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Building Quality Development  
Programme in Slovakia

Inception Report

Senter  
MAT03/SK/9/1

**Consortium**

**Interaction in Health - Public Health Consultants**  
**AGIS – Health Insurance Company**  
**Department of Social Medicine AMC/University of Amsterdam**  
**Department Health Management Trnava University**  
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## List of Acronyms

AGIS	Agis Health Insurance Company
AMC/UvA	Academic Medical Centre - University of Amsterdam
AWBZ	Medical Expenses Act
CBO	Dutch Institute of Healthcare Improvement
CME	Continuous Medical Education
COTG	Netherlands Tariff Authority
EU	European Union
HKZ	Dutch Certification Institute in Health Care
IAH	Interaction in Health Ltd.
ISTAHC	International Society of Technology Assessment in Health Care
HCSA	Health Care Surveillance Authority
HMS	Health Management School Bratislava
LHV	National Association of family doctors (Netherlands)
LSV	National Association of medical specialists (Netherlands)
MoH	Ministry of Health
MPAP	Matra Pre-accession Projects Programme
NIAZ	Netherlands Institute for Accreditation of Hospitals
OECD	Organisation Economic Co-operation Development
PPA	PSO Pre-accession Programme
ToR	Terms of Reference
UvA	University of Amsterdam
VWS	Dutch Ministry of Public Health, Welfare and Sports
WHO	World Health Organisation
ZON/mw	Dutch Council on Research and Development

## 1. EXECUTIVE SUMMARY

This programme is developed to support the Ministry of Health of the Slovak Republic in the development and execution of adequate quality policies as part of the ongoing reforms of the Slovak Health Care System. With the transition to a more liberal health care system and the membership of the EU, assuring the quality of health care delivery has increasing importance. The programme should provide the ministry with relevant and state of the art knowledge and tools to decide on the further introduction of quality policies towards professionals, institutions and financiers. Concrete products of this two-year programme are:

### 1. Inventory and analysis

An assessment of the existing quality of care policies in the Slovak Republic with respect to professionals (mainly physicians) and institutions (mainly hospitals and primary care facilities) as compared with the existing policies in The Netherlands and other EU countries. Findings will be described and specific reports will be produced on:

- a) Continuous Medical Education (situation in Slovakia compared with international situation)
- b) Technological Standards in Primary Care (situation in Slovakia compared with existing standards in several other countries)
- c) Quality systems for hospitals and primary care facilities (situation in Slovakia compared to existing international accreditation/certification models such as EFQM, ISO, JCAHO and functioning models in The Netherlands (NIAZ/HKZ) and the UK)
- d) Quality requirements in the contracting between financiers and providers (situation in Slovakia compared with the international literature on strategic purchasing and the existing model of AGIS in The Netherlands)

### 2. Indicators

- a) On the quality of health system performance (a set of indicators will be proposed based on the quality indicator set of the OECD and filled with available data from the Central Institute of Health Information and Statistics and the General Health Insurance Company: 10-15 indicators)
- b) On the quality of hospital performance (a set of indicators will be proposed based on the quality indicator sets of WHO/EURO and the Dutch inspectorate of health and tested in a selected group of hospitals during a pilot: 10-15 indicators)
- c) On the quality of primary care (a set of indicators will be proposed based on quality indicators for primary care from the NHS and tested in a pilot in primary care: 10-15 indicators)

### 3. Guidelines

- a) Assessment of the quality of existing sets of clinical guidelines in the Slovak Republic with the help of the AGREE instrument (a validated instrument to assess the quality of guidelines developed as part of a EU research programme)
- b) Provision of a manual on evidence-based guideline development
- c) Support with the development of a limited set of guidelines with the help of the manual on relevant clinical topics, selection of appropriate guidelines based on evidence based medicine and their modification and adaptation to Slovak conditions (it means all guidelines related to i.e. hypertension, diabetes, breast cancer)

### 4. Implementation

- a.) Advice on the further development and implementation of quality policies
- b.) Training course for policy makers, educational module and training materials on quality of care in the public health/health management curriculum developed and submitted to MoH
- c.) Quality book (systematic documentation of all the knowledge acquired within this project and made accessible for future policy makers, together with the recommendations for further implementation of quality policy – standards, education, indicators - in Slovakia )

# 1 Introduction

## 1.1 Terms of Reference and consortium

This inception report reflects the findings of the inception phase of the quality development programme (MAT 03/SK/9/1). The inception phase was implemented from January 12 – March 31 2004. A first draft of the inception report was presented mid April. The current final version is the result of several discussions with the Ministry of Health (MoH) representatives and represents a close tuning with MoH priorities and needs.

The MATRA quality development programme is a bilateral EU pre-accession programme between the Netherlands Government (represented by Senter) and the Slovak Republic. The implementing consortium is made up of Interaction in Health Ltd. Amsterdam, University of Amsterdam social medicine, Agis Health Insurance Company, University of Trnava and Health Management School Bratislava.

### Overall objective

The project aims to contribute to the accession of the Slovak Republic to the European Union. In particular the project aims to assist the Slovak Republic in creating good conditions to monitor the quality of health care provided.

### Project purpose

The purpose of the project is to “... strengthen the capacity of the Section Health Care of the Slovak Ministry of Health to guarantee that care providers can be monitored in a proper way”.

### Project results

According to the Terms of Reference and the subsequent consortiums’ proposal the following four project results are to be achieved in three subsequent project phases:

- ❑ Analysis of current system of monitoring and evaluation of quality of health services;
- ❑ Set of processes and institutional indicators developed (related to the requirements for health care institutions) for the monitoring and evaluation of the quality of health services provided;
- ❑ Set of guidelines and clinical indicators developed (describing step by step professional practices) for the monitoring and evaluation of the quality of health services provided;
- ❑ Advice developed for the Ministry of Health on the introduction of a system for internal and external quality monitoring and evaluation in the Slovak health care system.

## 1.2 Results of the inception phase

This inception report contains a SWOT analysis of the situation in quality development in the Slovak Health System and a detailed planning for activities on each of the obtainable results of the project. The approach of the consortium as proposed in the tender document of November 2003 focussed on contributing to selected points of the 8-points quality development programme of the Slovak Ministry of Health and the inclusion of all relevant stakeholders in building experience and commitment on quality in health.

The inception phase has generally endorsed and refined this approach. The major achievements of the inception phase are:

- ❑ An agreement with the MoH on the overall approach of the consortium in line with the recently published MoH White Paper on quality development in health.
- ❑ Inclusion in the project's list of activities of specific MoH requirements and priorities in accordance with the MoH Quality Development programme.
- ❑ Identification of quality assurance instruments and procedures.
- ❑ Formalisation of stakeholder commitment and participation through a national quality development taskforce.

Co-ordination and a plan for joint activities with the WHO project on hospital indicators (Performance Assessment Tool for quality improvement in Hospitals (PATH)). Co-operation with the present activities/projects/initiatives in the field of quality policy provided by e.g. WHO (Performance Assessment Tool for quality improvement in Hospitals (PATH))

### **1.3 Structure of the inception report**

This inception report describes in section 2 the activities implemented during this period, the progress made in clarifying background, activities and requirements. This section provides information on the main findings, as well as findings specified per expected result, which constitute the basis for the work plan for the project implementation phase.

Section 3 provides an overall work plan based on the Terms of Reference with necessary modifications on the basis of developments since the publication of the TOR.

Section 4 gives a detailed work plan for the coming quarter (from April – June 2004) wherein a start will be made with achieving result 1, inventory and analysis of current system of monitoring and evaluation of health services, and with result 2, indicators (PATH conference)

Annexes contain the logical framework (I), Gantt chart and staff schedule (II), budget (III) and additional CV's of consultants (IV).

Annex V gives an overview and description of resources and concepts.

Annex VI gives selection criteria and a preliminary set-up for the pilots under results 3 and 4.

Annex VII gives a preliminary overview of relevant products for health insurance companies.

## 2. Progress in the inception phase

### 2.2 Missions carried out during the inception phase

#### 2.2.1 Introduction mission

E. Heijdelberg (IAH) and Aldien Poll (AGIS) carried out the first mission from 18th to 22nd of January 2004. They worked alongside Lucia Lenartova (local assistant project manager) and Martin Rusnak, senior consultant Trnava University. This mission was a familiarisation mission with the state of the art in the quality development programme in the MoH as well as with relevant stakeholders.

A major discussion point was the compliance of the project with the national policies on quality development and the MoH expectations on the project. For MoH the quality development programme is instrumental in implementing the health reforms. Projects are very much valued on their contribution to this.

The following meetings were held:

- A series of interviews with senior representatives of stakeholders in the Slovak health system and quality development therein. MUDr. Pasztor - president of Slovak Association of General Practitioners:
  - Dr. De Riggo - Quality and Accreditation Committee of the Slovak Society for Quality;
  - Prof. MUDr. Kristufek – president of Slovak Medical Society;
  - Ing. Kvasnica – president of Association of Health Insurance Companies (AHIC)

The stakeholders stressed the momentum for quality development in the Slovak Republic and gave an overview of current practices and challenges. More specifically certification for general practitioners was mentioned in the fields of ethical and professional expertise, minimal medical equipment and public health hygiene standards. The Slovak Society for Quality highlighted its endeavours for developing ISO standards, a monitoring system and accreditation committee. The Slovak Medical Society discussed the need for an official accreditation system for education and the need for improvement of quality control. The role of health insurance funds in quality control was discussed, among others the role of doctor inspectors therein and special roles for the insurers under the new legislation.

- Ing. Steliarova – The Office of Slovak Government, discussed the necessary coordination of the project with the upcoming Worldbank project.
- MUDr. Sedlakova – WHO Liaison Officer in Slovak Republic, discussed possibilities to cooperate between the project and WHO initiatives on indicators and strategic purchasing of services.
- Two meetings were held with MoH representatives. Ing. Kralik – general director of Section Economics and Informatics MUDr. Szalay – health care reform team representative Ing. Skublova – Sector Aid coordinator. PhDr. Benusova – director of the Department of Organisation, Management and Licences Mgr. Kovacova – project administrator

E. Heijdelberg gave a presentation of the outline of the project and its contributions to the MoH quality development programme. MoH presented the following points to picture the current state of development of the quality development programme:

- A White Paper on quality development is under preparation following the principles of privatisation and delegation of responsibilities to health insurance companies and regional government.

- ❑ Structural standards for providers are being formulated on the levels of education, equipment and facilities. The medical association is preparing a credit point system in compliance with European standards. An accreditation committee on education was installed.
- ❑ Standardization of processes in institutions focuses on logistical processes of facility services, primary care processes and financial processes. ISO certification is mentioned as an important starting point.
- ❑ Guidelines and clinical indicators will focus on structure and process indicators.
- ❑ Monitoring of financial output and health gain is still under discussion.
- ❑ The Health Care Surveillance Authority foreseen will give out licences for health insurance companies, monitor solvability, risk adjusted capitation/ redistribution, and monitoring of the quality of provided health services.
- ❑ A quality award has been established, and first prize was awarded.

### 2.1.2 Follow up mission

A second mission was implemented February 15 -19 (Heydelberg, Klazinga). Detailed discussion about proposed particular project activities with the reform team in accordance with MoH priorities were the key objective of the mission. The MoH explained its White Paper on Quality policy of the MoH, which will lead the quality policies in the Slovak Republic. Additionally MoH issued a Letter of commitment (for the purposes of the realization of the project), stating Dr Szalay, MoH project manager on quality issues, as the first counterpart. The liaison officer of the project (Lenartova) was installed in the Project unit for foreign aid at the MoH. The field of stakeholders was mapped out furthermore, now focussing especially on the possibilities to include key stakeholders in a joint taskforce to guide the activities of the project and advice on implementation of its results.

MUDr. Sedlakova - WHO Liason Officer in Slovak Republic

Dr. Sedlakova informed about the WHO project on Hospital Indicators and practice guidelines (PATH). Prof. Klazinga stressed that for the start up of both projects (MATRA and WHO) he sees performance indicators within the continuum of care as a priority. Heydelberg expressed the need to focus on selection of hospitals in different areas, in pilots – use existing documents, identify hospitals where to send questionnaire. All participants agreed to arrange for a start up conference in late May or early June (data will be finalized based on availability of WHO and MATRA experts) 2004 for 2 days in a vicinity of Bratislava. Dr. Sedlakova will arrange a support from the MoH (accommodation, interpretation, etc.). The program will consist from 2 parts: 1st day will be devoted to WHO initiative and the second day to MATRA project. Suggested participants will be determined in two weeks time.

Discussions were held with the following stakeholders:

- ❑ **MUDr. Rolna** - representative of General Health Insurance Company (GHI)
- ❑ **Dr. Ladislav Pasztor** – president of Privat Physician`s Association (PHA)
- ❑ **Prof. Chmelik** – Trnava University, Dep. Of Public Health
- ❑ **MUDr. Findo** – advisor to MoH, general director of Health Care Centre Nova Med
- ❑ **MUDr. Gajdos** – advisor to MoH, director of Hospital in Humenne
- ❑ **Ing. Dorcak** – general director of Insurance Company Sideria-Istota
- ❑ **Prof. MUDr. Dragula** – chairman of Quality and Accreditation Committee of the Slovak Society for Quality; prezident of Slovak Medical Chamber
- ❑ **Prof Kristufek** –
- ❑ **Ing. Ondrejka** – director of Institute of Health Informations and Statistic
- ❑ **Dr. Rychlikova** – Chief statistician at General Health Insurance
- ❑ **Prof. Holoman and Dr. Glasa** – Slovak Health University
- ❑ **MUDr Sedlacek** – president of Association of Slovak Hospitals
- ❑ **MUDr. Risnovsky** – regional government, Health Dep. Banska Bystrica

**Subjects covered were:**

- ❑ The role of health insurance in quality control. Especially on quality indicators in contracting and existing data and rules for contracts.  
The following key points on quality assurance and health insurance were highlighted:
  - ❑ capitation system in outpatient care
  - ❑ statement for payment, price regulation for GP's from MoH
  - ❑ special fund for special diseases
  - ❑ regulation for one day surgery
  - ❑ co-operation with Private Physicians Association on implementing quality standards
  - ❑ data available: day of admission, day of discharge, diagnosis, therapy, patient identifier
  - ❑ role of inspector physicians
  
- ❑ Criteria developed to measure efficiency of hospitalisations. Among these re-admissions within 1 to 6 months; mortality during hospitalisation; mortality within 30 days). Available data: costs for allied services, costs for specialized outpatient treatment, average length of stay. Catchment areas are defined by a location of branch office.
  
- ❑ Existing professional guidelines in the Slovak health system, recent initiatives to develop and assess these and the role of the MoH categorization and catalogue committee.
  
- ❑ Practices of licensing, accreditation and certification in the Slovak health system and the role of the professional associations and bodies therein. Internal auditing, peer review and other quality instruments were also highlighted. A discussion on the introduction of ISO standards was held as well and recent initiatives mapped out.
  
- ❑ Existing data on population and institutional levels.
  - ❑ List of diseases monitored by law
  - ❑ Special registries (TBC, DM, Oncology register and cardiovascular diseases) collected on regional level.
  - ❑ Each citizen in Slovakia has unique identification number, which could be used in linking health data with other data.
  
- ❑ The role of regional government in quality assurance. On regional level data on financing and clinical performance are collected (% of complications, # of beds, length of stay, # of procedures on each patient). Regional government co-operates with insurance companies on data collection.
  
- ❑ Other elements:
  - ❑ Development of regional health policies
  - ❑ Complaints handling
  - ❑ Support from Slovak Health Society
  - ❑ Quality control by Medical Chamber

Meeting with the following MoH officials:

- ❑ Dr. Kvetoslava Benusova,
- ❑ Dr. Svatopluk Hlavacka, ,
- ❑ Mgr. Martina Kovacova,
- ❑ Ing. Zuzana Skublova,
- ❑ Dr. Tomas Szalay

The aim of the meeting was to discuss how the Project complies with national policies and with expectations of MoH administration and the project's ToR.

Dr. Szalay has introduced the draft of the White Paper on Health Care Quality, which has been developed by MoH. He also briefed on a meeting with representatives of World Bank project who

expressed their expectations in the area of outcome indicators. He also stressed an importance of catalogue committee and need to set level of co-payment for each diagnosis.

Dr. Hlavacka mentioned:

- GHI – criteria and feedback of process measuring outcomes
- Role of Inspectorate as Surveillance authority: Auditing for providers, insurance companies
- External auditing bodies
- New legislation.

The Minister of Health, MUDr. Rudolf Zajac, after being briefed by Dr. Heydelberg on the project's aims, expressed his interest in three areas: standardization and categorization of care providers, where Dr. Stofko has experiences, continuous education, where Dr. Rusnakova possesses expertise and evidence based practice. Dr Zajac again stressed the role of Dr. Szalay as the principal co-ordinator of quality related processes and programs within the MoH.

### **Presentation of State of the Art**

A presentation of 'The state of the art in quality of care' was held by Klazinga. He presented a reference framework, incentive structure, patient needs and demands and the role of providers and government. The presentation was held for an audience of fifty experts representing all different stakeholders in the Slovak health system.

The presentation gave the methodological pathway of the programme focussing on the key positions of providers, health insurance, local government and role of patient/consumer. Considerations in developing quality policies were mentioned that directly reflects the foreseen contribution of the project:

- relation of quality policies with foreseen health system design (insurance system, privatisation's)
- role of government in the health care system (politics)
- role of patients, citizens, tax-payers, insured, employers and employees
- self-regulation professions (professionalisation / scientisation, role of specialists, general practitioners, allied health professionals and nurses, push and pull policies)
- self-regulation institutions (accreditation, planning, modernisation towards home care/nursing home care, organised delivery systems)
- information / indicators
- balancing internal dynamics and external control

This outline is reflected in the flow of interventions/activities that the project will implement. As such the presentation was agenda setting for the meetings with stakeholders and MoH.

### **Wrap-up meeting representatives from MoH**

Dr. Svatopluk Hlavacka, Mgr. Martina Kovacova, Ing. Zuzana Skublova, Dr. Tomas Szalay Prof. Klazinga gave an overview of the project's focus and the Consortium's approach. He also explained the flow of the project activities as well as major tools of implementation:

- Task force, workshops
- Guidelines, agree instruments, indicators
- Pilots (hospitals/primary care)
- Education
- Advisory, implementation (questionnaires, results, policy formulation)
- Plan of inception report in month.

Dr. Szalay summarized priorities of MoH in the field of quality policy, that should be implemented within the project (everything has to be done according to health care reform and new legislation):

- STRUCTURE (technical equipment/continuous education)
- PROCESS (which process standardised/which methodology used/implementation of quality manual)

□ RESULTS (indicators)

Conclusions were reached, the direct MoH priorities will be fulfilled with the proposed inventory and tools foreseen in the project.

## 2.2 Analysis of situation and perspective

### 2.2.1 Overall findings and results of inception phase

#### Overall findings

During the inception phase it was found that various quality assurance activities are already, for some time, present in the Slovak health system. Many different stakeholders are involved in this, especially from the professional associations and the health insurance sector. Most quality assurance activities however have no basis in established legal and administrative procedures. Professional associations and individual institutions have taken up many activities. There is a genuine feeling of momentum and commitment among the majority of stakeholders to engage further in quality development.

The basic data on institutions and health services (resource: routine health statistics and data from insurance companies) in the Slovak Republic are available.

The government White Paper on quality assurance is meant to guide this process of quality development along a line of contributing towards the quality of Structure – Process – Result in health care. The White Paper (MOH Quality development plan) gives an overall framework for the Matra project and the World Bank project.

The MoH highlighted the desired activities of the project to contribute to this mainline of the quality development programme.

To improve quality development on the structure of health services, the MoH prioritises on developing minimal technical standards, minimal qualification standards and a system of continuous education. These priorities will be covered in result 1 of the project.

The MoH wants to work on the process of health service delivery by focussing on:

- processes to be standardised
- methodology to be used
- development of a quality book (based on internationally recognised one)
- development or adoption and pilot implementation of guidelines and indicators

In the field of Result and Output the MoH focuses on indicators of quality and the existing categorisation and catalogue committee in the Ministry of Health.

Current initiatives in quality of care are strongly linked to the health reforms process. There is a need to balance the focus between the role of regional government (hospital ownership, monitoring), health insurers (contracting indicators, financial control) and providers / professionals (process indicators and practice guidelines). Initiatives in the field of quality of care are ready for de-centralisation and distance/autonomy from MoH.

This implies a shift towards providers, professionals, health insurance and a monitoring role for regional governments.

The Health Care Surveillance Authority that will be established under the auspices of MoH when legislation will have passed through parliament will be responsible for issuing licenses for health care insurance companies, monitoring solvability, redistribution and monitoring quality of care.

The contribution of the project towards the MoH 8-point quality development programme as given in the project proposal is endorsed. It contains 1, support to the quality policy of the Ministry of health, 3 standardisation of processes in health care institutions, 4 guidelines and clinical indicators for the quality of professional practices and 5, measuring output by creating quality indicators for outpatient and inpatient care.

## Overall results

In the inception phase a taskforce quality assurance was identified and formed out of key stakeholders which will have as its task to oversee inventory, drafting ToRs of pilots and guide pilot execution (see paragraph 3.2 project organisation).

The project has strengthened its impact on the policy process by ensuring it works well within the government White paper on quality assurance.

The project secured a first step to make a link between the MoH and VWS (MoH the Netherlands) through a discussion with Mr Wognum, quality assurance officer VWS. Mr Wognum will take part in the May PAC meeting.

The request by Senter to provide an analysis of the legal framework for monitoring of the quality of care as well as the exact role of the foreseen Health Care Surveillance Authority could not yet be given. Legislation texts have not been brought before parliament and were not yet available for translation. The relevant paragraph in the white paper gives the following outline:

“The fundamental instruments for implementation of the quality policy will be the reform acts, which determine the basic rules for improvement of quality system:

1. **The health care providers act** - defines the obligation of the provider to introduce and permanently improve the quality system. Subsequently, this system depends also on his education and on the processes and results of the achieved health care. The act also determines, who is responsible to control the quality system of the provider. The provider will be able to obtain the certificate on the quality system.
2. **The health care act** – for the first time, introduces in Slovakia the term “*correctly provided health care*” (health care “*lege artis*”): The health care is provided correctly, if (without redundant delays) all necessary procedures needed to determine the correct diagnosis will be executed in accordance with the proper therapeutic methods.
3. **The scope of the health care act** – establishes cataloguing committee, which will assign to each disease optimal scope and frequency of diagnostic and therapeutic procedures.
4. **The health insurance companies and Health Care surveillance authority act** – sets out strict conditions for the purchase of health care and for the creation of the competitive environment. The act establishes also the Health Care surveillance authority, which will monitor and enforce the health care “*lege artis*”.

A detailed workplan was made that mainly follows the logframe from the proposal (see Gantt chart), with a strong focus on the first three quarters (up to December 2004) which entails result 1 (inventory and analysis) and preparation of results 2 and 3 (guidelines and indicators)

The methodology for the inventory was developed. This follows the State of the Art presentation by Klazinga. The methodology will make use of available databases (statistics of health insurance and statistical office) and links these with WHO /OECD indicators.

Main resources for state of the art are identified such as represented in the State of the Art Presentation, databases and guidelines of scientific medical societies.

Network partners for the project have been identified through a first concise inventory of stakeholders active in quality of care, such as scientific societies, universities, health ins. funds, MoH advisors. Stakeholders were asked to contribute to the programme, to which they agreed in the form of accepting the idea of a taskforce.

Co-operation with the WHO PATH initiative led to the proposal of a joint general workshop on strategic purchasing of care and use of common indicators for internal self-evaluation of hospitals.

Since the ‘winners’ of the long- and short lists of the WB project are not yet known, the start of this project is not foreseen before the mid of 2005. The Matra project can be seen as one of the fundamentals on which the WB project can implement their targets.

It is most likely that the Slovakian experts and consultants now identified for the Matra project will also be involved in the WB project. World bank implementor on quality of care is not yet selected, the quality development manager of MoH, dr. Szalay, will participate in the taskforce.

The local assistant project manager Dr. Lucia Lenartova visited the Netherlands from March 14-19. She familiarised herself with the methodology to analyse guidelines (agree instrument) at the AMC social medicine department and was exposed to recent practices in quality care purchasing at Agis insurance company. In the same time she has met most of Dutch consultants involved in the project and brought along number of documents supporting the project implementation. She also went through extensive briefing on administrating the project provided from the contractor’s office.

### **2.2.2 Findings in relation to expected Result 1 Analysis**

The inventory and analysis of experience and practices in Slovakia in relation to international policies and trends is endorsed as feasible. The project’s presentation of the State of the Art was recognised as a viable and stimulating incentive to start this process. Slovak partners as identified so far are all interested and motivated to co-operate. It seems that there is enough local interest in the medical society to support the activity.

The field welcomes the organisational set-up in the form of a taskforce. The MoH has indeed secured good working conditions for the project by nominating a counterpart (the quality manager) and enabling the project local assistant manager to function in the MoH.

### **2.2.3 Findings in relation to expected Results 2 and 3 Indicators and Guidelines**

The proposal to test institutional indicators and guidelines and clinical indicators through a number of selected pilots was discussed. It is a feasible approach to prevent purely theoretic methodological results. Moreover it will contribute to the commitment and involvement of multiple stakeholders in the development of quality assurance. The health insurance sector and regional government were suggested to be involved in the pilots, and however will be attracted by the practical scope of these. A series of workshops for these stakeholders will be part of the activities under results 2 and 3. The project local assistant manager will act as bedding for collection of outcomes of the pilots and their dissemination to other stakeholders. This should be provided in close cooperation with the Department of Organisation, Management, Licensing of Section of Health Care MoH, that will secure the maintenance and sustainability of knowledge gained. These matters will be discussed together with Result 2 and 3. It was found that routinely collected statistics are not sufficient for fulfilling the tasks, however, there is a component within the World Bank project, which is going to address this issue with the Institute of Health Information and Statistics. In this context it is important to keep close contacts with that development and to cooperate with the implementing organization. Already confirmed close cooperation with the WHO’s PATH project represents another important part of the approach.

### **2.2.4 Findings in relation to expected Result 4 Implementation advice**

The overall impression from MoH and other stakeholders is that this project should be a productive part, however modest, of the overall improvement of the quality of care in the Slovak Republic.

Earlier projects on the quality of care have either been rather isolated and/or not made practical. The implementation advice to be developed as result 4 of the project will contribute to sustainability and overall to the body of knowledge in SR on quality assurance. The establishment of the taskforce, made up of multiple stakeholders and the closely-knit relation between the project and the overall quality development programme of the MoH will contribute to the effectiveness of the implementation advice. The implementation advice will play a role in linking up with the, at that time active, World bank programme on quality assurance. The inception phase discussions made clear that the advice would have a broader impact than to be directed mainly to the active Health Care Surveillance Authority. The advice will focus on the MoH but also on professional associations, hospitals, regional government and the role of the health insurance companies.

## **2.3 Co-ordination with other projects**

A WHO- joint workshop on strategic purchasing has been agreed on and the PATH indicator set will be shared.

A close co-operation was realised with MoH managers of the upcoming World bank programme to ensure coherence of concepts and methodologies.

## **2.4 Resource utilisation**

In the inception phase the resource utilisation was consultants time and travel only. On the Slovak side Rusnak and Lenartova contributed. Lenartova also spent five days in the Netherlands. On the Netherlands side Heijdelberg, Klazinga and Poll contributed time and travel. All resources were utilised within the planned budget.

## **3 Final Project model**

### **3.1 Results and activities**

#### **3.1.1 Logical flow of results and activities**

The project contributes towards a Slovak model of quality assurance in health. It does so in the context of the current health reforms and proposed legislative framework in the Slovak Republic. The models and instruments of the project are meant to contribute to:

- health insurance – provider contracting
- surveillance authority tasks in monitoring quality of providers and contracting

The activities foreseen in the project period follow a logical flow. Under result 1, inventory and analysis, a series of workshops, trainings, surveys, inventories and basic documents are implemented and created. These activities create the body of knowledge, made available through project local assistant manager and task force deliberations, necessary for pilots in primary care and hospital care. Preparatory activities on indicators and guidelines and the implementation of pilots will provide the results 2 (processes and institutional indicators) and 3 (guidelines and professional indicators). Result 4 (implementation advice) is subsequently designed to further enhance a sustainable Slovak quality development in health care.

Summary of project activities and mandatory deliverables per result:

#### **3.1.2 Result 1 Inventory and analysis**

##### **Activities**

An assessment of the existing quality of care policies in the Slovak Republic with respect to professionals (mainly physicians) and institutions (mainly hospitals and primary care facilities) as compared with the existing policies in The Netherlands and other EU countries. Findings of the inventory and analysis will be described in different reports.

##### **Products and deliverables**

- An overview document (including technical sub-documents) describing the current state of the art in quality of care in the Slovak Republic. This report describes existing general quality policies nationally and internationally, practical activities and procedures in the Slovak Republic and EU countries.
- Report describing the state of the art of quality systems for hospitals and primary care facilities (situation in Slovakia compared to existing international accreditation/certification models such as EFQM, ISO, JCAHO and functioning models in The Netherlands (NIAZ/HKZ) and the UK).
- Report on Technological Standards in Primary Care (situation in Slovakia compared with existing standards in several other countries)
- Report on Continuing Medical Education policies, structures and activities (situation in Slovakia compared with international situation)
- Report on quality requirements in the contracting between financiers and providers (situation in Slovakia compared with the international literature on strategic purchasing and the existing model of AGIS in The Netherlands)

### 3.1.3 Result 2 Process and institutional indicators

#### Activities

- A joint workshop on strategic purchasing with the WHO Observatory PATH initiative.
- A workshop on presentation and explanation of the means, such as external audit, of application selected international quality systems on institutional level, accreditation and certification included.
- Development of an educational module and materials on quality of care in the public health/health management curriculum with the help of the Trnava University.
- Teams of Slovak experts on study visit to the Netherlands as a contribution to the inventory of state of the art and a preparation for the pilots.
- Study visits to Austria and Hungary for similar, small-scale projects.
- Set up of health system indicators (based on the quality indicator set of the OECD and filled with available data from the Central Institute of Health Information and Statistics and the General Insurance), hospitals/institutional indicators (based on the quality indicator sets of WHO/EURO and the Dutch (Hospital Performance Indicators 2003) inspectorate of Health and tested in a selected group of hospitals during a pilot) and primary care indicators (based on quality indicators for primary care from the NHS and tested in a pilot in primary care)
- Preparation of pilots and questionnaires.
  - Pilots in all Faculty and University Hospitals and all regional hospitals (in responsibility of all VÚCs) in Slovakia – the cooperation/involvement of all hospitals mentioned will be secured by Ministry of Health SR – the Section Health Care;
  - Pilots in all primary care settings (GP not pediatricists) within the Banská Bystrica VÚC - the cooperation/involvement of all primary care settings mentioned will be ensured by project's consortium
- Workshop on dissemination /co-ordination of pilot results with health insurance funds and local government
- Wrap up of results

#### Products and deliverables

- Transfer of knowledge related to PATH initiative, expression of interest to participate in the pilots in this project.
- List of recommendations relating to main priorities in the area of external quality assurance for the Slovak Republic.
- Educational module and materials on quality of care in the public health/health management curriculum developed and submitted to MoH.
- Proposed indicator set on health system performance (10-15 indicators) tested and implemented.
- Proposed indicator set on the quality of hospital/institutional performance (10-15 indicators) tested and implemented.
- Proposed indicators set on the quality of primary care (10-15 indicators) tested and implemented.
- Sensitivation of appropriate community – dissemination of information.
- Policy document lining out different roles of stakeholders and policy, financial and human resource conditions for implementation as a special chapter of the future Quality book

### 3.1.4 Result 3 Process and clinical indicators/guidelines

#### Activities

In addition to the inventory on existing databases described under result 2, an inventory is made on the existing clinical practice guidelines in the SR, especially the ones developed by the scientific societies (SMS) and the committee for rationalisation of therapeutically drug use. The guidelines are collected and their quality is assessed with the help of the AGREE instrument, a tool developed as part of an EU-Biomed project to assess the quality of practice guidelines.

- An inventory on existing clinical practice guidelines in the SR, especially the ones developed by the scientific societies (SMS) and the committee for rationalisation of therapeutically drug use.
- Assessment of the quality of existing sets of clinical guidelines in the Slovak Republic and other international recognised guidelines with the help of the AGREE instrument (a validated instrument to assess the quality of guidelines developed as part of a EU research programme)
- Training of local experts with the AGREE instrument and development of user manual.
- Development of a model for ongoing design of guidelines (role of professionals, patients, contracting health insurance fund).
- Provision of a manual on evidence-based guideline development.
- Support with the development of a limited set of guidelines with the help of the manual on relevant clinical topics, selection of appropriate guidelines based on evidence based medicine and their modification and adaptation to Slovak conditions (it means all guidelines related to i.e. hypertension, diabetes, breast cancer)
- Assessment of Continuous Medical Education (CME.), comparison with international praxis and recommendations for SR in this area

#### **Products and deliverables**

- Report on existence and quality of local guidelines. Included will be an assessment of selected guidelines from international sources for implementation in Slovakia.
- All guidelines on relevant clinical topics selected, assessed, adapted, tested and practically implemented under proposed pilots (the same as for indicators) to Slovak conditions and submitted to MoH.
- Training module for local experts on the AGREE instrument, development and production of user manual, relevant people trained to use the AGREE instrument and tested in the end of the training, list of professionals trained to use the AGREE instrument in relevant field
- A training module (methodology and materials) of Evidence based guideline development, training of relevant professionals to be familiar with the methodology provided
- Complete set of guidelines on relevant clinical topics submitted to MoH
- CME policy document

### **3.1.5 Result 4 Implementation advice**

#### **Activities**

- An advisory and design process based upon the outcomes of the inventory, the case studies and the identified conditions for implementation.
  - Refinement of guidelines and indicators on the basis of experience gained.
  - Identification of feasible mechanisms of quality monitoring and feedback systems suitable for the Slovak situation
  - A set of specific trainings, provided by consultants/implementation team under this projects with cooperation of WHO and Worldbank experts, national stakeholders and (medical) training institutes for future employees of the HCSA , MoH and other relevant experts.. The workshops, to be further defined upon results 2 and 3 are: process and institutional indicators; guidelines and clinical indicators; capacity building and training for quality; and policy, legislative aspects and governance mechanisms in monitoring quality.
  - A national conference will be the forum for presentation of the overall advice.

#### **Products and deliverables**

- Integrated advice on the overall implementation of quality assurance and monitoring in Slovakia. The advice will include a tested, mutually accepted and endorsed (by stakeholders) list of process and institutional indicators for hospitals and general practitioners, a set of guidelines and clinical indicators and a monitoring mechanism for each of these. The advice will contain maintenance

and sustainability of the practices proposed including, developed proposed modules for basic and postdoctoral education in medicine and health management in Slovakia.

- Training course for policy makers
- Quality book consisting of tailor-made approaches adapting internationally proven best practices in the area of quality systems.

## 3.2 Implementation

### 3.2.1 Overall work plan

Result 1: Analysis of current system of monitoring and evaluation of quality of health services						
Activity	Products and deliverables	Expected starting date	Started on	completed	In progress	Expected completion date
An assessment of the existing quality of care policies in the Slovak Republic with respect to professionals and institutions as compared with the existing policies in The Netherlands and other EU countries.	An overview document (including technical sub-documents) describing the current state of the art in quality of care in the Slovak Republic.	01-05-04				01-10-04
Inventory state of the art quality systems	Report describing the state of the art of quality systems for hospitals and primary care facilities. (Situation in Slovakia compared to existing international accreditation/certification models such as EFQM, ISO, JCAHO and functioning models in The Netherlands (NIAZ/HKZ) and the UK).	01-06-04				01-12-04
Assessment on technological Standards in Primary Care	Report on Technological Standards in Primary Care. (Situation in Slovakia compared with existing standards in several other countries)	01-06-04				01-12-04
Assessment on continuing medical education policies, structures and activities.	Report on Continuing Medical Education policies, structures and activities. (Situation in Slovakia compared with international situation)	01-06-04				01-12-04
Overview on quality requirements in the contracting between financiers and providers	Report on quality requirements in the contracting between financiers and providers. (Situation in Slovakia compared with the international literature on strategic purchasing and the existing model of AGIS in The Netherlands)	01-06-04				01-12-04

<b>Result 2: Set of process and institutional indicators</b>						
<b>Activity</b>	<b>Products and deliverables</b>	<b>Expected starting date</b>	<b>Started on</b>	<b>Completed</b>	<b>In progress</b>	<b>Expected completion date</b>
A joint workshop on strategic purchasing with the WHO Observatory PATH initiative.	Transfer of knowledge related to PATH initiative, expression of interest to participate in the pilots in this project.	01-05-04				30-06-04
A workshop on presentation and explanation of the means, such as external audit, of application selected international quality systems on institutional level, accreditation and certification included.	List of recommendations relating to main priorities in the area of external quality assurance for the Slovak Republic.	01-09-04				01-10-04
Development of an educational module and materials on quality of care in the public health/health management curriculum with the help of the Trnava University.	Educational module and materials on quality of care in the public health/health management curriculum developed and submitted to MoH.	01-10-04				01-01-05
Teams of Slovak experts on study visit to the Netherlands as a contribution to the inventory of state of the art and a preparation for the pilots.	Insight in the role of different stakeholders in designing and implementing indicator sets and monitoring its use.	01-09-04				01-11-04
Study visits to Austria and Hungary for similar, small-scale projects.	Exchange of experiences.	01-10-04				01-01-05
Set up of health system indicators (based on the quality indicator set of the OECD and filled with available data from the Central Institute of Health Information and Statistics and the General Insurance), hospitals/institutional indicators (based on the quality indicator sets of WHO/EURO and the Dutch (Hospital Performance Indicators 2003) inspectorate of Health and tested in a selected group of hospitals during a pilot) and primary care indicators (based on quality indicators for primary care from the NHS and tested in a pilot in primary care)	- Proposed indicator set on health system performance (10-15 indicators) tested and implemented. - Proposed indicator set on the quality of hospital/institutional performance (10-15 indicators) tested and implemented. - Proposed indicators set on the quality of primary care (10-15 indicators) tested and implemented.	01-02-05				01-08-05
Workshop on dissemination /co-ordination of pilot results with health insurance funds and local government	Sensitivation of appropriate community – dissemination of information.	01-02-05				01-08-05
Preparation of pilots and questionnaires.	Start of pilots	01-02-05				01-03-05

Pilots in all Faculty and University Hospitals and all regional hospitals (in responsibility of all VÚCs) in Slovakia.	Implementing / calculating indicator set in hospitals / Annual quality report	01-02-05				01-08-05
Pilots in all primary care settings (GP not pediatricists) within the Banská Bystrica VÚC.	Implementing / calculating indicator set in primary care setting	01-02-05				01-08-05
Summary of results.	Presentation in a forum	01-09-05				01-10-05
Wrap up with a focus on roles of stakeholders.	Policy document lining out different roles of stakeholders and policy, financial and human resource conditions for implementation as a special chapter of the future Quality book.	01-09-05				01-10-05

<b>Result 3: Set of guidelines and clinical indicators</b>						
<b>Activity</b>	<b>Products and deliverables</b>	<b>Expected starting date</b>	<b>Started on</b>	<b>Completed</b>	<b>In progress</b>	<b>Expected completion date</b>
An inventory on existing clinical practice guidelines in the SR, especially the ones developed by the scientific societies (SMS) and the committee for rationalisation of therapeutically drug use.	Report on existence and quality of local guidelines. Included will be an assessment of selected guidelines from international sources for implementation in Slovakia.	01-06-04				01-11-04
Assessment of the quality of existing sets of clinical guidelines in the Slovak Republic and other international recognised guidelines with the help of the AGREE instrument (a validated instrument to assess the quality of guidelines developed as part of a EU research programme).	All guidelines on relevant clinical topics selected, assessed, adapted, tested and practically implemented under proposed pilots (the same as for indicators) to Slovak conditions and submitted to MoH.	01-06-04				01-12-04
Training of local expert with the AGREE instrument and development of user manual.	Training module for local experts on the AGREE instrument, development and production of user manual, relevant people trained to use the AGREE instrument and tested in the end of the training, list of professionals trained to use the AGREE instrument in relevant field.	01-08-04				01-08-05
Development of a model for ongoing design of guidelines (role of professionals, patients, contracting health insurance fund).	Training module of evidence-based guideline development	01-08-04				01-08-05
Provision of a manual on evidence-based guideline development.	A training module (methodology and materials) of Evidence based guideline development, training of relevant professionals to be familiar with the methodology provided					
Support with the development of a limited set of guidelines with the help of the manual on relevant clinical topics, selection of	Complete set of guidelines on relevant clinical topics submitted to MoH.	01-08-04				

<p>appropriate guidelines based on evidence based medicine and their modification and adaptation to Slovak conditions (it means all guidelines related to i.e. hypertension, diabetes, breast cancer)</p>						
<p>Assessment of Continuous Medical Education (CME.), comparison with international praxis and recommendations for SR in this area.</p>	<p>CME policy document.</p>					<p>01-08-05</p>

<b>Result 4 Advice developed on the introduction of a system for internal and external quality monitoring and evaluation</b>						
<b>Activity</b>	<b>Products and deliverables</b>	<b>Expected starting date</b>	<b>Started on</b>	<b>Completed</b>	<b>In progress</b>	<b>Expected completion date</b>
Refinement of guidelines and indicators on the basis of experience gained.	Quality book consisting of tailor-made approaches adapting internationally proven best practices in the area of quality systems.	01-08-05				01-10-05
Identification of feasible mechanisms of quality monitoring and feedback systems suitable for the Slovak situation.		01-08-05				01-10-05
Revisiting experiences		01-08-05				01-10-05
A set of specific trainings, provided by consultants/implementation team under this projects with cooperation of WHO and World bank experts, national stakeholders and (medical) training institutes for future employees of the HCSA, MoH and other relevant experts. The workshops, to be further defined upon results 2 and 3 are: process and institutional indicators; guidelines and clinical indicators; capacity building and training for quality; and policy, legislative aspects and governance mechanisms in monitoring quality.	Training course for policy makers.	01-10-05				
A national conference will be the forum for presentation of the overall advice.		01-10-05				31-12-05
		01-12-05				31-12-05
		01-12-05				31-12-05

	<p>process and institutional indicators for hospitals and general practitioners, a set of guidelines and clinical indicators and a monitoring mechanism for each of these.. The advice will include maintenance and sustainability of the practices proposed, including developed proposed modules for basic and postdoctoral education in medicine and health management in Slovakia.</p>					
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### 3.2.2 Human resources

In the implementation of the project the proposed roster of Netherlands and Slovak experts as set out in the project proposal will be followed with few adaptations.

From the “pool of consultants” Dr. Guus ten Asbroek will be deployed on the basis of his expertise on indicators. Also from the pool of consultants Dr. Juraj Stofko, a pioneer on quality development in Slovakia, will play a role in organising the resources and contributions of the projects taskforce that will be formed.

Dr. Peter Findo, an expert currently working as a consultant for the Ministry of Health and chairing their categorisation committee will liaise between this task and the process of the project. He is a new consultant whose CV is included in annex III.

Dr. Johan Dalhuijsen is a new consultant in the field of primary care, who will play a role in the pilot on primary care.

It is proposed to make it possible to give out small assignments by local experts drawn from the Taskforce. This will only be done with those experts from the taskforce who are not themselves employed in the beneficiary structure of the project (MoH, pilot institutions). Budget line “pool of consultants” will be used for this purpose.

**Erik Heydelberg**, MA MSc Interaction in Health is an expert in management of public health. He has a long-term experience in the Netherlands, where he was involved in many projects of government, municipalities and non-governmental organisations. He has international experiences in various countries in Eastern Europe (and other parts of the world). He has organised various conferences and debates, bringing together social partners, creating dialogue and commitment. In the field of quality assurance he introduced quality assurance procedures (ISO, INK) and “outcome oriented” working in developing countries, in Netherlands primary health care and public health organisations and in psychiatric hospitals. He has formulated, evaluated and supervised projects in over twenty countries. He was involved in developing guidelines and protocols for primary health care in The Netherlands and in quality assurance in municipal health.

He has experience in Senter projects in Estonia and Slovakia and will perform the project management.

**Dr. Jaap Koot**, MD MBA Interaction in Health, will assist the project co-ordinator if necessary. He is a medical doctor specialised in public health and management. He has many years of experience in project management, in several projects of the Netherlands Ministry of Foreign Affairs. As consultant he is involved in health sector reforms projects in several countries. He is specialist in quality assurance, monitoring and evaluation of projects and programmes. In the Netherlands he was involved in quality assurance for municipal health services.

In Eastern Europe, he has co-ordinated the Matra projects improvement of patients’ rights in Slovakia and revision of regulations OS&H in Bulgaria. He has done three formulations for Senter: a project on health protection in Estonia, a project on disease control in Estonia and a project on health promotion in Hungary.

**Prof. Niek Klazinga**, MD, PhD, Academic Medical Centre/University of Amsterdam, is since 1999 professor of social medicine at the University of Amsterdam and chair of the department of social medicine at the Academic Medical Centre (AMC/UvA). He holds a MD degree from the State University of Groningen (1984) and a PhD degree from the Erasmus University Rotterdam (1996; thesis on quality management of medical specialist care in The Netherlands). Between 1985 and 1999 Niek Klazinga worked at the Dutch Institute for Quality Improvement in Health

Care (CBO) as (chief) scientific officer. During this period he was actively involved in quality assurance activities in hospitals and between 1989 and 1995 he was project leader of two EU funded international projects on quality assurance in European hospitals (COMAC, BIOMED I). Between 1994 and 1999 he was also a part-time associated professor at the department of Health Policy and Management at the Erasmus University Rotterdam (iBMG/EUR). Since then he is also programme director of the master programme on Health Services Research of NIHES (Netherlands Institute of Health Sciences). He participated as a partner in the EU project on external quality assurance strategies (Expert) and on the quality of practice guidelines (AGREE).

Niek Klazinga published widely in peer-reviewed journals on quality of care and has over the past 15 years given hundreds of lectures on quality in health care. His present research activities concentrate on public health and health services research, more specifically on the development and use of quality indicators and quality systems in health care systems. Present committee activities include the chairmanship of the committee on quality of Health Services Research and the committee on Effective Implementation of ZON/mw (Dutch Council on Research and Development) and membership of expert committees of the NIAZ (Dutch Accreditation Institute) and HKZ (Dutch Certification Institute in health Care). Niek Klazinga represents at present the Dutch government in the OECD project on quality indicators and serves as technical advisor towards WHO/EURO in a project on the development of a Hospital Performance Indicator Framework.

**Johan de Koning**, MPH, PhD, Academic Medical Centre/University of Amsterdam, is a quality of care researcher, with a Doctor of Philosophy degree in related field and a Master degree in public health. Next to his 5 years experiences as a quality of care researcher, studying the quality of care in cardiovascular disease prevention by general practitioners in the Netherlands, he worked for many years in Southern Africa (Transkei, Malawi, Kenya and Somalia), Suriname, Trinidad and Tobago, and the Commonwealth Caribbean. He has extensive experiences in health project management and development. Recently, he worked as a senior advisor for the Dutch Institute of Healthcare Improvement CBO, involved in guideline development and medical audit.

**Kiki Lombarts**, MSc, Academic Medical Centre/University of Amsterdam, is a researcher and consultant in the field of professional quality assurance. She has over 10 years of experience in developing, implementing and researching quality management activities of medical specialists. She is particularly interested in (external) peer review mechanisms, and has been in the forefront of introducing and researching visitation of medical specialists; a Dutch doctors-owned and -led peer review model. She has published and lectured on this topic in the Netherlands and internationally. Kiki Lombarts developed an implementation strategy for professional quality improvement (called Quality Consultation), which was nominated the implementation award in 2001. Kiki Lombarts studied Health Policy and Management at the Erasmus University in Rotterdam and will defend her PhD thesis on December 5th 2003 at the University of Amsterdam.

**Maarten Boon**, MA, Agis Insurance Company, is a health insurance and health project manager, a consultant and policy advisor with over 17 years experience in the Netherlands health system. In the last five years he build up some experience in health systems in transition in several countries. He is specialised in operational and strategic management for health care innovation (elderly care, aids and drugs, mental health care, health management information systems, quality assurance and contracting, health care domotica and social health care systems) and innovation in (social) health care insurances. He has a special interest in development of upcoming health insurance systems in East European countries. He was an advisor for health insurance systems for the Polish and Georgian governments and recently involved in education

and training programs on health insurance reforms in Romania, Slovakia, Lithuania and Poland. He is involved in long-term health projects between the Dutch government and Surinam and the Dutch Antilles. Maarten Boon has a broad experience in training and education of the Dutch health system to health care professionals and health officials of other countries (Japan, Sweden, Let land, Estonia, Denmark, Spain, United Kingdom, United States, Canada, Bosnia, Morocco, Georgia, Romania, Surinam and the Dutch Antilles). He has taught professional courses at the Nether land School of Public Health, the Universities of Utrecht and Amsterdam, the polytechnics of Amsterdam.

**Aldien Poll**, Agis Insurance Company, is a health insurance and health project manager, a consultant and policy advisor with over 8 years experience in the Netherlands health system, especially in quality care. She has build up experience in collecting information about the quality and efficiency in health care and in translating the information into performance indicators.

She is specialised in operational and strategic management for health care innovation (hospital care, primary care, health management information systems and quality health care systems) and innovation in (social) health care insurance.

She is a member of various nation wide strategic quality platforms and has special interest in ‘pay for performance’ in healthcare systems. She is inspired by the American pay for performance strategies on outcome indicators, as where she is inspired to learn the American health plans to co-operate with providers in developing quality indicators for the underlying processes and structures.

Aldien Poll is a frequent speaker on congresses and symposia.

**Johannes Dalhuijsen**, MD PHD is a medical doctor and an expert in quality assurance. He has been a lecturer at the University of Rotterdam, at the Institute for Policy Development and Management in Health Care, as well at the University of Amsterdam/Academic Medical Centre. He has been a management consultant in the Worldbank Matra Project: Practice Standards and Guidelines in Estonia, where he supported guideline development and the development of an infrastructure for quality improvement in health care, including a National Centre for Quality Health Care. In co-operation with NIVEL and the University of Maastricht, he was involved as a consultant for the Regional Quality Development of Family Practice in Hungary.

**Martin Rusnak**, M.D. CSc., Trnava University, is a medical doctor experienced in public health, health systems research, health and medical informatics, statistics, modelling, project management, computer applications, hospital and national information systems. He has been involved in projects on severe brain trauma management in 8 countries of the EU, 2 US AID projects in Slovakia, Open Society Institute in U.S., Regional Projects in Central and Eastern Europe and Newly Independent States, Albert Schweitzer Institute for the Humanities. He has also done consultancies for the WHO in Geneva and HEDEC, Finland. He is principal researcher in multinational and multicentric EU 5<sup>th</sup> Framework Program as well as in several smaller scale studies and projects in Austria. He is Executive Director of International Gesellschaft for Erforschung von Hirntraumata, non-governmental research organisation in Austria, with activities all over Europe.

**Vierra Rusnakova**, MD, PhD, MBA is an expert in quality assurance and hospital accreditation systems as well as in hospital information systems and health care statistics. She works as executive director of the Health Management School in Bratislava as well as she teaches at the Trnava University, School of Public Health and Social Work. She has a wide knowledge of human resources development in health services. She also has experience in project management, monitoring and evaluation. She was involved in a number of international projects, where she utilised her experiences from hospital management as well as information

technologies and systems. She is experienced researcher in issues of quality of care and evidence based medicine, with publication track locally and internationally.

**Peter Findo, MD**, member of the advisory board at the MoH, experienced and trained in Netherlands in health management, with special interest in quality projects and implementation of care standards.

**Juraj Stofko, MD, PhD** is a medical doctor experienced in hospital management. He is a member of MoH committee on hospital accreditation and presently employed by the Bratislava University Hospital as a medical Director. Furthermore he is Head Physician of the department of Neurology of the University Hospital of Bratislava. He is a member of the Council for Accreditation in Medicine of the Slovak National Accreditation Service, as well of the Accreditation Council of the Ministry of Health of the Slovak Republic. Dr. Findo is also a lecturer of Management at the Health Management School (HMS) in Bratislava and at the Slovak Postgraduate Academy of Medicine in Bratislava. He is a lecturer of Neurology at the Comenius University of Bratislava.

He has as well some years experience in PHARE projects as a temporary advisor of the WHO Office for Central and East European countries like the Slovak Republic, the Czech Republic, and former East Germany, Lithuania and Russia.

**Augustinus ten Asbroek, MSc**, is presently employed by the AMC/UvA in Amsterdam as a researcher. He obtained a graduation in Epidemiology at the VU in Amsterdam as well as a graduation in Health Sciences at the University of Maastricht. Ten Asbroek is experienced in policy, process and context analysis. He is the project leader of the research project: Evaluating policies, context, process, cost and effects of the implementation of respiratory disease clinical practice guidelines in primary care setting of rural Nepal.

As a health system researcher he is currently involved in the programme of Developing a conceptual framework for performance measurement of the Dutch Health System and selecting indicator areas in an intensive and iterative interactive process with multiple stakeholders. The work includes policy analysis, context analyses process evaluation and project management.

**Lucia Lenartova, Dr.**, is a public health specialist by profession and she is currently involved in PhD postgraduate study in Trnava University, researching quality indicators and evidence of good medical practice in trauma care. She performs research in specialised hospitals in Bratislava. She teaches at Trnava University. She has experience in performing monitoring and evaluation activities. During her short professional career and during her studies she demonstrated excellent administrative and communication skills both in Slovak as well as English languages

### 3.2.3 Organisation

The project organisation has overall been endorsed by MoH and stakeholders and was only slightly modified with reference to the original proposal of the consortium. The overall project management is in the hand of Erik Heydelberg, daily management of the project will be done by Lucia Lenartova, project expert based in the MoH. The MoH has nominated Dr. Tomas Szalay, as the quality coordinator on behalf of the MoH for the project.

The MoH, outlining the logistic and organisational support to the project, gave out a letter of acceptance of the project.

The major organisational achievement in the inception phase is the installation of a taskforce made up of all stakeholder in quality development in health. The taskforce represents the projects' endeavour to start working from existing experiences and practices. The taskforce will play a role in appraising

methodologies, selecting and reviewing pilots and in the development and advice on a sustainable system for quality monitoring and evaluation (project result 4).

The following experts will form the taskforce.

- ❑ PhDr. Kvetoslava Beňušová – (Chief of Department of Organisation, Management, Licencing)
- ❑ Ing. Igor Dorčák – (Advisor to Minister of Health, general director of Health Insurance comp. Sideria – Istota)
- ❑ Prof. MUDr. Milan Dragula, CSc. – (President of Slovak Medical Chamber and Slovak Society for Quality in Health Care)
- ❑ MUDr. Peter Find’o, CSc. – (Advisor to Minister of Health responsible for accreditation of hospitals and EBM processes, general director of Policlinics Nova Med)
- ❑ MUDr. Ján Gajdoš – (Deputy Minister of Health, former director of municipal hospital in Humenne)
- ❑ MUDr. Svätopluk Hlavačka, MBA. – (Chief of Health Care Department, Ministry of Health)
- ❑ Prof. MUDr. Jozef Holomáň, CSc. – (Vicepresident of Slovak Society of Clinical Pharmacology, Chair – Department of Clinical Pharmacology at Slovak Health University, member of Committee for standards in pharmacological treatments)
- ❑ Prof. MUDr. Milan Kriška, CSc. – (Chair – Department of Pharmacology at Medical School, Komenius University, member of Committee for standards in pharmacological treatments)
- ❑ Prof. MUDr. Peter Krištúfek, CSc. – (President of Slovak Medical Association)
- ❑ Ing. Peter Kvasnica – (President of Joint Health Insurance Company and the chairman of the Association of Health Insurance Companies)
- ❑ MUDr. Ladislav Pásztor – (President of Private Physician’s Association)
- ❑ MUDr. Richard Risnovsky – (Chief of Health Department, Regional Gov. Banska Bystrica)
- ❑ MUDr. Ružena Rolná, MPH. – (Medical Doctor, General Health Insurance Company, responsible for issues related to quality of care)
- ❑ RNDr. Zuzana Rýchlíková – (Chief statistician at General Health Insurance Company, developing indicators)
- ❑ MUDr. Pavol Sedláček, MPH – (Hospital Director Trencin, President of the Association of Slovak Hospitals)
- ❑ MUDr. Darina Sedláková – (WHO liaison Office in Slovakia)
- ❑ MUDr. Tomáš Szalay – (Member of reform team at MoH, responsible for MATRA project coordination)
- ❑ Ing. Zuzana Škublová – (Chief of Project Unit for Foreign Aid at MoH)
- ❑ MUDr. Juraj Štofko, MPH. – (Expert in accreditation of hospitals, first draft of an accreditation document was developed by him, Neurology Department, University Hospital)

During the project period the taskforce will meet four to five times. Moreover members of the taskforce will play a role in specific project activities.

### 3.3 Approach of the project

- ❑ Tailor-Made Solutions
- ❑ Partnership And Dialogue
- ❑ Participatory Approach In Collecting Evidence, Analysing Information And Developing Policies, Plans And Scenarios; Application Of A Wide Range Of Instruments;
- ❑ Minimizing Costs While Maximizing Effectiveness By Extensive Employment Of Internet Based Communication.

The project participants will adopt a practical and non-stereotypical approach, developing “tailor-made” solutions, which adapt internationally proven best practices to local problems with close consideration being paid to specific local conditions and history.

Participants prefer to have a partnership-orientated approach consisting of equal co-operation between professionals, based on one-on-one consultation, on-the-job training, dialogue and listening to the concerns and needs of the recipient institutions.

The consortium, at the same time, will remain committed during the project period to the delivery of all expected outputs on time and within budget.

### **Outline Of Approach**

#### **□ Flexibility oriented**

Throughout the project new ideas will be welcomed as we try to adapt plans and activities to the needs of the clients as they change. Experience gained at the grass-roots level will be indispensable for continual improvements in the implementation process. While the objectives must always govern planning, participants will take care that different ways of achieving the objectives are always carefully considered.

#### **□ Process oriented**

In accordance with the key components of the CALL we consider it necessary to divide the overall workload into sensible intervals, where progress can be identified, measured and concrete further planning can be made.

#### **□ Participation oriented**

The approach is based on what is known as “client-centred consulting“. During the lifetime of the project the process of planning, implementing and monitoring of activities will focus on the participation of all participants involved.

The consortium’s experience in other projects has shown that this combination of guidelines for operation will ensure the successful achievement of the project objectives.

## **3.4 Risks and assumptions**

The major assumption of the project is the actual implementation of the MoH 8-point quality development programme. During the inception phase this process was furthermore endorsed by the publication of the government White paper on quality, which is also component of this Inception report

The MoH has nominated counterpart staff to the project as well as secured that there is coordination and coherence between the projects inputs and interventions and other internal and external initiatives in the field of quality development. Internal committees of the MoH are linked through participation in the taskforce. Cooperation with the WHO project on indicators is secured through the organisation of a joint workshop as well as coordination in selecting pilots and through participation of WHO in the taskforce of the project.

The planned World Bank project on quality assurance has not yet been tendered and is supposed not to start until the end of 2004. The project closely coordinates with the MoH quality project manager and will most likely manage to act as a trailblazer for subsequent World Bank project activities. The projects implementation advice (result 4) may act as a landmark in this process. Moreover involvement of the relevant stakeholders in quality development through participation in the taskforce ensures coordination and continuity in this and other upcoming projects in the quality field.

### **3.5 Sustainability**

The project sustainability will be secured by continuation of the World Bank project in the field of quality development as well as implementation of tested indicators and guidelines developed under this project. Also the educational curricula on health management approved by MoH will secure the sustainability of the project in its implementation phase.

Additionally, through the taskforce of stakeholders as well as through the inclusion of Slovak MoH consultants in the project activities, sustainability of quality development activities is secured. The MoH has clearly given the project a place in its wider quality assurance programme on the basis of its policies as laid out in the recent White paper. The project has included number MoH development priorities in its list of activities. Moreover the project secures the sustainability of its pilot outcomes through workshops and seminars for regional government and health insurance companies. Through the taskforce of stakeholders, the implementation advice is rooted firmly in the policies and capacities of the major players in the field of quality assurance in the Slovak Republic. Within the MoH the project hopes to contribute to the Terms of Reference and education of quality auditors in the MoH, continued usage of indicator and guideline sets in pilot hospitals, implementation of recommendations from policy papers on standards, CME and guideline / indicator implementation.

## **4 Plans for the next reporting period**

### **4.1 Detailed work plan**

#### **4.1.1 General**

The formal start of the projects implementation will be during the planned May 3-7 mission of E. Heijdelberg and J. de Koning. During the mission on May 7 the PAC meeting will be held in Bratislava.

The second quarter of the project (April-June) 2004 will be dedicated to result 1 and some preparations for results 2 and 3. The major landmarks will be the installation of the multi disciplinary taskforce, inventory of existing practices and analysis of these practices and the necessary methodologies. Furthermore exploration will be done in the field of indicators and guidelines as well as development of training modules on quality assurance (University of Trnava). June 3-5 a workshop is organised on strategic purchasing together with WHO Path. End of September a workshop on external quality assurance instruments is held.

Actual activities are given hereunder in greater detail per result. Result 4 is not touched in the second quarter of 2004.

#### **4.1.2 Result 1 Analysis**

- An inventory of the current state of the art in quality of care in the Slovak Republic resulting in an overview document and technical sub-documents. Mapping out of general quality policies nationally and internationally, practical activities and procedures in SR.

Support activities

- A National Taskforce on quality assurance made up of key stakeholders is established and active.
- Objective to ascertain input of relevant experts and `stakeholders in SR. The taskforce will function in close collaboration with project local assistant manager. .
- Initial preparation phase for development of an educational module on quality of care in the public health/health management curriculum with the help of Trnava University

#### **4.1.3 Result 2 Process and institutional indicators**

- A joint workshop on strategic purchasing with the WHO Observatory PATH initiative June 2-4.
- An exercise (review, survey on technical equipment standards in ambulatory care.

An inventory is made of the existing databases and registries in SR especially the databases of the Central Institute for Health Statistics and the General Insurance. These databases provide a first insight in the potential for developing quality indicators on process and institutions. Based on the OECD set of quality indicators for health care systems a first attempt will be made to calculate these indicators for SR. With respect to performance indicators for hospitals the indicator set developed by WHO/EURO will be used and its concrete applicability further explored during the hospital pilots as part of phase II of the project.

#### **4.1.4 Result 3 Process and clinical indicators/guidelines**

- An exercise (review, survey) on continuous medical education.

In addition to the inventory on existing databases described under result 2, an inventory is made on the existing clinical practice guidelines in the SR, especially the ones developed by the scientific societies (SMS) and the committee for rationalisation of therapeutically drug use. The guidelines are collected and their quality is assessed with the help of the AGREE instrument, a tool developed as part of an EU-Biomed project to assess the quality of practice guidelines

#### **4.2 Human resource allocation**

Heijdelberg, Rusnak, de Koning participate in taskforce and PAC meeting,

Klazinga, Heijdelberg, Rusnak, ten Asbroek, Boon joint WHO / project workshop June

Lombarts facilitates workshop accreditation and certification (external quality assurance instruments)

Rusnakova starts with CME studies

Lenartova co-ordinates and plays role in tapping taskforce resources and inventory of current practices (indicators and guidelines)

Findo, Stofko support inventory.

## Annexes

1. Logical framework
2. Gantt chart and staff schedule
3. Budget plan for the next reporting period and Quarterly invoicing scheme for the whole Project implementation period
4. Additional CV's of consultants
5. Overview of technical resources and descriptions of concepts
6. Selection and implementation of pilots
7. Products for the health insurance companies in Slovakia

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