



1st Newsletter

January 2016



Dear colleagues and friends,

2016 looks very promising for EQuiP! With all your help and the big and sometimes smaller contributions of all of you to our network, we have found a very dynamic rhythm. The network keeps growing and step by step we find new countries and individual members showing interest in our (your) work.

We hope we can testify of all these in our next open conference in Prague (see the dedicated page later in this newsletter) with an exciting program, welcoming the WONCA Europe president as a honourable guest. If you are a novice in the field of safety or an expert, the organising committee realised a program that will be interesting. We have already received very nice abstracts from a lot of countries in Europe, but don't hesitate if you think you have something interesting to present. Please send in your abstract before the extended deadline: 15 February 2016.

The main goal of our network is to bring people with an interest in Quality and Safety in general practice together, and to give young people the opportunity to come and learn from more experienced GPs about how to organise the practice life or the organisation you are working in. But also to have experts learning from each other. And most importantly, to stimulate the interaction between all of us in realising our final goal: Spreading the idea's and knowledge of Quality all over Europe.

That is why we are also participating in the WONCA Europe conference in Copenhagen in June. Despite the approaching abstract deadline, we have already heard of at least 20 abstracts submitted by EQuiP members. Here, we get the opportunity to meet with other networks and set up joined initiatives.

We are investing in this by setting up workshops and projects in 2016 together with EURACT, the Primary Care Diabetes Europe SIG and the Vasco da Gama Movement. Stay tuned in the next newsletters about this.

So, there are many reasons to stay or become a member of our growing family. And support us by your contributions.

I am looking forward to meet you in the coming months at the EQuiP and/or the Wonca Europe conferences, and I already want to say thank you to you all for your efforts to support us in the year to come.

Piet Vanden Bussche
EQuiP president

Abstracts Submitted for Wonca Copenhagen 2016

- 16 workshops and 7 posters across 9 Working Groups

Collaboration Between the WE Networks

Workshop

- A Future Vision for Development of and Enhanced Collaboration Between the Networks of WONCA Europe
(Piet & WE Network Leaders)

- Measuring diabetic care: What are good indicators?
(Piet, EQuiP & Johan Wens, PDCE)

eHealth Working Group

Workshop

- What do patients expect from eHealth? Let the patients tell us!
(Ilkka)

Equity Working Group

Workshop

- Being a good-enough GP for non-heterosexual people
(Janecke)

- Health inequalities related to socio-economic status
(Hector)

Poster

- Presentation of the equity survey results
(Dorothee & Hector)

Patient Safety Working Group

Workshop

- Patient safety in Primary Care
(Isabelle & Andree)

Patient Empowerment Working Group

Poster

- Practice Support for Patients with Chronic Conditions
(Ulrik, Jochen & Andree)

Professional Health Working Group

Workshop

Doctors' Health and Patient Safety
(Andree)

Social Media Working Group

Workshop

- The (online) patient will see you now, Doc: Primary Health Care for all through Telehealth
(Ulrik & VdGM)

- Doctor Avatar Life Lessons for Health Professionals: A Workshop Exploring Failure to Appraise Social Media Outcomes
(Ulrik & VdGM)

Posters

- The Interactive Guidebook for Social Media
(Ulrik & VdGM)

Teaching Quality Working Group

Workshop

- Teaching quality and safety to family medicine trainees – best practice examples
(Zalika)

- Quality Improvement: How to start?
(Isabelle & André)

Poster

- EQuiP Summer Schools
(Ulrik, Zalika & André)

Tools and Methods Working Group

Workshop

- Tools and methods for measurement quality and safety. Current state of art.
(Jan)

- Quality Improvement 2.0: Online Journal Club meets the Family Medicine Change Makers' Tweetchat
(André, Ulrik & Patrick)

Quality Circles Working Group

Workshops

- Quality Circles at a Glance – Use of Antibiotics in General Practice
(Christina)

- Overdiagnosis and patient harm or how unsafe is striving for certainty?
(Adrian & Ulrik)

- The development of quality circles for quality improvement in Europe: a mixed methods study
(Adrian & Ulrik)

Posters

- Realist Synthesis: Exploring why Quality Circles work in Primary Health Care
(Adrian)

- The development of quality circles for quality improvement in Europe from 2003 to 2015
(Adrian & Ulrik)

- The development of quality circles for quality improvement in Europe: a qualitative study
(Adrian & Ulrik)



49th EQuiP Assembly Meeting

- Patient Safety in Primary Care

April 22-23 2016, Prague, www.equip2016.cz

The European Association on Quality and Safety in General Practice/Family Medicine (EQuiP) invites you to participate in a conference on Patient Safety in Primary Care in Prague.

EQuiP has a tradition of plenary sessions with international experts, very interactive workshops and smaller groups to deepen knowledge and share your vision on this topic.

Three internationally recognised keynote speakers will explore the concept of patient safety and what it is all about in primary care. If you want to learn, join the conference and become an expert yourself.

Maria Pilar Astier-Pena (Spain)

She will present results from the first national survey on patient safety culture in primary care: Are Spanish healthcare professionals aware of patient safety in primary care?



Also, she will run a workshop on the first management of second victims in a family practice. Medical errors and unanticipated negative patient outcomes can damage the well-being of health care providers. These affected individuals, referred to as 'second victims', can experience various psychological and physical symptoms. Support resources provided by health care organizations to prevent and reduce second victim-related harm are often inadequate.

She will present tools or instruments that can assist family practices to implement and track the performance of second victim support resources based on our [research protect on Second Victims](#):

[Read more here.](#)

Aneez Esmail (United Kingdom)

He is Professor of General Practice at the University of Manchester and Director of the NIHR Greater Manchester Patient Safety Translational Research Centre.



As a health services researcher he has published work in several areas of public health (prevention of cot deaths, epidemiology of solvent abuse, preventing paediatric admissions, the evaluation of telemedicine and patient safety).

He is recognised internationally for his research on discrimination in the medical profession. Within the UK his work has resulted in significant changes in recruitment, selection, monitoring and assessment of the medical profession. This work was recognised internationally with the award of a Harkness Fellowship and Visiting Professorship at Harvard University in 1997.

He will discuss fundamental questions such as: Has patient care been safe in the past? Are our clinical systems and processes reliable and are we responding and improving? Is care safe today and will it be safe in the future? Can we collaborate to improve safety in a primary care system in Europe that is so heterogeneous that it can challenge many of our precepts about what works and what can be done?

Also, he will run a workshop about the measurement and monitoring safety from the perspective of primary care. This will build on the ground breaking work of Charles Vincent and how we can use this framework in primary care.

[Read more here.](#)

David Marx (Czech Republic)

Since the early nineties, he has been actively participating in the health-care system reform of the Czech Republic. He is at present advising the Czech Ministry of Health on issues concerning health care quality and safety. He is also a member of the Charles University Faculty (Prague) - Vice-Dean on the Third Medical Faculty.



He will discuss: Patient Safety Sustainability - Ever Climbing, Never Rest! Although health care industry has been for long time known as a highly risky one, the introduction of risk-reduction tools into everyday clinical practice has been much slower than in other areas. Systematic quality improvement and patient safety measures started in the Czech Republic in 1998, but it took over 10 years to launch nationwide tools to improve patient safety.

In 2009 the country has introduced national patient safety goals and launched action plan for patient safety. The presentation describes most frequent implementation obstacles observed in applying sustainable patient safety programs and examples of successful practice.

[Read more here.](#)

Abstract Submission

We would like to invite and encourage participants to submit their abstracts. Please note that the abstract submission deadline has been extended till February 15, 2016.

[Read more here.](#)

New organisational member of EQuiP: APO (Audit Project Odense)

The Audit Method

APO has since 1989 developed a method for quality development, which has become well-established also in the other Nordic countries and in several European countries.

Audit according to the APO method combines quality development, research and continuous medical education. APO carries out quality development projects based on activity registration and performs the research-related analysis of work in general practice in connection with actual projects.

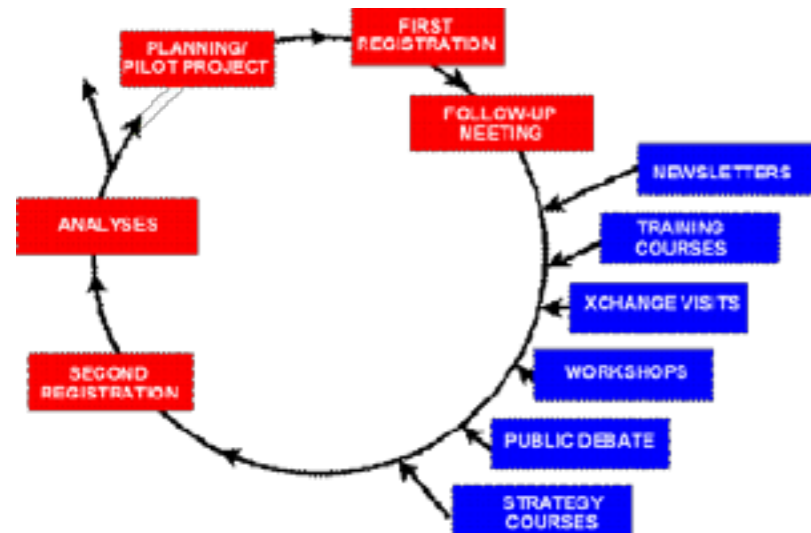


Figure 1: The quality circle

A typical audit project according to the APO method includes:

- 1) A prospective registration of a central, frequently occurring topic. The registration is performed on a specially developed registration chart suitable for collecting data for elucidation of own practice with regard to diagnosis and treatment of central disease groups. The registration is straightforward and manageable in a busy general practitioner's working day. Each participant in an audit receives an individual report of his own and the total results.
- 2) The results are evaluated at the first follow-up meeting, where quality problems are highlighted, and subsequent training courses are planned.
- 3) After 1-2 years another registration is performed in order to see whether the goal of the first project has been reached. In continuation of specific projects, research work can be carried out and guidelines issued.

AUDIT: Respiratory Infections in General Practice - 2001

Date of birth	Sex	Type of infection	Contact name	Infection focus	Diagnosis and treatment	Infection origin	Antibiotic treatment	Choice of antibiotics	
								1-3 x	1st time 1 x
Number of consultations today: <input type="checkbox"/>									
Registration date: <input type="text"/>									
1									
2									
3									
4									
5									
6									
7									
8									

Figure 2: Typical audit registration chart for elucidation of respiratory tract infections

Who can use the APO audit method?

The target group has primarily been general practitioners, but the method has also proved to be very suitable for other staff groups within primary health care, e.g. practice staff, physiotherapists, health visitors/district nurses etc.

It has also proved suitable for other specialists, e.g. ENT specialists, gynaecologists etc.

The Danish audit network

Audits are organised by APO in collaboration with a network of facilitators from the counties, all general practitioners, who are responsible for the local implementation of audit projects. The network is represented in all Danish counties.

The network both gathers up local project ideas and coordinates national projects.

The Scandinavian Audit Network

Audit according to the APO method has since the mid-nineties been established in the other Nordic countries.

Several joint Nordic audits have been carried out, and the Nordic audit network meets up at least once a year.

Audits in other European countries

In recent years several audits have been carried out in Spain, the Baltic countries and in Kaliningrad. We are working on getting even more countries involved in the audit idea.

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