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SUMMARY

PaSQ Joint Action is co-funded and supported by the European Commission within the Public Health Programme. Its focus is to improve **Patient Safety and Quality of Care** through **sharing** of information, experience, and the implementation of **good practices**. 28 EU Member States plus Norway are involved around **PaSQ National Contact Points (NCPs)**, who are also the contact persons for PaSQ matters in their respective countries.

OBJECTIVES

The main objective of PaSQ is to **support** the implementation of the Council Recommendation on Patient Safety. PaSQ **unites** representatives of the European medical community, and the institutional partners involved in Patient Safety and Quality of Care in the Member States of the European Union

PaSQ TOOLS

Mutual learning web platform:
www.PaSQ.eu

Exchange mechanisms in Member States: national and cross national exchange of knowledge and experiences through
European conferences, on-line courses, workshops, site visits
National network building,

Patient Safety good practices implementation (18 MS)

WP COORDINATION

Five coordination meetings have been organised and the Executive Board (work packages leaders plus EC and CHAFEA) met every month by teleconference

Work Plan:
literature review: April – Oct. 2012
Data collection: Nov. 2012 – Feb 2013
Implementation: Jul. 2013 – Sept. 2014
Analysis: Oct. 2014 – Jan. 2015
Recommendations: Feb – March 2015

WP DISSEMINATION

The outputs of the project will be disseminated in a number of ways:

- PaSQ website www.PaSQ.eu
- 8 Newsletters disseminated to 400 EU stakeholders
- Presentation of interim and final reports
- Presentations at local and international events (i.e. International forum on Quality and Safety in Health Care)
- 3 open coordination meetings (500 invitations sent for each meeting)
- A publication in preparation

WP EVALUATION

The 6 PaSQ specific objectives will be evaluated through 8 process indicators, 10 output indicators and 12 outcomes indicators.

Project coordinator: HAS, France

Communication: AQAH, Croatia

Evaluation: NKUA, Greece

Patient Safety Good Clinical Practices: DSPS, Denmark

Patient Safety Initiatives Implementation: AQUMED, Germany

EU collaboration for healthcare management systems: MSSSI, Spain

Sustainability: SKMOH, Slovakia

RESULTS

Implementation in 18 countries (200 HCOs).



Surgical Safety: 74 HCOs

Medicine Rec: 95 HCOs

Hand Hygiene: 73 HCOs

PEWS: 30 HCOs

Exchange of good practices in Patient Safety and Quality of care

400 good practices available in the PaSQ website with relevant contact details

35 events (international meetings, workshops, webinars, study tours) 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

CONCLUSION

The results of this project have been used to make a proposal for a permanent network patient safety and quality of care in the EU focusing on:

patient involvement/empowerment

reporting and learning / rapid alert systems

quality improvement systems: peer review

implementation of good clinical practices

Project financed: EU Public Health Programme

Years of the Project: 2012-2015 (36 months)

Total cost: 5 850 148 €

Subsidy from the Commission: 3 496 164€

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57 Partners:

44 institutions (mainly Ministries of Health) from 29 Member States

10 EU stakeholders representing health care professionals, patients, health care organisations

3 International organisations