lise Guisset is lead for PATH project and project manager. Thus, by means of reintroduction, please find below the photo and a short CV of both.

Jeremy Veillard is the acting Regional Adviser for Health Policy and Equity for the WHO Regional Office for Europe. His team is in charge of supporting the Member States of the WHO European Region in strengthening their stewardship function through the development of decision support tools, health system reforms policies and capacity building in countries. Jeremy Veillard was until April 2007 the lead for health system performance improvement for the Ontario Ministry of Health and Long Term Care, Canada. His project team was in charge of driving better health system outcomes through the development of stewardship tools, structures and policies. He led the development of strategy-based scorecards, of a health system accountability policy and of various strategic management and performance improvement tools that refocused the decision-making process of the Ministry of Health in Ontario on reaching better health outcomes in a sustainable manner. He also chaired a provincial task force providing recommendations to the Minister of Health on how to improve the governance of the Ontario Health System. Before his assignment in Canada, Jeremy Veillard was employed by the World Health Organization Regional Office for Europe, for which he was a policy adviser in charge of hospital reforms and hospital performance measurement & management. He has a Master in Health Administration from the French National School of Public Health (ENSP) and a Master in History. Jeremy Veillard is also a former hospital administrator. He worked in French hospitals as a vice-president in charge of quality improvement and human resources in acute care hospitals. He is currently completing his PhD at the Medical University of Amsterdam, The Netherlands. The focus of his research and publications is on the use of private industry performance management tools to improve the health system stewardship function.

Ann-Lise Guisset has a background in management and a PhD in Public Health at the Université Catholique de Louvain (Belgium), and a post-doctoral fellowship at the Université de Montreal (Canada). Ann-Lise has been teaching to master students and doing extensive research in the field of health services. She was involved in PATH very early on. Initially, as part of her postdoctoral fellowship, she provided extensive background materials for development of PATH (review of the literature, survey in countries). Then, as technical officer at the WHO, she was also in charge of performance related projects such pilot implementation of PATH and she

supported Eastern European countries to set up systems to measure hospital performance and for increased accountability of hospitals. She then worked at the Ministry of Health (PFS) in Belgium where she naturally facilitated the national PATH hospital network; especially in regards to change management and the use of indicators as internal quality improvement tools. She accompanied hospitals to transform the PATH indicators into concrete actions for quality improvement. At the PFS, she also participated to the development and implementation of individual hospital performance report cards based on administrative databases, strategic indicators at the level of Ministry of Health to monitor performance of the health system, and drafted "quality contracts" to provide hospitals with financial incentives to set up quality improvement structures and process. Simultaneously with those responsibilities she continued to collaborate with WHO as a temporary consultant, to pursue researches in her field of interest teach and participate to national and international conferences and she completed assignments as external consultant among others for the European Investment Bank.

COUNTRY REPORTS

Most exciting were the activities of the data collection phase that took place at the national and organizational levels. Therefore we have asked PATH Country Coordinators to provide the feedback and report on the local situation, comment on the surrounding climate in their particular contexts.

Centrum Monitorowania Jakości w Ochronie Zdrowia
WHO Collaborating Centre for Developing Quality and Safety in Health Systems

A view from Krakow - reflections on PATH developments from the local coordinator and WHO Collaborating Center

Krakow team has an opportunity to experience and co - shape the path towards hospital improvement on binary levels of country management and international work as a WHO designated center for developing quality and safety in health systems. This provides an interesting perspective on PATH that we wish to share with colleagues and friends from the community.

Thus, on the national level, PATH has been the first initiative in Poland to collect data on hospital performance not for reimbursement or administrative purposes but for the voluntary improvement per se. With many hospitals enrolled, we perceive PATH as the first national campaign aiming at the potential healthcare quality improvement.

This was much enabled by winning the support of the Ministry of Health with respect to dissemination of PATH related information, marketing of the project on MoH website and hosting the first project meeting with > than 100 participants and hospitals wishing to get involved. As a result 44 hospitals have sent their registration forms to WHO Barcelona and NCQA Krakow in March 2007. At that time we have started to translate PATH documents (data descriptive sheets; questionnaires for C14 and C16; data collection forms; PATH questionnaire and correspondence from WHO) into Polish, making them more user friendly and accessible for hospitals here. As it turned out later, this was more or less the common effort of many national coordinating teams, regardless of the country development and amount of time spent already on maturing local QI initiatives.

Data collection procedures and the local adaptations of international definitions were discussed with 70 hospital coordinators and representatives of hospitals' management at the first National Polish PATH Conference in Krakow, 13 April 2007. Workshop formula of the event aimed at ensuring the homogenous solutions on the country level: we had detailed analysis of data descriptive sheets for each core indicator, a discussion about data collection forms and the inclusion/exclusion criteria, terminology; definitions and data collection periods.

Thus, a consensus has been reached on collecting the data retrospectively for 2006 for C1, C3, C4, C5, C6, C8, C10, C13.

For other indicators (C2, C7, C9, C11, C15, C16 and for the tailored C1: caesarean deliveries as primary deliveries and vaginal deliveries after a caesarean) the accepted observation time was prospectively 1 month - May 2007. In case of the low number of cases (less than 30), it was suggested to adequately prolong the observation time for more than a month.

However, as it later turned out, choosing May as the main data collection period was most un-

fortunate since this was the violent beginning of the general national strike of healthcare professionals due to their dissatisfaction with reimbursement and salary. Therefore, many hospitals were then not able to produce the required data.

For C12 the agreed data collection period was 3 months and for C14 – due to the lack of information on the response rate –the questionnaire on smoking was to be distributed among all staff. Finally, 29 Polish hospitals have transferred their data to Ann-Lise for the analysis.

Looking back, we have to admit that it was a hard job to lose only 15 hospitals. Due to the various, external and internal, project bound circumstances we still are proud of having coached the group of 29 and hope to work with them further, once they get their reports.

Since the last official project meeting in Barcelona, October 2006, Krakow has been also involved in project's international assignments; actually some work that we have done has been a continuation of the tasks initiated by the International Scientific Committee, certain docs had to be developed and finalized as there was a need to do the job. We are grateful to Oliver Groene, Niek Klazinga and his team, Johan de Koning and Ronald Gijsen, for their knowledge, assistance and support.

As a result, the following have been developed and sent to all country coordinators:

- Training Manual for PATH
- Statistics in a Nutshell
- FAQs
- Additional tables for C9; C10; C11.

The main difficulties observed so far and relating to the hospital level focus mainly on:

- Different mandating of QI and PS policy on national agendas which translates into local engagement;
- Different levels of implementation of QI initiatives and programs in hospitals;
- Expectations for financial support in PATH data procurement and management;
- Different maturity and development of data collection systems;
- And linked with this, different expertise in providing quality data.

Basing upon the experience of acting as the PATH Call in Center on the international level, we think it would be necessary to have a more clear definition of responsibilities, time schemes and communication channels. Resources are necessary to consider the work on different tracers if PATH expands beyond Europe and to develop the workable data description sheets and collection forms for the tailored indicators, left out during this phase. This seems of utmost importance if we wish the PATH community to grow and expand. Very significant is the careful planning and monitoring of national implementations of QI activities in PATH hospitals. Perhaps this issue is big enough to set up a sub project, e.g. PATHWAY (Performance Assessment Tool Heading the Way) or PATH FORWARD?

Looking forward to meet you in Vienna

Basia Kutryba, Ewa Wojtowicz, Ewa Dudzik-Urbaniak, Poland

What is the objective of PATH – the story of Estonia

Estonia is a small country that joined the EU in 2004, bordering with Scandinavia, Russia and the Baltic states. After restoring its independence, several reforms have been carried out in Estonian healthcare. In the nineties, the major priorities were to reorganize the financing of the health services, create the system of GP-s and carry out the reform of hospitals. With the support of foreign experts, several documents on improvement of the quality of health services were drafted. Although those documents provided a good theoretical overview, unfortunately, at that time, they failed to be implemented in practice.

As a result of the reforms, Estonian Health Insurance Fund is the main financier of the healthcare, rendering the financing of health services by means of finances obtained from taxation. Hospitals (Estonia has a total of 18 hospitals of acute care) are acting on the basis of private law and are in a contractual relationship with the Health Insurance Fund.

Participation in the WHO PATH project is an example of collaboration between the providers of health services and Health Insurance Fund, which is not directly connected with the implementation of the contract. In addition to its objective to take over the financing of health services, as a representative of the insured, the Health Insurance Fund has set an objective to support and give an impetus for a comprehensive development of healthcare in Estonia. Joining the PATH pro-

ject was regarded as an opportunity to apply the know-how of the experts of WHO in order to improve the quality of hospitals' activity. Hospitals regarded the participation in the project as an opportunity to compare the results of their work between themselves within Estonia and also internationally. However, at the initial phase of the project, the participants did not have a clear understanding regarding the tangible benefit of participation for the organization of work in a hospital.

The Estonian PATH group comprises representatives of two regional and four central hospitals (i.e. all major hospitals of acute care). In the working group the hospitals are mainly being represented by quality managers; managers of the surgery clinic in the working group add for the clinical competence. Meetings are being held in different hospitals on a regular basis, once a month. The task of the Health Insurance Fund is to provide impartial coordination and exchange information with WHO.

Within two and a half years the participants have discussed indicators of PATH evaluating the importance for a hospital and the accessibility of the data. Due to the fact that Estonia did not participate in the pilot project, in the autumn of 2006 it was decided to compare some of the indicators within Estonia. Surgical antibiotic prophylaxis use and effective use of operating rooms were chosen as such indicators.

During the extensive discussions, the definition of indicator, suitable for Estonian hospitals, was drafted. Hereby the Estonian PATH group would like to thank the colleagues from Belgium, especially Margareta Haelterman, who provided descriptions of Belgian indicators that were of great help.

An interesting debate was held within discussion of the indicator C2 prophylactic use of antibiotics (Estonian group limited the indicator to operations of hip replacement). Data collection was planned in advance through an audit of medical records and anesthetic cards. Representatives of some of the hospitals held a view that the physicians should not be informed about the forthcoming audit in order to obtain data that describes best the actual situation. The position of the others was that it is necessary to inform the physicians beforehand as the objective is the most appropriate usage of antibiotics possible, rather that "catching the wrongdoers redhanded".

Physicians of infectious diseases of the hospitals audited the documents of November 2006 and the results were compared in February 2007. Within the audit the usage of antibiotics was compared to the guidelines on medical treatment that are similar in all hospitals. Discussions of the physicians – members of Infectious Diseases teams - revealed that there were no major derivations from the guidelines on medical treatment. Pursuant to the physicians of infectious diseases they obtained the relevant data to be considered in organization of their future work (especially regarding the preparation of the training for staff).

In 2007 some hospitals repeated the study and analyzed the changes that took place after the training. No inter-hospital comparison was made as at the moment of the study it was more essential to indicate the changes within a hospital.

Use of antibiotics increases the hospital costs, therefore it is economically essential for the management to monitor the indicator closely. A young manager for infectious control of a hospital became so enthusiastic that it was decided to go further and also monitor the complications of surgical patients within a year after an operation. That is as an excellent example on how the implementation of one PATH indicator has evolved into a wider improvement of quality.

Secondly, Estonian hospitals compared the intensity of use of operating rooms. The group members held a long dispute on the definition of an operating room. Unanimity was regained after it was renounced to seek for a definition that would correspond to the work organization of all the hospitals. Instead, each hospital described their different rooms in which operations with different anaesthesia were performed, and it was unanimously decided if a described room should be considered as an operating room. Measurement of time elapsed in a preoperational room was also discussed. It was agreed, which moments shall be drawn up (arrival to operating room, anesthesia procedures, surgical procedures, etc) and which sources (documents) shall be used for data collection. It needs to be admitted that the descriptions of indicators as provided by WHO

were not suitable for practical use and in the preparation of the comparison managers of two central surgery clinics played a vital role. Perhaps it is almost impossible to provide such a description for this kind of indicators that would be sufficiently specific and suit all hospitals. This conclusion is also confirmed by the last version of PATH indicators.

In 2007 the results were compared among hospitals and with the values found in the medical literature used in descriptions of the indicators. More important than the comparison itself was the data about the intensity of use of an operating room with expensive equipment and staff. At that period many hospitals planned building extensions and the results of the analysis provided additional input for the optimal solutions. Changes were also implemented in the organization of the work of the staff of the operating rooms: improvements in logistics led to a more optimal use of expensive labor force, thereby the costs were cut and the number of operations was kept at the same level. Within a year this indicator was monitored in several hospitals and the impact of the changes was evaluated.

Such an approach inspired the hospital staff to regard the operation room environment more widely and from a more patient-oriented angle. Discussion was held on the question of how the length of time for reaching the operating room affects the blood pressure of a patient, how to measure and document that phenomenon. The value of such data lies outside the scope of this article, however it signals for the practical implementation of the principles on quality management in hospitals.

In conclusion it can be said that for different reasons not all members of the Estonian PATH group forwarded their data to WHO. However the latter was not set as an objective at the time of recruiting phase in the summer of 2005.

Niek Klazinga has repeatedly stressed that PATH is first of all an instrument of self-evaluation for the hospitals, but the idea did not sound very attractive as all hospitals self-monitor their work in one way or the other. The wish to compare oneself with others is very human and a hospital consists of many humans! Hence, the improvement of quality that took place "during the PATH cycle" constitutes a pleasant surprise, rather than a conscious and expected result. Despite the above mentioned, the results of the comparison of the data of 2007 carried out by WHO is expected with interest, as this data can enrich us with experience on such evaluation of the work of a hospital. Data for managerial decisions should stem from PATH III!

Jane Alop, Estonia

Path project in France

50 hospitals are engaged in PATH program in France. The context in France is particular, because there are currently several experimental programs about indicators. Thus, few hospitals were at first interested with the project since they were already engaged in other programs, so it was too much workload for the staff.

Nevertheless, this situation made hospitals more receptive to PATH program, first because they have heard of some indicators, and secondly because some of them did not introduce the experimental programs yet.

Data collection started in France in December 2007. The French coordination team worked for three month since September to adapt and precise the indicators description to the French situation.

Despite this work, the data collection phase showed that indicators description had to be even more precise to avoid personal interpretation. The quick response from the coordination team to the hospitals' questions enriched regularly the indicators description during this phase.

Finally, the workload is very different among the French hospitals, due to the performance of their information systems. The computerization of medical records is currently in progress in France, but most of hospitals still have to go back to the paper medical record to collect data.

Piere Lombrail, V. Bourcy, P. Rolland, Dr Moret, in collaboration with Dr Surer, Dr Dely and MH Brunet (clinique Brétéché), France

First experience with PATH in Germany

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As Germany did not participate in the first wave of data collection of PATH, we made some experiences that we would like to share with the other participating hospitals and countries. Since 2001, Germany has a comprehensive clinical quality benchmarking system with a focus on clinical effectiveness including many patient safety aspects. 180 quality indicators within 24 measurement areas are in routine application by more than 1,500 German hospitals. This programme is managed by BQS (National Institute for Quality in Healthcare) that also acts as the PATH country coordinator for Germany.

This was the starting point for PATH in Germany. We began in late March 2007 with a Kick-Off-Meeting with the four interested hospital groups. Three of them with 46 hospitals decided to participate. We did not start earlier, because the hospitals wanted to decide on the basis of the final indicator descriptions. Firstly, they wanted to judge whether there were enough indicators not included in the German quality indicator sets or DRG benchmarking programmes. Secondly, they wanted that the feasibility within three month and the overall data collection burden would be in sensible relation to the added information value provided by the PATH quality indicators.

During this meeting, it became clear that only a part of the indicators meet these requirements. Eight of the 17 PATH core indicators with a total of 22 performance measures were eligible under those criteria (Table 1 and Table 2). Considering the German situation with already existing quality measurement and DRG benchmarking the Project Bureau at WHO made an exception to the rule "all 17 core indicators have to be reported".

During the same meeting it was decided which PATH documents and tools had to be translated into German language (Table 3, column "Language"). It was also decided to extract as many indicator information as possible from existing administrative and clinical routing databases (C1, C2, C3, and C8); only for the remainder, the Excel data collection forms where used (C9, C11, C13, and C17). For the routine data extraction, SQL database query statements and database connectors were developed by BQS and sent to the hospital coordinators. After some corrections by BQS, all groups were able to extract the quality indicators from their routine data. The application was done on the hospital group level.

Finally, with the help of the described "shortcuts" we were able to finish the data collection within the planned time schedule (July 2007). In August 2007, BQS as the Country Coordinator for Gemany has conducted a reviewing survey asking the Hospital Coordinators for feedback on the data collection phase. The results are shown in a separate article ("Feedback from the Data Collection Phase with 46 German Hospitals: Results from a Feedback Survey"). Now, our hospitals are looking forward working with the results of the hospital questionnaire analysis and the comparative performance reports.

Table 1: PATH quality indicator selection for the German participation

ID	Core indicator	Selected	Selection criteria			
			Data collection burden	**Admin data**	**Quality assurance data**	**Gives additional information beyond excisting QIs**
C1	Caesarean section	Yes	Low	Yes	-	No
C2	Prophylactic antibiotic use	Yes	Low		Yes	No
		No*	High	Nominator	No	Yes
C3	Mortality	Yes	Low	Yes	-	Yes
C4	Readmission	No				
C5	Day surgery	No				
C6	Admission after day surgery	No				
C7	Return to Intensive Care Unit (ICU)	No				
C8	Length of stay	Yes	Low	Yes	-	Yes
C9	Surgical theatre use	Yes	Medium	No	No	Yes
C10	Training expenditure	No				
C11	Absenteeism	Yes	Medium	No	No	Yes
C12	Excessive working hours	No				
C13	Needle injuries	Yes	Medium	No	No	Yes
C14	Staff smoking prevalence	No				
C15	Breastfeeding at discharge	No				
C16	Health care transitions	No				
C17	Patient expectations	Yes	Medium	No	No	Yes

* Nominator was calculated for colorectal carcinoma and coronary artery bypass graft provided for optional use in audits

Table 2: Number of measures selected for the German participation

		Count of core measures (strata)	
		PATH Core indicators	**Selection for Germany**
C1	Caesarean section	1	1
C2	Prophylactic antibiotic use	4	2 (+ 2)*
C3	Mortality	10	10
C8	Length of stay	5	5
C9	Surgical theatre use	2	2
C11	Absenteeism	1	1
C13	Needle injuries	1	1
C17	Patient expectations	n.a.	n.a.
	Total	**24**	**22 (+ 2)***

* Nominator was calculated for colorectal carcinoma and coronary artery bypass graft provided for optional use in audits

Table 3: Translation and use of PATH documents and tools

Document	Language	C1	C2	C3	C8	C9	C11	C13	C17
Indicator descriptive sheets	German	x	x	x	x	x	x	x	x
Data collection sheets	English					x	x	x	x
Extracted from administrative data	-	x	x*	x	x				
Extracted from quality assurance data	-		x						
Hospital Questionnaire	English								

* Nominator was calculated for colorectal carcinoma and coronary artery bypass graft provided for optional use in audits

Feedback from the data collection phase with 46 German hospitals: results from a feedback survey

After having finished the data collection in July 2007, BQS asked the Hospital Coordinators for their feedback.

Data collection burden:

How do you assess the data collection burden?
- relatively High
- manageable, thanks to the use of administrative routine data
- partly substantial

How could it be further reduced?
- by giving support with identifying the possible and acceptable data sources for each indicator and item
- by providing clearly defined questions and answers

Do you have any suggestions for the improvement of the Excel data collection forms?
- clearer structure and layout
- adaptation for the centrals data entry from multiple hospitals (one form for a group of hospitals)
- translation into German

Integration into the existing quality assurance programmes

How do you judge the data extraction from routine administrative and clinical quality databases (SQL-statements provided by BQS)?

- brought an considerable alleviation
- is a crucial step into the right direction

Could routine administrative and clinical quality databases be used?

- administrative databases were "ready-to-use" for this purpose
- clinical databases needed more preparation and familiarisation

Do you have any suggestions for improvement?

- transparency and validation of the SQL-statements is desirable

Tight schedule

Do you have comments on the project schedule? Did you experience difficulties to fulfil the schedule?
- the announcement phase was too long, the actual data collection and transmission phase was too short
- the data collection tools were provided too late
- schedule was OK, but a clearer definition of the expectations concerning each work packages would be helpful
- data extraction could be done within the schedule, burden was higher than expected
- a more extended data collection and transmission phase would be helpful

Communication and coordination

Did you have at any time all of the information that was needed for your work?
- yes
- very good
- we did
- We did not have all of the information that was needed for processing at any time. Firstly, the manual for the PATH SQL statements for automatic data extraction was incomplete so that several attempts were necessary in order get it started.

How satisfied were you with the accessibility and support by the BQS (e.g. forwarding of information, support).
- We were satisfied with the accessibility. They took a lot of time on the phone and had patience to us through the automatic data extraction
- Files needed for processing have been sent to us immediately

Do you have any suggestions for improvement?

Miscellaneous

Would you like to comment on the data collection phase in general, or to specific areas (e.g. Questionnaire, Online Data Entry)?
- The Login and Online Data Entry was too cumbersome.
- Questionnaire: It has not been communicated why some questions were asked twice (feedback-arms). At the time of collection, feedback was not sensible.
- Questionnaire:
  - partly designed uncomfortable
  - too High number of questions
  - the entry form did not allow multiple choices (despite prompt)
  - the questions about the use of resources were, in my view, not targeted enough to be answered easily

Do you have any other suggestions for improvement? How could we provide better support in the future?

- A major improvement for the automatic data extraction would be if the tables and queries were sent in a perfect condition.

- More specific instructions with a description of the different steps would be valuable. This would save a lot of subsequent work.
- A correction of online data should be possible until a previously known date.

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Hungarian participation in PATH project

Six Hungarian hospitals are participating in the PATH project. They are leading institutes in quality management in the Hungarian hospital sector. As a result of this they could be easily motivated at the beginning of the project. The hospital coordinators and their teams are very enthusiastic about PATH, for example almost every PATH workshop in Budapest has been attended by all participants. In the first half of 2007 we organized meetings in every month or second month. The Hungarian hospitals finished the data collection in the middle of the summer and they were waiting for data supply period for 4 months. Finally, at the beginning of December we received information on further steps of data supply. Although the data were already collected it took more time to send the Excel files than we thought at first. Indeed, because of the holiday season in the second half of December and other reasons, e.g. change of hospital coordinator, the data supply in standardized form took more time.

It was not easy to motivate colleagues in hospitals to continue the project stopped in August as they had to start again dealing with data after four-five months.) Fortunately, all of the participating Hungarian hospitals managed to fulfill the data supply.

On the 31st January 2008 the hospital coordinators and the country coordinating team had a meeting to discuss the experience on PATH project and future steps. Their message is summarized in the paragraph below.

The experience of PATH hospital teams regarding data collection procedure:

- an advantage of PATH project is the exact definition of indicators (numerator, denominator, including and excluding criteria) compared to former data collection procedures for indicators in Hungary;
- according to the opinion of hospital coordinators, some indicators seem to be very useful, instructive and interesting;
- however, the hospitals had to cope with many difficulties during the data collection phase. For those hospitals that are beginners in indicator projects it might be too hard to deal with so many core indicators for instance because they need time for educating the data collectors;

(Comments of country coordinator: we have not received the indicator descriptions of many tailored indicators which we have missed very much.)
Some further comments of hospital coordinators regarding the indicators:

- the length of observation time may be too long or too short depending on the size of hospitals. Some of the indictors can not be easily adapt to Hungarian circumstances (e.g. C11 Absenteeism – special practice of substitution, C13 Needle injuries – cleaners employed by another company, C15 Breastfeeding at discharge – because of the short length of stay the information based on this indicator might be not relevant);
- in the case of some indicators (e.g. C3, C4, C8) the retrospective data collection resulted in lots of work because some of the excluding and including criteria had to be checked from case to case as these lack from the central administrative database. Additionally there was a big change in the structure of Hungarian hospital system affected these six hospitals too at the beginning of 2007 which makes irrelevant the indicators based on retrospective data collection.

Due to the above mentioned difficulties, some hospital coordinators think that it would be better

to collect these data prospectively and to develop the hospital information system and data collection according to the special data need of these indicators. Some other facts might also cause difficulties for hospital PATH team, e.g. change of the person of hospital coordinator.

During our meeting on 31st January we also discussed the role of the hospital management in PATH project. Although the hospital management is very busy and loaded with problems generated by the change of hospital system, it can be generally stated that the hospital directors support this project and they are continuously informed of it. It depends on hospitals which members of management are interested in the project, e.g. managers responsible for professional fields or for quality management demanded more information on the project. The management was very enthusiastic at the beginning of the project and they will be definitely interested in the results of indicators.

The coordination teams produced reports on indicator results on hospital level, in the case of some indicator (C14, C16, C17) there are country level results as well. They have made presentation on these results to the management or to the leaders of professional teams. (Interesting is that the indicators of the 'staff orientation' domain are less popular than others. According to my opinion the reason for this is that this field is underdeveloped in indicator use.)

Fortunately, the Hungarian hospitals can already report on some positive effects of the PATH project. Generally speaking, the PATH project has promoted the activity on indicator development in participating hospitals. This experience will be a big advantage in other future indicator programs planned in Hungary. In the case of some indicators the project has already resulted in quality improvement activities (regarding e.g. prophylactic antibiotic use) or other steps (e.g. continuous monitoring on surgical theatre use and other indicators) and there are plans for further initiatives as well (e.g. introduction of data collection on day surgery which was left out from this data collection period because the day surgery was introduced only in last years in Hungary and relevant data can be collected only from now).

On the whole, the impression of PATH project on the Hungarian participants is positive. According to their opinion, the other Hungarian hospitals should also know more about PATH project. Although during the data collection period the project teams worked very hard and the motivation of hospital participants might have occasionally decreased due to the delay in further steps of the project, they can be again very enthusiastic on it if finally they receive the feedback from the WHO. The Hungarian participants are looking forward to the reports on indicator results.

Erika Takacs, Hungary

PATH as the fundamental part of quality of healthcare in the BCA 2006-2007 in the

Slovak Republic

"How to evaluate the quality of health care at institutional level?"

"What are the optimal and available performance indicators?"

"How to monitor quality in geriatric institutions?"

"What lesson can be learnt from the PATH project implementation?"

"How to motivate people for the internal quality improvement?"

These questions and many others were discussed during the international workshop "Performance and Quality Indicators for Institutional Health Care". The event was held in Bratislava, Slovakia, on December 13 and 14, 2007 as the final activity in framework of the Biannual Collaborative Agreement between WHO/EURO and Slovak Ministry of Health. The workshop was organized by PATH country coordinator Dr. Viera Rusnáková and Head of the WHO Country Office in Slovakia Dr. Darina Sedláková with active participation of the Slovak PATH hospitals. Special sub-project "Assessment of quality of care for geriatric patients in inpatient facilities" led by Dr. Dagmar Kučerová under the patronage of the Health Care Surveillance Authority significantly contributed to the success of the programme too.

The aim of the workshop was mutual interactive learning in a group of more than fifty participants based on the exchange of experience of hospitals, health

care facilities and national health authorities, together with representatives of the PATH project from other European countries.

Quality of health care services and setting appropriate performance indicators is considered as an actual issue in Slovakia. It was reflected in the active participation of General Director of the Health Section of the Ministry of Health of the Slovak Republic, President of The Slovak Medical Chamber, representatives of The General Health Insurance Company, the National Health Information Centre and several universities.

International experiences from the PATH II Project were presented by WHO representative Ann-Lise Guisset and invited participants from Estonia: J. Alop, R. Malbe, S. Kaarna, Poland: E. Wojtowicz, E. Dudzik-Urbaniak, and from Slovenia: I. Rus.

The PATH experience in Slovakia was presented by hospitals participating since the PATH I Project, as well as by the "newcomers", who have joined the PATH II Project. The spectrum of hospitals ranged from small local hospitals to large teaching hospital in the capital city Bratislava, and included also specialized geriatric hospitals. This variety of specific experiences was utilized in groups' discussions. Three working groups - the small hospital group, the teaching hospital group and the geriatric hospital group – discussed and evaluated the PATH indicators from the point of view of their availability and suitability for quality assessment in the real situation in concrete hospitals.

The working groups agreed that core indicators were very informative for the hospital management as well as for the health care professionals and were potentially accessible. However, the availability of data differed between facilities and depended on health facility information system maturity. Also some specifics at national level were pointed out, for example no data had been reported on day surgery. One of the indicators from the Staff Orientation Dimension – the "Training expenditure" – was difficult even to estimate, since it is not registered as an identifiable item in the Slovak accounting system of hospitals. Another questionable indicator was the "Excessive working hours", which is also not clearly reported. The discussion revealed an interesting experience in relation to the indicator "Patients expectations" – relatively limited validity of collected data, partly caused by using own hospital questionnaires and not standardized tools.

Workshop participants positively valued working atmosphere of the event and possibility to receive information on performance indicators as well as other related topics from participating EU countries, in written feedback.

Common conclusion of all of three groups and international participants was that the set of PATH indicators represents a suitable cross-sectional view on the quality of care in hospitals. Although the original aim of the PATH project is the internal self-evaluation and the support of managerial activities within individual hospitals, the comparison among hospitals at national level as well as international benchmarking is expected and welcomed.

The workshop was an accredited CME activity at national level (granted credits by SAC CME - Slovak Accreditation Council for Continuing Medical Education) and provided an important step to creating further links among participants with the aim to build and cultivate a network for dissemination of experience and skills acquired in the PATH Project.

Ljuba Bachárová - workshop facilitator,
Viera Rusnáková - PATH Country Coordinator,
Darina Sedláková - Head of WHO Country Office, Slovakia

European Society for Quality in Healthcare ▪ Office for Quality Indicators

Indicators for Patient Safety and Quality

How are we doing?
Value of monitoring?
Possibilities for common European strategies?

European State of the Art Symposium

9-10 January 2008 ▪ H.C. Andersen Hotel ▪ Odense ▪ Denmark

On 9-10 January 2008 the European Society for Quality in Healthcare; Office for Quality Indicators in Århus held a European state of the art symposium on "Indicators for Patient Safety and Quality". The symposium took place at the exclusive H.C. Andersen Hotel in the old city centre of Odense, Denmark, very near to the birth place of the Danish fairy tale writer H.C. Andersen. Altogether 80 people from all over Europe participated.

In the last few years clinical indicators have moved from tools for monitoring progress in internal improvement activities to play a major part in the external evaluation of professional institutions and national health care systems within patient safety and quality improvement. Eleven scientific presentations on issues that seem to be discussed presently in Europe were given by fifteen speakers, the presentations covered issues as:

- The evidence for the value of indicator monitoring – apart from control and command accountability
- Can we make patient safety activities accountable by indicator monitoring?
- What is the need for different indicator systems on the European scene (OECD, WHO, PATH, SIMPatIE, Scandinavian, Eastern European and the various national indicators).

The presentations from the symposium were given by:

- Effect of indicator monitoring
    1. Ingeman
    2. Mainz
- Outcome measures – state of the art:
    3. Rutberg and Köster
    4. Christensen, Nørgaard and Engebjerg
- Patient Safety Indicators
    5. Kristensen
    6. Drösler
- International indicators
    1. De Koning
    2. Klazinga
    3. Bourek
    4. Wotjowicz and Dudzik-Urbaniak
    5. Guisset
    6. Mainz

It was two most inspiring, dynamic and interesting days, where information, exchange of knowledge and experience and networking was in focus. Please se photos from the symposium below.

Further information on the symposium is available on: www.esqh-office-aarhus.dk.

Solvejg Kristensen, Paul Bartels

AUTOPRESENTATIONS AND REFLECTIONS OF PATH HOSPITALS

PATH project at Clinique Brétéché in France

Private Clinic Brétéché located in Nantes was one of the first hospitals entering PATH project in France. Its Director was interested in several aspects: the first one was to become more familiar with setting up indicators, the second to get turn key statistics report, and finally, to be compared with peers from other regions.

The person in charge of quality was the PATH project leader, who presented the project to the different committees in the hospital. She was in touch with the Medical Information Department (MID) and the human resources department for the data collection.

The MID doctor shared with us several difficulties during the data collection phase: lack of time, because the data collection period was short; unsuitable software, and questions with some of the tracers the clinic was not really interested in (readmission, day surgery). Nevertheless, the clinic managed to collect all data on time!

The head of Human Resources found it was interesting to use the Staff Orientation area indicators from PATH, these indicators were new for them and brought a different insight into the human resources activity.

Now, the whole PATH team of clinic Brétéché is waiting for the report and the results compared with peers.

V. Bourcy, P. Rolland, Dr Moret, Pr Lombrail, in collaboration with Dr Surer, Dr Dely and MH Brunet (cliniqueBrétéché), France

The Provincial Integrated Hospital in Elblag, Poland

The hospital has been providing the citizens of the city and of the entire region with its services for 20 years. Our hospital offers numerous specialty services in its 23 wards comprising: 7 surgical ones, 7 observatory, 6 wards specializing in the care over a woman, a mother and a child, Anesthesiology and Intensive Care Ward , Hospital Emergency Ward. The Hospital structure also encompasses 14 outpatient clinics, Medical Rescue Department as well as the full range of modern diagnostics, which totally meets our patients' needs.

We treat 33 thousand patients annually and perform 13.5 thousand surgeries. Additionally, we remain one of the biggest employers in the region: our staff amounts to over 1,200 people.

The Provincial Integrated Hospital in Elblag is an independent and public health care center formed in order to provide the following:

1. health services comprising ambulatory and stationary medical care
2. medical rescue services
3. diagnostic and rehabilitation services
4. health promotion
5. training services as the center entitled to run the doctors' specializations

We aim to provide our services based on the well-identified needs with the application of clinical standards and decent diagnostics base by the highly qualified personnel.

The Provincial Integrated Hospital in Elblag performs constant analyses of demographic coefficients, providing of medical services as well as regularly conducts patient satisfaction surveys and monitors the adverse events. Such analyses remain the basis for further conclusions and enable us to identify the main areas of improvement, which consequently contributes to the increased level of security and trust from our patients. The Hospital is focused on the information technology development which noticeably ameliorates the management of the individual patient data.

Participation in PATH Project

Data collecting has been carried out by The Provincial Integrated Hospital in Elblag in several stages.

The first one focused on training the staff responsible for a given indicator about the project assumptions, with special emphasis on the applied exclusions and inclusions.

The second stage of data collection comprised the following:

1. identification of the indicators
2. already existing in the computer data base. Indicators C1, C3, C4, C5, C6 and C8 have been prepared by means of the computer data base filtration.
3. identification of indicators collected in the prospective mode. Difficulties in collecting the data related to C16 have been brought about by insufficient number of inpa-

tients with ICD-9:493 and ICD-9:250 within the period of 3 months as well as frequent instances of elderly and co morbidity patients - ICD-9:431, 433, 434, 4369 (stroke) ICD-9:820 (hip joint fracture), all of which deteriorated the survey filling

4. survey distribution among the personnel and the patients .

For indicator C2, the task force group was established, consisting of an epidemiologist, a microbiologist, a pharmacologist and head of the department providing the particular procedure.

The conclusions originating from the review of 90 randomly selected cases of illness (2006) have been incorporated into antibiotics update for general treatment prophylaxis.The analysis has been extended over other treatment wards remaining within the hospital structure.

Elżbieta Gelert, Director
Magdalena Tomczyk, PATH Hospital Coordinator

The Specialist Hospital of St. Luke in Konskie, Poland (Specjalistyczny Szpital św. Lukasza w Konskich)

The main function of the Hospital is rendering medical services with the purpose of maintaining, rescuing, reviving and improving the health in stationary and ambulatory conditions as well as providing preventive healthcare to the employed. The hospital offers conservative treatments, surgery and rehabilitation. General surgery, treatments in the field of thyroid surgery, oncology, vascular surgery (extraction of aortic aneurysms, aortic grafts of long limbs) as well as in the field of traumatic surgery and implants of hip and knee endoprostheses are performed at the hospital. There is 24h access to laboratory and imaging diagnostics (USG of abdomen, thyroid, chest, hip joints in infants, echocardiography, Doppler scans of vessels, TK, etc).

The Hospital in Konskie has been operating since 1939, and at the beginning it included the Isolation and Surgery Wards. After the war the hospital's operations were broadened by the Internal Diseases, Gynecology, Obstetrics and Children's Wards. In 1983 the hospital moved to the new building, which was intended as a highly-specialized complex, with over 600 hospital beds. Gradually, new specialized wards were equipped and initiated, e.g. Laryngological, Ophthalmologic, Dermatological, Neurological Ward with a Stroke Sub-ward, where brain strokes are treated, Rehabilitation, Orthopedic, Surgical, Anesthesiology and Intensive Therapy, Rheumatologic Wards. The surgery wars extended its services by vascular surgery and urology. Additionally a Haemodynamics Lab was established, where invasive cardiological procedures are performed. The establishing body of the Hospital is the County Council in Końskie.

The Hospital has been accredited within the national JCAHO based accreditation voluntary program since 1998. The title of Child-Friendly Hospital has been awarded by UNICEF since year 1999. In December 2002 the hospital acquired a quality management system certificate according to the ISO 9001 standard. Additionally, in 2005 an Environmental Management System according to the ISO 14001 standard was implemented, which was integrated with the quality management system and certified in 2006. The integrated ISO 9001 and 14001 systems as well as compliance to accreditation standards are continually improved, which leads to an improvement of quality of medical services as well as to the improvement of management and organization. Significant distinctions the Hospital can be proud of are, among others, Region's Leader in the "Health" category awarded in 2005 as well as the Świetokrzyska Quality Reward from year 2006. The Specialist Hospital of St. Luke in Konskie has been among the "Golden Hundred" for years - a ranking prepared by "Rzeczpospolita" magazine.

The fact that it is possible to perform complex and thorough patient diagnosis as well as have access to specialists, often unavailable at other hospitals, is very important to our patients. The Hospital's striving for the best fulfillment of patients' needs, ensuring access to modern medical technologies, improving the local conditions of services' realization translates into the better and better scores in patient opinion surveys. With each year passing, more and more patients are being treated here with the growing percentage of patients from other regions of the voivodship and the country.

Wojciech Przybylski, Director
Maria Polakowska, PATH Hospital Coordinator

Provincial Specialist Hospital of Ludwik Rydygier in Krakow, Poland

The Provincial Specialist Hospital of Ludwik Rydygier in Krakow (Wojewódzki Szpital Specjalistyczny im. Ludwika Rydygiera) is a modern medical center and one of the biggest hospitals in Malopolska region (Southeast Poland). It is placed on the 2nd position according to the number of beds (612) and employees (1350), and the 3rd position according to yearly hospital's admissions (28.000).

The hospital mission is providing the complex and high quality medical services to patients through highly specialized diagnostic and therapeutic technologies and with regard to the effectiveness of human and material resources used.
The main strategic goal of our Hospital is to maintain the leading position in Malopolska, and develop in two streams: towards the regional orthopedic-trauma center and an oncology center. The gap between those is bridged by the modern, multi - specialized reconstructive medicine carried out through outpatient visits and short inpatient care.
The Hospital consists of 20 Departments and 30 Out-patient Clinics covering all major medical specialties. Yearly, there are above 28 000 hospital's admissions, about 110 000 ambulatory medical consultations for outpatients and 9 800 surgical procedures.

We offer wide variety of highly specialized medical services such as: lithotripsy (our laboratory of lithotripsy is one of the best equipped in Poland), endoscopy, plastic surgery, toxicology, ophthalmology, orthopedics or neuro orthopedics.

The Hospital performs comprehensive diagnostics and wide spectrum of medical procedures (invasive and non-invasive). We assure highly qualified and experienced staff, use of the newest technologies, suitable accommodation and high level of patient care. Our medical approach combines years of practice and up to date medical technologies. We offer fast and high quality diagnostics and comprehensive array of healthcare procedures in order to provide the best services for our patients. Our staff is involved not only in regular medical activities, but also in research, education and different medical projects, which play very important role in Hospital's strategy.

In order to achieve a high level of quality and patients' satisfaction, the Hospital takes steps to maintain continuous quality and total quality management.

Krzysztof Kłos, Director
Małgorzata Kijowska, PATH Hospital Coordinator:

Municipal Hospital in Olsztyn (Miejski Szpital Zespolony), Poland

Hospital Departments:

- General Surgery
- Orthopedics and Traumatology
- Thoracic Surgery
- Dental Surgery
- Urology
- Ophtalmology,
- ENT
- Internal Diseases I
- Internal Diseases and Cardiology
- Day Time Diagnostic Ward
- Anaestesiology with Intensive Care Unit
- Rheumatology
- Dermatology
- Obstetrics and Gynecology
- Newborns and Premature Born with intensive Care Unit
- and Obesity Treatment

Outpatient clinics:

- Thoracic Surgery
- Dental Surgery
- Urology
- Ophtalmology, Laserotherapy of Glaucoma
- Cardiology
- Endocrynology
- Chronic Pain Treatment
- Rheumatology and Ostheoporosis
- Dermatology
- Neurology

- Pregnancy Pathology
- Newborn and Prematurely Born

The Hospital staff:

- Total number of employees: 533
- Doctors: 113
- Doctors with second degree specialization 108 (including 8 doctors of medical sciences)
- Nurses: 154
- Midwives: 56
- Physiotherapists: 5

The Hospital has got 8 Certificates of Quality:

- ISO 9001:2000 - this Certificate is valid for the following product or service ranges: medical services in hospital departments and outpatient clinics. breast feeding promotion programme.
- ISO 9001:2000 - this Certificate is valid for the following product or service ranges: laboratory diagnostics in range of general analysis, biochemistry, hematology and coaguolology, immunology and blood group serology.
- ISO 14001:2004 - this Certificate is valid for the following product or service ranges: medical services in hospital departments and outpatient clinics. breast feeding promotion programme.
- ISO 14001:2004 - this Certificate is valid for the following product or service ranges: laboratory diagnostics in range of general analysis, biochemistry, hematology and coaguolology, immunology and blood group serology.
- PN-N 18001:2004 - this Certificate is valid for the following product or service ranges: medical services in hospital departments and outpatient clinics. breast feeding promotion programme.
- PN-N 18001:2004 - this Certificate is valid for the following product or service ranges: laboratory diagnostics in range of general analysis, biochemistry, hematology and coaguolology, immunology and blood group serology.
- ISO 22000:2005 - this Certificate is valid for the following product or service ranges: meals preparation and distribution in miejski szpital zespolony in olsztyn
- NCQA Accreditation Certificate

Joanna Szymankiewicz, Director
Iwona Kacprzak, PATH Hospital Coordinator

District General Hospital of M.Sklodowska-Curie in Ostrow Mazowiecka, Poland

Our Hospital is a Public Facility, first (basic) reference degree with 231 beds in 11 wards. Financial situation of the Hospital is stable.

M. Sklodowska-Curie General Hospital is one of the largest public employers in Ostrow County.

Our medical services include:

1. In-patient treatment,
2. Accident and emergency unit,
3. Outpatient department with several specialists available
4. Family medicine,
5. Continuing education for staff, physicians and community, health promotion.

For many years a lot of effort was placed due to improving quality of service.

Our priorities are:

1. broadening and improving medical services, according to current guidelines, standards (digitalization of X-ray dept, using telemedicine techniques in radiology, cardiology)
2. monitoring of quality parameters, also epidemiological status of the Hospital, use of antibiotics,
3. continuing improvement of hospital building and equipment,
4. constant care about patient satisfaction,
5. applying modern managing methods.

Our Hospital was awarded with several certificates and awards including:

1. Polish Accreditation Certificate by Ministry of Health, (from 2003y)
2. ISO 9001:2000 (from 2005y),
3. 10th place in Poland in "Safe Hospital" ranking in 2007y,
4. RIQAS, IQAS, NEQAS and POLMICRO laboratory certificates.

Władysław Krzyżanowski, Director
Janina Lenda-Michałowska, PATH Hospital Coordinator

The Hospital in Sucha Beskidzka (Zespół Opieki Zdrowotnej w Suchej Beskidzkiej); Poland

Hospital mission: Health of a patient is the utmost value

The Hospital in Sucha Beskidzka opened in 1982.
We are one of the largest and most modern hospitals functioning at the Podbeskidzie region.
Our organizational structure comprises:

- Regional Hospital of Dr Jan Gawlik in Sucha Beskidzka
- Outpatient Specialist Department
- Emergency Ward
- Czartoryski Hospital in Makow Podhalanski

Hospital's departments cooperate and complement each other while providing healthcare services.
We have 16 hospital departments and 470 beds.
We have admitted almost 17 000 patients in 2007 and provided over 114 000 specialist outpatient visits.
The Hospital in Sucha Beskidzka cooperates with many provincial and university hospitals.

Our hospital has always received good opinion and references from the community we serve but also from the patients from other regions of Poland.
We have been developing the organizational culture of our Hospital for many years by improving the organization and structure, defining our aims and priorities in compliance with the standards and procedures.
In 2006, for the third time already, we have received the NCQA accreditation certificate (national JCAHO based voluntary accreditation program) and also the certificate quality management systems ISO 9001:2000 and 14001:2004 for the second time. We also have a title of a Child Friendly Hospital.

The decision to participate in the PATH project was related to the opportunities generated by this project, like:

- possibility to exchange the experience;
- to compare both locally and internationally;
- to learn from the best practices.

PATH project includes a number of indicators that were not monitored before in our hospital.
Thus we have taken up efforts aiming at data identification and collection. Recently, the hospitals that wish to survive on the healthcare market, should provide quality services and strive to improve continuously their services and outcomes. In this hospital, we believe and hope PATH project to be useful.

Marek Haber, Director
Bogumiła Mazur, PATH Hospital Coordinator

SP ZOZ (Public Hospital) in Świdnica, Poland

General information about the hospital:

Statistics:
361 beds
15 hospital wards
32 000 inpatients
10 mln EURO- the value of contract signed with NHF
586 employees
21 staff on contracts
108% - realization of contract with NHF

Our achievements:
SP ZOZ (Public Hospital) in Świdnica is one of the greatest and the most modern district institution providing health service in Lower Silesia region.
We have been awarded:

- Certificate of accredited hospital issued by the National Center for Quality Assessment in Health Care in Krakow (NCQA)
- **TUV ISO 9001:2000.** Certificate

Director of SP ZOZ in Świdnica- Jacek Domejko

- The second prize in the Ranking of Hospitals which provides Postgraduate Training in 2006, organized by Lower Silesia Chamber of Physicians and Dentists.
- The first prize in Lower Silesia and it is numbered among golden hundred in Rzeczpospolita ranking in 2007, 2006, 2005, 2002
- Hospital balances itself as well as reduces debt from 35 to 14 mln zl
- The hospital cooperates with Medical Technology Assessment Agency regarding cost assessment of medical procedures.

Participation in PATH Project
Goal - the intention of comparing actions and mechanisms taken in order to improve the quality in our team and compare to other hospitals in Poland and abroad.

Difficulties:
- Translating the text in the way that it would be comprehensible for everyone
- dozens of questions and answers directed to Coordinators of the Programme in Poland
- for the sake of retrospective analysis there was a necessity to look through thousands of documents

The participation in European projects, MARQuiS and now WHO PATH, allows to identify and fulfill our customers' expectations as well as adapt the quality of our services to the foreign customers.
Our Team tries to take pro-active attitudes in our everyday work.

Our Mission:

„We want to be a team which is always ready to give the professional care to you and your family.
We safely and in a good atmosphere aspire to gain the most important goal, which is your health.
We want to be proud that we are the team, which creates the highest quality of medical services."

Our goals:

Treat shortly, efficiently and without any complications.

Jacek Domejko, Director
Małgorzata Tomska, PATH Hospital Coordinator

The E. Szczeklik Specialist Hospital in Tarnow, Poland

The E. Szczeklik Specialist Hospital in Tarnów is one of the oldest institutions of such kind in the Małopolska Region. It was established in 1835 and for over 140 years it was the second biggest hospital in this region of Poland. At present The E. Szczeklik Hospital takes care of 300 thousand inhabitants of Tarnów and the Tarnów district. What is more, medical services are accessible for patients from the whole Małopolska Region as well as patients from other voivodeships – most often this applies to the highly specialist services.
All the hospital activities are based on 11 wards (375 beds), 11 dialysis stations, 4 operating theatres, and medical diagnostics section incorporating an analysis lab and such workrooms as: ultrasonography, rentgenodiagnostics, hemodynamics, diagnostics workrooms of different wards, magnetic resonance, and computerized tomography. There are over 15 thousands patients admissions a year.

The hospital acquired a strong position in the region in the treatment of cardiovascular diseases thanks to two modern heart surgery wards along with hemodynamics and artificial pacemaker implanting workrooms. Since 2005, the institution has been running an emergency department in myocardial diagnosis and treatment: coronarography and coronary angioplasty. The cardiological wards participate in the development of Polish Registry of Acute Coronary Syndromes. The hospital also provides services in rare specialties, such as dermatology, pediatric infections, pulmonary diseases.
The activity of trauma and orthopaedics ward has been developing very rapidly and it has been carring out wider and wider range of highly specialized treatments: hip endoprosthesis, knee and shoulder replacements and new surgical techniques such as Birmingham Hip Resurfacing BHR or computer navigation during surgeries.
The hospital participates in number of rankings and assessments, which in theory are to verify its position on health services market and point out the possible areas of further ranking improvement. In a prestigious ranking of Polish hospitals entitled the SAFE Hospital, the Tarnów based hospital for the fourth time found itself in the first "gold hundred" of the best public multi-profile hospitals in the country. The institution has the ISO 9001:2000 certificate, for full range of its activities. What is more, it is the winner of such competition as: The Leader of Human Resources' Management, The Mother –friendly Company and The Equal Chances Company.

Marcin Kuta, Director

Torun City Hospital of M. Kopernik, Poland

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www.med.torun.pl

Specjalistyczny Szpital Miejski im. M. Kopernika w Toruniu *(Torun City Hospital)* has already attained its high cognition among stationary health care institutions both in the city and in kujawsko – pomorskie province area.

Over 70 doctors of various specialties and **220** qualified nurses as well as almost 50 other medical staff are ready to cure their patients. However even the best personnel, their commitment and devotion to their patients would not be helpful in case there was no supporting modern medical infrastructure that enables a complete and accurate diagnostics, both laboratory (general, microbiological, patomorphological) and graphic (USG, RTG, endoscope, TK, RM).

Patients who expect medical assistance are not afraid of unprofessional treatment or bad humour of a nurse or doctor as well as of being send home without assistance given. Rights of patients are secured with the implemented and continually improved quality policy, which gives guarantee to meet their needs and expectations.

Apart from the "repair" medicine we pay high attention to prevention activities against main civilisation diseases. We have applied prophylactic programs which improve consciousness of inhabitants of Torun and its region in the field of responsibility for their own health and we have been ready to provide assistance whenever they need it for many years.

The clue of success of Torun City Hospital with almost a 100 years tradition is ***" do what you should do and like what you are doing"***.

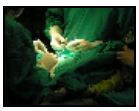
With best regards,

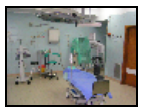
Krystyna Zaleska, Director

Florian Ceynowa's Specialistic Hospital in Wejherowo, Poland

Florian Ceynowa's Specialist Hospital in Wejherowo is situated on the fringe of a forest (Northern Poland). The parcel of 11 ha is situated next to Tripolis Gdańsk – Sopot – Gdynia. It is about 1.2 km from the city centre. The surrounding environment is forest that has mixed flora which consists of birches and pines with varying ages and thickness. The oldest trees ranging from about 80 years old are situated on the north side of the building. On the south side of the building the trees range from about 27 years old. Sidewalks have been created for patients as a recreation area. The existing natural areas have been filled with decorative bushes and grasses. Thanks to the forests existence, animals such as deer and rabbits have made this place their home, especially in the winter months. On daily basis there is a wide variety of birds. The attractive landscape, the calmness of the forest, stable climate with four seasons and the harmony of the nature constitute to the hospital being the ideal place for patients to regain their health.

www.ceynowahosp.internetdsl.pl





Thanks to highly specialized and educated staff and the new diagnostic and treatment methods, our hospital has gained a high rank among others. At the moment it consists of 17 medical departments (about 550 beds), the Laboratory Department, Radiology Department, the Department of Microbiology, Department of Pharmacy, Pathology

Institute, Department of Serology and the Department of Transfusions and Rehabilitation. The hospital has specialty departments: Cardiology and Rehabilitation and Oncology for outpatients.

The hospital provides services in:	Also available are:
Intensive Care Unit Pediatrics Surgery General Surgery Pulmonary and Tuberculosis Internal Medicine Dermatology Pediatrics Cardiology Neurology Neonatology Ophthalmology Otolaryngology Obstetrics and Gynecology Orthopedics Urology Department of Paramedics, Emergency	the news stand, cafeteria, pharmacy, post office hair dresser, and a chapel.

We have received the NCQA accreditation certificate within the national JCAHO based accreditation program in 1997 and ISO 9001:2000 certificate in 2007

Andrzej Zieleniewski, Director
Jolanta Jelińska, PATH Hospital Coordinator

THE PATH INTERNET PLATFORM

www.pathqualityproject.eu

This website will be regularly updated regarding PATH conference program and announcements.

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

Dates:

- 23-25 April 2008 - International Forum on Quality and Safety in Health Care in Paris, France: http://internationalforum.bmj.com/2008-forum
- 19-22 October 2008 - 25th International Conference, The International Society for Quality in Health Care, Bella Centre, Copenhagen, Denmark: http://www.isqua.org.au/isquaPages/copenhagen08.html
- 29-30 May - GQMG and ESQH workshop in Hamburg: Teamwork in Healthcare: Doctors and Nurses working together.