Newsletter
November 2019

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Two EQuiP Intellectual Outputs:
- The WONCA Europe Council meeting in Bratislava on the 26th of June 2019

The WONCA Europe Council meeting in Bratislava on the 26th of June 2019 was very successful for EQuiP.

First, the **EQuiP Position Paper on Equity** was endorsed by WONCA Europe Council members. In 2013, a Working Group on Equity was formed within EQuiP aiming to keep the debate on equity in the network ongoing and to ensure the theme of equity is considered in the activities of EQuiP involving the other dimensions of quality.

This consensus statement is the result of a series of debates and workshops organized during EQuiP and Wonca conferences and meetings between 2013 and 2017. This statement was accepted by the EQuiP General Assembly during the Zagreb Meeting on 18/11/2017.

Read more here: bit.ly/EQuiPEquityEnglish

Second, the **European Teaching Agenda for Quality and Safety** was endorsed by WONCA Europe Council members. In 2012, a Competency Framework for Quality and Safety in Family Medicine was developed by EQuiP. In 2015, EQuiP and EURACT started a cooperation to develop a teaching agenda based on this framework.

The agenda developed was written by EQuiP and EURACT experts together. It was approved and endorsed at the EQuiP Council meeting in November 2018 in Zagreb, Croatia, and at the EURACT Council meeting in April 2019, in Riga, Latvia.

This is an educational framework for teaching the core competencies of quality and safety at the speciality training level:

- It is designed to serve as a basis for curriculum developers at the speciality training level to set the learning aims and methods, and the assessment aims and methods.
- It is not designed as a curriculum and it should not be seen that way.
- It consists of two parts: a general part with a focus on teaching and assessment aims and methods, and a second part, with a focus on individual quality and safety competencies in the light of teaching.

The 7th French EQuiP Summer School:
QUALITY IMPROVEMENT IN PRIMARY CARE

The SFTG - in partnership with EQuiP (European Society for Quality and Safety in General Medicine/ Family Medicine), WONCA Europe, and the WONCA Working Party on Quality and Safety - is organizing (again) this year the 7th French Summer School for Quality Improvement in Primary Care.

These four associations share the mission to supporting family physicians in developing initiatives to improve the quality of care and safety in their settings in order to address primary care teams into a more accessible, equitable, efficient, and effective service in the future that meets the needs of citizens.

The seminar is multi-professional and residential. It was held at the Coubertin Foundation - Saint-Rémy-Lès-Chevreuse (France) from 3-6 July

Objectives
To create a workspace and dedicated time to build up projects to improve the quality of the delivered at primary care level.

To share and contrast the methodology with experts in healthcare quality and patient safety.

To develop a multi-professional and operational work protocol which includes objectives, methodology, indicators and timetable for their implementation in different working environments in primary care.

To give to projects a sustainable vision so they can count on funding and be deployed to improve patient care.

Teachers

- Isabelle Dupie, general practitioner, Paris (France), EQuiP delegate, SFTG
- Hector Falcoff, general practitioner, Paris (France), EQuiP delegate, SFTG
- Nicolas Senn, general practitioner, Department of Family Medicine, Unisanté, University of Lausanne (Switzerland)
- Eva Arvidsson, general practitioner, EQuiP delegate, Sweden
- Piet Vanden Bussche, general practitioner, EQuiP delegate and Immediate Past President, University of Ghent (Belgium)
- Sophie Dubois, pharmacist, Paris (France)
- Maria Pilar Astier Peña, family medicine, health center La Jota (Zaragoza, Spain), SEMfyc (Spanish Society for Family Medicine and Community), EQuiP delegate, WONCA Europe and WONCA World Working Party on Quality and Safety (WWPQS)

7 Quality and Safety Projects
During these three days we talked about equity, safety, efficiency, coordination, multi-professional work team, proximity, cross-expertise, pleasure of the patient and the caregiver among other issues.

We concretized them in 7 projects: 2 projects on de-prescription of inappropriate medications in people over 75 years of age (Michel Serin, Laure Pourrain, Isabelle Dupie, Sophie Duboi). A project on promoting collaboration between pharmacists and general practitioners through quality circles regarding a safer use of medications (Florent Mace, Laetitia Morvan).

Another project considered the search of efficiency on family physicians home reviews (Esther Batch). Two other projects were about patients followup as Improving followup of patients with non-controlled hypertension (Mady Denantes) and patients with Diabetes Mellitus with poor adherence (Yassine Hilal).

There were other two projects with a broader perspective as the process of making a territory health diagnosis considering health problems and resources in a health area to promote shared followup of patients among primary care and referral hospitals (Sylvain Emy, Marie-Laure Alby) and a proposal to use cards as a shared decision taking tool among patients and physicians: The OMAGE interview for decision making with the patient (Jérôme Lurcel).

Good luck to all with your improvement projects!

We are already thinking of July 2020 to share results and continue the PDSA cycle even more ahead.

The 7th French EQuiP Summer School:
QUALITY IMPROVEMENT IN PRIMARY CARE

Day-to-day reports

#1 The first day was dedicated to the presentation of participants, the projects to work and experts.

Nicolas Senn worked out on the definition and dimensions of healthcare quality. Participants worked on projects to determine the quality dimensions they would work on. What are the factors that could reduce the effect on patients when moving from a study in ideal conditions to real life as poly-pathologies, poly-medication, side effects, interactions, selection bias, statistical inference, acceptability, individual context.

Finally, they all agreed on an interest in public health and a better patient control.

#2 The second day, they looked at each dimension: equity, efficiency, effectiveness and patient safety. The group worked on the research questions they wanted to answer with the improvement project, considering that the answer to the questions should be the objectives of the projects.

In the afternoon, Maria Pilar Astier Peña discussed WHO's Third Challenge on Medication Without Harm (MWH), focused on three key areas for improvement: poly-pharmacy, high-risk situations and patients and transitions of care.

The role of pharmacists on a better management of medications was also discussed, encouraging collaborative pharmacist-family physician strategies.

#3 The third day was dedicated to the essential tools to start a project: the PDSA cycle in a dynamic improvement model. Eva Arvidsson shared a Swedish example on improving the quality of COPD patients management. The working groups analyzed the PDSA cycles included in their projects.

During the afternoon, Piet Vanden Bussche discussed on quality indicators in primary care in Flanders (Belgium) and he made a broaden review of primary care indicators regarding structure, process and results to make it easier the selection of indicators for each project.

Finally, Hector Falcoff talked about the opportunities for quality improvement that the current momentum of change in primary care offers to general practitioners in France.

Diagnostic errors reported in primary healthcare and emergency departments:

- A retrospective and descriptive cohort study of 4830 reported cases of preventable harm in Sweden

By Rita Fernholm, Karin Pukk Härenstam, Caroline Wachtler, Gunnar Nilsson, Martin Holzmann & Axel C. Carlsson

KEY MESSAGES

- Of the reported preventable harm cases in primary healthcare and emergency departments, 46% were due to diagnostic errors.
- In primary healthcare, diagnostic errors mainly occurred in different types of cancer.
- In the emergency departments, diagnostic errors mainly occurred in fracture cases.

Background

Diagnostic errors are a major patient safety concern in primary healthcare and emergency care. These settings involve a high degree of uncertainty regarding patients' diagnoses and appear to be those most prone to diagnostic errors.

Diagnostic errors comprise missed, delayed, or incorrect diagnoses preventing the patient from receiving correct and timely treatment. Data regarding which diagnoses are affected in these settings are scarce.

Objectives

To understand the distribution of diagnoses among reported diagnostic errors in primary health and emergency care as a step towards creating countermeasures for safer care.

Methods

A retrospective and descriptive cohort study investigating reported diagnostic errors. A nationwide cohort was collected from two databases.

The study was performed in Sweden from 1 January 2011 until 31 December 2016. The setting was primary healthcare and emergency departments.

Results

In total, 4830 cases of preventable harm were identified. Of these, 2208 (46%) were due to diagnostic errors.

Diagnoses affected in primary care were cancer (37% and 23%, respectively, in the two databases; mostly colon and skin), fractures (mostly hand), heart disease (mostly myocardial infarction), and rupture of tendons (mostly Achilles).

Of the diagnostic errors in the emergency department, fractures constituted 24% (mostly hand and wrist, 29%). Rupture/injury of muscle/tendon constituted 19% (mostly finger tendons, rotator cuff tendons, and Achilles tendon).

Conclusion

Our findings show that the most frequently missed diagnoses among reported harm were cancers in primary care and fractures in the emergency departments.

Link to the article

https://doi.org/10.1080/13814788.2019.1625886

New Approach to Healthcare in Scotland:
- Realising Realistic Medicine by 2025

Realistic medicine

In 2017 the Chief Medical Officer for Scotland, Dr. Catherine Calderwood, published her second annual report titled Realising Realistic Medicine.

This set out the NHS' vision for introducing the realistic medicine concept and how it will make sure that by 2025 anyone providing healthcare in Scotland will take a realistic medicine approach.

What is realistic medicine?

Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care.

It encourages health and care workers to find out what matters most to you so that the care of your condition fits your needs and situation.

Realistic medicine recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Realistic medicine is not just about doctors. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physios and social work.

How does it affect me?

Realistic medicine encourages shared decision making about your care and is about moving away from a "doctor knows best" culture.

This means your doctor or health professional should understand what matters to you personally and what your goals are. You are encouraged to ask questions about your condition and the possible care offered.

Your health professional should explain to you the possible treatments available and the benefits and risks of these procedures. They should also discuss the option of doing nothing and what effects this could have. You should expect to be given enough information and time to make up your mind.

You should think about anything suggested by your health or social care team, whether it be a treatment, consultation or diagnostic investigation, and be prepared to challenge it as an option if you feel it is appropriate. You might like to ask:

- *Is this test, treatment or procedure really needed?*
- *What are the benefits and what are the downsides?*
- *What are the possible side-effects?*
- *Are there simpler or safer options?*
- *What would happen if I did nothing?*

Why do we need realistic medicine?

Realistic medicine will help to improve the NHS and the care and treatment it offers by:

- *Sharing decision making between health professionals and patients*
- *Providing a personalised approach to care*
- *Reducing harmful and wasteful care*
- *Collaborative work between health professionals to avoid duplication and provide a joined up care package that better meets your needs and wishes*

If you would like to know more about realistic medicine you can read the full annual report or you can contact the Chief Medical Officer via email on cmo@gov.scot or on Twitter @CathCalderwood1 or by using #RealisticMedicine.

New Austrian Delegate to EQuiP
- Dr. Andrea Bitschnau-Friedl

I have been working as a general practitioner in private practice medicine for 20 years, for more than 16 years I have been solely responsible in my own doctor's office with a health insurance contract.

My doctor's office is located in Seekirchen am Wallersee, a small town of just over 10.000 inhabitants, only 14 km from Salzburg, Mozart's birthplace:

- Our population is made up of a rural foundation with an increasing influx of educated middle-class.
- The habitat here is very valuable, lying at the lake, the mountains in sight, primary schools and a grammar school and several smaller business enterprises are available.
- The city lies directly at the west railway line, Austria's main traffic route between west and east and in pleasant proximity to the west highway.

I have been leading a quality circle of general practitioners in Salzburg for about 12 years and founded an interdisciplinary QC - consisting of GPs and specialists - around Lake Wallersee in 2014 with over 30 participants already.

Last autumn (2018), I also founded a multi-professional QC in Seekirchen consisting of general practitioners, internists and pharmacists.

As evaluation officer of ÖQMed, I will support the implementation of the quality criteria of colleagues from autumn 2019 onwards.

I am also responsible for part of the practical training of medical students at Paracelsus University Salzburg and run a postgraduate teaching practice.

It is very important to me to pass on my enthusiasm for our profession to young people.

I look forward to becoming a part of your community and quality family.

Best wishes,
Andrea

A EUROPREV-EQuiP Interactive Session:
- Setting up a quality project in your practice

Setting up a quality project in your practice
In this webinar, the EQuiP experts were the family doctors Eva Arvidsson (Sweden) and Piet Vanden Bussche (Belgium). They discussed:

- *Quality improvement and quality circles*
- *How to perform a PDSA cycle?*
- *Tools, strategies and tips*

Link to webinar

https://www.youtube.com/watch?v=rKQM6Nsibk0

This webinar series is organised jointly between EUROPREV and EQuiP, and we are delighted with this digital collaboration.

Evaluation

- 608 unique views in the webinar page.
- Viewers from 28 different countries.
- 398 colleagues filled the evaluation form: