

## QUASER Final Report: Figures and tables

### Figures for Section 1.2: Summary description of project context and objectives:

**Table 1. Summary of clinical micro-systems and tracer quality improvement (QI) projects in each country**

<b>Country</b>	<b>Microsystem 1</b>	<b>Microsystem 2</b>	<b>Tracer Project 1</b>	<b>Tracer Project 2</b>
England	Maternity	Care of elderly	Infection control	Patient Experience Improvement
Sweden	Maternity	Care of elderly	Infection control	Outpatient clinic - patient access
Netherlands	Oncology	Orthopaedics	Infection control	Productive Ward
Norway	Maternity	Oncology	Infection control	Patient pathway - stroke patients
Portugal	Maternity	Intensive Care Unit	Infection control	Nuclear Medicine manuals' development

**Table 2. Summary of fieldwork undertaken, March 2011-April 2012**

Hospital	Meso-level			Tracer project			Micro-level*		
	<i>Ints.</i>	<i>Obs</i>	<i>Mtgs.</i>	<i>Ints.</i>	<i>Obs</i>	<i>Mtgs.</i>	<i>Ints.</i>	<i>Obs</i>	<i>Mtgs.</i>
The Netherlands A	37	90	25	9	65	19	9	130	26
The Netherlands B	36	100	31	15	31	7			
Sweden A	14	20	7	9	12	5	13	8	8
Sweden B	15	6	2	2	6	1			
England A	13	65	16	5	25	10	21	97	6
England B	24	20	7	5	10	3			
Portugal A	15	0	0	11	0	0	26	57	10
Portugal B	20	18	12	3	10	3			
Norway A	18	2	3	10	2	1	28	20	2
Norway A**	18	2	3	7	2	1	25	20	2
Norway B***	25	2	1	6	7	2			
<b>Total</b>	<b>217</b>	<b>323</b>	<b>104</b>	<b>75</b>	<b>168</b>	<b>51</b>	<b>97</b>	<b>312</b>	<b>52</b>
Total ** (excluding focus group interviews)	217	323	104	72	168	51	94	312	52

*\*Two micro-systems were studied in one hospital in each country*

*\*\* Excluding focus group interviews*

*\*\*\* In addition, a further 16 interviews, a focus group interview including 7 participants, 12 hours observation and 3 meetings were undertaken at the micro-level in Hospital B in Norway.*

Ints = the number of interviews conducted. Obs = the number of hours of practice observation. Mtgs = number of meetings observed.

## Figure for Section 1.3 Description of main (S&T) results

### Section 1.3.2 - WP3: Guiding Quality Work in European Hospitals

**Table 3. Use of quality improvement guides in European health systems**

	Countries	Organisations	Guides	Guidance	Advantages	Disadvantages
<b>Top-down/ Hierarchal</b>	England	National government, National knowledge centres	Very important. Comprehensive guides, broadly distributed	Transparency	Work and quality are comparable, knowledge sharing	Little attention for local context and support of users
<b>Bottom- up/ consensus- based</b>	Sweden, Norway, Portugal	Regional, local government, Hospitals/ professionals	Guides can play a role; hospitals have much room to translate guides to local conditions. Guides can play a very minor role (Portugal)	Transparency, self-regulation Generating (local) focus points	Attention and fit with local context, support of users	Duplicated work, regions or hospitals have to figure things out for themselves Work and quality not very comparable
<b>Market- based</b>	Netherlands	Public/private mix of players	Many guides developed by many parties, fragmented use and distribution	Transparency	Hospitals have strong incentives to improve	Public character lost, fragmented picture, limited sharing of knowledge

### Section 1.3.9 - WP5: Cross Case Analysis and Synthesis

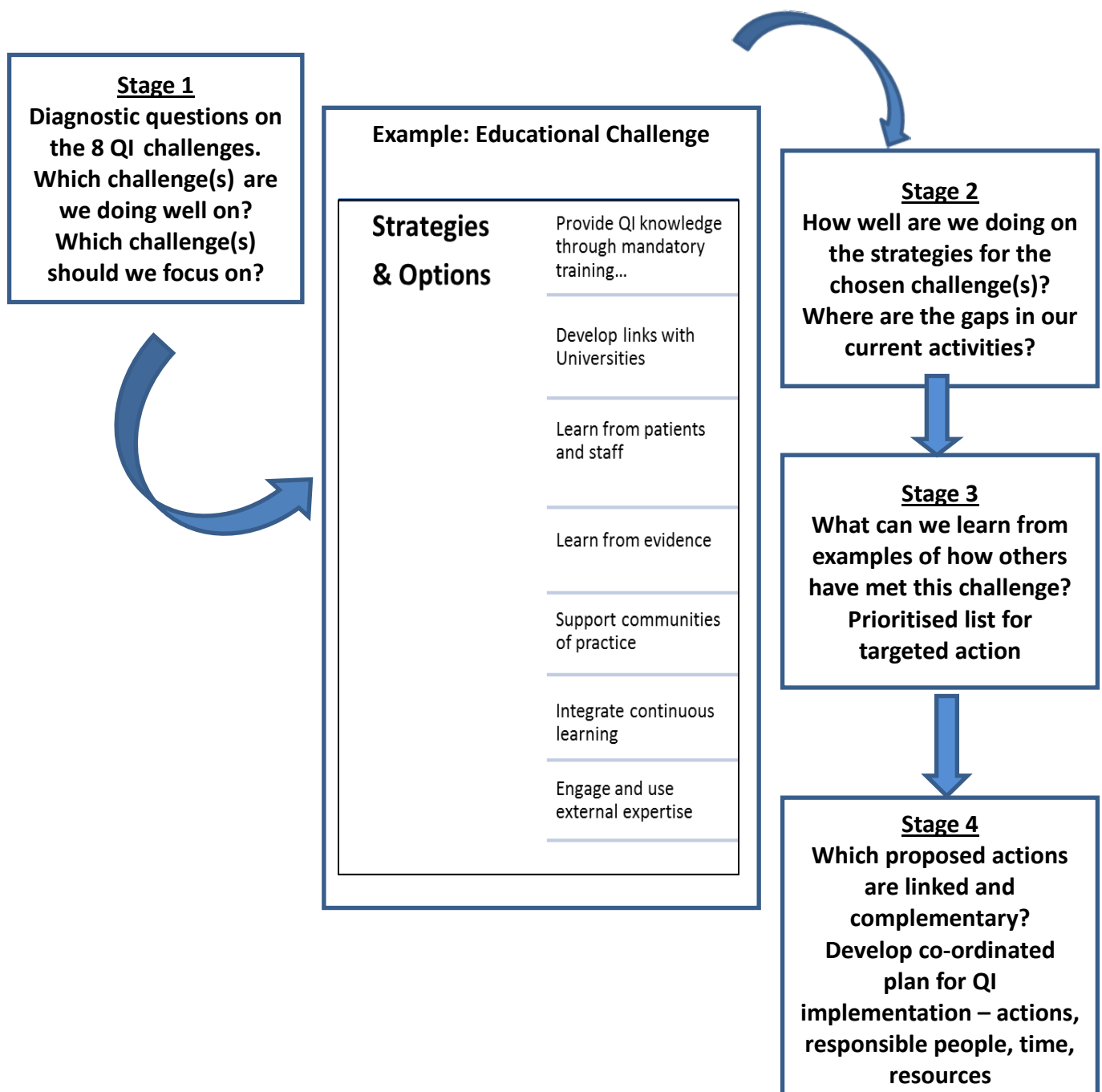


Figure 1. Structure of the QUASER *Guide for Hospitals* using the educational challenge as an example.