



Project no. 513712

Project acronym: MARQuIS

Project full name: Methods for Assessing Response to Quality Improvement Strategies



POLICY BRIEFING

Quality in healthcare in Europe: policy issues and challenges

Project coordinator name: Prof. Rosa Suñol, MD, PhD

Project coordinator organization: Fundación Avedis Donabedian

Authors

Eileen Spencer

Eileen.Spencer@mbs.ac.uk

Kieran Walshe

Kieran.Walshe@mbs.ac.uk

Centre for Public Policy and Management,

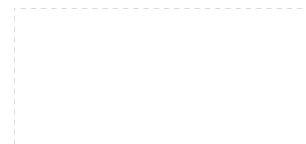
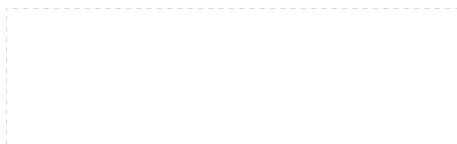
Manchester Business School

Manchester

www.manchester.ac.uk

© Fundación Avedis Donabedian, 2006.

All rights reserved. This report is confidential. No part of this report may be reproduced, used, cited, stored in a retrieval system or transmitted in any form or by any means, electronic or mechanical, by photocopying, recording and/or otherwise, without the prior permission of the authors. This report may not be lent, resold, hired out or otherwise disposed of by way of trade in any form, binding or cover than that in which it is published, without the consent of the authors.





Quality in healthcare in Europe: policy issues and challenges

Eileen Spencer and Kieran Walshe

Introduction

The quality of healthcare is a common issue of concern and policy attention for governments and other stakeholders across the member states of the European Union, and in many states has been the focus of legislative attention and health system reform. As the flow of patients, health professionals and health services across borders increases, there is a growing need to compare and contrast the systems for assuring quality in healthcare between member states, and to understand the extent of commonality in design, standards and assurance that these systems provide for patients.

This briefing is based on research undertaken by the MARQUIS project (within the 6th Framework Programme's Scientific Support to Policies). It draws mainly on a survey of experts in all 25 countries of the European Union, examining their reports on the development, progress and impact of quality improvement in healthcare. A more detailed research report is available from the MARQUIS website at www.marquis.be. The briefing covers five main areas:

- How and why member states have developed quality improvement policies and strategies in their healthcare systems, and the nature and content of those policies and strategies
- The uptake of quality improvement processes and systems in healthcare organisations, including what systems exist, and how their implementation and progress are monitored and evaluated.
- Early lessons about the progress of quality improvement in healthcare organisations, the achievements to date, and the important facilitators of or barriers to progress which have been identified.
- The impact of quality improvement policies and strategies on health services and the quality of healthcare, and emerging evidence of the value of these systems and processes.
- What measures could be taken which would accelerate the progress of quality improvement in healthcare, across all member states, while recognising that the current position of member states varies considerably.

Over the last decade, the WHO Regional Office for Europe, the Council of Europe and the European Commission have all established groups, gathered information, published reports and made some recommendations relating to quality improvement in healthcare and this briefing has drawn on this existing body of work wherever possible. However, this is the first study of quality policies and strategies in healthcare to be undertaken since the





expansion of the European Union to 25 member states in 2005.

How and why quality policies and strategies are developed

In most member states, the last decade has seen the development of a range of initiatives concerned with assuring and improving quality in healthcare. The main drivers for these developments have been national in nature – pressure from government, the healthcare professions, the media, and the public for example. International drivers (such as comparisons with other countries, or the activities of international organisations and agencies) have been less important. In some countries, these initiatives have taken place at a national level, but where the health system is organised at a subnational or regional level, quality improvement and assurance has been led regionally, and we found there was often some regional variation in those countries in the way quality was measured or evaluated, and in quality improvement priorities and resourcing.

Governments – directly or indirectly – have played a central role in the development of healthcare quality improvement. Most countries have some official government policy documents which set out the government’s approach to healthcare quality issues, including:

- **Legal requirement.** In most countries there is some formal, legislative requirement for healthcare organisations to have systems for quality improvement in place. Generally, these legal requirements were introduced in the last 5 to 10 years, and they often apply to some healthcare providers but not others (for example, to hospital services, and public service providers in particular). We found that these legal requirements had been important incentives to support progress in developing quality improvement.
- **Policy content.** Again, most member states have produced national government policy documents on this subject which often establish a framework for developing quality improvement policies, set some quality standards or targets, and provide guidance and some support to healthcare organisations on implementation.
- **Policy priorities.** Common government priorities for quality improvement set out in those policy documents include improving patient safety, securing greater patient involvement or engagement, developing quality systems and structures, and putting in place arrangements for evaluating and assessing quality systems in healthcare organisations.

There were a number of areas where respondents suggested governments could do more to support and drive healthcare quality improvement, such as attaching stronger political leadership and strategic importance to the issue, putting incentives in place for organisations to engage in quality improvement, providing resources/funding for quality improvement systems and providing or supporting training for health professionals and others in quality improvement.

The uptake of quality improvement in healthcare organisations

--	--	--



It has already been noted that in some countries, some quality improvement systems or processes are now mandated (required by laws or regulations), though in large measure the implementation of healthcare quality improvement remains a voluntary undertaking for most healthcare organisations. We found that although there is a clear commitment to quality improvement at policy level in most member states, there is considerable scope for greater progress in turning policies into action at the level of healthcare organisations.

The quality improvement systems most commonly found to be in place in healthcare organisations are those which are longest established as a part of the organisational infrastructure, such as infection control committees, laboratory quality improvement programmes, and clinical equipment maintenance programmes. In contrast, organisations were less likely to have in place organised programmes of quality improvement projects, systems for auditing and following up such projects, and dedicated resources (finance and staffing) to support quality improvement in the organisation. Even in member states where policies for quality improvement are well established, many healthcare organisations lack the fundamental components of an effective quality improvement function such as a quality improvement plan, an organised programme of quality improvement projects, dedicated resources for quality improvement, and systems for the audit and follow-up of quality improvement projects across departments and services.

There are some systems in place to monitor or evaluate the progress of quality improvement in healthcare organisations, internally and externally. Systems for organisational accreditation, licensing and certification, and cross-organisational audits or quality improvement projects at a regional or national level provide some information on the progress of quality improvement. But shared access to such information is far from easy or straightforward for stakeholders such as provider associations, healthcare funders, or patient groups. Information about the quality of healthcare is not routinely collected or provided across national boundaries, by member states for their citizens who access services provided by another member state.

The progress of quality improvement to date: early lessons

The early achievements of quality improvement policies and strategies were often described by respondents mainly at a structural and systems level, with efforts having been concentrated on developing nationally co-ordinated arrangements for meeting quality standards and for improving patient safety. Establishing national policies, legislative requirements, national quality improvement associations, accreditation programmes and other quality improvement infrastructure were all seen as important achievements. Further research is needed to assess the extent to which these reported achievements at policy level are having an impact on the quality of healthcare at organisational level.

Key factors reported as being important enablers of the progress of quality improvement included strong professional involvement and commitment; the provision of professional training and education in quality improvement; the existence of a legal requirement or mandatory direction to healthcare organisations to undertake quality improvement; and the provision of a necessary infrastructure to support quality improvement activities (including staff, resources, leadership arrangements and planning and monitoring systems).

Three empty dashed-line rectangular boxes for notes or comments.



Important barriers to the progress of quality improvement identified by respondents included: a lack of funding and support at an organisational or a system level; an absence of clear political, managerial and clinical leadership commitment to quality improvement; the absence of incentives, either for individuals or for organisations, to become involved in quality improvement and to make it a priority; the existence of powerful cultural and professional barriers to quality improvement; and the lack of training and support for clinical professionals in quality improvement.

The impact of quality improvement policies and strategies

Our survey found that quality improvement policies and strategies are having a marked though variable impact on the quality of care and patient outcomes. In particular, the introduction of clinical guidelines, performance indicators and patient feedback mechanisms are perceived as having the greatest impact on improving services. Accreditation systems, quality management strategies and patient safety systems are perceived as having slightly less impact on improving services. However, across a host of measures we found significant associations between the existence of quality improvement systems and processes and respondents’ ratings of both the progress of quality improvement and of the quality of healthcare.

This data suggests that the impact of quality improvement strategies can be generally enhanced by setting specific goals and targets for organisations, by expanding sources of support and guidance, and by providing access to professional education and training in quality improvement and leadership. Within organisations the right infrastructure seems to be important, for example having a quality improvement plan and dedicated resources, regular reviews of organisational and staff performance, a programme of quality projects and an auditing process, good data collection systems, clear lines of responsibility, and well-maintained equipment.

Moving forward: what would accelerate progress?

The research suggests there are a number of areas in which action could be taken to accelerate the progress of quality improvement policies and strategies in healthcare, and to maximise their impact on the quality of healthcare. Important opportunities include:

At a system level, providing clear and consistent leadership and strategic planning which prioritises quality improvement, through strong policy documents and legal and regulatory instruments which set the environment or context in which healthcare organisations operate.

At an organisational level, setting clear performance targets for organisations and services, related to the quality of healthcare, and putting in place a quality improvement infrastructure, including training and development for clinical professionals, dedicated resources to support improvement, and necessary information systems.

At a professional level, taking steps to change professional attitudes to quality improvement, and to remove professional barriers which may impede change and improvement – in part

Three empty dashed-line boxes for notes or additional information.



through providing effective training programmes for healthcare professionals

At a patient level, increasing opportunities for patient involvement, providing information to patients and the public on the quality of care in forms which they can access and use, and making healthcare organisations and professionals more accountable to patients individually and collectively.

Conclusions and policy implications

This survey provides for the first time a comparative overview of the development of policies and strategies for quality improvement in healthcare across the European Union, and the findings may have significant implications for future policy and research.

Policy related to healthcare systems, funding and provision are primarily determined at a national level in EU member states, and that national focus is reflected in the development of policies and strategies related to quality improvement. National level drivers – such as public concern, media interest, professional associations – have been predominantly responsible for governments embarking on reforms which are designed to make healthcare services safer, to assure quality, and to make healthcare providers more accountable. While the experience of other countries has clearly been of some value and influence in shaping reforms in many member states, until the creation of the High Level Group on Health Services and Medical Care there has not been an explicit attempt to link or coordinate policy in this area or to promote cooperation and learning between and across countries. International drivers – such as the flow of patients and healthcare services and professionals across national borders, and the activities of the European Commission and international agencies or organisations – have not been important influences in this area to date.

Having said that, those nationally initiated reforms already demonstrate some degree of policy convergence, in that the policy instruments, structures and mechanisms put in place by governments show some immediate similarities, in areas such as the widespread adoption of legal or statutory requirements for healthcare organisations to put quality improvement systems in place, the development of specific mechanisms such as accreditation programmes, and the recent policy priority accorded to patient safety in many member states. But such convergence is unlikely to result in coordinated quality improvement systems, or comparable and interchangeable quality standards, unless it is more deliberately encouraged and managed.

Among the EU member states, the rate of progress in healthcare quality improvement varies considerably. In broad terms, we can identify three groups of countries – the “well established” who have been active in this area at a governmental level for five or more years, and have relatively mature and well established quality improvement policies and strategies in place; the “recent adopters” who have generally established policies and strategies in the last five years or less and who are still developing their approaches; and the “slow starters” who may have made some moves in the area of quality improvement but who lack a coherent programme of government policy in this area. There is undoubtedly an opportunity for member states from these different groups to work together to transfer learning and to benefit from experience elsewhere. Such actions would probably both





promote the overall rate of progress in healthcare quality improvement across the European Union, and support the process of convergence referred to above.

It should however be borne in mind that even in countries where quality improvement is “well established”, the rate of policy development may exceed the pace of implementation in healthcare organisations. From our survey, it seems likely that many healthcare organisations, even in the more advanced member states, still lack fundamental systems and processes for healthcare quality improvement. While the later work packages in the MARQuIS project will provide more detailed and quantified data on progress at a hospital level, our survey certainly suggests that while governmental action to establish policies and strategies for healthcare quality improvement may be necessary, this may not be sufficient in itself to drive implementation throughout the healthcare system.

Finally, our survey provides some limited but useful evidence that quality improvement policies and strategies are having an important though moderate impact on the quality of care and on patient outcomes, and points to some of the actions at a policy and system level which seem to be associated with these impacts. While this data must be interpreted with caution, it supports the contention that investing in quality improvement policies and strategies is worthwhile and provides policymakers and other stakeholders with some important indications of “what works”.

