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**Health Improvement Science (HIS)
Description of Italian Participation in ISTEW
(Improvement Science Training for Health
Care Workers) European Project**

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Health Improvement Science (HIS) Description of Italian Participation in ISTEW (Improvement Science Training for Health Care Workers) European Project

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Abstract

Introduction: This short paper has as main aim to describe the Italian Participation in the ISTEW (Improvement Science Training for European Healthcare Workers) project co-founded by the European Union within the EU Lifelong Learning Programme, and the reflection arisen from that experience.

Material and Methods: The project was divided into different Working Packages (WPs) some of them started simultaneously aimed at framing the whole issues of HIS within the different countries partners from different points of view. As a first step the project tries to both develop a working definition of HIS and to investigate how HIS was perceived within the partner countries, carrying out a narrative review.

Results: 36 articles were taken into account and labelled in four areas: organization and organizational appropriateness, patient safety, communication and education/training.

Conclusions: Overall the literature on the issue of HIS was significant, and problems and issues behind the HIS terms are considered nevertheless, there is a lack of a common language in identifying HIS and this leads to some lack of clarity and reflections on the development on more common and shared approaches to the issue. Some conclusions describe also lessons learned through the experience.

Key words: Health Improvement Science, European project, multidisciplinary, shared learning, sustainability and patient safety

Introduction

In the world of technology, exchange and common goals help to regulate and measure the development of practice. Comparison between Countries in Europe, contributes to validate and share knowledge for a new Society and to better provide services in light of cost containment despite differences among European countries are still too many to cover.

In the development of the European Union there are two aspects which should be taken into account on the one hand a need to compare and evaluate different approaches and socio-cultural settings within different countries, on the other it is crucial to find a way, in compliance with all European differences, for homogenize some key and fundamental point in different domains such as education, public health, food safety environmental sustainability, and so on. While important this process is tricky and should be developed carefully. In health care, particularly, when it comes to quality, it is important not only to share the concept and the understanding of its meaning but also define and share procedures and standardized practice according to the best evidence available. This is important particularly in light of free movement of patients and professionals and therefore a common challenge (EU Directive 36).

All this lead the Nursing Research Unit of *Sapienza* University of Rome, to accept the call to participate in the EU funded project "Improvement Science Training for Health Care Workers" (ISTEW) with the involvement of different Countries (Italy, UK, Slovenia Scotland, Poland, Romania and Spain) whose goal is to develop common modules on HIS.

The issue of quality and its paradigm is not new and it is important to know the progress done also in the light of the cost containment that requires professionals to be increasingly better educated and prepared (Clarke et al. 2015)

The project was divided into different WPs some of them started simultaneously with aim to frame the whole issues of HIS from different points of view, within the different countries partners.

For this short paper two modules were particularly significant, one whose goal was sharing and building a common working definition of HIS, another whose goal was to carry out an overview of the literature on the subject matter in some partner countries (Slovenia, England, Italy, Spain, Romania) involved in the project.

Although many different definition of quality exists and many will be developed in future (Crosby 1980, Deming 1986, Juran 1995), quality is a difficult concept to define, it is hard to put precise boundaries on this concept because itself is variable and consists of different dimensions. What is considered good quality as identified in an institution may not be for another. (Donabedian 1988).The IOM in 2001 defined quality of care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".

The international literature is rich of Health Improvement Science definitions nevertheless, the project team has felt the need to convey a shared common working definition representing the culture of Nations involved in the project.

For this reason a Delphi study (Leader Slovenia) composed by two rounds, was conducted. This process involved a panel of expert/key people per country, representatives of different health sectors, policy makers, physicians nurses, managers and educators. After the two rounds, a Focus Group was promoted by all project Leaders and their Teams during the annual meeting of the project in Bled (Slovenia). The entire process was not easy but in the end the Group overcame the challenge. The accorded working definition of HIS developed is*"Healthcare improvement science is the generation of knowledge to cultivate change and deliver person-centred care that is safe, effective, efficient, equitable and timely. It improves patient outcomes, health system performance and population health"*. A broad definition, which incorporates change as a continuous process to be measured in the process itself but ultimately, especially on patient outcomes and on the health status of the population.

During the same period, as said above, an important aspect was to realize the magnitude and quality of literature on the subject (Leader England) in order to figure out aspects relevant for the development of Health Improvement Science. It also provided an opportunity to assess how the institutions of different countries and their respective health services understands and develops Health Improvement Science over time (last five years).

The present paper illustrates among other concepts, a brief summary of results of the literature search of the last five years in Italy.

Study Selection Strategy

Main key words were chosen by the Consortium: multidisciplinary, patient involvement, outcomes of care, patient experience, performance of health care, quality of care, shared learning, sustainability, safety of the patient and time limitation of the research was 2009 throughout 2013. The databases consulted were Medline and EBSCO. In addition websites of the institutions (such Health Minister) involved in the subject were considered. A *scanning* of issues available in electronic format, of the National Society on Quality Journal (SIQuAS) has also been reviewed. Inclusion criteria required that the articles were in Italian or in English describing Italian settings. Abstracts, studies of project area, review and international expert opinion, were excluded.

Two independent reviewers were involved for the selection of the studies on the basis of a defined protocol developed by WP leader.

Results

Although the review was a narrative one, the reviewers assessed the relevance of the content to the HIS sector of articles through a reading of the titles and the abstract. Altogether 514 articles were identified, only 36 matched the inclusion criteria

Overall even in the presence of a significant Italian literature (OECD, 2015) on the subject of quality in health care the specific literature on Health Improvement Science is quite limited.

36 articles were included and categorized according to specific topics. The articles provided an overview of how today HIS is addressed/considered in the Italian literature focused on this issue. Main topics were grouped in four (4) areas: organization and organizational appropriateness, Patient Safety, Communication and Education/Training.

The main concepts grouped under *Organization and Organizational Appropriateness* concern the improvement of the quality of care, the definition of levels of care with the introduction of new models, the use and distribution of financial and human resources, institutional accreditation and overcrowding of services.

As for the *Patient Safety* many different aspects are discussed (Toccafondi et al. 2012) such as errors in treatment, training and staff skills, the use of computerized systems for therapy distribution together with accuracy in documentation and in the diagnostic process.

Aspects of health in *Communication* targets health care professionals, of patients, external relationship and their influences in caring processes and the organizational structure of Institutions. Very often a critical incident or an error is due to poor communication

Aspects related to *Education* and to *Training* are highlighted as investments that result in favourable patient outcomes and avoid patient relapse.

A number of subcategories were also taken into consideration It was also possible to highlight subcategories based on those aspects of the study that were taken into consideration by the authors. In order to clarify the above Figure 1 shows the main themes with corresponding subcategories.

Figure 1. Themes of Articles

Organization and Organizational Appropriateness	Communication	Education/ Training	Patient safety
Institutional accreditation	Patients and Family Communication with Professionals	Specific HIS Educational Experiences	Mayor Care Outcomes Determinants
Resources Distribution	Communication between professionals	Methods of HIS teaching	
New Care and Cure Models			
Overcrowding Services			

Discussion and Conclusions

The development of the working definition of HIS was a crucial aspect, indeed the consortium needed a common starting point in the light of the fact that Health Improvements Science, is variably interpreted and labelled. In Italy for instance terms such as Quality or Quality improvement and patient safety are alternately used, but HIS as a term is mainly unknown. Certainly although HIS is not recognised as a term within the Italian context, elements and matters of HIS are recognised and taken into consideration in clinical practice and in research.

As far as the literature is concerned one thing that definitely stands out is the lack of a common language and understanding about the topic.

According to the review done, the focus is not on HIS but articles reviewed are mainly focused on solving problems as they arise in specific settings with no ambition to make generalizations and shared results. In other words, the existing researched literature is really focused to the reading of the phenomenon and its improvement but it does not take into consideration the changing processes and the strength and ability to achieve them.

Some are interesting articles introducing new methodologies or tools for quality improvement but remain confined to a specific setting. The vision of HIS therefore seems fragmented with development tools that belong to the context in which they were created. This could be due to the political situation and the lack of dedicated funds for research therefore there is lack of appropriate support and vision to a subject that in its extent where studied, analysed and criticized could potentially be the turning point for a greater efficiency of the NHS enhancing its quality. The analysed literature appears to be fragmented on the national landscape with some regions that are definitely more productive and the other with a very small number of publications, offering a picture of Italy as a whole really puzzled.

Of course, the comparison between different nations participating in the project has highlighted very significant and relevant data that go beyond this short paper.

The lesson we have learned is that it is difficult to make comparisons and research on a topic, without the use of a common language in terms of meaning and actions.

A further consideration concerns the needed aptitude, in an International multi-professional group, to understand and listen to each other while each country is inclined to propose its own conceptual framework as the best and the most suitable/advanced. Participation in an international project positively makes necessary to have an open minded attitude, and cultural attitude of humility, recognition and respect to different cultures, policies, thoughts and resources. Moreover the different languages are also an important issue to take into account while a European project is starting, indeed there are problems of understanding among participants who are speaking a foreign language, problems on working time (expanded time is needed for those who English is not their mother tongue), as well as working approaches are sometimes

different, in the light of that it is crucial that all the Consortium work to ensure that the climate would be participatory and shared

The experience is very positive for content and for the energy transmitted. We shared and discussed many common aspects included in the ISTEW proposal of the need for a common European education on HIS, to be delivered in each Country participating to the project.

This, together with the determination of professionals, interest of policy makers and the interest of the citizens, will contribute to the development and improvement of Health in each country .

References

- Donabedian A (1988) *The Quality of Care: How Can It Be Assessed?*
- Clarke C, Eales-Reynolds LJ (2015) Human factors paradigm and customer care perceptions. *International Journal of Health Care Quality Assurance* 28(3): 288-299.
- Crosby PB (1980) *Quality is free: The art of making quality certain*. Signet.
- Deming WE (1986) *Out of the Crisis*. Massachusetts Institute of Technology. Center for advanced engineering study, Cambridge, MA.
- Juran JM (1995). *A history of managing for quality: The evolution, trends, and future directions of managing for quality*. Asq Press.
- OECD (2015) *Reviews of Health Care Quality: Italy 2014 Raising Standards*.
- Toccafondi G, Albolino S, Bellandi T, Venneri F (2012) Handover process: how to improve quality and safety through an ergonomic solution. *Work: A Journal of Prevention, Assessment and Rehabilitation* 41: 2941-2945.