

The European Network for Patient Safety & Quality JA PaSQ

Sustainability



PSQCWG
Brussels, 11 Feb. 2015



PaSQ networking approach

PaSQ = 61 partners: all MS and the main stakeholders

- Collective review and selection of good practices (SCPs & GOPs)
- Implementation of safe and transferable SCPs and GOPs
- Support based on exchange of experience and mutual learning
- Commitment of field workers and patients at all stages of the work through NCPs
- Development of IT tools to facilitate commitment and communication
- EU Convergence in the long term



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PaSQ First results

1 - About 35 events (international meetings, workshops, webinars, study tours) have been organised in the EU MS to:

- exchange information regarding selected clinical and organisational good practices

- build relationship between experts and practitioners and decision makers to promote the implementation of good practices in different settings

2 - About 200 EU HCOs have implemented and will assess transferability of selected clinical good practices.

3 - About 500 good practices available in the PaSQ database with relevant contact details.

4 – A network of 700 national stakeholders have been developed

PaSQ Evaluation

1 – Exchange Mechanism (organisation, participation of partners and stakeholders, satisfaction, implementation of action plan, sustainability)

40% of partners participated

2 – Exchange platform (nb of good practices, relevance, hits on PaSQ wiki)

79 GP are safe and transferable

3 – Implementation of GPs (nb of participating HCOs, % of GP implemented, implementation toolbox, satisfaction of stakeholders, sustainability)

71% of participating HCOs have implemented the SCPs,

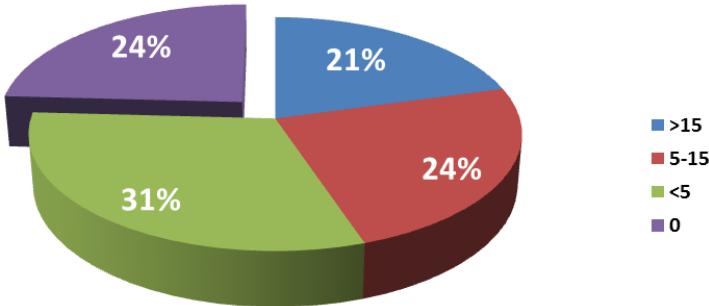
88% satisfaction

4 – Network sustainability (involvement of partners and stakeholders, participation to PaSQ activities, support of PaSQ proposal)

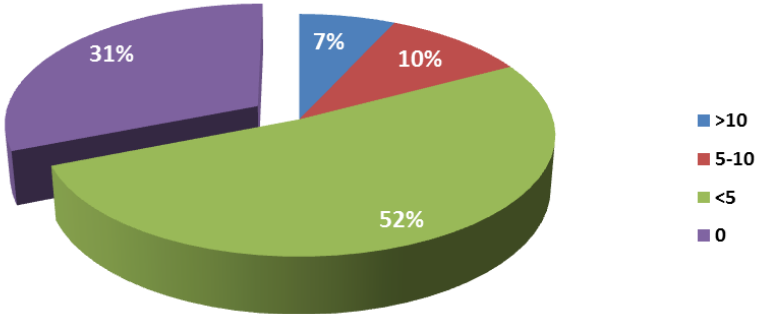
Better involvement of field actors and competent authorities

Participation to WP 4,5, 6 activities

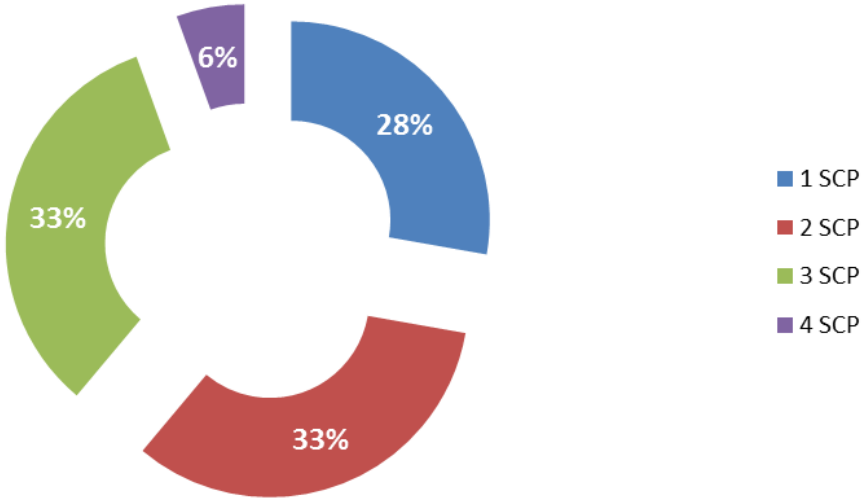
% Countries. PSP provided:



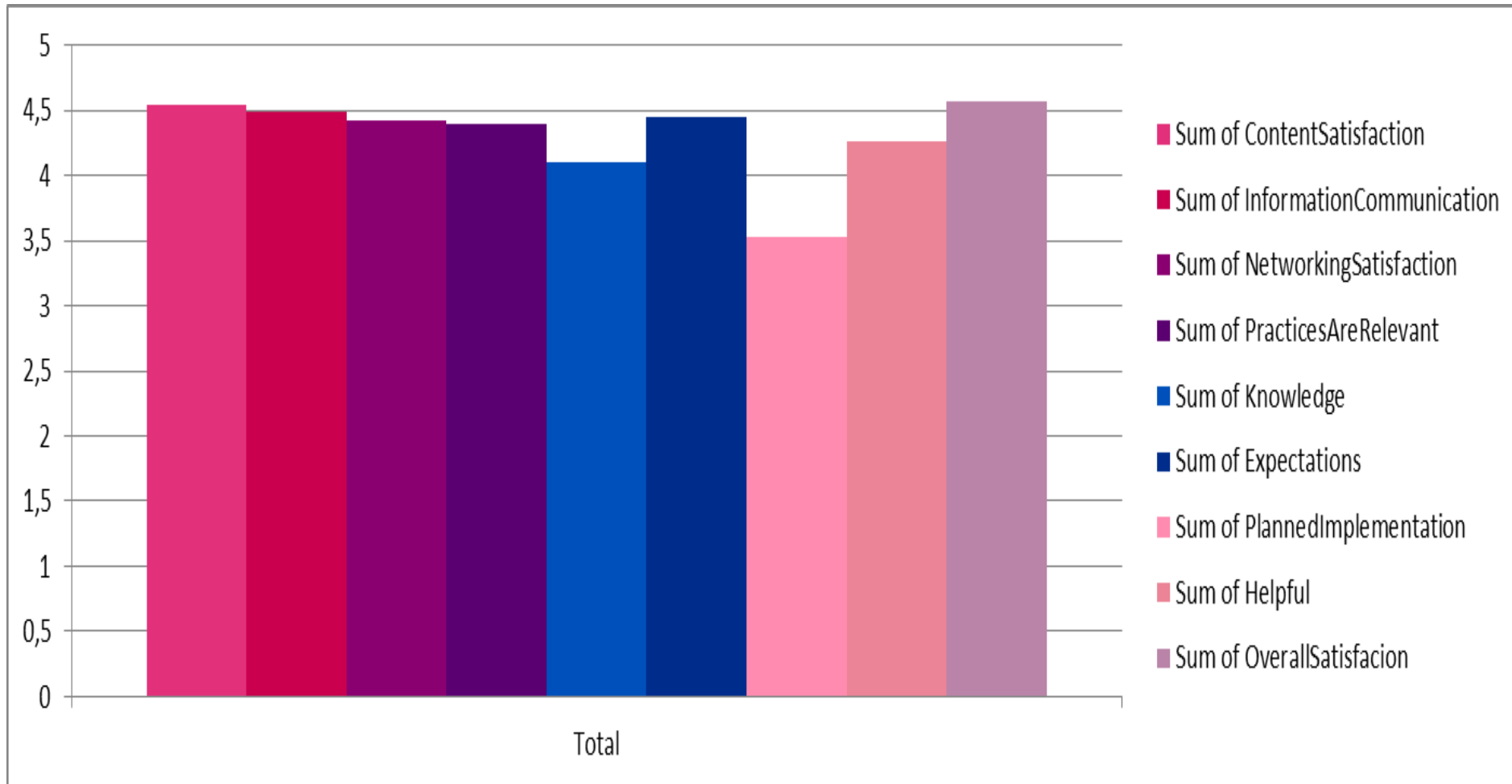
% Countries. GOP provided:



Countries' participation in SCP Implementation : 18 countries; 220 HCOs



Evaluation of EM



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Council Conclusions on PS

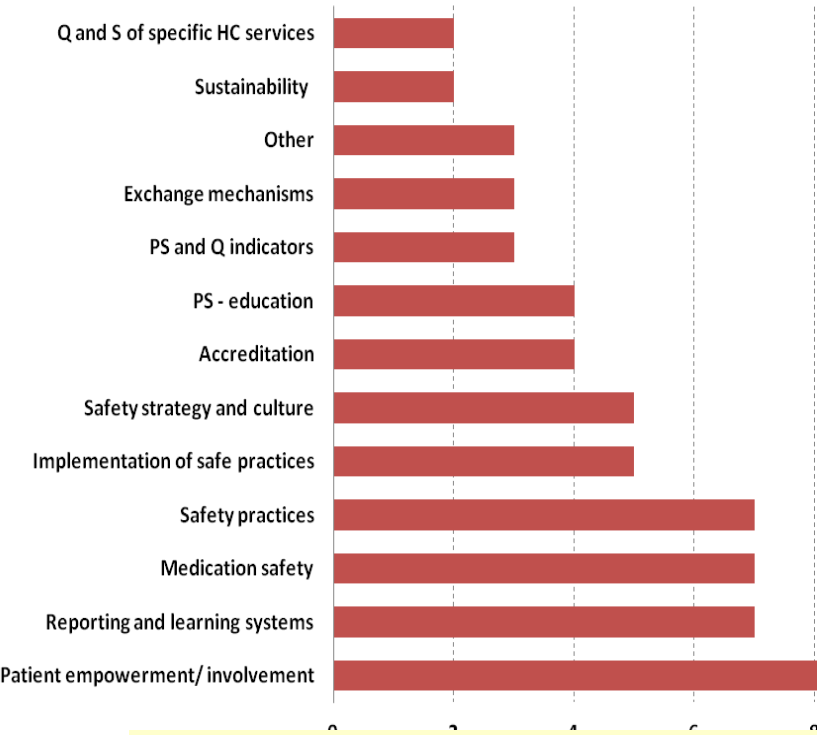
- WELCOMES the work of the European Network for Patient Safety and Quality of Care (Joint Action PaSQ) on the implementation of the Council Recommendation 2009/C150/01 **as regards the** exchange and implementation of good practices in Member States;
- RECOGNISES a need for **continued and** sustainable collaboration **at EU level** on patient safety and quality of care;
- **Develop further work on the dimensions of quality in healthcare, taking into account existing knowledge, including the work of the "Joint Action on patient safety and quality of care" (PaSQ);**
- **Finalise by December 2016 a framework for a sustainable EU collaboration on patient safety and quality of care, also taking into account the results of the "Joint Action on patient safety and quality of care" (PaSQ);**

PaSQ – Expected Outcomes for Sustainability

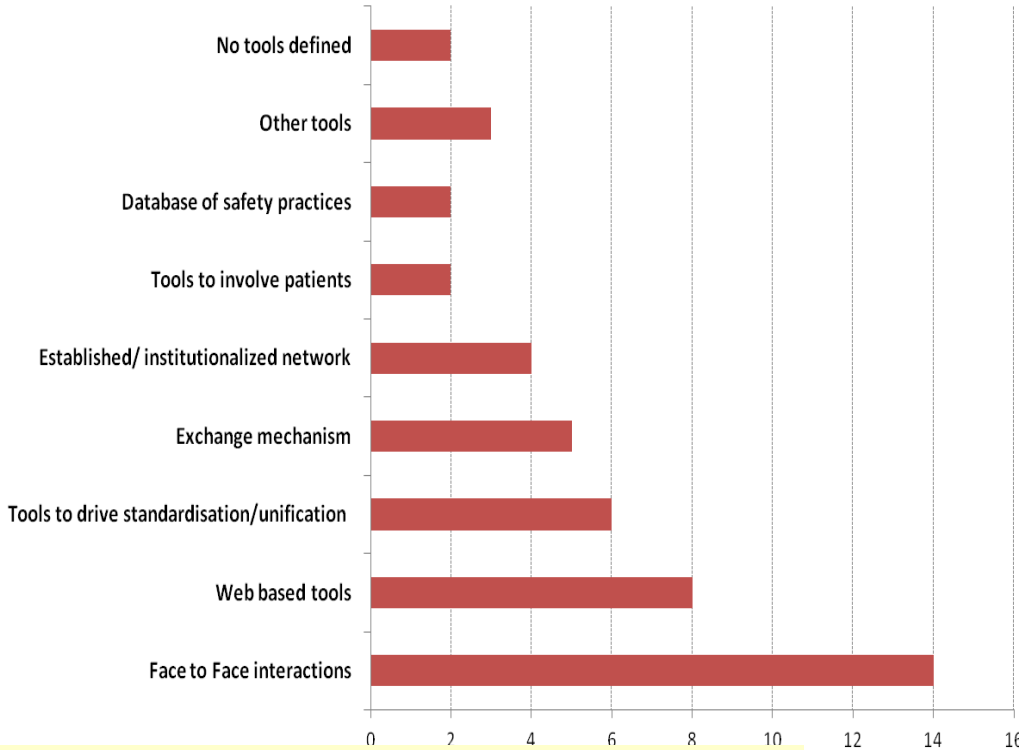
- To build a permanent collaborative network on PS that will be enlarged to address quality issues and reinforced by assuring long-term MS engagement in the PaSQ network, together with the Commission
- Implementation of collaborative business model and financial sustainability of the permanent network

Sustainability data collection survey

PS&QC issues to discuss at EU level



The most efficient to address these issues between MS



Conclusions:

- Interest for NCPs: R&LS and Patient involvement, implementation and accreditation
- Tools proposed to EM: face to face interactions and web based tools
- The supporting role of the EC (coordination, funding...) should be maintained.

Needs expressed by stakeholders for further PS and QC cooperation

- Higher involvement of clinicians (from hospital and other healthcare facilities)
- Increased involvement of PS&QC experts, risk manager from hospitals or frontline health care workers.
- agenda pushed closer to healthcare provider and patient organization.

Main lessons for sustainability

- A collaboration including exchange of knowledge and experiences regarding best practices.
- Most interest: patient involvement, R&L, implementation, accreditation
- Tools for the EM: face to face interactions & web based tools.
- The role of the EC should be co-financing and coordination.
- All the partners except one are **willing to collaborate.**
- Main drivers: policy support, resources, professionals' involvement and knowledge sharing
- Main barriers: resources, policy support and communication transfer to clinical levels are considered the main threats.
- A 55% of respondents think that the **lack of communication/information with clinicians is a barrier for the collaboration.**
- Main actions proposed: to count on policy support and resources and to ensure the involvement of relevant stakeholders (clinicians, patients, managers) through the creation of a national networking to engage stakeholders and clinicians and including collective expertise of a large and diverse membership.



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PaSQ proposal for sustainability:

- PaSQ contract: To propose objectives and means to develop/support a sustainable EU network of relevant MS institutions for voluntary collaboration on PS&QC involving relevant EU stakeholders. To contribute to structure the organisation of PS and QC in MS
- PaSQ was asked to finalise its proposal before May 2014 to fit with EC agenda.
- PaSQ proposal was approved by all partners

PaSQ proposal for a sustainable collaboration

1. Network development
2. Knowledge transfert, implementation
3. Patient involvement/empowerment
4. Sharing of PS solutions & issues
5. Peer review

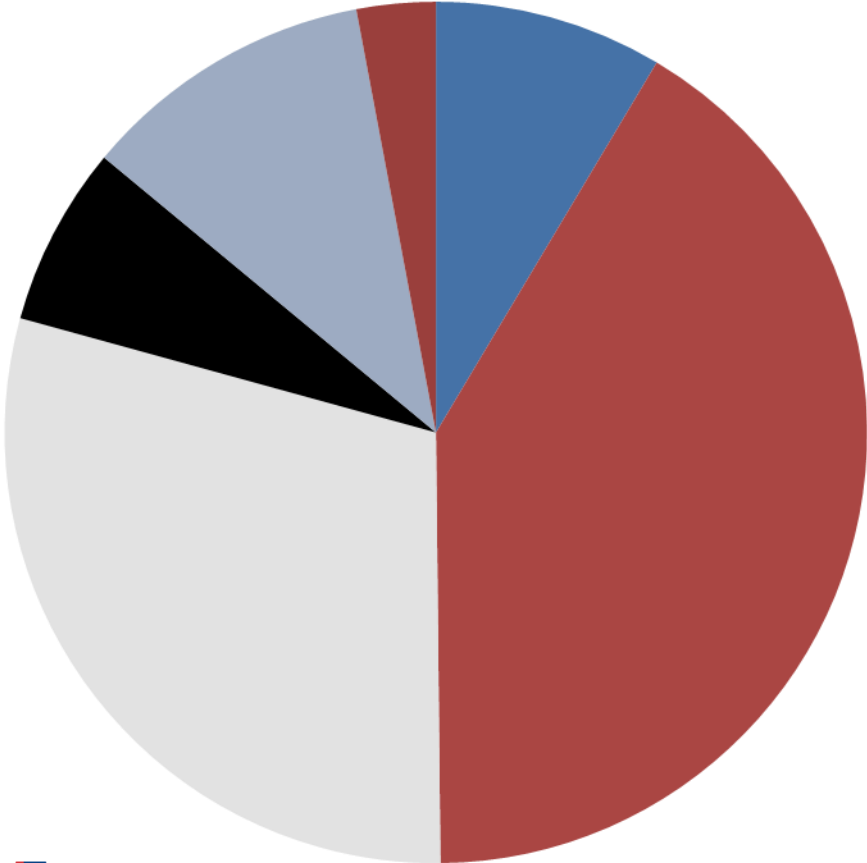
1 - PaSQ network today

- 28 NCPs composing the backbone of the PaSQ network
- Representatives of the main EU stakeholders and international organisations
- 61 partners represented by about 200 colleagues
- 220 HCOs participating in WP5 implementation
- 300 HC professionals involved in the Exchange Mechanism

1 - PaSQ list of national stakeholders

About 700 contacts.

Categories of stakeholders



■ Central Adm.

■ Reg/local Adm

■ HC prof.

■ Patient rep.

■ HCOs

■ Rech. Univ.



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1 – Next steps

- **Involve field level** (Health Care professionals, patients) in Exchange mechanism activities (submission of good practices, organisation of exchange mechanism...)
- HCOs participating to WP5 implementation could be considered to be part of the network.
- Involve national decision makers in the launch of a national network
- Develop Regional/local relays to involve stakeholders in the field
- Develop Communication with local level focusing on feedback

2 - Knowledge transfer

Implementation building on PaSQ WP5 successful experience

- Selected good practices will be proposed for implementation in various HC settings (HCOs, Primary Care)
- IT support for follow up
- Implementation tools will be proposed (training, communication...)

2 - Knowledge transfer

Development of PaSQ Database of good practices

- Its focus is to improve **Patient Safety and Quality of Care** through **sharing** of information, experience, and the implementation of **good practices**.
- Exchange mechanism: Mechanism for **sharing, learning** and **exchanging information, knowledge**, skills, and experiences related to PSP (Glossary and Conceptual framework)

2 - Preliminary recommendations

- Continue with EM
 - At all levels; clinical (local), regional and national level
 - Continue to collect PSP/GOP to share
- Implementation
- Target groups : clinicians, health care professionals, government officials, administrators, ngo's
- Placement, courses and twining should be reconsidered
- More communication about the Wiki platform and EM, including a stronger focus on the evaluation of the EM



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3 - Patient Involvement

- ☑ Overview of selected literature on patient involvement in safety and quality improvement
 - ☑ Including work by WHO and including patient empowerment and health literacy
- ☑ Involvement of patients at relevant level
 - ☑ Individual (micro), organisation (meso) and policy (macro) levels
- ☑ Barriers and facilitators for patient ' involvement in the sustainable network
 - ☑ Integrate evidence base from EMPATHIE mapping study
 - ☑ Patients organisations' feedback (EPF)

3 - Patient Involvement

- ☑ Presentation of selected practices from WP4 and WP6, with further evaluation in terms of PI/PE – conclusions and recommendations
- ☑ Case studies collected by WP4 (PSPs), 5 (SCPs) and 6 (GOPs)
- ☑ Measurement of patient involvement in the sustainable network
 - ❑ *Suggested approach for evaluation with reference to existing literature – process and outcomes*
 - ❑ *Relevance of EPF's Value+ model (“meaningfulness” of involvement, holistic 360° evaluation approach)*
 - ❑ *EPF member organisations' feedback*

4 - Sharing of PS solutions & issues: SEaL (Share, Exchange and Learn)

Principles

- SEaL is a **web-based system** for
- issuing patient safety issues (incidents) and patient safety practices (initiatives) within member states.
- **Voluntary** mechanism of Member States from **putting information into** the mechanism through **to accessing and acting upon** the information within it.

4 - Sharing of PS solutions & issues:

Description:

Based on needs and preferences of MS, proposes opportunity of rapid response mechanism within scope of future sustainable EU network on PS and QC.

4 - Sharing of PS solutions & issues:

Organisation :

One network-partner from each Member States acts as national contact and coordination point. The partner is responsible for:

-validation and uploading of the information into the SeAL system. National contact points will establish ways of

-spreading the alert in their own country to make sure the information reaches the clinical field, where actions should be taken.

5 - European peer review system for Care Quality Improvement Organisations (CQIO)

Principles

- Organised by CQIO for CQIO
- Participation on a voluntary basis
- Non binding recommendations
- Communication at national, regional, local level.



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5 - European Peer review system for Quality Improvement Organisations

Objectives

- To help (national, regional or local) organisations to identify gaps and initiate improvements
- To share principles, exchange solutions and create a community
- To give external recognition and credibility when needed

PaSQ 5th Coordination Meeting 12-13 March, Brussels

REGISTRATION OPEN on PaSQ website:
www.pasq.eu



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Thank you for
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