NEWSLETTER

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Public Health

eSKILLS AND HEALTH WORKFORCE - eHEALTH STAKEHOLDER GROUP REPORT

One of the key recommendations made by the eHealth Stakeholder Group is about taking steps to ensure that eHealth is part of the curricula of healthcare professionals, notably by making use of the new possibilities provided by the updated Directive 2013/55/EU on the recognition of professional qualifications.

The eHealth Stakeholder Group is composed of representatives from the most important European organisations active in the eHealth field, covering a wide range of stakeholders: from patients, consumers, healthcare professionals to the industry. HOPE is a member of this stakeholder group which was created at the end of 2011, following a call for expression of interest.

According to the group, the healthcare workforce is crucial in the wider deployment of eHealth. First, they are the primary users of eHealth. Plus, they also accompany patients in using appropriately these technologies, providing reassurance. eSkills play also an important role in the view of the constant changing nature of healthcare systems and healthcare delivery.

The report "*eSkills and Health Workforce"* provides an overview of the current challenges faced within the healthcare systems in the EU and highlights the existing innovative models of healthcare delivery through the use of ICT as well as the eSkills needed for delivering and deploying eHealth services in an effective manner.

Finally, the report also contains recommendations that must be addressed at EU and national level for further development of eSkills within the health workforce, and invites the Commission to coordinate the efforts at EU level through the setting-up of a thematic network of stakeholders, which tasks would be to map common needs in eSkills.

The report is available at:
www.ec.europa.eu/information_society/newsroom/cf/dae/document.cfm?action=display&doc_id=8061

mHEALTH – RESULTS OF PUBLIC CONSULTATION

The European Commission published in January 2015 its report on the public consultation on mHealth.

The Commission's eHealth Action Plan 2012-2020 published in 2012 recognised the current and potential benefits of mobile health apps, as well as potential associated risks, and announced the Green Paper on mobile health (mHealth).

On 10 April 2014, the European Commission launched a public consultation on mHealth in the form of a Green Paper. The public consultation on mHealth was open from 10 April until 10 July 2014. The Green Paper was accompanied by a Staff Working Document to raise app developers' awareness of EU rules on data protection, medical devices (helping them determine whether such legislation applies to their apps or not) and consumer directives. It invited stakeholders to provide their views on 11 issues related to the uptake of mHealth in the EU. These were: data protection, including security of health data; big data; state of play of the applicable EU legal framework; patient safety and transparency of information; mHealth role in healthcare systems and equal access; interoperability; reimbursement models; liability; research & innovation; international cooperation; access of web entrepreneurs to the mHealth market.

The consultation received 211 responses: 71% were provided by organisations and 29% by individuals. A wide range of stakeholders (industry, national and regional authorities, health professionals, research community, non-governmental organisations, patient associations etc.) responded to the consultation.

Answers were various: some required for more privacy and security tools and for a strengthened enforcement of data protection; others asked for more patient safety and transparency of information. A fifth of respondents believe more evidence is needed on the cost-effectiveness of mHealth while others referred to specific studies and projects which have demonstrated efficiency gains.

A series of actions to support mHealth deployment are already foreseen under Horizon 2020, the EU's framework programme for research and innovation, and will be taken into account in future work programmes. Furthermore, in the course of 2015 the Commission will discuss with stakeholders the options for policy actions (legislation, self- or co-regulation, policy guidelines, etc.).

The summary report of the consultation's results is available at:
www.ec.europa.eu/information_society/newsroom/cf/dae/document.cfm?doc_id=8382

NANOMATERIALS USED IN MEDICAL DEVICES – FINAL OPINION

The final opinion about "Guidance on the Determination of Potential Health Effects of Nanomaterials Used in Medical Devices" has been published in January 2015 by the European Commission and its non-food Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR).

The final opinion takes into account relevant comments received from a public consultation which ran from July to October 2014. 11 organisations and individuals participated in the public consultation providing 110 comments to different chapters and sections of the opinion. The SCENIHR final opinion is intended as guidance on how to evaluate the risk when a nanomaterial is used in a medical device.

According to the Commission nanomaterial is define as any particulate substance with at least one dimension in the size range between 1 and 100 nm (Commission Recommendation 2011/696/EU). These particles (nanoparticles) exhibit specific characteristics that differ from the characteristics of larger sized particles with the same chemical composition.

The guidance provides information on how to evaluate the risk when a nanomaterial is used in a medical device. Besides, it addresses the use of nanomaterials in medical devices regarding specific aspects that need to be considered in the safety evaluation of nanomaterials and it should be considered in conjunction with the ISO 10993-1:2009 standard "Biological evaluation of medical devices". The Guidance highlights the need for special considerations in relation to the safety evaluation of nanomaterials, in view of the possible distinct properties, interactions, and effects that may differ from conventional forms of the same materials.

As conclusions, the SCENIHR highlights that the potential risk from the use of nanomaterials in medical devices is mainly associated with the possibility for release of free nanoparticles from the device and the duration of exposure.

More information:
http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_045.pdf

EBOLA – COMMISSION ANNOUNCES EIGHT RESEARCH PROJECTS

The European Commission announced on 16 January 2015 its latest actions in the field of research, which consist in eight research projects into Ebola that will be funded with a total of €215 million.

These projects will develop in particular vaccines and rapid diagnostics tests, which are key to overcoming the current Ebola crisis. The eight projects are run under the new Ebola+ programme of the Innovative Medicines Initiative (IMI). Funding will come from the Horizon 2020 programme, the EU's framework program for research and innovation (€114 million) and from the pharmaceutical companies involved in the project (€101 million).

The projects include partners from around the world (mainly from Europe, Africa, and North America). The topics addressed are among the key priorities set out by the World Health Organisation in the current Ebola crisis:

- *Development of Ebola vaccines* (3 projects): there are currently no licensed vaccines for Ebola. Three projects will advance the development of such vaccines by assessing the safety and efficacy of different vaccine candidates;
- *Scaling up vaccine manufacture* (1 project): Ebola vaccines can be manufactured in facilities with a higher biosafety rating. This project will establish a platform capable of rapidly producing sufficient quantities of the vaccine, while adhering to stringent quality and safety requirements;
- *Compliance with vaccine regimens* (1 project): for a vaccine to have a real impact on an outbreak, high levels of vaccination coverage are essential. In addition, for lasting protection, two doses of the vaccine may be needed. The project will raise awareness of vaccination campaigns and aim to secure patient compliance for vaccines that require two doses;
- *Rapid diagnostic tests* (3 projects): there is currently no fast, reliable test to determine if someone has Ebola or not. Three projects will pave the way for rapid diagnostic tests capable of delivering reliable results in as little as 15 minutes.

More information:
http://ec.europa.eu/health/ebola/index_en.htm

VAT – RESULTS OF PUBLIC CONSULTATION

The European Commission published in January 2015 the results from a public consultation on the review of existing VAT legislation on public bodies and tax exemptions in the public interest.

The consultation lasted from October 2013 to April 2014 and aimed to gather stakeholders' feedback to prepare the ground for a possible future legislative initiative in this area. A total of 584 responses were received from a wide range of stakeholders (public bodies, national associations, tax advisors, academics, trade unions, non-profits, business entities, etc.).

HOPE replied to the public consultation advocating the necessity to maintain the current exemption for hospital medical care and closely related activities contained in the current VAT Directive 2006/112/EC. This is crucial in order to keep hospital and healthcare services affordable and accessible for patients. HOPE also expressed its views on several reform options put forward by the European Commission and which could have a major impact on the financing of hospital and healthcare services, ultimately affecting citizens benefiting from them. Most of HOPE's views have been reported in the summary report.

Some of the feedbacks received by the Commission and reported in the report are relevant for the hospital and healthcare sector. In particular:

- some respondents, including HOPE, highlighted that taxation of the supplies which are currently not taxed because of Article 13 and Article 132 would considerably increase the prices for citizens who are not able to deduct any input VAT and hamper access to hospital and healthcare services. The current rules are needed to keep healthcare services affordable and accessible for citizens. This is especially important for socially disadvantaged persons;
- some health care providers argued that tax liability at the standard VAT rate could lead to a reduction in the revenue of hospitals, if the payments from the health insurance would remain at the current level. VAT liability would force Member States to adapt their national policies on public health, in particular funding mechanisms and insurance schemes;
- feedback was given by some respondents on the possible input-side distortions caused by the non-deductibility of input VAT if the relevant input-supply is related to non-taxed outputs. An example put forward by some contributors concerned public hospitals where investment backlogs (e.g. related to energy efficiency measures) could be significantly decreased if these hospitals could deduct the input-VAT.

HOPE will continue to monitor further developments on this issue and actions that might be taken by the European Commission following the consultation's results.

More information on the public consultation and the summary report are available at:
http://ec.europa.eu/taxation_customs/common/consultations/tax/2013_vat_public_bodies_en.htm

TTIP – COMMISSION PUBLISHES NEGOTIATING DOCUMENTS

On 7 January 2015, the European Commission published several negotiating documents on the Transatlantic Trade and Investment Partnership (TTIP). This publication comes after the Commission's commitment made in November 2014 to inject more transparency into the negotiation process.

The documents published are:

- *textual proposals*, which set out the EU's specific proposals for legal text that has been tabled in the proposed TTIP. The Commission published eight textual proposals. These eight EU textual proposals cover competition, food safety and animal and plant health, customs issues, technical barriers to trade, small and medium-sized enterprises (SMEs), and government-to-government dispute settlement (GGDS);
- *position papers*, which set out and describe the European Union's general approach on topics in the TTIP negotiations. Three additional position papers have been released on 7 January on the

topics of engineering, vehicles, and sustainable development bringing the total number of positions papers published up to 15;

- *factsheets*, which set out in plain language what is at stake in each chapter of TTIP and what are the EU's aims in each area.

Many concerns have been expressed by the civil society on the impact TTIP will have on health services. In an effort to clarify the EU's position in the trading negotiations on this area, a factsheet focuses on the issue of TTIP and public services such as healthcare.

It clarifies that the EU's trade deals provide important guarantees for public services, safeguarding EU governments' right to run public services as they wish. The guarantees consist in:

- Member States are free to organise public services so that just one supplier provides the service (i.e. monopoly). This single provider can be either publicly owned or a private firm which has the exclusive right to offer the service;
- for publicly-funded healthcare (comprising hospitals) and social services, EU governments do not have to treat companies or individuals from outside the EU the same as those from within Europe and do not have to provide access to their markets. This means Member States can provide public funding or state support to certain services and decide who can operate and invest in their market.

Finally, the Commission clarified that data protection standards won't be part of TTIP negotiations. TTIP will make sure that the EU's data protection laws prevail over any commitments.

HOPE will continue to monitor this issue and to work with its members to ensure health systems will not be negatively affected by TTIP.

More information on TTIP:
http://ec.europa.eu/trade/policy/in-focus/ttip/
The negotiating documents are available at:
http://goo.gl/cJztUo

The factsheet on TTIP and public services is available at:
http://trade.ec.europa.eu/doclib/press/index.cfm?id=1115

EUNETHTA – ARTICLE ON IMPROVING THE CONTRIBUTION OF REGULATORY ASSESSMENT REPORTS TO HEALTH TECHNOLOGY ASSESSMENTS

The European Medicines Agency and the European network for Health Technology Assessment (EUnetHTA), in which HOPE is involved as a stakeholder, have collaborated in response to a recommendation from the Pharmaceutical Forum to consider how the regulatory assessment report about favourable and unfavourable effects of a medicine can best be used in the assessment of the relative effectiveness of new medicines for HTA purposes in the EU Member States.

The aim was to improve the contribution that regulatory assessment reports can make to the assessment of relative effectiveness of medicinal products by health technology assessment bodies. This collaboration on improving European Public Assessment Reports (EPARs) started in February 2010 and was performed over 2 years.

As a result, the templates for preparing EPARs were revised to better address the needs of heath technology organisations. The better understanding of information needs was a key outcome of the collaboration. To ascertain whether these template changes led to the inclusion of relevant information, a review of a small set of EPARs for recently approved medicinal products was carried out in parallel by both the European network for Health Technology Assessment and the European Medicines Agency.

As the first joint project of such collaboration between regulators and HTA bodies on a European level, this article provides an account of this project on improving EPARs, which is part of the on-going dialogue between regulators and health technology assessment bodies on a European level to support policymakers' decisions in the future.

More information:
http://www.valueinhealthjournal.com/pb/assets/raw/Health%20Advance/journals/jval/JVAL_940_final.pdf

HEALTH CARE QUALITY REVIEW OF ITALY– OECD REPORT

Italy has significantly improved the quality of health care in recent decades but significant disparities remain between regions, according to a recently published OECD report. This document reviews the quality of health care in Italy, seeks to highlight best practices and provides a series of targeted assessments and recommendations for further improvements to quality of care.

Italy's indicators of health system outcomes, quality and efficiency are impressive. Health outcomes are amongst the best in the OECD. Life expectancy is the fifth highest in the OECD. However, profound regional differences appear. For example, the national rate of caesareans in Italy is around 25% but it is markedly higher in southern regions like Campania, with a rate just over 45%, than in the Northern regions like Trentino Alto Adige (Bolzano 13.6% and Trento 14.5%).

Despite this, quality improvement and service redesign have taken a back-seat as the fiscal crisis has hit. Fiscal consolidation has become an over-riding priority, even as health needs rapidly evolve. Italy must urgently prioritise quality of its health care services alongside fiscal sustainability. Efforts must be made to support weaker Regions and Autonomous Provinces to deliver consistently high quality health care but a more consolidated and ambitious approach to quality monitoring and improvement at national level is needed too. A less fragmented information infrastructure would give a better understanding of health care quality. Finally, fundamental to each of these steps will be ensuring that the knowledge and skills of the health care workforce are best matched to needs.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/oecd-reviews-of-health-care-quality-italy-2014_9789264225428-en#page1

REVIEW AND MAPPING OF CONTINUOUS PROFESSIONAL DEVELOPMENT AND LIFELONG LEARNING – STUDY

A study concerning the review and mapping of continuous professional development (CPD) and lifelong learning (LLL) has recently been published. The study, funded under the EU Health Programme, comprises a unique mapping and review of CPD and LLL. It is the first to be developed jointly by doctors, nurses, dentists, midwives and pharmacists in the 28 member countries of the EU and EFTA countries and enable a multi-professional approach to discussing CPD.

There is widespread recognition of the importance of CPD and LLL of health professionals, for this reason they have become cornerstones of professional practice across all qualifications. CPD and LLL help to ensure that professional practice is up-to-date, contribute to improving patient outcomes and increase public confidence in the professions. National interpretations of CPD offer a rich scope of differing approaches and present opportunities for the identification of recommendations and best practices in the EU.

The European Commission's Action Plan for the EU health workforce addresses CPD as a tool to safeguard patient safety within the context of cross-border mobility of health professionals and patients in the EU. At EU-level, the role of CPD to help safeguard patient safety within the context of cross border mobility has also been addressed in several legal instruments such as the Directive 2013/55/EU on the recognition of professional qualifications and the Directive 2011/24/EU on patients' rights in cross-border healthcare.

This study describes the policy background to the topic, reviews available literature and illustrates the outcomes of a Europe-wide survey and expert workshop, as well as presenting an overview of EU and European-level initiatives on CPD.

Results indicate that CPD systems in Europe are highly complex and show different approaches across professions and countries. There is no evidence to suggest that one system is preferable to another. CPD is mandatory for the majority of the 5 sectoral professions in most of the 31 countries surveyed: 19 countries for doctors and midwives, 20 countries for dentists and pharmacists and 21 countries for nurses. In addition, a significant number of survey respondents anticipate that CPD will become mandatory in the next few years. Voluntary CPD frameworks exist in 22 countries for dentists, in 18 countries for doctors, in 15 countries for midwives, in 12 countries for nurses and in 11 countries for pharmacists.

Finally, the study also identifies policy recommendations to strengthen the exchange of cooperation and best practices at European level and highlights the need to make efforts allowing all health professionals to undertake CPD, including addressing the main barriers identified, these being a lack of time and resources. The recommendations also call for more research into CPD and its relation to patient safety and quality of care.

More information: http://ec.europa.eu/health/workforce/docs/cpd_mapping_report_en.pdf

ECONOMIC CRISIS AND AUSTERITY IN SOUTHERN EUROPE – OSE REPORT

The European Social Observatory (OSE) has recently published a paper "Economic crisis and austerity in Southern Europe: threat or opportunity for a sustainable welfare state?"

Southern Europe (SE) has been hit hardest and longest by the economic crisis compared to others European countries. This has brought the welfare state of this region under acute strain. Significant welfare reforms and varying degrees of cuts and changes in social spending have been prominent in the repertoire of crisis management solutions implemented by the respective governments.

The Spanish National Research Plan and the Spanish Foundation for Science and Technology funded the CABISE Project (Reassessing Welfare Capitalism in Southern Europe, 2012-2015). The CABISE project focused on any structural changes in the recent past that may have significantly altered the welfare configuration when the crisis erupted.

The report briefly summarises the major findings of the project with regard to main policy areas (pensions, family policy and healthcare) and reviews reform trends prior to and during the crisis in order to highlight convergent and divergent paths among the four countries (Greece, Italy, Portugal and Spain).

The contributions of the CABISE projects are expected to enrich the critical dialogue on the consequences of austerity politics and policies and raise crucial questions with regard to the challenges ahead for the revitalisation of the social dimension of the EU.

More information:
http://www.ose.be/files/publication/OSEPaperSeries/Petmesidou_Guillen_2015_OseResearchPaper18.pdf
http://www.healthpowerhouse.com/files/EDI-2014/EDI-2014-report.pdf

ORGANISATION OF CARE FOR ADULTS WITH RARE CANCERS AND CANCERS WITH COMPLEX DIAGNOSIS AND/OR TREATMENT – KCE REPORT

The KCE (Belgian Health Care Knowledge Centre) has been commissioned by the Minister of Health and Social Affairs to perform a comparative report in order to propose a coherent strategy for the management of adult patients with rare cancers and cancers that require complex care in Belgium.

In Belgium, no reference centre with recognised clinical expertise for specific rare cancers or a group of rare cancers is yet designated. As a consequence, patients diagnosed with a rare and/or complex cancer do not know where they have to go to be offered optimal care. On the contrary the report shows that a few European countries have already adopted a differentiated model of care: adults with rare and/or complex cancers are referred to reference centres (also called centres of excellence or centres of expertise).

Health care facilities are officially recognised when care is delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex and rare subtypes of cancer. The goals are to raise the quality of care and to help patients find specialty care at facilities proven to have delivered better outcomes.

The analysis of the dispersion of some complex procedures in Belgium was performed, based on national claims data collected in 2011 and on a review of previous KCE reports. The RARECARE typology was applied to data of the Belgian Cancer Registry to analyse incidence and 5-year relative survival of patients with rare/complex cancers in Belgium on a 7-year period (2004-2010).

This study reveals that it is no longer practicable, efficient or ethical that every hospital or every practitioner continues to offer care for every rare/complex cancer. Improving the quality of rare/complex cancer care requires concentrating expertise and sophisticated infrastructures in Reference Centres. Furthermore, the creation of networks between Reference Centres and peripheral centres will allow a delivery of care combining expertise and proximity. 14 multidisciplinary working groups developed a series of concrete proposals for an improved organisation of care for different rare or complex cancer types in Belgium. The next step is the translation of the recommendations into policy decisions.

More information:
https://kce.fgov.be/sites/default/files/page_documents/KCE_219_rare_cancers.pdf

IMPACT OF HOSPITAL MERGERS ON STAFF JOB SATISFACTION – STUDY

A study aiming at assessing the impact of NHS hospital mergers between financial years 2009/10 and 2011/12 on staff job satisfaction and to identify factors contributing to satisfaction has been published in January 2015.

Hospital mergers began in the UK in the late 1990s to deal with underperformance. Despite their prevalence, there is a lack of research on how such organisational changes affect the staff morale.

Data on staff job satisfaction were obtained from the annual NHS Staff Survey. A list of mergers was compiled using data provided by the Cooperation and Competition Panel and the Department of Health. Only full mergers of acute and mental health hospitals were analysed. There were nine mergers during the study period. Assuming other conditions were equal, an increase in autonomy, staff support, perceived quality and job clarity ratings would increase job satisfaction. Higher job satisfaction was also associated with being classified as medical, dental, management or administrative staff and working in a mental health trust.

So this research indicates that hospital mergers have a small, transient positive impact on staff job satisfaction in the year immediately before and after merger approval. Continuous staff support and management of staff expectations throughout a merger may help to increase staff job satisfaction during the challenging period of merger.

More information: ***http://www.human-resources-health.com/content/pdf/1478-4491-12-70.pdf***

THE CLINICAL AND COST EFFECTIVENESS OF A THEORY BASED APPROACH TO THE IMPLEMENTATION OF A NATIONAL GUIDELINE – RESEARCH ARTICLE

Much progress has been made in ensuring that clinical guidelines are well developed and disseminated as they are an integral part of healthcare. Despite it, the gap between routine clinical practice and current guidelines often remains wide. A key reason for this gap is that implementation of guidelines typically requires a change in the behaviour of healthcare professionals, but the behaviour change component is often overlooked.

To test it, the authors adopted the Theoretical Domains Framework Implementation (TDFI) approach for supporting behaviour change required for the uptake of a national patient safety guideline to reduce the risk of feeding through misplaced nasogastric tubes. The TDFI approach was used in a pre-post study in three NHS hospitals with a fourth acting as a control (with usual care and no TDFI). The target behaviour identified for change was to increase the use of pH testing as the first line method for checking the position of a nasogastric tube. Repeat audits were undertaken in each hospital following intervention implementation. The projected return on investment (ROI) was also calculated. In this way, following intervention implementation, the use of pH first line increased significantly across intervention hospitals compared to the control hospital, which remained unchanged.

The estimated savings and costs in the first year were 2.56 million and 1.41 respectively, giving a ROI of 82%, and this was projected to increase to 270% over five years. Therefore, the research found that TDFI approach improved the uptake of a patient safety guideline across three hospitals. The TDFI approach is clinically and cost effective in comparison to the usual practice.

More information: ***http://www.biomedcentral.com/content/pdf/s12913-014-0648-4.pdf***

ASSESSING PATIENT SAFETY COMPETENCIES USING OBJECTIVE STRUCTURED CLINICAL EXAMS – STUDY

Despite the widespread attention to patient safety over the past 15 years, the subject continues to receive relatively little attention in undergraduate training for health professionals (e.g., in medical and nursing schools). Recent advances, such as the WHO curriculum guide, help to guide health specialists' teaching and learning. Furthermore, some schools have implemented patient safety curricula.

In an effort to progress the field further, a pilot study used the Objective Structured Clinical Exam (OSCE) to assess patient safety competence. The OSCE provides a mechanism to move beyond assessing a learner's knowledge to its application, by allowing the learner to "show how" he/she approaches a scenario in a simulated setting. As such, OSCE has largely become the cornerstone for the assessment of skills such as history taking, physical examination and even hand hygiene. But the use of OSCE to assess sociocultural patient safety competencies is a novel application of this traditional tool.

This pilot study reports that a high stakes summative assessment in patient safety competencies may drive what is taught and learned; evidence suggests that students perceive summative OSCEs as ineffective for learning. They also do not successfully apply the feedback provided in these settings. With this knowledge, and leveraging the real-world aspect of the OSCE scenarios, the experience this study created is ripe for formative assessment and learning. By making OSCE a formative exercise, it opens the door to interactions between faculty and learner with immediate feedback. This feature not only facilitates development of the OSCE tool, but also makes possible real-time learning and may even contribute to behaviour change. Thus, in addition to providing summative feedback, the assessment may itself enhance patient safety education overall.

More information: ***http://qualitysafety.bmj.com/content/early/2015/01/19/bmjqs-2015-003928.full.pdf+html***

COMPUTERISED PHYSICIAN ORDER ENTRY-RELATED MEDICATION ERRORS – ANALYSIS OF REPORTED ERRORS AND VULNERABILITY TESTING OF CURRENT SYSTEMS

A study analysed medication error reports where computerised provider order entry (CPOE) was reported as a "contributing cause" and to develop "use cases" based on these reports to test vulnerability of current CPOE systems to these errors.

As it has been shown to decrease errors, medication CPOE is being widely adopted. However, it also has potential for introducing or contributing to errors.

With this aims, a review of medication errors was made and taxonomy was developed for CPOE-related errors. For each error, the authors evaluated "what" went wrong and "why" and identified potential prevention strategies and recurring error scenarios. These scenarios were then used to test vulnerability of leading CPOE systems, asking typical users to enter these erroneous orders to assess the degree to which these problematic orders could be entered. Between 2003 and 2010, ability to enter these erroneous order scenarios was tested on 13 CPOE systems at 16 sites. Overall, 298 (79.5%) of the erroneous orders were able to be entered including 100 (28.0%) being easily placed, another 101 (28.3%) with only minor workarounds and no warnings.

As a result, medication error reports provide valuable information for understanding CPOE-related errors. Reports were useful for developing taxonomy and identifying recurring errors to which current CPOE systems are vulnerable. Enhanced monitoring, reporting and testing of CPOE systems are important to improve CPOE safety.

More information:
http://qualitysafety.bmj.com/content/early/2015/01/16/bmjqs-2014-003555.full.pdf+html

QUANTIFYING THE DEMAND FOR HOSPITAL CARE SERVICES – STUDY

A research article tried to identify a model to quantify the demand for hospital care services among various clinical specialties.

This quantification would avail healthcare professionals and managers to anticipate the demand and costs for clinical care. Despite this, the actual amount of care hospitalised patients need is unclear.

Three medical specialties in a Dutch university hospital participated in a prospective time and motion study. To include a representative sample of patients admitted to clinical wards, the most common admission diagnoses were selected from the most recent update of the national medical registry (LMR) of ICD-10 admission diagnoses. The investigators recorded the time spent by physicians and nurses on patient care. Also the costs involved in medical and nursing care, (surgical) interventions, and diagnostic procedures as an estimate of the demand for hospital care services per hospitalised patient were calculated and cumulated. In this way, fifty patients on the Surgery (19), Pediatrics (17), and Obstetrics and Gynecology (14) wards were monitored during their hospitalisation. Characteristics significantly associated with the demand for healthcare were:

polypharmacy during hospitalisation, complication severity level and whether a surgical intervention was performed.

The article finds that a set of predictors of the demand for hospital care services is applicable to different clinical specialties. These factors can all be identified during hospitalisation and be used as a managerial tool to monitor the patients' demand for hospital care services and to detect trends in time.

More information: ***http://www.biomedcentral.com/content/pdf/s12913-014-0674-2.pdf***

DETERMINING THE PREDICTORS OF INNOVATION IMPLEMENTATION IN HEALTHCARE – RESEARCH ARTICLE

The failure rates for implementing complex innovations in healthcare organisations are high. Estimates range from 30% to 90% depending on the scope of the organisational change involved, the definition of failure, and the criteria to judge it. The innovation implementation framework offers a promising approach to examine the organisational factors that determine effective implementation. To date, the utility of this framework in a healthcare setting has been limited to qualitative studies and/or group level analyses. Therefore, the goal of this study was to quantitatively examine this framework among individual participants in the National Cancer Institute's Community Clinical Oncology Program using structural equation modeling.

The authors examined the innovation implementation framework using structural equation modelling (SEM) among 481 physician participants in the National Cancer Institute's Community Clinical Oncology Program (CCOP). The results demonstrate that not only did perceptions of implementation climate have a statistically significant direct effect on implementation effectiveness, but physicians' perceptions of implementation climate also mediated the relationship between organisational implementation policies and practices (IPP) and enrolment. In addition, physician factors such as CCOP status, age, radiological oncologists, and non-oncologist specialists significantly influenced enrolment as well as CCOP organisational size and structure, which had indirect effects on implementation effectiveness through IPP and implementation climate.

Thus, this study quantitatively confirms the main relationship postulated in the innovation implementation framework between IPP, implementation climate, and implementation effectiveness among individual physicians. In addition, these findings have practical applications. Managers looking to increase implementation effectiveness of an innovation should focus on creating an environment that physicians perceive as encouraging that implementation. In addition, managers should consider instituting specific organisational IPP aimed at increasing positive perceptions of implementation climate. For example, IPP should include specific expectations, support and rewards for innovation use.

More information:
http://www.biomedcentral.com/content/pdf/s12913-014-0657-3.pdf

EXPLORING THE SUCCESS OF AN INTEGRATED PRIMARY CARE PARTNERSHIP – STUDY

A recently published study explores the longitudinal relationship of the collaboration process and the influence on the final perceived success of a partnership intended as a prominent strategy used to promote integrated service delivery across health and social service systems.

Evidence about the collaboration process upon which partnerships evolve has rarely been addressed in an integrated-care setting. This collaboration process is based on a conceptual framework which identifies five themes: shared ambition, interests and mutual gains, relationship dynamics, organisational dynamics and process management.

This survey study includes fifty-nine out of sixty-nine partnerships from a national programme in the Netherlands. At baseline, 338 steering committee members responded, and they returned 320 questionnaires at follow-up. In this way the authors aimed at exploring the relationship between the baseline as well as the change in the collaboration process and the final success of the partnerships. They provide evidence that mutual gains and process management are the most significant baseline predictors for the final success of the partnership. In other words, a positive change in the relationship dynamics has a significant effect on the final success of a partnership.

These results mean that insight into the collaboration process of integrated primary care partnerships offers a potentially powerful way of predicting their success. The same findings underscore the importance of monitoring the collaboration process during the development of the partnerships in order to achieve their full collaborative advantage.

More information:
http://www.biomedcentral.com/content/pdf/s12913-014-0634-x.pdf

COMPARISON OF TWO METHODS TO REPORT POTENTIALLY AVOIDABLE HOSPITALISATIONS IN FRANCE IN 2012 – STUDY

A recently published study examined the agreement between the Weissman and Ansari approaches in order to measure potentially avoidable hospitalisations in France.

This concept represents an indirect measure of access to effective primary care. However, many approaches have been proposed to measure potentially avoidable hospitalisations and results may differ considerably.

Based on the 2012 French national hospital discharge database (Programme de Medicalisation des Systemes d'Information), this research measures potentially avoidable hospitalisations using two approaches proposed by Weissman and by Ansari. Age- and sex-standardised rates are calculated in each department. The two approaches are compared for diagnosis groups, type of stay, severity, age, sex, and length of stay.

The results show that the number and age-standardised rate of potentially avoidable hospitalisations estimated by the Weissman and Ansari approaches are 742,474 (13.3 cases per 1,000

inhabitants) and 510,206 (9.0 cases per 1,000 inhabitants), respectively. Moreover, there are significant differences by conditions groups, age, and length of stay, severity level, and proportion of medical stays between the Weissman and Ansari methods. Thus, this study concludes that, regarding potentially avoidable hospitalisations in France in 2012, the agreement between Weissman and Ansari approaches is poor. The method used to measure potentially avoidable hospitalisations is critical and it might influence the assessment of accessibility and performance of primary care.

More information:
http://www.biomedcentral.com/content/pdf/s12913-014-0661-7.pdf

POLICY TRENDS AND REFORMS IN THE GERMAN DRG-BASED HOSPITAL PAYMENT SYSTEM – ARTICLE

An article recently published analyse recent reforms and developments in the German DRG-based hospital payment system

The article illustrates that at least the German experience suggests that addressing the annual adjustment of the price ceiling in a DRG-based hospital payment algorithmically on the basis of empirical data, rather than through government planning or corporatist negotiations, can narrow the gap between cost and price development.

In Germany, empirical evidence is only used to determine the annual price-change ceiling, if it is favourable for hospitals. Provided that the empirically derived hospital inflation is not favourable for hospitals, a different indicator, i.e. the average annual change of social health insurance income is applied. This approach of preferential treatment maximisation is highly costly. Moreover in most DRG-based hospital payment systems an empirical approach (e.g. input price indices or similar) is used to scrutinise whether there are good reasons to differ DRG-based hospital payments or base-rates between hospitals.

In Germany, so far empirical evidence has not been used to motivate the differentiation of DRG-based hospital payment due to organisational, regional or state-level differences. In contrast, empirical analyses suggested and motivated the convergence from state-level prices towards a nationwide general price-level corridor. Though, the intention of this convergence was increasing the transparency and fairness of hospital payment. The rules and operationalisation of this convergence were highly problematic and undermined negotiation mechanisms on the state-level. As a result of this convergence process neither a functional quasi-market negotiation regime nor an empirically driven algorithmic solution are in place to differentiate DRG-based hospital payments.

More information:
http://ac.els-cdn.com/S0168851015000093/1-s2.0-S0168851015000093-main.pdf?_tid=a0d24eb2-9fc4-11e4-97f8-00000aacb35f&acdnat=1421662938_fa9a96d35bf021123fedf8b83bde8fe9

THE POSSIBILITIES OF DAY SURGERY SYSTEM DEVELOPMENT WITHIN THE HEALTH POLICY IN SLOVAKIA – RESEARCH

A recent article looked at the possibilities of day surgery development within the health policy in Slovakia.

Finding a way to regulate ambulatory and short-term surgical procedures, which are hardly distinguishable, and still fulfilling the requirements of transparent financing, quality and security represent a problem in the health policy. Indeed, in the day surgery system there are intertwined elements of state health policy, health care payers' interests, employers of health care system, as well as the interests and wishes of patients.

The objective of this paper is to highlight the reasons for the long-term stagnation in Slovakia day surgery and the possibilities of eliminating the structural drivers causing this negative phenomenon. Due to the nature of the analysed data and desired outcomes, the authors selected application of correspondence analysis. Results of this analysis provide significant information necessary for the projection of specialisation of one day surgery clinics for that type of procedure, as well as for the support of the new clinics creation (also with the potential state support), the pricing policy, systemic reduction of beds what is connected with reduction of underutilised departments in hospitals, in order to optimise management processes in the healthcare system.

Thus, this study reports negative aspects which cause a low level of day surgery in Slovakia. Moreover, it reveals the approaches of the different subjects of day surgery: by basing on the results of the analysis, the researchers present options for setting optimal strategy supporting day surgery development. The determined similarity of the regions and the association of specialised fields indicate specific settings of the day surgery system and its components that are inevitable to analyse in the subsequent analytical process. Therefore, findings of this study are very important in order to set up the system measures in the process of day surgery further development, which should be part of the strategic plan of each health system. International organisations such as OECD and WHO are highlighting on conceptual and methodological issues related with reporting of day surgery performances too.

More information:
http://www.healtheconomicsreview.com/content/pdf/s13561-014-0035-1.pdf

THE FIRST ATTEMPT TO CREATE A NATIONAL STRATEGY FOR REDUCING WAITING TIMES IN POLAND: WILL IT SUCCEED? – ARTICLE

A recent article looked at the first attempt to create a national strategy to reduce waiting times in Poland.

Proposed in March 2014, the waiting lists package is the first attempt to create a national strategy to reduce waiting times for specialist care in Poland. The policy proposes a number of measures directed at primary, specialist ambulatory and hospital care with the goal of improving the coordination of treatment and freeing some capacity of specialist care by shifting patients to the lowest possible level of care.

Initially, it has been welcomed by the patients and there has been, so far, no strong opposition against the reform from other stakeholders. The pressure stemming from the local elections (November 2014) seems to have increased the government's effort to implement the reform too. However, this may be because there is some disbelief that the policy would actually be implemented (due to limited funding available for its implementation) and because some of the proposed changes are vague and have yet to be clarified. One stakeholder group that may obstruct the implementation of the reform, if they are not satisfied with the final shape of the proposed measures, is the primary care doctors. With primary care doctors not prepared to take on patients with more complex health care needs, shifting more patients to primary care may unintentionally lead to an increased use of medical emergency departments.

Furthermore, according to the author additional systemic changes may be needed to reduce the inappropriate use of specialist care, beyond the measures proposed in the waiting lists package. Also, focus on one area of care may have a negative effect on waiting times in other areas of care. The success of the enacted reform is therefore largely uncertain.

More information:
http://ac.els-cdn.com/S0168851014003443/1-s2.0-S0168851014003443-main.pdf?_tid=ce92e05a-9fbf-11e4-a1c5-00000aacb35f&acdnat=1421660868_e27c372299b8ad789bcf091da8dodf65

ONLINE PLATFORM FOR PATIENT SAFETY IN DUTCH HOSPITALS

Patient safety is a key topic for Dutch hospitals. An online platform (www.vmszorg.nl) for patient safety in Dutch hospitals has recently been created. Through the platform, the hospitals participating in the Dutch patient safety program can share knowledge and information on the safety management system (SMS) of the hospital and eleven healthcare-related themes.

SMS embeds patient safety in the healthcare practice. It is the system through which hospitals continuously identify risks, implement improvements, and establish, evaluate and modify policy. The Netherlands Technical Agreement 8009 (NTA 8009) provides hospitals with an overview of the matters which must be addressed and it is the steppingstone towards establishing a SMS.

The eleven healthcare-related themes can support the reduction of unintended, preventable harm in hospitals. These healthcare themes are translated into targets objectives and practical guides. More in specific, the themes are:

- prevention of wound infection after surgery;
- optimal care for Acute Coronary Syndromes;
- early recognition and treatment of the critically ill patient;
- prevention of sepsis and treatment of severe sepsis;
- early recognition and treatment of pain;
- vulnerable elderly patients;
- medication verification at admission and discharge;
- safe care for sick children;
- prevention of renal failure in intravascular use of iodinated contrast;
- identification of patients;
- high risk medication: preparation and administration of parenteral drugs.

The online platform takes a practical approach: visitors can access information, tools, real-world examples and visual aids for use at the organisations in which they work. The platform also contains information about hospitals which have acquired accreditation and certification.

Finally, the topics of patient participation and education and training in patient safety are also addressed. Six main patient safety competences for healthcare students and professionals have been developed and practical examples have been gathered from curricula in various institutions. It is also present a patient participation section, where patients are informed about what they can do to receive safe and quality care.

The online platform is available at:
http://www.vmszorg.nl/

The Netherlands Technical Agreement 8009 is available at:
http://www.vmszorg.nl/_library/15820/NTA-8009-Engelstalig.pdf

The report "Embedding patient safety in education & training" is available at:
http://www.vmszorg.nl/_library/15821/Final-report-embedding-patientsafety-training.pdf

CHRONIC DISEASES AND HEALTHY AGEING WORKSHOP – 12-13 FEBRUARY 2015, THE HAGUE

CHAFEA (Consumer, Health, Agriculture and Food Executive Agency) and the European Commission's Directorate General for Health and Food Safety (DG SANTE) collaborated together to organise a workshop on Chronic Diseases and Healthy Ageing (CD-HA), which will be hosted by the Ministry of Health, Welfare and Sport of The Netherlands the 12th and 13th of February 2015 in The Hague.

The event aims to share the knowledge acquired through the Chronic Diseases and Healthy Ageing actions funded under the second Health Programme 2008-2013, and at same time to demonstrate how their results can be used to improve EU countries capacities to respond to the challenges of chronic diseases and healthy ageing. The participation of policy makers active at EU, national and regional level and their interactions with authorities, patient organisations and representatives of industries and international organisations will facilitate the discussion on how to address specific major chronic diseases and healthy ageing across the lifecycle.

The event is focused on disseminating results on actions on the topic at EU, national and regional, as well as local levels and it will involve speakers and experts from Belgium, France, Germany, Ireland, Luxembourg, Spain, The Netherlands, United Kingdom and other EU countries. The target audience is composed by experts on chronic diseases and healthy ageing, policy makers, and health professionals.

One of the ten actions involved to present its preliminary results is the EUROTRACS project, in which HOPE is involved as partner. The intervention of the speaker will be focused on the concept of cost-effectiveness of health intervention and in particular on the connection between efficient healthcare and better quality of care. Moreover, the speaker, Dr. Jaume Marrugat from IMIM, Barcelona, will explain how the preliminary results of EUROTRACS project could contribute at the EU level.

In general, the workshop will seek to show how the outcomes of the projects can be used to build the evidence base on improving quality of life, efficiencies and resources management in European health systems. Furthermore, it will explore where specific actions in relevant areas helped to respond to the burden of chronic diseases and healthy ageing. Finally, it will show how the EU Health Programme tackled chronic diseases and health ageing and it will develop future recommendations within the following issues:

- How did the projects of the second Health Programme provide added value – in economic, social and political terms in the field of chronic diseases and healthy ageing?
- How can the results and outcomes of the projects be used and re-invested in the most efficient way on the national and regional levels?

- On the basis of the projects which prevention measures are the most cost-effective in the short and in the long term, and how could they be implemented EU-wide?
- How could the EU and its Member States promote their implementation? Which risk factors need to be addresses more efficiently?
- How do the public health projects funded by the EU help tackle the burden of chronic diseases?
- How can health and care systems take up the results of the public health projects to the ageing challenge and growing phenomena of frailty and multi-morbidity and chronic diseases in general?
- How could the European Union support Member States' attempts towards ensuring the sustainability of achievements and implementation of good practice in the management of chronic diseases, prevention and healthy ageing?
- How the actions knowledge, deliverables (tools, training programmes) can become permanent, available to support the Member States policies and improve their capacities on chronic diseases and healthy ageing?
- What are the main messages of public health projects that can be taken further up onto health policy levels?

Within the individual sessions and panels, the objectives are to extract key points in terms of future challenges and recommendations for EU-wide debate and policy development and suggest a set of key conclusions on whether and how the EU could further bring added value towards a more effective response to the chronic disease burden and improved healthy ageing.

More information: ***http://ec.europa.eu/chafea/news/news368.html***

GLOBAL HEALTH POLICY FORUM

The EU is a committed supporter of global health governance and multilateralism and it looks to the WHO for global health leadership. The EU also contributes to global governance for health through other international policies having effects on health, for example, those concerning trade. Indeed, negotiations of international trade agreements are followed closely by the global health community, which is concerned about the possible negative impact of converging standards and the ability of governments to regulate markets for the benefit of public health.

The EU also works towards governance for global health through the global health strategies developed by the Commission and many EU Member States to achieve coherence between internal and external policies.

Five meetings of the Global Health Policy Forum took place in 2014. At the request of participants, the Commission organised a meeting of the Global Health Policy Forum on 13 January 2015 to discuss the future structure and functioning of the meetings of this Forum. This meeting gave the opportunity to participants to express their views and provide the Commission services with concrete suggestions to facilitate future meetings. These suggestions provided the basis for a very positive exchange of ideas. The idea of the future co-chairing of the future meetings of the Forum (Commission + Civil Society Organisations) was welcomed by the Commission. This should enhance the exchange between the Commission and the stakeholders and help stimulate discussion.

The Commission foresees organising 6 meetings in 2015 with the next one taking place on 12th February. Several NGOs also presented a list of topics to be dealt with in future meetings. This list will also be discussed internally before any decision on individual is taken.

More information:
http://ec.europa.eu/health/eu_world/policy/index_en.htm

TRANSLATING SCIENCE INTO POLICY TO IMPROVE ADPKD CARE – LAUNCH OF THE EAF REPORT

On 29 January 2015, HOPE participated to an event organised by European ADPKD Forum (EAF) on the occasion of the launch of its report, "Translating Science into Policy to Improve ADPKD Care".

EAF is a multidisciplinary group of leading medical experts dedicated to improving health and quality of life of people with Autosomal Dominant Polycystic Kidney Disease (ADPKD), a progressive and chronic genetic kidney disease whose treatment implies a cost of €1.5 billion/year across Europe. In this occasion, representatives of the host organisation provided an overview of the broad repercussions of ADPKD; of the current organisation of services provided by health care systems to face this challenge; and of necessary improvements into care development and delivery.

The first part of the conference dealt with an up-to-date summary of the most important scientific issues on ADPKD. Despite extensive on-going research, many scientific and medical aspects associated with the disease remains not understood. Besides them, the speakers addressed a number of physical and psychological effects that can negatively impact quality of life of patients and their family. EAF considers that this is often underestimated by healthcare professionals.

Then, a so called "Brussels Declaration" on ADPKD was presented. Summary of the report it consists in a series of policy recommendations devoted to the setting of high-quality care for patients with ADPKD in Europe.

The intervention of Dr. Jaroslaw Waligora, a representative from the European Commission (DG SANTE) paved the way for a debate about possible measures to be taken to translate the cited scientific evidences into policy to manage ADPKD treatment in Europe.

Finally, concluding remarks outlined that promoting a standardised and innovative care for ADPKD requires the involvement of both national and European policy makers. According to EAF, governments and European institutions have to adopt a coordinated approach to ADPKD for creating a European network of reference centres. The engagement of patient organisations in policy making regarding healthcare planning for these diseases is a further issue to consider.

The report "Translating Science into Policy to Improve ADPKD Care" is available at:
http://www.pkdinternational.org/wp-content/uploads/EAF-Report-29Jan2015FINAL.pdf

The "The Brussels Declaration on ADPKD" is available at:
http://www.pkdinternational.org/wp-content/uploads/EAF-Brussels-Declaration_Jan2015Final_English.pdf

A EUROPE OF DISPARITIES – ECPC EVENT AT THE EUROPEAN PARLIAMENT

On 27 January 2015, HOPE attended in Brussels an event organised by the European Cancer Patient Coalition (ECPC). The event entitled "A Europe of disparities" was hosted by MEP Elisabetta Gardini, leader of the Italian EPP delegation and Giovanni La Via (EPP, Italy), chair of the Environment, Food Safety and Public Health (ENVI) Committee and took place at the European Parliament.

The event was attended by healthcare professionals, policy makers, patients' representatives, stakeholders, and the European Commission Directorate General for Health and Food Safety and Directorate General for Regional policy. It aimed to raise awareness about the inequalities in cancer care existing in Europe.

European cancer patients face huge disparities in the way their disease is treated among different Member States. Inequalities in cancer care have a dramatic effect on healthcare systems and European citizens. ECPC's mission is to reduce these inequalities and improve the quality of cancer care in Europe. The activities of the organisation are about advocacy, capacity building, research and partnership.

Data presented during the session show that cancer survival rate in Western Europe is up to 40% higher than in Eastern Europe (depending on the type of cancer). Cancer is the second cause of death in Europe (1,3 million death/year) and costs Europe 128 billion EUR/year. Direct healthcare costs amount for only 39% (52 billion). The rest of the burden falls on patients and their families. Cost of innovative healthcare delivery is one of the heaviest burdens for cancer patients and the healthcare system.

One topic discussed during the conference was patients' access to medicines and the need to bring more transparency into the way prices of new drugs are determined. Some possible solutions such as a single European price for innovative drugs were debated by the speakers and the audience. Although this solution can represent a possible way forward, its feasibility was questioned, given the differences in the healthcare priorities and in the reimbursement systems of Member States.

The conference was concluded by two interventions from the European Commission. Maria Iglesias-Gomez, Head of Unit of the Healthcare Systems Unit in DG SANTE presented the importance of the European Semester as an instrument to fight inequalities in cancer care. She reported that through the development of the Annual Growth Survey (AGS), the European Commission is able to provide country specific recommendations also in the field of healthcare, which do take into consideration health inequalities. Apart from advice on the status of healthcare systems, the Commission provides also means to put in place the structural reforms needed in the field of health. Andor Urmos, Policy Analyst at DG REGIO presented the role of Structural Funds in modernising healthcare systems. He reported that in the period 2007 – 2013 the Commission provided more than 26 billion euro in funds dedicated to social and education infrastructures, which cover healthcare-related projects.

Subsequent to this conference, ECPC will identify partners willing to collaborate for the creation of a policy document analysing the nature, causes and possible solutions to cancer care inequalities.

HEALTHY LUNGS FOR LIFE – ROUNDTABLE AT THE EUROPEAN PARLIAMENT

On 21 January 2015, HOPE attended in Brussels a roundtable organised by Healthy Lungs for Life, a campaign to raise awareness on the importance of healthy lungs, in collaboration with the European Respiratory Society (ERS) and the European Lung Foundation (ELF). The event was hosted by MEP Claudiu Ciprian Tânâsescu (S&D, Romania).

The event was attended by scientists, healthcare professionals, policy makers, patients' representatives and representatives from WHO and the European Commission Directorate General for Health and Food Safety and Directorate General for the Environment.

The burden of respiratory diseases is very high. It is estimated that 7% of all hospital admissions are due to respiratory constraints. Respiratory diseases lead to increased emergency admissions, hospitalisation (including in intensive care units) and increased disability.

During the session, experts from the health and lung sector presented their work, the goals to be achieved in the future as well as actions that can be taken at EU level to overcome gaps. Speakers focused on different diseases that compromise lungs such as chronic obstructive pulmonary disease (COPD) and Tuberculosis (TB) and the impact of environmental factors such as air pollution and smoke. In terms on impact on the hospital sector, it was highlighted how COPD is the commonest single disease causing hospitalisation in the United Kingdom.

In the fight against lungs diseases, prevention is key. According to the speakers, the European Union needs to focus more on prevention and support research into the development of new drugs and on the impact of risk factors. More attention needs also to be paid on the education of medical professionals in order to reduce misdiagnosis.

More information on the healthy lungs for life campaign:
http://www.europeanlung.org/en/projects-and-research/projects/healthy-lungs-for-life/home/

AGENDA

UPCOMING CONFERENCES

PASQ JOINT ACTION 5TH COORDINATION MEETING

12-13 March 2015 – Brussels (Belgium)

The 5th Coordination meeting of the European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action) will take place in Brussels on 12-13 March 2015 at the Thon Hotel EU.

The Joint Action, which started in April 2012, aimed to improve Patient Safety and Quality of Care through sharing of information, experience, and the implementation of good practices.

During the meeting, the results of the Joint Action will be showcased and there will an opportunity for participants coming from all over Europe to share experiences and good practices on patient safety. The conference will also represent an opportunity to discuss about future work on patient safety at EU level.

More information and agenda are available at:
http://www.pasq.eu/Events/EventsChronologically/Events2015.aspx

REGISTRATION OPEN

DEADLINE FOR REGISTRATION IS 25 FEBRUARY 2015

http://www.pasq.eu/Events/EventsChronologically/Events2015/PaSQ5thCoordinationMeetingRegistration.aspx

HOPE AGORA 2015

HOSPITALS 2020:

HOSPITALS OF THE FUTURE,
HEALTHCARE OF THE FUTURE

1-2 June 2015 – Warsaw (Poland)

In 2015, HOPE organises its exchange programme for the 34th 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.

The HOPE Exchange Programme 2015 starts on 4 May and ends on 31 May, followed by the closing conference "HOPE Agora" in Warsaw (Poland) on 1 and 2 June 2015. The closing conference is considered as part of the training and all professionals should attend it.

Each year a different topic is associated to the programme. "**Hospitals 2020: hospitals of the future, healthcare of the future**" will be the topic for 2015.

More information on the HOPE Exchange Programme:
http://www.hope.be/04exchange/exchangefirstpage.html

www.hope-agora.eu

HPH CONFERENCE 2015

PERSON-ORIENTED HEALTH PROMOTION IN A RAPIDLY CHANGING WORLD: CO-PRODUCTION – CONTINUITY – NEW MEDIA & TECHNOLOGIES

10-12 June 2015 – Oslo (Norway)

The Health Promoting Hospitals (HPH) conference of 2015 will be held in Oslo, Norway, on 10-12 June 2015, with the title "**Person-oriented health promotion in a rapidly changing world: Co-production – continuity – new media & technologies**". With this general theme, the conference will pay special attention to the comprehensive somato-psycho-social health needs of patients and their families, but also those of healthcare staff and community members.

There will be four sub-themes:

- addressing people's comprehensive health needs;
- co-producing health – healthcare for people by people;
- continuity of care for people by strengthening individuals and improving cooperation between healthcare services and other institutions;
- using new media & technologies to address people's health needs.

More information: ***http://www.hphconferences.org/oslo2015.html***