



Achieving perfect patient experiences when there are cross-cultural differences or care is delivered across borders


European Society for Quality in Healthcare

BASTIA KUTRYBA EUROPEAN SOCIETY FOR QUALITY IN HEALTHCARE (ESQH), PRESIDENT
CO-CHAIR OF EU WORKING GROUP ON PATIENT SAFETY AND QUALITY OF CARE

12 October, PICKER SESSION Challenges to Achieving Patient-Centered Care Globally, ISQua, Dublin, 2009

European Union today

27 countries
493 million citizens




Health sector:

- Total expenditure on health: **8.2% of GDP** (OECD 2006)
- Employer for **10% of the EU workforce** (with 70% of budget allocated to salaries and other charges)


R.Madlin, EU Commission

Why healthcare abroad?




- Patients prefer to be treated as close to home as possible
- Sometimes the healthcare patients need is better provided abroad
 - closer to home (in border regions)
 - lack of capacity
 - specialized care

Europe for Patients




<http://health.europa.eu>

- to inform what is done to improve healthcare for all in Europe
- to encourage sharing information by opening the webpage to citizen contribution



Quality at the EU level – draft terms of reference of EU Working Group on Patient Safety and Quality of Care

- the creation of a **patient-centred healthcare environment** that respects the rights of patients and which treats all patients and their families with dignity;
- an **increase in the quality of life of the patient** at every stage of the patient pathway; including development of comparative data and quality improvement strategies in primary care, secondary care, mental healthcare, palliative care and disease prevention.
- an **increase in patient involvement in healthcare**: including the provision of clear and comprehensive information on efficacy and clinical outcomes; the building of health literacy; and support for self-management of chronic disease.



Participants to the public consultation

Participants total	185
Competent authorities (CAs) total	30
including CAs national level	15 (CY; CZ; DE; FR; IE; LV; MT; SE; UK)
including CAs regional level	10
including CAs local level	5
NGOs total	60
including health professional associations	19
including patient organisation	4
Industry	9
Others total	40
including hospitals	18
Anonymous responses	46

Slide 3

M1 Merkebe, 26/06/2008

THE PARLIAMENT
WOLNOŚĆ, SPRAWIEDLIWOŚĆ I WSPÓLNOTA

SHARED VALUES
"The importance of sharing your experiences, values, beliefs & values with others"

150 milionów powodów do działania
Medical Conferences
European Society for Quality in Healthcare
European Society for Quality in Healthcare

Value+
europeanpatients'forum
SAVE THE DATE
9-10 December 2009
EPF VALUE+ Conference
under patronage of the Swedish Presidency

Accelerating Patient Participation

The Rome Manifesto

CEREF – ESQH Padua Office for Patient Participation

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Let's talk...

Don't lose your voice - exercise it regularly!

Irish Society for Quality & Safety in Healthcare

Your Health is Important - make it Personal
A guide to becoming more actively involved in your healthcare

ESQH European Society for Quality in Healthcare

Patient experience is a variable landscape in the EU

- Multitude of definitions (patient, client, customer, citizen, service user)
- Differences in scope of patient empowerment across Europe
- Different levels of political commitment.
- Significant disparities in strategies for empowerment.
- Varied attitudes of professionals' (supportive-defensive)
- Lack of clear and transparent information: Q of care, crossborder mobility and how it affects quality of care, system navigation

Quality requirements

MARQuIS
WORLD HEALTH ORGANIZATION EUROPE

Out-puts:
Patients' safety
Patients' centeredness care
Patients' centeredness cross border care
Clinical

Veillard J, Champagne F, Klazinga N, Kazandjian V, Arah OA, Guiselet AL. A performance assessment framework for hospitals: the WHO regional office for Europe PATH project. *Int J Qual Health Care* 2005; 17: 487-496

MARQuIS - Methods of Assessing Response to Quality Improvement Strategies

Cross border care:

There is a **clear lack of data** on volumen and type of care and quality.

There remain **uncertainties** among patients, professionals and health care financiers on the organization of cross-border care:

- administrative requirements
- information requirements
- organization of follow up care
- reimbursement of services

The research project identified many issues that potentially impact on the safety and patient-centeredness of cross-border care that could be consider quality requirements specific for this patients group.

MARQUIS *Methods of Assessing Response to Quality Improvement Strategies*

Expectations of cross-border patients

Information + communication

Meals (scope and timing)

Sat TV/ Internet

Tel for international calls

Accommodation/hygiene

Psychological support/ family contacts

Visiting hours and number of visitors

Extra services (at own expense)

Personal case manager

Ready for the future - Defining European healthcare through innovation and quality


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REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE
REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

The main topics covered at the conference were as follows:

1. Education in the field of quality in healthcare;
2. Organizational frameworks for quality in healthcare;
3. Healthcare standards, particularly the use of external evaluation.

A cross-cutting theme of all three topics covered was patient centredness and citizen participation


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Future direction

Ready for the future- defining healthcare through innovation and quality" held during the Slovenian presidency in Kranjska Gora, June, 2007

- stop talking about patient empowerment and start doing things that enable patient to be active e.g. find incentives for staff, particularly doctors, to change their behaviour
- emphasize (introduce) concept of citizens patients responsibilities as part of health governance, to emphasise active participation
- Train informal carers, more patient representatives (advocates) to articulate patient voice in public policy etc
- integrate education: working together from an early stage e.g. communication skills within teams, with patients (teaching by expert patients)
- involve trained patients in health governance at board level in HCOs, in local evaluation and to help the public understand responsibilities and both rights and realistic limits of rights

emphasis on developing a health, not a sickness service.