



Newsletter | Winter 2012-2013 |

DUQuE Final Conference

In light of great advances in the assessment and improvement of quality of care, policymakers, healthcare providers and researchers are keen to evaluate the effectiveness of various quality improvement governance approaches, particularly at the hospital level.

The DUQuE project, led by a consortium of prestigious research centres and universities in the field of health care quality in Europe, provides promising theoretical insights and evidence-based toolkits related to improving the effectiveness of quality improvement systems in hospitals.



Using data from 188 hospitals from seven European countries (Czech Republic, France, Germany, Poland, Portugal, Spain and Turkey), the four year multi-method project assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care (specifically clinical effectiveness, patient safety and patient reported outcomes).

The Berlin conference presented on 17 December 2012 DUQuE's main findings and provided a friendly, open forum for the discussion of the results. Evidence-based guidance documents, practical toolkits and appraisal schemes for hospital managers, purchasing agencies and governments interested in the development and assessment of hospital quality improvement systems were also presented. The day started with Quality and patient safety improvement in Germany presented by Günther Jonitz, Berlin Chamber of Physicians, followed by Quality and patient safety strategies in Europe by Agnieszka Daval-Cichon, European Commission DG SANCO.

The first session was then devoted to "Conceptual framework and objectives of the DUQUE study" presented by Rosa Sunol, Autonomous University of Barcelona and leader of the project, while Cordula Wagner, Netherlands Institute for Health Services Research focused on "Hospital quality management systems: state of the art and development of a measurement tool".

The second session “Making it happen: Practical, logistical, ethical and others challenges in assessing hospital quality management systems in European countries” was an opportunity for Barbara Kutryba, European Society for Quality in Health Care and Frantisek Vlcek, Czech Accreditation Committee, to give their feedback.

The third session focused first on “How are the hospital cultures related to hospital quality management systems?” (Solvejg Kristensen, RM Department of Clinical Quality and Patient Safety, Central Denmark Region), to then consider “What is the impact of quality management systems on patient level outcomes?” (Rosa Sunol) and finally “Results of sensitivity analysis of the findings” (Onyebuchi Arah, University of California, Los Angeles; Caroline Thompson, University of California, Los Angeles).

With the fourth session Oliver Groene, London School of Hygiene, presented the DUQuE Appraisal tool.

In line with its aim to closely link the project with stakeholders, a panel discussion highlighted the next steps: Pascal Garel, European Hospital and Healthcare Federation; Jennifer Bremner, European Health Management Association; Valentina Hafner, WHO Regional Office - EUROPE; Nicola Bedlington, European Patients’ Forum; Ales Bourek, European Society for Quality in Healthcare; Niek Klazinga, Department of Social Medicine, Academic Medical Centre, University of Amsterdam; Piotr Mierzewski, Health Division, Council of Europe.



DUQuE offers Benchmarking facility to participating hospitals_____

The DUQUE consortium has recently released the Benchmarking platform for participating hospitals to compare performance data collected in 2011 and 2012.

The benchmarking platform was designed for contributing organisations to provide comparative performance data on a selected set of indicators in four domains:

1. Governance, quality management and culture;
2. Clinical effectiveness outcomes;
3. Patient involvement outcomes,
4. Mortality outcome.

The platform allows easy access to indicators in these domains. It is based on the responses of about 10,000 professionals that contributed to surveys on governance, quality management and hospital cultures and more than 9,000 and 6,500 patients that contributed data for chart reviews and patient surveys, respectively. It is expected that the platform contributes to initiating discussions and reflections on the extent the hospital engages in quality management and improvement, and on the patient level outcomes that are achieved.

Interview of Anne Depaigne-Loth, Florence Saillour-Glenisson and Mélanie Maugeais,

French National Coordinator for DUQuE-

- *Could you tell us a bit about yourself? What your current position is, what professional background you come from, what path you followed to arrive where you are now.*

Anne Depaigne-Loth: I'm a technical adviser at the HAS (Haute Autorité de Santé), the National Authority for Health, which can be considered as the "quality regulator" in healthcare in France. My mission is to set up and conduct a program to assess the impact of the programs implemented by the HAS, especially of the mandatory HCO accreditation system run by the HAS. My goal is to build up partnerships with the research field in order to generate new knowledge about the effectiveness of quality improvement and patient safety programs. I'm graduated in history, political science and I have an experience background in health services research and public policy analysis. In a nutshell, one could say that I'm trying to build bridges "between science and politics"...



Florence Saillour-Glenisson: I'm a public health physician. Until recently, I held a position as deputy director of the CCECQA (Comité de coordination de l'évaluation clinique et de la qualité en Aquitaine), a regional structure in charge of conducting quality improvement and patient safety programs at regional level. We were also very much involved in teaching programs and research projects with a national remit as we felt that quality improvement needs to be sustained by research. Since the beginning of 2013, I'm in charge of the development of clinical practices appraisal and quality improvement activities for clinical teams in the teaching hospital located in Bordeaux. I'll also take part in the activities of a public health research center.



Mélanie Maugeais: I'm originally a dietitian and I have worked in a clinical unit during 5 years. I had an interest in public health and went back to the university to complete my training with a bachelor degree in Public Health. I then held a position as a data collection technician at the CCECQA . It gave me the very interesting opportunity to participate in the DUQuE project and take responsibilities in the coordination of the project in France. I'm now in charge of setting up a regional registry on stroke care in Aquitaine.



- ***Has it been difficult to engage hospitals in the project and to acquire their participation? If so, why do you think that is? What are the barriers to participation in DUQuE?***

Mélanie Maugeais: yes, there were some difficulties in enrolling hospitals in the DUQuE project. For what we call the “in-depth” hospitals - those which did the most extended data collection – we had to contact the 25 hospitals that were selected and were “eligible” to ultimately end up with 12 of them accepting to participate. 3 hospitals dropped out during the course of the project. The reasons given by the hospitals declining the invitation to participate or dropping out were almost always the same: work overload, priority given to an ongoing restructuring, change in management and... competition with the accreditation process heating up during the period of data collection for DUQuE !

Florence Saillour-Glenisson: it has to be noted that once the project was accepted, the hospital coordinators had their own issues with the enrollment of professionals, especially the physicians. The collection of questionnaires was not an easy task, the hospital coordinators had to send multiple reminders to some of the respondents despite all the work put in communicating on DUQuE. Health care workers are pressured to report a lot of information for accountability purpose; they are faced with all sorts of requirements regarding quality and patient safety. They tend to feel that those demands are neither directly related nor helpful to the frontline clinical work. Even if DUQuE is a research project and not a quality reporting system, it was often wrongly identified as such. The DUQuE project was sometimes hindered by the “quality burn-out” that affects quality improvement initiatives in healthcare everywhere in the world.

- ***What do you believe motivates hospitals that choose to participate in the DUQuE Project? What is the added value for them?***

Mélanie Maugeais: in my experience, although I know we could identify a number of organizational factors to the uptake of the project, it all boils down to one individual advocating for the project within the organization and making it possible by his/her hard work. Our sample of hospitals was random but chance did a good work. We met wonderful people, very professional and hard-working but also who had the enthusiasm needed to take part in an ambitious and innovative project.

Anne Depaigne-Loth: there was a genuine curiosity among those who supported the project in the participating hospitals and also among the surveyors who conducted the audits. Because they have been involved in quality activities for a number of years, they really want to know if quality improvement makes a difference and they are willing to contribute to a project that would shed a light on these issues. Although there are very different stakeholders in the project, I think that many of their motivations can be found ultimately quite similar: at hospital or national level, within the scientific sphere or the policy arena, there is a desire to understand how quality improvement works, what makes it effective or not and incorporate those findings in future actions.

Mélanie Maugeais: of course, the hospitals want also to know how they are doing and compare themselves with the others: the benchmarking platform is welcome...

- ***How does the DUQuE project relate to what is being done on similar issues in France?***

Florence Saillour-Glenisson: on a scientific level, in France, there has recently been an emerging scientific interest in the concepts and measurement tools of organizational and patient safety culture. It wasn't so common until recently to speak in terms of "culture" about hospitals. There is a growing awareness of its crucial role in quality of care and patient safety. It is not unlike "patient experience": in France, as in many country, it took time to admit that the patient had something valid to say about his own care... Those concepts and tools are not unknown in France, but DUQuE achieve to "capture" them in a unique comprehensive scientific scheme and this one of the reason why it is so exciting..

Anne Depaigne-Loth: there is now a political "urgency" to account for the effectiveness of the different quality improvement strategies that were put in place during the last two decades in France. DUQuE will certainly not provide definite answers to the political dilemmas of the regulation of healthcare, but it can and will feed the debates with scientific data, and that will be a great achievement.

DUQuE website: visits' number _____

DUQuE website received in the past 12 months an average of almost 2000 visits per month.

The visits' number has continuously increased throughout the year and especially after the Final Conference held in December 2012. Only in February 2013, the website received more than 4000 visits, demonstrating the great and growing interest generated by the project.