

# Building Quality Development Programme in Slovakia

## PROGRESS REPORT First Quarter 2005

### 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, April 15th 2005

## **Table of contents**

{ TOC \o "1-4" }

## Annexes

1. Plan for pilots: February, March and April 2005
2. Comments on the quality of care project MAT03/SK/9/1, by Jaap Koot
3. Workshop on Quality of Care Improvement in Hospitals program for January 13th 2005, Banska Bystrica
4. Workshop on Quality Improvement in Health Insurance Companies 12th January 2005, Banska Bystrica
5. Workshop on Quality Improvement in Primary Health Care program for January 14th 2005, Banska Bystrica
6. Minutes Visit of project consultants from The Netherlands, Mission VII. January 11th – 15th 2005,
7. Minutes Workshop on Quality Improvement in Health Insurance Companies January 12<sup>th</sup> 2005, Banska Bystrica
8. Minutes Workshop on Quality Improvement in Hospitals January 13<sup>th</sup> 2005, Banska Bystrica
9. Minutes Workshop on Quality Improvement in Primary Health Care January 14<sup>th</sup> 2005, Banska Bystrica
10. Workshop program EBM and indicators of quality PATH for hospitals
11. Workshop EBM and indicators of quality PATH for hospitals February 16th – 18th 2005, Bratislava
12. Matra Quality Development Project Ministry of Health Slovakia Matrix for information indicators

**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 fifth progress report for the programme “Building quality development in Slovakia” (Mat 03/SK/91), covering the period January – March 2005.

In the first quarter of 2005 the Ministry of Health in Slovakia published their set of indicators, which they are obliged to do according to the new legislation for providing good quality of health care. This provisional set will be replaced by the set of indicators to be proposed by the programme during the advisory phase (result 4, November 2005)

Workshops on Quality of Care Improvement in Hospitals and Primary Health care and on the role of Health Insurance Companies in quality development and monitoring were organised in Banska Bystrica in January. The workshops are a preparation for the pilots on indicator and guideline use in hospitals and general practices.

With the new general director of the General Health Insurance Company (GHIC), Dr. Hlavacka, an agreement was reached to organise a visit to the Netherlands for Health Insurance officials to study contracting and quality development in May.

The successor of Dr. Hlavacka as head of health services in the MoH, Dr Vivodova, met with the project consultants. At the occasion the existing cooperation was endorsed and Dr Nagy, quality expert from the MoH, was nominated as the liaison from the MoH with the Matra project.

Consultants from the Netherlands visited Slovakia on January 11th – 14th and March 15th – 23rd 2005.

A PATH workshop on EBM and Indicators of Quality was organised in February, where collected data were presented and further steps introduced to the participating hospitals.

Visits to the pilot hospitals were executed during this quarter. Project consultants visited 13 hospitals and 5 PHC practices. During the visits a questionnaire was used to map out current practices and opportunities on quality development. The questionnaire was developed by the experts of the AMC University of Amsterdam. For each hospital a contact person, often the ‘quality officer’, was identified

The National Institute of Quality and Innovations (NIKI) was asked by MoH to prepare a legislation basis for guidelines development. Dr Lenartova, the project national coordinator, was asked as the, honorary, director of NIKI.

The provisional outcomes of the questionnaires were discussed in a meeting of the project consultants was in March. To produce a usable basic set of indicators from all the materials collected so far in the project, a meeting of both Netherlands and Slovak consultants will be convened in Amsterdam in early May.

Annexes give minutes from visits and workshops as well as a first analysis of questionnaire outcomes (matrix for indicators).

## 1.2 Executive summary

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

### □ **Inventory and overview document**

During the reporting period the overview document was finalised and distributed. The database (reference centre) containing the inventory of materials and practices in Slovakia as well as internationally was further elaborated and made accessible.

The overview document (including technical sub-documents) describing the current state of the art in quality of care in the Slovak Republic was finalised by relevant project experts, still being edited with actual information. 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

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

### □ **Taskforce and stakeholder participation**

During the reporting period the third meeting of taskforce meeting took place, where Overview document was presented and next steps of project development discussed.

Within the newly established NIKI, an off spring of the taskforce, several negotiations were executed. The MoH asked NIKI to prepare the legislative description of how to proceed in the whole process of use and guidelines development under Slovak conditions.

### □ **Indicators**

The workshops on Quality of Care Improvement in Hospitals, Primary Health Care and Health Insurance Companies were organised in Banska Bystrica. MATRA consultants gave several presentations related to quality indicators.

PATH project activities were carried out in presenting collected data on Indicators. The EBM workshop on PATH indicators was organised in February, in charge of Dr. Rusnakova, who introduced new tables to be completed and later sent to Barcelona WHO office for evaluation and comparison.

### □ **Visit to the Netherlands**

A study visit to the Netherlands is being prepared for a group of 6-8 people from five health insurance companies, MoH, and HCSA. They were asked to delegate 1-2 representatives and set their priorities in quality Indicators, Guidelines development and HC purchasing. The visit is planned for May 23rd to 27th 2005 and the program will be arranged by AGIS, incorporating the needs and expectations of the Slovak participants. The group will also visit

the Netherlands Ministry of Health (VWS) to discuss MoH roles in contracting and quality development.

□ **Guidelines**

The workshops on Quality of Care Improvement in Hospitals, Primary Health Care and Health Insurance Companies were organised in January. Part of the workshops was devoted to guidelines development presented by Dr. Rusnak and professor Klazinga. Guidelines formed an important part of the questionnaire answered by pilot hospitals. Outcomes will be analysed in the next quarter.

□ **Pilots design**

Project consultants visited 13 pilot hospitals: 6 teaching hospitals, 6 hospitals with policlinic and 1 private hospital. The visits took place from February till March. The hospitals were asked to complete the Questionnaire on quality activities and hospital management and to prepare list of priorities on quality indicators, guidelines development and delegate contact person to cooperate on activities designed by project MATRA in helping the participating hospitals to develop the quality program, including the annual quality report. Next step will be the compilation of a profile of each participating hospital.

Johannes Dalhuijsen visited PHC practices selected in Banska Bystrica region as requested by MoH, to see the level of technical equipment in their offices.

## 2. Progress in the reporting period

### 2.1 Progress report

#### Result 1

<b>Result 1: Analysis of current system of monitoring and evaluation of quality of health services</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 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	15-3-2005 note: further improvements will be made continuously up to the end of the project!	Reference centre established, draft documents distributed	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	15-3-2005	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 under review	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	15-3-2005	Part of overview document,	15-02-2005

<p>Overview on quality requirements in the contracting between financiers and providers</p>	<p>Report on quality requirements in the contracting between financiers and providers.</p>	<p>01-06-04</p>	<p>04-6-2004</p>	<p>draft ready Presentation done. Document included in overview doc.</p>	<p>15-01-2005</p>
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**Result 2**

<b>Result 2: Set of process and institutional indicators</b>							
<b>Activity</b>	<b>Products and deliverables</b>	<b>Expected starting date</b>	<b>Started on</b>	<b>Completed</b>	<b>In progress</b>	<b>Expected completion date</b>	
A joint workshop on strategic purchasing with the WHO Observatory PATH initiative.	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			Alternative visit organised to The NL for Health Insurance staff	May 27 2005	
Set up of health system indicators,	- Proposed indicator set on health	01-02-05	15-01-05		Preliminary	01-08-05	

hospitals / institutional indicators and primary care indicators.	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).				lists designed	
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	15-01-05		In progress, final workshop and list of indicators presentation planned	01-07-05
Pilots in 4-5 hospitals.	Implementing / calculating indicator set in hospitals / Annual quality report	01-02-05	01-02-05		In progress; questionnaire made, distributed and answered	01-08-05
Pilots in 2 primary care settings.	Implementing / calculating indicator set in primary care setting	01-02-05	01-02-05		In progress; workshop done; material is collected	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	15-03-05	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	Assessments done	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**

<b>Result 4 Advice developed on the introduction of a system for internal and external quality monitoring and evaluation</b>						
<b>Activity</b>	<b>Products and deliverables</b>	<b>Expected starting date</b>	<b>Started on</b>	<b>Completed</b>	<b>In progress</b>	<b>Expected completion date</b>
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	1-1-2005		Re-design of advisory process with stakeholders	31-12-05
Overall implementation advice		01-12-05				
National conference		01-12-05			The advisory process will be organised jointly with HSA in liaison with Worldbank project.	31-12-05
Training course for policy makers	Training course for policy makers	01-10-05			To be included in advisory process	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	2	4
Koning		3
Klazinga		3
Rusnak		1
Rusnakova		3

### Result 2

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Heijdelberg		
Koot	2	3
Klazinga	1	1
Koning	1	2
Boon		2
Rusnak		3
Rusnakova		3
Lenartova		

### Result 3

<b>expert name</b>	<b>days spent in NL</b>	<b>days spent in Slovakia</b>
Heijdelberg	2	6
Koning		4
Dalhuijsen		3
Rusnak		7
Lenartova		29

### 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>

### **3 Implementation Issues**

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

This reporting period was marked by activities to start a number of field pilots in hospitals and general practice. These pilots will eventually lead to the major expected results of the project: a basic set of indicators and established procedures for guideline development. In the workshops with pilot hospitals and the subsequent field visits to collect hospital information through elaborate questionnaires the momentum for quality development became clear. Almost all hospitals, one way or another, are preparing themselves for a strong focus on quality, both through internal management and through presentation of data and performance for external accountability. This experience of the project reflects the earlier observation (4<sup>th</sup> quarterly report 2004), that field parties are increasingly taking over the initiative from central government. However it also became clear that there is still a great diversity in approaches, objectives and actual capability in the field of quality development. Therefore the project has planned an internal workshop (May 2005) to analyse and prioritise all materials collected so far. This will enable us to better prepare for the wrap up workshops with stakeholders in the second quarter of 2005.

The continuous personnel changes in the Ministry of health have asked considerable attention not to lose contact with the major policy process there. The head of health care department, Dr. Hlavacka, as well as the team leader for the quality programme, Dr. Szalay both left the MoH. With Dr Hlavacka close contacts remained in his new position as general director of GHIC. Dr, Hlavacka is temporarily succeeded by Dr Vivodova, with whom close coordination was kept. Dr Vivodova nominated Dr Nagy, a quality expert, as her liaison with the project, who will also join the may 2005 visit to the Netherlands for MoH, health insurance and Health Surveillance Authority (HSA) staff.

With HSA, that started activities in this reporting period, contacts were made and will lead to close cooperation as of April 2005. All in all, the Matra project, as also reported in the previous report (4<sup>th</sup> quarter 2004) has maintained a balance between providing required results for the Slovak government and enhancing quality development in the field.

The earlier observation that the initiative on quality development has changed towards the health insurance companies and the HSA was further acknowledged and has led to the planning of a visit to The Netherlands for these stakeholders in May.

In the next quarter a start will be made with the planning and preparation of the advisory phase of the project (Result 4). Cooperation will be sought as much as possible for this with the HSA and with the Worldbank project on quality development that has started activities in this quarter.

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

#### **Result 1**

The Overview document was finalised and with attached sub-documents sent to all stakeholders for comments. It will remain open for improvements and additions throughout the projects running period, culminating in an implementation advice in November 2005.

#### **Result 2**

The workshops on Quality of Care Improvement in Hospitals, Primary Health care and Health Insurance Companies as preparation for pilot visits and contribution for indicator sets were organised. On the basis of results of the hospital questionnaire a start will be made in the next quarter to formulate a basic list of indicators. An important challenge for the programme is to provide practical instruments for stakeholders in the field to actually start working practically with indicators and guidelines. One of the major instruments here is the Annual Quality Report that may be issued by hospitals to enhance both their internal quality management and their external accountability.

#### **Result 3**

The inventory of existing guidelines and use of AGREE instrument are now well under way. The workshops on Quality of Care Improvement in Hospitals, Primary Health care and Health Insurance Companies as contribution to guidelines development were organised. Pilot hospitals were asked to come up with 2-3 priorities in diagnoses for guidelines development, which they did. In the next quarter the results of this will be translated into practical advice NIKI was asked by MoH to develop legislative basis for regulation to be used in the process of guidelines development. The project assumes that there will be a major role for NIKI in guideline development in the years to come. Negotiations with professional bodies, the HSA and the MoH are important in here. It needs to be determined how the Worldbank project can link up with activities in this field to enhance continuity and sustainability.

#### **Result 4**

According to plan this activity has not yet been implemented. However preliminary discussion has started on the desired formats for analysis, finalisation and implementation of project results. In the second quarter discussions will be held with the insurance companies and the HSA to see how a joint finalisation of the project can be organised.

### *3.3 Change request*

A change request was made to allow for a field visit of Slovak experts to The Netherlands in lieu of originally planned visits to Austria and Hungary. The objective of the visit will be to get acquainted with the role of health insurance companies in contracting health providers and relate these to performance and quality development. Moreover the role of government in monitoring quality through contracting formats will be assessed during the visit.

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

### *4.1 Detailed work plan*

#### **Result 1**

The overview document is finalised but remains open to improvement and additions. The document will play a role in the work on results 2 and 3.

- 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 (May) together with other collected materials (PATH), current MoH indicator list, GHIC indicator list.
- OECD indicator list operational (system level)
- A pre workshop meeting is held with quality development responsible from all pilot hospitals in order to determine the band with of the indicator lists and the necessary information base for this in the hospitals.
- Indicator list determined in follow up workshop organised for all pilot hospitals
- Visit to the Netherlands programme implemented for 2d quarter 2005 for health insurance company, HSA and MoH staff.

#### **Result 3**

- Role of NIKI in guideline development fully determined.
- Guidelines are discussed in the June workshop , framework for development established, general structure clarified, procedures and responsibilities (among stakeholders) established.
- Training modules on Agree and evidence-based guideline development are ready.

#### **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		
Heijdelberg		
Koning	1	1
Klazinga		
Koot	2	4
Boon	2	1

### Result 2

Name	days NL	days SK
Rusnak		6
Lenartova		2
Koning	1	
Dalhuijsen	2	
Heijdelberg		
Boon	2	4
Koot	2	
Lombarts	2	3

### Result 3

Name	days NL	Days SK
Rusnak		3
Lenartova		
Heijdelberg		
Rusnakova		4
Koot	1	3
Lombarts		

### Result 4

Name	Days NL	days SK
Heijdelberg	1	4
Lenartova		29

### Result 5 / Visit to the Netherlands

Name	Days NL	days SK
Boon	2	
Heijdelberg	2	

Koot	2	
Rusnak	3	
Lenartova	3	

- Rusnak will supervise and organise the follow up of pilot outcomes and organise the taskforce and NIKI on results 2 and 3.
- Rusnak, Lenartova, Boon, Heijdelberg, Koot, de Koning, Klazinga to analyse materials collected so far in internal project meeting in Netherlands May 8-10.
- Lenartova will organise a pre workshop meeting for pilot coordinators from the hospitals and organise June follow up workshop
- Lombarts, de Koning, Boon, Klazinga, Rusnak, Koot, Heijdelberg will contribute to integrated workshop (June) on indicator lists, practical implementation and guideline development.
- Heijdelberg will contribute workshops with pilot results and re-design the advisory process on result 4.
- Dalhuijsen will follow up primary care pilot.
- Klazinga will follow up and supervise results of questionnaire in the June workshop.
- Rusnakova will draft training modules and give implementation plan for this.
- Boon and Poll will work with insurance companies staff and implement visit to the Netherlands.
  
- Taskforce members will continue to play a role as referents and discuss final overview document.

## Annexes

### Annexe 1

#### PLAN for PILOTS: FEBRUARY, MARCH and APRIL 2005

##### Structure:

1. Identify issues of interest in the area of quality
  - 1.1. general hospital issues
  - 1.2. specific clinical issues
  - 1.3. procedural or specialty related issues
2. Define indicators for specific areas
  - 2.1. PATH
  - 2.2. MoH set
  - 2.3. other/new
3. **Data collection**, IT capacities, structures, software,
4. **Clinical and procedural guidelines**
  - 4.1. what clinical areas/conditions are among priorities
  - 4.2. identify people who would be enforcing the implementation of guidelines
  - 4.3. link the guidelines to indicators, develop indicators on guidelines compliance
5. **Managerial issues**
  - 5.1. **Annual Report** development - defining the mission, programme and project outlines and the structure of the document
  - 5.2. **Quality Committee** - members and role
6. Specific quality related **training needs**

**Audience:** Hospitals

**MATRA Teams:** Martin and Lucia  
Johann and Lucia  
Kiki and Lucia

##### **Project Flow:**

**Feb:** Visits of the team to pilot sites

**March:** Full profile of the hospital along with formulated needs for guidelines, indicators and training

**April:** Policy Document including a set of indicators and guidelines

Annexe-2

Comments on the quality of care project MAT03/SK/9/1  
 Jaap Koot 20/03/05

**1. The basic question why a quality of care project**

The motivation for quality of care projects can be multiple:

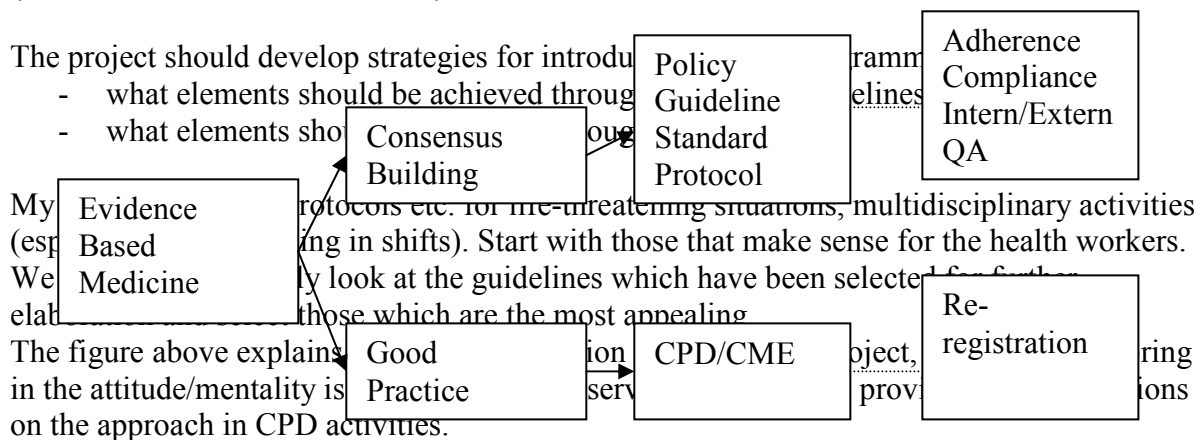
- Better outcomes for patients (improving health care)
- More satisfaction for health workers, improved professional performance
- Increased efficiency and effectiveness
- Legal obligations

The interviews in the pilot hospitals disclosed that the element of improved professional performance and health workers' satisfaction may need more emphasis.

There are two ways in which EBM leads to quality improvement, one is through guidelines, protocols etc. and the other is through CPD. The protocols are an "external" force to achieve quality. The Good Practice is an "internal" drive for professionals. The CPD/CME element is part of the project, but could be linked more to the activities.

Fig. 1 from EBM to quality

{ SHAPE \\* MERGEFORMAT }



**2. Definitions and terms**

The project may need to provide more clarity on terms and definitions, e.g.

- Standard = state of the art, defining good practice
- Policy = tackling major area, e.g. drugs use, surgical care
- Guideline = providing options of best care
- Protocol = prescriptive, specific condition, must do instructions

Words like audit, medical audit, peer review, etc. not sufficiently defined and clarified. In the overview document, terms are not consistently used. I assume that experts in our project know the right definitions and terminology. Right now not clear for hospital managers. This could be done in next meetings and the overview document.

### 3. The total quality concept

Managers in the hospital have a much broader scope of quality than presented in the project. They look at the following things:

- a. Managerial issues
  - Strategic planning, operational planning, set-up of the organisation
  - financial management (major issue for the managers), including accounting, procurement, allocation of resources, auditing, etc.
  - human resources management, human resources development
  - infrastructure, equipment, etc.
  - information systems
- b. Medical technical issues
  - standards for diagnosis and treatment (doctors' level)
  - nursing standards
- c. Support services
  - lab, x-ray, physiotherapy and other paramedical
  - catering and hotels services, cleanliness
- d. Private services provided in the hospital
  - contracted out departments (e.g. lab)
  - private physicians
- e. patients issues
  - patients rights patients satisfaction
  - safety

During the interviews we discussed preconditions for introduction of quality programmes. Some issues were mentioned:

- financial problems of the hospitals have to be solved: a management team that is only struggling for survival is not able to concentrate on quality issues
- infrastructure and equipment have to be in order
- information systems have to be put in place, in order to collect data on indicators, make proper analysis, etc.
- personnel needs to be capacitated and empowered to engage in quality programmes
- personnel needs to be motivated and willing to work on quality projects, adhere to standards etc. Performance management is the key to this motivation issue.

In other words, medical technical issues (evidence based medicine) can only be tackled within a broader context. By the way, nursing standards are extremely important for improving day-to-day quality in the hospitals. Managerial issues have to be solved as precondition for introducing quality. Somehow the broader context needs to be addressed, or at least its existence has to be acknowledged. My preliminary opinion is: only Slovak hospitals which have sorted out their managerial issues are able to start working on quality of care issues.

This brings up the issue of change management. It is impossible to drop 'standards' from heaven and assume that hospitals will start implementing them. What is our proposition for introducing change? What is our suggestion for capacity building?

### 4. Quality in a systematic way

The project brings up many different issues, but needs more systematic organisation of issues. The following could be used as overview:

A. Internal developments in the hospital		
1	Quality standards, protocols, etc	Areas to concentrate on (see 3). Availability of standards, etc. Definition of protocols
2	Introduction of quality	Creating an enabling environment (preconditions, see above) Change management in hospitals
3	Feedback loops	Defining internal indicators, monitoring information systems, data- for-decision-making approach (how to use generated information systems
B. External developments for quality control		
1	National indicators in MOH	Monitoring mechanisms (not yet established)
2	Health Care Surveillance Authority	Roles and functions
3	Insurance contracts	Targets, indicators, etc.
4	External quality control	ISO standards Accreditation, certification, etc. SEEK standards (laboratory)
C. National support for quality development		
1	Slovak Medical Library	
2	CPD initiatives	
3	NIKI	

The project should avoid that there is a mix-up of different elements. Activities are to be targeted at specific groups. I assume that hospitals can benefit most from how to organise things within their own hospitals, whereby the full circle of defining, introducing and monitoring is covered. This should be the priority in further work with hospitals: simple, straight forward, step-by-step.

The problem with the PATH indicators is that they are principally designed for benchmarking, but for hospital managers it is not clear how they themselves can use those indicators for improving the hospital quality. The risk of producing information without using it is big, if data-for-decision-making approach is not introduced simultaneously.

## 5. broadening the overview document

The overview document still needs some rigorous editing. The overview document needs an addition called: creating the enabling environment for quality of care programmes. In this section the preconditions need to be tackled as mentioned in the previous paragraph. Suggestions for change management have to be made.

## 6. NIKI

NIKI to develop website for developing protocols.

- Publish protocols (e.g. Stara Lubnova)
- Comments on protocols

- Forum discussions
- Consensus building

Practical and simple support for hospitals

## **7. Harmonisation with the World Bank programme**

Some hospitals have filled in large questionnaires, given out in the WB programme, but they haven't received feed-back. It is essential to get access to this information and see where more synergy can be achieved with the programme.

**Annexe-3**

Building Quality Development Programme in Slovakia  
**MATRA**

**Workshop on Quality of Care Improvement in Hospitals**

Draft program for January 13<sup>th</sup> 2005, Banska Bystrica

**List of participants**

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**Annexe-4**

**Building Quality Development Programme in Slovakia  
MATRA**

**Workshop on Quality Improvement in Health Insurance Companies**

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

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**Annexe-5**

**Building Quality Development Programme in Slovakia  
MATRA**

**Workshop on Quality Improvement in Primary Health Care  
Draft program for January 14<sup>th</sup> 2005, Banska Bystrica**

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## Annexe-6

### MINUTES

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

Visit of project consultants from The Netherlands, Mission VII.

Reported by: Dr. Lucia Lenartova, Project Manager

Present: Project experts taking a part in the mission:

Dr. Johannes Dalhuijsen  
Dr. Erik Heijdelberg  
Prof. Klazinga Niek  
Dr. Johan de Koning  
Dr. Viera Rusnakova  
Dr. Martin Rusnak

#### **January 11th – 15th 2005, Internal meetings of the project team**

Present:

Dr. Erik Heijdelberg, Dr. Johannes Dalhuijsen, prof. Niek Klazinga, Dr. Johan de Koning, Dr. Lucia Lenartova, Dr. Viera Rusnakova, Dr. Martin Rusnak

The aim of the meetings was to discuss planning issues.

#### **Agenda:**

1. Task Force meeting
2. Workshops on Quality improvement in Banska Bystrica
3. Overview document
4. Pilots
5. Work plan for hospitals
6. Activities planning for year 2005

#### Details:

**1) Task Force meeting, Jan 11th 2005:** *Minutes – (Annex 1)*

**2) Workshops on Quality improvement in Banska Bystrica** *Minutes - (Annex 2, 3, 4)*

**3) Overview document** - *Final version from January 31<sup>st</sup> 2005 (Annex 5)*

**4) Pilots** *(Annex 6)*

**5) Work plan for hospitals** *(Annex 7)*

#### **6) Activities planning for year 2005**

##### February, March, April 2005:

Site visits of pilot hospitals and GP practices are planned for February 2005

Prof. Klazinga proposed to refine the questionnaires from workshops in Banska Bystrica, translate them in Slovak that will be the start for site visits.

Dr. Rusnakova, Dr. Rusnak and Dr. Lenartova will start with site visits of hospitals in Bratislava with inputs of Dr. de Koning and Dr. Lombarts.

March, April 2005 – refine of profiles of hospital pilots

May 2005 – workshop with hospitals is planned, where the hospital results, reflections and next steps will be presented.

#### **Tasks to be executed by Dr. Lenartova:**

- Call prof. Dragula from Slovak medical chamber to find out the exact date of Conference on indicators in Bratislava in May 2005

- Plan pilot activities – site visits in hospitals and coordinate the dates and experts, participating.
- Make sure date of next PAC meeting will be announced in advance to all involved and the agenda prepared one month before.

## Annexe-7

### MINUTES

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

Reported by: Dr. Lucia Lenartova, Project Manager

### **Workshop on Quality Improvement in Health Insurance Companies**

**January 12<sup>th</sup> 2005, Banska Bystrica**

Present:

On behalf of the project: Dr. Boon, Dr. Heijdelberg, Dr. de Koning, Dr. Lenartova, Dr. Rusnak

*(Annex 1 – List of all participants)*

#### **Program**

Opening

8.30 – 8.45 Aims and objectives of the MATRA project: Building Quality Development Program in Slovakia  
*Dr. Erik Heijdelberg, Interaction in Health, Amsterdam, The Netherlands*

8.45 – 9.30 Role, position and responsibilities of health insurance companies in the new Health Insurance Act and Health Care Surveillance Authority Act

*MUDr. Svatopluk Hlavacka, MBA, General Health Insurance Company, SR*

– 10.30 Quality Indicators for quality of care assessment in health insurance companies

*Dr. Maarten Boon, AGIS, Amsterdam, The Netherlands*

10.30 – 11.00 Coffee break

11.00 – 12.00 Evidence Based Guidelines for improvement of Quality of Health Care in health insurance companies in Slovakia

*Doc. MUDr. Martin Rusnak, CSc, Dpt. of Healthcare Management, Trnava University, SR*

12.00 – 12.30 Introduction of National Institute of Quality and Innovations – NIKI,

*Dr. Lucia Lenartova, MATRA project*

12.30 – 14.00 Lunch break

14.00 – 17.00 Discussion to specific activities in Health Insurance Companies

#### **Details:**

Dr. Heijdelberg opened the workshop, welcomed all participants and asked them for short introduction.

After the official introduction he presented Aims and objectives of the MATRA project. (*Presentation – Annex 2*)

Dr. Hlavacka spoke about the role, position and responsibility of health insurance companies (HIC) within new HC legislation, related to external quality assessment, mentioned obligatory criteria of HIC, which need to be published for contracting in area of:

- Personal, material – technical equipment of providers
- Quality indicators
- Certification on quality systems of providers

Other mentioned topics:

- Methodical manual published by Ministry of health, in part on Indicators, will determine content of numerator and denominator, sources, computing and form presenting of indicators evaluation
- NIKI as independent organization, important role in guidelines development
- First results in publishing Set of Indicators are expected in 2006
- Indicators of general outpatient HC from provider, will be assessed by HIC: Prescription of generic drugs, Management of acute HC, Management of chronic HC, Vaccination of children's population, Vaccination against flu
- Preventive HC

- Role of HIC in external quality assessment is to publish assessed quality indicators, sequence of providers due to successful fulfilling of criteria and respect this fact by contracting.

**Discussion:**

Dr. Boon asked who is responsible for quality indicators in GHIC.

Dr. Hlavacka basic indicators are published in regulation of Ministry of health SR. For next year HIC are preparing materials for incorporating by MoH SR.

Dr. Boon: do you use risk equation parameters by working with data of whole population?

Dr. Hlavacka risk equation parameters are yearly published by MoH based on data from HIC, including also care of expensive patients.

Dr. Boon: *Care purchasing and quality Indicators*

Dr. Boon introduced shortly the afternoon sessions to the participants, where they will be divided in 2 groups during 3 interactive sessions.

Following topics will be discussed:

- Achievement of change of content of organization
- Use of generic medication can save a lot of money to HIC
- Instruments to direct behavior within how power is divided in the system
- Factors which influence use of indicators

Dr. Rusnak : *Quality of HC and EBM*

Dr. Rusnak stressed very important aspects of HC quality:

- Steps for improving HC quality
- Implementation of EBM protocols in praxis
- Contribution of Guidelines for patient and HIC in improving quality of services, decreasing costs of HC, improving the outcome of treatment, shorter stay in hospital, decreasing of long-term consequences
- Standards, guidelines, options
- Guidelines implementation in TBI

**Discussion:**

Inspection physician from GHIC: asked on economical reasons for Guidelines development.

Dr. Rusnak advised to provide what is available within nursing services.

It is very expensive to develop good Guidelines. Mentioned also set of guidelines existing in Slovakia And stressed importance of preparation for use of monitoring system.

Inspection physician from GHIC: why are the existing Guidelines not used, and if they are, it is only on voluntary basis?

Dr. Rusnak not all guidelines can be used from different reasons.

Inspection physician from GHIC there are Guidelines existing in Pharmacotherapy, in spite of it there is no reflection in cost benefit for patient, mortality seems to be the same as 20 years ago and the prices for drugs are also higher.

Dr. Rusnak there is a lack of studies, monitoring the treatment process, the rule: first therapy should be non – pharmacological.

Dr. Lenartova presented *National Institute of Quality and Innovations (NIKI)*, where she stressed its role in helping HIC to improve quality in Guidelines development.

**Afternoon sessions:**

**1<sup>st</sup> session – Internal organization of HIC**

What can the HIC purchase ?

How should the proces be organized ?

What instruments does a HIC needs ?

**I. GROUP**

Organization structure – TEAM (economist, lawyer, physician, psychologist, psychology trainings)

Tools – data analysis, analysis of procedures, information systems, Institute of health statistics and informatics, all – Slovak averages

Complaints – questionnaires on patients' satisfaction were not successful, representative survey on sample of whole population, communication with chambers, providers, personal contact with providers, insurees.

**II. GROUP**

- a) Information
- b) Evaluation of information
- c) Process of care purchasing – data processing

1. Knowledge in legislation

- Providers offers
- Demands of insurees – marketing

Assess data from provider; expand legislation, what HIC need from provider

Extend data fields, defined in official publication of MoH SR

Analytical department within SR

Purchaser – team – in present of physician

Retrieval of information – collection – evaluation

Management of care purchasing

Reaction of Dr. Boon to 1<sup>st</sup> session:

Dr Boon expressed his opinion about lack of instruments in legislation.

**2<sup>nd</sup> session: Separation of power, relationship between HIC and provider, and other stakeholders.**

How is the distribution of power between providers and insurance companies?

How is the process of care provision being processed?

How does a HIC gather and produce the needed information of the care process?

I. GROUP

HIC for insurees:

a) Minimal network – contract, financing (PHC, specialists, transport, drugs, health tools, controls, sanctions.

b) Waiting list – Domestic

- Foreign

Foreign therapy – scheduled

c) Health resort, spa.

II. GROUP

Sources are set by law (state), provide most necessary HC with the best quality to insurees

40% - drugs – possibly restrictions of drug consumption

Flexible price can decrease price on number of providers

Legislation limitation – providers defined in minimal network, GHIC is cheap, with low prices

Reaction of Dr. Boon to 2<sup>nd</sup> session:

- Obstacles for developing role as care purchaser
- Waiting lists – HIC has possibility to provide faster care – it can differentiate HIC among.
- Need to develop more instruments supported by government.

**3<sup>rd</sup> session: Content and methods of HC purchasing.**

(What and how much will be purchased from the care providers? Price and volume.

What quality is needed and how to measure it?

What kind of arrangements should be made?

Can HIC influence these expenditures?

I. GROUP

Indicators – material – technical equipment of provider, qualification eligibility (codes on stamp by drug prescription, original – generic drugs, 4 years of comparison of prescription, complaints – 50/per year, prevention, need to differentiate in payments

II. GROUP

From Information system of HIC: number of providers

Instrumentation (equipment) of provider

Level of education

Scope of procedures

Frequency of patients visits at provider

Costs for patients' visits

Number of laboratory tests ordered

#### Inpatient care

For developing set of Indicators, they would like to use their database plus add new indicators from other well-known databases (or internationally recognized).

#### Reaction of Dr. Boon to 3<sup>rd</sup> session:

- Restrictions in purchasing and in use of indicators
- Institute of health statistics and informatics had more data in database than GHIC, but it is not allowed to present information on provider
- In NL if they pay for HC they have right to ask what are they paying for as formal control

#### Dr. Boon presented: Quality indicators – (B list)

Dr. Boon introduced number of indicators used in AGIS, some of them were extracted from patients' satisfaction questionnaires, and he mentioned also purchase Guide that will come into force in year 2006 in NL. In AGIS they use Set of Indicators for HC purchasing to negotiate with provider.

Inspection physician from GHIC asked how to validate data provided by hospitals?

Dr. Boon hospitals have own databases, and they can be easily checked.

Inspection physician from GHIC asked how do you develop waiting lists?

Dr. Boon: information from hospitals, which are obliged every 2 weeks to provide data to HIC and are available on internet.

#### Wrap-up of the workshop by Dr. Heijdelberg:

- Study visit planned to NL for health insurance policy makers
- Interest and ToR as conclusion of this workshop
- Organize session between HIC's and hospitals to discuss the relevance and results of the pilots
- Assist in learning procedure in Indicators to be used in SR
- Materials from MATRA database in reference center available

## Annex -8

### MINUTES

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

Reported by: Dr. Lucia Lenartova, Project Manager

### **Workshop on Quality Improvement in Hospitals**

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

Present:

On behalf of the project: Dr. Heijdelberg, prof. Klazinga, Dr. de Koning, Dr. Lenartova, Dr. Rusnakova, Dr. Rusnak

*(Annex 1 – List of all participants)*

### **Program**

Opening

- 8.30 – 9.00 Aims and objectives of the MATRA project: Building Quality Development Program in Slovakia  
*Dr. Erik Heijdelberg, Interaction in Health, Amsterdam, The Netherlands*
- 9.00 – 9.45 Quality Indicators for quality of care assessment in hospitals  
*Dr. Johan de Koning, PhD. Academic Medical Centre, Department of Social Medicine, Amsterdam, The Netherlands*
- 9.45 – 10.15 Coffee break
- 10.15 – 10.45 Evidence Based Guidelines for improvement of Quality of Hospital Care in Slovakia  
*Doc. MUDr. Martin Rusnak, CSc, Dpt. of Healthcare Management, Trnava University, SR*
- 10.45 – 11.15 Results and experiences of the WHO project PATH: Performance Assessment Tool for quality improvement in Hospitals,  
*Doc. MUDr. Viera Rusnakova, PhD, MBA, Health Management School, Bratislava, SR*
- 11.15 – 11.45 Introduction of National Institute of Quality and Innovations – NIKI,  
*Dr. Lucia Lenartova, MATRA project*
- 12.00 – 13.00 Lunch break
- 13.00 – 17.00 Round table discussion on quality of care measurement in Hospitals  
*Chaired by: prof. Niek Klazinga, Academic Medical Centre, Department of Social Medicine, Amsterdam, The Netherlands*

Dr. Heijdelberg opened the workshop, welcomed all participants and asked them for short introduction.

After the official introduction he presented Aims and objectives of the MATRA project. (*Presentation – Annex 2*)

Dr. De Koning: *Quality Indicators in hospitals*

Following topics were presented:

- Need of performance measurement
- Use of performance Indicators in internal improvement and / or external accountability
- Quality improvement systems

- Structure, Process and Outcome Indicators
- Examples of Indicators sets

After his presentation, questionnaires on quality of HC related to management in hospitals were distributed between participants to be completed by representatives of participating hospitals.

Dr. Rusnak : *Quality of HC and EBM*

Dr. Rusnak stressed very important aspects of HC quality:

- Steps for improving HC quality
- Implementation of EBM protocols in praxis
- Contribution of Guidelines for patient and HIC in improving quality of services, decreasing costs of HC, improving the outcome of treatment, shorter stay in hospital, decreasing of long-term consequences
- Standards, guidelines, options
- Guidelines implementation in TBI

**Discussion:**

Dr. Bruchacova from Hospital of Ministry of Interior asked how does implementation of Guidelines work in practice? Is it obligatory to use them?

Dr. Rusnak explained the process of selecting Guidelines, using the Agree Instrument for assessing.

Inspection physician from GHIC asked why should we not use the Guidelines already existing in SR and why to take over Guidelines from USA, would they work in Slovak conditions?

Dr. Rusnak: Guidelines from abroad are applicable in SR, but each hospital has own protocol for use.

Dr. Sladka from MoH added to the topic: in a year 2006 due to Catalogue of procedures published by MoH in governmental regulation, use of therapeutical and diagnostical standards will be obligatory.

Dr. Rusnakova: Indicators of Quality for hospitals

DR. Rusnakova mentioned:

- Quality as one of the key element in new MoH legislation
- Risks and unsuitable use of indicators
- PATH project and preliminary results
- Core set of 18 indicators, not feasible for all hospitals
- Some indicators not actual for Slovak conditions

**Discussion:**

Dr. Sladka from MoH: what type of indicators were monitored and on what level?

Dr. Rusnakova: PATH project with Slovak participation was pilot study of WHO project, developed for presentation of Indicators of quality on hospital level.

PATH participants were interested in overview presentation of collected data within this project.

Dr. Rusnakova: after the final file for presenting the results will be sent from WHO in Barcelona, workshop with presentation of the preliminary data will be organized.

Dr. Lenartova presented *National Institute of Quality and Innovations (NIKI)*, where she stressed its role in helping hospitals to improve quality in Guidelines development.

Prof. Klazinga: Quality of care in Hospitals

Within the preparation for the project pilots:

- Describe existing quality management activities
- Identify indicators
- Agree with insurers / policy makers on a common set

**Afternoon session:**

Main topics to be discussed:

- Results of questionnaire
- Focus and functions of selected indicators
- Identification / selection of initial set of hospital indicators
- Use of guidelines in hospitals

**Round table discussion on completed questionnaires:**

(Completed questionnaires in *Annex 3*.)

Prof. Klazinga reviewed the data from the questionnaire:

- 12 questionnaires, 10 hospitals
  - 1 – day surgery was allowed only for hospitals, which were downsizing number of beds
  - Long stay care – need to be further discussed with health insurance companies
  - Records in the departments – archive with medical records with all results of medical treatment
- Accreditation of hospitals – mistake, not 5

Prof. Klazinga asked the participants to send us questionnaire they use in their hospitals.

Dr. Heijdelberg offered to the hospitals possible cooperation in pilots during 3 months, to refine profile, basis for set of indicators that will be monitored, existing procedures, requirements of hospitals within quality of care provided, help with form of presentation collected data.

After pilot phase – the workshop with hospitals and HIC will be organized, where requests of both will be presented, with participation of HCSA and MoH.

Dr. Heijdelberg informed them also on the time plan within the pilots, the site visits in are planned for February, collected data will be finalized in April – May and the results to be used in advice for MoH SR.

Dr. Rusnak asked the hospitals to prepare following topics for discussion before the site visits will be realized:

Which clinical area is important in your hospital?

What would you like to focus on - Key persons and procedures, physicians?

What do you consider as priority in process of guidelines development?

Prof. Klazinga after site visits, 10 profiles of each hospital will be presented, how they deal with quality in their hospital during the planned workshop with HICs.

Dr. Heijdelberg closed the workshop and promised to the participants to send the work plan developed by MATRA project, before realization of site visits.

## Annexe-9

### MINUTES

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

Reported by: Dr. Lucia Lenartova, Project Manager

### **Workshop on Quality Improvement in Primary Health Care January 14<sup>th</sup> 2005, Banska Bystrica**

Present: *Annex 1 – List of participants*

#### **Program**

Opening

8.30 – 9.00 Aims and objectives of the MATRA project: Building Quality Development Program in Slovakia.

*Dr. Erik Heijdelberg, Interaction in Health, Amsterdam, The Netherlands*

9.00 - 9.45 Quality Management in Primary Care: Guidelines, Indicators and Quality Syst.

*prof. Niek Klazinga, Academic Medical Centre, Department of Social Medicine, Amsterdam, The Netherlands*

9.45 – 10.15 Coffee break

10.15 – 12.00 Quality Improvement in the Technical Environment of Primary Care: premises, medical equipment, office equipment

*Dr. Johannes Dalhuijssen, Primary Care Development Centre, University of Northumbria, Newcastle-upon-Tyne UK*

12.00 – 13.00 Lunch break

13.00 – 17.00 Discussion to specific activities in Primary Health Care

Dr. Heijdelberg opened the workshop, welcomed all participants and asked them for short introduction.

After the official introduction he presented Aims and objectives of the MATRA project within the cooperation in pilot phase with PHC practices.

*(Presentation – Annex 2)*

Prof. Klazinga: *Quality management in Primary Care: Guidelines, Indicators and Quality systems*

Dr. Pasztor explained the situation in SR:

- Pediatricians – GP's for children and teenagers till 18 years due to WHO regulation
- Adolescent medicine till 28 years
- GP's for adults, older then 18
- From January 1<sup>st</sup> 2005, only GP's with attestation of General medicine or pediatricians – 5 years of post gradual training

Prof. Klazinga mentioned Dutch College of GP's, which organizes trainings, Guidelines development, provides scientific support for GP's, develop specific practice Guidelines for GP's.

Other mentioned topics:

- EBM, CEA – cost effectiveness analysis in Guidelines development
- OECD panel – set of Indicators for GP's used in systematic level

- Process and Outcome Indicators
- Severity adjusted mortality rate
- Needed discussion to determine the use of your indicators
- Quality management system mentioned: ISO, EFQM, Visitation
- Pilot project:
  - Assess what exists
  - Identify indicators
  - Agree on reporting towards insurers-policy makers

Inspection physician asked: who sets the indicators and does evaluation and analysis in NL?

Prof. Klazinga: all stakeholders are involved, College of GP's is active, link Guidelines with Indicators with trainings, Visitation. Insurers want to make contracts, quality need to be included, depends on role for professionals.

Dr. Dalhuijsen: *Quality Improvement in the Technical Environment of Primary Care: premises, medical equipment, office equipment*

Dr. Dalhuijsen spoke about:

- Quality improvement of the technical environment in General Practice
- Premises, medical equipment, office equipment
- In Contract of GP (New GMS contract 2003 – supplementary document):
  - Essential in pounds
  - Quality points
  - Enhanced services
- Explained also GP network

Dr. Pasztor we have the same competences in SR, but comparing to UK we have shortage of the personnel

Dr. Dalhuijsen: explained, that GP has role of gatekeeper for referring the patient to the specialists and in UK MoH is owner of patient file, but in NL the patient owns his file, but GP is taking care of it.

In UK certification of GP practice means, to be able to work with Quality points (maximum is 1050) or enhanced services.

Dr. de Koning asked what is the quality of GP practices based on?

Dr. Dalhuijsen replied:

Structure and process indicators, Quality improvement of technical environment by professional guidance and standards, legislation, clinical protocols, postgraduate education, commercial innovations

Dr. Dalhuijsen: asked the GP's on tasks they do, want to do, equipment they have and you would like to have due to tasks you are doing?

- Methods of communication within practice building or with outside environment
- Infection prevention in the practice
- Indicators related to quality improvement:

**1. Structure indicators**

Practice staff training for urgent medicine (first aid)

Annual appraisal of nurses

Equipment of the GP office for managing the anaphylactic shock

**2. Clinical process indicators**

Coronary heart disease – ask such a patient every year if they still smoke – update information on smoking – earn quality points – also if advised how to quit smoking  
HP – 45 and old and more for last 5 years – 55% record in their file value of blood pressure

Due to the protocol need to measure blood pressure once a year by patients with HP recorded

Indicators need to be measurable and able to recorded

**3. Quality system indicators**

Practice survey yearly in Quality systems

Dr. Pasztor: expensive technological equipment requires appropriate skills and knowledge, price, maintenance, calibration, it is disadvantage to have them, more physicians share expensive equipment due to Regulation of MoH SR on technological equipment. He mentioned also special program for disinfections and disposables used in SR.

Prof. Klazinga asked GPs` on description of their activities in Quality systems (what services they provide, tasks, structure, use of Guidelines, Indicators, how is it all organized?)

Together with Dr. Dalhuijsen they prepare questionnaire to find out about the situation and with Slovak experts will make site visits of GP practices, to get the idea how is it working.

In May workshop following topics are planned for discussion:

1. Form of presenting the results of interviews with GP practices, how do they want to proceed in quality improvement with indicators, how will they organize Quality management activities in their region?
2. Debate on what indicators would be good to report to the insurer, areas where they need insurer improve the situation.
3. What regulations and elements of contracts are not functional towards quality improvement, what are the present incentives, not functional in legislation?

Prof. Klazinga stressed that the EBM incentives, from insurers that support quality improvement are not limiting

Dr. Rusnakova asked GPs` what types of Guidelines would they prefer to use in their practices?

GPs answer: HP, Asthma, ICHS, Dyspepsia, DM2

Dr. Hudec expressed his opinion; he sees contradiction between providing good quality care in long-term vision and financial situation, because HIC sees only expensive provider of HC and not the quality.

#### **SITE VISITS OF SELECTED GPs` OFFICES:**

##### **Dr. Tuharska – GP in Banska Bystrica**

Present:

Dr. Dalhuijsen, Dr. Lenartova, Dr. Rusnakova

Dr. Tuharska introduced her

- 2000 patients
- Separate room for nurse
- Consultations with specialists or other colleagues
- Laboratory service in the building

##### **Dr. Kuniakova – GP in Banska Bystrica**

Present:

Dr. Dalhuijsen, prof. Klazinga, Dr. de Koning, Dr. Lenartova, Dr. Rusnakova, Dr. Rusnak

Dr. Kuniakova described the situation in Banska Bystrica and spoke about her practice:

- 43 GPs in Banska Bystrica
- She is in charge of 2000 patients
- 2 nurses
- New Information system
- 65 – 70 patients per day
- 2- 3 home visits
- 1 – 2 phone consultations
- Guidelines – Standard – Therapeutical procedures (not usable in GP practice)
- Private laboratory service

##### **Dr. Svedova - GP in Banska Bystrica**

Present:

Dr. Dalhuijsen, Dr. Lenartova, Dr. Rusnakova

Dr. Svedova spoke about her practice and activities she does in patient promotion:

- 2100 patients
- 40% patients over 65 years
- Health promotion programs – Quit smoking
- 40 % of time with administration work
- Office hours: 7.30 am – 13.00pm
- Home visits
- Health promotion activities with Institute of public health – feedback,
- Possible to consult specialist
- Her benefit for patients` health state – provides HC (advices) about risk diseases, preventive controls, monitoring patients` medication, by contacting family members
- She participates on trainings and seminars to get updated for improvement of care provided to patient

##### **Dr. Tothova - GP in Banska Bystrica**

Present:

Dr. Dalhuijsen, Dr. Lenartova, Dr. Rusnakova

Dr. Tothova described the system of work in her practice:

- 1923 patients
- 1 nurse
- Entrance for patients – to take off clothes
- Consultations with specialists once a week

Annexe - 10

**Building Quality Development Programme in Slovakia  
MATRA**

Slovak Health University  
Faculty of medical informatics  
Limbová 12, 833 03 Bratislava 37; tel. 59369 -145, -256

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**Workshop program  
EBM and indicators of quality PATH for hospitals  
number. 10823 a 30065  
SHU Bratislava, 16.2. – 18.2.2005**

<b>16.2.2005</b>		
13.30 – 15.30	EBM, quality of HC and requirements for quality indicators Quality and HC purchasing – knowledge from study visit in NL Project PATH in Slovakia – comparison of selected indicators from pilot study	MUDr. Ljuba Bachárová, CSc., MBA Dr. Lucia Lenartová  Doc.MUDr. Viera Rusnáková, CSc., MBA
15.30 – 16.30	Discussion in groups Conclusions in groups and summary	
<b>17.2.2005</b>		
8.30 – 10.30	Collection of indicators and quality assurance Data quality in pilot study – way, problems and possible differences in collection of indicators – group discussion	Doc.MUDr. Viera Rusnáková, CSc., MBA
10.30 – 12.30	Presentation of results of selected indicators  Presentation of results found in pilot study – group work – with aggregated data	MUDr. Ljuba Bachárová, CSc., MBA MUDr. Miroslava Horniačková, MPH
13.00 – 15.00	Presentation of results found in pilot study – group work – with aggregated data - continue	
15.00-16.00	Contribution, limitations and score of indicators monitored in pilot study, possibility for use in management of organisation and for contracts with health insurance companies, proposals for completing the indicators, requirements for support and education	Panelová diskusia- MUDr. L.Bachárová, CSc., MBA MUDr. M. Horniačková, MPH Dr. L. Lenartová Ing. D. Kaššovicová Doc.MUDr. M. Rusnák CSc.
16.00 – 16.30	Summary	
<b>18.2.2005</b>		
8, 30 – 11.00	Data work: Comparison and presentation of indicators from pilot study – in excell file	Doc.MUDr. V. Rusnáková, CSc., MBA,
11.00	Evaluation and closing of the workshop	Ing. K. Caudt

Doc.MUDr. Viera Rusnáková, CSc., MBA

annex- 11

Building Quality Development Programme in Slovakia  
**MATRA**

**Workshop**  
**EBM and indicators of quality PATH for hospitals**

**February 16<sup>th</sup> - 18<sup>th</sup> 2005, Bratislava**  
**Slovak Health University**

**List participating hospitals**

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## Annexe-12

### Matra Quality Development Project Ministry of Health Slovakia Matrix for information indicators

#### Introduction

During the consultants meeting on 30 March the planning for next steps was discussed. It was agreed that from 9 – 11 May there would be a brainstorming meeting of the consultants to plan for workshops in June in Slovakia.

Martin Rusnak has prepared a step by step plan for the project (5 steps), which was circulated recently. The matrix below could be used in preparation for that brainstorming meeting. We need to get an overview over what is available, not only in terms of indicators, but also in terms of information systems, and analyzed information. Part of this information should come from the analysis of the questionnaires. Lucia Lenartova could start preparing the collection of information.

#### The matrix

	Numerator and denominator case definitions available <sup>i</sup>	Information available in computerized systems <sup>ii</sup>	Information available from manual analysis <sup>iii</sup>	
<b>External accountability</b>				
PATH indicators <sup>iv</sup>				
MOH indicators <sup>v</sup>				
Insurance <sup>vi</sup> Companies Indicators				
Indicators developed in pilot hospitals				
World Bank Indicators <sup>vii</sup>				
Other indicators				
<b>Internal quality indicators</b>				
Indicators from hospitals <sup>viii</sup>				

Other indicators				
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The matrix will help us to select good indicators and to assess the feasibility of data collection for the hospitals. We need to develop good indicators, which can be collected easily by the hospitals, without too much adding an additional data collection burden.

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<sup>i</sup> Many indicators are vaguely defined, like “complaints handling” or “patient satisfaction”. Each indicator should have a clear description, numerator and denominator and explanation of terms used in the indicator to avoid ambiguity. In the scanning, we need to assess how well the indicators are formulated, whether terms used are explained, etc. In the final selection there should only remain clear unambiguous indicators.

<sup>ii</sup> In the interviews in pilot hospitals the existence of a computerized information system was mentioned. (Also Martin mentioned it during the telephone discussion on 30 March.) What does the information system entail? How many hospitals are using it? Are there more systems? For each indicator we have to know how easily information can be obtained. The PATH data analysis should help to answer the question.

<sup>iii</sup> In the interviews in hospitals it was mentioned that information could be obtained from registers, complaint forms, near accident forms, etc. Availability of raw data is important; but if it takes too much effort and time to dig up data and process them for indicators, it becomes a cumbersome job. For each indicator (which cannot be analyzed from hospital computer data) we need to know whether it can be found in manual information systems.

<sup>iv</sup> PATH indicators: the analysis of data should be available, but not yet presented to the consultants. Hopefully, we can get also information on the data collection process.

<sup>v</sup> MOH has disseminated indicators, but we do not have information on the details and feasibility of data collection.

<sup>vi</sup> Insurance companies do not have formal indicators, but they may have provisional indicators, which they want the hospitals to report on.

<sup>vii</sup> The World Bank project has done an extensive data collection and has series of indicators. We need to see the report and the assessment of feasibility of data collection.

<sup>viii</sup> Hospitals in the pilots may have developed information systems and indicators, which they use of internal quality assurance. It would be good to share the indicators with other hospitals and explain on feasibility of data collection.

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