



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

Office for Control, Quality and Investments in Healthcare of the
Republic of Slovenia

NATIONAL STRATEGY

FOR QUALITY AND SAFETY IN
HEALTHCARE

(2023-2031)



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ABBREVIATIONS

EU	European Union
ICT	Information and Communication Technologies
MH	Ministry of Health
NSQS	National Strategy for Quality and Safety
OECD	Organisation for Economic Co-operation and Development
PDCA	Plan Do Check Act



FOREWORD BY THE MINISTER

Without a doubt, we can all agree that health is our greatest treasure. When ensuring and maintaining health, the participation of all stakeholders in the system is important, i.e. an individual's personal care for their healthy lifestyle, prevention programmes, treatment and rehabilitation programmes, and finally high-quality medical treatment.

Patients' expectations of the healthcare system are considerable; they want timely, safe and respectful treatment. During the treatment, they want to be informed in a comprehensible manner. They require open and fair communication with health professionals and last but not least, they want to be involved and participate in decision-making during the treatment process. And rightly so, because the basic principle of high-quality healthcare should be the focus on the patient and responsiveness of the healthcare system to their needs and expectations.

The Ministry of Health is aware that the price of neglecting the quality of healthcare is measured in human lives, which is why the quality of healthcare is one of our key fields and underlying orientations. To this end, we established the Office for Control, Quality and Investments in Healthcare of the Republic of Slovenia, which strategically plans and monitors the quality of healthcare, drafts systemic analyses of hazardous warning events and quality indicators of healthcare and proposes systemic measures.

The quality of healthcare is aimed at improving the quality of healthcare and patients' safety by ensuring a suitable scope of medical treatment while observing structural and procedural aspects, and above all, the best possible outcome for the patient. All outcomes in terms of health, wellbeing and patient satisfaction with the lowest safety risks are important. Treatment outcomes are namely the main quality criterion for the patients, but unfortunately the Slovenian healthcare system has not yet adjusted to this.

Many deviations in the processes are still recorded in Slovenia and the treatment outcomes are not being monitored systematically enough. The introduction of quality is, for the most part, still left to the will and knowledge of the management of health institutions who are not always sufficiently aware of the importance of improvements. This is reflected in the situation of Slovenia's healthcare system, which lacks focus on patients. In the end, the consequences of the foregoing are most frequently felt by the patients themselves.

This is precisely why the healthcare system must change to the extent that it puts the needs and expectations of patients at the forefront. The systemic changes that lie ahead will address this very problem.



The period after the COVID-19 epidemic revealed the reality and additionally deepened the rifts in the Slovenian healthcare system. It was evident that the healthcare system was facing numerous challenges, as it was approaching the threshold of radical changes. Our main objective is to put the patient in the centre of the healthcare system, since a high-quality health service is one of our fundamental commitments and the goal we strive for.

To be able to reach these guidelines, we must show decisiveness, persistence and professionalism. Our greatest success will be when patients receive the anticipated treatment outcomes that are comparable with the best practices and standards. With equal participation and good cooperation with all healthcare stakeholders, success will be ensured.

Danijel Bešič Loredan, Minister of Health



1 INTRODUCTION

In the strategic documents on health, Slovenia underlines the provision and improvement of healthcare safety and quality as one of the priority objectives of healthcare. The healthcare system must respond efficiently and successfully to the needs of patients and citizens when ensuring health as one of the most important building blocks of development. Sustainability of the healthcare system is based on the successful and efficient provision and improvement of high-quality and safe services. The latter should provide the best results and enhance health outcomes with the help of patient experience and optimally invested funds. The Patients' Rights Act defines high-quality medical treatment as the treatment, which consistently attains the health outcomes that are comparable with the standards or best practices while observing the fundamental principles of quality, such as effectiveness, safety, timeliness, continuity, efficiency, equality and patient-centredness (paragraph three of Article 11). It takes into account the expertise that focuses on the needs and objectives of the individuals, their families and the entire community during the treatment process in order to prevent adverse events, which can be avoided with present-day knowledge and includes patients as key partners in the prevention and treatment process.

High-quality healthcare guarantees the desired health outcomes for the individual and the population, which are compliant with the current professional knowledge. It involves the ongoing efforts of everyone, i.e. health professionals, patients and their relatives, researchers, payers, planners and educators to make the changes that will lead to better outcomes for patients, successful operation of the healthcare system and better development of experts.

High-quality medical treatment consistently attains the standard health outcomes and pursues best practices while observing the fundamental principles of quality, which include effectiveness, safety, accessibility, efficiency, equality and patient-centredness. The quality aims to reduce the gaps between the current outcomes in healthcare and the standards or best practices.



Safe healthcare prevents harm to the patient in relation to the treatment itself and the circumstances of physical safety of residing or being accommodated at a medical facility. Safe healthcare also provides system-built instruments and incentives against practising defensive medicine, hiding errors, attributing errors to complications and avoiding procedures so that errors do not occur. In this way, the safety system focuses on learning and spreading the culture of safety, fair culture and good practices. When pursuing this objective, it is also meaningful to examine the efficiency of the system of checks and balances for the prevention of harmful consequences and reparation of damage, which is the result of medical malpractice or negligence expressed as a violation (including an omission) of due professional care. Several terms are used in professional literature and case law for such human errors, among which medical error is most frequently mentioned and has sometimes unduly become a synonym for all errors of healthcare professionals. Simultaneously, a tendency for a more neutral naming of human errors in medicine has also been highlighted. To this end and for the needs of this Strategy, the expression "professional error" is used below to describe violations or omissions of due professional care by healthcare professionals and their associates involved in the medical treatment of a patient whose health deteriorated during their medical treatment due to human error. Special attention will have to be paid in the future to increase the level of patients' trust in the healthcare system and the efficiency of its own system of checks and balances, including the possibility of introducing a special scheme for the reimbursement of damages incurred due to professional error.[1]

The basis of quality management is the ongoing systematic improvement of providers' competence and the organisation of the medical treatment process, working environment and management. This is displayed in the citizens' improved health based on successful treatment and preventive measures/programmes, increased accessibility to treatment, improved working conditions and, above all, enhanced safety.

The improvements are founded on the adjustment to the changing conditions, elimination of reasons for the gaps between the current practice and standards and the dissemination of the identified best practices. Quality provision and improvement in healthcare rely on the inclusion of multidisciplinary knowledge, promotion of collaboration, connectivity and cooperation of health professionals and their associates with patients and their problems, which results in professionally ascertainable and efficient treatment with provable outputs and treatment outcomes.

When drafting the Strategy, the documents and guidelines of the World Health Organisation, the European Union and OECD, scientific and expert evidence, past National Strategy for Health Quality and Safety (2010–2015), the Resolution on the National Healthcare Plan 2016–2025 "Together for a Healthy Society" and the findings of the analysis of the current situation in quality and safety in Slovenia were taken into account.

[1] In foreign literature, such schemes are referred to as so-called "no-fault compensation schemes". Due to the similarity with the existing institute of objective liability (no-fault liability or irrespective of the fault) and while observing the general obligation principle, according to which the Slovenian legislation stipulates that no one is obliged to reimburse the damage unless they prove that the damage was incurred without their fault, the descriptive indication is used for the purposes of this Strategy for the reimbursement of damage for professional malpractice that occurred during the treatment process.



2 STARTING POINTS

The fundament of the Strategy is to ensure efficient development of systematic management and improvement of quality and safety of health services in Slovenian healthcare based on the evidence-supported science.

The main reasons for focusing on the quality and safety of healthcare lie in the gaps between the current outcomes and the outcomes of good practices, high variability between providers, waste of resources, the unfulfilled expectations of patients and citizens and the improvement of accessibility.

Experience from countries with national quality policies and strategies highlights the importance of a coherent plan that provides quality and safety guidelines at all levels of the healthcare system.

The national strategy observes four global healthcare objectives: individual and population health outcomes, the costs per individual and population, patients' experience and employees' satisfaction, which are linked to quality principles (WHO, 2018; AHRQ, 2022):

- patient-centred care: providing respectful healthcare that responds to individual's needs, preferences and values;
- safety: implementation of healthcare with no harm or as little risk to harm patients as possible;
- effectiveness: providing evidence-based healthcare services to people who need them;
- efficiency: prevention of waste in terms of material, time, people, equipment and costs;
- timeliness: reducing waiting times to avoid delays for patients and staff;
- equality: non-discriminatory[2] treatment of patients.

The national strategy combines healthcare and non-healthcare policies, defines priorities and highlights the importance of quality- and safety-oriented structures, processes and outcomes in healthcare. The conceptual framework of the quality and safety strategy in healthcare is displayed in Figure 1.

[2] Ensuring the same quality of medical treatment regardless of patient gender, nationality, race, region and socio-economic situation.



The national strategy combines healthcare and non-healthcare policies, defines priorities and highlights the importance of quality- and safety-oriented structures, processes and outcomes in healthcare. The conceptual framework of the quality and safety strategy in healthcare is displayed in Figure 1.

The national strategy is directed towards the healthcare system, health organisations and the professionals working in healthcare, including patients and the community. The quality and safety of healthcare is particularly expressed at the "direct-to-patient" level in the micro system. The relevant Strategy emphasises the complexity of the healthcare system and anticipates action at all levels. It also addresses the efforts relating to the management and policy-making of the national quality and safety system. Focusing on the patient and empowering them through improving health literacy is a powerful lever for developing a robust and sustainable system of quality and safety at the level of the state, payers, providers, educators, researchers and society as a whole.

Quality and safety management and control are particularly important for the realisation of the Strategy, which requires strong support from the upper-level management in health organisations and everyone employed in the healthcare system. In countries with comprehensive healthcare systems, quality and safety are managed and monitored by independent national authorities. In the light of the findings of the national analysis of quality and safety in healthcare (2021), it would be necessary to combine the efforts about the urgency of establishing an independent non-profit public national authority, which was the shared opinion of all stakeholders involved in the analysis.

A prerequisite for the Strategy's successful implementation is the development of legislation in the field of quality and safety, which will define:

- the responsibility of all providers;
- provide insight into the performance by means of collecting criteria and data, and
- the possibility of decision-making based on the facts collected.

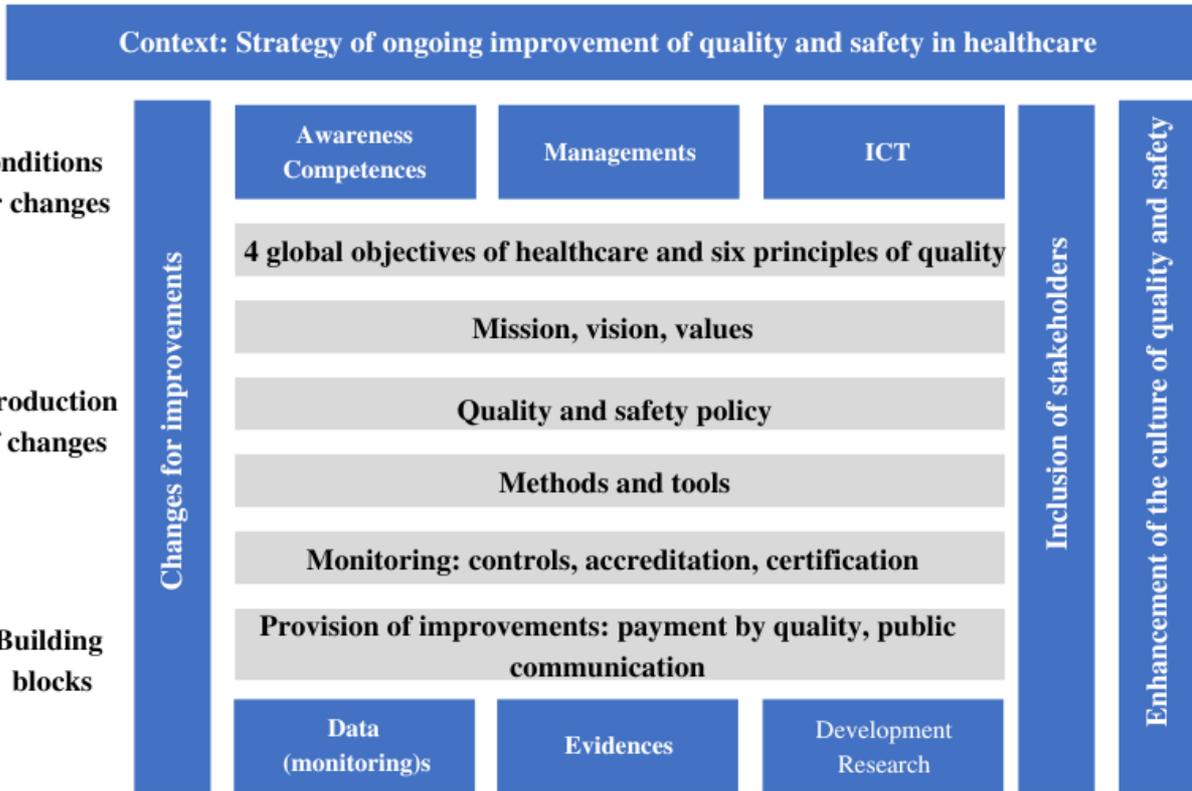


Figure 1: Conceptual framework of the quality and safety strategy in healthcare
Source: Adapted from the 2020–2022 draft strategy designed by the working group of the MH.



The integral parts of the system for improving quality and safety in healthcare are shown in Figure 2.



Figure 2: Integral parts of the system for improving quality and safety in healthcare

Source: Prosunt©.



3 MISSION, VALUES AND VISION

The mission, values and vision of the relevant Strategy are based on the National Strategy for Health Quality and Safety 2010–2015.

Mission of the Strategy: the establishment and development of the culture of ongoing quality and safety improvement in the healthcare system.

Vision of the Strategy: providers, payers, the government, patients, their relatives and other health service users are systematically involved in professional quality management by developing a culture of quality and safety.

The implementation of the Strategy is based on the fundamental values, such as accountability, transparency, professionalism, integrity, connectivity, integration, communication, respect, blame-free culture, teamwork, compassion, kindness and commitment to common objectives.

4 QUALITY AND SAFETY POLICY

The quality and patient safety strategy serves as a framework for the implementation of the quality and safety system for health service users.

Human and financial resources, processes as described implementation steps and outcomes are defined at the national and local levels. The path towards the improvement of quality leads through the change in culture, the commitment of providers' managements, implementation of the quality and safety policy and other necessary health services, and data management with a constant focus on the citizen.

Figure 3 shows the Donabedian conceptual model with the assumption that processes are improved with the improvement of structures, which leads to better outcomes in healthcare.



Figure 3: Donabedian model of care

Source: Franklin B., 2019.

The purpose of the national and local policies of patient quality and safety is to improve patient outcomes and their safety, patient experience and the safety of employees in the environment that encourages the enforcement of strategies.

A systematic approach to comprehensive and competent quality management is mandatory in all healthcare organisations and at (public and private) health service providers for a successful implementation of the national strategy.

Innovative approaches to a comprehensive digitalisation of the Slovenian healthcare system directed towards the analytical development for the optimisation of processes and support for the communication taking place between doctors, other healthcare professionals and empowered patients and citizens are necessary.



5 REGULATION AND QUALITY AND SAFETY MANAGEMENT

The national structure of quality and safety management and the implementation of the Strategy is part of the comprehensive healthcare system management. The Ministry of Health, the independent non-profit public national authority and all healthcare providers at all levels are obliged to follow the guidelines. Quality and safety management is founded on five pillars, i.e. transparency, accountability, cooperation, integrity and capacity.

For the quality and patient safety system to be successfully managed, it has to be harmonised with:

- healthcare system management;
- systemic financing;
- the data collection system while observing the privacy policy;
- patient-centredness when managing health; promotion of the culture of openness and trust between the regulators and healthcare providers;
- the facilitation of ongoing acquisition of competences in the field of quality and safety in healthcare, and
- the inclusion of privacy policy and human resources management.



6 NATIONAL OBJECTIVES FOR THE DEVELOPMENT OF THE QUALITY AND SAFETY STRATEGY IN HEALTHCARE

The provision and improvement of high-quality and safe healthcare represent the priority activities when establishing a safe, efficient, timely, just and successful healthcare system that places the health service user at the centre.

The best approach to ensuring and improving quality healthcare, i.e. the best possible care with the best possible outcomes that people receive when they need it, is to build on what has been achieved, deliver on promise and implement and enforce international recommendations.

Such an approach encompasses an optimal use of available funds and it must represent the main objective of functioning of the entire healthcare system from the regulator via the payer and the individual provider to the patient:

- the regulator ensures strategic and legislative changes;
- the payer promotes high-quality and safe treatment methods with a fair system of financing;
- the providers use all the resources optimally and rationally, and
- patients become empowered.

6.1 Development of systematic management for the provision and improvement of quality and safety in healthcare

The development and upgrade of the quality and safety system in healthcare consist of monitoring, assessing, integration and upgrade of the existing programmes and the methods for management, provision and improvement of quality and safety.

The provision and improvement of quality and safety in a health organisation is based on equal participation and integration of knowledge and competences of all the employees when managing processes and for harmonised operations of individual sections within management. The results are thus approximated to the expectations of users and participants in the healthcare system.

Guidelines:

- 6.1.1 Provision of a sustainable healthcare financing system that is directed towards the quality, safety and value^[3] of a medical treatment.
- 6.1.2 Development of safety and quality culture.
- 6.1.3 Implementation and dissemination of good practices in the field of quality and safety.
- 6.1.4 Further development of the education system in the field of quality and safety.

[3] This is not a financial value, but rather a healthcare value that signifies a measured improvement in a patient's health outcome with regard to the costs for achieving this outcome.



6.2 Establishment of an efficient legal basis for provision, monitoring and ongoing improvement of quality and safety in healthcare

Each system has formal and informal bases, e.g. recommendations. The healthcare system is a complex and sensitive social subsystem and as such it must be based on a structure that enables efficient functioning.

Quality and safety are the foundations of the healthcare system, since we can only tackle adverse healthcare events with a comprehensive management of the quality and safety system. According to the European Commission's reports (2014, 2016), between eight and twelve per cent of patients admitted to hospitals across the EU are supposedly exposed to adverse events with subsequent harm to their health. The indirect costs of these events amount to as much as 1.5 per cent of all health expenditure and are preventable in 44 per cent of efficient quality and safety systems. Treatment is not required or is potentially harmful in 20 to 25 per cent of cases, which leads to an additional unnecessary 20 per cent of treatment costs (EU, 2017).

The legislative arrangement of the field of quality is necessary for suitable regulation of social relations, requirements, rights and responsibilities in the quality and safety system. Improvement of patients' trust in the healthcare system depends on numerous factors. For the attainment of this objective, attention is dedicated in the continuation of this Strategy to the methods for enhancing the role of the management system when tackling patient safety incidents and managing safety and other clinical risks. In this regard, the professionals have already expressed their inclination and requested the introduction of a special compensation scheme due to professional error occurring during treatment, which can be avoided with the present knowledge of medicine. Following the examples of foreign health and legal systems and their experience, the professionals are certain that the introduction of such a system would enhance patients' trust in the healthcare system and the scope of defensive medicine would be reduced with subsequent decriminalisation of certain human errors.

The Act on Quality and Safety in Healthcare, including implementing regulations, will establish a framework for a systemic regulation of the field of quality and safety. However, amendments to the legislation and implementing regulations referring to the implementation of functions and operations of health service providers and the implementation of functions of stakeholders in healthcare are also necessary for successful implementation, since these measures provide a legal basis for smooth implementation of this Strategy, as well as the objectives and tasks for the provision and improvement of quality and safety.

Guidelines:

6.2.1 Draft of the Act on Quality and Safety in Healthcare.

6.2.2 Draft of legislative starting points for systemic arrangement of the compensation scheme for professional error in the treatment process.



6.3 Provision of structures for successful management of the quality and safety system in healthcare

The national analysis of the Ministry of Health in 2021 revealed that the main weakness was the lack of national structures and structures managed by healthcare providers. The healthcare system structures represent a framework in which a medical treatment is carried out. The structures include all factors affecting the implementation of healthcare, i.e. the physical environment, equipment, materials and human resources. Based on the international analysis of pervasive healthcare systems and the SWOT analysis of the Slovenian healthcare system, an establishment of an authority to manage and support monitoring and development of quality and safety in the healthcare system is necessary, which will implement the tasks of:

- establishing and upgrading the internationally recognised patient quality and safety system;
- cooperating with healthcare providers, patients and other partners when raising quality and safety standards in healthcare;
- developing quality and safety indicators in healthcare;
- coordinating clinical guidelines and clinical pathways;
- promoting educational and research assignments and projects on patient quality and safety;
- determining the method for monitoring clinical risks, quality indicators, warning hazardous events and other adverse events in medical treatment and defining systemic recommendations for their prevention;
- supervising the attainment of quality by healthcare providers, and
- other current tasks when ensuring and improving quality and safety in healthcare.

The Ministry of Health must provide the conditions for operations of such an authority in the legislative sense, including the definition of financing sources and a comprehensive management of the quality and safety system at the level of the state.



6.4 Digitalisation and computerisation in healthcare

The optimisation of a successful and efficient healthcare system must be founded on the establishment of optimal treatment processes and a focus on treatment outcomes. In doing so, it is crucial to improve data collection and analysis for the preparation of information as the basis for decision-making to the benefit of beneficiaries and health service providers. Evidence-based decision-making is not possible by mere data digitalisation. Data integration and analysis are also needed as a prerequisite for efficient decision-making. Big data collection, analysis and use are imperative for better transparency, reliability, quality, knowledge and control of disease. Enhanced connectivity of databases is necessary for information support in decision-making. An empowered health service user who is using ICT devices (e.g. smartphones, laptops or desktop computers, etc.) and health applications is becoming an active manager of their own health data and an increasingly important link in the medical treatment process.

An upgrade of the central register of patient data is required, as well as other eHealth databases established at the national level, which enable the monitoring of quality, safety of treatment and outcomes. By means of efficient management of all healthcare system sources, we wish to enable managers, providers and users to be able to plan development strategies, improve the management of health institutions and the making of well-considered decisions at all levels. A single database must be established, as well as a computerised adverse event reporting system^[4] publicly accessible to all the participants, which would also include all quality indicators of structure, process and outcomes. As per the purpose of the system,^[5] a special level of data protection must be ensured by the legislation, thus building trust in the system in the long term. The construction of the system only makes sense with a simultaneous introduction of an objective compensation scheme or the no-fault compensation scheme, which is a prerequisite for the system to be used.

The data collection must be fully supported by the information and communication technology and must not result in more administrative work for data users.

The involvement of providers and users in monitoring, evaluating and assessing of medical treatment on the basis of credible data is the most efficient approach for improving quality and safety of treatment and eliminating unnecessary (duplicated and inefficient as per the outcomes) services and wastefulness. Health thus becomes an ecological value. A comprehensive outcome measurement system will enable an optimisation of the providers' network and the promotion of high-quality, safe and cost-efficient providers, while citizens' selection of a provider will be facilitated (including their decision for a procedure in the long term).

^[4] Compliant with the level of anonymity.

^[5] Intended for learning and system improvements; it is an example of a no-blame system.



Guidelines:

- 6.4.1 Introduction of new systemic measures, digital technologies and information solutions for a more efficient development and monitoring of the quality and safety system in healthcare and the introduction of improvements.
- 6.4.2 Upgrade of central databases of eHealth and providers for an automated collection and risk analysis, including a display by various levels for decision-makers and providers and an adjusted display for health service users.
- 6.4.3 Revision and upgrade of quality and safety indicators, including the management of the patient safety system, risks for patient safety and other clinical risks, and the monitoring and measuring of providers' performance.
- 6.4.4 Relieve healthcare providers of the analysis of adopted mandatory quality indicators and enable them to focus on adopting and monitoring preventive and corrective measures.

6.5 Development of a partnership relationship between the stakeholders in the healthcare system

The upgrade of the stakeholders' partnership relationship requires a critical approach to the current efforts of every participant in the implementation of medical process, particularly the recognition of crucial weaknesses in the current approach of providing and improving quality and safe healthcare. The adopted guidelines for a stakeholder's further development towards the unification of the approach to quality and safety management, which were drafted on the basis of recognising current obstacles and problems, serve as the foundation for the targeted training of key providers of the activities set in the relevant field. The said field of ensuring and managing data presents the basic step that will enable the upgrade of monitoring and the provision of data-supported decision-making when establishing a direction and suitable measures to design the healthcare service.

The programmes introduced with regard to quality and safety require additional harmonisation and unification of the education of various professional groups in healthcare, preferably with an integrated approach.

Suitable inclusion of patient structures and their experience will enable a redesign of processes for a more specific provision and improvement of quality and safety of healthcare services.

Guidelines:

- 6.5.1 Upgrade of mutual connectivity between the stakeholders of health service implementation.
- 6.5.2 Team decision-making regarding treatment procedures with the adjustment of healthcare to patient needs.
- 6.5.3 Harmonised development of knowledge and skills by upgrading systemic inclusion of quality and safety content into annual programmes of education and professional training.
- 6.5.4 Inclusion of the patient structure (unions, associations, societies, etc.) into the provision of proposals to improve quality and safety.



6.6 Structures of healthcare providers

The structures represent a framework in which medical treatment is carried out.

The structures include all the factors affecting the implementation of medical treatment, including physical environment, equipment and human resources, which also includes organisational characteristics, such as requirements relating to the qualifications of the staff or payment methods.

Measuring the structure quality focuses on rather static characteristics and the environment in which healthcare is taking place. The environment includes the suitability of premises and equipment, aids necessary to perform the service, accessibility of premises, overall orderliness and fulfilment of spatial requirements and regulations for the provision of health services.

Guidelines:

6.6.1 Consistent observance of the EU building standards.

6.6.2 Infrastructural measures to improve the quality and safety of living in health organisations.

6.6.3 Promotion of "green" building when renovating infrastructure and in new constructions.

6.6.4 Quality management on the basis of scientific findings and international quality standards.



7 STRATEGY IMPLEMENTATION AND MONITORING

The National Strategy for Quality and Safety in Healthcare promotes the vision of ongoing improvement of quality and safety.

7.1 Quality and safety management

Implementing quality and safety improvement requires setting a goal and direction, creating foundations, building the will to change, brainstorming ideas with everyone in the healthcare organisation, and ultimately implementing change. In doing so, management can utilise the tools for improvement, such as the PDCA model of continuous improvement or the Lean Six Sigma model.

Quality and safety management denotes ongoing and sustainable improvement of quality and safety of patients and the staff in order to attain good patient outcomes. It also includes the elimination of excessive, insufficient or incorrect application of medical treatment processes and procedures.



Figure 4: PDCA cycle

Source: Prosunt©.



7.2 Duties and responsibilities of strategy implementation

The duties and responsibilities for strategy implementation have been allocated to individual stakeholders:

1. Ministry of Health and the Government:

- preparation of legal foundations to carry out necessary changes and implement the Strategy;
- upgrade the legislation in fields that are not appropriately defined;

2. Independent national authority for quality and safety in healthcare:

- acquisition and implementation of the tasks determined in the legislation and development of patient quality and safety;
- active participation in the implementation of control over quality and safety management;
- collection and analysis of data on quality and safety indicators;
- monitoring of preventive and corrective measures of individual providers;
- monitoring of reported key risks recognised by health service providers;
- preparation of proposals of systemic measures involving quality and safety relating to the recognised and reported risks;

3. Public and private health service providers:

- establishment of the necessary internal structures for quality and safety management;
- systematic and ongoing implementation of the requirements relating to quality and safety management;
- reporting of data required for calculations of quality and safety indicators;
- reporting of safety deviations, planned corrective and preventive measures and their realisation;
- risk identification and assessment with regard to quality and safety – risk identification and adoption of measures to prevent safety deviations;
- consistent and systematic reporting and concern for conveying findings (data for indicator calculation, adopted preventive and corrective measures, assessments of the key risks recognised in their organisation);
- use of tools for quality and safety management in healthcare;

4. Payers of healthcare services:

- definition of financial aspects of quality and safety management;
- stimulation and motivation to improve quality and safety;
- regular inclusion of overall quality and safety indicators in the General Agreement – financial stimulation of providers when meeting the requirements of the General Agreement with regard to quality monitoring;



5. Professional chambers and associations, civil society and patient associations:

- active promotion of the changes in culture in healthcare;
- preparation of clinical guidelines and other professional documents;
- consistent implementation of the authorisations received relating to quality and safety management;
- organisation of professional training in quality and safety in healthcare and the keeping of records on the implemented training courses in the relevant register based on the public authorisations granted with regard to quality and safety for healthcare professionals who require a licence for independent work;
- collection and processing of important information for the functioning and development of the healthcare system, and the calculation of indicators in cooperation with the National Institute of Public Health;

6. Healthcare education providers:

- update of curricula of secondary medical schools, healthcare and medical faculties and specialisation programmes with an active approach to reforming the clinical culture.

7.3 Human and financial resources

Healthcare professionals represent an investment and an active determinant in the healthcare system: the quality of healthcare services depends on the performance of healthcare staff.

Special attention must be dedicated to the acquisition and maintenance of competence required to ensure and improve high-quality and safe health services at successful and efficient providers.

Guidelines:

- Draft of the strategy of human resources development in healthcare.
- Inclusion of doctors as well as other healthcare professionals and associates in their professions through registration and licensing.
- Draft of the strategy of professional competence development by means of training programmes at accredited educational institutions for all employees.
- Adoption of measures for professional growth, improvement of competence and quality and safety training for all employees.
- Introduction of quality and safety curricula in secondary, under-graduate and post-graduate education.
- Support in drafting national clinical guidelines.
- Support for projects for improvement and research in patient quality and safety.



8 PERFORMANCE INDICATORS OF STRATEGY IMPLEMENTATION

A comprehensive quality strategy also includes a plan to monitor progress in comparison to the objectives set. In addition to measuring performance of the Strategy itself, the established national indicators support the efforts to improve the system. The indicators are aimed at monitoring the performance of measures, compliance with standards and guidelines, comparative analyses, transparency and informing the public.

The key task of every national quality strategy is to establish a monitoring system within the framework of the national system of quality indicators. The selection of indicators must be based on the country's priority tasks, healthcare needs and existing data capacities.

When selecting the indicators for measuring the quality of the healthcare system, the following indicators will be promoted:

- indicators of dimensions of high-quality medical treatment;
- indicators of structure, processes and outcomes;
- indicators of diseases in individuals and the population.

The indicators must be used as a tool for activating temporal positive comparison with themselves and others, and in discussions and learning processes between providers. This may only be attained with a public disclosure of information regarding the quality of implementing healthcare, i.e. by making the results of quality indicators public. Patients and providers will thus be able to examine transparent mutual comparability of treatment outcomes.

All the indicators adopted so far are necessary for periodical checks of overlapping, topicality and compliance with the objectives of the national strategy. The entire system of managing the quality of providers' work must be information-supported and compatible with the existing information system. It must have an automated value calculation and an automated report preparation that is available at all times. The collection and processing of data must also be automated and its use simple, while the work results must be integrated in the everyday work of the healthcare staff.

When implementing the system, the fact that quality and safety indicators enhance the data system, feedback loops and the culture of responsibility, and thus improve the performance and quality, is much more important than financial incentives. It is only when the data is available in a desired form, when its collection and processing is automated and when the culture of responsibility is developed and focused on improvements rather than the penalties and rewards, then the outcomes may be used for the redirection of payment systems, which encourage providers to ensure successful processes and treatment outcomes and not merely focus on the quantity of healthcare services.



Proposal of steps:

- adoption of the National Strategy for Quality and Safety in Healthcare 2023–2031;
- revision of all significant handbooks in compliance with the international guidelines;
- rational selection of quality and safety indicators referring to structure, processes and outcomes adjusted to systemic requirements and harmonised with the internationally developed and validated indicators;
- preparation of a strategy for the implementation of quality indicators in the healthcare system with drafting and monitoring the instructions for implementation of collection, processing and publication of data from the legal, statistical and information aspect;
- annual incorporation of a selection of quality and safety indicators in the General Agreement;
- incorporation of findings and recommendations of annual reports in the healthcare system at the level of an individual provider;
- implementation of meetings with providers after the publication of results with the following topics: review of results, review of deficiencies in the data, its processing and reporting, review of measures and recommendations for the following year and recommendations for improvements;
- promotion of quality education among healthcare professionals; promoting the participation of representatives of Slovenia in international projects related to the development of tools for creating indicators[6].

[6] E.g. ICHOM (International Consortium for Health Outcomes Measurement) and PaRIS within the framework of OECD (Patient-Reported Indicator Survey for chronic patients at primary care).



Figure 5: Quality control process
Source: Quality Control.



9 CONCLUSION

Comprehensive quality and safety in healthcare are based on the quality of the healthcare system, patient satisfaction, good treatment outcomes and quality management.

The purpose of the Strategy is to develop systematic approach and professionalism and the activities of ongoing improvement of healthcare and patient safety, while paying attention to six fundamental principles of quality and quality management.

The objective of the Strategy is to improve treatment outcomes for individuals and population, including the promotion of a healthy lifestyle, disease prevention, treatment and rehabilitation, increase in efficiency and performance of the healthcare system, improvement of the value of treatment – reduction of variability, implementation of the system of the evidence of value-based medical treatment and improvement of patient and health service providers' experience.

Successful implementation of the Strategy depends on the support and awareness of the urgency of its implementation by the decision-makers at the national level, health organisation managers and all health service providers.



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