

# Building Quality Development Programme in Slovakia

## PROGRESS REPORT Third Quarter 2004

### EVD INTERNATIONAL 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**  
**Health Management School Bratislava**

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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

## 1 Introduction

### 1.1 General

This is the second progress report for the programme “Building quality development in Slovakia” (Mat 03/SK/91).

The third quarter of the project implementation was positively influenced by developments in the Ministry of Health. The Ministry of Health formally approved the Inception Report and sent the official approval to Senter. In September the pending acts on health reforms were adopted by parliament. This gave a momentum to plans for the Health Surveillance authority and strengthened the commitment of hospitals and private practitioners to engage themselves in the pilots foreseen by the project.

The minister Dr. Zajac proposed a high-ranking delegation for the visit to the Netherlands to be held October 10-15. This visit will include the Netherlands Ministry of Health, the health inspection, Agis insurance company, the CBO quality institute and the AMC- Academic Medical Center.

The participative approach of the Matra project was further enhanced by a meeting of the Taskforce, that includes representatives from all stakeholders in quality development in health in Slovakia. Prof. Klazinga and Dr. Rusnak facilitated the taskforce and discussed quality assurance mechanisms and the PATH and Matra questionnaires on indicators.

Visits to Slovakia were implemented by consultants from the Netherlands on September 23-24th and September 29<sup>th</sup> – October 2nd.

A workshop on the application of External Quality Assurance mechanisms on institutional level as preparation of key stakeholders for pilots on indicators was organized. In preparation for the workshop a manual was presented on external quality assurance mechanisms.

PATH project activities, a follow up of the joint WHO/Matra workshop in June were carried out in data collection on Indicators.

### 1.2 Executive summary

This executive summary highlights the major achievements of the reporting period:

#### q Inception report and planning

The Ministry of Health approved the Inception Report and sent the official approval to Senter. Moreover the inception report does present in the annexes a number of technical documents and inventories of resources that are a part of the work for result 1, analysis of existing situation in quality assurance, particularly.

#### q Taskforce and stakeholder participation

During the reporting period the second meeting of taskforce meeting took place, where results 1, 2, 3 were discussed.

Representatives of the General Practitioners Association and the Slovak Medical Association proposed a first initiative to establish a Slovak Health Quality Institute, NIKI. This institute

would take responsibility for sustaining the use of quality indicators and especially give guidance to the formulation and maintenance of clinical guidelines. This institute would strongly contribute to the sustainability of the Matra quality project.

q Inventory

An overview document (including technical sub-documents) describing the current state of the art in quality of care in the Slovak Republic is being prepared by relevant project experts. 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) by Kiki Lombarts

- q Report on technological Standards in Primary Care (situation in Slovakia compared with existing standards in several other countries) by Johannes Dalhuijsen
- q Report on continuing medical education policies, structures and activities (situation in Slovakia compared with international situation) by Viera Rusnakova and Jaap Koot
- q 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) by Maarten Boon

q Indicators

A workshop on the application of External Quality Assurance mechanisms on institutional level as preparation of key stakeholders for pilots on indicators was organized in charge of Kiki Lombarts. Matra consultants gave several presentations on Quality management and assessment, MoH representatives Dr. Hlavacka and Dr Szalay presented Health reform process.

PATH project activities were carried out in data collection on Indicators.

Second meeting of Task Force members discussed National Quality Indicators, where OECD set of Indicators was introduced and proposed linkage of PATH, OECD and IHIS indicators. Dr. Hlavacka proposed to contact Slovak Institute of Health Informatics and Statistics to analyse the OECD indicators and compare with similar survey realised 2 years ago in different regions in Slovakia.

q Visit to the Netherlands

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 on October 10<sup>th</sup>- 15<sup>th</sup> 2004. Five days program includes visits to most important institutes related to Quality of HC in NL. The participants received list of materials as requested by Dr. Hlavacka, on functioning, legal basis and establishment of dutch Health Care Institutions,etc.

q Guidelines

State of the art of the guidelines will be summarised in final report, with description how does EBM through Guidelines work in Slovakia. Workshop on Agree Instrument will be organised, to train several experts from Slovak Medical Association, who will assess existing Guidelines in Slovakia and collected in Database of Reference Centre.

Workshop on Guidelines development is planned and during second Task Force meeting the Agenda was developed:

- q Guidelines used world wide
  - q What is existing in Slovakia
  - q Present work of Slovak experts
  - q Agree criteria
  - q Various methodology used
  - q What kind of evidence, link between evidence and recommendation
  - q Who was involved in the process
  - q Discussion on quality of guidelines development
  - q Needed infrastructure
- 
- q Pilots design

A first design of the pilots for results 2 and 3 was made and included in the inception report. Linkage with PATH project formulated 2 University hospitals and 6 Regional hospitals. Beginning of October, after data collection on Indicators, first set of responses will be analysed. So far there are known 3 Indicators as not usable for Slovak conditions( One day surgery, ATB profylaxis use, Excessive hours worked). Next step will be the compilation of a profile of each participating hospital.

Due to the request from MoH, stated in Inception Report in selection of GP`s pilots, in cooperation with regional government in Banska Bystrica, list of potential PHC practices were selected. Site visit of GP`s practices is planned for January 2005, to map the situation and feasibility to be the project pilot.



## 2. Progress in the reporting period

### 2.1 Progress report

#### Result 1

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	1-5-2004		Yes, design for reference center made Set up of first draft document one	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.	01-06-04	05-6-2004		yes	01-12-04
Assessment on technological Standards in Primary Care	Report on technological Standards in Primary Care.	01-06-04	05-6-2004		In process of working out Draft set-up	01-12-04
Assessment on continuing medical education policies, structures and activities.	Report on continuing medical education policies, structures and activities.	01-06-04	05-6-2004		In process of working out	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.	01-06-04	04-6-2004		Presentation done. Document in process	01-12-04

Result 2

Result 2: Set of process and institutional indicators						
Activity	Products and deliverables	Expected starting date	Started on	Completed	In progress	Expected completion date
A joint workshop on strategic purchasing with the WHO Observatory PATH initiative.	Familiarization with indicators in hospital setting. Insight in role of health insurance in purchasing care.	01-05-04	1-05-2004	June 2-4 2004		30-06-04
A workshop on the application of external quality assurance mechanisms on institutional level.	Preparation of key stakeholders for pilots on indicators.	01-09-04		October 1 <sup>st</sup> 2004		01-10-04
Education and training at Trnava University/HMS in quality process management with the aim to help to develop a local module on quality of care in the public health/management curriculum	- Education/training at Trnava University/HMS in quality process - Local module on quality of care in the public health/management curriculum.	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.	10-10-04	10-10- 2004	15-10-2004		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, hospitals / institutional indicators and primary care indicators.	- Proposed indicator set on health system performance (10-15 indicators). - Proposed indicator set on the quality of hospital/institutional performance (10-15 indicators). - Proposed indicators set on the quality of primary care (10-15 indicators).	01-02-05			Pre-liminary lists designed	01-08-05
Performance indicators and role of health insurance and regional government	Determination of roles and responsibilities through workshops.	01-02-05				01-08-05
Preparation of pilots and questionnaires.	Start of pilots	01-02-05			Candidates selected; preparation started	01-03-05
Pilots in 4-5 hospitals.	Implementing / calculating indicator set in hospitals / Annual quality report	01-02-05				01-08-05
Pilots in 2 primary care settings.	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
Policy document.	Wrap up with a focus on roles of stakeholders	01-09-05				01-10-05

Result 3

<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.	Report on existence and quality of local guidelines (including assessment of selected guidelines from international sources for implementation in Slovakia).	01-06-04	01-06-04		Through taskforce	01-11-04
Assessment of the quality of existing sets of clinical guidelines in the Slovak Republic with the help of the AGREE instrument.	See above	01-06-04	01-06-04		Through taskforce	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 and development of user manual	01-08-04			First training done	01-08-05
Development of a model for ongoing design of guidelines.	Training module of evidence-based guideline development	01-08-04			With taskforce / NIKI	01-08-05
Support with the development of a limited set of guidelines.	A set of tested guidelines and an endorsed format for guideline development.	01-08-04				01-08-05

Result 4

Result 4 Advice developed on the introduction of a system for internal and external quality monitoring and evaluation						
Activity	Products and deliverables	Expected starting date	Started on	Completed	In progress	Expected completion date
Refine guidelines	Quality book consisting of tailor-made approaches adapting internationally proven best practices.	01-08-05				01-10-05
Identification quality monitoring		01-08-05				01-10-05
Revisiting experiences		01-08-05				01-10-05
Four workshops	Integrated advice on the implementation of quality assurance and monitoring in Slovakia. The advice will include a tested 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. This will be done by planning a national roll out in a controlled time lapse under guidance of the HCSA. The advice will include maintenance and sustainability of the practices proposed. This will be done by indicating the ongoing development of a national reference centre on quality assurance and monitoring, and the drafting of modules for basic and postdoctoral education in medicine and health management in Slovakia.	01-10-05				31-12-05
Overall implementation advice		01-12-05				31-12-05
National conference		01-12-05				31-12-05
Training course for policy makers	Training course for policy makers	01-10-05				31-12-05

## 2.2 Resource utilisation

### Result 1

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Heijdelberg	3	3

### Result 2

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Klazinga		2
Koning		1
Lombarts	2	2
Rusnak		4
Rusnakova		5
Lenartova		17

### Result 3

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Rusnak		2
Lenartova		17

### Result 4

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>

### **3 Implementation Issues**

#### *3.1 General Implementation Issues*

A major boost for the implementation of the project was the acceptance by Slovak parliament of 8 health Acts. The Acts were amended during reading especially in the fields of ownership and accountability (of institutions and health insurance companies). This may still have an influence on (the process of) their implementation. The project is now, more than before, well in the focus of the counterparts at the MoH and the reforms team therein. It is also clear that stakeholders such as hospitals and insurance companies are preparing themselves for “the new era” and have a heightened interest in the project. The MoH has asked for links between a number of teaching hospitals and the Matra project. Moreover we do expect that the project will benefit from the need to determine a profile for the Health Surveillance Authority that is provided for in one of the acts.

The final text of the new acts is not yet available in English. The laws foresee in determination of minimal standards of care both for providers as well as in contracting between providers and health insurance companies. These standards will be guided by sets of indicators as contributed to by the programme. The role of clinical guidelines in the minimal standards is not yet clear. This is likely to be the discretion of the field.

Pending the definite form and role of the HCSA it is pre-mature, as asked by Senter, to give an analysis of systematic monitoring of quality. In result 4, advice on implementation of quality monitoring, the situation and outlook in this field will be assessed and linked with the results of the programme. However the monitoring modality and procedures in itself are not a foreseen product of the Matra project.

The sustainability of the projects result has had a lot of attention during the reporting period. Achievements herein during the reporting period were the work with the Taskforce, a forum of stakeholders in quality assurance, and the initiative from members of the taskforce to establish a Slovakian national institute of quality in health (NIKI). The project will be represented in the supervisory board of NIKI. The NIKI initiative was welcomed by the minister of health since it is seen as an example of the necessary roles and responsibilities of the health field under the health reforms.

The project has not yet managed to include a representative patient organisation in the taskforce. The major problem is that most patient organisations are focussed on specific diseases and conditions. In the design of the pilots, local, patient groups will be involved.

There is a major interest of the Slovakian MoH in the Netherlands legislation in the field of quality assurance. This plays an important role in the visit to the Netherlands. A formal feed back from the Netherlands MoH on the new legislation in Slovakia is not a need from the MoH in Slovakia. Discussions on the implications of the new legislation for the role of the MoH are a point of interest for the Slovakian counterpart covered by the visit to the Netherlands.

The project focusses on the full scope of quality processes, not just on certification. Please see the proceedings of the workshop on external quality processes (annex 1) as well as the manual in this field to illustrate this.

All materials so far collected and produced by the project have been put into a structured database at the MoH, the reference center on quality development in health. The MoH has explicitly claimed the ownership of the reference centre during and after the formal ending of the project. So far this claim is vested in the department of international co-operation. Whenever the NIKI will have been established, the references will be made available to that institute.

In the inception report an analysis of the current situation of the quality system in the Slovak republic is made. In terms of a Swot analysis this analysis can be summarised as follows:

q Strength

There is a clear political and technical priority with quality assurance both in the newly adopted health acts as well as with a part of the professionals and providers in the health system. The momentum is huge and has won momentum with the upcoming minimum standards for service providers and contracting between health insurance and providers. There are good opportunities of co-operating with WHO and Worldbank that enhance sustainability of the project.

q weaknesses

There is still insecurity in the field as to the extent and actual process of quality development under the health reforms. The project is very dependent on the momentum in the coming 12 months.

q opportunities

The project has the opportunity to contribute to the first set of indicators for both contracting as service provision. It can set standards in preparation for the Worldbank financed follow up and play a genuine pioneer role. There is, taking into account some system and political similarities, ample ground for exchange between the situation in the Netherlands (MoH and insurance companies) including exchange between the two MoH's.

q threats

The major threat at this time of writing is the actual level of commitment that can be mobilised in the insurance and health providers field. This is both a question of lack of competent staff in the field of quality and of priorities in the field. Will they gear into a survival mode, or actually feel free enough to invest in quality (system) development.

### *3.2 Specific implementation issues per project result*

#### Result 1

Database in reference centre was created, including all collected materials and documents on Accreditation, technical standards and continuous medical education. A first outline of the overall quality document and the documents on Continuous Medical Education was made. An inventory of technical standards of primary care is planned for.

## Result 2

A workshop on the application of External Quality Assurance mechanisms on institutional level as preparation of key stakeholders for pilots on indicators was organized. A manual was written that will contribute to the documentation under result 1

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 on October 10<sup>th</sup>- 15<sup>th</sup> 2004.

## Result 3

Inventory of existing guidelines and use of AGREE instrument are under way.

List of Guidelines collected by Dr. Lenartova, in reference centre:

- q National Guidelines for Chronic Obstructive Lung Disease, by Slovak Medical Association
- q National Guidelines for Optimal Diagnostics and Treatment of Bronchial Asthma in SR, by Slovak Medical Association
- q Standard diagnostical procedures, by Slovak Health University
- q Quality programs and standards of therapeutical procedures I, II, - practical handbook for hospitals, polyclinics and PHC practices, published in Czech republic
- q Guidelines for Rational Farmacotherapy, by Slovak Health University

## Result 4

Not yet implemented (according to plan)

### *3.3 Change request*

There are no change requests.

## 4. Plans for the next reporting period

### 4.1 Detailed workplan

#### Result 1

- q Finalisation of Result 1 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.
- q Subdocuments are finalised on CME, contracting and technical standards.
- q A National Taskforce on quality assurance made up of key stakeholders is supporting pilot design.
- q Initial training set up at Trnava University with the aim to help to develop a local module on quality of care in the public health/management curriculum
- q The National Reference Centre is enlarged and added to the Ministry of Health.

#### Result 2

- q On the basis of PATH and OECD indicator lists, final list are designed. Data basis for the lists is assessed.
- q Selection of pilot candidates finalised. Questionnaire for pilots designed in first draft.

#### Result 3

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.

This process will be finalised in the 4th quarter.

#### Result 4

Visit to the Netherlands is executed.

### 4.2 Human Resource Allocation

#### Result 1

	days NL	days SK
Heijdelberg		2
Koot	2	
Rusnak		1
Rusnakova	2	

Lenartova		12
Koning		1

Result 2

	days NL	days SK
Lenartova		11
Findo		1

Result 3

	days NL	days SK
Lenartova		12
Stofko		1

Result 4

	days NL	days SK

Visit to the Netherlands

	days NL	days SK
Heijdelberg	3	
Boon	1	
Klazinga	1	
Rusnak		1

Heijdelberg, Boon, Klazinga and Rusnak take care of the visit to the Netherlands  
 Heijdelberg, Rusnak, de Koning participate in taskforce and PAC meeting,  
 Rusnakova and Koot start with CME studies  
 Lenartova co-ordinates and plays role in managing taskforce resources and inventory of current practices (indicators and guidelines)  
 Findo and Stofko support inventory and assist in finalisation of Result 1 documents and preparation of pilots.  
 Heijdelberg, de Koning and Rusnak contribute to inventory and finalisation of Result 1 documents.



Annexes -1

MINUTES

**Project: MAT03/SK/9/1: Building Quality Development Program in Slovakia**

**Workshop on External Quality Assessment systems, October 1st 2004, MoH SR**

Reported by: Dr. Lucia Lenartova, Project Manager

Agenda

- 9.00 hrs Welcome, program introduction & meeting the participants  
*Kiki Lombarts, PhD, Academic Medical Centre, dep. Social Medicine, Amsterdam, The Netherlands*
- 9.15 Quality management in Slovakia: an overview of activities since 1990  
*Dr Martin Rusnak, M.D., PhD, International Brain Trauma Association IGEH*
- 9.30 The reform process in Slovakia and its impact on quality management  
*Dr Hlavacka, MBA, Chief of Health Care Department MoH SR*  
*Dr Szalay, MD, MATRA project co-ordinator MoH SR*
- 9.45 Discussion
- 10.00 Why introducing external Q assessment?  
*Prof. Niek Klazinga, MD, PhD, Academic Medical Centre, dep. Social Medicine, Amsterdam, The Netherlands*  
-Developing national policies on quality management  
Position of external quality assessment in (national) quality policy  
Motivations for introducing external quality assessment
- 10.20 Q&A and assignment 1
- 11.00 Plenary discussion of group work findings
- 11.20 An overview of External Q Assessment models  
*Kiki Lombarts*  
- introduction in the five main models for external quality evaluation
- 11.50 Q&A and assignment 2
- 12.20 Plenary discussion of group work findings
- 12.45 Lunch
- 13.45 Deciding on an External Q Assessment system  
*Kiki Lombarts*
- 14.00 Q&A and assignment 3 + 4
- Plenary discussion of group work findings
- 15.00 Introducing quality management  
Teaching hospital managers quality improvement

*Viera Rusnakova, M.D., PhD, Health Management School Bratislava*  
Guidelines for implementing an EQA system  
*Kiki Lombarts*

- 15.30 Q&A and assignment 5 + 6
- 16.00 Plenary discussion of group work findings
- 16.30 Remaning issues
- 17.00 The end

**DETAILS:**

- 9.00 Dr. Kiki Lombarts - opened the Workshop and introduced the presentors (due to program above).
- 9.15 Dr. Martin Rusnak - Quality management in Slovakia: an overview of activities since 1990
- 9.30 Dr. Tomas Szalay - The reform process in Slovakia and its impact on quality management
- 9.45 Discussion

Several questions were focused on existing Catalogue of diagnostic procedures.

Prof. Kristufek was interested if the Catalogue is replacement of Point system.

Dr. Szalay explained that Catalogue is price measure of legal procedures with maximum prices and stressed the need for change of procedures perception.

- 10.00 Prof. Niek Klazinga - Why introducing external Q assessment?
- 10.20 Q&A and assignment 1: Incentives for introducing EQA
- 11.00 Plenary discussion of group work findings

*General:*

Dr. Rolna was defending the interest of GHIC (General health insurance company), in improvement of HC Quality, they support the preventive checkups (over 75%), where the GP gets extra money, also expressed their interest in implementation of strategic purchasing.

Reaction of GP from Banska Bystrica: preventive checkups are very time – consuming.

Prof. Klazinga explained the situation of insurers, who want to promote Quality by increasing preventive checkups, and GP's can not manage the capacity, the solution is to provide the preventive checkups only for risk groups of patients and not once a year to each patient.

Dr. Bruchacova emphasized need of use of objective criteria in quality improvement.

Prof. Holoman was interested in difference between Guidelines and Standards.

Dr. Lombarts explained the difference as: Guidelines is for medical diagnosis and treatments and Standards are normative, organizational point of view, require to follow guidelines.

Prof. Klazinga added that it depends on legislation and Regulations of European Union. He mentions also 2 levels of control:

Insurer (what will be reimbursed by insurance company)

Profession (right forms, Guidelines developed by professionals and hospitals)

**Assignment 1:**

Reasons for introducing external quality assessment

I value this reason/purpose

of health care providers	with ..... points
1. Maintaining and/or improving quality	.....points
2. Establish entry level requirements and/or document special capabilities	.....points
3. Ensuring public safety and managing risks	.....points
4. Private sector monitoring	.....points
5. Cost control/allocation of resources	.....points
	<b>Total = 100 points</b>

Number	Patient	Health insurance company	MoH	HC organisation	Non – profit organisation
1.	50		35	40	25
2.		10	10	30	0
3.		20	35	20	0
4.		20	10	0	25
5.	50	50	10	10	50

11.20 Kiki Lombarts - An overview of External Q Assessment models

11.50 Q&A and assignment 2: Reviewing the various models

12.20 Plenary discussion of group work findings

General:

Dr. Lysinova focused her comment on experiences with quality implementation as privat GP, she stressed need of providing HC, quality management, staff training, internal audit, quality handbook development, change of people`s thinking.

#### Assignment 2:

External Quality Assessment Model	Advantages	Disadvantages
<b>Licensure</b>		don`t mention Q need for legislation change
<b>Certification</b>	voluntary more objectives continual QI	more costs for HC facility standards development

	pre – set criteria	
<b>Accreditation</b>	part of Certification ALPHA org. functioning	narrowly oriented on qualitative areas
<b>Visitatie</b>	assessment of professional activities within individual facilities opens news opportunities confidence	difficult to implement in now days Slovak conditions hardly comparable don't focus on real Q assessment as outcome not publicly available, may lead to subjective effect
<b>EFQM</b>	self – assessment tool detailed Q evaluation non-prescriptive	known only by model users

**13.45**      Kiki Lombarts - Deciding on an External Q Assessment system

**Q&A and assignment 3 + 4:**

Mapping the needs of key stakeholders

Mapping the current situation

**Plenary discussion of group work findings**

*General:*

Dr. Mesko emphasized need for improvement of public education and to give more power to patient.

**Assignment 3:**

Key stakeholder	Needs identified
Health care professionals	Objective evaluation Reallocation of resources
Professional societies	Increase of professional and social prestige Development of guidelines and standards
Health care organizations	Objective assessment and benchmarking Maintenance and quality improvement
Regulatory bodies	Clear regulations for granting licences and control
Ministry of health	Assurance of public safety Quality Improvement

Health care financiers	Evaluation of providers Price check Resources assignment
Patient/consumers	Quality, safety, professionalism Option to select according to quality
Others, namely.....	

**Assignment 4:**

1. What is the historical approach to health regulation and evaluation for both organizations and practitioners?

Availability, egalitarian  
Personal experiences due to structures, public opinion, no criteria

2. What are current societal factors impacting the Q of the health care sector?

Difference between resources and requirements  
Economy, Policy  
Informal payments

3. What infrastructures (regulatory bodies, professional societies etc) exist to implement an external Q assessment system?

Not transparent  
Professional organizations ( Slovak medical association, Slovak medical chamber, MoH, reg. gov., inspection physicians, Slovak accreditation committee) – part of infrastructure but not very effective in practice

4. What is the scope of these quality evaluation activities (i.e. hospitals, clinics, nurses, doctors, community based health centers) ?

Incomplete, un-functional, unfair, insufficient

5. How well do they work? What do they cost?

Ineffective, not possible to unify - minimal costs  
Don't work, don't know about the costs

6. What laws, regulation, standards exist? Are they consistently implemented?

System of HC acts, Regulations issued by MoH, Methodical procedures of certain Dg., standards. Not periodically controlled

7. Is there an existing database of performance measures in the health sector? If so, how valid and reliable are these measures?

List of licences

Physician`s register  
 Slovak medical chamber ( list of physicians)  
 Institute of health informatics and statistics ( quantitative assessment, number of hospitals, mortality, divided by regions, hospitals)

**15.00**            Viera Rusnakova - Introducing quality management

**Q&A and assignment 5 + 6:**

Implementing an external quality assessment system program  
 organization ready for an external quality assessment evaluation

Getting an

**16.00            Plenary discussion of group work findings**

*Group findings:*

**Assignment 5:**

Implementation process steps	Assessment of implementation difficulty +, ±, -	Brainstorm about potential solutions
Determine ownership, purpose, mission and philosophy of the EQA program		
Implement an infrastructure		
Develop and ratify quality standards: - all relevant parties are presented - consensus is reached - standards are validated by the field		
Determine scoring schemes and compliance rates		
Establish survey process & procedures		
Recruit, select and train auditors/surveyors		
Pilot-test the EQA program (organizations or professionals)		
Analyze findings, refine system		
Distribute (and promote) quality standards to end users		
Offer education, training, and/or assistance about the program		
Execute the program: conduct evaluations (audit, survey, peer review)		
Give feedback and potentially support in complying with quality standards		

**Assignment 6:**

Implementation process steps	Assessment of implementation difficulty +, ±, -	Brainstorm about potential solutions
Distribute the standards to the right people		

Appoint a quality coordinator		
Get doctors involved		
Have managers' commitment		
Conduct an internal audit		
Identify non-compliance and prepare action plans		
Teach CQI		
Conduct a second internal audit		
Offer perspective: CQI is a dynamic process		
Give feedback and management support after the survey		

### 16.30 Remaining issues

The workshop participants were asked to complete Assignments 5+6 at home, and send it via e-mail to project manager Dr. Lenartova in MATRA reference centre.

Filename: thirdquarter.report.slovakia.2004  
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Projects\Current\Slovakia\_Quality\_2003\Web\Q\_Reports\3rd.quarter\_report.2  
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Author: Lucia Lenartova  
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