

IMPLEMENTATION OF THE PERFORMANCE ASSESSMENT TOOL FOR QUALITY IMPROVEMENT IN HOSPITAL (PATH) PROJECT IN CROATIA

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BACKGROUND

PATH (Performance Assessment Tool for Quality Improvement in Hospitals) WHO project was initiated in Croatia in September, 2009, by the initiative of the Croatian Society for Quality Improvement in Health Care and support of the Ministry of Health and WHO country office. This project is part of a biannual agreement between WHO and Ministry of Health and social Welfare 2010 – 2011. Herein we describe the initial experiences and address the practical challenges of implementing the PATH program in Croatian hospitals.

METHODS

The existing PATH materials created by the WHO were adapted for Croatia, with additional variables that are being collected in order to provide better information on the selected indicators.

Of the set of wave 1 indicators we have adopted: C-section rate; Case fatality for stroke and AMI; Postoperative pulmonary embolism; Length of stay (hip replacement, CABG); Day surgery (knee arthroscopy, inguinal hernia, tonsilectomy, varicose veins); Needle injury, and Smoke free hospital audit. The possibilities of including sub-indicators and related indicators, adjustment/stratification, and actions for improvement for all indicators were considered.

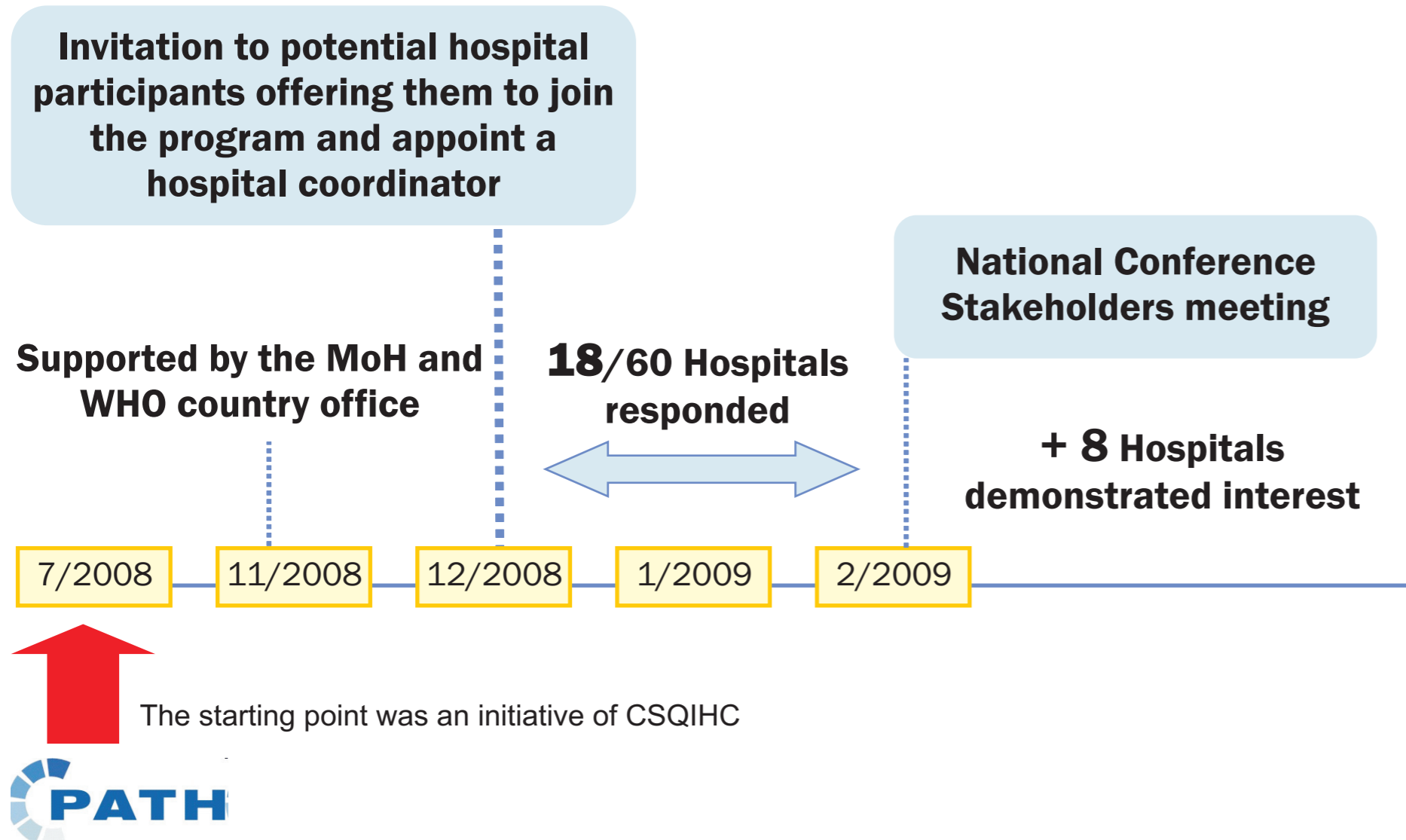
Observation period was one month (April) over four years (2006, -7, -8, -9).

Excel forms (that have been defined together) were distributed to hospitals; to each form (indicator) detailed instructions how to fill it out were attached.

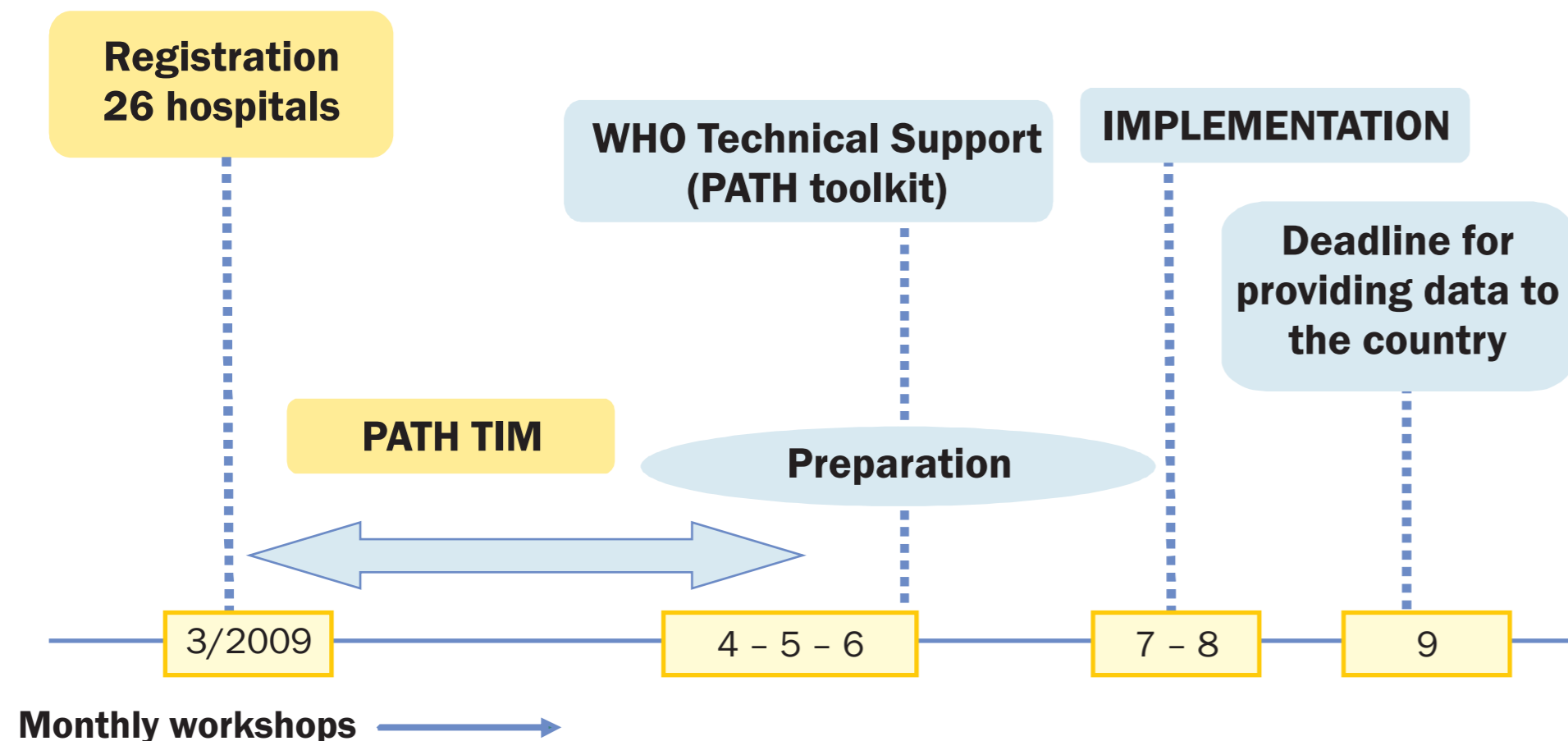
A mailing list for all communication and a tool for discussion during the process of data collection were established.

In parallel with the establishment of wave 1 indicators, (pilot phase) we have been active in preparing phase 2 indicators including antibiotic prophylaxis, use of blood components, exclusive breastfeeding, operating theatre performance.

SETTING UP PATH INFRASTRUCTURE (1)



SETTING UP PATH INFRASTRUCTURE (2)



RESULTS

Hospital code	Cesarean section	Pulmonary embolism	Myocardial infarction	CVI	Knee arthroscopy	Inguinal hernia	Tonsilectomy	Varicose veins	Smoking	Needle injuries	Hip replacement duration	CABG duration	Total indicators
B01	1	1	1	1	1	1	1	1	1	1	1	1	12
B02	1	0	1	1	0	0	0	0	0	1	1	1	5
B03	0	0	0	0	0	0	0	0	0	1	1	0	2
B04	1	0	1	1	0	0	0	0	0	0	0	0	3
B05	0	0	0	0	0	0	0	0	0	1	1	1	3
B06	1	0	1	1	0	0	0	0	0	0	1	0	4
B07	1	0	0	0	0	0	0	0	0	1	1	0	3
B08	1	0	0	0	0	0	0	0	0	0	1	0	2
B09	0	0	0	0	0	0	0	0	0	0	1	0	1
B10	0	0	0	0	0	0	0	0	0	0	1	0	1
B11	1	0	1	1	0	0	0	0	0	1	1	1	6
B12	0	0	0	0	0	0	0	0	0	1	1	0	2
B13	0	0	0	0	0	0	0	0	0	1	1	0	2
B14	1	0	0	1	0	0	0	0	0	0	1	0	3
B15	1	0	0	1	0	0	0	0	0	0	1	0	3
B16	1	1	1	1	0	0	0	0	0	0	1	0	5
B17	1	0	1	1	0	0	0	0	0	0	1	0	3
B18	1	1	1	1	0	0	0	0	0	1	1	0	6
B19	0	0	0	0	0	1	1	0	0	1	1	0	4
B20	1	0	1	1	0	0	0	0	0	1	1	1	6
B21	0	0	0	0	0	0	0	0	0	1	1	0	2
Total	13	3	9	10	1	2	2	1	11	20	3	3	2

First data collection cycle was completed by the end of September, 2009, with responses from 21 hospitals.

Each hospital received own results within one month after the data collection was completed, in order to see how well the hospital fared in each involved indicator.

Results were discussed in order to explain the risk-adjusted results and to prepare the implementation of improvements in prospective collection cycle (March-May, 2010).

A strict quality control procedures and strict adherence to inclusion and exclusion criteria must be met, in order for this data to be widely usable and directly comparable.

Some specificity in certain hospitals made them less comparable with the others, suggesting that all indicators in any hospital must be considered in light of these specificities, in order to properly explain and discuss the results.

Some indicators suffered from methodological problems, including i.e. needle injuries, where only reported cases were available, while the general consensus was reached on the likeliness that a number of such injuries pass unnoticed and unreported.

DISCUSSION AND CONCLUSION

The first phase of project was focused on the development of structure and a culture of measurement.

In Croatia, some data on the indicators kept at the central national database and may require quite a complex procedure to acquire since they cannot be extracted individually. The data thus obtained would require additional validation for quality and accuracy. Therefore, we have decided not to use the central national database in this phase of the program. Instead, we consider it more appropriate to build a culture of measurement at the hospitals and to be in touch with our own data and to use the results of their analysis for improvement. In this context, PATH initiative appears to be an excellent opportunity to start this activity countrywide.

Furthermore, PATH initiative may be useful to foster a broad range of improvement activities, and also as a tool for the national indicator project development.

PATH may be considered as the first national campaign in Croatia to assess hospital performance for quality improvement.



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