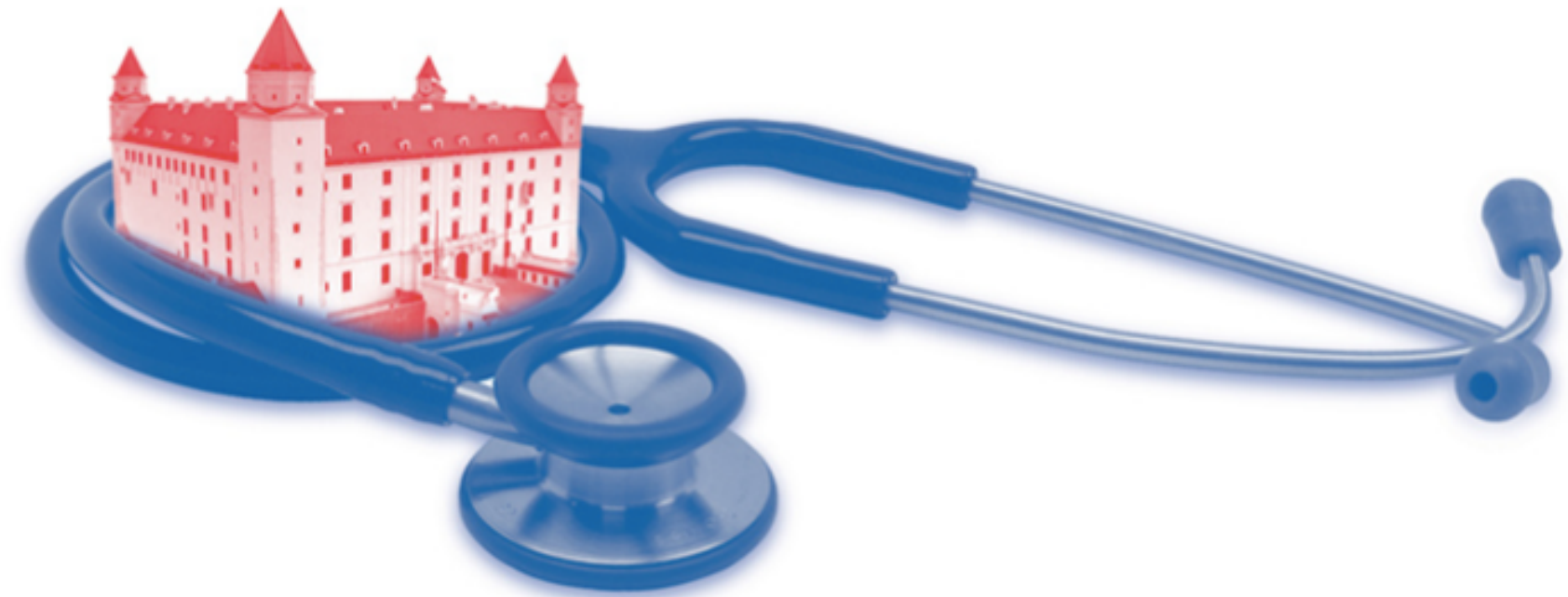


The WONCA 2019 EQuIP Safe Track of Quality

24TH WONCA
EUROPE
CONFERENCE



Bratislava
June 26-29, 2019



EQuiP
European Association for Quality and Safety in General Practice/Family Medicine

Newsletter
June 2019

OVERVIEW

The WONCA 2019 EQuIP Safe Track of Quality - 10x Oral Presentations & 10x Workshops

Thursday, June 27, 2019

11:15 – 12:30 at Cinemas: Hall 6 (Oral)

Maria Pilar Astier Peña: *"Family doctors as patients: how they behave and which are the issues to improve"*.

14:30 – 15:45 at Sheraton: Connection I (Workshop)

Harris Lygidakis, Pramendra Prasad Gupta and Karen Kinder: *"eHealth and Telemedicine: its Usage, Benefits for Betterment of Primary Healthcare in Resource Constrained Low and Middle Income Countries"*.

14:30 – 15:45 at Cinemas: Hall 2 (Workshop)

Andrée Rochfort and Josep Vilaseca: *"Arts and humanities in continuous professional development and medical education for family medicine"*.

16:15 – 17:30 at Sheraton: Ballroom II (Workshop)

Felicity Knights, Zalika Klemenc-Ketiš, Claire Marie Thomas and Daniel Knights: *"Time for a change? Tailoring EQuIP summer school for young family physicians"*.

16:15 – 17:30 at Cinemas: Hall 8 (Oral)

Maria Pilar Astier Peña: *"Promoting patient safety culture and giving support to second victim with family medicine residents"*.

Friday, June 28, 2019

08:30 – 09:45 at Sheraton: Ballroom I (Workshop)

Maria Pilar Astier Peña: *"PROMOTING PATIENT SAFETY TOOLS IN FAMILY PRACTICES"*.

08:30 – 09:45 at Cinemas: Hall 9 (Workshop)

Eva Arvidsson, Andrée Rochfort, Maria Matusova and Jan Jan Kovář: *"Quality indicators: From Worthless to Useful"*.

11:15 – 12:30 at Cinemas: Hall 9 (Workshop)

Maria Pilar Astier Peña: *"The Third WHO Global Patient Safety Challenge: Medication without Harm (MWH)"*.

11:15 – 12:30 at SNT: Station 1 (Oral)

Raquel Gómez Bravo: *"SOCIAL MEDIA AS AN OPPORTUNITY FOR PUBLIC HEALTH INTERVENTIONS: THE #METOO MOVEMENT AS AN EXEMPLAR"*.

14:30 – 15:45 at Sheraton: Ballroom II (Workshop)

Ferdinando Petrazzuoli: *"Developing a web-based research course for Family Medicine trainees: a collaborative project from EGPRN, EURACT, EURIPA, EQuIP and Vasco da Gama"*.

14:30 – 15:45 at Cinemas: Hall 6 (3x Orals)

Philip Domeyer: *"Choosing between a primary care physician and a specialist for the treatment of type-2 diabetes: a national multicenter cross-sectional study"*

Philip Domeyer: *"Screening for and manifestation of microvascular complications in diabetic primary care patients: a national multicenter cross-sectional study"*

Philip Domeyer: *"Health literacy and patient-related barriers in achieving effective glycemic control: a multicenter mixed-method study in Primary Healthcare in Greece"*.

16:15 – 17:30 at Cinemas: Hall 1 (Oral)

Maria Pilar Astier Peña: *"Validation of a questionnaire on patient safety culture and second victim experiences for resident physicians"*.

16:15 – 17:30 at Cinemas: Hall 8 (Oral)

Philip Domeyer: *"Understanding clinical research: the basics of descriptive and inferential statistics"*.

16:15 – 17:30 at Cinemas: Hall 9 (Oral)

Vildan Mevsim: *"Long-term post-traumatic stress disorder in mine workers after a coal mining disaster"*.

Saturday, June 29, 2019

08:30 – 09:45 at SNT: Opera Hall (Oral)

Ana Belen Espinosa-Gonzalez: *"Decentralisation of primary care financing and regulation in Europe: a taxonomy"*.

08:30 – 09:45 at Sheraton: Ballroom II (Workshop)

Andrée Rochfort: *"Keeping patients safe by avoiding harm from medical over intervention and harm from under intervention"*.

11:15 – 12:30 at Sheraton: Ballroom I (Workshop)

Ilkka Kunnamo, Vildan Mevsim, Meltem Nuzumlalı Koç and Maria Matusova: *"Confidentiality of electronic health records and quality improvement in the era of big data"*.

11:15 – 12:30 at Sheraton: Connection I (Workshop)

Isabelle Dupie: *"Small steps towards a safer environment in primary care"*.

Arts and humanities in continuous professional development and medical education

By Andrée Rochfort (1) & Josep Vilaseca

Affiliation

1: European Society for Quality and Safety in Family Practice (EQuiP)

Background

The arts and humanities have enhanced human understanding of adversity and positivity, pain and healing. They can be a catalyst to reflect on and find meaning in suffering and in joy, in power and in hopelessness, and in the multifaceted human condition. Over a lifetime, many factors can influence each individual patient's response to illness and distress.

Over a career, the work of a family doctor focusses on complex decision making at many levels with patients and families and other professionals, including managing expectations, responding to patients' symptoms, assessing options and taking appropriate actions.

Aim of the Workshop

We will explore how self-care and self-awareness can:

- (a) help family physicians work effectively within the therapeutic relationship
- (b) cultivate the trust of patients and their families, and
- (c) influence the role of the clinician as a factor in the healing process

Methods

Participants at this workshop will be presented with art, literature, cinema and music, and will:

- (1) Explore the value of humanities and arts in comprehending the lives of patients and physicians
- (2) Reflect on personal perceptions about issues that concern patients and physicians
- (3) Discuss factors that impact on human interactions in healthcare

Results and Conclusions

The highly skilled job of the family physician requires complex problem-solving in the context of the unique lives of patients and the time constraints of modern work.

This role requires physician self-care and self maintenance which can be supported by investing time in the creative arts and humanities.

Thursday 27th June, 14:30-15:45

Cinemas: Hall 2, ID: 859

W:2.08. Education and professional development

Time for a change?

- tailoring EQuIP summer school for young family physicians

By Felicity Knights (1,2), Zalika Klemenc Ketis (1), Claire Marie Thomas (2), David Rodrigues (1), Piet Vanden Bussche (1) & Daniel Knights



Affiliation

1: European Society for Quality and Safety in Family Practice (EQuIP)

2: The Vasco da Gama Movement (VdGM)

Background

EQuIP is WONCA Europe's network for quality and safety in primary care (PC). EQuIP's Summer Schools are three day training workshops which have been running since 2008, with the aim to enable health care professionals to develop their own quality improvement project.

In 2018, a joint summer school on quality and safety in PC organized by EQuIP and VdGM - WONCA Europe's network for new and future family physicians - has been proposed.

The aim of this workshop is to identify the best format and content of joint EQuIP-VdGM summer school related to quality and safety educational needs of young family physicians.

Methods

The workshop will consist of three parts.

In the first part, the plenary presentation will be given to present the existing format and content of EQuIP's summer school.

The participants will then be divided into small groups to analyze and tailor the existing summer school format to the quality and safety educational needs of young family physicians.

This will be followed by plenary presentation and discussion.

Results

The expected results include development and promotion of a framework for the new collaborative WONCA network summer school.

This workshop is likely to interest those teaching quality, and young/future family physicians with interests in quality and safety.

Conclusion

Teaching quality and safety in family medicine must be tailored for different levels of expertise.

This workshop will provide a platform for the exchange of ideas and perspectives on the optimal format for the joint EQuIP-VdGM summer school.

Thursday 27th June, 16:15-17:30

Sheraton Ballroom II, ID: 933

W:2.10. Quality and safety of care

Promoting Patient Safety Tools in Family Practices

By Maria Pilar Astier Peña (1)

Affiliation

1: European Society for Quality and Safety in Family Practice (EQUIP)

Background

Patient safety is the prevention of errors and adverse events for patients associated with health care. Health care has become more complex, requiring greater use of new technologies, medicines and treatments. Health services are more frequently treating older and sicker patients presenting with significant co-morbidities that demand increasingly difficult decision making with regards to health care priorities.

There are many safe activities which can be implemented in a primary care practice to improve patient safety. Many organizations have promoted the Patient Safety Toolkit which consists in a kit of activities which plays an important role in preventing patients from being harmed. To use toolkits allow practices to look at different aspects of patient safety with a view to making improvements. It covers the following areas of general practice: safe systems, safety culture, communication, patient reported problems, a safer diagnostic process, a safer prescribing among others.

Different Patient Safety Toolkits are available to be used by any general practice. These resources can be used flexibly, either as standalone materials or as part of an integrated package for patient safety.

Aims of the workshop

1. To review nature and prevalence of AE in primary care settings through the WHO technical reports on Patient Safety Technical Reports.
2. To describe different tools and safe practices that can be use in primary care settings.
3. To design a plan to implement safe practices and tools in participants' practices.

Methodology

First part: The conductor will present a short conceptual framework about patient safety in primary care and particularly WHO Technical Reports on frequent errors in primary care. She will talk as well about toolkits and safe practices which can be implemented to reduce those risks.

Second part: Participants will work in small groups to select a set of tools and safe practices to design a safe plan for a primary care setting. They will discuss about the way to deploy and assess the implementation of the plan considering participants' primary care settings.

Outcome

To increase patient safety culture awareness among participants. To identify patient safety tools and safe practices in primary care.

Each participant will take home tools and safety practice to implement and assess in their practices.

Friday 28th June, 08:30-09:45

Sheraton: Ballroom I, ID: 459

W:2.10. Quality and safety of care

Quality indicators: - From Worthless to Useful

By Eva Arvidsson (1,2), Andrée Rochfort (1,3), Maria Matusova (1), Jan Kovar (1)

Affiliation

- 1: European Society for Quality and Safety in Family Practice (EQuIP)
- 2: R&D Unit for Primary Care, Futurum, Sweden
- 3: Irish College of General Practitioners (ICGP)

Background

The key content in the Position Paper "Measuring Quality in Primary Health Care", produced by the European Society for Quality and Safety in Family Practice (EQuIP) - endorsed by WONCA Europe in Krakow in 2018 - is the following:

- Easy access to data from electronic patient records have made it increasingly common to use this type of data in pay-for-performance systems. GPs throughout Europe oppose this for several reasons.
- However, quality indicators can be useful as starting points for quality discussions in primary care, with the purpose to initiate, stimulate and support local improvements.

Objective

The ambition is to support workshop attendees in the use of Quality Indicators for improvement of daily practice and increasing joy in daily practice.

We will highlight key components of the EQuIP Position Paper on "Measuring Quality in Primary Health Care", together with good and bad examples from different countries, for discussions on how quality indicators are used - and how they could or should be used.

Please read the Position Paper here:

<http://bit.ly/EQuIPMQPHC>

Outline

Mixed short presentations and group work on the following:

- Short introduction on what *Quality Indicators* are and on the EQuIP Position Paper
- Examples of use of indicators (good and bad) from several countries
- Steps in the process to better use of quality indicators

EXAMPLE SLOVAKIA

Online request

eLab

TCC

(total cost of care)

eAccounting



Basic capital + parameters of x advantaged - basic capital x TCC = supplemental

safe medication

instrumental equipment

(no ECG/POCT)

ePrescription

Friday 28th June, 08:30-09:45

Cinemas: Hall 9, ID: 1151

W:2.10. Quality and safety of care

nhg	Type	Tool	Goal	Public	P4P
			Improving quality	Transparency / choosing care	Insurance companies
Information quality registration in EPR	Quantitative, structural	EPR-scan NIVEL	Internal quality policy		
Medical (national) indicators	Quantitative, struct., process, outcome	Built-in (EPR) Quality indicators of care			
Organizational (national) indicators	Quantitative, struct., process, outcome	Practice Certification			
Patient Experiences	Qualitative	Interview, meeting			
	Quantitative, indiv /practice level	Questionnaire			
	Quantitative, regional level	Questionnaire			
Incident and complaint reporting	Quantitative, practice, transnational, national level	Analogue and digital reporting systems			
Prescribing declarations vs guidelines & costs	Quantitative, practice, regional, national level	Monitor prescription behaviour GP's			

ABSTRACTS

The Third WHO Global Patient Safety Challenge: - Medication without Harm (MWH)

By Maria Pilar Astier Peña (1)

Affiliation

1: European Society for Quality and Safety in Family Practice (EQuiP)

Background

The main nature of adverse events in primary is related to the use of medications. The World Health Organization has launched a new challenge to reduce adverse events concerning the use of medications along health systems in five years.

The Global Challenge involves crucial topics on the use of medications as transitional care, polypharmacy and high risk medications. The challenge considers as well to enhance patients' participation in their own safety. A tool has been developed to use in medical offices with patients: "5 Moments for medication safety".

The Wonca World Working Party on Quality and Safety is involved in this World Challenge and has a commitment to promote patient safety culture and safe practices along Wonca Events so we consider to perform this workshop to move family doctors to develop strategies with patients for a safer use of medications.

Aims

- 1) To present Medications without Harm Challenge
- 2) To describe crucial topics as transitional care, polypharmacy and high risk medications in primary care.
- 3) To present different tools to invite patients to use them for a safer use of medications particularly WHO brochure on "5 MOMENTS FOR MEDICATION SAFETY"
- 4) To elaborate a plan for a safer use of medication in each participants' practice.

Methods

First part: A short theoretical introduction on the topic.

Second part: Work in small groups to prepare a checklist or plan to improve medication use in their practices and to assess the feasibility of using tools or infographics to involve patients in a safer use of medications.

Results

To share groups' plans on crucial topics and to give feedback on the 5 moments for medication safety tool of WHO.

Conclusions

To create awareness among family doctors and to develop of small and simple tools for safe use of medication in primary care practices.



Friday 28th June, 11:15-12:30

Cinemas: Hall 9, ID: 456

W:2.10. Quality and safety of care
(WONCA WP on Quality & Safety)

Keeping patients safe by avoiding harm from medical over-intervention and harm from under-intervention

By Andrée Rochfort (1)

Affiliation

1: European Society for Quality and Safety in Family Practice (EQuiP)

Background

In the health system, the family doctor has many responsibilities:

1. Making an accurate diagnosis
2. Acting as gatekeepers for tests
3. Treatments
4. Referral into the hospital system
5. Coordinators of multimorbidity and longitudinal care over each patients' lifetime

Doctors must respond to patients problems, patient expectations and anxieties in a safe manner and make efforts to avoid unnecessary harms of action or inaction.

The complexity of medical practice, especially family medicine is escalating rapidly with an increasing number of diagnostic options and treatment options.

The family doctor has a crucial role in deciding the scope of medical intervention for each individual patient, both for patients who remain in primary care and for patients prior to and after hospitalisation.

Aim

This workshop aims to generate discussion and create consensus recommendations for managing:

1. Harms from medical overintervention
2. Harms from underuse of helpful interventions in family medicine

Methods

The interactive workshop begins with a presentation on harms from over-medicalisation, over-investigation, over-prescribing, over-testing and over-diagnosis, as well as harms from undetection, under-treatment, under-investigation, delayed diagnosis, missed diagnosis and screening.

Participants will then be given clinical cases for discussion in small groups, learning and sharing perspectives on clinical management from different European health systems and cultures.

Results

Feedback from the small groups will contribute to an open floor discussion on balancing patient safety with managing health anxiety and uncertainty in clinical care and doctors fear of receiving complaints.

Conclusion

EQuiP will report on the conclusions.

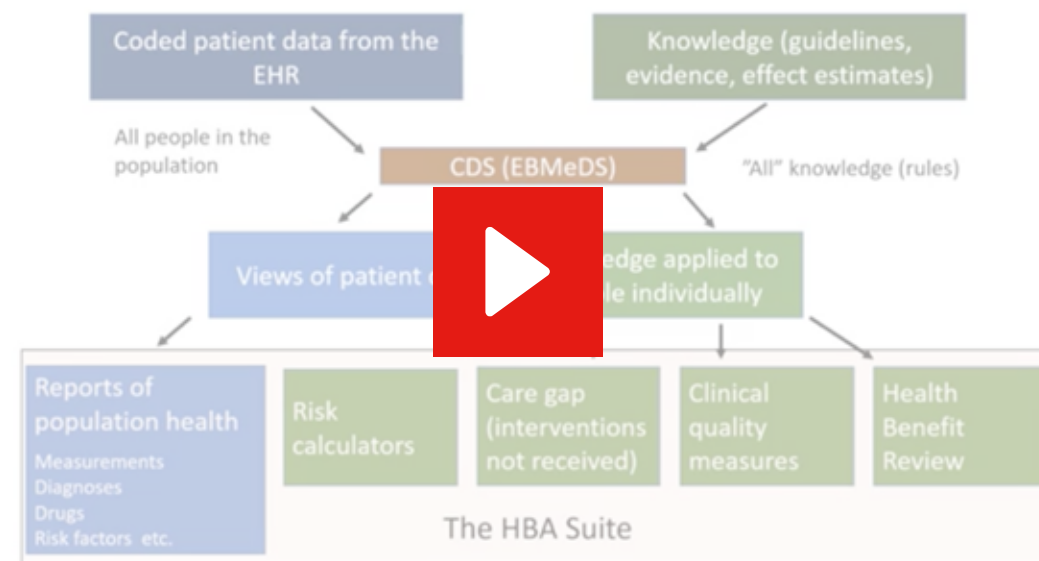
Saturday 29th June, 08:30-09:45

Sheraton Ballroom II, ID: 1219

W:3.01. Prevention and health promotion

Confidentiality of Electronic Health Records and Quality Improvement in the Era of Big Data

By Ilkka Kunnamo (1), Vildan Mevsim (1), Meltem Koc (1) & Maria Matusova (1)



Saturday 29th June, 11:15-12:30

Sheraton: Ballroom I, ID: 211

W:1.07. IT in General Practice:
Can the GP still remain humanistic?

Affiliation

1: European Society for Quality and Safety in Family Practice (EQUIP)

Background

Electronic health records are usually considered more safe than paper records, but many concerns have been raised about inadvertent disclosure of confidential patient data to people, who are not participating in their care.

Data can be made anonymous before aggregating it for analyses, but even anonymous data can allow the identification of individuals. The European data protection regulation (GDPR) sets strict requirements for IT systems.

Aim

Define appropriate ways of using patient data in communication between patients and health professionals - and in assessing the quality of care in the whole population.

Methods

The facilitators present several scenarios (<http://bit.ly/2TjTwMS>) of the use of patient data and ask participants to discuss in small groups how they would solve the controversy of confidentiality of individuals and the benefits of data sharing and analysis.

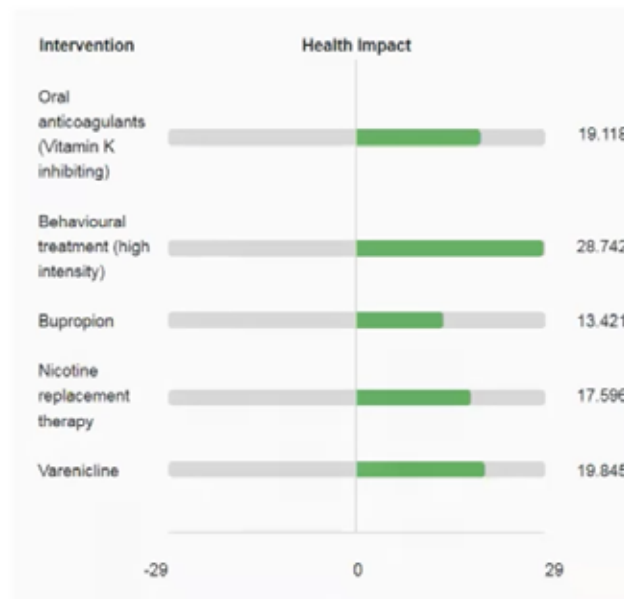
Identifying care gaps and measuring the quality of care of the whole population is necessary for equitable provision of care.

The GP and his or her team of professionals should be responsible for a defined population.

For quality measurement and benchmarking, the data needs to be shared, but it is absolutely necessary to maintain patients' trust and be transparent in how the data are used.

Health Benefit Analysis

Visual Dashboard



Infotab 1 Infotab 2 Infotab 3

The amount of expected net health benefit from each suggested intervention is given. The larger the number (the longer the bar), the larger the net benefit. If harms outweigh benefits, the bar goes left from zero line, and turns red.

The table view lists the same interventions, and also gives the health condition for which the intervention is aimed at. Green arrows indicate benefit, and red arrows indicate harm. The Detailed view shows all effects (outcomes) of the intervention, including benefits and harms, and their magnitude. The bottom line gives the net effect (benefits minus harms).

Small Steps Towards a Safer Environment in Primary Care

By Isabelle Dupie (1)

Affiliation

1: European Society for Quality and Safety in Family Practice (EQuIP)

Context

How can we create healthier and safer primary care practices? This question is relevant for the whole health system and requires a significant safety culture change. It is a big challenge but we can start with 'small' changes that are easy to implement in daily practice.

European EQuIP GPs and pharmacists have made a 15 min. video for the benefit of all health professionals and patients by sharing examples of 'small' changes that are feasible and practical for improving patient and professional safety.

These seven short videos and interviews illustrate safer, more collaborative and humane practices.

Objective

- To show that it's easy to make simple improvements in our daily practice
- To share some examples of safer practices
- To help participants to develop their safety culture through communication in practice.

Methods

1. Video film presentation (15 min.)
2. Participants are encouraged to consider small change(s) to improve patient safety or professional wellbeing (5 min.)
3. Participants are split in small groups to share ideas of change and examples of work processes and procedures with potential for adverse events, and suggest simple solutions to improve safety (15 min.)
4. Each group reports in 1 min. about their safer practice ideas (10 min.)
5. Open discussion on the feasibility and sustainability of the various proposals (30 min.)

Conclusion

The workshop is designed to open the way to sharing and learning pragmatic and realistic plans for improving practice safety issues in participants countries.



Saturday 29th June, 11:15-12:30

Sheraton: Connection I, ID: 815

W:2.10. Quality and safety of care