

# Healthcare Quality & Safety Research in Poland

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# Overview

## 1. The European Union projects

- 6<sup>th</sup> framework Research Program
  - MARQuIS
  - *HealthBASKET*
- 5<sup>th</sup> framework Research Program
  - ACMEplus

## 2. International projects

- PATH
- HCQI Project

## 3. Evaluation of projects in relation to Disease Management Programms

# MARQuIS

- ***Methods of Assessing Response to Quality Improvement Strategies***
- **The objectives:**
  - identify and compare different quality improvement policies and strategies in health care systems across the member states of the European Union,
  - consider their potential use when patients cross borders to receive health care.
- **8 countries: Belgium, Czech Republic, France, Ireland, Poland, Spain, The Netherlands, UK**
- **4 stages**

# MARQuIS in Poland

- **coordinated by National Centre for Quality Assessment in Health Care**
- **Participants:**
  - 3 key experts;
  - patients and healthcare professionals
  - hospitals: 80 questionnaired (389 overall); 15 audited (89 overall)
- **Conclusions:**
  - Member states and hospitals have implemented a range of different quality improvement strategies which appear to be effective in ensuring quality and safety.
  - There is substantial variation within and between countries in the extent to which hospitals systematically implement these strategies.

# *HealthBASKET*

- *Health Benefits and Service costs in Europe*
- **The objectives:**
  - What is the basis for determining the 'Health Basket' in European countries?
  - What are the payment mechanisms in use, and how are payments set?
  - How do costs of ten selected treatments (physiotherapy, tooth filling, colonoscopy, cough, AMI (PTCA), stroke, cataract, hip-replacement, normal delivery, appendectomy) vary across European countries?
- **9 countries: Germany, Italy, Denmark, The Netherlands, France, Hungary, Spain, UK, Poland**
- **3 phases**

# *HealthBASKET* in Poland

- **coordinated by Jagiellonian University Medical College**
- **Data sources:**
  - patients
  - experts
  - interviews
  - databases
- **Costs calculated from the provider perspective**
- **Conclusions:**
  - costs differences were caused by quality of management rather than area of activity
  - for most vignettes, total cost of care below average in Hungary, Poland and Spain

# ACMEplus

- ***Admission Case-Mix system for Elderly patients***
- **The objectives:**
  - to improve quality of care and outcomes of elderly people in hospital by using the constructed instrument to carry out audit and interventional studies
- **8 hospitals in 6 EU countries: United Kingdom, Spain, Italy, Finland, Greece, Poland**
- **Conclusions:**
  - Factors other than diagnosis (physical function, cognition and presenting problems) are important in predicting key outcomes of acute hospital care for older people and are consistent across countries. Their inclusion in a standardized system of measurement may be a way of improving quality and equity of medical care in older people.

# PATH

- *The Performance Assessment Tool for Quality Improvement in Hospitals*
- **designed by the World Health Organization**
- **The objectives:**
  - to support hospitals in defining quality improvement strategies, questioning their own results and translating them into actions for improvement
- **Methods:**
  - a framework comprising six dimensions: clinical effectiveness, efficiency, staff orientation, responsive governance, safety and patient centeredness, for each dimension, indicators were selected (17 overall)

# PATH in Poland

- **coordinated by National Centre for Quality Assessment in Health Care**
- **Participants:**
  - hospitals: 44 declared; 29 provided data and received the reports (100 overall)
  - **Feedback report**
    - positions the results of each hospital nationally
    - includes an overall presentation of the hospital's performance that helps to identify quickly where the hospital is strong and where it most needs to improve
    - provides a detailed report on every indicator

# HCQI Project

- *Health Care Quality Indicators Project*
- **designed by OECD**
- **Objective:**
  - to collect internationally comparable data reflecting the health outcomes and health improvements attributable to medical care delivered in OECD countries
- **The HCQI Project eventually represents the largest effort, in terms of number of quality indicators and number of countries, to assess international health care quality**
- **32 countries**

# HCQI Project in Poland

- Poland joined in 2006
- Available data on 8 out of 15 developed quality indicators
- Data sources:
  - National Institute of Hygiene,
  - Polish Registry of Acute Coronary Syndrome
  - National Cardiovascular Disease Prevention and Treatment Program

Indicator	Data provided Yes/No
	Poland
Breast cancer five-year survival rate	No
Mammography screening rate	Yes
Cervical cancer five-year survival rate	No
Cervical cancer screening rate	Yes
Colorectal cancer five-year survival rate	No
Incidence of vaccine preventable diseases (Pertussis, measles, and hepatitis B)	Yes
Coverage for basic vaccination programme, age 2, (Pertussis, measles, and hepatitis B)	Yes
Asthma mortality rate, ages 5-39	Yes
In-hospital mortality rate within 30 days of hospital admission for acute myocardial infarction	Yes
In-hospital mortality rate within 30 days of hospital admission for stroke	Yes
Waiting times for surgery after hip fracture, over age 65	No
Influenza vaccination, over age 65	No
Smoking rate	Yes
Retinal exams in diabetics	No
Asthma admission rate	No

## Projects evaluation in relation to DMP

- Too general
- The quality is end in itself
- Provider, rather than patient-oriented
- Infrastructure, rather than process-oriented
- Outpatient and pharmaceutical care not evaluated (hospital care-oriented)
- The effectiveness and quality of patient education not assessed

Thank you for your attention

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