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European Hospital and Healthcare Federation

Newsletter

Newsletter N° 147 – April 2017

In this issue:

[Click on one of the titles below to go directly to the related article]

EU institutions and policies

Public Health

Commission consultation on Health Technology Assessment - Preliminary results published

World Health Day 2017 – Depression: let's talk

Supporting patient blood management in the EU – EC guides

Pharmacovigilance – Commission report on Member States and EMA activities

Communications networks, Content, and Technology

eHealth stakeholders group meeting

Internal market

Medical devices and in vitro diagnostics medical devices – New Regulations adopted

Consequences of Brexit in the area of public procurement – European Parliament study

Migration and Home Affairs

Protecting children in migration - Commission communication

Social affairs

European Pillar of Social Rights – Commission presents first initiatives

European Solidarity Corps Stakeholder Forum

Evaluation of the EU Agencies EUROFOUND, CEDEFOP, ETF and EU-OSHA - Open Public Consultation

Environment

Pharmaceuticals in the environment – Commission Roadmap published

Energy performance of buildings – European Parliament draft report

European programmes and projects

Investments in hospitals – EIB financing EUR 4.1 billion

Implementation of the third Programme of Community action in the field of health in 2014 – Commission report

European Reference Networks win EU Ombudsman prize

eHealth Adoption Awards 2017 – Finalists announced

Reports and publications

Reports

The economics of patient safety: strengthening a value-based approach to reducing patient harm at national level – OECD report

Immunisation information systems in the EU and EEA – ECDC report

Intersectoral action for health: Experiences from small countries in the WHO European Region (2016) – WHO Europe report

Culture matters: using a cultural contexts of health approach to enhance policy-making (2017) – WHO Europe policy brief

Understanding variations in hospital length of stay and cost: results of a pilot project – OECD study

Harnessing Big Data for Health – European Observatory on Health System and Policies report

Articles

The 2016 proposal for the reorganisation of urgent care provision in Belgium: A political struggle to co-locate primary care providers and emergency departments – Health Policy Article

Should nurses be allowed to perform the pre-operative surgical site marking instead of surgeons? A prospective feasibility study at a Swiss primary care teaching hospital – BMC article

A new patient safety smartphone application for prevention of “forgotten” ureteral stents: results from a clinical pilot study in 194 patients – BMC article

Defining a staged-based process for economic and financial evaluations of mHealth programs – BMC article

Health system factors influencing management of multidrug-resistant tuberculosis in four European Union countries: learning from country experiences – BMC article

Other news – Europe

European Health Award 2017 – Call for applications for cross-border health projects

What Does Quality Care Mean to Patients? – EPF Survey Results

European Medicines Agency relocation – EPF, BEUC and EURORDIS Joint Statement

Upcoming conferences and events

HOPE Agora 2017

Trinity College Dublin, 11-13 June 2017

4th Joint European Hospital Conference
Save the Date

Düsseldorf, 16 November 2017

One Health Action Plan against AMR – HOPE response to EC public consultation

In April 2017, HOPE replied to the Public consultation launched by the European Commission on a "One Health" Action Plan against antimicrobial resistance (AMR).

The European Commission launched the consultation on possible activities to be included in the Action Plan in January 2017, in view of its forthcoming adoption in mid-2017. These activities will support EU countries in the fight against AMR.

The new Action Plan will build on the evaluation of the existing one, expanding towards innovative approaches, whilst ensuring the continuation of EU actions that are still needed. It will focus on activities with a clear EU added value and, where possible, on measurable and concrete outcomes. These activities have been grouped in three main fields of action, defined as Pillars, namely:

- Supporting Member States and making the EU a best practice region on AMR;
- Boosting research, development and innovation;
- Shaping the global agenda on AMR.

HOPE Response

Access to innovative medicines – HOPE response to OECD online consultation

HOPE provided its contribute to the OECD online consultation on access to innovative therapies.

The consultation is part of an OECD initiative proposed by the French Ministry of Health aiming at promoting an international and high-level dialogue between stakeholders on access to innovative pharmaceuticals and sustainability of pharmaceutical spending.

The initiative was endorsed by OECD member countries and by Health Ministers at the G7 Health Ministerial meeting in Kobe, on 11-12 September 2016. The overall objective is to improve patient access to innovative treatments and

ensure the sustainability of health spending as well as continued innovation that meets patient needs.

HOPE response

OECD consultation

ICT4Life Project – Consortium meeting in Greece

On 4 and 5 April 2017, HOPE took part in the **ICT4Life** consortium meeting in Thessaloniki (Greece). The meeting aimed to coordinate partners' work and review achievements and project results.

During the two-day meeting, ICT4Life consortium has agreed on the schedule for iterative testing that will be performed in the upcoming months with patients, health professionals and caregivers. A first wave of tests of the technologies developed so far, including the application for smartphones and smart-TVs, was already implemented in France, Spain and Hungary by the end-users' organisations E-Seniors and Madrid Parkinson Association as well as by ICT4Life members from the University of Pécs.

Patients and caregivers' responses to the technologies tested were promising, especially from the point of view of patient's empowerment. Users particularly appreciated the testing sessions and felt empowered knowing that ICT4Life services will be built on their needs and feedback. Some technical improvements suggested by end-users to better support their experience with ICT4Life mobile app will be implemented in the coming months, prior to the next wave of iterative tests. Sensors will also be further developed and tested by the end of April.

The meeting also provided to ICT4Life technical partners an opportunity to discuss about integration of ICT4Life different technical modules. The ICT4Life final product will allow patients to improve their autonomy and quality of life through integration of different technologies able to monitor their movements at home and health status and notify caregivers and health professionals about abnormal behaviours detected. Moreover, the mobile app will help patients to train their memory thanks to cognitive games easily adaptable to their own needs and skills.

ICT4Life Consortium meeting held at CERTH Campus, Thessaloniki.

HOPE study tour on Quality and Safety

4-5 May 2017, Brussels (Belgium)

PAQS ASBL organises a HOPE Study Tour on Quality and Safety on 4 and 5 May 2017 in Brussels.

PAQS ASBL is a newly created organization bringing together most healthcare stakeholders in Brussels and Wallonia with the objective of improving quality and safety in healthcare.

Due to many institutional reforms, Belgium Quality and Safety policies have been characterized for many years by an unclear definition of responsibilities. Things are now slowly becoming less ambiguous and both regional and federal levels are engaging in comprehensive and articulated Q&S policies.

During those two days, participants to the study tour will learn about how things are currently organized in Belgium, which policies have been implemented for which results, and how future policies may look like. Participants are also expected to briefly present Quality and Safety policies existing in their countries and to exchange opinions and ideas on how things are evolving throughout Europe.

HOPE study tour on OuluHealth Ecosystem and Oulu University Hospital TestLab – Programme available

1-2 June 2017, Oulu (Finland)

HOPE organises a study tour in Oulu (Finland) on 1 and 2 June 2017 to present the OuluHealth Ecosystem and Oulu University Hospital TestLab.

During the study tour, participants will have the possibility to understand the way the Healthcare Ecosystem is designed in order to meet the needs and challenges of the future, how the testing laboratory is connected to serve the University Hospital activity, and how the Oulu University Hospital will be renovated by 2030.

The OuluHealth ecosystem comprises several stakeholders from academia, the public sector, and the private sector. The principal idea is to facilitate open collaboration and to accelerate innovation by bringing together various partners able to contribute to the needs of the health care sector. The ecosystem approach enables the combination of expertise from wireless information technologies and life science to introduce smart ICT solutions for delivering advanced, personalised, connected health service solutions.

OuluHealth is located in Kontinkangas campus close to the centre of the Oulu city. The OuluHealth campus has developed around the Oulu University Hospital, opened in the 1970s, and is quite unique in the way that it compactly combines both public and private actors in the health care sector, ranging from Biocenter Oulu to a wide spectrum of small and medium-sized businesses.

The applicants are kindly reminded to complete the **application form** in English and to send it by e-mail to Mrs. Mira Salmi: **mira.salmi@ppshp.fi**.

The deadline for application is **8 May 2017**.

Preliminary programme

Further information

HOPE Agora 2017: Organisational Innovation in Hospitals and Healthcare – Registration open

The HOPE Agora 2017, the HOPE Exchange Programme closing event, will take place at the Trinity College in Dublin, from Sunday 11 to Tuesday 13 June 2017.

This year's HOPE Agora will be hosted by *the Health Management Institute of Ireland (HMI).* Among the top-level speakers invited, the Minister for Health of Ireland and the Secretary General of the Department of Health will also take the floor at the Agora.

The main theme will be on innovations in organisation and management that the Exchange Programme participants have encountered during their stay in their host country. With such a broad theme, there are countless possibilities to be discovered. With innovations occurring in a diversity of areas, for example: patient care; clinical work; nursing; human resources; information systems; drug management; laboratory operations; finances; quality management and patient involvement, there will be significant scope for the transfer of learning.

120 healthcare professionals from 18 European countries participated on the 2017 programme. During the HOPE Agora, participants on the programme are due to report back the results of their 4-week stay abroad. Participants will focus on the elements of their stay they found inspiring and offer a comparative analysis with challenges faced by their home country.

Without judging the system of the visited country, participants will describe, based on their experience abroad, what they would like to see implemented in their own country, region, institution, or ward. As is customary, prizes will be awarded to the three best presentations as judged by the HOPE National Coordinators.

Registration are now open at this **link**.

For more information, please visit the **HOPE Agora website**.

Portugal – Ana Escoval

Future changes in the Portuguese healthcare system

There are expectations regarding certain projects within the National Health Service (SNS). One of them refers to the recent implementation in public hospitals of the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10-CM/PCS) – that started on 1 January 2017. This change from the ICD-9-CM to ICD-10-CM/PCS was mainly due to the limitations to properly reflect the diversity of diagnoses and procedures as well as the acknowledgement that the ICD-10-CM/PCS provides a more exhaustive and adequate methodology to mirror the nosological innovations. The ICD-10-CM/PCS provides a more updated clinical terminology, which is compatible with the present practices when it comes to making the characterisation of morbidity. Moreover, it will allow the best conditions for the definition of more equitable financing models, therefore promoting the good practices and clinical innovation. The specificity of ICD-10-CM/PCS represents a significant improvement in the hospital morbidity classification leading to the inclusion of higher details in the data codification (MS.ACSS, 2016).

Even though this new codification system will imply training to physicians and the adaptation of software, it represents an improvement in the quality and in the refinement of the information available to decision-makers and health managers. It also improves the hospital payment models consequently promoting the transparency, efficiency and effectiveness that all want for the benefit of the healthcare system. This process will be closely monitored.

Another structuring project that will have major focus regards the new mechanism for accessing the healthcare services at the hospital level through the Free Circulation and Access (FAC) - Livre Acesso e Circulação (LAC).

"It is imperative to create a shift in the healthcare demand paradigm by restructuring the system and making it about the patient and his needs and expectations, thus ensuring the equity when it comes to access, the quality of services and humanised, timely and sustainable healthcare services (MS.ACSS, 2016). In alignment with these premises we do expect the highest contributions from the FAC for the promotion of equity and a better and timely access to hospitals and healthcare as well as to the improvement of efficiency and effectiveness of hospitals and of the SNS".

The advantage for the professionals, especially the family physicians, consists in improving the existing trust relationship that must exist with the patients while the one for the SNS consists in improving the efficiency, maximising the installed capacity and quality of healthcare services and ensuring the continuity of care to the users. However, this system could lead to some constrains regarding the users' preferences for certain hospitals which in turn may lead to a substantial increase in the guaranteed response times by speciality. This will need a more detailed analysis and implementation time to understand the real impact of the FAC.

The introduction of FAC at the hospital level is fundamental. This area is of outmost importance for the operationalisation of some of the measures defined by the hospital reforms which is in fact the main area of interest of the APDH. The Ministry of Health published the terms of reference for the contracting with public hospitals for 2017, including for the first time FAC, among others relevant areas, such as the implementation of the SNS Integrated Access Management System - Sistema Integrado de Gestão do Acesso no SNS (SIGA SNS) and assurance of the compliance of guaranteed response times.

Public Health

Commission consultation on Health Technology Assessment - Preliminary results published

On 29 March 2017, the European Commission Unit on "Medical products: safety, quality, innovation" (B4) published the preliminary results of the public consultation on Health Technology Assessment (HTA) launched in October 2016.

The number of replies submitted is 249, mainly from administrations, organisations and associations (150), citizens (63) and SMEs (36).

The results of the public consultation will inform the Commission on future initiative to undertake to improve collaboration on HTA in the EU countries.

Preliminary results (PPT)

World Health Day 2017 – Depression: let's talk

World Health Day 2017 was celebrated on 7 April 2017. This year **campaign** focused on depression as a major challenge to health in the European region.

The theme "Depression: let's talk" recognizes that depression is a treatable condition and seeks to address the fact that, despite this, about 50% of cases of major depression still go untreated. The high personal, social and economic costs and the large proportion of people who are not receiving any treatment, despite the availability of cheap and effective care, underscore the importance of overcoming this challenge.

The theme of World Health Day 2017 was announced on 10 October 2016, during World Mental Health Day.

Speech by Commissioner Andriukaitis

Supporting patient blood management in the EU – EC guides

On 4 April 2017, the Commission published two guides on Patient Blood Management (PBM). The guides, one addressed to authorities and the other addressed to hospitals, have been developed via a Public Health Programme service contract (nº 20136106).

Patient blood management (PBM) is a patient-focused, evidence-based and systematic approach to improve patient outcomes through the safe and rational use of blood and blood products and avoiding unnecessary transfusions. Essential elements of PBM include: the prevention of conditions that might otherwise result in the need for transfusion (through health promotion and screening for early detection of anemia), appropriate diagnosis and optimal treatment, including the use of alternatives to transfusion, good surgical and anaesthetic techniques, the use of alternatives to blood transfusion and blood conservation.

The PBM approach has been endorsed and promoted by the World Health Organization and is widely accepted as current best practice.

The Commission hopes that the EU Public Health Programme investment in the development of these guides will enhance the efforts of health authorities and professionals across the EU to achieve similar results for EU patients.

Guide for health authorities

Guide for hospitals

Pharmacovigilance – Commission report on Member States and EMA activities

On 24 April 2017, the Commission published the Report "Monitoring safety of medicines for patients: pharmacovigilance activities related to medicines for human use in the EU".

The report describes the activities of the network and collaborative system for monitoring and controlling the safety of human medicines in the EU over a period covering three years following the start of operation of new European legislation designed to improve that system.

The report specifically includes quantitative data gathered over the period from July 2012 to December 2014 (the data lock point), but includes information on some relevant tasks and processes over the whole 3-year period up to July 2015.

The report is accompanied by a **Commission Staff Working document**.

Full report

eHealth stakeholders group meeting

HOPE is member of the eHealth Stakeholders group and joined the meeting organised in Brussels on 27 April 2017.

The European Commission presented the first elements of the Blueprint for digital innovation in health and care to help scale up digital transformation of health and care, reaching concrete targets by 2018. The aim is to reach at least EUR 500 million investment with the identification of 5 scenarios with investment commitments. The medical device regulation was also covered, more precisely on software falling under the definition of a medical device. Apps are regulated as software.

The Directorate General CONNECT presented several elements: the digital single market review and digital health and care task force, the eHealth week in Malta in May and the Estonian presidency eHealth event from 16-18 October 2017. mHealth was discussed since the draft code of conduct has been submitted to member states for a first feedback expected in May. The mHealth working group results will be submitted to the eHealth network of member states.

DG SANTE raised several points: the eHealth Network meeting and the new joint action supporting the eHealth Network reporting with 2,7 million euros. The IT platform of the European reference networks was presented. It is a collaborative platform, tailored for the European reference networks but with no exchange of clinical patient data. This will be done with a clinical patient management system which focus is on diagnosis and treatment, but not yet on research.

Finally, the eHealth stakeholders working groups presented their first results on: citizens and digital health data; standards and interoperability; integrated care; side effects of eHealth; and reimbursement.

The meeting was also an opportunity for HOPE to present the work in process with the European Cybersecurity Organisation but also the joint conference organised in Dusseldorf on 16 November 2017.

More information

Medical devices and in vitro diagnostics medical devices – New Regulations adopted

On 5 April 2017, the European Parliament formally adopted new EU rules on medical devices and in vitro diagnostics medical devices. The Regulations proposed in 2012 will help to improve the safety of medical devices for the benefit of patients while preserving a timely access to innovative healthcare solutions.

Following Council adoption of the texts in March 2017, the European Parliament adopted the same text without amendments during plenary on 5 April.

The new rules will apply three years after publication as regards medical devices and five years after publication as regards in vitro diagnostic medical devices.

Elżbieta Bieńkowska, Commissioner for Internal Market, Industry, Entrepreneurship and SMEs, welcomed the adoption of the regulations: *"I'm extremely happy that our push for stricter controls of medical devices on the EU market will now become a reality. Whether for medical devices, cars or other products, we must ensure stronger supervision in the interest of our citizens. We should not wait for another scandal instead we should start a discussion how to strengthen European oversight over Member States' market surveillance activities."*

More information

Consequences of Brexit in the area of public procurement – European Parliament study

On 26 April 2017, the European Parliament released a study carried out by the University of Nottingham on the consequences of Brexit in the area of public procurement. The document was prepared for Policy Department A at the request of the Committee on Internal Market and Consumer Protection.

The paper examines the implications of the UK's departure from the EU for the EU-UK legal relationship in the field of public procurement. It assesses, in comparison with the position under EU membership, the implications of four approaches found in the EU's relationships with other trading partners: the EEA model; the GPA model; and, between these two, what we call an "EEA-minus" approach and a "GPA-plus" approach.

It also notes the procurement-specific issues that may need to be addressed in any withdrawal agreement (or later transition arrangement).

Full report

Protecting children in migration - Commission communication

On 12 April 2017, the European Commission outlined a set of priority options to improve protection of children in migration.

Over the past two years, a growing number of children in migration have arrived in the EU, many of them without their families.

While EU and Member States' legislation provide a solid framework for protection, the recent surge in arrivals has put national systems under pressure and exposed gaps and shortcomings. Therefore, the Commission outlined actions to reinforce the protection of all migrant children at all stages of the process.

It is necessary to ensure that migrant children are swiftly identified when they arrive in the EU and that they receive child-adequate treatment. Trained personnel need to be available to assist children during their status determination and children should be provided with sustainable long-term perspectives through better access to education and health care.

Child protection is a central priority in the European Agenda on Migration. The Commission will continue to support Member States' efforts through training, guidance, operational support and funding.

Commission Communication

European Pillar of Social Rights – Commission presents first initiatives

On 26 April 2017, the European Commission presented the first initiatives taken as part of the European Pillar of Social Rights.

The Pillar is designed as a compass for a renewed process of upward convergence towards better working and living conditions in Europe. It is primarily conceived for the euro area but applicable to all EU Member States wishing to be part of it. The Pillar sets out **20 key principles and rights** to support fair and well-functioning labour markets and welfare systems, which are structured around three categories: equal opportunities and access to the labour market; fair working conditions; social protection and inclusion.

The first legislative and non-legislative initiatives presented by the Commission as part of the Pillar address:

- **work-life balance** of parents and carers;
- **information of workers**;
- **access to social protection**;
- **working time**.

During the launch phase, special attention has been devoted to the "New Start" Initiative on work-life balance challenges faced by working parents and carers. The Proposal for a new Directive will introduce a paternity leave of 10 working days around the birth of the child and strengthen the parental leave by making the 4-month period compensated at least at sick pay level and non-transferable from a parent to another.

A **social scoreboard** is also established to track trends and performances across EU countries in 12 areas and to assess progress towards a social "triple A" for the EU as a whole. This analysis will feed into the European Semester of economic policy coordination.

In addition to the legislative and non-legislative initiatives, the Commission launched two social partner consultations. The first consultation concerns modernising the **rules on labour contracts**. The second consultation focuses on **access to social protection**, to define possible new rules in this area.

Commission Recommendation

European Solidarity Corps Stakeholder Forum

HOPE attended on 12 April 2017, the European Solidarity Corps Stakeholder Forum brought together in Brussels national and European representatives of civil society organisations, authorities and other stakeholders to discuss the key issues related to the future development of the European Solidarity Corps.

The European Solidarity Corps will offer volunteering and work placement opportunities to young people who want to participate in solidarity projects around Europe. Its first phase was launched in December 2016 and over 27,000 young people have signed up so far, allowing organisations running solidarity projects to find their volunteers.

This Forum is part of a wider consultation process to help shape the initiative. An online public consultation was open until 2 April 2017.

More information

Evaluation of the EU Agencies EUROFOUND, CEDEFOP, ETF and EU-OSHA - Open Public Consultation

The work of 4 EU agencies falling under the remit of DG Employment (Eurofound, Cedefop, ETF and EU-OSHA) will be subject to open public consultation. The consultation opened on 5 April 2017 and will be accessible until 5 July 2017.

The consultation aims to collect information and opinions from the general public and stakeholders to support the on-going evaluation of the four Agencies, particularly on 1) the assessment of the Agencies work regarding relevance, effectiveness, efficiency, coherence and EU added value, and 2) the future of the four Agencies, gathering new ideas on issues central to their future, including cross-cutting and governance issues.

More information

Pharmaceuticals in the environment – Commission Roadmap published

On 29 April 2017, the European Commission published a Roadmap on a strategic approach to pharmaceuticals in the environment.

The Roadmap aims to inform stakeholders about the Commission's work in order to allow them to provide feedback and to participate effectively in future consultation activities. The Commission will conduct a 12-week open public consultation to involve as wide a range of relevant stakeholders as possible. The consultation is expected to be launched in the first half of 2017. Moreover, the Roadmap itself will be open for feedback for 4 weeks after its publication (Link below).

The main objectives of a Commission initiative on Pharmaceuticals in the environment will be to:

- identify remaining knowledge gaps and uncertainties, and present possible solutions for filling them;
- explore how to address the challenge to protect the environment (and human health via the environment) and at the same time safeguard access to effective and appropriate pharmaceutical treatments for human patients and animals, considering inter alia the opportunities for innovation.

The strategic approach will aim to address pharmaceuticals in the environment generally, meaning largely but not only the water environment, in order to cover the requirements in the water and pharmacovigilance legislation, noting that the latter refers also to soils. It could include policy options relating to a number of different areas, given that emissions of pharmaceutical substances to the environment occur during their whole lifecycle, i.e. from production through consumption to disposal.

Being major points of disposal of pharmaceuticals, hospitals and healthcare settings may be highly impacted by initiatives in the field.

Roadmap

Energy performance of buildings – European Parliament draft report

On 26 April 2017, the European Parliament Committee on the Environment, Public Health and Food Safety released a draft opinion on energy performance of buildings.

The opinion refers to the proposal for a directive of the European Parliament and of the Council amending Directive 2010/31/EU on the energy performance of buildings. It is addressed to the Committee on Industry, Research and Energy, the Committee responsible for the legislative procedure.

The rapporteur, Anneli Jäätteenmäki, stresses two major issues: healthy buildings and the Commission proposal on electro-mobility. In doing so, the report suggests several amendments to the proposed directive.

Draft report

Investments in hospitals – EIB financing EUR 4.1 billion

On 4 April 2017, the Board of the European Investment Bank (EIB) approved a total of EUR 4.1 billion of new financing. This includes investment to improve sustainable transport, healthcare, education and corporate research, as well as support for lending to small companies by local financial partners across Europe and around the world.

Meeting at the European Investment Bank headquarters in Luxembourg, representatives of the bank's 28 EU Member State shareholders and of the European Commission approved new financing for 29 different projects.

Six projects approved by the EIB board will be backed by the Investment Plan for Europe and support overall investment totalling EUR 590 million. This includes support for hospital and healthcare research in Romania, France and Italy; university research in Latvia; investment to improve energy efficiency in housing and to support small businesses across Spain; and corporate research and development in Italy.

More information

Implementation of the third Programme of Community action in the field of health in 2014 – Commission report

On 3 April 2017, the Commission published a report on the implementation of the Third Health Programme in 2014. The report also provides detailed information on the 2014 budget and how it was spent.

2914 was the first year of the implementation of the Third Health Programme established by Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014.

This Regulation applies from 1 January 2014 for a Programme lasting seven years until 31 December 2020.

The accompanying Staff Working Document in Annex 1 presents a set of examples of the key multi-annual actions co-funded under the Second Health Programme for which final results became available in 2014.

Commission Report

European Reference Networks win EU Ombudsman prize

The European Commission's initiative on **European Reference Networks** for rare diseases (ERNs) has won the first **European Union Ombudsman award**.

ERNs link centres of expertise and professionals on rare diseases in the different EU Member States to share knowledge and identify how patients can get access to the highly-specialised care they need, when experts on their particular disease are unavailable in their home country. ERNs offer a unique opportunity for over 30 million people with rare diseases in the EU to improve their access to diagnosis, treatment and care across borders.

The Award for Good Administration is a pilot initiative launched by the European Ombudsman to recognise exemplary administration that makes a real difference to EU citizens and bring them to greater public attention.

90 projects were nominated for the award.

More information

eHealth Adoption Awards 2017 – Finalists announced

The eHealth Adoption Awards, supported by the European Commission, recognise the work of both adopters and their technological suppliers in implementing digital health innovation for the benefit of patients.

These awards give visibility and recognition to European adopters of cutting-edge innovation in eHealth, while inspiring other organisations to improve the delivery of health and care-related services with the support of innovative technology.

Teams of European adopters and IT companies that have jointly implemented an eHealth innovation with successful outputs were eligible to apply. By eHealth it is understood the use of IT solutions for health and care and may cover: digital health, active and healthy ageing, social care, mHealth, wearables, etc. Biotech and medical devices for hospital use (e.g., PET, TAC) are excluded.

More information

Reports

The economics of patient safety: strengthening a value-based approach to reducing patient harm at national level – OECD report

This report was prepared for the 2nd Global Ministerial Summit on Patient Safety, held in Bonn on 29-30 March 2017. It first estimates the health, financial and economic costs of patient harm - defined as any unnecessary deleterious effects on those receiving health care.

Results indicate that patient harm exerts a considerable global health burden that is in the same league as malaria or tuberculosis. In developed countries, it is equivalent to multiple sclerosis and certain cancers. The financial cost on health systems is also considerable. Up to 15% of hospital expenditure is used up by treating harmed patients. Incorporating the flow-on economic consequences such as lost productivity and income, the costs of harm run into trillions of dollars annually. Because many of the incidents that cause harm can be prevented, these failures represent a considerable waste of precious resources and cost that dwarfs the investment required to implement effective prevention.

The report then examines how patient harm can be minimised effectively and efficiently. This partly informed by a snapshot survey of a panel of eminent academic and policy experts in patient safety. System- and organisational-level initiatives such as education and training, information infrastructure, clinical governance and reporting frameworks were seen as vital to provide a foundation for the more local interventions targeting specific types of harm (e.g. infections, pressure ulcers and diagnostic error). The overarching requirement was a culture conducive to safety, which needs to be fostered at all levels of the healthcare system.

Download the report

Immunisation information systems in the EU and EEA – ECDC report

This report presents the findings of a survey conducted by ECDC across EU/EEA countries that assessed the level of implementation of IIS and their functionalities, as well as the challenges encountered during the design and implementation. The aim of the survey was to share knowledge about IIS in the EU/EEA in order to build consensus on the characteristics of an optimal system and to describe differences in core functionalities and standards across countries.

Results show that twenty-one EU/EEA countries have developed or are in the process of developing systems to digitally record information about vaccination. Fourteen of these countries already have a system in place, whereas innovative systems are being piloted in 7 countries. Five of the digital systems include automated reminders, which have the potential to automatically generate lists that identify under vaccinated populations, determine which vaccines are due or overdue, and generate reminders for providers and vaccine recipients. For example, automated reminders have been used to generate of lists identifying children who have not been vaccinated with the second dose of Measles, Mumps and Rubella vaccination (MMR2) before the age of 16.

Full report

Intersectoral action for health: Experiences from small countries in the WHO European Region (2016) – WHO Europe report

Health and well-being are affected by social, economic and environmental determinants. Intersectoral action can play a crucial role in addressing today's biggest public health challenges.

This report shows how eight small countries, with a population of less than one million, used intersectoral action to address a diverse set of health needs, thus sharing their knowledge on implementing Health 2020. Many sectors were involved in the country case stories with the health sector taking the lead in most cases, coordinating action and engaging other players. The other main sectors involved were agriculture, education, family affairs, interior, labour, justice, sport and tourism.

The case stories reveal a number of mechanisms that facilitated intersectoral action with lessons learnt focusing on the importance of establishing common goals, engaging sectors and implementing mechanisms for intersectoral work.

Full report

Culture matters: using a cultural contexts of health approach to enhance policy-making (2017) – WHO Europe policy brief

This policy brief has been developed in response to the increasing awareness among policy-makers and the public health community of the important relationship between culture and health. Incorporating cultural awareness into policy-making is critical to the development of adaptive, equitable and sustainable health care systems, and to making general improvements in many areas of population health and well-being.

By exploring the three key public health areas of nutrition, migration and environment, the policy brief demonstrates how cultural awareness is central to understanding health and well-being and to developing more effective and equitable health policies. Consequently, it argues that public health policy-making has much to gain from applying research from the health-related humanities and social sciences.

Policy brief

Understanding variations in hospital length of stay and cost: results of a pilot project – OECD study

Hospitals are the most expensive component of OECD health care systems, accounting for around one third of total health care expenditure. Given growing pressures on government budgets, this is an area of expenditure that has already been, and will continue to be, thoroughly scrutinised for potential increases in efficiency. One way to assess hospital efficiency is to measure the amount of resources each hospital uses to treat specific conditions.

A care delivery process may be seen as more efficient – after accounting for broader health system and market factors that may constrain the hospital from operating at an efficient level – if it consumes fewer resources while delivering adequate care for the same condition, the dimension of efficiency under review here. In this light, measuring hospital length of stay and costs for a given condition helps the understanding of how efficient (better performing) hospitals are relative to each other.

Through international comparative work, this paper helps policy makers understand the scope and nature of length of stay/costs variation across hospitals in OECD countries. It also explores whether characteristic of hospitals or of countries' regulatory and operating environments can explain differences in efficiency. Data on length of stay and costs to treat patients admitted to hospitals for nine tracing conditions/treatments were collected and analysed for Canada (Alberta province), France, Ireland and Israel for 2012-2014.

The analysis shows that hospitals with a number of beds ranging between 200 and 600, and not-for-profit hospitals report shorter length of stay and lower costs for several conditions/treatments. It also shows that variations in efficiency are more likely to exist at the hospital level for cardiac surgery (acute myocardial infarction with percutaneous transluminal coronary angioplasty and coronary artery bypass graft), and at country level for hysterectomy, caesarean section and normal delivery.

These results shed some light on the importance of hospital payment system in fostering efficiency in care delivery for standard/high volume treatments such as normal delivery, whereas hospital management and organisation seem to drive efficiency for more complex/technology driven treatments such as bypass surgery.

Full report

Harnessing Big Data for Health – European Observatory on Health System and Policies report

There is a growing awareness that harnessing big data, if done properly, could transform both the quality of healthcare for patients and how health systems perform. However, processes that can link the content of large and diverse health-related datasets from multiple sources in ways that achieve these goals without compromising privacy or other ethical concerns are only in their infancy.

In this issue, the *Observer* section opens with an article that gives a panoramic view of the benefit of unlocking the potential of big data in healthcare. In the *International* section, the health priorities of the EU Maltese Presidency are discussed, such as tackling childhood obesity and promoting cooperation between health systems. The section *Systems and Policies* features very divergent countries and some highly uncertain policy arenas.

Finally, the *Monitor* section provides two new policy briefs on structured cooperation related to workforce challenges in highly specialised healthcare and to voluntary cross-border collaboration in public procurement of health technologies.

Full report

Articles

The 2016 proposal for the reorganisation of urgent care provision in Belgium: A political struggle to co-locate primary care providers and emergency departments – Health Policy Article

Koen Van den Heedea, Wilm Quentinb, Cécile Duboisa, Stephan Devriesea, Carine Van de Voorde

Internationally the number of emergency department (ED) visits is on the rise while evidence suggests that a substantial proportion of these patients do not require emergency care but primary care.

This paper presents the Belgian 2016 proposal for the reorganisation of urgent care provision and places it into its political context. The proposal focused on re-designing patient flow aiming to reduce inappropriate ED visits by improving guidance of patients through the system. Initially policymakers envisaged, as cornerstone of the reform, to roll-out as standard model the co-location of primary care centres and EDs. Yet, this was substantially toned down in the final policy decisions mainly because GPs strongly opposed this model (because of increased workload and loss of autonomy, hospital-centrism, etc.). In fact, the final compromise assures a great degree of autonomy for GPs in organising out-of-hours care. Therefore, improvements will depend on future developments in the field and continuous monitoring of (un-)intended effects is certainly indicated.

This policy process makes clear how important it is to involve all relevant stakeholders as early as possible in the development of a reform proposal to take into account their concerns, to illustrate the benefits of the reform and ultimately to gain buy-in for the reform.

Full article

Should nurses be allowed to perform the pre-operative surgical site marking instead of surgeons? A prospective feasibility study at a Swiss primary care teaching hospital – BMC article

Judit Schäfli-Thurnherr, Annette Biegger, Christopher Soll and Gian A. Melcher

Surgical site marking is one important cornerstone for the principles of safe surgery suggested by the WHO. Generally, it is recommended that the attending

surgeon performs the surgical site marking. Therefore, surgical site marking can be performed by trained nursing staff.

The aim of the study was to find out whether surgical site marking can be carried out reliably and correctly by nurses. The prospective non-controlled interventional study took place in a single primary care hospital of Uster in Switzerland. During a pilot phase of 3 months (starting October 2012) the nursing staff of a single ward was trained and applied the surgical site marking on behalf of the responsible surgeon. After this initial phase the new concept was introduced in the entire surgical department. 12 months after the introduction of the new concept, an interim evaluation was performed asking whether the new process facilitates daily routine and surgical site marking was performed correctly. 22 months after the introduction, a prospective data collection monitored for one month whether the nursing staff carried out surgical site marking independently and correctly. Data were collected by a patient-accompanying checklist that was completed by the nursing staff, the staff in the operating room and the responsible surgeons. The stepwise implementation of the new concept of surgical site marking was well accepted by the entire staff. 150 patient-accompanying checklists were analysed. 22 data sheets were excluded from the analysis and 90% of the surgical site markings were correctly performed. For the remaining 10% either a surgical site marking was not necessary or the nursing staff asked a surgeon to mark the correct surgical site.

During the whole study time of almost 3 years, no wrong-site surgery occurred. Surgical site marking can be performed by trained nurses. However, the attending surgeon remains fully responsible of the correct operation on the correct patient.

Full article

A new patient safety smartphone application for prevention of “forgotten” ureteral stents: results from a clinical pilot study in 194 patients – BMC article

Wilson R. Molina, Rodrigo Pessoa, Rodrigo Donalisio da Silva, McCabe C. Kenny, Diedra Gustafson, Leticia Nogueira, Mark E. Leo, Michael K. Yu and Fernando J. Kim

Approximately 12% of all ureteral stents placed are retained or “forgotten.” Forgotten stents are associated with significant safety concerns as well as increased costs and legal issues. Retained ureteral stents (RUS) often occur due to lack of clinical follow-up, communication or language barriers, and economic concerns. Authors describe a multiplatform application that facilitates data collection to prevent RUS. The “Stent Tracker” application can be installed on mobile devices and computers. The encrypted and password-protected

information is accessible from any device and provides information about each procedure, stent placement and removal dates, as well as product description.

This multicenter retrospective study included 194 patients who underwent stent placement between July and October 2015. The "Stent Tracker" is a patient safety application that provides a secure and simplified interface, which can significantly reduce the incidence of RUS. Further developments could include automated notifications to patients and staff, color-coding, and integrated information with electronic patient charts.

Full article

Defining a staged-based process for economic and financial evaluations of mHealth programs – BMC article

Amnesty E. LeFevre, Samuel D. Shillcutt, Sean Broomhead, Alain B. Labrique and Tom Jones

Mobile and wireless technology for health (mHealth) has the potential to improve health outcomes by addressing critical health systems constraints that impede coverage, utilization, and effectiveness of health services. To date, few mHealth programs have been implemented at scale and there remains a paucity of evidence on their effectiveness and value for money.

This paper aims to improve understanding among mHealth program managers and key stakeholders of how to select methods for economic evaluation and financial evaluation. Authors outlined a 6 stage-based process for selecting and integrating economic and financial evaluation methods into the monitoring and evaluation of mHealth solutions including defining the program strategy and linkages with key outcomes, assessment of effectiveness, full economic evaluation or partial evaluation, sub-group analyses, estimating resource requirements for expansion, affordability assessment and identification of models for financial sustainability. While application of these stages optimally occurs linearly, finite resources, limited technical expertise, and the timing of evaluation initiation may impede this.

Authors recommend that analysts prioritise economic and financial evaluation methods based on programmatic linkages with health outcomes; alignment with an mHealth solution's broader stage of maturity and stage of evaluation; overarching monitoring and evaluation activities; stakeholder evidence needs; time point of initiation; and available resources for evaluations.

Full article

Health system factors influencing management of multidrug-resistant tuberculosis in four European Union countries: learning from country experiences – BMC article

Gerard de Vries, Svetla Tsolova, Laura F. Anderson, Agnes C. Gebhard, Einar Heldal, Vahur Hollo, Laura Sánchez-Cambronero Cejudo, Daniela Schmid, Bert Schreuder, Tonka Varleva and Marieke J. van der Werf

In the European Union and European Economic Area only 38% of multidrug-resistant tuberculosis patients notified in 2011 completed treatment successfully at 24 months' evaluation. Socio-economic factors and patient factors such as demographic characteristics, behaviour and attitudes are associated with treatment outcomes. Characteristics of healthcare systems also affect health outcomes.

This study was conducted to identify and better understand the contribution of health system components to successful treatment of multidrug-resistant tuberculosis.

Authors selected four European Union countries to provide for a broad range of geographical locations and levels of treatment success rates of the multidrug-resistant tuberculosis cohort in 2009. They conducted semi-structured interviews following a conceptual framework with representatives from policy and planning authorities, healthcare providers and civil society organisations. Responses were organised according to the six building blocks of the World Health Organization health systems framework.

In the four included countries, Austria, Bulgaria, Spain, and the United Kingdom, the following healthcare system factors were perceived as key to achieving good treatment results for patients with multidrug-resistant tuberculosis: timely diagnosis of drug-resistant tuberculosis; financial systems that ensure access to a full course of treatment and support for multidrug-resistant tuberculosis patients; patient-centred approaches with strong intersectoral collaboration that address patients' emotional and social needs; motivated and dedicated healthcare workers with sufficient mandate and means to support patients; and cross-border management of multidrug-resistant tuberculosis to secure continuum of care between countries.

Full article

European Health Award 2017 – Call for applications for cross border health projects

The 2017 European Health Award will address cross-border health projects.

The award of €10,000 will be sponsored by the **Austrian Federal Ministry of Health and Women's Affairs** and **FOPI**, the Association of the Research & Development-based Pharmaceutical Industry in Austria and will be awarded at this year's **EHFG**.

Applications for the Award will close on Friday 26 May 2017 and will then be evaluated by a renowned jury.

More information

What Does Quality Care Mean to Patients? – EPF Survey Results

During 2016, EPF surveyed patient representatives on how they perceive "quality" in healthcare and what matters most to them.

A first conclusion that emerged from the EPF survey is that patients' perception of "quality" is highly context-specific and encompasses many dimensions of healthcare. Important aspects of quality that were most often mentioned by respondents included:

- Being cared for as a person, not only as a diagnosis or number; being treated with empathy and respect, in a holistic way, i.e., with consideration to psycho-social, mental and family aspects of illness together with the physical aspects.
- Achieving good quality of life; including better health outcomes but also enabling a patient to keep as active in society as possible when living with a chronic condition.
- Collaboration between professional and patient, the patient being listened to and their concerns taken seriously; being an equal partner.
- Having time to talk with health professionals and enough information to support self-care.
- Having fast and unproblematic access to good standards of treatment, that is, up-to-date per latest scientific knowledge, given by well-trained professionals.

Despite comments that could be seen as critical and aspirational, most respondents felt the care they themselves had received recently had been of good quality. However, a minority of 7% said they had received bad or very bad care.

When asked about the main change they would like to see in the health system, the top issue that emerged was access, including affordability, followed by better communication, more time for dialogue, and strengthening of the role of patients and civil society organisations in the system. Many patients are also worried about the pressures placed on healthcare staff, and the funding and resources available for the healthcare system.

In 2017, EPF will develop a formal position statement on quality of care, based on the results of the survey.

Survey

European Medicines Agency relocation – EPF, BEUC and EURORDIS Joint Statement

On 11 April 2017, the European Patient Forum (EPF), the European Consumer Organisation (BEUC) and EURORDIS-Rare Diseases Europe expressed their concern about the future relocation of the European Medicines Agency (EMA).

This was done by means of a letter addressed to the Commissioner for Health and Food Safety. Dr. Andriukaitis, and to the Chief Negotiator of the Taskforce on Article 50 negotiations with the United Kingdom, Mr. Michel Barnier.

According to these stakeholders' organisations, the relocation of the Agency should focus on practical and environment factors which will govern EMA's capacity to retain as many current expert staff members as possible, and attract and involve the best possible medical, scientific and civil society experts in future.

Read more

HOPE Agora 2017

Trinity College Dublin, 11-13 June 2017

This year's **HOPE Agora** will be hosted by *the Health Management Institute of Ireland (HMI).* Among the top-level speakers invited, the Minister for Health of Ireland and the Secretary General of the Department of Health will also take the floor at the Agora.

The main theme will be on innovations in organisation and management that the Exchange Programme participants have encountered during their stay in their host country. With such a broad theme, there are countless possibilities to be discovered. With innovations occurring in a diversity of areas, for example: patient care; clinical work; nursing; human resources; information systems; drug management; laboratory operations; finances; quality management and patient involvement, there will be significant scope for the transfer of learning.

120 healthcare professionals from 18 European countries participated on the 2017 programme. During the HOPE Agora, participants on the programme are due to report back the results of their 4-week stay abroad. Participants will focus on the elements of their stay they found inspiring and offer a comparative analysis with challenges faced by their home country.

Registration are now open at this **link**.

Programme

Speakers

4th Joint European Hospital Conference – Save the Date

Düsseldorf, 16 November 2017

On 16 November 2017, the European Hospital and Halthcare Federation (HOPE), the European Associations of Hospital Managers (EAHM) and the European Association of Hospital Physicians (EAHM) will held the 4th Joint European Hospital Conference (EHC) from 10.00 am to 4.30 pm.

The 4th EHC is planned to address the general theme of "Changes and Challenges of E-Health". The event will take place as part of the 40th German Hospital Conference and the world's biggest medical trade fair MEDICA at the Düsseldorf Exhibition Centre.