

Η ενσωμάτωση του PATH σε πλαίσιο ελέγχου  
ποιότητας.

Η περίπτωση του Γ.Ν. Γιαννιτσών

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Τοπικός Συντονιστής PATH

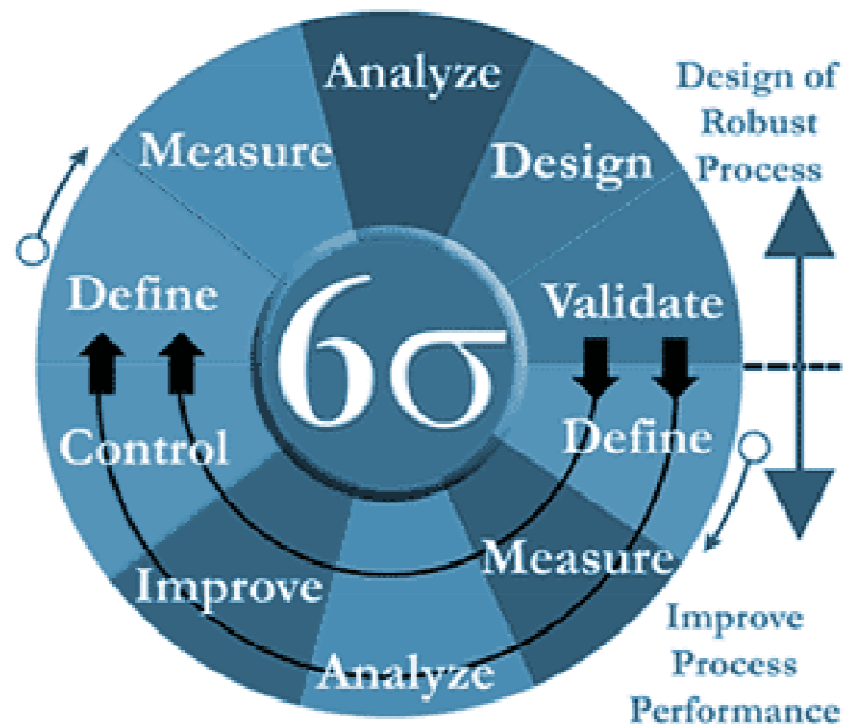
Θεσσαλονίκη, 22 Νοεμβρίου 2012

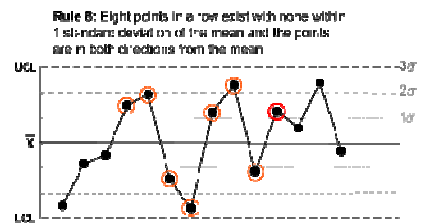
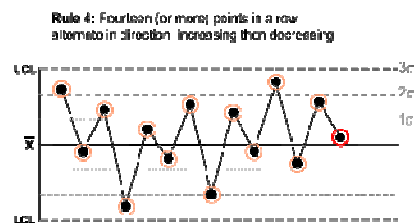
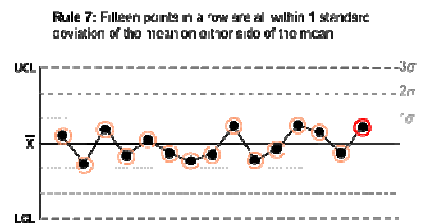
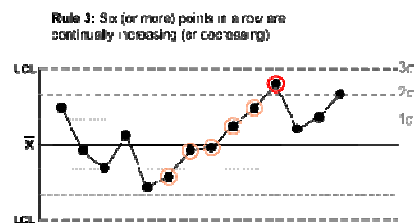
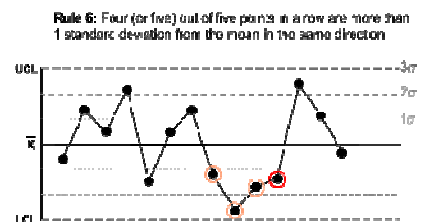
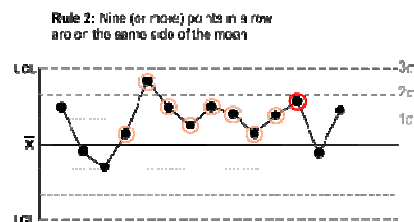
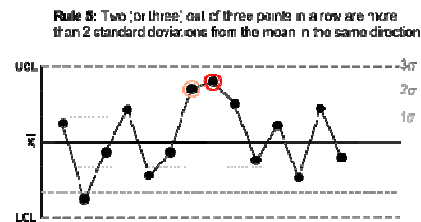
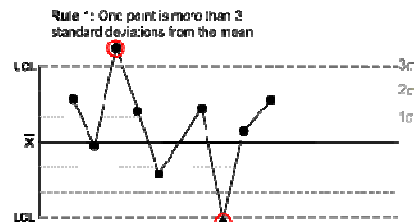


Ποιότητα

Στρατηγική επιλογή

Εφαρμόζουμε τα ισχύοντα στην ιατρική και νοσηλευτική  
επιστήμη (ώστε να)  
ικανοποιούμε τις ανάγκες περίθαλψης  
με το μικρότερο δυνατό κόστος.





Προσδιορισμός τρέχουσας θέσης

Εμφάνιση μεταβολής

Αναγνώριση αδυναμιών και  
πλεονεκτημάτων

Διάκριση μεταξύ συστημικών και  
τυχαίων αιτίων







# PATH

Performance Assessment Tool  
for Quality Improvement in Hospitals

**P**erformance  
**A**ssessment  
**T**ool for  
**QUALITY**  
**IMPROVEMENT**  
in  
**H**ospitals

	Clinical effectiveness	Efficiency	Staff orientation	Responsive governance	
		Safety			
	Patient centeredness				

# Features of the project

The Performance Assessment Tool for Quality Improvement in Hospitals (PATH) was developed by the WHO Regional Office for Europe to support hospitals in collecting data on their performance, identifying how they are doing in comparison to their peer group and initiating quality improvement activities. PATH is designed for internal use and on voluntary basis only - it is not meant to be used for external reporting, accreditation or restructuring purposes [1].

The PATH framework includes 4 steps:

## **1 Motivate**

Hospital participation is voluntary. PATH is designed around and for hospitals as the main users. It presumes their active involvement at all steps.

## **2 Measure**

The PATH framework relies on 17 indicators in a core set but countries can select additional indicators proposed in a tailored set.

## **3 Make sense**

Data are the prerequisite for improvement; however, they are not an end in themselves but a starting point for action. Evaluation of indicators always needs to be done locally, comparing the institutions' performance to reference points and relating performance to local contexts.

## **4 Move**

The aim of PATH is to provide support to quality improvement strategies. It should ultimately impact on actions for quality improvement.

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# The PATH

## indicator set

Acknowledging the differences in the availability of data from hospital information and documentation systems throughout Europe [6], we developed two sets of indicators [7]:

**A core set** including indicators that are relevant to all contexts and represent a low burden of data collection. This set includes 17 core indicators (after considering all tracers this amounts to 48 indicators).

**A tailored set** including indicators that either are relevant to a limited number of contexts, or, because of their higher burden of data collection, are suggested if congruent with the organization or country's priorities. This set includes 24 indicators (after considering all tracers this amounts to 47 indicators).

Hospitals participating in PATH are expected to gather the indicators of the core set. It is up to the hospital to decide which of the tailored indicators are collected additionally.

### ■ Clinical effectiveness & safety

- C1. Caesarean Section.
- C2. Prophylactic Antibiotic use (*planned surgery for colorectal cancer, coronary artery bypass graft, hip replacement, hysterectomy*).
- C3. Mortality (*acute myocardial infarction, stroke, community acquired pneumonia, hip fracture, coronary artery bypass graft*).
- C4. Readmission (*acute myocardial infarction, stroke, community acquired pneumonia, hip fracture, coronary artery bypass graft, asthma, diabetes mellitus*).
- C5. Day surgery for eight tracers (*cataract surgery, knee arthroscopy, inguinal hernia, curettage of the uterus, tonsillectomy and/or adenoidectomy, cholecystectomy, tube ligation, varicose veins stripping and ligation*).
- C6. Admission after day surgery (*same tracers as day surgery*).
- C7. Return to ICU.

### ■ Efficiency

- C8. Length of stay (*acute myocardial infarction, stroke, community acquired pneumonia, hip fracture, coronary artery bypass graft*).
- C9. Surgical Theatre use.

### ■ Clinical effectiveness & safety

- T1. Door to needle time.
- T2. Computer tomography scan after stroke.
- T3. Acute myocardial infarction patients discharged on aspirin.
- T4. Mortality indicators (C3) with more advanced risk-adjustment.
- T5. Readmission indicators (C4) with more advanced risk-adjustment.
- T6. Pressure ulcers for stroke and fracture patients.
- T7. Rate of hospital-acquired infections.

### ■ Efficiency

- T8. Score on Appropriateness Evaluation Protocol.
- T9. Costs antibiotics/patients.
- T10. Length of stay indicators (C8) case-mix adjusted.
- T11. Cash-Flow/Debt.
- T12. Cost of corporate services/patient day.

## Core indicators

### ■ Staff orientation & safety

- C10. Training expenditure.
- C11. Absenteeism.
- C12. Excessive working hours.
- C13. Needle injuries.
- C14. Staff smoking prevalence.

### ■ Responsive governance

- C15. Breastfeeding at discharge.
- C16. Health care transitions.

### ■ Patient centeredness

- C17. Patient expectations.

## Tailored indicators

### ■ Staff orientation & safety

- T13. % wages paid on time.
- T14. Survey on staff burnout.
- T15. % job descriptions with risk assessment.
- T16. Staff turnover.
- T17. Work-related injuries by type.

### ■ Responsive governance

- T18. Audit of discharge preparation.
- T19. % discharge letters sent.
- T20. Score on Appropriateness Evaluation Protocol for geriatric patients.
- T21. Waiting time for day surgery tracers.
- T22. Acute myocardial infarction and coronary heart failure with lifestyle counselling.

### ■ Patient centeredness

- T23. Patient survey score on access to care.
- T24. Patient survey score on amenities of care.



**"We should work on the process, not the outcome of the processes."**

Dr Edward Deming



**Δεδομένα**

Αγκυλώσεις  
παρελθόντος

Εμπέδωση της  
ωφέλειας από  
τη βελτίωση

Διασκέδαση  
φόβων για  
“αξιολόγηση”

Διασκέδαση  
εμπειρίας  
προηγούμενων  
αποτυχιών

**Δράσεις**



# Γ.Ν. Γιαννιτσών

Υγειονομική μονάδα

Εργοδότης

~~Περιβάλλον εργασίας~~  
Χώρος διαβίωσης

Γ.Ν. Γιαννιτσών

Νοσοκομείο Ε.Σ.Υ.

Κέντρο κόστους

**"No one has to change. Survival is optional."**

Dr Edward Deming

