



# NEWSLETTER

N° 113 – March 2014

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## **UPCOMING CONFERENCES**

**23-25 April 2014 – Barcelona (Spain)**

*22ND INTERNATIONAL HEALTH PROMOTING HOSPITALS CONFERENCE*

**26-28 May 2014 – Amsterdam (The Netherlands)**

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### **HEALTH PROGRAMME 2014-2020 – REGULATION COMES INTO FORCE**

On 22 March 2014, the Regulation establishing the third Programme for the European Union's action in the field of health for the period 2014-2020 came into force. This third programme builds on the two previous health programmes 2003-2007 and 2008-2013 with the objective of complementing Member States' health policies in the following four areas:

- ***promotion of good health and prevention of diseases***, addressing risk factors such as smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity;
- ***protection from cross-border health threats*** by identifying and developing coherent approaches and promoting their implementation for better preparedness and coordination in health emergencies;
- ***contribute to innovative and sustainable health systems*** where the new EU Health Programme could provide support of the voluntary cooperation between Member States to identify and develop tools and mechanisms to address shortages of resources, both human and financial, facilitate the voluntary up-take of health innovation and eHealth and provide expertise and help the sharing of good practices to assist Member States undertake health system reforms;
- ***facilitate access to better and safer healthcare***; eligible actions include support for Member States and patient organisations on issues such as patient safety and quality of care, rare diseases and antimicrobial resistance.

It is worth noting that two out of four priorities are oriented towards healthcare and not public health anymore. There was no priority on healthcare in the first programme and only one out of six in the second one: this clearly shows the trend followed by the European Union to interfere more in healthcare.

The new Health Programme will have at its disposal a budget of 449 394 000 Euros (in current prices). This amount will be shared between the different objectives of the Programme throughout its duration. The call for proposals will be launched by the Consumer, Health and Food Executive Agency (CHAFAEA) immediately after the publication of the annual work programme 2014 which can be expected April/early May 2014.

**More information:** [http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOL\\_2014\\_086\\_R\\_0001\\_01&from=EN](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOL_2014_086_R_0001_01&from=EN)

## ***PATIENT SAFETY AND QUALITY OF CARE – WORKING GROUP***

On 13 March 2014, HOPE attended the meeting of the the Commission Patient Safety and Quality of Care Working Group, which brings together representatives from all 28 EU countries, EFTA countries, international organisations and stakeholders, including HOPE. The group assists in developing the EU patient safety and quality agenda.

The objective of the meeting was to adopt two draft reports dedicated one to the topic of “Education and training of healthcare workers” which takes stock of existing programmes, courses and modules in this field, and the other to “Reporting and Learning Systems for patient safety incidents across Europe”, which gathers existing knowledge and illustrates examples and experiences from reporting countries in the EU. The reports received additional comments and suggestions from the group and will be finalised in April. After finalisation, they will be presented to the Council, together with the second report on the implementation of the 2009 Council Recommendation, which the Commission is currently drafting.

Another point in the agenda was the presentation by the European Commission of the preliminary findings of the survey to Member States on the implementation of the 2009 Council Recommendation. Preliminary findings show that an increased number of countries disseminate information to patients about patient safety standards and other patient safety measures and offer the possibility for patients to report adverse events.

When asked about multidisciplinary training offered by hospitals, only six Member States reported that 100% of hospitals offer this type of training, the remaining 16 Member States having replied “don’t know”. Finally, Member States were asked to indicate the areas in which they would be most interested for further collaboration within the EU. Most of Member States declared their interest in the development and review of patient safety standards.

The Commission also presented the preliminary findings from the public consultation on future EU agenda on quality and safety, which received 181 replies from 20 Member States. 13% of replies were received from hospitals. 91% of respondents affirmed patient safety is an issue in their country and 72% believe there is an added value in enlarging work at EU level from patient safety to quality of care. The report of the two surveys will be published in May 2014. A Eurobarometer on the issue of patient safety is also currently being finalised and will be published soon. The next meeting of the working group will take place in 2015.

***More information: [http://ec.europa.eu/health/patient\\_safety/policy/index\\_en.htm](http://ec.europa.eu/health/patient_safety/policy/index_en.htm)***

## ***INVESTING IN HEALTH EXPERT PANEL – FIRST THREE OPINIONS ADOPTED AND PUBLIC CONSULTATION ON PRIMARY CARE***

The Expert Panel on effective ways of investing in health is a panel of independent scientists set up to provide the European Commission with sound and timely scientific advice on effective ways of investing in health.

On 14 March 2014, the Expert Panel published its first three opinions on the following topics.

- *A frame of reference in relation to primary care with a special emphasis on financing systems and referral systems.* The opinion provides a core definition of primary care, examines the role of referral systems in strengthening health system performance and discusses issues in financing primary care.
- The Commission launched a **public consultation** on this Expert Panel's preliminary opinion with the aim to seek feedback from the scientific community and stakeholders.
- **11 May 2014** is the deadline to submit specific comments, suggestions, explanations or contributions on the scientific basis of the opinion, as well as any other scientific information regarding the questions addressed. These will enable the Expert Panel to formulate its final views on the matter;
- *Criteria to identify priority areas when assessing the performance of health systems.* The Expert Panel has elaborated guidance on elements to be considered when developing such criteria;
- An assessment of the study "*Evaluation of public-private partnerships in health care delivery across the EU*". The Expert Panel examined the strength of the evidence and assessed the conclusions of a study commissioned by DG SANCO and released in August 2013.

*The opinions are available at: [http://ec.europa.eu/health/expert\\_panel/opinions/index\\_en.htm](http://ec.europa.eu/health/expert_panel/opinions/index_en.htm)*

*More information on the public consultation on the Expert Panel's preliminary opinion on the definition of primary care with emphasis on financing systems and referral systems: [http://ec.europa.eu/health/expert\\_panel/consultations/primarycare\\_en.htm](http://ec.europa.eu/health/expert_panel/consultations/primarycare_en.htm)*

## ***SAFETY OF METAL-ON-METAL JOINT REPLACEMENTS – PUBLIC CONSULTATION***

The European Commission and the Scientific Committee on Emerging Newly Identified Health Risks (SCENIHR) have recently launched a public consultation on the [preliminary opinion](#) on the safety of Metal-on-Metal joint replacements with a particular focus on hip implants.

The preliminary opinion aims to assess whether the use of metal-on-metal implants in arthroplasty could give reasons for concern from the health point of view and, if possible, to provide indications on the design and patient groups and also to identify needs for further research.

With this public consultation, SCENIHR is seeking feedback from the scientific community and stakeholders in view of gathering specific comments, suggestions, explanations or contributions on the scientific basis of the opinion, as well as any other scientific information regarding the questions addressed. This will enable the Scientific Committees to focus on issues, which need to be further investigated.

The deadline to submit written comments to the preliminary opinion is 25 April 2014.

*More information:*

[http://ec.europa.eu/health/scientific\\_committees/consultations/public\\_consultations/scenihr\\_consultation\\_20\\_en.htm](http://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scenihr_consultation_20_en.htm)

### ***SCENIHR – CALL FOR EXPERTS IN THE AREA OF SAFETY OF SURGICAL MESHES USED IN UROGYNECOLOGICAL SURGERY***

The European Commission has recently requested the Scientific Committee on Emerging Newly Identified Health Risks (SCENIHR) to produce an opinion on the safety of surgical meshes used in urogynecological surgery.

In order to deliver this opinion, the SCENIHR has identified a need for experts to constitute a working group which will provide assistance in the formulation of the opinion, in the following areas: gynecology, surgery, biocompatibility, urology and oncology.

A call for experts has therefore been launched. The deadline to submit the application as an expert is **10 April 2014**. International experts are also encouraged to apply.

*More information:*

[http://ec.europa.eu/health/scientific\\_committees/consultations/calls\\_experts/scenihr\\_exp\\_o8\\_en.htm](http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihr_exp_o8_en.htm)

### ***SHARP INJURIES – COMMISSION REQUESTS CYPRUS TO IMPLEMENT DIRECTIVE***

In February, the European Commission requested Cyprus to implement into national law the EU Directive 2010/32 on prevention of injuries from sharp medical instruments in the hospital and healthcare sector. The Directive aims to achieve the safest possible working environment for healthcare and hospital workers, by a combination of planning, awareness-raising, information, training, prevention and monitoring measures.

The Commission's request to Cyprus took the form of a "reasoned opinion" under the EU infringement procedures. Cyprus has two months to notify the Commission of measures taken to comply with the Directive. If it fails to do so, the Commission may decide to refer Cyprus to the EU's Court of Justice.



### ***eINVOICING IN PUBLIC PROCUREMENT – PARLIAMENT ADOPTION***

On 11 March 2014, the European Parliament adopted during the Strasbourg plenary session the report by MEP Birgit Collin-Langen (EPP, Germany) on the directive on electronic invoicing in public procurement. The report was adopted with 646 votes in favour, 25 against and 5 abstentions.

The Commission's proposal was published in June 2013 with the aim to facilitate interoperability in electronic invoicing in public procurement. MEPs supported the establishment of a European standard for e-invoicing and precised the criteria to be met by the standard's content as well as core elements of an electronic invoice. MEPs also set the deadline of 36 months after the entry into force of the Directive for the elaboration and adoption by the European standardisation organisation of such a standard.

Regarding the transposition period, this is set to 18 months after the publication of the reference of the European standard for the central authorities and to 30 months for local governments.

The directive still needs to be formally approved by the Council of the EU.

***More information:***

***<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2014-0198>***



## ***DATA PROTECTION – PLENARY VOTE AND HEALTHCARE COALITION JOINT STATEMENT***

On 12 March 2014, MEPs adopted during the plenary session in Strasbourg the report by MEP Jan Philipp Albrecht (Greens/EFA, Germany) on the general data protection regulation. The report was adopted with 621 votes in favour, 10 against and 22 abstentions. The new legislation aims to strengthen current EU data protection rules, to ensure a more harmonised approach to data protection and privacy across the European Union.

The text adopted by MEPs could have an important impact on the provision of healthcare services and research. To raise attention on this issue, HOPE joined at the end of 2012 the Healthcare Coalition on Data Protection, which represents key stakeholders in the healthcare sector in Europe.

Ahead of the plenary vote, the Coalition put forward recommendations designed to clarify and improve provisions related to health as included in the European Commission's proposal for a general data protection regulation published in January 2012 and in the European Parliament Civil Liberties, Justice and Home Affairs (LIBE) Committee's report on this regulation.

In particular, the recommendations encourage to:

- maintain articles 81 and 83 in the form proposed by the Commission and clarify the exemptions from consent for healthcare and research;
- clarify the definition of 'personal data';
- avoid excessive administrative burden linked to impact assessment obligations;
- clarify the exemption to the right to be forgotten and other rights for 'health purposes' and research;
- allow international transfers of appropriately-protected data.

The negotiations between the European Parliament and the Council of the EU will start as soon as Member States agree on their own negotiating position. The Parliament's aim is to reach an agreement on this major legislative reform before the end of 2014.

*The report adopted is available at:*

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2014-0212>

*The Joint Statement of the Healthcare Coalition on Data Protection is available at:*

<http://www.efpia.eu/uploads/documents/Healthcare%20Coalition%20on%20Data%20protection%20-%202014%20joint%20statement%20-%20draft%20v11.pdf>





### ***HEALTH PROGRAMME 2014-2020 – INFO DAY ON 11 APRIL, BRUSSELS***

The Third EU Health Programme 2014-2020 came into force on 22 March 2014. Thus, the European Commission is organising an Info Day to be held on 11 April 2014 in Brussels. The aim is to inform about the main features of the Third Health Programme and how it can contribute to foster health in Europe by encouraging cooperation between Member States.

The Info Day will provide an overview of the Third Health Programme and give an opportunity to stakeholders to ask questions and learn more on its design and practical implementation, in particular on the following topics.

- What is the overall aim of this programme and what is new if compared to previous programmes?
- What is the EU added value?
- What are the objectives and priorities foreseen?
- Who can benefit from the programme?
- What is the available budget and what are the financial mechanisms involved?
- How will the programme be implemented?

*More information:* [http://ec.europa.eu/health/programme/events/info\\_day\\_2014\\_en.htm](http://ec.europa.eu/health/programme/events/info_day_2014_en.htm)

### ***IPPOCA – MID-TERM MEETING***

On 5, 6 and 7 March 2014 HOPE participated to the Mid-term meeting of IPPOCA project (Improving Professional Practice on Child Abuse) during which the participants reviewed the results of a questionnaire filled out by professionals working in the three hospitals involved - Sant Joan de Déu (Barcelona), Heim Pál (Budapest) and Meyer (Florence) - concerning procedures implemented at the national/regional level on child abuse and effectively applied in the hospital.

Starting from the evidences emerged and the common practices shared, participants defined an index for a manual that will be written to support professionals who work with abused children and the contents for a training course which will be organised to improve their skills.

## ***eHGI – WORKSHOP ON ePRESCRIPTION***

On 11 March 2014, HOPE attended the workshop on ePrescription organised by the eHealth Governance Initiative (eHGI).

The eHGI ultimately aims at improving the health status of European citizens, quality and continuity of care and sustainability of European health systems. It is achieving this through the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way.

Article 11.2 of the recently adopted Directive 2011/24/EU on the application of patients' rights in cross-border healthcare declares that the European Commission shall adopt guidelines supporting the Member States in developing the interoperability of ePrescriptions. In order to support the development of these guidelines, DG SANCO commissioned a study on ePrescriptions, which was carried out by Empirica consultancy.

The workshop started with a presentation of this study, which identifies the challenges for interoperable ePrescription in Europe and suggests possible future actions to be taken. The study contains also an ePrescription draft guideline proposal. After the presentation, some Member States (i.e. Denmark, Sweden, Italy, Spain, Finland and Croatia) had the opportunity to illustrate their experiences and problems faced with ePrescriptions, as well as areas where they believe further collaboration at EU level would be beneficial.

Representatives of Member States and European stakeholders held then a preliminary discussion and provided input on the draft guideline proposal presented by Empirica. In general, it was noticed that the wording used in the guidelines needs to be carefully reviewed (e.g. clarifications are needed on the definition used). Concerns were also raised about two articles related to the issues of liability and substitution, since these are regulated in a different way in Member States. Therefore, some participants suggested these issues not to be approached by the guidelines. Finally, some Member States also pointed out the fact that the guidelines should not address hospital medicines.

Comments and remarks received during the workshop will be consolidated in a paper, together with the draft guideline proposal. These documents will be presented to and discussed by the eHealth Network in Athens on 13 May. Based on the input of the eHealth Network, a second draft version of the guidelines will be produced and another workshop will be organised to gather further inputs. The aim is to adopt the guidelines on ePrescription in November 2014.

***More information on the eHGI: <http://www.ehgi.eu>***

## ***HONCAB – HOSPITAL NETWORK PROTOCOL PUBLISHED***

The HoNCAB project (Support creation of pilot network of hospitals related to payment of care for cross border patients), co-funded under the EU Health Programme 2008-2013, aims to better understand the financial and organisational requirements that may arise as a result of a patient receiving healthcare outside the Member State of affiliation.

To this end, the project set up a pilot Network of Hospitals, which allows members to share experiences, problems encountered and possible solutions related to cross-border care. The pilot Network of Hospitals is currently composed of nine hospitals from five countries (Austria, France, Greece, Italy and Slovenia) and HOPE.

The consortium has recently published the Network Protocol of the HoNCAB Network of Hospitals, which outlines the following elements:

- objectives of the Network;
- core values for the implementation of the planned activities and for the sustainability of the Network;
- benefits and contributions of the Network members;
- promotion, enlargement and enhancement of the Network, where the procedure to apply and become a member is also described.

*More information:* <http://honcab.eu/network-of-hospitals/>

### ***COMPREHENSIVE CANCER CONTROL JOINT ACTION – KICK-OFF MEETING***

On 13 March 2014, the Comprehensive Cancer Control Joint Action (CANCON) 2014-2016 kicked-off in Luxembourg. HOPE is involved in this Joint Action as a collaborating partner.

Following in the steps of the [European Partnership on Action Against Cancer](#) (EPAAC) Joint Action, in which HOPE was also involved, CANCON aims to further pursuing the goal of reducing cancer incidence by 15% by 2020. This will be achieved by:

- identifying key elements and quality standards for comprehensive cancer control in Europe and preparing an evidence-based European guide on quality improvement in comprehensive cancer control;
- facilitating cooperation and exchange of best practice between EU countries, to identify and define key elements to ensure optimal, comprehensive cancer care.

During the meeting, discussions focused on the overall aims, rules and processes of the Joint Action as well as on the identification and prioritisation of the topics to be addressed.

## REPORTS AND PUBLICATIONS



### **TUBERCULOSIS SURVEILLANCE AND MONITORING IN EUROPE – 2014 ECDC REPORT**



In 2012, 68.423 cases of tuberculosis (TB) were reported in 29 EU/EEA countries. This results in a notification rate of 13.5 per 100.000 population and constitutes a 6% decrease compared to 2011 (72.000 cases reported), confirming the average annual decline of 5% since 2008.

The sixth report launched jointly by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe indicates that, despite notable progress in the past decade, TB is still a public health concern in many countries across Europe. An assessment of progress towards TB elimination for the indicators defined in the report “*Progressing towards TB elimination: A follow-up to the Framework Action Plan to Fight Tuberculosis in the European Union*” showed that none of the core indicators was achieved at EU/EEA level.

**More information:**

<http://www.ecdc.europa.eu/en/publications/Publications/tuberculosis-surveillance-monitoring-Europe-2014.pdf>

### **EXTERNAL REFERENCE PRICING OF MEDICINAL PRODUCTS – COMMISSION REPORT**

The European Commission has recently published the report “*External reference pricing of medicinal products: simulation- based considerations for cross-country coordination*”. HOPE actively contributed to the report by providing information, inputs and comments.

The report, aims to further identify and assess external reference pricing (ERP) cross-country coordination issues, while acknowledging the need for sustainable public finances and the delivery of high quality healthcare.

It will help the European Commission to have an overview of the current ERP policies outcomes and to identify issues to be addressed in view of further policy initiatives at Member States level and/or at European level.

The report concludes that the use of ERP as a tool to set prices seems an appropriate way forward for some countries. Using ERP to contain pharmaceutical expenditure is not conceptually

appropriate but this study showed that it could be a very effective tool especially when a number of “high price decrease scenarios” are combined.

*More information:*

[http://ec.europa.eu/health/healthcare/docs/erp\\_reimbursement\\_medical\\_products\\_en.pdf](http://ec.europa.eu/health/healthcare/docs/erp_reimbursement_medical_products_en.pdf)

## **THE POLICY MIX FOR THE REIMBURSEMENT OF MEDICINAL PRODUCTS – REPORT**

The report “*Study of the policy mix for the reimbursement of medicinal products: Proposal for a best practice-based approach based on stakeholder assessment*” has recently been published. The objective of this study was to investigate which policy mix related to the reimbursement of medicines the consulted stakeholders would consider as ideal and, based on their assessments investigated in a Multi-Criteria Decision Analysis (MCDA), to develop a proposal for the best practice-based approach for such a policy mix, by reconciling the different – often conflicting – policy objectives.

Overall, stakeholders assessed pharmaco-economic evaluation as the most appropriate reimbursement policy to achieve the selected policy objectives. Value-based pricing and the reimbursement process were ranked second and third, followed by managed-entry agreements. Four measures (reimbursement review, positive list, reimbursement rates and generic substitution) were all ranked fifth. The sixth rank was attributed to reference price systems and pharmaceutical budgets, followed by differential pricing and INN prescribing (both rank 7). Co-payment and discounts / rebates / price negotiations / clawback (both rank 8), tendering (rank 9) and external price referencing (rank 10) were considered to have the comparably lowest ability to achieve the different policy objectives.

*More information:*

[http://ec.europa.eu/health/healthcare/docs/policymix\\_final\\_report\\_excl\\_annexes\\_cleared.pdf](http://ec.europa.eu/health/healthcare/docs/policymix_final_report_excl_annexes_cleared.pdf)

## **FOUR-FOLD DIFFERENCE IN ANTIBIOTIC CONSUMPTION ACROSS THE EUROPEAN REGION – THE LANCET ARTICLE**

A new report published in The Lancet Infectious Diseases on 20 March 2014 is the first to release data on total antibiotic consumption for countries outside the European Union.

The data (from 2011) indicate an almost fourfold difference between the lowest and the highest antibiotic users among countries and regions in the WHO European Region (within and outside the EU), and provide a clear picture of the use of different groups of antibiotics.

*More information:*

[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(14\)70071-4/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(14)70071-4/fulltext)

## ***EFFECTS OF THE ECONOMIC CRISIS ON HEALTH AND HEALTHCARE IN GREECE IN THE 2009-2013 LITERATURE – A SYSTEMATIC REVIEW***

Due to the current economic crisis in Greece, effects on health and healthcare have been reported. The aim of this study was to present a systematic overview of the consequences that the financial crisis has had for health and healthcare in Greece. Systematic literature review was conducted in order to identify articles that were published from January 2009 to March 2013 and explicitly referred to the effects of economic crisis on health or healthcare.

Data extraction and synthesis was performed with the use of thematic analysis. Indications were found for post-crisis deterioration of public health with increasing rates of mental health, suicides, and epidemics, and deterioration of self-rated health. The recent efforts to reform the Greek National Health System have been focusing mainly on short-term effects by reducing expenditure, while the measures imposed seem to have dubious long-term consequences for Greek public health and healthcare.

*More information:*

<http://www.sciencedirect.com/science/article/pii/S0168851014000475?cc=y>

## ***SOCIODEMOGRAPHIC, CLINICAL AND ORGANISATIONAL FACTORS ASSOCIATED WITH DELAYED HOSPITAL DISCHARGES – A CROSS-SECTIONAL STUDY IN ITALY***

Evidence from studies conducted in Western countries indicates that a significant proportion of hospital beds are occupied by patients who experience a delayed hospital discharge (DHD).

However, evidence about this topic is lacking in Italy, and little is known on the patients' and organisational characteristics that influence DHDs. Therefore, the authors carried out a survey in all the hospitals of a Northern Italian region to analyse the prevalence and the determinants of DHD.

*More information:* <http://www.biomedcentral.com/1472-6963/14/128>

## ***INTERNATIONAL PREVALENCE OF ADVERSE DRUG EVENTS IN HOSPITALS – ANALYSIS OF ROUTINE DATA FROM ENGLAND, GERMANY, AND THE USA***

Adverse drug events (ADEs) are frequent in hospitals, occurring either in patients before admission or as a nosocomial event, and either as a drug reaction or as a consequence of a medication error.

Routine data primarily recorded for reimbursement purposes are increasingly being used on a national level both in pharmacoepidemiological studies and in trigger tools. The aim of this study was to compare the prevalence rates of coded ADEs in hospitals on a transnational level.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-125.pdf>

## ***(RE)INTRODUCING COMMUNICATION COMPETENCE TO THE HEALTH PROFESSIONS – STUDY***

Despite the central role that communication skills play in contemporary accounts of effective health care delivery in general, and the communication of medical error specifically, there is no common or consensual core in the health professions regarding the nature of such skills. This lack of consensus reflects, in part, the tendency for disciplines to reinvent concepts and measures without first situating such development in disciplines with more cognate specialisation in such concepts.

In this essay, an integrative model of communication competence is introduced, along with its theoretical background and rationale. Communication competence is defined as an impression of appropriateness and effectiveness, which is functionally related to individual motivation, knowledge, skills, and contextual facilitators and constraints. Within this conceptualisation, error disclosure contexts are utilised to illustrate the heuristic value of the theory, and implications for assessment are suggested.

*More information:*

<http://www.jphres.org/index.php/jphres/article/view/jphr.2013.e23/113>

## ***UNDERSTANDING SAFETY IN HEALTHCARE – PAPER***

This paper summarises previous theories of accident causation, human error, foresight, resilience and system migration. Five lessons from these theories are used as the foundation for a new model which describes how patient safety emerges in complex systems like healthcare: the System Evolution Erosion and Enhancement model.

It is concluded that to improve patient safety, healthcare organisations need to understand how system evolution both enhances and erodes patient safety.

*More information:* <http://www.jphres.org/index.php/jphres/article/view/jphr.2013.e25/107>

## ***WHAT TO DO WITH HEALTHCARE INCIDENT REPORTING SYSTEMS – PAPER***

Incident Reporting Systems (IRS) are and will continue to be an important influence on improving patient safety. They can provide valuable insights into how and why patients can be harmed at the organisational level.

However, they are not the panacea that many believe them to be. They have several limitations that should be considered. Most of these limitations stem from inherent biases of voluntary reporting systems.

*More information:* <http://www.jphres.org/index.php/jphres/article/view/jphr.2013.e27/109>

## ***WHO EFFORTS TO PROMOTE REPORTING OF ADVERSE EVENTS AND GLOBAL LEARNING – PAPER***

Despite the importance of reporting systems to learn about the casual chain and consequences of patient safety incidents, this is an area that requires of further conceptual and technical developments to conduce reporting to effective learning.

The World Health Organization (WHO), through its Patient Safety Programme, adopted as a priority the objective to facilitate and stimulate global learning through enhanced reporting of patient safety incidents. Landmark developments were the WHO Draft Guidelines for Adverse Event Reporting and Learning Systems, and the Conceptual Framework for the International Classification for Patient Safety, as well as the Global Community of Practice for Reporting and Learning Systems. WHO is currently working with a range of scientists, medical informatics specialists and healthcare officials from various countries around the world, to arrive at a Minimal Information Model (MIM) that could serve as a basis to structure the core of reporting systems in a comparable manner across the world.

*More information:* <http://www.jphres.org/index.php/jphres/article/view/jphr.2013.e29/115>



## OTHER NEWS – EUROPE

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### **ANTIBIOTICS AND THEIR ALTERNATIVES – JOINT WORKSHOP ON 4 APRIL, BRUSSELS**

The joint workshop "*Antibiotics and their alternatives – fixing and feeding the pipeline*" is organised by the European Commission (DG RTD) in Brussels on 4 April 2014, in collaboration with the Joint Programme Initiative on Antimicrobial Resistance, the Innovative Medicines Initiative (IMI) and the European Federation of Pharmaceutical Industries and Associations (EFPIA).

During the 7th Framework programme for research, the European Union has funded several research projects dedicated to study antimicrobial resistance both under the Health Theme and the Innovative Medicine Initiative (IMI).

This workshop aims to promote dialogue and collaboration amongst the different actors along the "value chain" in order to ensure synergies and maximise the impact of investments by effective exploitation of results. Researchers involved in some of these projects will present their most important results in the workshop and participate in discussions on the most efficient ways of ensuring exploitation of these results in order to feed the drug development pipeline.

### **HEALTH LITERACY IN MINORITY MIGRANT MOTHERS – MEETING**

On 12 February 2014, a meeting on Health Literacy in Minority Migrant Mothers was held at EPHA (European Public Health Alliance) offices in Brussels. EPHA is collaborating on a project aimed at improving health and reducing health inequalities among minority and migrant mothers through strengthened health literacy and HOPE expressed its interest in joining it. To that end, an app to help health professionals working with the target population (migrants) has been developed.

The meeting was organised in order to assess insights in terms of information and communication process from both health professionals and target population. Health inequalities have been increasing, the economic crisis has had an impact on social care whereas migrants and mothers were affected the most. A survey online was distributed to the partners and information on the topic started to be collected. Other issues discussed during the meeting were: the necessity to sensitise professionals on communicating with migrant women about sexuality using an interactive and dynamic tool and the need to cooperate with the NHSs.

## AGENDA

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## UPCOMING CONFERENCES

### **22ND INTERNATIONAL HPH CONFERENCE**

**23-25 April 2014– Barcelona (Spain)**

The Health Promoting Hospitals and Health Services (HPH) conference 2014 is the first such event on the Iberian Peninsula. The HPH network in Catalonia that will host the conference was only founded in 2008 but has quickly developed into a HPH stronghold in South-Western Europe. It has recently focused on innovative and timely topics such as health literacy or workplace health promotion. Upon the proposal of the local hosts, the Scientific Committee decided to dedicate this conference to “*Changing hospital & health service culture to better promote health*”.

By focusing on this general theme, the conference program acknowledges the need for organisation-wide reform and development to support a more health promoting culture in health care, following the demand of WHO’s Ottawa Charter for a re-orientation of healthcare services, and concepts of Health Promoting Hospitals and Health Services (HPH). The conference will also address the feasibility of cultural change in healthcare in times of economic crisis. There will be three sub-themes:

- Health literacy - an emerging concept for more patient-oriented healthcare;
- Enhancing the health environment for health professionals - Developing a more salutogenic culture for and by healthcare staff;
- Better health care responses to community needs through a culture of cooperation between organisations and settings.

**More information:** <http://www.hphconferences.org/barcelona2014/>

## **HOPE AGORA 2014**

### **QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT**

**26-28 May 2014 – Amsterdam (The Netherlands)**

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33<sup>rd</sup> time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from 26 to 28 May 2014 around the topic "Quality first! Challenges in the changing hospital and healthcare environment".



**REGISTRATION NOW OPEN**

<http://www.hope-agora.eu/>

*More information on the HOPE Exchange Programme:*

<http://www.hope.be/04exchange/exchangefirstpage.html>