



Newsletter

March 2020 (COVID-19)

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EQuIP Statement for Family Doctors/General Practitioners during the COVID-19 Pandemic

By Zalika Klemenc-Ketis, EQuIP President

Dear members of EQuIP,
Dear family doctors of Europe!

In the past weeks, we have been dealing with the largest crisis in the last 100 years.

Family doctors and their teams found themselves in the first frontlines and their safety has been endangered. In many countries, they were left to act on their own, without clear guidelines from their governments.

We wish to express our solidarity with the 120,000 family doctors and their teams in Europe during this difficult time of the Covid-19 pandemic.

Many doctors and their teams are exhausted by their additional workloads and clinical pressures, pressures that are different than their normal way of working with patients and making clinical decisions.

Many family doctors are doing telephone triage, telephone consultations and clinical risk management in a different way. This generates new challenges and new risks to medical practice.

Patients who are not so accustomed to waiting for assessment have to get used to the fact that this will be the norm in healthcare for the foreseeable future. This can increase patient anxiety and worry.

Some doctors and health care workers have died due to their exposure to the coronavirus while treating and assessing patients.

Some have died due to lack of personal protective equipment. Our thoughts are with their bereaved families and colleagues.

We wish to share our opinion with our family doctors colleagues and their teams throughout Europe that professional health and safety is as much a priority as patient safety.

We appreciate how patients have helped family doctors and their teams by reducing the demands on family medicine in recent weeks.

We will try to continue to be creative in how we can meet the medical needs of our patients in the coming weeks.

We urge all family doctors and their teams in Europe to:

- **Stay informed** from reliable professional sources. Avoid information from doubtful resources, such as social media. Turn to professional sites such as WHO, CDC, ECDC etc.
- **Stay safe.** The safety of health professionals at work is equal priority as safety of patients. Health professionals can get infected in their community, and if health professionals work with patients without personal protective equipment and infection control they will be infected at work. Demand personal protective equipment from your governments.
- **Stay connected.** Nurture your families and your loved ones. Use telephones, mobiles and social media to keep connected, to give and receive support. Watch out for colleagues who may be at risk of professional isolation or burnout phenomenon as a result of chronic intensive stress at work.
- **Share positive, happy experiences.** Keep a sense of humour, use exercise, music, art and literature to boost natural psychological defences. Share examples of humanity, altruism and special moments.

Superheroes are everywhere, they are the people in the public implementing the official guidance on safe human interactions and they are not putting others at risk.

There are Superheroes in family medicine also.

“Ní neart gur cur le chéile”, is Irish for “There is no strength until we come together”

Please share the EQuIP Statement, endorsed by WONCA Europe, targeting:
[FAMILY DOCTORS/GENERAL PRACTITIONERS DURING COVID-19 PANDEMICS](#)

On behalf of EQuIP executive board,
Assoc. prof. dr. Zalika Klemenc Ketiš, EQuIP President

On behalf of WONCA Europe executive board,
Prof. dr. Mehmet Ungan, WONCA Europe President



Sympathy and solidarity with our dear Croatian colleagues

By Zalika Klemenc-Ketis, EQuiP President

Stay strong and healthy, dear Croatian colleagues!

On behalf of EQuiP, I want to express my deepest sympathy and solidarity with our dear colleagues from Croatia during these difficult times, simultaneously hit by two disasters.

We also felt the earthquake quite strongly in Slovenia, but I still cannot imagine the kind of distress you are currently experiencing.

Warm wishes,

Zalika Klemenc-Ketis,
EQuiP President



Reply

Dear colleagues and friends,

Today, on 27 March, the Department of Family Medicine, School of Medicine, University of Zagreb intended to celebrate 40 years of foundation of Department of Family Medicine and 60 years of postgraduate and specialty training program in family medicine in Croatia.

For this occasion, publication of a monograph, dedicated to the development and achievements of Department of Family Medicine in Zagreb - the oldest university department of family medicine in this part of Europe - has been planned as well.

Since the whole world is now facing challenges related to COVID 19 pandemics, we have decided to postpone these events for autumn 2020.

As if that had not been enough, Sunday 22 March brought additional challenges to our home town Zagreb: a tremendous earthquake that damaged the very heart of Zagreb's old town, including all buildings of School of Medicine and "Andrija Stampar" School of Public Health, the temple of public health.

Although "Andrija Stampar" School of Public Health is closed at the moment, the visionary ideas of Professors Andrija Stampar, Ante Vuletic, Zelimir Jaksic, Antun Budak and their associates regarding the importance of well-organised public health service, especially at the primary care level, have ensured that family physicians today represent important elements in functioning of Croatia's healthcare system in these demanding circumstances of facing pandemics as well as consequences of an earthquake.

We would like to express gratitude to all of you, our colleagues and friends, family physicians across Europe who have been a source of support and comfort to us in these difficult times: a big thank you on behalf of all members of Department of Family Medicine and all family physicians in Croatia.

*Assistant Professor Venija Cerovecki, MD, PhD
Head of the Department of Family Medicine*

WHO resources on COVID-19

By World Organization of Family Doctors (WONCA)

WHO has developed resources on COVID-19

An indicative list follows:

WHO Training course on COVID-19 (3 hours)

The course provides a general introduction to nCoV and emerging respiratory viruses and is intended for public health professionals, incident managers and personnel working for the United Nations, international organizations and NGOs.

It has different language versions (English, Chinese (simplified), French, Spanish) and could be useful for WONCA members. A three hour course

[>WHO training course COVID-19](#)

Introduction: This brief introduction provides an overview of emerging respiratory viruses, including COVID-19.

Module A: Introduction to Emerging respiratory viruses, including COVID-19:

Overall learning objective: To be able to explain why a emerging respiratory viruses, including COVID-19, are a global threat to human health

Module B: Detecting Emerging respiratory viruses, including COVID-19: Surveillance and Laboratory investigation:

Overall learning objective: To describe how to detect and assess an emerging respiratory virus outbreak

Module C: Risk Communication and Community Engagement:

Overall learning objective: To describe what strategies should be used to communicate risk and engage communities to detect, prevent and respond to COVID-19.

Module D: Preventing and Responding to an emerging respiratory virus, including COVID-19:

Overall learning objective: To describe strategies for preventing and controlling emerging respiratory pathogens, including coronavirus outbreaks.

Global research database on coronavirus disease

WHO is gathering the latest scientific findings and knowledge on coronavirus disease (COVID-19) and compiling it in a database.

We update the database daily from searches of bibliographic databases, hand searches of the table of contents of relevant journals, and the addition of other relevant scientific articles that come to our attention.

The entries in the database may not be exhaustive and new research will be added regularly.

[>Research Database](#)

WHO Coronavirus disease technical guidance

All technical guidance by date of publication or topic. Some interesting examples include:

- [Global Surveillance for human infection with COVID-19](#)
- [Getting your workplace ready for Covid-19](#)
- [Risk communication package for Health Care Facilities](#)

[>All technical guidance](#)



Postponement of 25th WONCA Europe Conference in Berlin

By Mehmet Urgan WONCA Europe President

To WONCA Europe Member Organisations

Dear Colleague,

Unfortunately, we have to inform you that the 25th WONCA Europe Conference in Berlin scheduled to take place June 24-27, 2020, will be postponed to a later date due to the COVID-19 pandemic.

DEGAM and WONCA Europe Executive Board have jointly decided that the conference has to be postponed due to the rapidly escalating health concerns relating to the spread of the coronavirus disease in Europe.

We are closely monitoring the recommendations of the World Health Organization (WHO) regarding the spread of COVID-19.

Please know that your health is our top priority and that we will thus act in accordance with guidelines provided by the public health agencies.

We will keep you updated about the new dates of the 25th WONCA Europe Conference in Berlin.

More information about the registration payments, the new program, abstracts submission process/ final decisions on the acceptance, will be provided by the organizers shortly.

We wish you to stay safe and healthy.

On behalf of WONCA Europe Executive Board,

Prof. Dr. Mehmet Urgan
WONCA Europe President



Sharing healthcare data for better and safer care

By Dr Ana Luisa Neves, General Practitioner and IGHI Research Fellow

Sharing healthcare data for better and safer care

The promise of healthcare data is staggering – and now, we have the information and tools to use it effectively that we've never had before.

Electronic health records can contribute to making life-altering changes in patient education and treatment.

We're increasingly realising their potential as a powerful resource for researchers and policymakers.

Applying big data analytics in electronic health datasets can help us better understand patient needs.

We can identify underserved or excluded groups and therefore contribute to delivering safer, better, and more patient-centred care. However, much still needs to be done to increase the availability of healthcare data before these goals can be realised.

Current barriers to access and sharing could include public buy-in and a lack of engagement by healthcare providers.

Worldwide, governmental initiatives have been advocating for the use of electronic health records to widen access to patient data.

In 2013, for example, NHS England launched Care.data with the same vision of opening up patient data, including to researchers and organisations outside of the NHS.

Yet, progress of the programme stalled for a variety of reasons and was finally abandoned in 2016.

It was criticised due to the lack of information about the benefits of data sharing, and general concerns about data security.

Early engagement of healthcare professionals is key

What have we learned from these experiences?

One of the key messages was that although governmental endorsement is important, it is not enough to ensure successful implementation of data sharing initiatives.

To be effective, any communication around data sharing must get healthcare professionals on board with the policy early.

They should be encouraged to make the case for data sharing to their patients.

At the frontline of care delivery, they're often the first and closest contact point for patients to discuss the purposes and the benefits and risks of sharing healthcare data.

At our multi-stakeholder event in 2017, "Sharing Data, Shaping Views", John Norton, Patient, Public and Carer Representative aptly said, "nothing will ever replace a one-to-one explanation by a healthcare professional".

As such, healthcare professionals can have a critical impact on patient awareness on this subject, and ultimately on the availability of healthcare data.

And that is why it's so important to understand their perspectives, listen and address their concerns – and engage them early and meaningfully in the design and communication of data sharing processes to patients.

Acknowledging the concerns of healthcare professionals

In our most recent paper published in the Journal of Medical Internet Research, we explored the perspectives of healthcare professionals across England on using healthcare data for secondary purposes, i.e. those that aren't directly related to patient care, such as research.

We interviewed 30 individuals from a variety of roles in both primary and secondary care. Our results highlight that healthcare professionals widely acknowledge the benefits of using healthcare data to understand patient needs, and to improve and tailor the planning and delivery of healthcare services.

Yet they still have concerns on a range of issues including the accuracy of the records, patients' willingness to share data, and the overall lack of understanding of current policies on data sharing.

Translating evidence into change

Through our research, healthcare professionals expressed that they felt the need for clear policies to assess and monitor data quality.

They suggested using established guidance to obtain informed consent, and promote a strong cybersecurity culture.

To achieve this, both infrastructure investment and culture change are crucial to minimising both accidental and malicious data breaches that could threaten patient trust and safety.

To be successful, decision-makers must listen to and incorporate these views into national and international data sharing policies.

Strategies to overcome the concerns will be critical to increase public awareness and patient buy-in, and therefore data availability, if we are to fully embrace the potential of using healthcare data.

Resources

Neves AL, Poovendran D, Freise L, Ghafur S, Flott K, Darzi A, Mayer EK Health Care Professionals' Perspectives on the Secondary Use of Health Records to Improve Quality and Safety of Care in England: Qualitative Study J Med Internet Res 2019;21(9):e14135 DOI: 10.2196/14135



WWW.IMPERIAL.AC.UK

How to widen access to healthcare data for better and safer care

Milena Kostic, Maria Bakola and 9 others

6 shares

Dr Ana Luisa Neves is a General Practitioner and Research Fellow in Clinical Analytics and Patient Safety at IGHI's Patient Safety Translational Research Centre.

Communications in Quality Improvement

By Ulrik Bak Kirk, EQuIP Manager

Exploring the role of communications in quality improvement: A case study of the 1,000 Lives Campaign in NHS Wales

Introduction

Effective communication is critical to successful large-scale change. Yet, in our experience, communications strategies are not formally incorporated into quality improvement (QI) frameworks.

The 1000 Lives Campaign ('Campaign') was a large-scale national QI collaborative that aimed to save an additional 1000 lives and prevent 50 000 episodes of harm in Welsh health care over a 2-year period.

We use the Campaign as a case study to describe the development, application, and impact of a communications strategy embedded in a large-scale QI initiative.

Methods

A comprehensive communications strategy guided communications work during the Campaign.

The main aims of the communications strategy were to engage the hearts and minds of frontline National Health Service (NHS) staff in the Campaign and promote their awareness and understanding of specific QI interventions and the wider patient safety agenda.

We used qualitative and quantitative measures to monitor communications outputs and assess how the communications strategy influenced awareness and knowledge of frontline NHS staff.

Andrew Cooper, Jonathon Gray, Alan Willson, Chris Lines, Joe McCannon & Karina McHardy (2015) Exploring the role of communications in quality improvement: A case study of the 1000 Lives Campaign in NHS Wales, Journal of Communication in Healthcare, 8:1, 76-84, DOI: 10.1179/1753807615Y.0000000006

Results

The communications strategy facilitated clear and consistent framing of Campaign messages and allowed dissemination of information related to the range of QI interventions.

It reaffirmed the aim and value of the Campaign to frontline staff, thereby promoting sustained engagement with Campaign activities.

The communications strategy also built the profile of the Campaign both internally with NHS organizations across Wales and externally with the media, and played a pivotal role in improving awareness and understanding of the patient safety agenda.

Ultimately, outcomes from the communications strategy could not be separated from overall Campaign outcomes.

Conclusion and recommendations

Systematic and structured communications can support and enhance QI initiatives.

From our experience, we developed a 'communications bundle' consisting of six core components.

We recommend that communications bundles be incorporated into existing QI methodology, though details should be tailored to the specific context and available resource.

It was criticised due to the lack of information about the benefits of data sharing, and general concerns about data security.

Using Communications Strategies to Accelerate Quality Improvement

It can take weeks or months to plan a quality improvement (QI) project. Doesn't it make sense to spend time developing a plan to communicate with important stakeholders to help ensure its successful implementation and spread?

If you wouldn't undertake an improvement initiative without a measurement strategy, you shouldn't proceed without a communications strategy. W. Edwards Deming understood the importance of communication in furthering QI.

Deming's influential approach to QI (his System of Profound Knowledge) includes "psychology" as one of its components.

According to the IHI Psychology of Change Framework white paper, "Psychology, in Deming's definition, is the way people think and feel, what motivates them, what demotivates them, the problematic effects of incentives, and how they behave."

In other words, Deming understood the importance of engaging the human side of change. One of the most potentially powerful ways of doing this is by sharing stories.

Chosen strategically, stories can do more than entertain. Stories can engage both hearts and minds. Stories can inspire, instruct, and inform. They can remind improvement professionals about why they started in health care in the first place.

There are many ways you can communicate about improvement work. Videos, blog posts, newsletter articles, and posters are just a few methods. However, just as a training alone isn't an implementation strategy, you shouldn't mistake these different tactics for a communications strategy.

Once an improvement takes hold in one place, how do you get it to work somewhere else? Many dedicated quality improvers have seen that simply replicating the original processes and protocols won't guarantee proliferation.

Experts on large-scale improvement will tell you that it's necessary to plan for spread from the beginning. This includes developing ideas for how to communicate about change.

By sharing the story of real people, you can illustrate the power of human connections. It can build will for co-creation between professionals and volunteers by showing this process in action. Film can inspire, motivate, and inform, thereby strengthening and sustaining momentum for achieving the project's goals.

This is what quality improvement communications — or #QiComms as it has become known internationally — is all about.

We all want to spread the best care to as many patients in as many communities as possible. We don't want results to remain isolated secrets of local successes.

In the same way we try to be systematic about everything else we do in our improvement work, we should use communications in a systematic manner.

#QiComms is an international initiative developed by improvement organizations in various European countries and across the Atlantic.

[Read much more here.](#)