**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**

| Country | Microsystem 1 | Microsystem 2 | Tracer Project 1 | Tracer Project 2 |
|---|---|---|---|---|
| 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*** | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Ints.* | *Obs* | *Mtgs.* | *Ints.* | *Obs* | *Mtgs.* | *Ints.* | *Obs* | *Mtgs.* |
| 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 | | | |
| **Total** | **217** | **323** | **104** | **75** | **168** | **51** | **97** | **312** | **52** |
| 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 |
|---|---|---|---|---|---|---|
| **Top-down/ Hierarchal** | 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 |
| **Bottom-up/ consensus-based** | 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 |
| **Market-based** | 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**

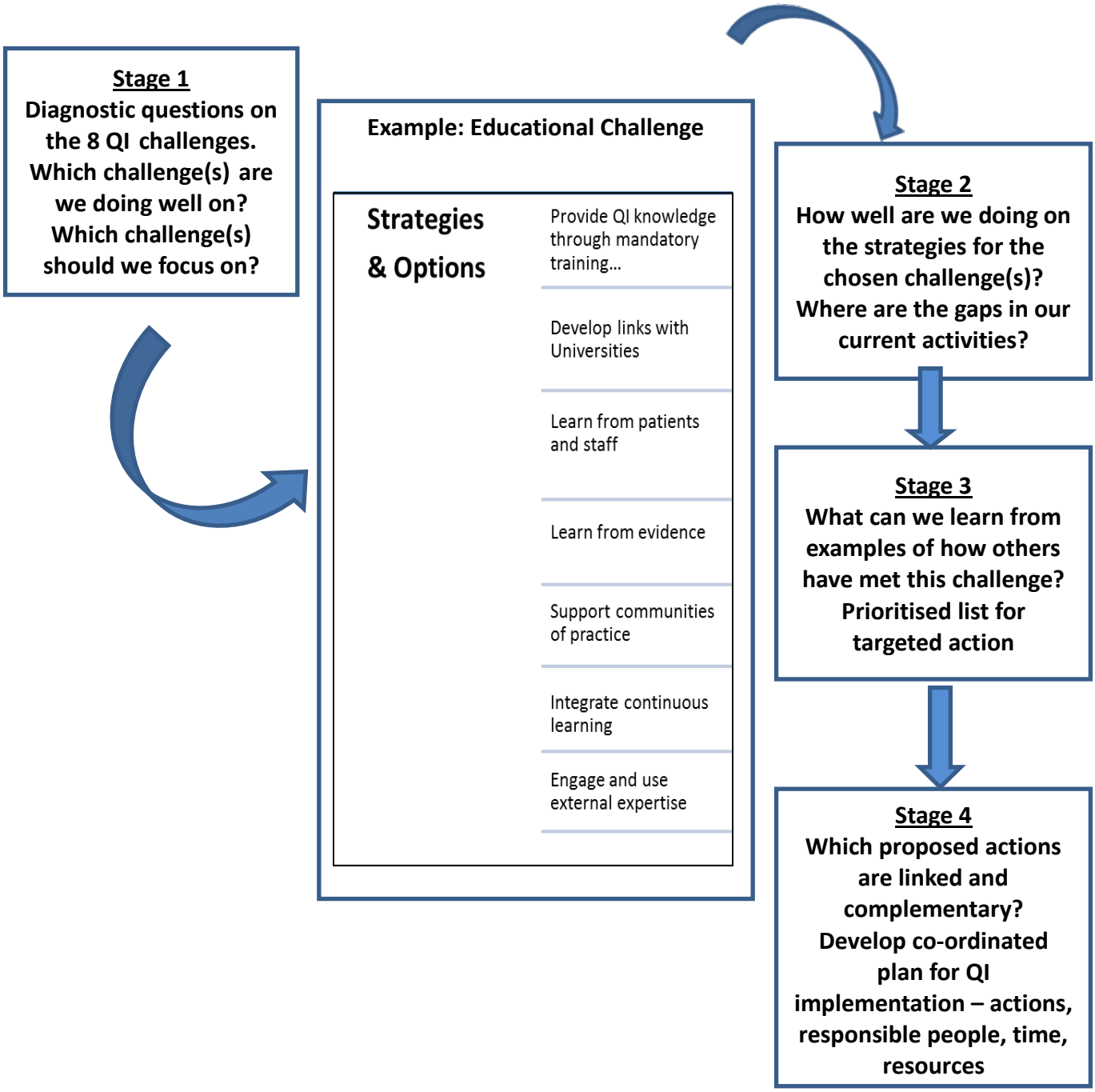


**Figure 1. Structure of the QUASER *Guide for Hospitals* using the educational challenge as an example.**