

Joint Action for Patient Safety

PaSQ - European Union Network for
Patient Safety and Quality of Care



The main objective of the PaSQ Joint Action (JA) is to support the implementation of the Council Recommendation on Patient Safety

To achieve this, PaSQ will strengthen cooperation between EU Member States (MS), international organisations and EU stakeholders on issues related to quality of health care, including Patient Safety and patient involvement.

PaSQ will facilitate the exchange of information and establish common principles at the EU level through the integration of knowledge, experiences and expertise gathered from MS and EU stakeholders. It will facilitate the development of Patient Safety programmes in MS and provide support to those countries less advanced in the field. PaSQ unites representatives of the European medical community (doctors, nurses, pharmacists, managers of healthcare organisations, patients' associations, etc.), and the institutional partners involved in Patient Safety and Quality of Care in the Member States of the European Union.

It will also promote the involvement of stakeholders through national platforms organised around one PaSQ National Contact Point (NCP) in every participating EU MS. More specifically PaSQ will facilitate exchanges of MS experiences to improve Patient Safety and Quality of

Care at national or regional levels, but also within health care organisations (HCOs).

To that end, PaSQ will promote the implementation of selected Safe Clinical Practices in HCOs of participating MS. These good practices will be selected with a preference for those that are validated and transferable. PaSQ will thereby contribute to the establishment of a European community of HCOs involved in Patient Safety.

4 phases of PaSQ work

1. Review/data collection:
Review of existing data: previous mapping exercises (national and international experiences), literature review
Needs assessment: collection of the expectations of MS, from the proposed collaboration and networking through the JA
2. Action plan development based on the review and on a feasibility analysis, in the framework of the available resources
3. Implementing tools development
4. Implementation

WP1: Coordination of the JA

Lead Partner (Main Partner of the JA): Haute Autorité de Santé (HAS), France

The purpose of WP1 is to coordinate:

- the work of all WPs (content, administrative aspects)
- internal and external communication
- the development of European and national networks on Patient Safety (e.g. as established in EUNetPaS) and related aspects of quality of care.

The Coordinator will answer to the Steering Committee (SC) and to the Executive Board (EB). It will act as the contact for the Commission and for APs in procedural, administrative, and financial matters.

The Coordinator will report progress of the project to the Patient Safety and Quality of Care Working Group (PSQCWG) meetings, and will ensure a secretariat for a sustainable network of NCPs and EU stakeholders. WP1 will organise country visits in coordination with NCPs.

WP2: Dissemination of the JA

Lead Partner: Agency for Quality and Accreditation in Health Care and Social Welfare (AQAH), Croatia

WP2 is responsible for the external and internal communication during the PaSQ JA as well as dissemination of the results which will be facilitated by the web-based information platform (web site, wiki, forum). The target audience in each individual case will dictate the choice of specific communication channels.

Objectives:

- To make the project known to relevant target groups and stakeholders through the web site,
- To ensure that the results and deliverables of PaSQ are known to all partners, and available to all key audiences and target groups in accordance with the communication and visibility manual,
- To bring together the knowledge, experience and best practices about PS and QC,
- To raise and maintain awareness about PS and QC.

WP3: Evaluation of the JA

Lead Partner: National and Kapodistrian University of Athens (NKUA), Greece

The WP3 work is focused on:

- Process: whether tasks are implemented according to the work plan, if obstacles are identified and dealt with in a timely manner, and how quality management actions are taken
- Effect: whether tasks are linked to the specific project's objectives and whether their implementation is efficient

The initial part of the evaluation process will be to capture the conceptual model and identify the key evaluation points.

Based on that, indicators and their metrics will be developed. Analysis of the results will be undertaken having first checked the raw data, for relevance, accuracy and reliability. The final objective of the analysis will be to synthesize and integrate results into conclusive remarks that will be communicated and discussed in PaSQ meetings and open fora.

WP4: Patient Safety Good Clinical Practices

Lead Partner: Danish Society for Patient Safety (DSPS), Denmark

The WP4 work is based on the assumption that continuous safety improvement could be effectively pursued by promoting actions aimed at identifying innovative safe practices, and enabling/accelerating their diffusion to the community of healthcare professionals. Thus this WP is concerned with identifying, assessing, and making visible good clinical practices in Patient Safety (Safe Clinical Practices (SCPs)), and setting up exchange mechanisms around SCPs. The exchange mechanisms will provide health care professionals the opportunity to increase their knowledge and develop their skills in SCPs to enhance Patient Safety.

The focus of WP4 is on the local clinical level, where patients and health professionals interact. The work package is concerned with SCPs within the health care institution (e.g. within the hospital, general or dental practice).

Objectives:

- To establish transferable SCPs in Patient Safety,
- To share SCPs through an interactive web tool,
- To build a mechanism to share these SCPs involving MS and relevant stakeholders.

WP5: Patient Safety Initiatives Implementation

Lead Partner: German Agency for Quality in Medicine (AQuMed), Germany

WP5 aims to select, implement and monitor SCPs in Health Care Organisations of the participating Member States.

Selection criteria will include demonstrated effectiveness, transferability, feasibility, existing implementation tools and patient involvement. HCOs will be selected in each participating MS considering their motivation and experience in the field.

Objectives and deliverables:

- Implementation of selected SCPs in HCOs of the participating MS
- Monitoring, supporting and assessment of implementation process
- Tested implementation tool box for WP5-selected SCPs
- Report describing the WP5-selected SCPs' implementation

WP6: EU Collaboration for Healthcare Quality Management Systems

Lead Partner: Spanish Ministry of Health, Social Services and Equality (MSSSI), Spain

WP6 is oriented to strengthen cooperation between EU Member States and EU stakeholders on issues related to quality management systems in healthcare, including patient safety and patient involvement by: obtaining insight and mapping of QMS in MS; sharing good organisational practices in QMS; reflecting on principles of good quality management in health care; and building and/or consolidating a network of organisations for sustained collaboration in the field of QMS. Through the work of this WP, health authorities, stakeholders and HCOs at the national and regional level will experience increased awareness, exchange experiences and gain knowledge on Good Organisational Practices (GOPs) including Patient Safety and patient involvement. It will also facilitate strategies for GOPs implementation at the national or regional level.

Objectives:

- To build a system (exchange mechanism) to share GOPs between EU Member States and stakeholders,
- To provide a detailed analysis of the QMS in MS,
- To identify strategies and GOPs, focusing on quality improvement including Patient Safety and patient involvement.

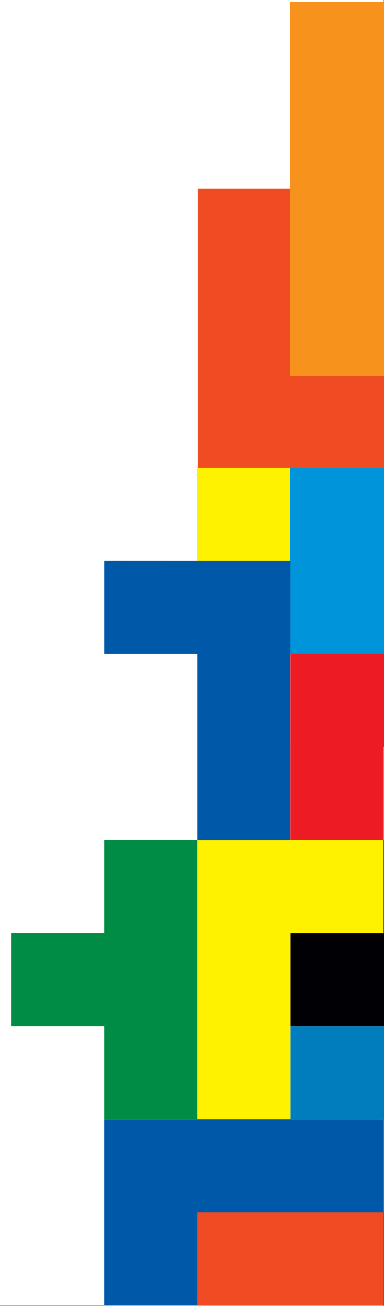
WP7: Network Sustainability

Lead Partner: Ministry of Health (SKMoH), Slovakia

The WP7 will propose midterm objectives & means to develop/support a sustainable EU network of relevant MS institutions for voluntary collaboration on PS&QC involving relevant EU stakeholders. The first aim of this network will be to contribute to MS implementation of the Council's Patient Safety Recommendation.

Objectives:

- Development of a sustainable EU network of relevant MS institutions for voluntary collaboration on PS and QC involving key EU stakeholders and patient organisations.
- Based on the achievements of PaSQ, WP7 will propose methods to exchange information, develop synergies, coordinate activities in sustainable manner to improve PS and QC; it will also estimate the resources necessary for implementation.
- Cooperation in the following segment of PS and QC could be considered:
 - use of PS and QC indicators
 - learning mechanisms
 - rapid alert mechanisms
 - peer review of PS and QC improvement systems.



Outcomes expected

The main outcome of the JA will be the consolidation of the permanent network for PS established under EUNetPaS.

The commitment expressed by the 27 MS to build a permanent collaborative network on PS will be enlarged to address quality issues and reinforced by assuring long-term MS engagement in the PaSQ network together with the Commission. This work should also contribute to the establishment of national PS and quality networks or platforms involving all relevant national stakeholders.

By sharing experiences and solutions in PS and related aspects of quality of care, MS, regions and health care facilities will benefit from the knowledge and experience of others. Sharing solutions to ensure patient involvement will be specifically addressed. PaSQ aims to implement and monitor good practices in accordance with the Council Recommendation on PS.



Partners

Member States

AUSTRIA

BIQG, Austrian Institute for Quality in Healthcare [AP](#)

Austrian Patient Safety Platform [CP](#)

GESPAG [CP](#)

Ministry of Health [CP, NCP](#)

BELGIUM

Federal Public Service Health, Food Chain Safety, and Environment [CP, NCP](#)

BULGARIA

NCPHA, National Center of Public Health and Analyses [AP, NCP](#)

CROATIA

AQAH, Agency for Quality and Accreditation in Health Care and Social Welfare [AP, NCP](#)

CYPRUS

Ministry of Health [CP, NCP](#)

CZECH REPUBLIC

Ministry of Health [CP, NCP](#)

DENMARK

DSPS, Danish Society for Patient Safety [AP, NCP](#)

ESTONIA

Health Board [CP, NCP](#)

FINLAND

THL, National Institute for Health and Welfare [AP, NCP](#)

FRANCE

HAS, Haute Autorité de Santé - Coordinator [AP, NCP](#)

GERMANY

AQuMed, German Agency for Quality in Medicine [AP, NCP](#)

IfPS, University of Bonn, Institute for Patient Safety [AP](#)

GREECE

NKUA, National and Kapodistrian University of Athens [AP, NCP](#)

HUNGARY

GYEMSZI, National Institute for Quality and Organisational Development in Healthcare and Medicines [AP, NCP](#)

IRELAND

HIQA, Health Information and Quality Authority [AP, NCP](#)

ITALY

AGENAS, National Agency for Regional Healthcare Services [AP, NCP](#)

ITMoH, Ministry of Health [AP](#)

ULSS10, Azienda Unita Locale Socio Sanitaria n°10 Veneto Orientale [AP](#)

LATVIA

REUH, Riga East University Hospital [AP, NCP](#)

LITHUANIA

VASPVT, State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania [AP, NCP](#)

Institute of Hygiene [CP](#)

LUXEMBOURG

Ministry of Health [CP, NCP](#)

Member States



MALTA

MHEC, Ministry of Health, the Elderly and Community Care [AP](#), [NCP](#)



NETHERLANDS

RUNMC, Stichting Katholieke Universiteit, Department of IQ Healthcare [AP](#), [NCP](#)
NIVEL, Netherlands Institute for Health Services Research [AP](#)



NORWAY

NOKC, Norwegian Knowledge Center for the Health Services [AP](#), [NCP](#)
Det Norske Veritas [CP](#)



POLAND

NCQA, National Center for Quality Assessment in Healthcare [AP](#), [NCP](#)



PORTUGAL

Directorate General for Health [CP](#), [NCP](#)



ROMANIA

NSPHM, National School of Public Health, Management, and Professional Development [AP](#), [NCP](#)



SLOVAKIA

SKMoH, Ministry of Health of the Slovak Republic [AP](#), [NCP](#)
HCSA, Health Care Surveillance Authority [AP](#)



SLOVENIA

Ministry of Health [CP](#), [NCP](#)



SPAIN

MSSSI, Spanish Ministry of Health, Social Services and Equality [AP](#), [NCP](#)
FAD, Avedis Donabedian Foundation [AP](#)
UMH, Miguel Hernández University of Elche [AP](#)
Instituto de Salud Carlos III [CP](#)
Sociedad Española de Calidad Asistencial [CP](#)



SWEDEN

NBHW, National Board of Health and Welfare [AP](#), [NCP](#)



UNITED KINGDOM

DH, Department of Health [AP](#), [NCP](#)
NHSIII, NHS Institute for Innovation and Improvement [AP](#)
Care Quality Commission [CP](#)
Health Foundation [CP](#)
NHS Commissioning Board [CP](#)



EU Stakeholders



CED, Council of European Dentists **AP**



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

AP



EFN, European Federation of Nurses Associations **AP**



EPF, European Patients' Forum **AP**



HOPE, European Hospital and Healthcare Federation **AP**



PGEU, Pharmaceutical Group of the European Union **AP**



UEHP, European Union of Private Hospitals **AP**



EHMA, European Health Management Association **AP**



Health First Europe **CP**



European Platform for Supervisory Organisations (EPSO) **CP**



ENRICH Network of European Regions **CP**

International Organisations



Organisation for Economic Cooperation and Development (OECD) **CP**



World Health Organisation (WHO) **CP**
WHO Regional Office for Europe **CP**



International Society for Quality in Health Care (ISQua) **CP**

AP: Associated Partner
CP: Collaborating Partner
NCP: PaSQ National Contact Point



HAUTE AUTORITÉ DE SANTÉ

HAS (the French National Authority for Health) is coordinating the PaSQ JA which received funding from the European Union, in the framework of the Public Health Programme – Agreement Number 20112101. The project will run for 36 months, April 1st 2012 – March 31st 2015.

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Funded by
the Health Programme
of the European Union