



Newsletter

October 2018

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Welcome



Dear EQuIP members,

In recent years, collaborative projects and networking between the different networks and special interest groups has become increasingly important for WONCA Europe.

There has been previous attempts to stimulate to closer cooperation between the different WONCA Europe networks, but only with Vasco da Gama Movement's (VdGM) step forward in appointing official Liaison Officers, can we be successful at last.

I am delighted to being able to welcome Felicity Knights as the new EQuIP-VdGM liaison officer. This appointment will enable a committed, skilled, and enthusiastic GP-to-be to work according to pre-defined activities, which will results in well-developed activities supported by both EQuIP and VdGM.

The field of quality and safety is a constantly developing field prone to sometimes fast changes and mind shifts driven by new ideas. Often, a step out of the box is needed to be able to see things in different perspectives. Here, EQuIP acknowledges the paramount role of the young and future GPs, gathered in VdGM.

I am positive that the establishment of a new VdGM liaison officer to EQuIP will enrich both networks and stimulate to fruitful discussions, give a wider perspective to quality and safety, bring fresh energy and ideas to the group - and start a new era of collaboration and joint ventures.

Felicity, a warm welcome to EQuIP!

Zalika Klemenc Ketiš
EQuIP President Elect



Upcoming EQuIP events



EQuIP 54th Assembly Meeting

22-24 November 2018 at "Andrija Štampar" School of Public Health, Zagreb, Croatia.



EQuIP 55th Assembly Meeting: Council Meeting

28 March 2019 from 15-19 in Thessaloniki, Greece.



EQuIP 55th Assembly Meeting: International Conference

29-30 March 2019 in Thessaloniki, Greece.

Theme(s): *Healthy practices, Healthy professionals, Healthier patients.*

Six confirmed keynote speakers:

Prof. Amanda Howe (WONCA World President) will give a talk about:
Patient Safety in relation to Healthy Practices and Healthy Professionals.

Assoc. Prof. Zalika Klemenc-Ketiš (EQuIP President-Elect) will speak about:
Using Patient Education to get Healthier Patients.

Dr. Ulrich Weigeldt (Chair of the German Association of FM/GP) will talk about:
The Usage of Digital Devices to Support Patient Safety in Primary Care.

Prof. Em. Constantino Sakellarides' title (NOVA University of Lisbon) is to be confirmed.

Ass. Prof. Efharis Panagopoulou will talk about:
Burnout in Primary Care Professionals.

Dr. Andrée Rochfort (EQuIP delegate from Ireland) will give a talk about:
Health Professionals as Role Models for Patients and Selfcare.

Interview with EQuIP President (2015-2018)

By Piet Vanden Bussche (Belgium)



1) What was the most interesting task your presidency?

A task, which was very interesting and which I did not really expect to be so, was the networking activities with the other networks and Wonca Executive Board:

- *To be able to represent our great and active network*
- *To communicate about the important work EQuIP members are doing*
- *Finding ways to make others aware of the themes, topics and values we foster*

2) Are there any particular milestones you wish to highlight?

There are so many! All EQuIP Assembly Meetings and Conferences were very successful. The energy of the autumn meetings in Zagreb. The high quality content of the open Prague, Dublin and Bratislava meetings. The many workshops in WONCA Europe conferences. And the various Position and Policy Papers.

- *The successful developing of the patient safety theme over three years has been thrilling*
- *The continuous work on **equity**, which influenced the WONCA Europe conference in Krakow heavily with the new Policy Paper, the Conference Declaration and the keynote lecture about this issue*
- *I had the honour to meet and work together with so many competent colleagues, all of them European experts in their fields. This is very important for the dynamic of the EQuIP group - and I have personally learned so much from this great group over many years.*
- *And last - but not least - a huge thank to you, Ulrik, for all your great work in developing and carrying out our communication strategy with regular website updates, newsletters, social media curation, and most importantly the thematic ePDFs from the conferences.*

3) You are still going strong: What will you do next?

Domus Medica, the Flemish GP College, asked me to become the senior doctor in a Working Group to develop Quality Improvement and Patient Safety in Flandres in General Practice. I was happy to accept this kind invitation.

Now, I hope I can recruit young colleagues to pass on the experiences and knowledge to, which I have obtained over the years, and also to find new Flemish blood to participate in EQuIP's work.

EQuIP Peer-Reviewed Article in English

Social disparities in patient safety in primary care: A systematic review

By Sara Willems (Belgium) & Pierre Vanden Bussche (Belgium)

Keywords

Patient safety, Primary care, Inequity, Education, Income, Ethnicity, Gender, High-income countries.

[Link to systematic review article.](#)

Background

Patient safety is a quality indicator for primary care and it should be based on individual needs, and not differ among different social groups.

Nevertheless, the attention on social disparities in patient safety has been mainly directed towards the hospital care, often overlooking the primary care setting.

Therefore, this paper aims to synthesise social disparities in patient safety in the primary care setting.

Methods

The Databases PubMed and Web of Science were searched for relevant studies published between January 1st 2006 and January 31st 2017.

Papers investigating racial, gender and socioeconomic disparities in regards to administrative errors, diagnostic errors, medication errors and transition of care errors in primary care were included.

No distinction in terms of participants' age was made.

Results

Women and black patients are more likely to experience patient safety events in primary care, although it depends on the type of disease, treatment, and healthcare service.

The available literature largely describes gender and ethnic disparities in the different patient safety domains whilst income and educational level are studied to a lesser extent.

Conclusions

The results of this systematic review suggest that vulnerable social groups are likely to experience adverse patient safety events in primary care.

Enhancing family doctors' awareness of these inequities is a necessary first step to tackle them and improve patient safety for all patients.

Future research should focus on social disparities in patient safety using socioeconomic indicators, such as income and education.



New Individual Member of EQuIP

By Ivan Stanoev, GP (Bulgaria)



Why I became an EQuIP member?

I heard about the EQuIP network during a regular SOIBOM (Association of Trainers and Researchers in Family Medicine in Bulgaria) meeting a year ago. The chairwoman of this association, Radost Ase-nova, made me acquainted with the inspiring work and enterprising projects that EQuIP is engaged with.

The aims and plans of the network made me extremely interested in the work EQuIP does. I became a member to learn more about all their innovations.

In this way, I am also able to provide high quality clinical care for my patients.

About Me

I have been working as a general practitioner for +17 years in Southern Bulgaria.

My practice strives to ensure equal and efficient medical care to all the patients.



EQuiP Peer-Reviewed Article in English: Comprehensive quality assurance system in Slovenian family medicine

EQuiP Peer-Reviewed Article in English

Transition from a traditional to a comprehensive quality assurance system in Slovenian family medicine practices

By Zalika Klemec-Ketis (Slovenia) et al.

Keywords

Healthcare, quality assurance, family practice, quality improvement

[Link to ISQua Perspectives on Quality article.](#)

Abstract

In Slovenia, quality of care at the primary health-care level is formally a priority, but the legislation to ensure quality in this area is proceeding very slowly.

The first steps towards a systematic quality control system in Slovenian family medicine were implemented with the initiation of an ongoing project of renewed family medicine practices in 2011 and the introduction of quality indicators.

In 2017, an initiative by the Ministry of Health and the Department of Family Medicine at the Faculty of Medicine, the University of Ljubljana, aimed to develop a new approach to quality assurance and an improvement.

It comprises four main parts: the family medicine practice team, a quality control group, a quality control office and the Ministry of Health. In this plan, quality is controlled and improved at the micro, mezzo and macro levels.

The described system for quality assurance and improvement is still waiting to be implemented in practice, as there is a lack of human and financial resources.

Conclusion

This plan for a quality control system in Slovenia is in accordance with internationally established principles of quality assurance and quality improvement.

It provides control of all levels of quality, both at the level of the individual teams and at the national level.

A particular emphasis is put on the approach to quality control from the bottom, i.e. proactive monitoring and improvement of quality at the level of individual teams.

This plan was adopted by all the stakeholders in Slovenia including the Ministry of Health. It was successfully piloted and is now waiting for its implementation.

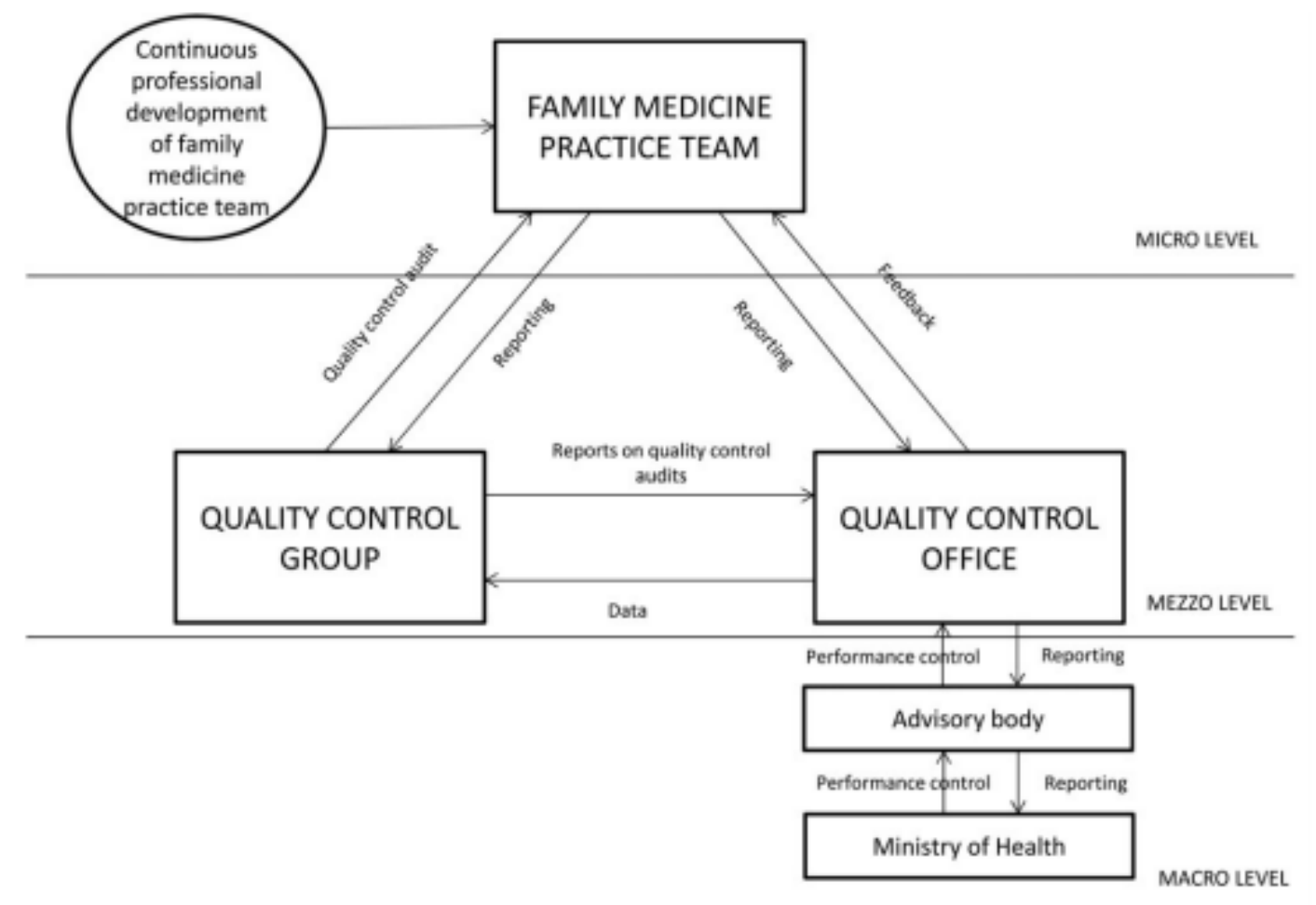


Figure 1 Quality system of Slovenian family medicine practices. This figure represents all levels of quality control of the family medicine practices in Slovenia

XI SPANISH CONFERENCE ON PATIENT SAFETY IN PRIMARY CARE: EQUITY, PUBLIC HEALTH AND PATIENT SAFETY

By Dr. José Miguel Bueno Ortiz, EQuiP delegate from Spain

June 22th 2018, we celebrated the 11th Conference on Patient Safety in Primary Care. For the eleventh consecutive year, primary care professionals met in the teaching lecture room of the Hospital Clínico San Carlos in Madrid to analyse, discuss and produce proposals for improvement regarding to equity and sustainability of the health system as a first step to guarantee a safer healthcare.

The objective is to maintain a specific discussion forum to address experiences related to patient safety in primary care. As in previous editions, the conference was organized jointly by the Spanish Society of Quality Care (SECA), the Spanish Society of Family and Community Medicine (semFYC), the Federation of Associations of Community Nursing and Primary Care (FAECAP) and the Spanish Society of Pharmacists of Primary Care (SEFAP) and the Ministry of Health, Social Services and Equality (MSSSI), and the Madrid associations of the organizing societies: the Madrid Association for the Quality of Care (AMCA), the Madrid Society of Family and Community Medicine (SOMAMFYC) and the Society of Castilla-La Mancha Family and Community Nursing (ACAME).

The tandem Patient Safety-Primary Care already has an important journey since we celebrated our first day in San Sebastian in 2008 and, like every year, is a new opportunity to see each other again and learn by sharing experiences.

This year - 2018 - the topic chosen was Equity, Public Health and Patient Safety with the aim of reflecting on this issue and produce proposals that help reduce unnecessary risks for the patient linked to problems of inequity and accessibility.

The presentations of the symposia of the Conference provided different perspectives, reflections and initiatives for improving the equity of the health system as a basic element to provide safe healthcare for all citizens. The president of the scientific committee, Mrs. G Olivera, chaired the table and the subsequent debate.

We highlight some of the most interesting reflections:

- Mr S Esnaola contributed a reflection on patient safety from the perspective of public health considering aspects of social inequality and equity in Spain.
- Mr. T Castillo spoke about the commitment of patient organizations with the equity and accessibility of the Spanish health system and its benefits and the wishes of patients to participate in the improvement of patient safety in the health system.
- Mr. L Gimeno clearly analyzed the impact on health of populations excluded from health coverage with RD 162/2012, the commitment of health professionals and scientific societies, particularly SEMFYC in the fight for the restitution of universal coverage in Spain. It has concluded with the hopeful perception of upcoming legislative changes aimed at reversing this situation.

- Mrs. Kattyana Aparicio Reyes reflected on the importance of equity and quality in the World Health Organization (WHO) campaign for Universal Health Coverage as a basic level of patient safety in the world.
- Finally, we had a tangible experience of improving equity in primary care presented by Mr Antoni Dedeu and Mrs. Cristina Coll on financing basic health areas considering the social deprivation index of each area. He reflected on positive aspects of the index and on proposals for improvement in measurement since rural areas and the young and poor population are not adequately reflected.

The presentations were recorded and they are available in deferred on the YouTube channel: <https://www.youtube.com/user/sanoysalvoes> - just like those of the previous conferences.

After the panel discussion, we had the opportunity to share all the experiences that, in the form of oral papers, were presented during the day. A total of 75 communications had been received, of which 25 research studies, 27 improvement experiences, 19 teaching cases have been submitted

The morning ended with the closing conference given by Mr. A Pardo who presented us with the path of culture and patient safety strategies in our health system: Where we come from and where we are going to. And later, the Fernando Palacio awards were delivered to projects to improve patient safety in primary care.



In the afternoon, four workshops sponsored by the 4 organizing companies of the day were run and allowed us to improve our training in safety skill.

The Spanish Conference on Patient Safety in Primary Care has been established as a must-attend event to every Primary Care Spanish speaking health worker interested in Patient Safety.

Follow us on twitter: @sanoysalvoblog, @semfyc, #SegPacAP, #SegPac and in the blog: sano y salvo (safe and sound): <http://sano-y-salvo.blogspot.com.es/> and website: www.seguridadpaciente.com

WONCA Working Party on Quality and Safety

Annual Report (July 2017 - June 2018)

Chair: Maria Pilar Astier Peña (Spain)
Secretary: Jose Miguel Bueno Ortiz (Spain)
IT Officer: Alexandre Gouveia (Switzerland)



3 Objectives Accomplished

- 1) To prepare and offer a Quality and Safety workshops, lectures and seminars for family doctors in WONCA conferences.
- 2) To participate actively in WHO webinars and other meetings regarding Quality and Safety.
- 3) To participate actively in WONCA World Regions Congresses and Conferences.

4 Conference or Scientific Meeting Activities

- 1) Expert Consultation at WHO Global Patient Safety Challenge Medication Without Harm: Early global action to support implementation, 11-13 December 2017 in Geneva
- 2) 53rd EQUIP Assembly Meeting, 23-24 March 2018 in Bratislava, Slovakia
Workshop: "Medication without harm: Which are the main topics in primary care?"
Conductors: Maria Pilar Astier Peña (EQUIP) and Ilkka Kunnamo (EQUIP).
- 3) 23rd WONCA Europe Conference in Krakow
Workshop: "Deprescription".
Conductors: Jose Miguel Bueno Ortiz (EQUIP).
4. XI Patient Safety Annual Conference in Primary Care, 22 June 2018 in Madrid.

3 Training Activities (Zaragoza, Spain)

- 1) Family Doctors Residents trained in patient safety and quality.
- 2) Family Doctors Residents trained in improving clinical reasoning as a tool to reduce diagnostic errors.
- 3) Medical students trained in improving clinical reasoning as a tool to reduce diagnostic errors.

5 Publications

Palacio J, Astier P, Hernández MA. Medicamentos: cuando las apariencias engañan. *Aten Primaria* 2017;49:375-7 - DOI: 10.1016/j.aprim.2017.06.002.

Mira Solves JJ, Romeo Casabona C, Astier Peña MP, Urruela A, Carrillo I, Lorenzo Martínez S, Agra Varela Y. Si ocurrió un evento adverso piense en decir "lo siento" *Anales del sistema sanitario de Navarra*, 2017.40(2): 279-290.

Mira Solves JJ, Romeo Casabona CM, Urruela Mora A, Agra Varela Y, Astier Peña MP, Lorenzo Martínez S, Aibar Remón C, Aranaz Andrés JM. La seguridad jurídica de los profesionales sanitarios: un requisito para lograr una mayor calidad asistencial. *DS : Derecho y salud*, 2017; 27(2): 94-110.

Astier Peña MP, Olivera Cañadas G. El reto de sostener cultura de la seguridad del paciente en las instituciones sanitarias. *Anales del sistema sanitario de Navarra*.2017; 40(1):5-7.

Mira JJ, Lorenzo S, Carrillo I, Ferrús L, Silvestre C, Astier P, Iglesias-Alonso F, Maderuelo JA, Pérez-Pérez P, Torijano ML, Zavala E, Scott SD; RESEARCH GROUP ON SECOND AND THIRD VICTIMS. Lessons learned for reducing the negative impact of adverse events on patients, health professionals and healthcare organizations. *Int J Qual Health Care*. 2017 Aug 1;29 (4):450-460.

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The EUROCONTROL Safety Culture Discussion Cards

The EUROCONTROL safety culture programme for European air traffic management (ATM) has been underway since 2003 and is now well established.

The approach comprises a number of stages, including kick-off, launch, questionnaire, workshops, reporting and feedback, action planning and review/after-care.

Following a safety culture survey, there is a focus on ensuring sustained action and continuous improvement.

To ensure that the enthusiasm and understanding is retained, people need to continue to talk about safety culture – reflecting on what they do, how they do it, and why.

To help continue the conversation post-survey, the concepts and issues in the safety culture survey report need to become the safety culture 'currency' of the ANSP itself, not left in a report on a shelf.

The EUROCONTROL Safety Culture Discussion Cards (Shorrock, 2012a, 2012b) are a practical resource to aid real discussion about safety culture by any person or team within the ANSP, including staff and managers in air traffic operations (e.g. air traffic controllers, aeronautical information services personnel), maintenance staff, specialist staff and support staff (e.g. safety, quality, projects, human resources, legal, etc).

The cards use the same concepts as the survey methodology, though everyday language is used to make the cards completely accessible. The cards can be used without the need for external support.

6 Aims

- 1. Engage:** The cards are a tool for potentially any individual or group who wishes to use them. They should promote ownership and provoke discussion.
- 2. Educate:** The cards enhance and build on users' existing understanding of safety culture from their operational or non-operational experience. They do not give answers, but rather raise questions for discussion from a comprehensive database of issues.
- 3. Enable flexible use:** There are several possible 'games' or uses for the cards. Five possibilities are described, but users may use the cards however they wish. The cards are physical artefacts, but may also be used digitally, e.g. on smartphones.

- 4. Reinforce memory:** The content, especially the headlines and pictures, is designed to be memorable so that users can recognise or even aspects of the cards when they are not using them.
- 5. Link to theory:** While the cards are a tool for discussion and reflection rather than a method for measurement, they are based on a model of safety culture and represent a comprehensive range of issues from theory and around 20 ANSP surveys. The cards bridge the gap between research and practice.
- 6. Improve safety culture:** The cards ultimately help the users to think of ways to improve safety culture – and inspire them to take action based on the results.

Development of the cards

The cards build on the existing EUROCONTROL Safety Culture Survey Method. This approach helped to ensure that the cards are valid in terms of the theory of safety culture.

The content of the cards was therefore driven primarily by the EUROCONTROL safety culture questionnaire for ANSPs, as well as the findings of many previous surveys of ANSPs.

The physical cards are printed in colour on A6 card. They are available in English and French.

There are 83 cards in total. Seventy of these are the actual discussion cards, while the rest are explanatory (introduction, photo credits, disclaimer, etc). The digital versions may be viewed on smart phones or tablets. High resolution versions are also available to print as posters.

Conclusion

Safety Culture Discussion Cards provide a means for staff and managers at all levels of air navigation organisations to discuss safety culture concepts using an established model that has now been used in over 20 ANSPs around Europe.

The real value of the cards is in encouraging ownership of cards and concepts among those who use them, removing the perceived 'mystique' and fuzziness of safety culture and putting it back into the hands of those who are part of the culture.

You can download [the whole set of cards here](#).

