COUNCIL OF EUROPE
COMMITTEE OF MINISTERS

RECOMMENDATION No. R (97) 17

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES ON THE DEVELOPMENT AND IMPLEMENTATION OF QUALITY IMPROVEMENT SYSTEMS (QIS) IN HEALTH CARE

(Adopted by the Committee of Ministers on 30 September 1997 at the 602nd meeting of the Ministers' Deputies)

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common action in the public health field;

Considering that receiving health care is a fundamental right of every individual and each community;

Bearing in mind Article 11 of the European Social Charter on the right to the protection of health;

Recalling that Article 3 of the Convention on Human Rights and Biomedicine requires that contracting parties provide "equitable access to health care of appropriate quality";

Noting that continuous improvement of this quality of care is a key priority for all member states, particularly in a situation of economic restraint and reduced budgets in health care;

Considering that good quality care covers:

- structural and organisational aspects of care provision, such as accessibility;
- process aspects such as professional excellence and the efficient use of resources; and
- good outcome to the care;

Considering that the outcomes in terms of patients' health, well-being, and satisfaction are particularly important;

Considering that users should necessarily participate in their own health care and recognising that health professionals should provide them with complete and clear information;

Considering that it is necessary for each member state to promote the general education of the public about problems of health, health promotion and disease prevention and disease management methodology;

Considering that ensuring quality health care is an obligation of all member states and demands planned, systematic and continuous attention and action, as well as the mobilisation of all the actors, including researchers;

Considering that a multitude of research results demonstrate the importance of iatrogenic risks, both medication and non-medication related, which arise in the practice of medicine;

Considering that quality improvement in health care is a relatively new field and so far not fully developed,

Recommends that the governments of the member states create, where appropriate, policies and structures that support the development and implementation of "quality improvement systems" (QIS), that is, systems for continuously assuring and improving the quality of health care at all levels, according to the guidelines in the appendix set out hereafter.

Appendix to Recommendation No. R (97) 17

I. Dimensions of quality improvement systems

A. *Procedures and processes for quality improvement*

1. The following essential features of quality improvement systems should be implemented:
   - identification of quality problems and successes;
   - systematic collection of data on care provision;
   - standards and evidence-based guidelines for high-quality, cost-effective care;
   - implementing necessary changes by effective mechanisms and strategies;
   - measuring the impact of changes;
   - exploiting best practices.

B. *Organisation of quality improvement*

2. Such systems should be set up at all levels of care provision: individual care providers, health practices, hospitals, and other health institutions in agreement with each other. The same requirements for health-care quality assurance should be established in all public and private health institutions.

C. *Responsibilities: the actors in quality improvement*

3. All the different parties involved in health care (providers, patients, funders, managers and authorities) need to participate in setting up and maintaining these quality improvement systems in close and continuous co-operation.

4. Health-care providers should themselves develop, set up, and maintain quality improvement systems adapted to their health-care settings and make these systems transparent to others.

5. Funders should contribute to quality improvement by requiring the establishment of quality improvement systems in their contracts with practitioners, hospitals and health-care organisations.

6. Health policy makers should create the necessary framework for policies, laws, and regulations concerning quality, accompanied by appropriate evaluation and updating procedures.

7. Managers in health care should assume leadership in setting up such systems in their organisations.

II. Key issues in QIS: general principles

A. *Practice guidelines*

8. Guidelines should be developed systematically, disseminated effectively to professionals as well as the public, and their effects monitored.

B. *Technology assessment and quality improvement*

9. Health care should be improved by applying methods of evidence-based medicine and utilising the results of technology assessment in decision making, directing appropriate attention to laboratory quality assurance

C. *Quality indicators and information systems*

10. Health-care information systems should be set up using relevant care and process quality indicators and allow for timely production, feedback and reliable comparisons of health-care data. In all cases, individual patient data must be kept confidential.

D. *The patient's perspective*

11. Information on the needs, priorities, and experiences of patients at all levels of care provision should be gathered through appropriate methods ensuring the active participation of patients

E. *Managing change*

12. Quality improvement systems should include effective mechanisms and strategies:

– for achieving necessary changes in a planned and managed way;

– for involving all the actors in care processes and decision making, in particular, patients

III. Conditions for implementation of QIS

13. The necessary conditions should be created, in accordance with each member state's legal and political systems, for setting up and implementing quality improvement systems, namely:

– support structures such as agencies, boards, committees and networks;

– making full use of available resources and, where necessary, providing resources and specific financing mechanisms for quality assessment, assurance, improvement and development;

– pre- and postgraduate education for health-care providers to gain knowledge of, and acquire skills in, quality assessment and improvement systems;

– appropriate incentives for participation in quality improvement.

IV. Evaluation of QIS

A. *Public accountability*

14. Public accountability of quality improvement systems should be examined through objective external assessment by independent bodies and appropriate communication of the results.

B. *Feedback*

15. The results of external assessment should be used to support continuous internal evaluation and improvement.

V. Research and development

A. *National efforts*

16. All necessary measures should be taken to promote research into, and development of, quality improvement.

B. *European co-operation*

17. Exchange and co-operation in quality improvement at the national as well as at the European level should be encouraged. Quality issues should be included in European co-operative initiatives (for example data exchange and handling).