

International improvement knowledge – PATH countries' experiences – draft version



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Objective of the presentation:

- to gain an understanding of the way PATH program(Performance Assessment Tools for Quality Improvement in Hospitals) works and the advantages of a participation
- present experience / lessons learnt gained from PATH countries' efforts and reports



What is PATH?

- **Is about performance assessment and quality improvement of health care in hospitals**
- **Use quality measures** - mechanisms that enable the user to quantify the quality of a selected aspect of care by comparing it to an evidence-based criterion that specifies what is better quality
- **First expected aim:**
 - to help hospitals to gain experience in performance measurement,
 - learning stage for hospitals



QI requirements

Quality improvement requires **data on performance, good indicators based on it and a culture of improvement.**

Without data and indicators based on it, no clear actions for quality improvement can be recommended. Also, without a culture of participation and support, even if data on the quality of care are available, quality improvement proposals cannot be implemented.



What is PATH?

Starting with performance measurement, PATH **encourages** hospitals to learn about their strengths and weaknesses and **initiate** improvement activities that ultimately help them to fulfill their mission



What PATH offers?

- **Comprehensive framework**
 - Six inter-related dimensions of performance
- Support to move from measurement to quality **improvement actions**
 - Descriptive sheets
 - Background information to motivate for the use of the indicator and provide venues for interpretation
 - Reports
 - Key message in PATH: do not interpret in isolation
 - Networking: Workshops, Newsletter, access to network,
 - Share results, interpret differences, compare practices
- **Custom-made**



PATH NETWORK VALUES

By participating in **PATH**, hospitals join a **network** that shares a number of core values such as

- **transparency,**
- **openness and collaboration,**
- **and continuous improvement.**

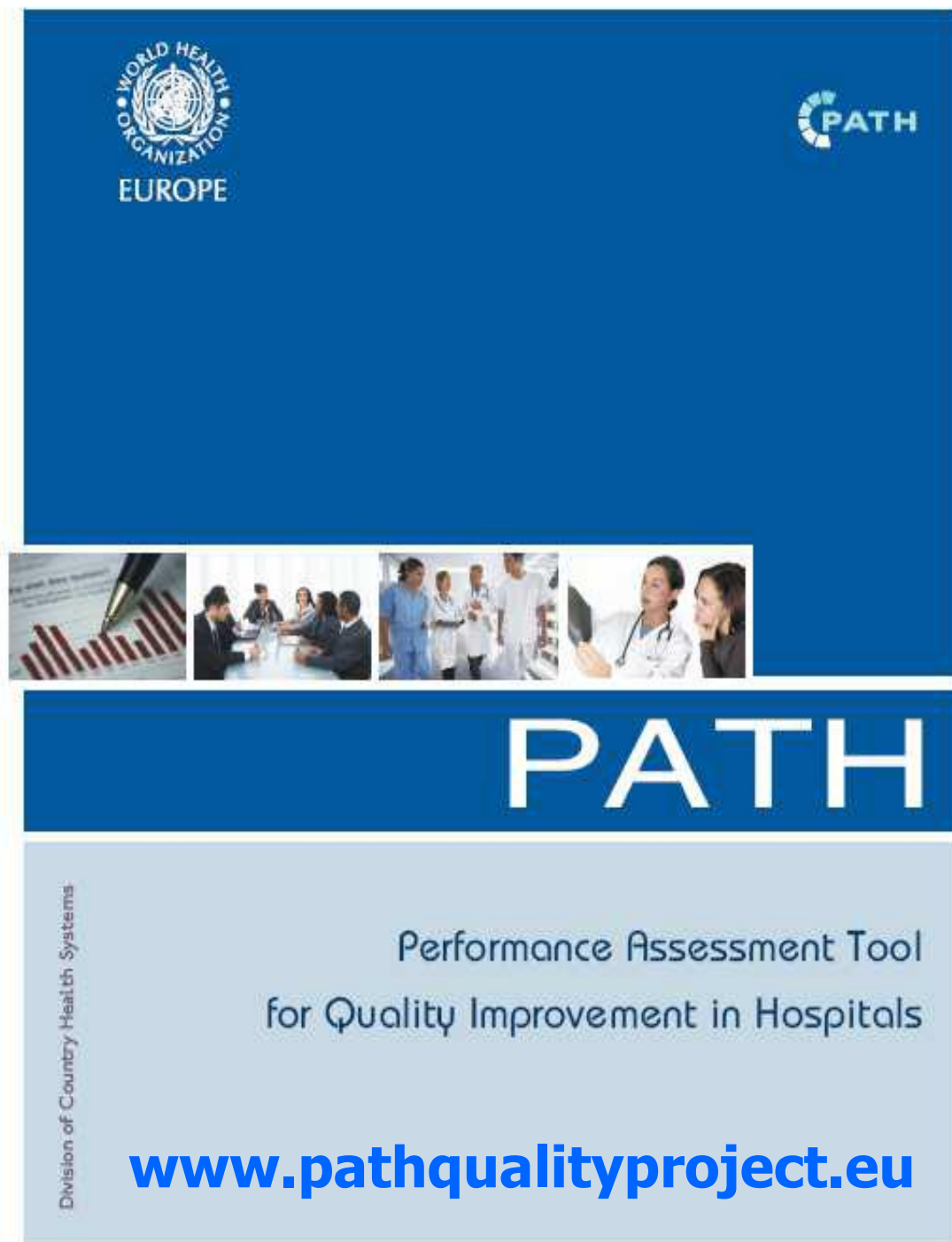
Hospitals recognize that

performance management is complex and needs to be addressed by the **strategic decision-makers** within hospitals as well as on the operational level by **all hospital staff.**



PATH SELFREGULATING NETWORK

- Take out what you put in – self-regulating network – WHO supportive role
- Initiative valued
- Responsibility for actions taken and left out
- Accountability for own performance translated into improvement. Or not.



PATH Network 2012

10 countries – 78 hospitals

Croatia (18)

Poland (18)

Turkey (13)

Hungary (12)

**Bosnia and
Herzegovina (9)**

Greece (6)

Albania (3)

Slovakia (2)

France (1)

Malta (1)

In PATH Network also:

Estonia

Germany

Spain

Slovenia

**Observers: Switzerland, Oman,
Portugal, Lithuania, Czech
Republic**



NETWORK FOR EXCHANGE AND IMPROVEMENT

■ **Country network**

- Country Coordinator's responsibility for guidance
- Country workshops, national conferences
- Country website
- Country newsletter
- Educational piece of information – best practice case studies

■ **PATH international network**



- PATH website
- Newsletter
- International conferences (every two-three years)
- International workshops (once a year)
- Facilitation of international contacts: PATH International Secretariat at the WHO Collaborating Centre in Krakow – Barbara Kutryba and team, experts, individual hospitals, Country Coordinators, individual hospitals)



PATH International Network

- **Create experts' network** on hospital performance assessment to support country implementation and analyze outcomes
- Enable the comparison of hospital performance and learning from "best-practice"-solutions on an international basis
- Assist PATH hospitals in deciding which improvement activities to start and which changes to introduce and implement (pooling the QI knowledge)

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**PATH**
National Center
for Quality Assessment
in Health Care
WHO Collaborating Centre for Development
of Quality and Safety in Health Systems


Performance Assessment Tool
for Quality Improvement in Hospitals

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PATH Events

 [Print](#)

In this section You can find information and news about PATH international and country level initiatives.

**The Third PATH'09/10 International Workshop** (05.05.2010)
21 - 23 June 2010, Istanbul, Turkey.
[» Read more](#)

**PATH 2009/2010 Indicators descriptive sheets** (20.01.2010)
We would like to inform that descriptive sheets for PATH indicators in 2009/2010 data collection phase are available to download and use...
[» Read more](#)

**Minutes and presentations...** (25.11.2009)
After the Second PATH International Workshop, Krakow, October 26-27, 2009
[» Read more](#)

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PERFORMANCE ASSESSMENT & QUALITY IMPROVEMENT

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CONTENT:

- Editorial
- International PATH Conference in Vienna
- Update on PATH hospitals
- Change in PATH management
- Country reports
- News from indicators' field
- Antipresentations and reflections of PATH hospitals
- The PATH Internet platform
- Links and dates

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 all 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 proc-

essed 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 participants 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 dimen-

The PATH Newsletter

[/www.pathqualityproject.eu/newsletter.asp](http://www.pathqualityproject.eu/newsletter.asp)

COUNTRY REPORTS

Most exciting were the activities of the data collection phase 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

What is the objective of PATH – the story of Estonia

Path project in France

First experience with PATH in Germany

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

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

Hungarian participation in PATH project



The PATH Newsletter

[/www.pathqualityproject.eu/newsletter.asp](http://www.pathqualityproject.eu/newsletter.asp)

AUTOPRESENTATIONS AND REFLECTIONS OF PATH HOSPITALS

**Provincial Specialist
Hospital of Ludwik Rydygier in
Krakow, Poland**

**PATH project at Clinique
Brétéché in France**

And 9 Polish hospitals:

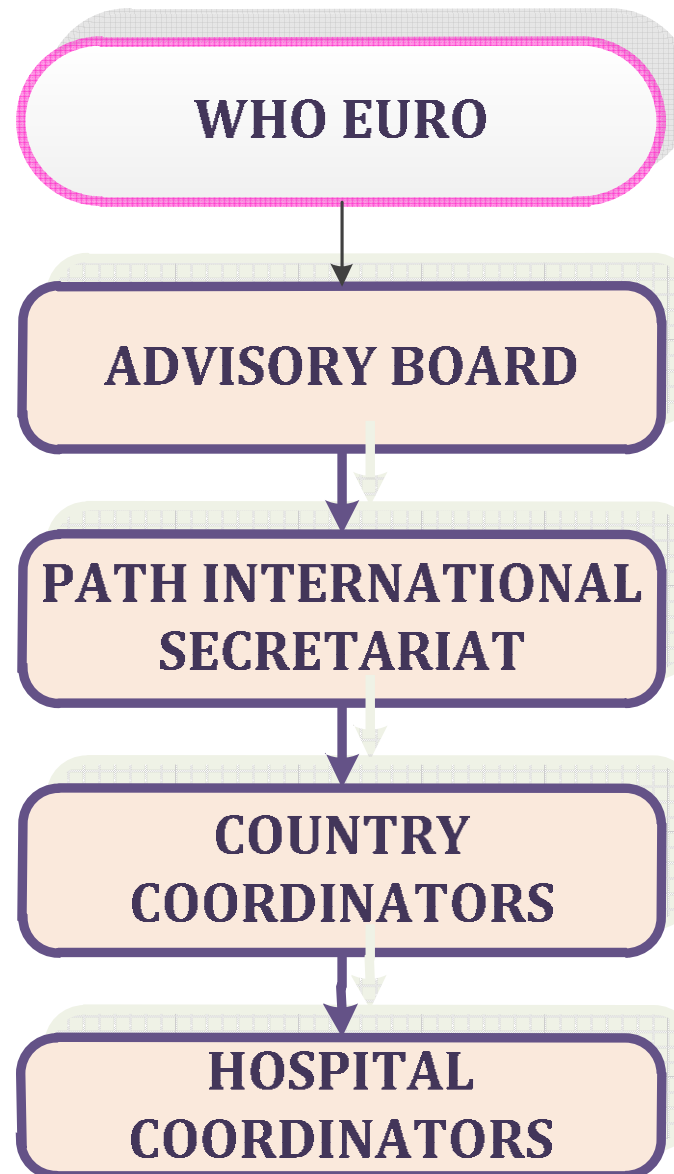
In order to achieve a high level of quality and patients' satisfaction, the Hospital takes steps to maintain continuous quality and total quality management.

**Florian Ceynowa's
Specialistic Hospital in
Wejherowo, Poland**

**The Hospital in Sucha Beskidzka,
Poland**

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. The hospital should provide quality services and strive to improve continuously their services and outcomes. In this we believe and hope PATH project will be useful to achieve this.

How is PATH organized





PATH implementation – success elements

- MoH and WHO Country Offices support (financial, organizational, educational, etc.)
- Involvement of stakeholders
- Leadership role of Country Coordinator and Hospital Coordinators
- Regular collaborations with hospitals (regular workshops – easier in small countries, teleconferences, website forum, email exchange)
- Translation of all international documents on native languages
- Timely reports
- Support in interpretation of results and translation into improvement initiatives (education, practical interpretation workshops, assist in deciding which improvement activities to start and which changes to introduce and implement (pooling the QI knowledge))



PATH Coordinators in the Country

leads PATH strategic management and implementation for a group of hospitals:

- work with hospitals to **identify and select** the most relevant indicators in the PATH indicator set
- agree with hospitals on **common definitions** and facilitate and harmonize data collection in hospitals
- responsible for **assessing data quality, validating** data (if necessary after correction by hospitals), **calculating the indicators**, defining the structure of the hospitals' reports and generating these **reports** - some of the tasks might be delegated to external organizations
- via hospital coordinators they motivate hospitals to continuously scrutinize the data and disseminate the results. They can provide educational tools or organize trainings and workshops for this purpose
- country Coordinators coach local PATH hospitals in improvement activities



PATH implementations in countries

- In collaboration with **MoH and WHO Country Offices**
- **Poland** - National Center for Quality Assessment in Health Care – WHO CC, Krakow, Poland, governmental institution undergo Ministry of Health (PATH team: 5 persons)
- **Croatia** – Croatian Medical Association, Croatian Society for Quality improvement in Healthcare (PATH team:
- **Hungary** – Semmelweis University, Health Service Management Training Centre (PATH team:

SETTING UP PATH INFRASTRUCTURE PATH'09 IN CROATIA

Invitation to hospitals offering them to join the program and appoint a hospital coordinator

Society in collaboration with WHO country office/ invitation to all hospitals/ information and strategic note

National Conference
Stakeholders meeting

**18/60
Hospitals
responded**

**+ 8 Hospitals
demonstrated interest**

Supported by the MoH and
WHO country office

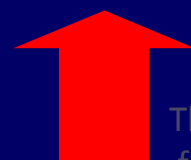
7/2008

11/2008

12/2009

1/2009

2/2009



The starting point for PATH'09 in Croatia was an initiative of Croatian Society for Quality Improvement in Health Care



- **Stakeholders meeting, Feb 2009**
(MoH, Ministry of Science, Croatian Medical Association, Chambers, School of public health, Health insurance fund, Academic institutions, Coalition of Health Associations, City Office for Health, Croatian Health Employer Association)





Continuous support for hospitals – Croatian, Hungary and Poland case

- Translations into native languages
- Intensive communications during the process of data collection (emails, telephone, teleconferences)
- detailed instructions how to fill in data reporting forms (Excell questionnaire)
- Support in interpretation of data (interpretation workshop, individual consultations)



NACIONALNA KONFERENCIJA / NATIONAL CONFERENCE

PATH PROJEKT **Performance Assessment Tool for** **Quality Improvement in Hospital**

Zagreb, 13. veljače 2009. / February 13th, 2009

17 WORKSHOPS (April 2009 – October





PATH – Hospital level

The hospital leadership
and the PATH Hospital Coordinator
have a major role to play in facilitating
integration of PATH within the hospital
strategy and integration with current
continuous quality and performance
improvement initiatives.



PATH – Hospital leadership

The hospital leadership (e.g. CEO) is expected to:

- commit the organization to continuous performance improvement and to adopt a balanced approach to cover the six performance dimensions included in the PATH conceptual framework
- ensure **high visibility of PATH within the organization.**
The hospital leadership makes sure that hospital staff is informed about the hospital participation in the PATH project and that the **results** are **widely disseminated**
- motivates and, if relevant, identifies additional resources for active contribution of staff to data collection and analysis related to PATH
- follow up PATH reports to identify areas for further scrutiny and request complementary information or additional analysis for "flagged" indicators
- appoint and delegate responsibilities of coordination of PATH related activities to a PATH hospital coordinator



PATH – Hospital Coordinator

- **present and explain the PATH system**, position it with regard to quality improvement initiatives in the hospital, use PATH to build a culture of measurement and accountability within the organization, explain why "measures" matter but also why they should be used with caution, etc.,
- assure **high quality data collection**: identify data sources, collaborate with relevant departments, support on-site data collection, assess data quality and make sure all relevant fields are properly filled before transmitting to the national/regional level for data analysis,
- facilitate interpretation of results
- bring areas for further scrutiny to the attention of the hospital leadership and suggest steps for analysis and/or actions for improvement,
- share experience within the national/international PATH network,
- liaise with the PATH Coordinator in the country,
- participate in national workshops, meetings, trainings or send representative(s).



How to organize work on hospital level

- Hospital PATH team: not a single person but a team: quality director, statistician, medical personnel representative knowledgeable in area of performance management (knowing how to work with data)
- Resources assured: people, work within working time, place to work, budget.
- Quality of data assurance at a hospital level



List of indicators

- Better to start with limited number of indicators, learn how to monitor and interpret than expand the list



PATH indicators	
No.	Name
1	C-section rate
2	Case fatality for stroke
3	Case fatality for AMI
4	Post-operative thromboembolism
5	Use of blood components
6	Day surgery rate
7	Smoke free hospital audit
8	Exclusive breastfeeding
9	AMI patients prescribed aspirin at discharge
10	Prophylactic antibiotic use
11	Length of stay
12	Operating theatre performance
13	Needle-stick injuries



PATH previous indicators set

Patient centeredness

1. Cancelled procedures
2. Overall perception/satisfaction
3. (a) Perceived relational continuity and coordination of care within hosp
3. (b) Perceived emotional support

Responsive governance

3. (c) Perceived continuity through patient surveys
4. Discharge letters to GP
5. Waiting time for specific procedures
6. Women breastfeeding at discharge

Staff orientation

7. Training days
8. Budget dedicated to staff health promotion activities
9. Absenteeism

Staff orientation and safety

10. Work-related injuries (percutaneous injuries) (staff safety)
11. Overtime (excessive hours) (patient safety)

Clinical effectiveness & patient safety

12. Mortality rates
13. Readmission rates
14. Admission after day surgery
15. Return to ICU for selected procedures/conditions
16. C-section rate
17. Prophylactic antibiotic use
18. Sentinel events

Efficiency

19. Ambulatory surgery rate
20. Admission on day or surgery
21. Length of stay for specific procedures
22. Average inventory in stock
23. OR unused sessions
24. Cost of corporate services
25. Cash-Flow/Debt

Structure of the indicator descriptive sheets

- short name, detailed name, short definition
- rationale for use (including justification, strengths and limits),
- an operational definition with description of numerator and denominator, inclusion/ exclusion criteria,
- previous PATH experience if relevant,
- data source - data collection issues (data source and observation time) and further information
- the domain in the conceptual model of PATH to which indicators are related,
- stratification, risk-adjustment,
- sub-indicators
- related indicators
- hints for interpreting the direction and potential target of the indicator,
- guidelines
- references

Indicators adaptation

Lessons learnt from Poland experience:

- Translation of all materials into native language
- Consensus meeting with hospitals' representatives: identification of data required and additional available in hospitals (the one that can be gathered by majority of hospital) My ustaliliśmy pewne dane jako opcjonalne a potem była trudność gdy były analizy w podgrupach
- Very important: good knowledge and understanding of indicators descriptive sheets – an example of mistake: for AMI mortality indicator one hospital report only data about those who died during hospitalization with AMI diagnosis – there was no denominator (total number of patient hospitalized in defined period with diagnosis of AMI). Thus the calculated mortality rate was 100 %
- Decide who will be responsible for inclusion and exclusion criteria should be made in advance. In Poland during an actual data collection we decide that this will be controlled by Country Coordinator so we ask hospital for all data. We observed that previously it happens that hospitals didn't exclude cases needed to be excluded (e.g. for C-section indicator)



Source of data for PATH

- central national database (difficulties with extracted data on individual level, additional validation for quality and accuracy)
- Hospital databases (more valuable when developing the culture of quality measurement at the hospitals and use the results of their analysis for improvement).
- Individual patient medical documentation
- PATH questionnaires (exclusive breastfeeding) or data collection forms (antibiotic prophylactic use, operating theatre use)



Sustainability of the program I.

- Regular discussion with the participating institutions
 - Every 2-3 months, improving videoconference connection
 - Common interpretation of indicators, discuss the emerged problems of interpretation
 - Discuss the problems of data collection
 - Discuss the indicator results (anonymously), common interpretation
- Continuous contact with the participating institutions (e-mail, telephone)
 - Accepting the evaluation criteria with consensus during the preparation of data collection
 - Data collection (on the level of records) with the aid of the formerly prepared Excel tables
 - Check each individual record, feedback, ask for correction



Sustainability of the program II.

- Involving professionals to elaborate, interpret and adapt each indicator, and to evaluate the results
 - (antibiotic prophylaxis, needle-stick injuries, smoking)
- Anonymous hospital codes; assure an opened, honest environment to discuss the results
- Detailed summary for the participant institutional management about the results and interpretability of each indicator
 - (it takes a long time, but it is necessary)



Tasks for data analysis and reporting – on country level

- Central data retrieve from administrative database (e.g. discharge abstracts), hospital data bases or prospective data collection using PATH questionnaires
- Data quality control (data mining, reliability)
- Compute indicators - Statistical analysis
- Preliminary feedback to hospitals for comments
- Design report format
 - How to present the data? Graphs, tables, text, symbols
 - At what level to aggregate?
 - How to allow for local customization (e.g. empty fields)
 - What reference points
 - Comprehensive view? How to relate indicators?
- Publish reports



Hungarian adaptation of the PATH indicators

Tasks, steps	Responsible:
Translation of indicator-descriptions	Counrty coordinators
Adapting methodology (definitions, codes, data collector sheets, etc.)	Hospital coordinators, Counrty coordinators
Implementation to hospitals: n presenting indicators, education n data collection	Hospital coordinators, Participants at hospitals
Data control and correction	Counrty coordinators, Hospital coordinators
Data processing, analysation	Counrty coordinators
Feedback: n discussion results n preparation of a presentation	Counrty coordinators, Hospital coordinators
Interpretation of results, conclusions	Hospital coordinators, Participants at hospitals
Steps of quality improvement...	Participants at hospitals



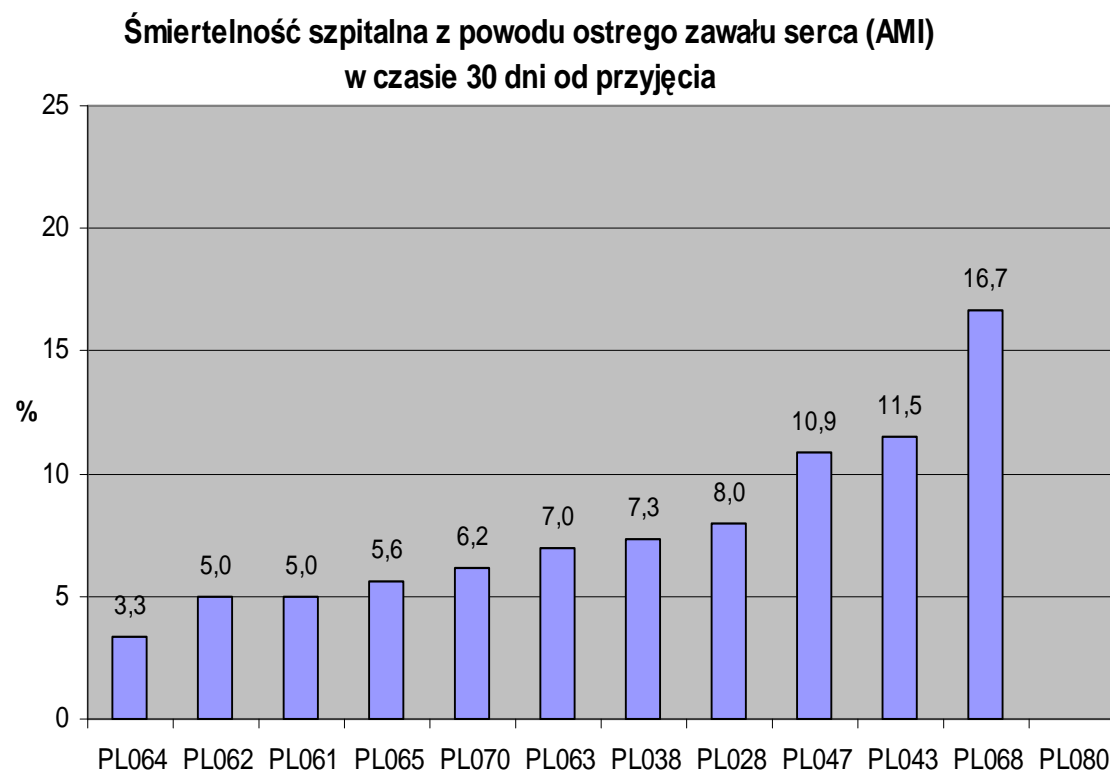
PATH in numbers

- Hungary: 12 participating hospitals;
Poland 18, Croatia - 13
- Poland – data collection for 6 indicators
Hungary 10 indicators, Croatia - 13

Reports – and what next?

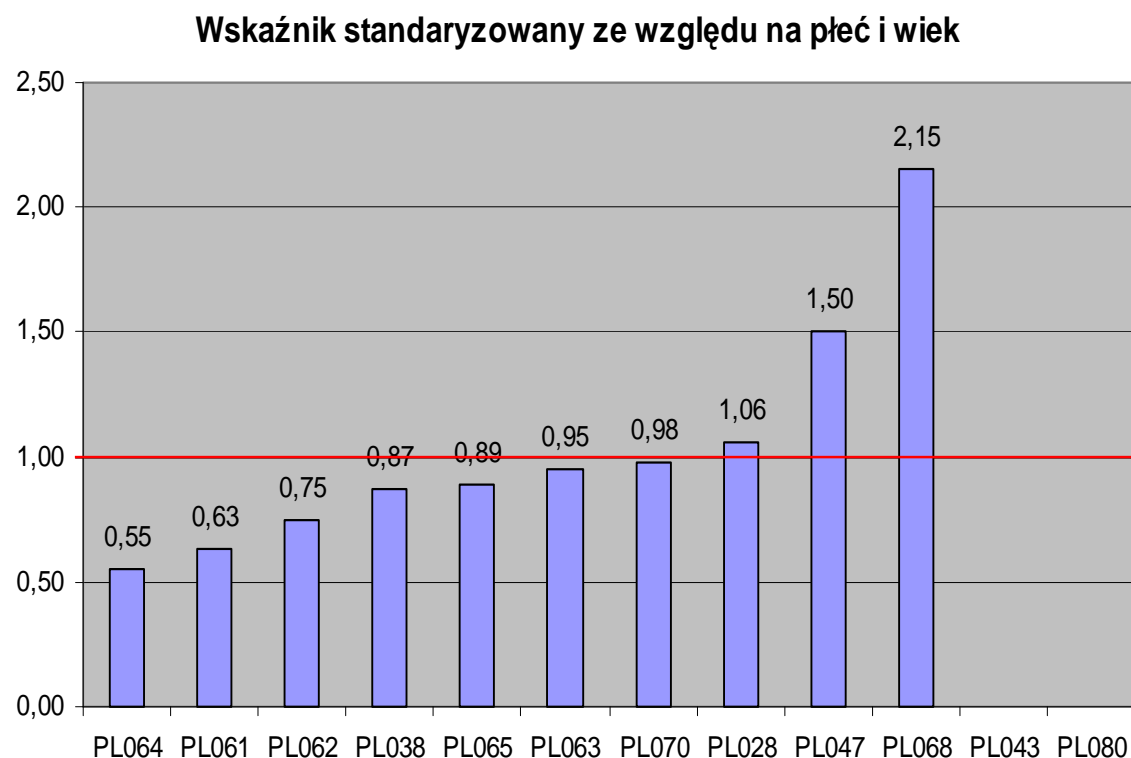
- Performance assessment – a starting point for quality improvement; should lead to learning not punishing
corrective actions
- Allow to identify where hospital over and underperform

AMI 30 days hospital mortality – crude rate (PATH Polish hospital data, 2010)





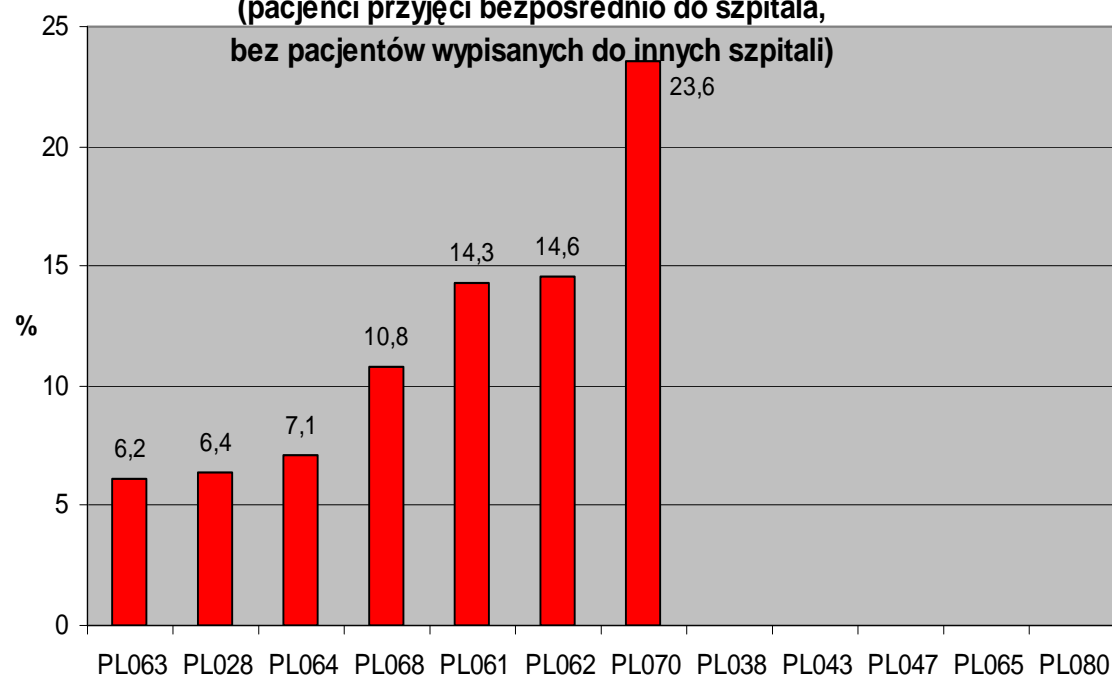
AMI 30 days hospital mortality – standardize rate (PATH Polish hospital data, 2010)



AMI 30 days hospital mortality – without patient discharged to another hospitals (PATH Polish hospital data, 2010)

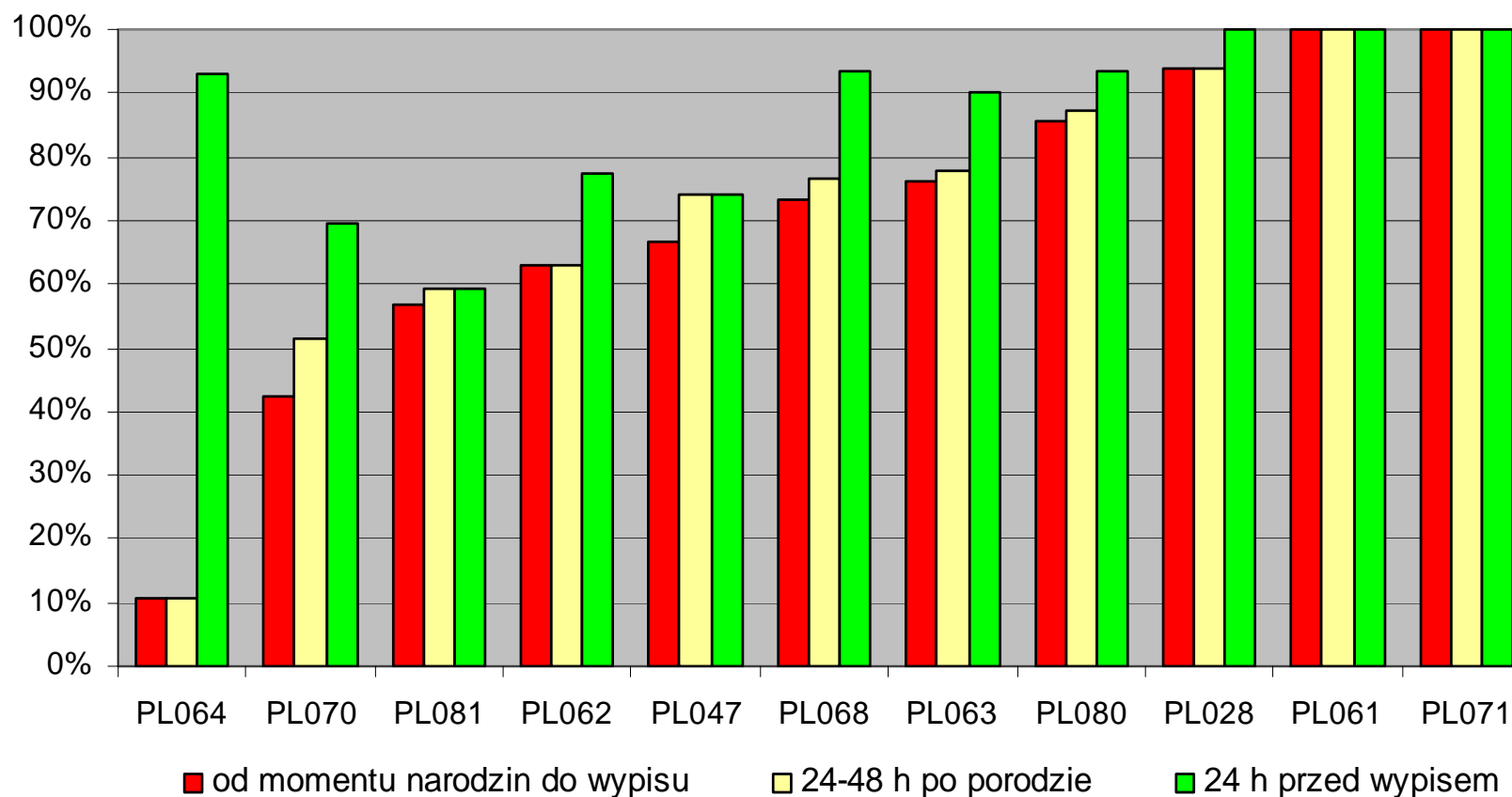
Śmiertelność szpitalna z powodu ostrego zawału serca (AMI)
w czasie 30 dni od przyjęcia

(pacjenci przyjęci bezpośrednio do szpitala,
bez pacjentów wypisanych do innych szpitali)



Exclusive breast feeding rate (PATH Polish hospitals data, 2010)

Wyłączne karmienie piersią
(definicja rygorystyczna: przypadki gdy matka nie wiedziała czy podano
dziecku suplementy klasyfikowano jako brak wyłączonego karmienia piersią)



Interpretation of Indicators

The interpretation of an indicator's rate takes the following into account:

- Magnitude – a rate is just a number till is not compared to either a “standard” (a pre-established goal of appropriateness) or a “reference point” (a relative comparison rate).
- Change over time – variation (can be seasonal or due to changes in practice). Understanding the reasons for the variation is the essence of its interpretation. ***Before any interpretation of variation, the quality of the data has to be assessed: variation can be due to incomplete reporting.***
- The population (patients) it focuses on – an indicator needs to be adjusted to the demographic and clinical characteristics of the patient (severity, case-mix or disease –adjustments).
- The reliability of the measurement is associated with the amount of error an indicator contains in its measurement (systematic, random errors).
- When there are no guidelines or a strong evidence-base that a certain rate has to be on a certain magnitude the interpretation of the rate should be based on local expectations and values.



THE 5 WS OF QUALITY IMPROVEMENT

Vahé A. Kazandjian

- Where Am I?
- Why Am I Here?
- Where Do I Want To Be?
- What Do I Need To Do To Get There?
- What Has Been Accomplished?



PATH for internal or/and external quality assessment

- Internal management purposes – assessment and **continuous monitoring over time**
- External purposes – comparative analysis of performance - **benchmarking**

Using indicators for benchmarking

Comparing performance between hospitals:

- clear definition: numerator and denominator
- adjust for factors that may confound the comparison
(age, severity, co-morbidities)



Developments of last year I.

- **IT platform development by Hungarian team**
- **Visiting the participants in Hungary (8 hospitals)**
 - Purpose: introducing the opportunities of PATH for the management, describing the related management tasks
 - summarizing the most important experiences of the Hungarian program
 - Great interest
 - In those hospitals that were already PATH participants, we could give a useful feedback on the results and opportunities.
 - The newly joined institutions learned the goals of the program, its operation, logical system, results and the opportunities of quality improvement
 - we could highlight the opportunities of evaluating a quality improvement program by the use of indicators
- **New indicators for rehabilitation hospitals developed by Hungarian team**
- **Case studies-** for better understanding the methodology and use of indicators developed by Hungarian team



PATH developments of last year II.

- **WHO-PATH conference and workshops** in Poland, Hungary and Croatia (November - December 2011) – prof.Vahe Kazandijan
 - Performance measurement and assessment – indicator development and application for decision making in hospitals
 - **Aims** : Gain support for education of the PATH hospitals to help them to understand the methodology of performance measurement and to apply it in practice.
 - **Participants** : Decision makers, PATH hospital coordinators, people responsible for activities related to PATH, hospital managers
 - Presentations, round-table discussions



PATH IT platform / software

- data collection from the participating hospitals by the country coordinator is
 - time consuming and needs huge effort
 - manually check the quality of data
 - decide, what data fulfil the inclusion and exclusion criteria
 - calculations, interpretation and feedback to the hospitals
- hospitals get back their own evaluated results after a long time period
 - activities can change in meantime
 - no impact of PATH indicators on daily work
 - lower willingness to collect data again
- common decision by the WHO and the Hungarian PATH team to develop a software (based on the Hungarian experiences)
 - financial resources: WHO (1/4), Hungarian co-financing (3/4)



Goals of the PATH IT platform development

- aid for the hospitals
 - to help the data collection
 - to shorten the evaluation period,
 - to review their own results and
 - to evaluate their own work,
 - to plan a quality improvement strategy with the use of the experience of other hospitals
- any number of institutes (hospitals) can be added to the interface
- multi-lingual data input possible



Experiences of assessment and correction of perioperative antibiotic prophylaxis in different cleanness type operations, in hospitals with different number of beds and culture of quality

PATH case study

Farkas A., Lám J.

PATH CC workshop, Budapest

19.06.2012.



Background

- Evidence: appropriate antibiotic prophylaxis reduces the number of postoperative infections.
- In PATH project it is possible:
 - to assess the practice of applied ab. prophylaxis
 - to improve quality in the institutes according to the indicator results



Background 2.

- All the 7 Hungarian hospitals participated in the ab. modul of the project, some newly joined hospitals started the data collection
 - Number of beds 50-2086 (average 862*)
 - Most of them are county hospitals with more than 1 surgical specialities
- Voluntary surveillance on surgical site infection for 5 years (6 months feedback)
 - Does not support the controll of all used criteria in PATH (timing, and route)

Problem to be solved

- data collection based on inclusion and exclusion criteria
- gather by prospective data collection 30 cases with use of data collecting sheets
- data to transformed and to be sent to country coordinators (data reporting tables)
- interpret the results of the data processing and present it to the management.



Problem to be solved 2.

Identified problems:

- Guidelines:
 - there was no up-to-date national guideline
 - Guidelines are not factual, applicable or detailed enough
- Local protocols- often they are missing or out of value
- Local practice is too variable
- There is data collection in many places (details, accuracy, analysis and feedback is not enough)
- Surveillance isn't systematical and extensive in hospitals
 - Local infection control leaders decides which ward should be involved into the surveillance
- Several generic drugs are in use
- Difficulties with dosage unit
- Patient weight missing
- Problems with acceptance of single shot treatment



Successes –problems solved successfully

- University and national institute joined to the program
- Ensuring the continuity of the data collection- with the help of unit nurses, anesthesiology assistants
- Documenting the time (hour, min) became general.
- Better communication and cooperation between units (ward, OT, anest)
- The practice improves during the data collection period
- 2 new tracer procedures were involved into the Hungarian Program (TURP, pacemaker)



Failures

- New national guideline for ab. Prophylaxis were not published

BUT the national guidelines are being restructured. Deadline:

- The feedback of the results to the hospitals often been sent with significant delay.

Unanticipated problems

- The diversity of available literature and recommendations
- “Crashing” the “We are good and we have done it like this for years”.
- Hard to maintain the continuous motivation.
- Difficulties with data quality, need of multiple consultations, and corrections



Suggestions

- To gain support of the hospital management – single shoot- cut costs
- Accepting the protocol, making the professionals accept it is the foundation of the project, if it has not happened, we cannot step forward.
- There has to be enough time to prepare for the project. The elements of the data sheet and the process have to be interpreted with the ones responsible for filling it in.
- It is necessary to define the procedure exactly (codes, practices of coding)
- Include a wide range of colleagues, their tasks are needed to define (e.g.who will fill the data collecting sheets, where, when)
- The continuous correpondance (HC- staff)
- Motivation- feedback in short time
- Low compliance- action plan, and implementation startegy is important



Suggestions II.

- Use the proposed data sheets
- Data sheets has to be attached to the patient documentation for all patients who meet the incl. Criteria. Exclusion should be done by CC. Or IT platform. (unified methodology)
- Continous data collection, without interruption
- Before closing the data collection send the data to cc. Or use IT platform for checking if number of cases sufficient.



Development process

Lessons learnt:

- Great importance of timely feedback, need for very precise operational definitions and data collection procedures
- Considerable local adaptations were required for some indicators
- Limited contribution of international comparisons while opportunities for international benchmarking should be further developed
- PATH = Opportunity to improve data / information systems
- Empowerment of staff through feedback on performance
- Ensure partnership between all involved. Thus all parties should be held accountable in demonstrating the true picture of their performance.
- Workshops to provide feedback were taken very well; managers wanted to understand why one was better than another.
- Major role of local facilitation teams (country and hospital coordinators)
- Synergies with other « quality projects » = success factor but they can also create competition for scarce resources
- PATH can be used as a stepstone for more ambitious national indicators projects



Development process - difficulties

- **Managing the PATH program country-wide**
 - Huge workload
 - Need for involvement of experts
 - The collected data don't always meet the inclusion-exclusion criteria. There is need for constant control, feedback and repeated data request.
 - Limited financial resources
- **Operation of the PATH program in hospitals**
 - Poor knowledge and experience related to indicators
 - Huge workload
 - Need for organized and coordinated cooperation and work
 - Lack of resources (personnel and financial)



Opportunities for the PATH project in the countries

- Understand the situation with data reporting in your healthcare system: the quality of the existing data and identification of key indicators
- Use PATH as an entry point for creating an enabling environment to build a culture of measurement, continuous quality improvement and performance management
- Relate PATH to the accreditation program
 - Implement the PATH indicators to the program
 - Apply the PATH methodology experiences when developing indicators for accreditation program
- Strengthen the connection with the national adverse event reporting and learning system



You are welcome to contact us

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