



CEEQNET

Health Care Quality Newsletter 2005

Dear partners of the CEEQNET project,

as you are all aware of, the main aim of our project is to share best practices for the improvement of all the health care services our respective facilities provide to our patients. There is a multitude of activities targeted on improvement of quality, accessibility, efficiency, efficacy, safety and timeliness of the services we are providing. The core product of our efforts (the identification and appropriate use of some core measures which can be extracted from the already used databases of our respective health care facilities) would be useless, unless we are able to interpret the measures in the context of our health care systems and assure appropriate processes leading to improvement in the work we are doing. In order to facilitate the process of reflection and reorientation of some of our everyday efforts, please accept the following newsletter (which will be produced periodically) as a service to all members of our community – „ to find out what's going on in other places and organizations“. We sincerely hope, that you will (if you have lists of significant links relating to performance and quality management in health care, or if you can provide or point to significant documents) all actively collaborate in the production of our future newsletters. We are more than eager to receive any of your comments that will help us to develop this newsletter into a useful resource not only for you, but also for any health care facilities you may be collaborating with.

Sincerely yours

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*Please be so kind and send your comments and suggestions to
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This newsletter keywords:

medical condition, healthcare quality, health risk management, performance measures, quality indicators, health improvement

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AHRQ data reveals 5 most costly medical conditions

<http://www.meps.ahrq.gov/papers/st80/stat80.pdf/>

The five costliest medical conditions in the U.S. are heart conditions, cancer, accidents and other trauma, mental disorders and lung conditions, the Agency for Healthcare Research and Quality reports. More than 50 million Americans had health expenses related to asthma and other lung conditions in 2002, and 36 million had expenses related to accidents and other trauma. Cancer cost the most per person with the condition, but had the fewest people with expenses compared with the other four conditions. The data are from AHRQ's Medical Expenditure Panel Survey, which annually collects health care use and other information from a nationally representative sample of U.S. households.

Journal for Healthcare Quality

<http://www.nahq.org/journal/ce/>

The official journal of the National Association for Healthcare Quality (NAHQ) NAHQ offers a variety of articles online related to core CPHQ Examination content, and other areas of interest from the past two years' issues of the Journal for Healthcare Quality.

American Society for Health Risk Management ASHRM

<http://www.ashrm.org/ashrm/index.jsp>

Established in 1980, the American Society for Healthcare Risk Management is a personal membership group of the American Hospital Association with nearly 5,000 members representing health care, insurance, law and other related professions.

ASHRM promotes effective and innovative risk management strategies and professional leadership through education, recognition, advocacy, publications, networking and interactions with leading health care organizations and government agencies.

ASHRM initiatives focus on developing and implementing safe and effective patient care practices, the preservation of financial resources and the maintenance of safe working environments.

In 2004, ASHRM established The ASHRM Foundation to further promote the values of health care risk management.

The ASHRM Health Care Risk Management Glossary

<http://www.ashrm.org/ashrm/resources/glossary.html>

The Glossary is the definitive collection of terms most commonly used by health care risk management professionals.

The glossary is provided here as a service to ASHRM members and the general public. The intention is to foster better communication between health care providers and consumers, as well as provide a resource for the media and scholars.

2005 Annual Patient Safety and Health Information Technology Conference

<http://psnet.ahrq.gov/resource.aspx?resourceID=2284>

The Agency for Healthcare Research and Quality (AHRQ) hosted the 2005 Annual Patient Safety and Health Information Technology Conference. Transcripts and slide presentations are available from the five-day event.

AHRQ Patient Safety Network (PSNet) is a new national web-based resource featuring the latest news and essential resources on patient safety. The site offers weekly updates of patient safety literature, news, tools, and meetings ("What's New"), and a vast set of carefully annotated links to important research and other information on patient safety ("The Collection").

Health plan accreditor releases new performance measures

http://www.ncqa.org/Communications/News/HEDIS_2006.htm

The National Committee for Quality Assurance (NCQA) recently released specifications for the 2006 edition of its Health Plan Employer Data and Information Set (HEDIS), adding six new measures to the tool that defines how health care quality is measured in key areas of clinical care and customer service. The new measures look at a range of important health issues such as the overuse of antibiotics, proper follow-up for children and seniors taking certain medications, and diagnosis of chronic obstructive pulmonary disorder (COPD). Other measures assess the use of proper medication for rheumatoid arthritis and the appropriate use and monitoring of medication in the elderly. The latter is a subject of particular interest with Medicare's Part D prescription drug benefit set to take effect next year.

Quality Indicator Programme

http://www.oep.hu/portal/page?_pageid=34,1&_dad=portal&_schema=PORTAL

The National Health Care Fund published its first few hospital performance indicators based on the minimum basic data set required for reimbursement purposes. The indicators are visible on the home page of the Fund. Data of all publicly funded hospitals are included. Individual hospitals or hospital units are coded. Data rather serve quality improvement efforts of the hospitals by

providing a benchmarking possibility. The identification of the hospitals is planned for the future after refinement of the methodology.

NCQA Care Management and Health Improvement

<http://www.ncqa.org/Programs/Qualityplus/overview/caremgmt.htm>

NCQA evaluated potential *Care Management and Health Improvement* standards against a strict set of criteria to determine whether or not to include them in the draft set of standards.

European Society for Quality in Healthcare

http://www.esqh.net/newsfolder_view?portal_status_title=ESQH+NEWS

ESQH is a not-for-profit organization dedicated to the improvement of quality in European healthcare.

It consists of 15 members, all of whom are National Societies for Quality in Healthcare, from the following countries: Croatia, Denmark, Finland, Germany, Greece, Ireland, Italy, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Spain, Sweden, The UK.

The ESQH Secretariat is based in Limerick, Ireland.

An Office in Krakow deals with quality in healthcare in the countries of Eastern and Central Europe, and the Patient Safety Office is in London.

JCAHO issues emergency planning guide

<http://www.jointcommission.org/>

The Joint Commission on Accreditation of Healthcare Organizations today issued a step-by-step guide to help small, rural and suburban communities plan for natural disasters and terror attacks. The guide provides 13 essential steps that local government and public health leaders can use to establish an effective community-based emergency management planning and response process. It builds on a March 2003 JCAHO white paper and culminates a two-year project that involved the convening of two expert roundtables in 2004 to identify emergency preparedness challenges, solutions and recommendations.