

**Establishment of bilateral cooperation and
exchange of experience in the field of medical
infrared thermography
CZ09 7F16001 (Thermomed)**



www.med.muni.cz/cekz

Information about the Center for Healthcare Quality (Masaryk University, Faculty of Medicine)

A. Bourek, V. Bernard, E. Staffa

Czech-Norwegian
Research Programme

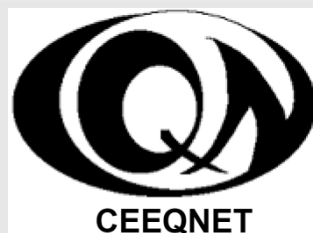
FUNCTIONS of CeKZ

(Center for Healthcare quality)



- Serve the needs of a national and international network of co-workers and affiliated organizations, co-ordinate local activities with activities and organizations abroad
- Collect and process and use data regarding the quality and safety of public health care for use by professionals and all other interested parties
- Assist in creating health care indicators and standards
- Use and expand internationally accepted methods, models and systems serving continuous improvement of quality and safety in health care
- Support all activities of our collaborators and affiliated organizations leading to improved quality and safety in health care
- Provide education and training in the above specified fields
- Examine and evaluate the quality and safety of provided health care
- Support the involvement of health care consumers and their families in activities associated with improving quality and safety in the health care and health related services
- Promote effective financing of the health care system, employ and disseminate use of state-of-the-art information and communication technologies for improving the quality of quality and safety in health services

Projects



Models of Child Health Appraised
 (A Study of Primary Healthcare in 30 European countries)



ODBORNÉ FÓRUM
 pro tvorbu standardů péče a koncentraci vybrané vysoce specializované péče

IGA, No. 10650-3



Programy kvality a standardy léčebných postupů

díl 2, Teoretické minimum

3/2.3.4

str. 1

3/8

Týmová spolupráce

3/2.3.4

**Health Technology Assessment (HTA) – kritické
 vyhodnocování zdravotnických technologií**



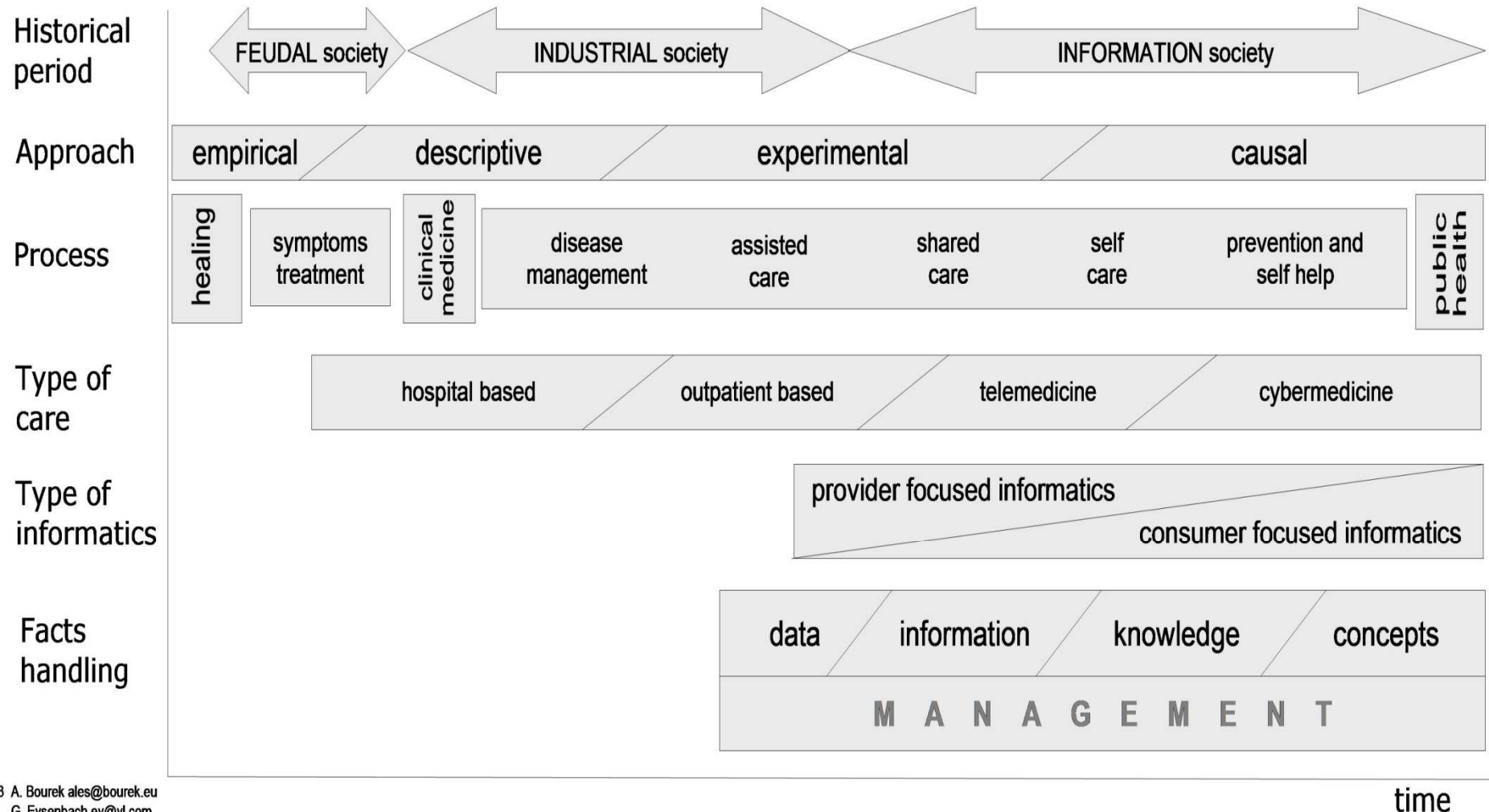
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IMPLEMENTING RECOMMENDATIONS
 FOR SAFER HOSPITALS IN EUROPE;
SANITAS PROJECT



Why we do this ?



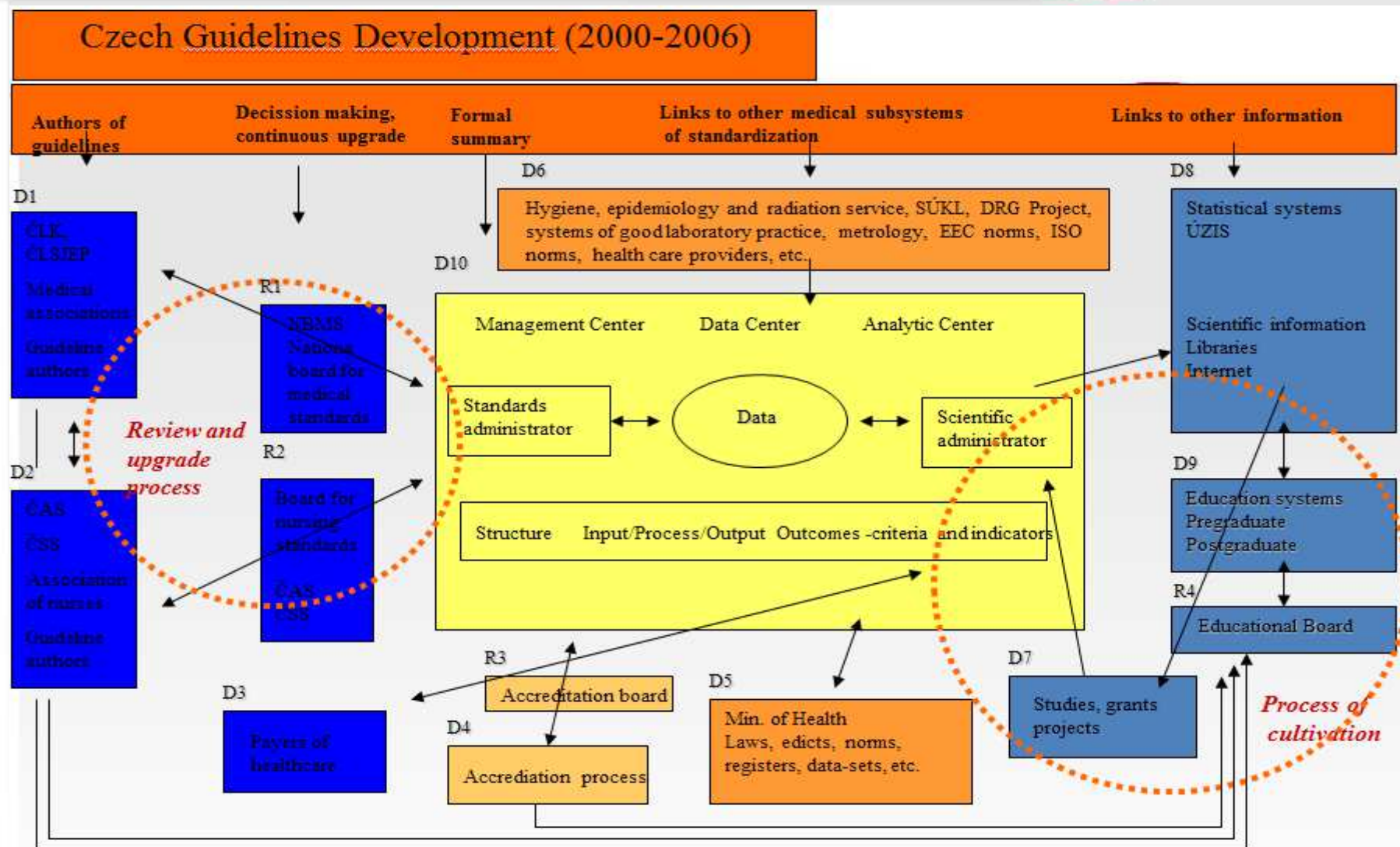
List of activities and areas

Main finished and ongoing projects managed by CeKZ in years 2001/2017	
1	Modular system of health care quality assurance
2	Implementation of standardized methods of measuring quality and efficacy of care as part of the process of CQI and accreditation of health care providers
3	Strategies and opportunities for implementing clinical effectivity and hospital quality management models
4	Quality health care management at the community level
5	Elaboration of the standards of therapeutic and diagnostic care
6	Health technology assessment – the use of data resources for HTA
7	Quality and efficacy of intensive care
8	Nosocomial infection monitoring and epidemiological management in hospital settings
9	Standardization in nursing and midwifery
10	Quality seen through the eyes of a patient /inpatient services/
11	Integrated project on radiation safety standards and their assessment
12	Integrated project on the use of guidelines / standards by GP doctors
13	Standards for restrictive methods in psychiatric care
14	IMPROHEALTH – Improvement of the Quality, Effectiveness and Efficiency of Healthcare Services throughout Managerial Vocational Education and Training
15	ENQual - Exchange of knowledge on Quality Management in health care
16	CEEQNET - Unified central and eastern European surveillance and monitoring system for health care quality and efficiency indicators
17	CeKZ co-organized the 11th European Forum on Quality Improvement in Health Care www.quality.bmjpub.com
18	CeKZ was a partner in ESQH SIMPATIE Project - (DG Sanco project) work package No. 4 – Patient Safety Indicators and Vocabulary
19	CeKZ was a project partner for the Scientific Assistant Office of the Health Systems Working Party of DG Sanco
20	CeKZ collaborated in Scientific platform of the working party lifestyle and other health determinants”(Work package No 5), based on the EC grant agreement no 2005111

List of activities and areas

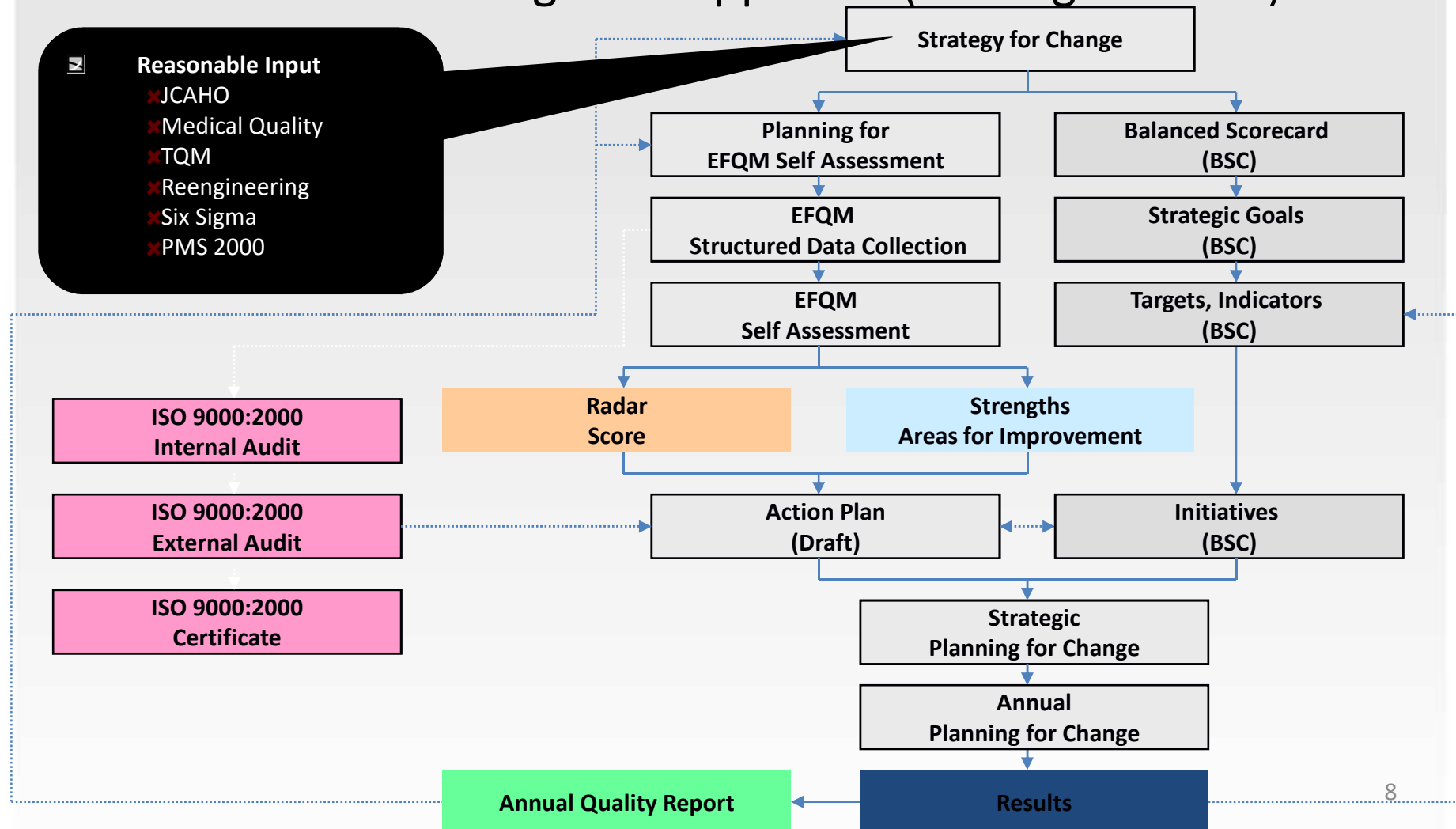
21	CeKZ was a project partner of IMPROHEALTH COLLABORATIVE - Vocational Education and Training for Quality of Life through eHealthCare & Well Being – Collaborative on Quality Function Deployment, Valorization and Dissemination of the results of IMPROHEALTH project
22	CeKZ was a project partner of RICHE, A platform and inventory for child health research in Europe. Grant agreement no.: 242181 (starting date Feb. 2010), SEVENTH FRAMEWORK PROGRAMME, THEME 1, HEALTH. For basic information please use the following link: www.childhealthresearch.eu For information about the role of U-CEKZ please use the following link: RICHE
23	CeKZ was project partner of Leonardo daVinci Lifelong Learning Programme Grant Agreement No. CZ/12/LLP/LdV/PS/P/134095. Guiding the patients relatives with the help of illness management handbook including the 50 most common illnesses. For information about the role of U-CEKZ please use the following link: Guiding the patients relatives...
24	CeKZ was a project partner of EC DG SANCO, tender no. EAHC/2013/Health/04 - Empowering patients in the management of chronic diseases (EMPATHiE). For more information please use the following link EMPATHiE
25	CeKZ was a project partner of Advanced Training and Life Long Learning Program in Applied Health Sciences – AtHeal (TEMPUS 01.01.2014 - 30.12.2016)
26	CeKZ was a project partner of the Pilot project on the promotion of self-care systems in the European Union. Platform of experts. – PiSCE (DG SANCO tender - 09. 2014 – 06.2017, Tender No. EAHC/2013/D2/027)
27	CeKZ is represented in the MOCHA project - Primary Care in Child Health Re: Models of Child Health, Project lead is the Imperial College of Science, Technology and Medicine. Project is funded by a Horizon 2020 grant awarded by the European Commission under grant No. 634201
28	CeKZ was represented in the PACE-ERN (European Reference Networks) by participating in the Steering Committee for the development of the Assessment Manual & Toolbox (AMT) for the assessment of ERN applications. The project formally closed on the 21 April 2016
29	CeKZ is represented in the PROSTEP - Pilot project on the promotion of self-care systems in the European Union in the field of chronic diseases (DG SANTE/2015/D2/021, Duration: 24 months (15 January 2016 - 14 January 2018), EPF (European Patients' Forum - led project http://www.eu-patient.eu/whatwedo/Projects/prostep/
30	CeKZ is represented on the Expert Panel on Effective Ways of Investing in Health, European Commission Health and Food Safety Directorate-general http://ec.europa.eu/health/expert_panel/experts/members_en A brief description of the functions of the Expert Panel on Health can be found at https://ec.europa.eu/health/node/51403_en

Mapping environments



Measuring environments

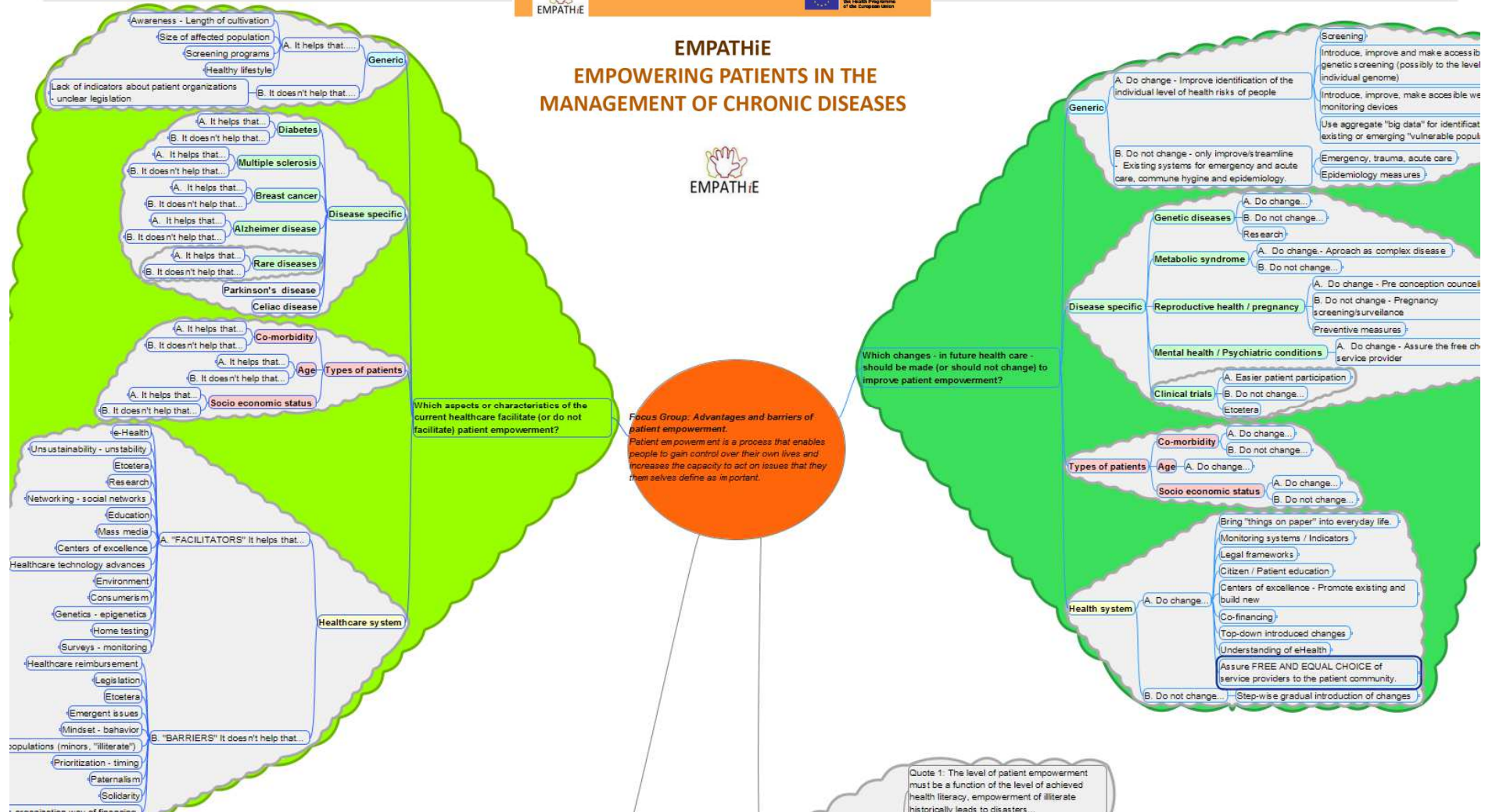
PMS 2000 - Integrated Approach (no magic bullets)



Describing environments



EMPATHiE EMPOWERING PATIENTS IN THE MANAGEMENT OF CHRONIC DISEASES



Creating communities

Country	Barriers
Czech Republic	<p>Lack of indicators about patient organizations - unclear legislation</p> <ul style="list-style-type: none"> Many "patient organizations" actually function as a lobby groups. Czech healthcare lacks a legal definition of the patient organization. There is no existing classification system or any set off measures (indicators) that would reliably inform stakeholders (patients, politicians, professionals, citizens) about the real performance of such organizations. The issue of patient empowerment may actually be used to

	<p>produce political or economic pressure resulting in the provision of simple solutions for complex issues during election campaigns or in resource allocation for healthcare related projects.</p>
Netherlands	<p>It doesn't help that patients have a lot of knowledge about their own disease</p> <ul style="list-style-type: none"> It might irritate the health care professionals when you bring in own knowledge or information <ul style="list-style-type: none"> It has got better over time It can have consequences for your treatment, when you don't need help in one aspect, you might be kept from any support. It's like raising an adolescence in puberty, doctors don't understand what patients go through. Sometimes it's a struggle to point out that the standard solution is not applicable for me.
	<p>B2 it doesn't help that the older generation of doctors was not educated with the idea of self management support.</p> <ul style="list-style-type: none"> older generations doctors educate new generation doctors in the old-fashioned way, not focussing on empowerment. With a new doctor, you have to start building the relationship from scratch Not all health care professionals are capable of the transition towards a coaching role.
	<p>it doesn't help that it is difficult to get help in domestic work when you can still do other things yourself, or have a healthy partner.</p>
	<p>It doesn't help when your disease is not visible, and the other way around, sometimes it doesn't help when your disease is always visible.</p> <ul style="list-style-type: none"> doctor's do not always realise that self magement is not a point in time, sometimes your disease is less present (you almost tend to forget you have it, which is a good thing), nowever in the doctors office it is all about your disease
Norway	<p>It does not help:</p> <ul style="list-style-type: none"> That doctors have little time per patient and little time for dialogue with the patient The patients are not recognized as a resource (one who can contribute in the treatment)

Creating communities

Generic advantages – current

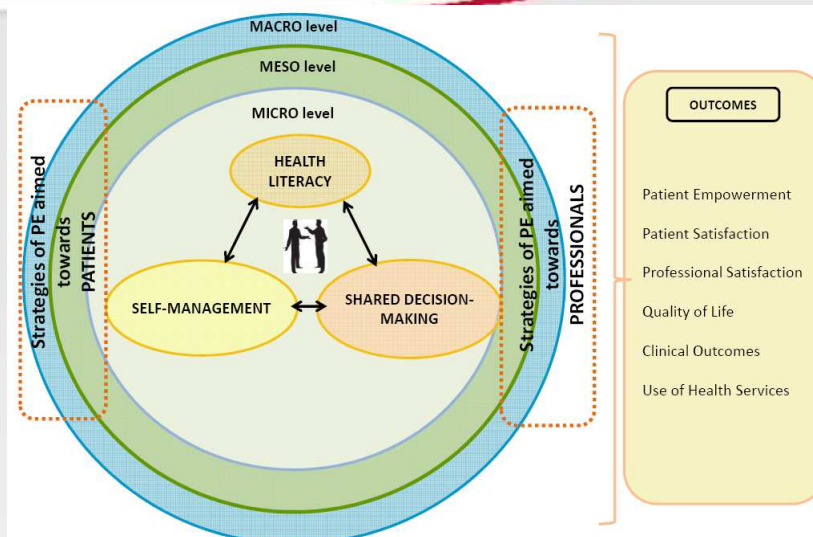
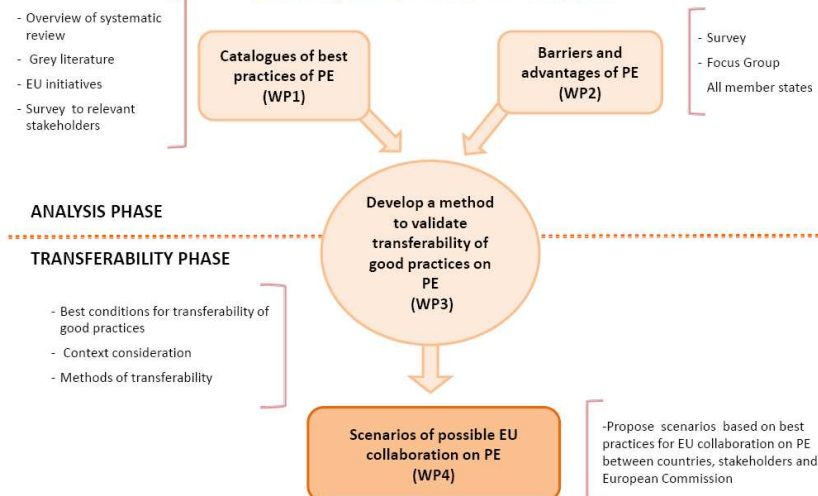
Country	Advantages
Czech republic	<p>Awareness - Length of cultivation</p> <ul style="list-style-type: none"> The longer a health issue/threat is identified and publicly discussed, the higher chance is in achieving and further elaborating on (cultivating) of the system that can aid patient empowerment.
	<p>Size of affected population</p> <ul style="list-style-type: none"> The larger the involved (affected) population represents, the higher chance is in achieving and further elaborating on (cultivating) of the system that can aid patient empowerment.
	<p>Screening programs</p> <ul style="list-style-type: none"> Colorectal cancer, breast cancer, cervical cancer - the longer screening programs exist on "the market" and the more publicity they receive in mass media, the higher is the compliance of the population to use the suggested measures effected on the level of prevention (self screening, professional screening) and/or on the level of possible vaccination, thus empowering patients.
	<p>Healthy lifestyle</p> <ul style="list-style-type: none"> Healthy lifestyle promoted through all available channels (mass media, individual consultations) is seen as a tool for patient empowerment.
Norway	<p>If the doctor helps to build the patient's competence</p>
	<p>To be able to choose one's doctor. To be able to relate to the same doctor over time strengthens the patient's role.</p>
	<p>Information on the internet – like "Doctor online" where it is possible to collect information about different illnesses as well as different alternatives of treatment for those illnesses.</p>
	<p>Well-developed technological solutions (f.ex. one patient = one electronic journal) facilitate empowering the patient.</p>
	<p>Nurses have more time for communication with patients regarding treatment. They help patients to be able to stay at home instead of being hospitalized.</p>
	<p>To have inquiries on patients satisfaction in hospitals.</p>
	<p>It is good if the doctor helps patients to get in contact with patient organizations or other patients with similar illness. It is of importance to ask others "What does this illness imply/involve? How can I live with the illness?"</p>
	<p>It helps to meet somebody with the same illness (phoneline)</p>

Analyzing environments



Funded by
the Health Programme
of the European Union

Overview of Work Process



OBJECTIVES

To help understand the concept of Patient Empowerment as a prerequisite to exercise patient rights.

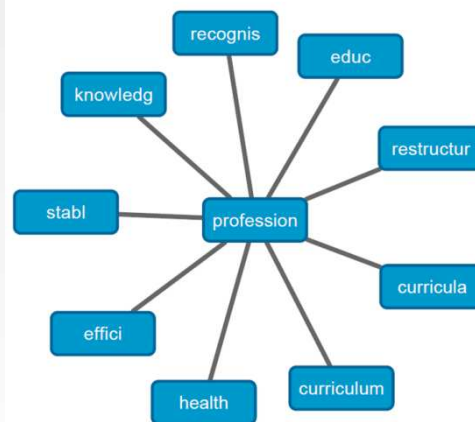
The specific objectives are:

- To identify **best practices** for patient empowerment
- To identify **advantages and barriers** to empowering patients
- To develop a **method to validate transferability** of good practices
- To develop **scenarios of EU future collaboration** on this subject

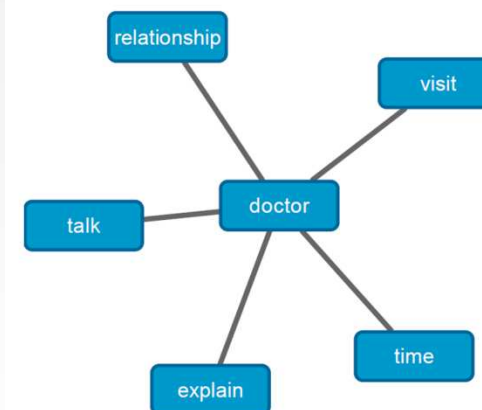
Target groups

Patients with chronic cardiovascular diseases (CVD or stroke)
Patients with chronic respiratory diseases (COPD)
Patients with chronic diabetes (type 1 and 2)
Patients with mental health (schizophrenia or chronic depression)
Complex patients (co-morbidity)

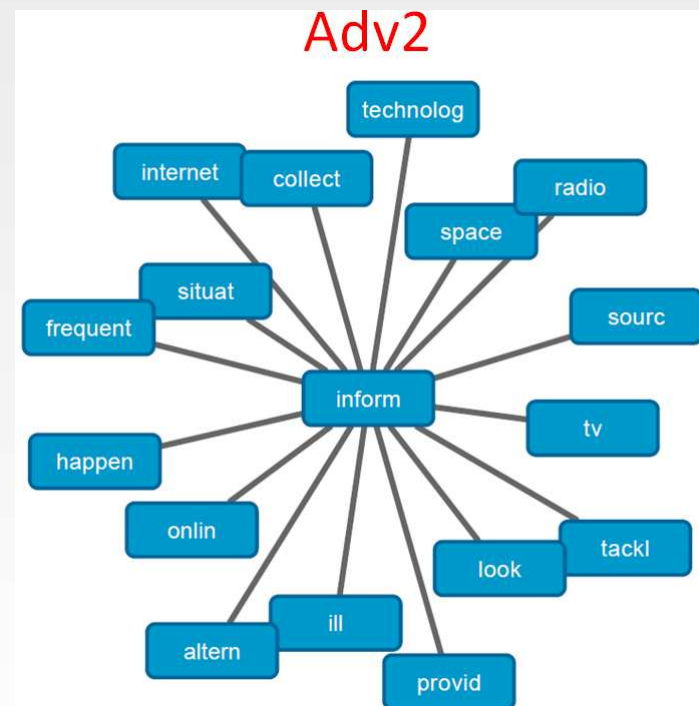
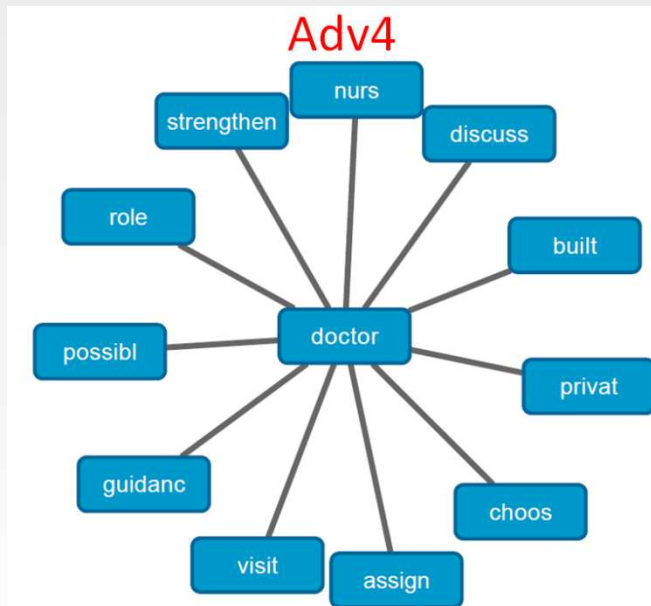
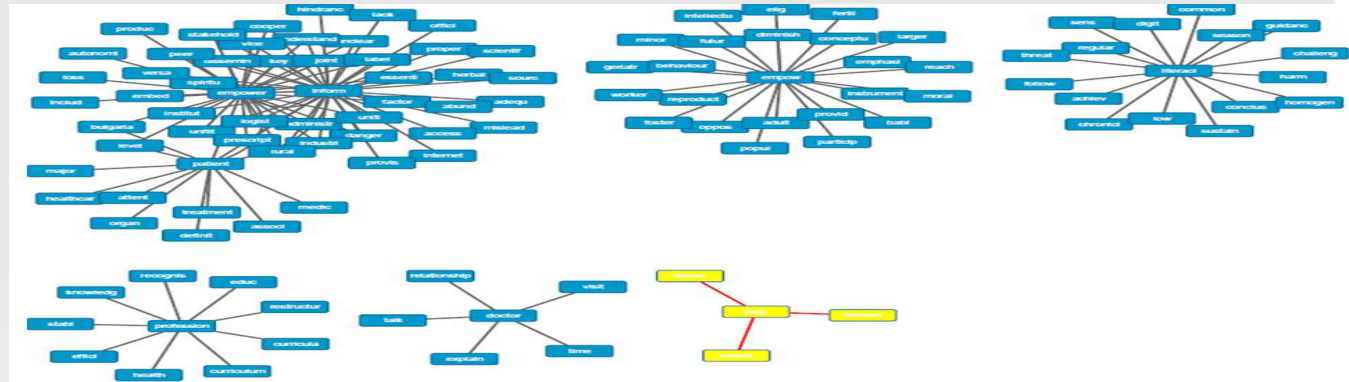
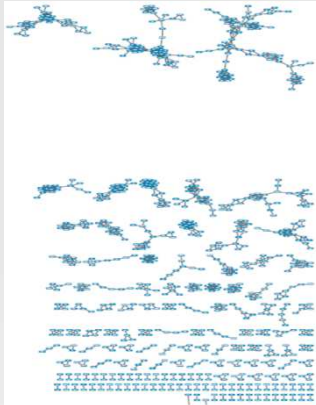
Bar4



Bar5



Semantics



Consensus making



A SET OF PATIENT SAFETY INDICATORS FOR CLINICAL APPLICATION IN EUROPE

The larger part of medical treatment is carried out with great care and skill and is of great benefit to the patients. Nonetheless, the practice of medicine and undergoing medical treatment do carry risks with them. There will be occasions when an unintended and undesired occurrence in the healthcare process, causing harm to the patient, is unavoidable. It is estimated that roughly every tenth patient in European hospitals is subject to unintended harm. A substantial proportion of these adverse events are preventable. Injury that could have been avoided, may be caused by factors in the organisational system or by human errors on the part of health professionals.

Within European healthcare the safety of the patients is generally of great concern, and various precautions are taken to survey, develop and monitor patient safety. Adverse events are identified, analysed and actions implemented to prevent similar future events. Efforts to detect adverse events have until recently focused on voluntary reporting and tracking of errors. However, public health researchers have established that only 10 to 20 percent of errors made are ever reported, therefore a more effective way of identifying serious single adverse events and trends in patient safety is needed.

In 2006 the Council of Europe made a number of recommendations on patient safety. One recommendation was to "develop reliable and valid indicators of patient safety for various healthcare settings that can be used to:

- identify safety problems
- evaluate the effectiveness of interventions aimed at improving safety
- facilitate international comparisons."

A set of 42 different patient safety indicators was developed in 2006 as part of the project: "Safety Improvement for Patients in Europe". It was a European funded project. Examples of themes of indicators are:

- Infection control – e.g. the hand hygiene of the staff
- Surgical complications – e.g. infection after surgery
- Medication errors – e.g. reactions to transfusions
- Obstetrics – e.g. injury to neonate
- In hospital hip fracture or fall
- Decubitus ulcer

The indicators are mainly based upon administrative data, but also information from the patients or from patient safety culture surveys is required for some indicators. The indicators are available for implementation, though not all of them have been thoroughly clinically tested, and we advise you to take contact to the Office for Quality Indicators, The European Society for Quality in Health, for advice.

For extensive information on the development and use of the indicators and detailed description of the indicators please see: www.simpatie.org or www.esqh-aarhus-office.dk

A VOCABULARY OF PATIENT SAFETY TERMS FOR APPLICATION IN EUROPE

Patient safety is an outcome of safe healthcare processes. While patient safety is the ultimate goal, it is a safer care environment in the course of the process of patientcare which ultimately determines safety. Communication is vital to patient safety in many ways; thus supporting mutual understanding across cultures is essential in the development of patient safety. A vocabulary with common definitions of essential terms can facilitate communication between professionals in Europe.

A vocabulary of 24 patient safety terms were defined in 2006 as part of the project: "Safety Improvement for Patients in Europe" (SimPatIE). It was a European funded project.

The terms cover the domains: 'Detection of risks', 'Analysis of risks', 'Resulting actions' and 'Failure mode'. The vocabulary is accompanied by an illustrating overview of the relations to the core terms of the vocabulary.

The vocabulary is aimed at professionals, e.g. risk managers, administrators and others working with patient safety. It provides a basis for achieving greater unity of patient safety work in Europe - it serves particularly as a basis for applying the patient safety evaluation tools from the toolbox of the SimPatIE-project.

The vocabulary is available on www.simpatie.org or www.esqh-aarhus-office.dk

The defined terms of the vocabulary

DETECTION OF RISK	ANALYSIS OF RISK	RESULTING ACTIONS	FAILURE MODE
Patient safety	Harm	Risk management	Negligence
Adverse event	Adverse outcome	Error management	Situational factor
Actual event	Risk	Action plan	Error
Near miss	Calculated risk	Culture of safety	
Complication	Barrier	Human factor	
Sentinel event	Situational awareness		
Critical incident			
Complaint			
Reporting system			
Professional standard			

Education



Course Syllabus

Content goes here

Quality
Management

Performance
Management

Human Resource
Management

Change
Management

Course Login

Quality
Management

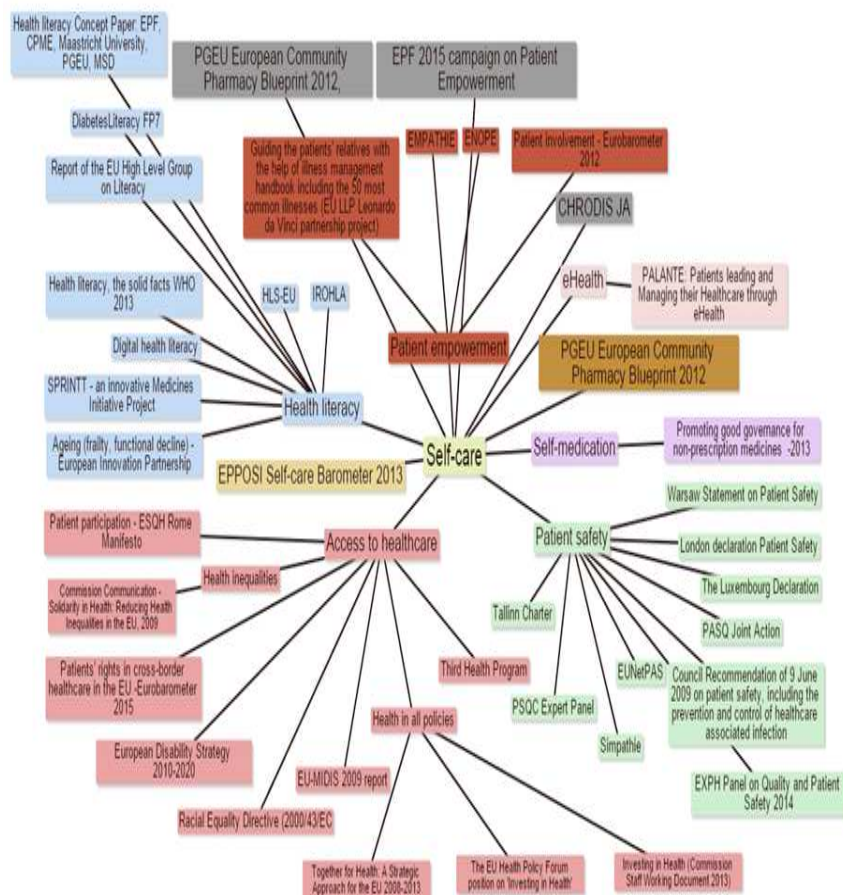
Performance
Management

Human Resource
Management

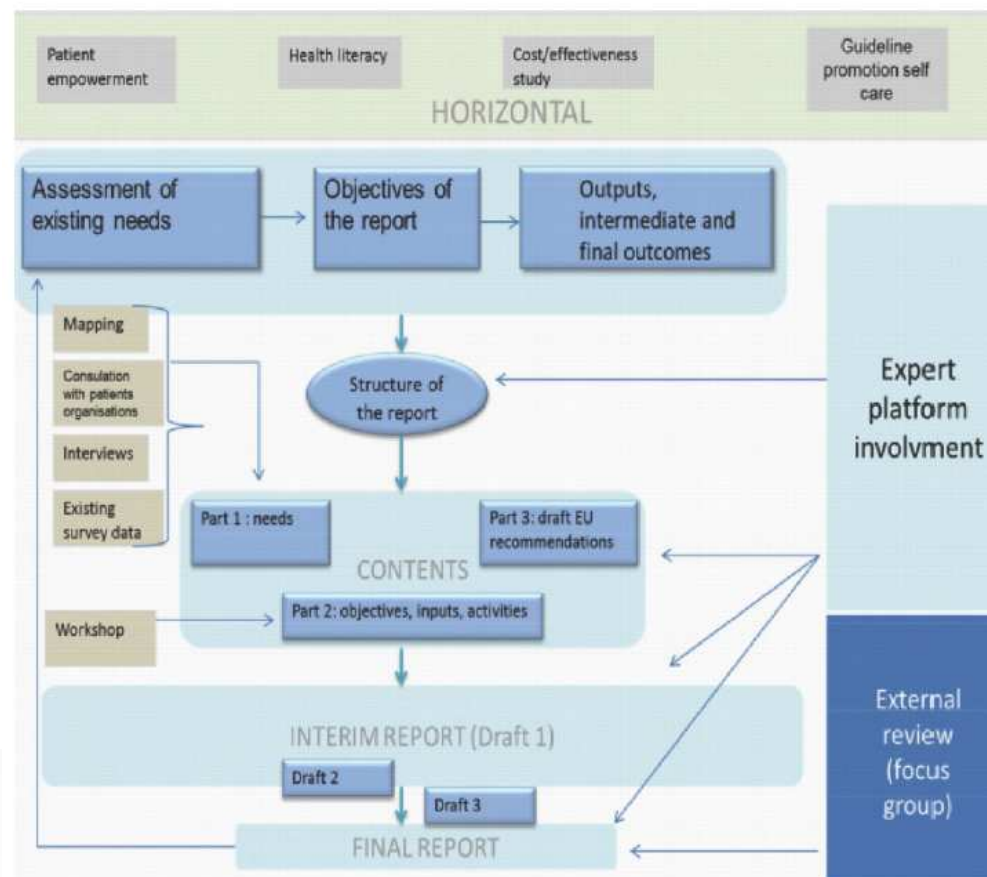
Change
Management

Název	Rozsah Přímá výuka	Rozsah eLearning
management kvality	2 hod	160 hod
management změny	2 hod	160 hod
management výkonnosti	2 hod	160 hod
management lidských zdrojů	2 hod	160 hod

Empowerment



PiSCE / Pro-Step projects



Policy participation

The road to ERNs



2002
Free movement of patients

2005
High Level Group on Health Services and Medical Care
Centres of Reference report

2006
RD Task Force Working Group on centres of reference

Public Health Programme
First pilot networks projects

2011
Directive application of patients' rights in cross-border healthcare
Article 12 ERN

2013
Eucerd Recommendations European Reference Networks (Rd Erns)

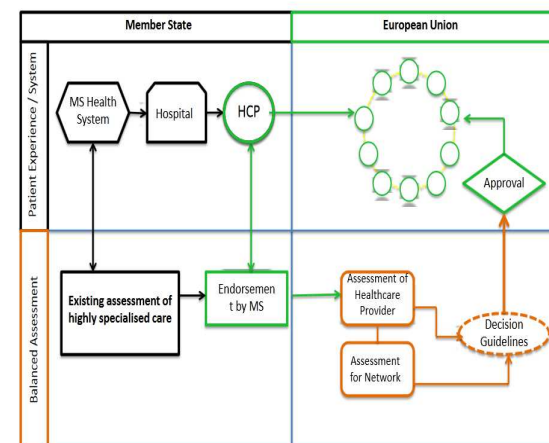
2014
Commission Decisions on ERN



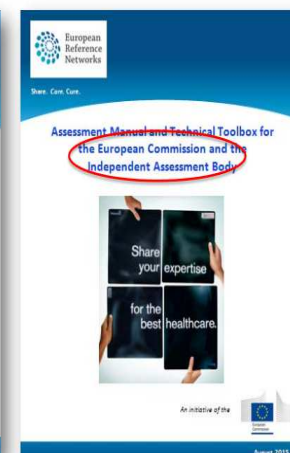
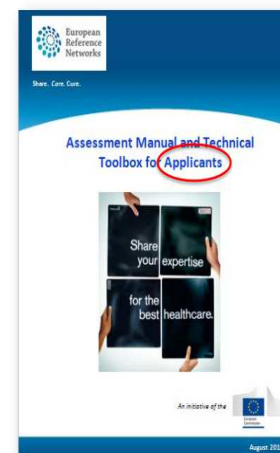
European Reference Networks

Health and Consumers

ERN Assessment Scheme



Assessment Manuals and Technical Toolboxes



<http://ec.europa.eu/health/ern/>

Policy participation



What is the Expert Panel's purpose?

EU citizens need health systems that are effective, accessible and resilient, and the European Commission needs expert advice in order to help Member States to develop, maintain or improve their health systems. In 2012, the Commission set up an independent Expert Panel to provide it with precisely that advice.

What fields of interest is the Expert Panel involved in?

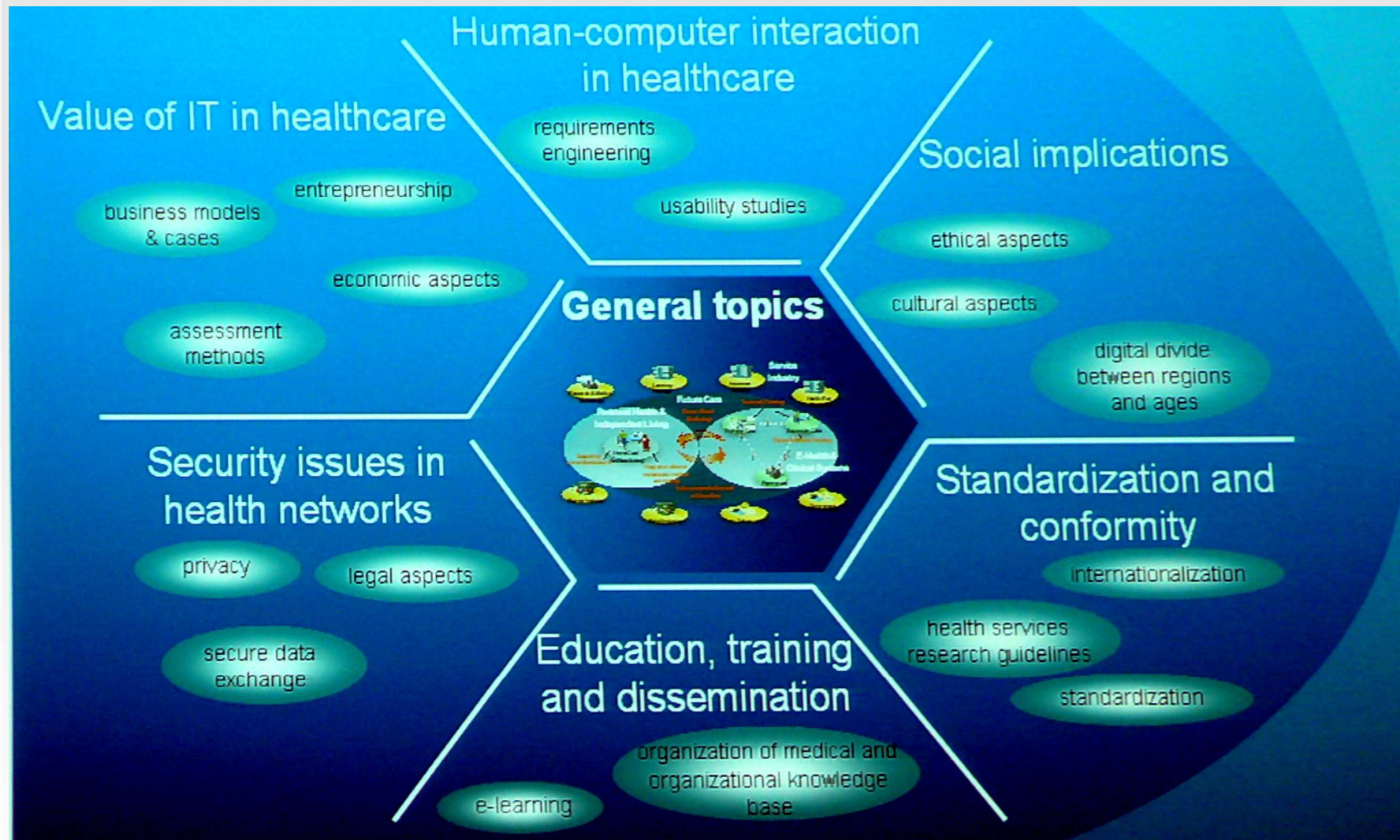
The Expert Panel is involved in the areas of health planning and budget prioritisation; health services research; hospital and healthcare management; healthcare provision and health education and promotion.

How does the Expert Panel produce an Opinion?

Working Groups are set up once a request for an Opinion – a mandate – has been received. Each Working Group is led by a Chair and has a Rapporteur, responsible for assembling information, editing and revising draft Opinions and ensuring they were well structured, coherent and prepared within deadlines. Given the specific nature of the mandates, when additional expertise is needed, the Panel is supported by external experts selected from a database maintained by DG SANTE or via an open call. Following a series of meetings, the Working Groups deliver preliminary Opinions that can subsequently be subject to a public consultation procedure. After revisions, the final Opinion is approved by the Expert Panel's plenary (meeting 4-5 times a year).

LINK: http://ec.europa.eu/health/expert_panel/

Complexity



Have a great day !



Thank you for having us in Tromsø

www.bourek.eu

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