

# Building Quality Development Programme in Slovakia

## PROGRESS REPORT Fourth 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**

Amsterdam, January 14th 2005

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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 fourth progress report [covering the fourth quarter-2004] for the programme “Building quality development in Slovakia” (Mat 03/SK/9/1).

The fourth quarter of the project implementation was positively influenced by developments in the Ministry of Health. In October the pending acts on health reforms were adopted by parliament, because they were not signed by the president and returned to parliament. The Health Care Surveillance Authority was established and started to act in November 2004. An initial set of quality Indicators was developed and published by the Ministry of Health SR, due to the new legislation for providing good quality of health care.

A workshop on the application of External Quality Assurance mechanisms at institutional level as well as preparation of key stakeholders for field-pilots on indicators has been organised. In preparation for the workshop a manual was presented on external quality assurance mechanisms.

The minister nominated ten Slovak experts from various fields of health care. This group of ten was participating in the study visit to Netherlands from 10<sup>th</sup> to 15<sup>th</sup> October 2004. The visit included a visit to the Netherlands Ministry of Health, the health inspection, Agis insurance company, the CBO quality institute and the AMC, Academic Medical Centre. A full report of the study visit and a list of participants have been attached to this document.

Consultants from the Netherlands visited partners of the project from October 27<sup>th</sup> till October 29<sup>th</sup> 2004. During this period the second PAC meeting was held on October 27<sup>th</sup>. During the PAC meeting the participants have discussed the final version of Project's Inception Report. Dr. Hlavacka presented his experiences of the study visit to the Netherlands. PAC meeting minutes are attached to this report.

The PATH workshop was organised, and the participants went into discussion about the collected data. Further steps with participating hospitals were presented and discussed. Minutes are attached to this report.

Profesor Kristufek and Dr. Pasztor presented to Dr. Zajac, the Minister of Health, the prospect of a National Institute of Quality and Innovations (NIKI).

The NIKI was subsequently founded by the Private Physicians Association, the Slovak Medical Society and Interaction in Health. This Institute is a spin-off of the projects' taskforce and may in due time play a role in the sustainability of the project achievements.

In December preparations were made for a series of workshops with hospitals, general practitioners and health insurance funds in preparation of the projects' pilots on indicators and guidelines.

At the end of the quarter it became clear that the major counterparts in the MoH, Dr Hlavacka and Dr Szalay, would leave the Ministry of Health as of January 2005. Dr Hlavacka has taken the position of director-general of the General Health Insurance Company (GHIC). Since the

insurance funds are currently the frontrunners in quality development, relations will sustain. The insurance funds, including GHIC, play an important role in the project pilots.

This however does indicate that the counterpart position in the MoH will change. First contacts have been made with Mrs. Eva Vivodova, director of Health Care, and with Mrs Alexandra Novotna, who is co-ordinating the newly established Health Surveillance Authority.

## 1.2 Executive summary

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

### □ Inception report and planning

During the reporting period the second PAC meeting was held, on October 27<sup>th</sup>, where the final version of the Project's Inception Report was discussed and acceptance of this by MoH confirmed. Planning of the programme was confirmed against the background of upcoming needs for quality policies and indicators, especially in relation to the hospital and primary care pilots.

### □ Taskforce and stakeholder participation

The project is very much focussed on establishing sustainable links with the MoH and specific stakeholders in the quality development field.

Dr. Hlavacka, the MoH counterpart of the project, stressed several points related to improvement of HC quality, which relate to specific stakeholder responsibilities.

- Contract indicators for insurance companies will be implemented from March 1<sup>st</sup> 2005 to meet Slovak conditions. Agis, as a member of the consortium was asked to provide specific expertise in this field.
- CBO, the Netherlands Institute for Quality in Health, was visited during the work visit of Slovak health representatives to the Netherlands. It is widely felt that a similar institute is needed in the Slovak Republic. Roles of this institute are coordination of quality of HC and to create regularly monitoring of the outcomes, define roles, people, resources, discussions on expectations, initial investments needed.  
Representatives of the General Practitioners Association and the Slovak Medical Association introduced the Slovak Health Quality Institute, NIKI to the Minister of Health.  
NIKI institute will take responsibility for sustaining the use of quality indicators and especially give guidance to the formulation and maintenance of clinical guidelines. This institute may strongly contribute to the sustainability of the Matra quality project.
- According to legislation a set of indicators needs to be developed by MoH, to enforce legal norms, included in contracts of insurance companies (necessary to define new roles and responsibilities). and publishing indicators before using, so hospitals can be prepared

- One of MATRA results is a draft set of indicators
- Responsibilities of providers need to be defined and controlled and achieve quality not only as cost but as a measure
- Personnel training on institutional basis, in processes and methodology.

#### □ **Inventory**

The draft overview document was prepared. Elements of text are still under discussion between the experts. The overview document contains State of the Art in quality systems internationally and in The Netherlands, application of quality systems in the Slovak Republic as well as specific technical documents. These documents on contracting and health insurance, continuous medical education and technical standards in primary care were prepared in drafts. A first comprehensive draft version of the overview document will be presented to the Ministry of Health end of January 2005.

The overview document will be a “continuous draft” up to the end of the programme. All materials still to be collected and formulated, such as the results of the upcoming pilots, will be integrated in the document.

The Overview Document contains conclusions and implications on the materials collected and analysed so far. Lessons are drawn for the remaining period of the programme in both the result areas of practice guidelines and performance indicators. A final version of the document will contain the implementation advice due November 2005.

#### □ **Indicators**

PATH project activities were carried out in data collection on Indicators, during the workshop in October collected data were discussed and further steps presented with participating hospitals.

The General Health Insurance Company will provide us with a list of criteria for quality assurance and feedback data that GHIC is interested to receive from providers.

The Slovak Institute of Health Informatics and Statistics was contacted to analyse the OECD indicators and compare these with a similar survey realised two years ago in different regions in Slovakia.

#### □ **Visit to the Netherlands**

A team of Slovak experts visited The Netherlands October 10<sup>th</sup>- 15<sup>th</sup> 2004 as a contribution to the inventory of state of the art and a preparation for the pilots. The five days program included visits to the most important institutes related to Quality of HC in NL and the Netherlands Ministry of Health and its Health Inspectorate. The participants received a list of materials as requested by Dr. Hlavacka, on functioning, legal basis and establishment of Dutch Health Care Institutions, etc.

#### □ **Guidelines**

State of the art of the guidelines will be summarised in a final report, with description how EBM put 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 Inventory of existing guidelines was done in Slovak Medical Library, where 59 Guidelines were selected and attached to Reference Centre. Out of the guidelines collected from different Slovak sources five were selected for an evaluation by four experts, using the AGREE instrument

#### □ Pilots design

On the basis of the analysis of PATH data a further preparation was made of the pilots. A follow-up questionnaire was drafted by AMC for the participating hospitals (see Annex). It looks as if a total of ten PATH hospitals and, on special request of MoH, a number of academic hospitals will take part in the pilots.

For the primary care part, General Practices in Banska Bystrica were selected and found ready to participate. Workshops to start the pilots have been planned for January in Banska Bystrica.

Focus of the pilots will be on applicability of existing indicator sets, selection of tailor made indicator sets matching specific pilot hospital needs, design of practical instruments to use the indicators for quality policies and feedback.





## 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		Reference centre established, draft documents in preparation	15-1-2005
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		Included in overview document	01-01-2005
Assessment on technological Standards in Primary Care	Report on technological Standards in Primary Care.	01-06-04	05-6-2004		Material collected and presented	01-02-2005
Assessment on continuing medical education policies, structures and activities.	Report on continuing medical education policies, structures and activities.	01-06-04	05-6-2004		Part of overview document, draft ready	15-02-2005
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 draft ready	15-01-2005

**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			Under development, proposal made	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			Pending, proposal to shift visit to The Netherlands for Health Insurance staff	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			Preliminary 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;	01-03-05

Pilots in 4-5 hospitals.	Implementing / calculating indicator set in hospitals / Annual quality report	01-02-05			preparation started	01-08-05
Pilots in 2 primary care settings.	Implementing / calculating indicator set in primary care setting	01-02-05			In progress; questionnaire made and distributed	01-08-05
Summary of results.	Presentation in a forum	01-09-05			In progress; workshop done; material is collected	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		Done; see report in overview document	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; in progress, some sets have been assessed	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		01-10-05	1-1-2005		Re-design of advisory process with stakeholders	31-12-05
Overall implementation advice	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.	01-12-05				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>
Koning	1	3
Heijdelberg		1
Rusnak		5
Rusnakova		4

### Result 2

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Heijdelberg	1	2
Lenartova		21

### Result 3

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Lenartova		4

### Result 4

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

### Result 5 / visit to NL

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Heijdelberg	1	
Koot	2	
Klazinga	1	
de Koning	1	
Boon	1	

### **3 Implementation Issues**

#### **3.1 General Implementation Issues**

With the acceptance of the 8 health Acts in the Slovak parliament, the focus of quality development has increasingly fallen on the implementation of indicators and guidelines in the field. Therein, as foreseen in the Health Acts, the role of MoH in operational health services is decreasing fast. Hospital ownership has been transferred to regional government. These are all over Slovakia in the process of selling of their stock to private companies and local government. Teaching hospitals, still a government responsibility, are being concentrated, slimmed down and modernised. In Bratislava this has led to the formation of one academic hospital, out of four.

Quality development, in compliance with the new legislation, is increasingly left to the field, in casu providers and insurance houses. This is also the background of the appreciation the minister of health has expressed for the national Institute of Quality in Health NIKI, initiated by professional bodies. Another player in the field of quality development is the newly established Health Surveillance Authority (HSA). This body is not yet active and in this reporting period (4<sup>th</sup> quarter 2005) we did not yet manage to establish contacts with its director.

The major operators in the field of quality will be the Insurance Companies. The government is still controlling the largest company, GHIC, but the five insurance companies are increasingly supposed to operate as market parties. An important task for them is to establish contracting procedures and practices, develop appropriate information systems and quality indicators for this. Against this background the Matra quality development programme has directed itself more to the health insurance funds, and tried to involve them in the hospital pilots in an earlier phase than originally planned. There is a keen interest from the health insurance companies in the products of the Matra programme, and several workshops and a visit to insurance companies in The Netherlands have been planned.

The Matra programme, as expressed in the concluding chapter of the Overview Document, sees a number of implications for quality development in the Slovak Republic since more and more initiatives are field initiated and under responsibility of stakeholders. Major points as a result of this are the need for training and conscientization of professionals as to quality systems. Another point is to actually demonstrate the public and stakeholders in health what quality development and monitoring is and is not. Important is to have tangible operational instruments that everyone can see and understand such as annual quality reports, patient panels, compact indicator sets that are publicly shared. Finally it is important to have mechanisms in place to sustain and monitor expertise and knowledge. The programme contributes to this by filling in a reference centre and linking stakeholders with international expertise.

### 3.2 Specific implementation issues per project result

#### Result 1

The Overview document is in process and almost finalised, the sub-documents are being attached by selected experts of the project.

The MATRA programme Database from the reference centre will be part of the Overview document to provide the summary of all-relevant literature sources and documents.

#### Result 2

The OECD indicator set on national performance of the health system was made available, discussed and provisionally filled in.

First reporting of the PATH questionnaires became available and was discussed with experts. Further analysis will take place with hospitals in the first quarter of 2005 during the pilot preparation workshops.

The experts from AMC-social medicine have prepared a questionnaire for hospitals that will be used during the pilot workshops and form a follow-up and further operational operationalisation in drafting and selecting hospital indicator sets.

During the visit to The Netherlands indicator sets as used by the Netherlands health inspection, the MOH in the Netherlands and Agis health insurance were presented and discussed.

#### Result 3

Dr. Lenartova did an inventory of existing guidelines in the Slovak Medical Library. All found guidelines were introduced into the MATRA Database (reference centre).

Out of the guidelines collected from different Slovak sources five were selected for an evaluation by four experts, using the AGREE instrument. The guidelines were selected with the aim of obtaining a rather complex view on what is available from national sources (Czech sources were included because of the language similarity and general accessibility):

- ❑ Diabetes Mellitus from the book *Standard diagnostic procedures, published by Slovak Health University*
- ❑ Dyslipoproteinemia from *Methodic letter of Rational Farmacotherapy*
- ❑ Chronic Obstructive Pulmonary Disease prepared by *prof. P. Kristufek from Slovak Medical Association, in the database of Slovak Medical Library*
- ❑ Consensus on Cholesterol prepared by *Slovak Association of Arteriosclerosis, in the database of Slovak Medical Library*
- ❑ Backache contained in the book of guidelines from *Quality programs and standards of therapeutical procedures I, II, - practical handbook for hospitals, polyclinics and PHC practices, published in Czech Republic.*



## **Result 4**

With the upcoming implementation of the pilots a start a first profile is coming up of the implementation advice to be given to the MoH under this result. No activities were executed so far, but discussions in the expert team and taskforce place emphasis on the role of insurance funds and regional government. The role of the HSA has still to be determined. In the first quarter of 2005 a route of consultation and decision making in on result 4 will be designed and planned for.

### **3.3 Change request**

In January a detailed request will be made to organise a visit to The Netherlands for health insurance policy staff. This has as its background the increasing role of the health insurance companies in development of quality systems.

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

### **4.1 Detailed workplan**

#### **Result 1**

- Full draft of the Overview Document is presented to MoH and discussed with MoH and other stakeholders such as represented in the taskforce.
- Subdocuments are fully integrated and discussed with stakeholders, tested upon their applicability.
- Overview document used in pilot design and pilot workshops as reference material.

#### **Result 2**

- Hospital institutional indicators, primary care indicators and health insurance indicator sets are available, discussed, used in pilots.
- Questionnaires for hospital pilots and primary care pilots have been filled in, followed up and analysed.
- OECD indicator list operational (system level)
- All pilot hospitals and general practice pilot in Banska Bystrica confirmed and endorsed.
- Workshop organised on indicators in contracting practice for GHIC
- Visit to the Netherlands programme designed and planned for 2d quarter 2005 for health insurance company staff.

#### **Result 3**

- Role of NIKI in guideline development determined.
- Training modules on Agree and evidence-based guideline development.

#### **Result 4**

- A route for an implementation advice to the MoH is designed and discussed with MoH and stakeholders.

## 4.2 Human Resource Allocation

### Result 1

Name	days NL	days SK
Rusnak		1
Heijdelberg	1	

### Result 2

Name	days NL	days SK
Rusnak		6
Lenartova		30
De Koning		2
Dalhuijsen	1	2
Heijdelberg	1	2
Boon		2
Koot	1	1

### Result 3

Name	days NL	days SK
Rusnak		4
Lenartova		20
Heijdelberg		2
Rusnakova		7
Koot	1	2
Lombarts	2	5

### Result 4

Name	days NL	days SK
Heijdelberg	1	2
Lenartova		20

### Result 5 / Visit to the Netherlands

Name	days NL	days SK
Boon	1	
Heijdelberg		

- ❑ Rusnak will supervise and organise the pilots and organise the taskforce and NIKI on results 2 and 3.
- ❑ Lenartova will follow up pilots with questionnaire and prepare analytical workshops.
- ❑ Lombarts and de Koning will contribute to follow up of pilots through field visits.
- ❑ Heijdelberg will prepare workshops with pilot results and re-design advisory process on result 4.
- ❑ Dalhuijsen will follow up primary care pilot.
- ❑ Klazinga will follow up and supervise results of questionnaire.
- ❑ Rusnakova will draft training modules and give implementation plan.
- ❑ Boon will work with insurance policy staff and prepare visit to the Netherlands.
  
- ❑ Taskforce members will play role as referents and discuss final overview document.

## 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 Remaining 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 check ups, 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>Visitation</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  
 Getting an organization ready for an external quality assessment evaluation

**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.



Studyvisit  
Matra programma MAT03/SK/9/1

Participants: 9

Arrival : Sunday afternoon 10th October 2004  
Departure: Friday late afternoon 15th October 2004

day		contact person / guide	organisation	departure	arrival	activity	venue	remarks/ topic
<b>Sunday 10/10</b>	morning	Lucia	Austrian Airlines	<b>13.45 hours Vienna!!</b>		<input type="checkbox"/> <b>Lucia:</b> contact Business taxi [ +31(0)6 54 71 4 822 ] and report at the moment you have arrived at the meeting point in Schiphol. Wait and the taxi will come in about 10 minutes. <b>Lucia:</b> contact Stefan [ +31 (0)6 4621 0331] before arrival at hotel in order to meet at hotel	Bratislava / Vienna	
	afternoon	Lucia Stefan			<b>15.45 hours</b>	<input type="checkbox"/> arrival <input type="checkbox"/> taxi to hotel <input type="checkbox"/> check -in hotel	Schiphol / Amsterdam	
	evening	Erik	Erik		<b>20.00 hours</b>	<input type="checkbox"/> Erik will meet all group members at hotel-lobby	Amsterdam	









day		contact person / guide	organisation	departure	arrival	activity	venue	remarks/ topic
Thursday 14/10		Erik Lucia		08.45 hours	09.30 hours	<b>Departure to AMC/Uva by underground</b>		
	morning		Academic Medical Centre / University of Amsterdam [AMC/UVA]			<p><b>9.30-11.30</b> Interactive meeting with short presentations on research on health care quality, quality policies, guidelines, performance indicators, accreditation and visitation.</p> <p>Discussion / questions and answer session on health system performance measurement and project related issues.</p> <p><b>11.30-12.15</b> Short guided tour of the Academic Medical Centre</p> <p><b>12.15-12.45</b> Lunch</p> <p><b>Departure to Utrecht by Taxi</b></p>	AMC Amsterdam Zuid-Oost	
				12.45 hours	14.15 hours		Utrecht Churchill laan 11	
	after noon	Erik Lucia	Quality Institute in Health [CBO] Dhr. Syule Cucic			<p><b>14.15 - 17.00</b></p> <p>Methodology and achieved results of innovation projects</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Care improvement in the Netherlands</li> <li><input type="checkbox"/> Reducing waiting lists</li> </ul> <p><b>Departure by Taxi to Eriks' home for dinner</b></p>	Utrecht Churchill laan 11	
				18.45 hours	19.00 hours			
	evening	Erik		19.00 hours		Indonesian dinner at Eriks' home Wrap-up Discussion	Binnenkadijk 465 A Amsterdam [+31 (0)6 5576 1587] Transport by Taxi	

day		contact person / guide	organisation	departure	arrival	activity	venue	remarks/ topic
<b>Friday 15/10</b>		<b>Niek Johan</b>						
	morning		AMC/UVA	??	??	Preparation Pilots on basis of experience learned	Amsterdam	
	afternoon					<input type="checkbox"/> afternoon off		
				<b>1800 hours</b>		<b>Departure from hotel to Schiphol by taxi</b>	<b>Schiphol Airport</b>	
	<b>evening</b>	<b>Lucia</b>		<b>20.00 hours</b>		<input type="checkbox"/> <b>Flight to Vienna</b> <input type="checkbox"/> <b>Departure at Schiphol 20.00 hours</b> <input type="checkbox"/> <b>Arrival at Vienna 21.50</b>	<b>Vienna / Bratislava</b>	

## MINUTES

**Project: MATO3/SK/9/1: Building Quality Development Program in Slovakia**

### **Study visit of Slovak HC experts to NL, October 10<sup>th</sup> – 15<sup>th</sup> 2004, The Netherlands**

Reported by: Dr. Lucia Lenartova, Project Manager

## PROGRAM

**Monday, October 11<sup>th</sup> 2004**

### **Ministry of Health, Welfare and Sport, The Netherlands**

- |                      |   |
|----------------------|---|
| <b>09.00 - 09.30</b> | Welcome by<br>Mr. Martin van Rijn, Director General Health Care   |
| <b>Dr. Hlavacka</b>  | The Health care reform 2002 – 2004 in Slovak republic   |
| <b>09.30 - 10.30</b> | Changes in Health Care systems and governance by<br>Mr. Geert Jan Hamiton, director Legislation and Legal Affairs                                     |
| <b>10.30 - 11.25</b> | Relations insurance companies & patients organisations by<br>Ms Mariëlle Nellen & Mr. Peter de Groot, Senior Staff members<br>Patient Consumer Policy |
| <b>11.30 - 12.30</b> | Improvement of Efficiency (nota Sneller beter) by<br>Mr. Jack Hutte, Senior Staff member Primary Health Care  |
| <b>12.30 - 14.00</b> | Lunch break   |
| <b>14.00 – 15.00</b> | Certification by<br>Ms Corinne de Jonge van Ellemeet, Staff member, Innovation, Health Professionals<br>and Ethics Department                         |
| <b>15.00 – 16.00</b> | Quality assurance and Control by<br>Mr. Jan Haeck, Inspector, Health Care Inspectorate  |

**Tuesday, October 11<sup>th</sup> 2004**

### **Visit to the Health Care Inspectorate**

Welcome by Professor Herre Kingma, M.D., Ph D, Inspector General,  
Health Care Inspectorate

**Wednesday, October 13<sup>th</sup> 2004**

### **AGIS, Insurance company**

**10.00 – 11.15**

Pay for Performance

by Maarten Boon (Director Strategy and Innovation)

**11.30 – 12.30**

The use of CAHPS by Agis

by Barbara Vriens (Advisor Research & Development)

**13.30 – 14.30**

Agis integrates quality aspects into the contracts with hospitals

by Bea Uhlenhop (medical advisor)

**14.45 – 16.00**

New budget system for hospitals (DBC's)

by Floriaan van Bemmelen (account manager hospitals)

**Thursday, October 14<sup>th</sup> 2004**

**AMC, University of Amsterdam**

**9.30-11.30**

Interactive meeting with short presentations on research on health care quality, quality policies, guidelines, performance indicators, accreditation and visitation.

**11.30-12.15**

Short guided tour of the Academic Medical Centre

**CBO, Dr. Syule Cucic**

**14.15 – 17.00**

Methodology and achieved results of innovation projects

- Health Care improvement in the Netherlands
- Reducing waiting lists

**Details**

**Ministry of Health, Welfare and Sport, The Netherlands**

General director of Health Care Dep., Mr. Martin van Rijn welcomed all participants of Slovak delegation. Several presentations were introduced where following topics were mentioned: changes in HC reform in NL, cost spent on care, health insurance system in The Netherlands, relations between insurance companies and patient organizations, and creation market for customer – patient in HC. In Efficiency improvement 2 programs have been mentioned: *Sneller better for hospital care*, which includes external experts, hospital benchmarking and set of indicators and *Program improving PHC: smarter organizations for better performance*, increasing transparency and supporting regional initiatives. Certification was introduced within HKZ model, stressed PDCA (plan, do, check, act) cycle and ISO requirements in customer service.

Representative from the HC Inspectorate, Mr. Haeck presented Quality assurance and control, mentioned also the fact that every medical specialty has own set of indicators and its changed every year.

**Health Care Inspectorate**

Prof. Kingma introduced the role of Inspectorate, described HC policies, accessibility of insurance companies for all patients, promoting conditions for safety, identifying best and bad practices and developing performance indicators.

Dr. Plokker described the role of disciplinary board for patients' complaints with physicians' dissatisfaction, bad performance and medical mistakes. The Inspectorate consists of 150 inspectors from medical care, but for special expertise they hire specialist from the field. They also use double check for the same subject, follow priority list with standards developed by Quality act. He expressed need to define responsible care. The Inspectorate use second opinion guaranteed by insurance companies and it's voluntary based.

Dr. Hlavacka was interested in functioning, process, resources, people involved, contracting, directing the results of Inspectorate, possibly use this knowledge in planned HCSA, it will be precedential body and will have the right to close institutions in close cooperation with court.

Prof. Abbing presented Supervision of prevention activities in the country, with 600 people involved and 40 services, working on detection of infectious diseases, sexual transmittable diseases, care for mothers and young children and many others. They send out questionnaires with list of checking points on accessibility of the physicians in evening hours. He mentioned existence of the Public health act and Dr. Hlavacka asked to look into it and possibly compare with Public Health act in Slovakia, which is in process of development.

**AGIS**

Dr. Boon introduced new system of AGIS insurance company: Pay for performance, stressed HC purchasing, mentioned increased elderly population and cost of labor are high as well. He spoke about FS36 international standardized questionnaires, use of zero measurement on selected groups and health plans (CAHPS) used for comparisons with insurance companies.

Ms. Vriens explained CAHPS – Use of Consumer Assessment Health Plan Survey by AGIS, using health plans, discharge experiences and medication outcome.

Dr. Van Bemmelen introduced new budget system for hospitals (DBC`s) – Diagnosis treatment combination with medical support services, outpatient consultations, days of treatment and costs index.

Dr. Uhlenhop spoke about AGIS integrates quality aspects into contracts with hospitals and underlined innovation with best practices and accountability / transparency as purchase, rate and inform.

She expressed lack of information on quality management and need to define set of indicators and the way of their measurement.

## **AMC**

Prof. Klazinga described shortly AMC location, in 1994 merged by Academic hospital and Medical Faculty in one center. The structure consists of Research and Education Institutes and Physician in the lead model.

Following topics were offered for discussion:

- National quality policies
- Role of government, Inspectorate, CBO
- Guidelines
- Indicators
- Training, licensing, Accreditation, Certification
- Quality policies hospitals / professionals
- Quality and costs
- Quality policies and patient organizations
- Technology assessment
- Priority setting
- HC reforms

Slovak participants were guided through AMC departments and different floors to get view of its structure.

## **CBO**

Dr. Cucic welcomed Slovak delegation in Dutch institute for quality improvement and presented Supporting breakthrough improvements of patient care. He introduced measurements of success, care for patients must become:

- Effective
- Efficient
- Timely
- Patient oriented
- Safe
- Equitable

## **Wrap – up meeting**

Prof. Klazinga informed the participants on project activities planned within near future due to designed flow chart:

1. National set of indicators on quality (OECD indicators)
2. Guidelines development (AGREE Instrument)
3. Documents (State of the art in Quality of care, Accreditation and Certification models, CME, Standards in PHC, contracting with insurance companies)
4. Pilots (hospital and ambulatory care)
5. NIKI (creation Institute of quality and innovations)

Prof. Klazinga asked about the reflections of the study visit:

Dr. Sebova thanked for the opportunity to participate and expressed possible positive movements of Slovak HC system.

Dr. Volekova stressed the opportunity to share the knowledge within our countries.

Dr. Findo compared the experiences from 12 years ago, where government was delegating many important tasks on private companies. He indicated MATRA project results as great benefit for Slovak health system, especially Indicators to achieve more objective comparisons and guidelines to increase quality of providers care.

Dr. Mazanec mentioned initiatives from past to develop quality of HC and proposed to use the challenge of HC reform to change Slovak system with exchange the expertise from NL.

Dr. Sedlacek spoke about role of MATRA project as possible help to providers in transformations process.

Dr. Olej stressed need of agreement on quality policy in organizations, especially management of health services.

Dr. Hlavacka stressed several points:

- Contract indicators for insurance companies will be implemented from March 1<sup>st</sup> 2005 to Slovak conditions (He asked AGIS for contract to use the expertise)
- Due to CBO example, Slovak republic is in need of center for coordination quality of HC and to create regularly monitoring of the outcome, define roles, people, resources, discussions on expectations, initial investments needed
- Set of Indicators need to be developed, to lower legal norms, included in contracts of insurance companies (necessary to define roles and responsibilities) and publishing indicators before using, so hospitals can be prepared
- One of MATRA results is Draft set of indicators
- Responsibilities of providers need to be defined and controlled and achieve quality not only as cost but as a measure
- Personnel training on institutional basis, in processes and methodology

Building Quality Development Programme in Slovakia  
**MATRA**

**LIST OF CANDIDATES FOR STUDY VISIT TO THE NETHERLANDS  
(10th – 15th October, 2004)**

1. **MUDr. Peter Findo, CSc.** - (Advisor to Minister of Health SR responsible for accreditation of hospitals and EBM processes, general director of Polyclinics Nova Med)
2. **MUDr. Vladimír Mazanec, MBA.** - (director of Teaching hospital in Bratislava)
3. **MUDr. Irina Šebová, CSc.** - (Clinic Comenius University in Bratislava)
4. **MUDr. Martin Olej** (Private Pediatrician at Private Primary Health Care Centre for Children)
5. **MUDr. Pavol Sedlacek, MPH** - (Hospital Director Trencin, President of the Association of Slovak Hospitals)
6. **MUDr. Tomáš Szalay** - (Quality Component Coordinator of the World Bank Project, responsible for MATRA project coordination)
7. **MUDr. Maria Volekova** (deputy director at Roosevelt`s hospital, Banska Bystrica)
8. **MUDr. Svatopluk Hlavacka, MBA** - (Chief of Health Care Department, Ministry of Health SR)
9. **PhDr. Lucia Lenartova** – (project manager in MATRA / Slovakia)
10. **Erik Heijdelberg, PhD**, (director Interaction in Health)



## MINUTES

### Project: MATO3/SK/9/1: Building Quality Development Program in Slovakia

October 27th 2004, Wednesday

#### PAC meeting

14:00 pm – 15.30 pm, Miestodrzitel'sky palac

Present:

Mr. *Norbert van der Straaten* - Senter, The Netherlands  
Ms. *Zuzana Skublova* - MoH, Slovak republic  
Mrs. *Magdalena Srnцова* - Office of the Slovak Government  
Ms. *Martina Steliarova* - Royal Netherlands Embassy, Slovak republic  
Mr. *Peter Wognum* - Ministry of Health, Welfare and Sport, The Netherlands

#### On behalf of the project team:

Mr. *Erik Heijdelberg* – project team leader  
Mr. *Martin Rusnak* – senior consultant  
Mr. *Johan de Koning* – project consultant  
Ms. *Lucia Lenartova* – project manager

#### Agenda

1. Opening (chaired by Mr. Van der Straaten)
2. Final version of the project's Inception Report (by Mr. Heijdelberg)
3. Overview of activities carried out since last PAC meeting of MATRA project (by Mr. Heijdelberg)
4. Planned activities of the project for next trimester (by Mr. Heijdelberg)
5. Comments from the Slovak and Dutch Ministry of Health (by Mr. Wognum, Mr. Hlavacka)
6. Discussion (chaired by Mr. Van der Straaten)
7. Closure

#### Details:

**Mr. Norbert van der Straaten** opened second PAC meeting, introduced Mrs. Srnцова, as new representative of the Office of Slovak government.

He asked for clarification on the PATH project, especially what part of activities are provided by the MATRA project and on form of presenting results from analytical part of the project.

He also informed on new MATRA – FLEX project for next year 2005, announced by Ministry of Foreign Affairs in The Netherlands, for public institutes, coming up with project proposals, EU relevant from both sides.

**Next PAC meeting is planned on April 13th 2005, 9:00 am** (possible changes in week from April 11<sup>th</sup> to 15<sup>th</sup> 2005, need to fix the dates with MoH representatives to assure their participation).

**Mr. Erik Heijdelberg** described situation with The Inception Report (which was not approved during last PAC meeting), because of new legislation being prepared at that time in MoH. In April 2004 MoH approved it and sent formal Letter of Approval to EVD.

Mr. Heijdelberg summarized 4 results from Inception report:

Inventory (analysis) for pilot preparation

Indicators – set of Indicators will be developed and tested in hospitals and PHC

Guidelines – set of Guidelines will be developed and tested in hospitals and PHC

Advice – start in 3<sup>rd</sup> Quarter of year 2005

He also informed on activities executed since last PAC meeting:

Task Force meetings (TF bears principles of project, responsible for sustainability)

EQA workshop (Materials on External Quality Assessment)

NL visit (group of Slovak experts nominated by Minister, exchanged information on HC in both countries and visited VWS, Inspectorate, AMC, AGIS, CBO)

Meetings with hospital directors to discuss cooperation in pilots

Finalizing Documents and Subdocuments

Reference center (collecting materials related to Quality and available to Institute of Quality)  
OECD list of Indicators

Mr. Heijdelberg stressed that Quality development is long-term process and MATRA project tries to build up tools, commitment, involve Insurance companies and Regional government in project cooperation. For patient satisfaction Patient panels and Annual Quality reports will be executed. In discussions on Quality development, stakeholders initiatives will be included – creation NIKI (National Institute of Quality and Innovations), identification and analyze of existing Guidelines in SR, assess with Agree Instrument and forward to larger public.

He proposed to discuss:

- Form of presentation of Analysis with MoH representatives
- Find replacement for Dr. Hlavacka at MoH in Quality issues
- Invite other members of Task Force for next PAC meeting
- Distribute minutes from PAC meeting to MoH representatives for commenting

Next steps:

- Finalizing the documents
- Pilot preparation
- Trainings (Agree Instrument, CME)
- Detailed planning of activities for year 2005

**Mr. Martin Rusnak** informed on linkage with WHO – PATH project, in Indicators development on hospital performance.

He mentioned:

- 10 participating hospitals
- Core set of Indicators completed and filled in excel files
- 2 indicators as not usable (Extra hours worked, One day surgery)
- Willingness and ability in cooperation of hospitals

He spoke also about provisional set of Indicators, designed by MATRA project experts, tested in pilots, which will be basis for developing Final set of Indicators feasible for Slovak conditions as part of the Advice for MoH. MATRA project focuses also on University hospitals as requested by MoH.

Mr. Rusnak stressed the aim of MATRA project to sustain the results in SR, where new legislation endorsed Quality of HC.

**Mr. Peter Wognum** positively acknowledged the project development, stressed a need of sustainability of the project, improvement of own activities (people, thinking). He proposed for next PAC meeting to present results and critical aspects in power point.

**Mr. Johan de Koning** proposed in area of Indicators development, to use existing database on international level applicable for Slovak conditions, existing Slovak databases and realize expertise of all indicators.

**Ms. Zuzana Skublova** appologised Dr. Hlavacka and Dr. Szalay for their absence at the PAC meeting and proposed a new follow - up meeting. (*Annex 1: Details of new meeting*)

She expressed the satisfaction of MoH with the Inception report, interest in Inventory phase as description of current situation with aim of Quality improvement. She mentioned quality requirements in new legislation, adopted by Slovak parliament, linkage with World Bank project, coordinated by Dr. Szalay.

Ms. Skublova mentioned also role of new HCSA (Health Care Surveillance Authority), using a Set of Guidelines developed by MATRA project in control role of provided HC and set of Indicators for hospital benchmarking.

Annex 1:

#### **Friday 29<sup>th</sup> 2004, Miestodrzitelsky palac**

Present:

Mr. Heijdelberg, Mr. Hlavacka, Mr. De Koning, Ms. Kovacova, Ms. Lenartova, Ms. Skublova,  
Mr. Van der Straaten

**Mr. Hlavacka** shortly described NL visit experiences, exchanging ideas within institutions (VVS, AGIS, AMC, CBO, Inspectorate).

Due to MATRA project he mentioned:

- Pilots in region of Banska Bystrica in PHC
- OECD set of indicators implemented on National level
- Government and MoH agreement with HC providers in monitoring Quality in biggest hospitals, where set of Indicators will be implemented
- Within new law, Insurance companies come up with set of indicators next year
- Establishment of Institute of Quality, as non – for profit organization, monitoring hospital performance and introducing Quality improvement steps, where Government, MoH, Slovak Medical Chamber and Insurance companies and other professional organizations will be involved.

**Mr. Heijdelberg** announced finalization of project documents for December 2004, in which set of indicators and procedures for guidelines will be described. He informed on materials, collected in Reference center, will be available for Institute of quality, stressed it as one of the initiatives of Task Force of the project. Pilots in PHC are planned to start in January 2005.

**Mr. Van der Straaten** agreed with establishing Quality Institute as one of the initiatives of project stakeholders and expressed his satisfaction with good cooperation between MoH and MATRA project.

Reported by: Ms. Lucia Lenartova, project manager, MATRA

## **Building Quality Development Program in Slovakia MATRA**

in cooperation with

### **WHO Performance Assessment Tool for quality improvement in Hospitals PATH**

#### **Minutes**

**MATRA/PATH workshop, 26th October 2004, MoH SR**

#### **Present:**

On behalf projects MATRA and WHO:

doc.Dr. Viera Rusnáková

Dr. Lucia Lenártová

Participating hospitals:

1. Hospital Levoca: Dr. Lucia Dluhá
2. Hospital Stará Ľubovňa – Ing. Sroka, Pčolková
3. University Hospital Nitra – Mgr. Škablová Viera, Dr. Žák Viktor
4. Privat Hospital Šaca – Dr. Maroš Varga
5. Hospital of Ministry of Interior – Ing. Katarína Repčeková
6. Hospital Zlaté Moravce – Dr. Ján Horňák
7. University Hospital L.D. Déreza, Bratislava – RNDr. Lubomír Špaček

#### **Agenda:**

1. Discussion on collected indicators, their use and limits
2. Presenting of next steps

Dr. Rusnáková opened the meeting and thanked to all participants of the project for indicator collection. She also informed participants on important next steps within the project PATH:

- Data collection PATH
- Basic line for projekt MATRA: Building quality development program in Slovakia
- WORLD BANK project, OECD indicators
- Discussion of uncertain issues related to indicators
- Stressed Hospital Poprad and their way of indicator collection

Dr. Rusnáková proposed to the participants to focus on Tailored set of indicators, because Core set was covered by all hospitals.

Dr. Lenártová reported on WHO workshop in Amsterdam, which was part of ISQA conference on Indicators and important deadlines were announced.

Dr. Rusnáková summarised the project flow and cooperation hospitals by indicators collection, she stressed linkage with projects MATRA and World Bank.

Dr. Varga will present process of certification in external quality assessment in First privat hospital in Kosice Saca on next meeting.

Dr. Špaček described the collection of indicators by University Hospital L. Dérera.

### **Details:**

#### **1. Absenteeism**

General consensus of participants: **Working days** (250), from 1- 7 and over 30 days.

Final decision: monitor all categories of nurses and due to conception of UZIS

#### **2. Excessive hours worked**

Due to Slovak legislation(excessive hours are not allowed) is this indicator not usable.

Final decision: **number of excessive hours worked = 0** (name of hospital)

#### **3. Work-related injuries: Occupational percutaneous exposure (PCE)**

Final decision: **percutaneous injuries only** (with comments)

#### **4. Budget for health promotion activities aimed at staff**

Final decision: **Social fund + other active items, investing in improvement of health staff.**

#### **5. Training expenditures**

Final decision: monitoring all costs for activities (Version A and B)

#### **6. Mortality, for selected tracer conditions and procedures**

Final decision: **monitor due to codes of UZIS**

#### **7. Admission after day surgery, for selected tracer procedures**

Final decision: **data completed only by hospital, which has one day surgery** + (shortly describe if monitoring this indicator is meaningful for future in Slovakia)

#### **8. Readmission, for selected tracer conditions or procedures**

This indicator need to be specified and build in Information system of hospital, if his importance will be confirmed.

Final decision: **do not use code S72.2 so far**

### **9. Return to higher level of care within 48 hours**

Problematic question: In how many hours is patient returned to ARO/ICU after operation?

Options: (operated – ICU – room – ICU/ARO)

(operated = only elective operations, - ICU/ARO – standard department – in 48 hours ICU/ARO = higher level)

Final decision: **time limit in 48 hours.**

### **10. Caesarean section**

Final decision: **Verzia C**

### **11. Antibiotic prophylaxis use, for selected tracer procedures**

#### **Version 1**

Prophylaxis use is following guidelines of each hospital.

Hospital in Zlate Moravce proposed to include question: Do you use ATB prophylaxis? YES/NO.

For future maintenance checks were suggested.

Each hospital writes opinion on possibilities in ATB use.

### **12. Inventory in stock**

Minimalisation of stocks in wards.

Final decision: **use information of hospital**

### **13. Length of stay, for selected tracer conditions or procedures**

Median of hospitalization days.

Problematic question: Exclude early discharge and death?

Final decision: exclude risk gravidity, write short comments

### **14. Intensity of surgical theatre use**

Final decision: **time spent in surgical theatre (local and total) was recorded in week from 20th - 26th September 2004.**

### **15. Day surgery rate, for selected tracer procedures**

Not registered

### **16. Breastfeeding at discharge**

University Hospital L. Derera works due to initiative of WHO – Baby Friendly Hospital

**Final decision: Numerator: every mother, child, which fullfils the criteria (all mothers which breastfeeded)**

### **17. Last minute cancelled surgery**

**Sub-indicator 2:** cancelled one day surgery on day of surgery

**Numerator:** Total number of patients who had their surgery cancelled or postponed during the period under study and who meet inclusion criteria

**Denominator:** Total number of patient admitted for surgery during the period under study and who meet inclusion criteria

*Complete with hospital comments.*

**Data collection:** during months April - May 2004

### **18. Patient surveys**

**Final decision:** uniform questionnaire will be developed for all participating hospitals

University Hospital L.Dérera: every patient receives questionnaire by admission to the hospital, its evaluated monthly.

**Final decision:** Mgr. Škablová from University Hospital Nitra, provides all participating hospitals Questionnaire on patient satisfaction, used in Nitra, evaluated 4 times a year. Comments to the questionnaire are expected.

It is important to concenrate on Interpretation of questionnaires and stratification by age, deprtment, create panels of patient satisfaction survey.

Recorded by: Dr. Lucia Lenártová, 26th October 2004

# Questionnaire on quality of care related management in hospitals

{ SHAPE \\*  
MERGEFORMAT }

Banska Bystrica  
January 13<sup>th</sup>, 2005



## 1. Hospital profile

1. What is the name and city of your hospital?  
 Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Your position / function: \_\_\_\_\_
  
2. Does your hospital provide any of the following:
 

- acute patient care	Yes / no
- ambulatory care	Yes / no
+ outpatient care	Yes / no
+ emergency department	Yes / no
+ day care / day surgery	Yes / no
- long stay care	Yes / no
- primary care	Yes / no
- other (please specify): _____	Yes / no
  
3. Number of acute-care beds in your hospital (including neonatal beds)?  
 Number: \_\_\_\_\_  
 On how many sites / locations? \_\_\_\_\_
  
4. How would you characterize your hospital?
 

a) a community, general hospital	Yes / no
b) a large general hospital with teaching facilities	Yes / no
c) a university hospital	Yes / no
d) a specialized hospital (concerned with specialized service(s) e.g. ophthalmology only)	Yes / no
e) other (please specify): _____	Yes / no
  
5. Does your hospital provide the following specialties?
 

- surgery	Yes / no
- orthopaedics	Yes / no
- gynaecology and obstetrics	Yes / no
- internal medicine (general)	Yes / no
- pulmonology	Yes / no
- cardiology	Yes / no
- neurology	Yes / no
- paediatrics	Yes / no
  
6. Does your hospital have the following facilities?
 

- intensive care unit	Yes / no
- clinical laboratory	Yes / no
- radiology department	Yes / no
- records department	Yes / no
- microbiology department	Yes / no
- computer tomography (CT)-scanner	Yes / no
- magnetic resonance imaging (MRI)	Yes / no
- nuclear medicine	Yes / no
- cardiac catheterization	Yes / no
- echography / ultrasound	Yes / no

7. Is your hospital a teaching hospital for medical specialists? Yes / no
8. Is your hospital a teaching hospital for medical students? Yes / no

## 2. Quality assurance activities

1. Does your hospital have a formally adopted policy paper on quality? Yes / no
2. Does your hospital have a committee formally responsible for quality? Yes / no
3. Does your hospital have a special budget for quality assurance activities? Yes / no
4. Does your hospital has a quality coordinator? Yes / no
5. Does your hospital have a quality improvement project(s)? Yes / no
6. Does your hospital participate in any regional or national external quality assurance programme such as:
- Audit for recognition of teaching facilities Yes / no
  - Accreditation of whole hospital Yes / no
  - Certification programmes for specific aspects of the hospital (e.g. laboratory) Yes / no
7. Does your hospital have any other form of inspection of the quality of care of your hospital? Yes / no  
If yes, please specify: \_\_\_\_\_
8. Does your hospital produce a report on the quality assurance activities containing data on quality of care? Yes / no
9. Is there a professional advisory committee or equivalent body concerned with nursing quality assurance? Yes / no
10. Is your hospital certified or accredited? Yes / no
11. Does your hospital have regular patient experience surveys? Yes / no
12. Are the physicians in your hospital subjected to any form of formal peer Review? Yes / no
13. Does your hospital have formal cooperation with the family doctor in the region? Yes / no
14. Does your hospital have a quality related committee for:
- infection control Yes / no
  - drug use Yes / no
  - antibiotic use Yes / no
  - blood transfusion Yes / no
  - autopsies Yes / no
  - oncological care Yes / no
  - medical audit Yes / no
  - medical records Yes / no
  - handling complaints Yes / no
  - patient safety Yes / no
  - post-operative complications Yes / no
  - incidents Yes / no

- prevention of bedsores Yes / no
- Yes / no
- Yes / no
- Yes / no

### 3. Guideline implementation

1. Are there hospital wide guidelines for:
  - Infection control Yes / no
  - Prescribing of drugs Yes / no
  - Blood transfusion Yes / no
  - Oncological care Yes / no
  - Record keeping Yes / no
  - Incident reporting Yes / no
  - Pre-operative assessment Yes / no
  - Prevention / treatment of pressure sores Yes / no
  - Nursing care Yes / no
2. Does your hospital perform any activity to measure guideline compliance? Yes / no

### 4. Clinical indicators

1. Has your hospital developed indicators?
  - clinical indicators (e.g. to measure outcome) Yes / no
  - indicators for patient safety Yes / no
  - process indicators (e.g. to measure guideline compliance) Yes / no
2. Does your hospital use indicators to measure hospital performance? Yes / no
3. Does your hospital use indicators for benchmarking? Yes / no
4. Does your hospital have data on:
  - autopsy rates Yes / no
  - blood transfusion rates Yes / no
  - infection rates Yes / no
  - bedsores rates Yes / no
  - complaint rates Yes / no
  - patient falls Yes / no
  - rates of cancelled scheduled operations Yes / no
  - re-admission rates Yes / no
  - needle accidents Yes / no
  - post-operative complications Yes / no
5. Does you hospital provide performance information (collected by performance indicators) to external organizations? (i.e. insurers or regional health authorities) Yes / no  
 If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_

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