



Deepening our understanding of quality improvement in Europe



Newsletter | Summer 2011 |

Welcome

The project “Deepening our Understanding of Quality Improvement in Europe” (DUQuE) is co-funded as part of the component on “Scientific Support to Policies” of the Union's 7th Framework Research Programme. Launched in November 2009 by a consortium of European leading organizations on the Healthcare Quality field, it will last for 42 months.

The main goal of the DUQuE is to study the effectiveness of quality improvement systems in European hospitals: assessing the relationship of organisational quality improvement systems/management and culture, professionals' involvement, and patient empowerment with the quality of hospital care (including clinical effectiveness, patient safety and patient involvement).

DUQuE website:
<http://www.duque.eu>

DUQuE partners

DUQuE is coordinated by Prof. Rosa Suñol, from Avedis Donabedian Foundation (Spain). The project is implemented by a consortium of nine members: the Academic medical Centre (AMC, the Netherlands); Netherlands Centre for Health Services Research (NIVEL, the Netherlands); Dr Foster Research (DFI, United Kingdom); the Department of Clinical Quality and Patient Safety (RM, Central Region, Denmark); the European Society for Quality in Health Care (Krakow Office, Poland); the Institute for Medical Sociology, Health Services Research and Rehabilitation Sciences (UZK-U, Germany); the European Hospital and Healthcare Federation (HOPE) and the Regents of the University of California (UCLA, the USA).

Besides the project partners, the team works closely with country coordinators in charge of the development of the DUQuE field-test at national level in eight countries as well as with consultants, approached on the basis of their scientific expertise.

More information on the partners:
<http://www.duque.eu/index.php?page=who-we-are>

DUQuE meetings

The most recent meeting of the project was organized in June 2011 in London, hosted by Dr Foster Research, DUQuE partner.



Duque meeting London June 2011

Several other meetings will be organized before the end of the project including the second advisory board meeting. The results of the project will be presented during DUQuE final conference scheduled for 17 December 2012 in Berlin, Germany.

DUQuE deliverables

The project is organized in six work packages, each of which is coordinated by one of the participants but all other participants are actively involved and have specific tasks to perform. Individual experts have a role as scientific contributors under the supervision of the coordinators of the specific work packages, which they are linked to. The work on several deliverables has already been accomplished including the selection and development hospital, pathway and patient level measures, development of analysis framework and development of the project website.

Hospital level measures

This deliverable deals with the review, selection and development of hospital and pathway level measures. The constructs that were evaluated within the DUQuE project are the following ones: quality improvement system, organizational culture, social capital, patient safety culture, hospital governance, professional engagement, patient empowerment, external pressure, professional involvement; patient empowerment. For each construct, measurement instruments were collected from empirical studies and published reviews. In 2010, literature research was performed to find reviews that analyzed measurement instruments of a specific construct. Measurement instruments were selected based on the following criteria: psychometric properties (validity and reliability), expert opinion, practical usability within the DUQuE project, length (number of items) existing questionnaire. In case no reviews or psychometric studies about a construct were available, a literature search was performed in 2010 to identify studies relating the construct to quality of care.

External assessment tool

The survey questionnaires were mapped onto a matrix of concepts at the level of whole hospital and of the pathways or departments dealing with the four tracer clinical conditions. Many of these criteria at hospital level are adapted from the previous MARQuIS project; many at pathway level have been drawn from validated external assessment tools and from existing research. Unlike an accreditation programme, this visit is not meant to change the hospitals; it just needs to describe them according to the criteria which have been defined as important for this research project. The external assessment tool was purposefully designed for this project and it includes the following constructs: external pressure, quality orientation, patient empowerment, quality improvement, patient safety (including identification, infection control, medication, life support, adverse events and security), evidence-based medicine (including criteria related to admission, acute care, rehabilitation and discharge). The project foresees the translation of the measures into a guide for hospitals for the interpretation and translation of the results into action for further improvement.

Patient level measures

Patient level measures in the DUQUE project focus on the four concrete conditions acute myocardial infarction, stroke, hip fracture and deliveries. These conditions were chosen based on the following criteria: high financial volume, high prevalence of the condition, existence of validated measures for its assessment, high variability of process and outcomes in the literature, and coverage of different types of patients and specialists. Quality of care for these four conditions will be assessed in terms of clinical effectiveness (provision in line with evidence-base standards, and outcomes of care, IOM 2001), patient safety (measures that potentially prevents harm caused by errors of commission or omission, IOM 1999), and patients' views (including patient experience, involvement in decision making, perceived harm and discharge preparation).

Further criteria for the selection were that measures should be sensitive to quality improvement efforts, should be

valid and reliable as established by common methods, should be available in hospitals in the different countries (in terms of the possibility to extract existing data from charts), should be relevant in terms of regulations and legislations in EU countries, and that there should be proven correlations between process and results.

Finally, as general criteria, where possible all measures should be based on available and validated instruments, preferably those that have already been used in cross-national comparative research. Measures will be critically assessed and reflect the most important mechanisms (evidence and practice experience) that are known or considered necessary to influence indicator outcomes at patient level. Where no established measures exist, new ones were developed specifically for this project.

An extensive literature search was carried out to supplement the existing knowledge, and primarily purposed to identity nationwide and international individual PLM and/or indicator programmes of effectiveness and safety related to the care of patients with acute myocardial infarction, stroke, hip fracture and mothers delivering and papers describing clinical guidelines, and methodology in medical chart review and abstraction of administrative data.

Field test

Recruitment among hospitals was made in each country randomly using criteria defined by the executive scientific group. Most countries have reached or almost reached the level of recruitment of 30 hospitals. The following table shows the number of hospitals recruited as of month 18 in each country:

| Participating Hospitals 08/Jun/2011 | | | |
|--|-------------------------|----------------------|--------------|
| Countries | Non-in depth | In- depth | Total |
| Turkey | 18 | 12 | 30 |
| Portugal | 19 | 12 | 31 |
| Poland | 17 | 12 | 29 |
| France | 15 | 11 | 26 |
| Czech Republic | 18 | 12 | 30 |
| Germany | 11 | 4 | 15 |
| England | 0 | 12 | 12 |
| Spain | 18 | 12 | 30 |
| TOTAL | 116 | 87 | 203 |

Data analysis

The project partners completed a framework for all the analytical strategies to be employed in the project. The approach that was used involved organizing an initial workshop to design the analytical framework, incorporating theory, background knowledge and methodology from relevant disciplines. As a deliverable, a quadrant analytical framework was proposed and composed of:

- main analysis of constructs: psychometric (factor, reliability and validation) analysis;
- sensitivity analysis of the constructs: alternative psychometric specifications and testing;
- main analysis of the primary research objectives: multivariable(non)hierarchical analysis to test and quantify associations; and
- sensitivity analysis of the primary research objectives: multiple bias modeling

QUALITY IMPROVEMENT news

European Union - Patient Safety and Quality of Care Working Group

The European Commission Patient Safety and Quality of Care Working Group brings together representatives from all 27 EU countries, EFTA countries, international organisations and EU bodies. The Group assists in developing the EU patient safety and quality agenda. Several partners of DUQuE were invited to attend its latest meeting to discuss a questionnaire for Member States, in view of the expected report on the progress of the implementation of the Council Recommendation on patient safety, including the prevention and control of healthcare acquired infections.

More information available at: http://ec.europa.eu/health/patient_safety/policy/index_en.htm

European Union – Directive on the application of patients’ rights in cross-border healthcare

A Directive on patients' rights in cross-border healthcare has been published on 4 April 2011. The topic of quality is covered in several ways. The Article 4 in particular concerns the responsibilities of the Member State of treatment. Taking into account the principles of universality, access to good quality care, equity and solidarity, cross-border healthcare shall be provided in accordance with three elements: the legislation of the Member State of treatment; standards and guidelines on quality and safety laid down by the Member State of treatment; and Union legislation on safety standards. The Member State of treatment shall also ensure that patients receive from the national contact point, upon request, relevant information on the standards and guidelines. Healthcare providers shall then provide relevant information to help individual patients to make an informed choice, including quality and safety of the healthcare they provide

More information available at: http://ec.europa.eu/health/cross_border_care/policy/index_en.htm

World - International Society for Quality in Health Care (ISQua) 2012 Conference

In 2012, ISQua is organising its 29th international conference on "**Advancing Quality and Safety for All; Now and in the Future**". It will take place on the 21st -24th October 2012 in Geneva.

DUQuE partners will have the opportunity to present their own work as well as the work of the consortium.

More information available at: <http://www.isquaconference.org/>

World - International Forum on Quality and Safety in Healthcare 2012

The 17th annual International Forum on Quality and Safety in Healthcare will take place from 17 to 20 April 2012 in Paris. Nine streams will capture the current international priorities in quality improvement and patient safety: safe and reliable care; better value, lower cost; clinical improvement; transformational change; workforce and culture; patient engagement; leadership; primary care; technology for improvement.

DUQuE partners will have the opportunity to present their own work as well as the work of the consortium.

More information available at: <http://internationalforum.bmj.com/registration>

For more information, please visit DUQuE website at: www.duque.eu

