

Qualitätssicherung in anderen Ländern - Polen

Szymon Brzóska

Department of Nephrology, Transplantation & Internal Diseases
Medical University of Białystok, Poland

DaVita Poland

An elephant is standing in a restaurant setting. The elephant is the central focus, facing left. It is surrounded by white chairs and tables. There are several hanging lamps with warm, glowing light bulbs. The background is a textured, light-colored wall. The overall scene is surreal and humorous.

Quality assurance in other countries - Poland

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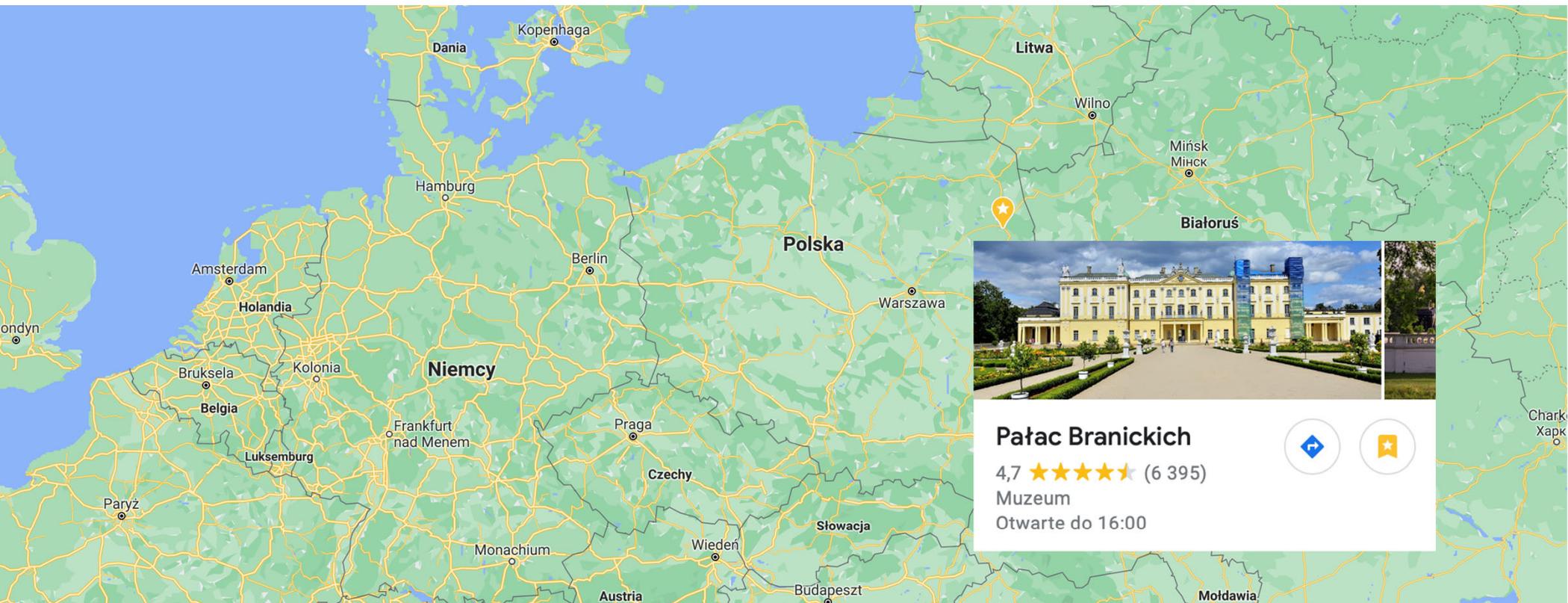
Potential conflicts of interest declaration

The content of the following speech is the result of efforts to achieve the maximum degree of impartiality and independence.

As a speaker, I wish to point out that there are **personal connections** to companies whose products are of interest within the context of the following speech. The companies concerned and connections are listed below:

Companies	Connections
DaVita Poland	formal employment

(Fee for activities associated with lecturing and in an advisory capacity expert reports and work as an author; fee for preparing training programmes; reimbursement for travel and accommodation costs; reimbursement of participation fees regarding training courses; patents; money from licences and royalties; fee for undertaking commissioned studies; receipt of research funds, etc.)



Physician, academic teacher MUB, Ass Prof. (Dept. N. & Tx)
Board cert.- Internal medicine, nephrology, clinical transplantation
PhD 2001; Dr habil. med. 2012, EMBA 2024 (PBS)
DaVita 2014, 2017 CMO PL

Presentation plan

- Introduction
- Overview of Quality Systems in Medicine
- Poland's Historical Context and Challenges
- Recent Developments: The 2023 Quality Act
- PL_DaVita's Approach: Tools, Reporting, and Cultural Change
- Conclusion and Takeaways

Overview of Quality Systems in Medicine

ISO 9001	Lean/Six Sigma	IOM's 6 Aims
Standardized processes for consistency in healthcare operations.	Efficiency and error reduction, focusing on waste elimination and data-driven improvements.	Safe, effective, patient-centered, timely, efficient, equitable care – foundational for modern QA.

ISO 9001: International Organization for Standardization. (2015). ISO 9001:2015 – Quality management systems. iso.org/standard/62085.html

Lean/Six Sigma: George, M. L., et al. (2005). The Lean Six Sigma Pocket Toolbook. McGraw-Hill.

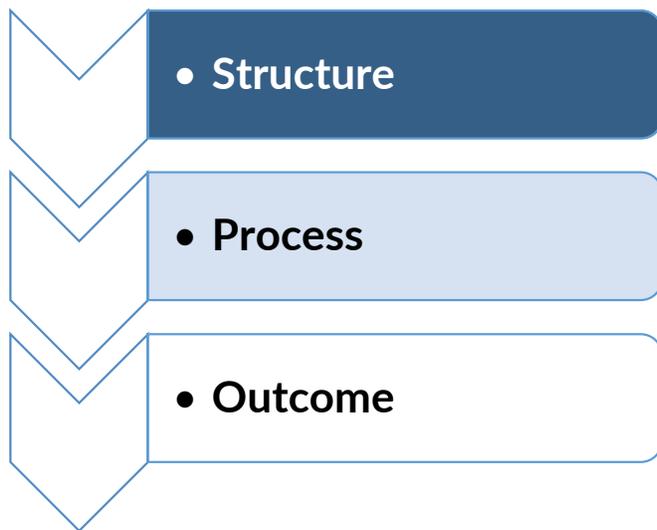
IOM's 6 Aims: Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. National Academies Press. doi.org/10.17226/10027

Poland's Historical QA Challenges

- **Lack of Legislation:** No “Q in Medicine Act” (until 2023), variation in care quality across regions/ providers and no formal assessment of Q by payer (NHF).
- **Focus on Access & Structure Over Assurance:** Emphasis on expanding healthcare right to access & equipment rather than **standardized quality (outcomes) metrics or equitable access**; gaps in IOM's 6 Aims.
- **Examples in Nephrology/Dialysis:**
 - Dialysis NHF description, CVC rate, access to transplantation in ambulatory clinics, ESA in CKD
- **Cultural Aspect:** No Med. Univ. education programs; QA often viewed as bureaucracy, not a proactive mindset – unaddressed risks of clinical quality inconsistencies.

'The Elephant in the Room' ... in the Dialysis Room?

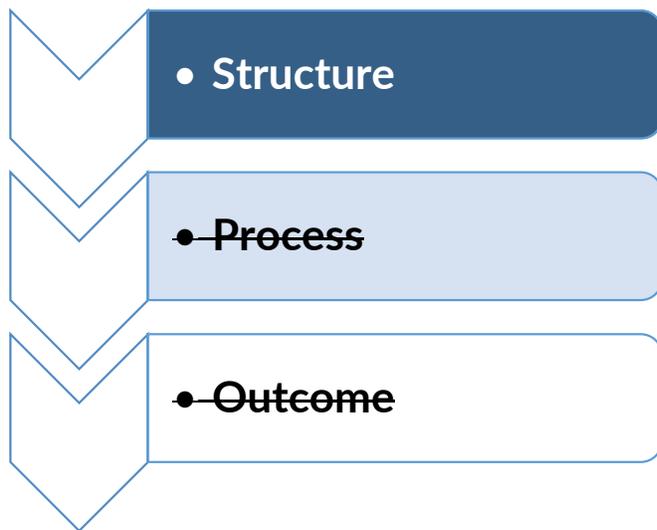
HD procedure description



Donabedian A. Evaluating the Quality of Medical Care.
The Millbank Memorial Fund Quarterly 1966;44(3):166-203.

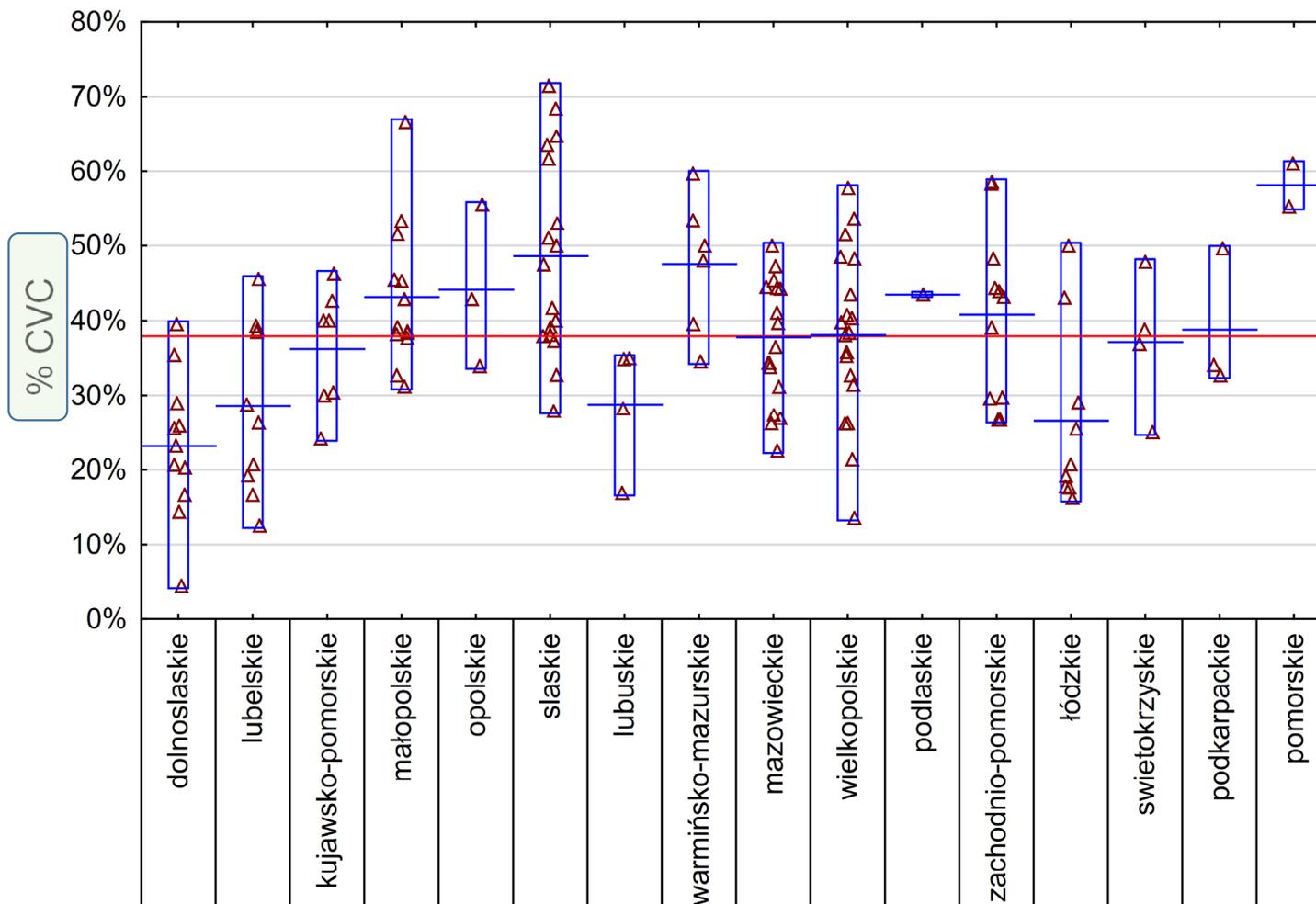
'The Elephant in the Room' ... in the Dialysis Room?

HD procedure description



Donabedian A. Evaluating the Quality of Medical Care.
The Millbank Memorial Fund Quarterly 1966;44(3):166-203.

% CVCs in DCs (chronic PTs; n=138 DCs [n=8700 PTs])



WOJEWÓDZTWO

Internal data DVA+FMC 2021

ANSWERING THE MIDNIGHT CALL



Answering the midnight call

- “Patient travels to the kidney”
- **Systemic barriers limit equal access for PTs in ambulatory dialysis clinics (operating – 7AM-11PM, 6/3 week)**
- **When a deceased donor kidney becomes available during off-hours – PTs may miss KTx opportunities because clinic staff are unavailable for KTx coordinator call to verify eligibility or arrange logistics**

Q PATIENT SAFETY ACT

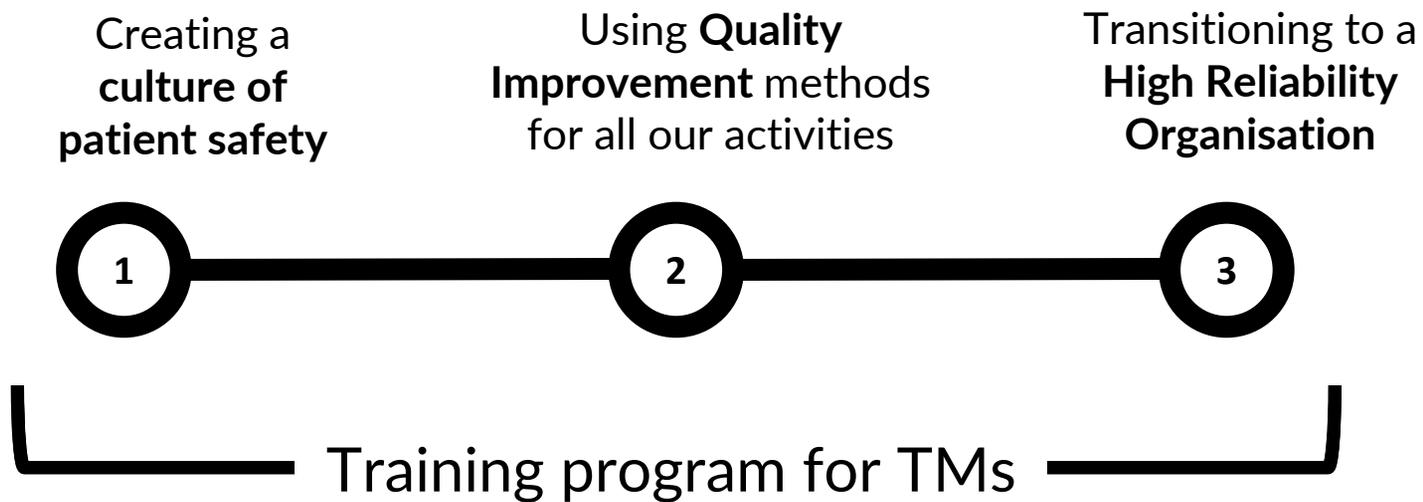


The 2023 Quality & Patient Safety Act

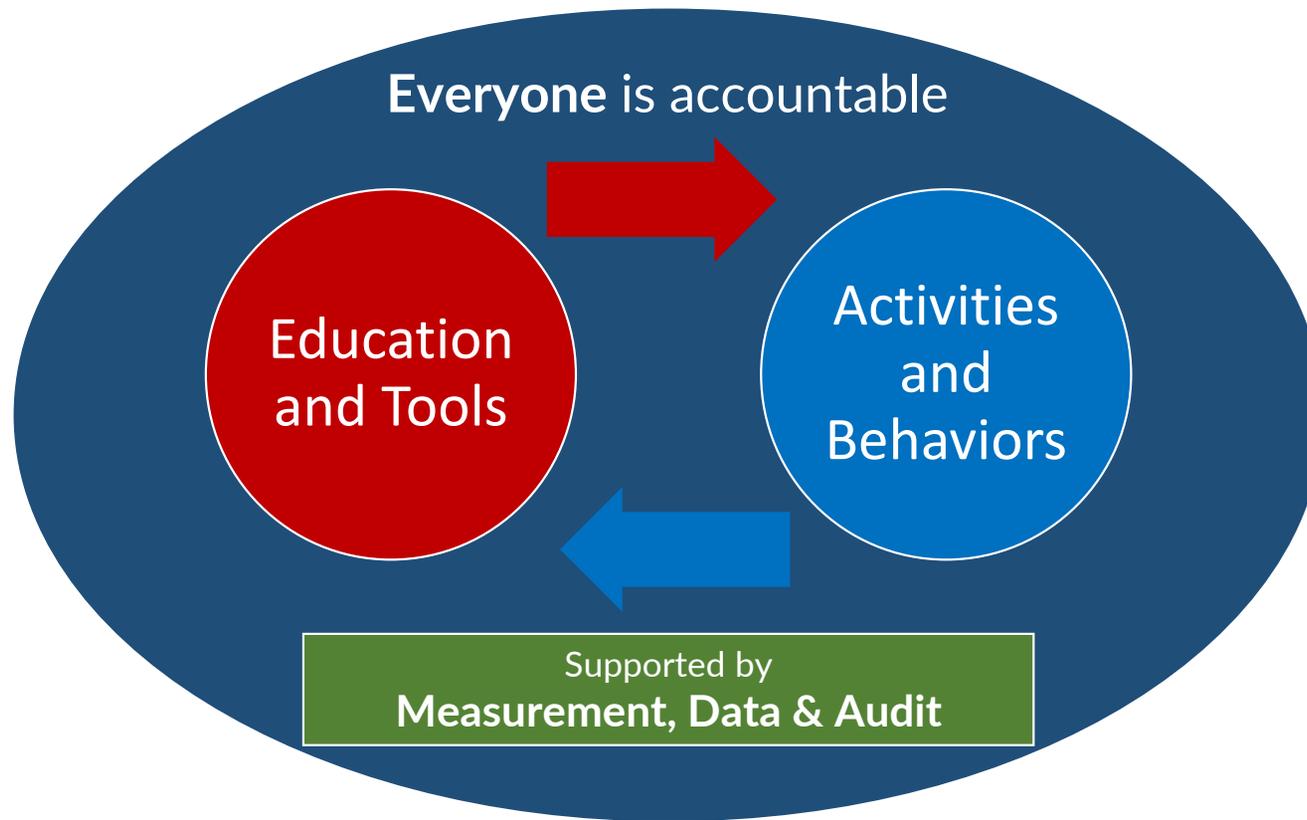
- Accreditation (Hospitals, PC)
- Reporting & Safety
- Quality Metrics
- Competencies & Registers
- Quality Governance
- Communication & Culture

Ustawa z dnia 16 czerwca 2023 r. o jakości w opiece zdrowotnej i bezpieczeństwie pacjenta.

Our approach (DVA_PL)



Foundations for the QS effective implementation



Promote safety culture and improve clinical outcomes
from within the clinics



soc

Pt Safety / Q system



Safety Culture: "Patient safety is everyone's responsibility, and everyone is the solution" – fostering a **non-punitive, learning-focused environment for reporting**

Trainings & Engagement: Training all teammates (TMs), promoting accountability and teamworking through huddles and QI projects. (Summit program)

Leadership Role: Encouraging leaders to ask about safety during clinic visits and promote Training as a key initiative for *zero harm*

Engineering culture of patient safety

Measurement and monitoring

- **Safety data used for the primary purpose of improvement**
- Past, emergent, future risks are continuously measured and monitored

Improvement and learning

- **Care-processes (P&Ps) are defined and standardised** first where possible
- **Quality Improvement methods** are then selected and **used** appropriately

Engagement and culture

- Patients, carers and families are supported to play an active role to improve safety
- **Teammates are supported** to develop and use their skills in improvement

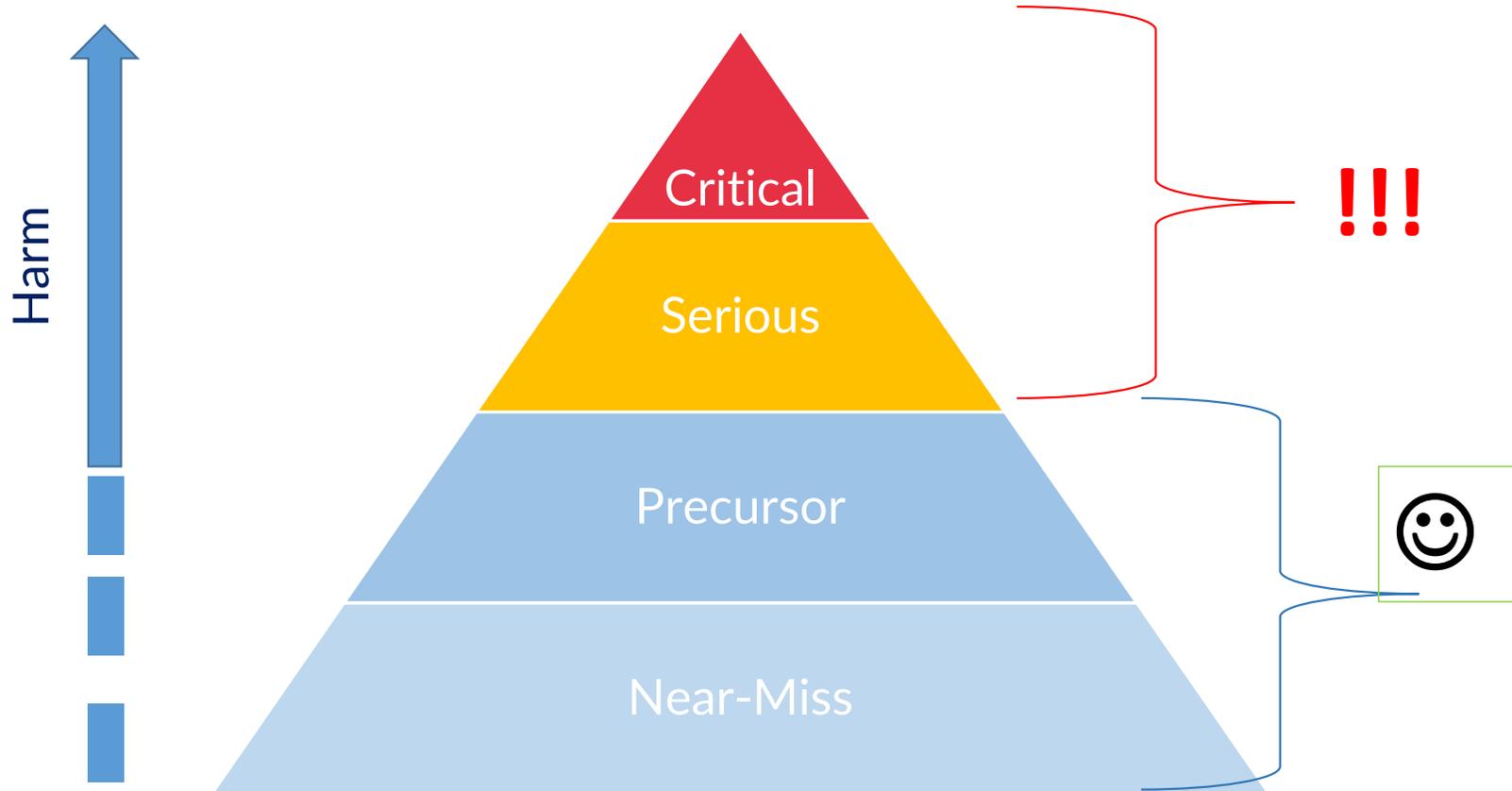
Strategy and accountability

- **Teammates at all levels share the approach taken to improve safety**
- Information about safety concerns is actively sought and welcomed

Huddle - “let’s meet to chat on safety”



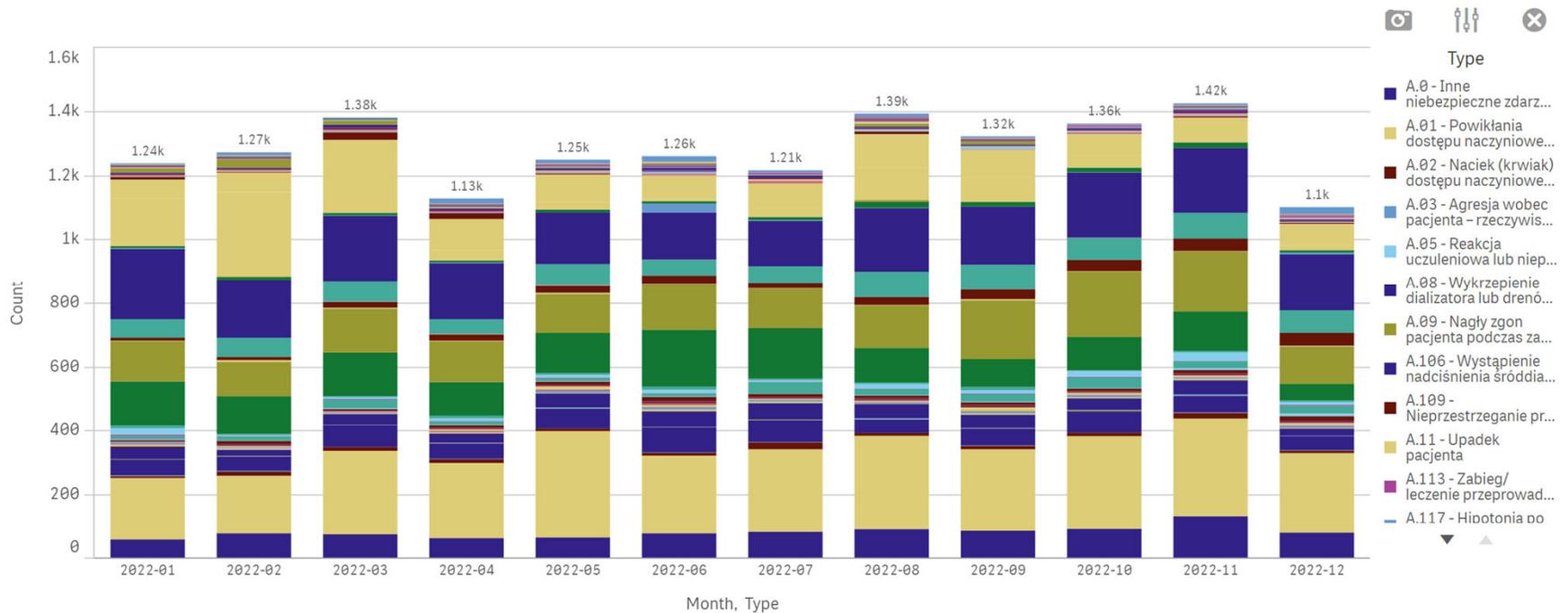
Reporting system



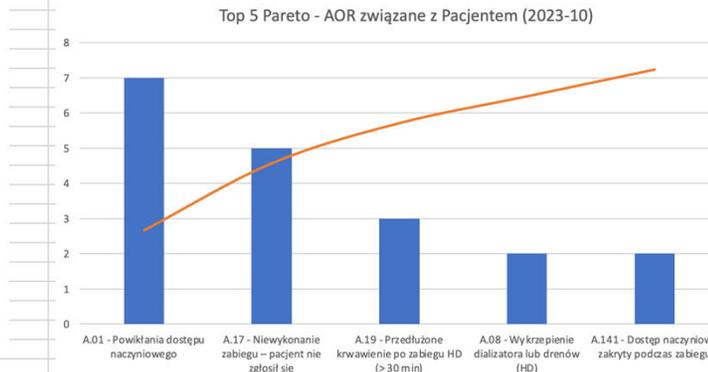
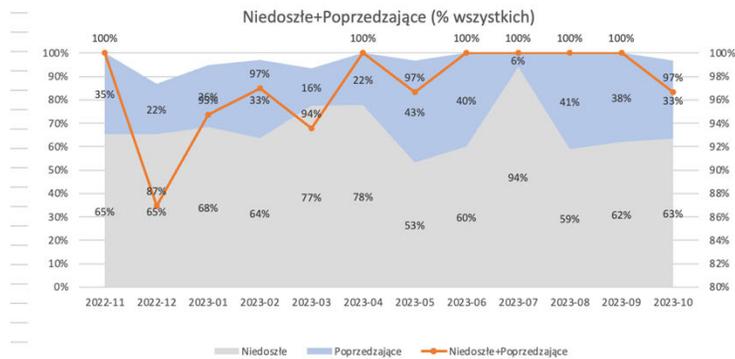
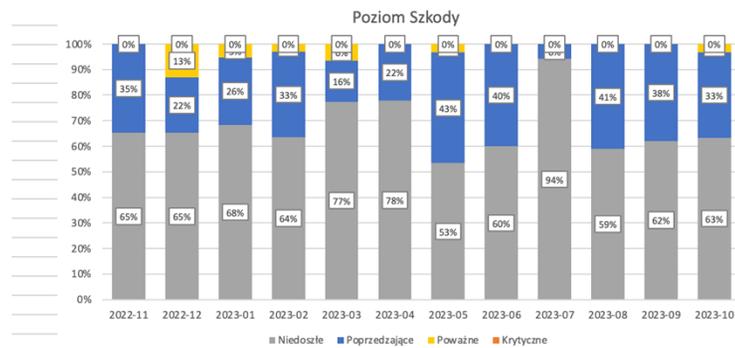
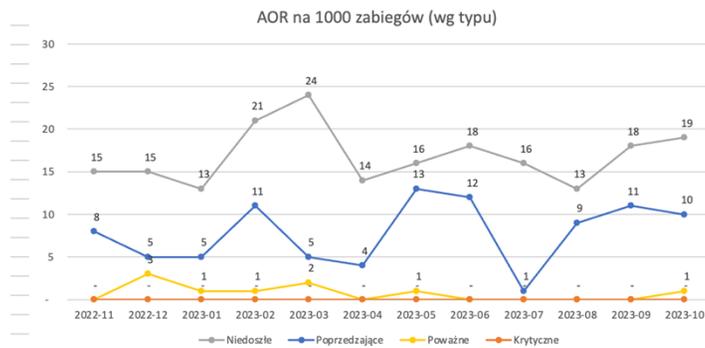
Based on:
Toronto Sick Kids Hospital, 2014

Number of AORs (65 DCs, 2022)

Adverse Occurrence Report



Support & feedback to clinics

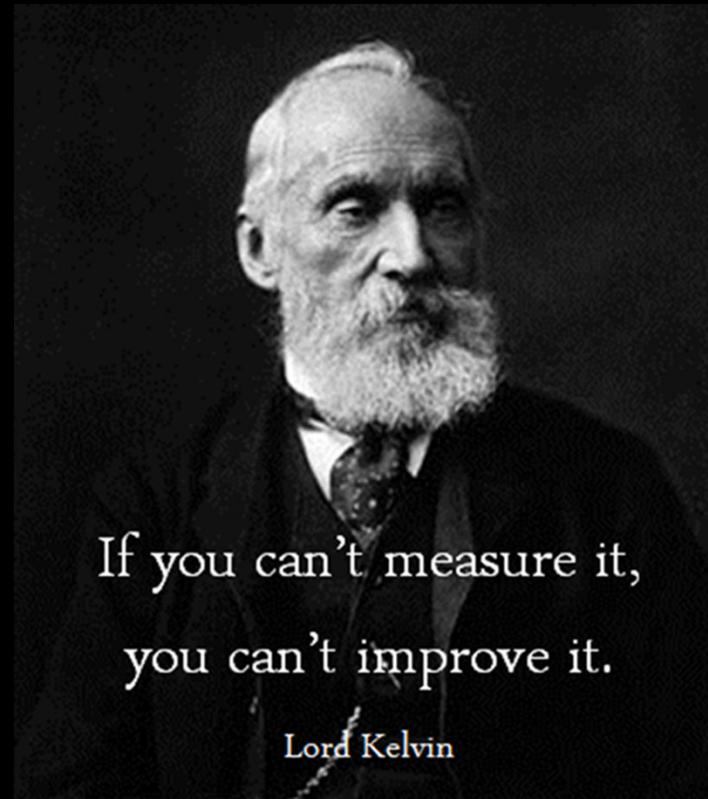


QI – a systematic approach using specific techniques and scientific methods to measurably improve quality

Methods include:

1. IHI Model for Improvement– based on work of Deming
 2. Lean - Toyota
 3. Six Sigma - Motorola/GE
 4. Systems Engineering
- All share a **methodical and data driven approach** to problem solving
 - All require an **underlying improvement mindset**

QI is an approach to understanding the systems within which our patients live, and we provide care

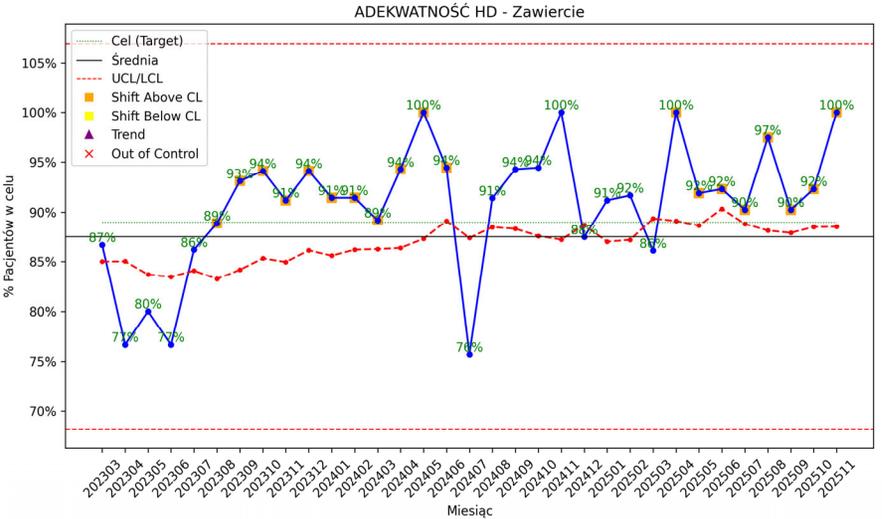
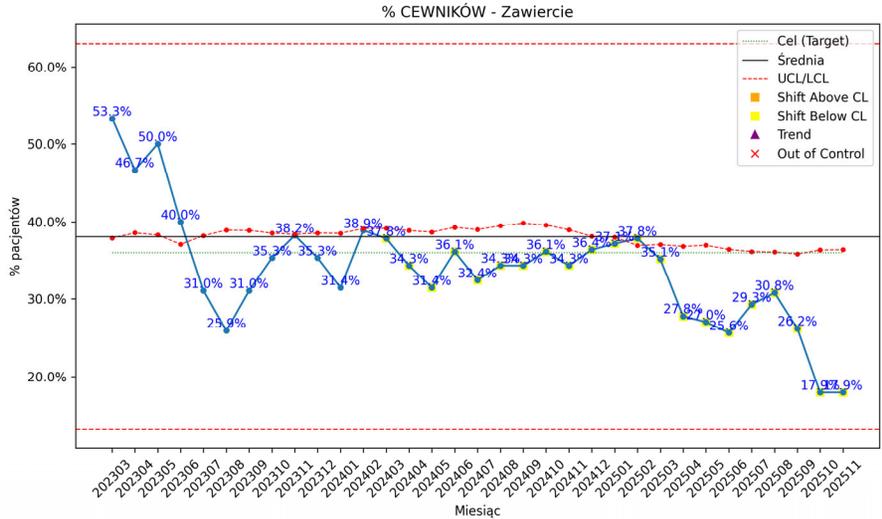
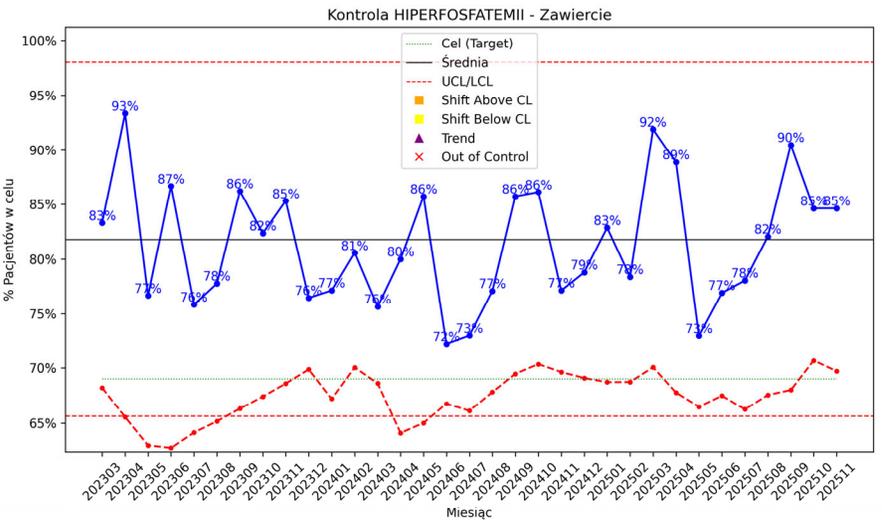
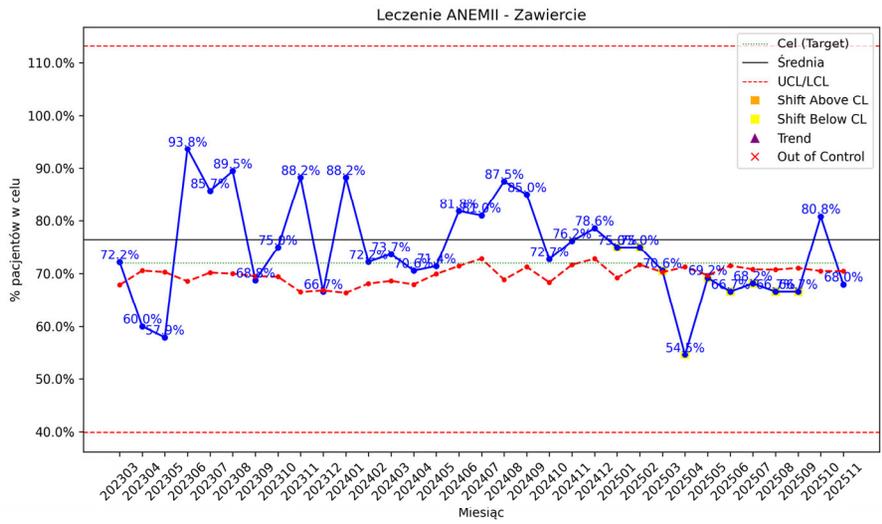


If you can't measure it,
you can't improve it.

Lord Kelvin

Dashboards





High Reliability

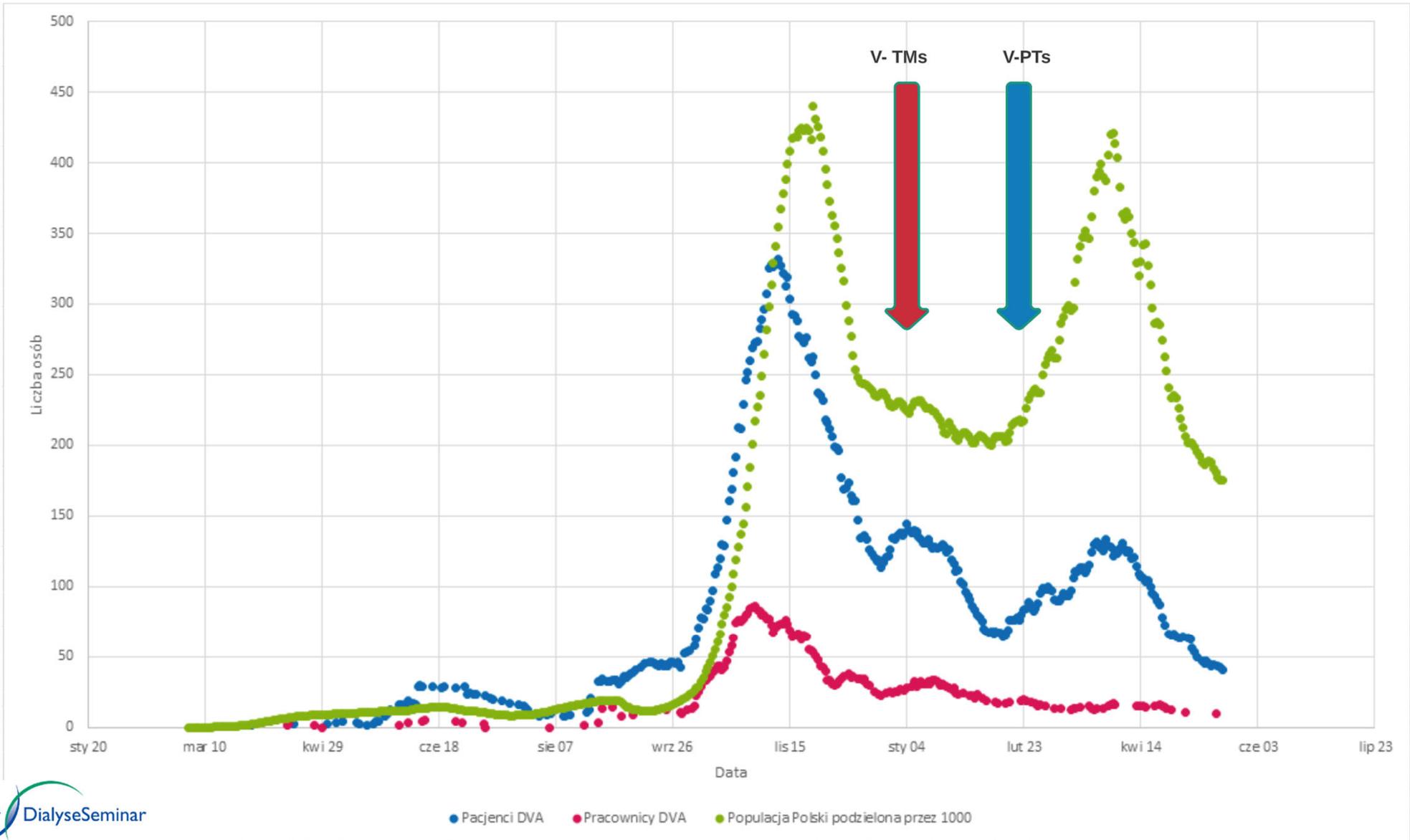
High reliability organisations (HROs) maintain highly predictable and effective operations in the face of hazards that can harm large numbers of people

Safety is designed into HRO systems

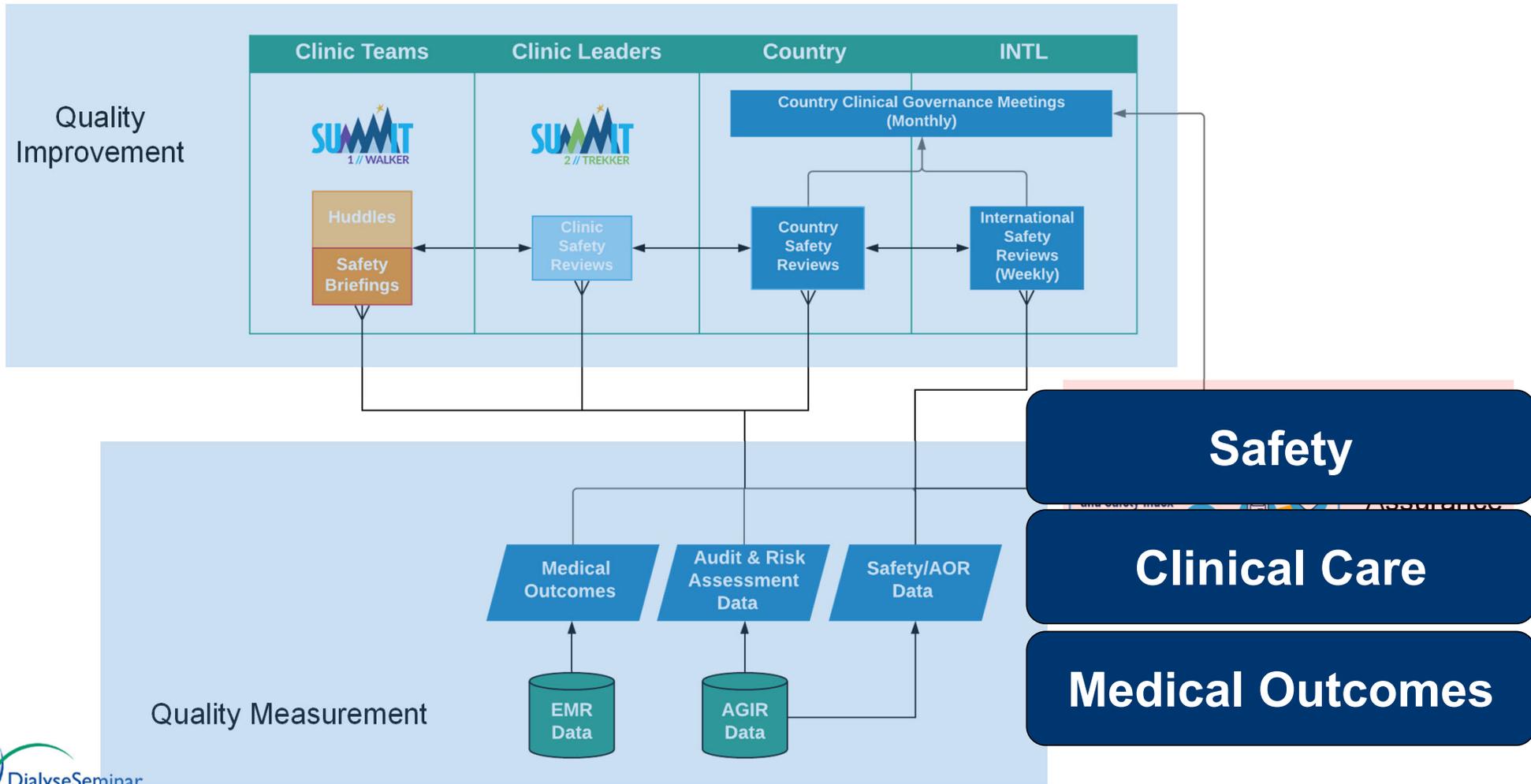
- Continuous **learning from failures**
- Development of **failure-free processes**
- Continuous **monitoring of performance** to understand operations
- Learn from successes

Vaccination a-covid

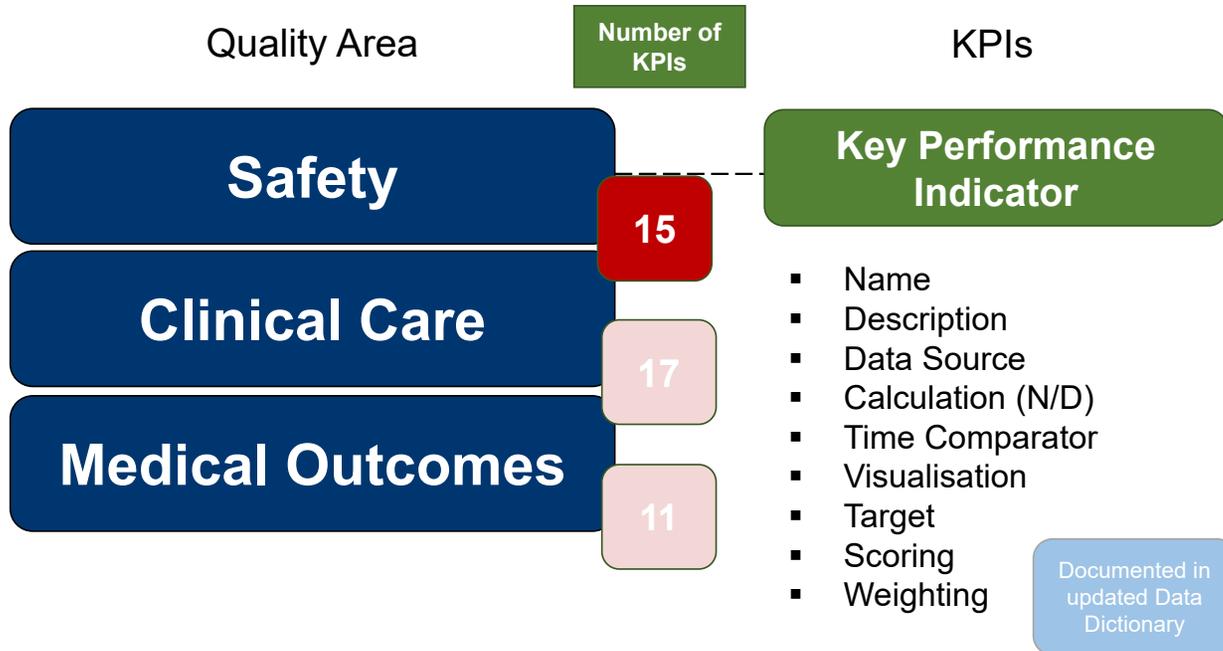
LOC	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	NAK	18%	85%	89%	88%	88%	90%	88%	92%	92%	91%	92%	92%
RAZEM	13%	76%	82%	86%	89%	90%	91%	91%	92%	93%	92%	92%	NOW	9%	84%	89%	92%	90%	94%	93%	93%	90%	89%	88%	88%
BOL	19%	68%	68%	71%	75%	79%	79%	89%	89%	86%	83%	83%	OLE	8%	87%	88%	96%	88%	93%	96%	93%	89%	92%	92%	92%
BPO	13%	68%	72%	77%	81%	81%	81%	80%	89%	88%	88%	88%	OLK	6%	83%	81%	91%	93%	95%	95%	97%	97%	95%	95%	95%
BRO	8%	73%	75%	75%	76%	75%	80%	80%	80%	80%	74%	73%	OLS	9%	87%	87%	100%	100%	100%	100%	100%	100%	100%	100%	100%
BRS	8%	79%	80%	80%	86%	90%	88%	89%	82%	82%	80%	82%	PIL	29%	92%	95%	92%	100%	100%	100%	100%	98%	100%	98%	98%
BRZ	15%	76%	77%	84%	87%	87%	85%	82%	84%	81%	81%	81%	PIS	28%	71%	75%	79%	80%	80%	85%	85%	84%	88%	88%	88%
CHO	17%	84%	86%	95%	95%	97%	95%	95%	97%	97%	94%	94%	POZ	12%	76%	91%	93%	92%	95%	96%	97%	98%	97%	98%	98%
DRE	13%	94%	98%	100%	100%	100%	100%	100%	98%	95%	95%	95%	PRU	11%	73%	74%	86%	89%	89%	86%	92%	92%	90%	90%	90%
ELB	8%	73%	78%	84%	89%	91%	93%	93%	94%	96%	96%	96%	PSZ	31%	84%	87%	94%	98%	98%	98%	98%	98%	100%	100%	100%
GAR	16%	82%	81%	86%	87%	87%	89%	86%	93%	94%	97%	95%	PZN	5%	65%	71%	75%	83%	83%	86%	87%	89%	89%	90%	89%
GLO	11%	86%	86%	89%	93%	95%	96%	94%	96%	96%	98%	98%	RAD	4%	59%	72%	76%	94%	94%	90%	92%	94%	98%	98%	98%
GOL	20%	87%	94%	94%	95%	95%	95%	91%	92%	91%	92%	92%	RAZ	17%	78%	78%	79%	78%	84%	86%	86%	86%	82%	85%	84%
GOS	30%	92%	88%	90%	90%	90%	92%	92%	92%	92%	92%	92%	SIE	16%	87%	85%	87%	87%	87%	90%	88%	90%	92%	90%	90%
GRA	12%	76%	92%	92%	90%	90%	95%	90%	90%	95%	91%	91%	SKA	3%	55%	77%	78%	83%	83%	85%	82%	86%	86%	85%	84%
GRO	19%	69%	70%	76%	89%	86%	86%	88%	89%	92%	91%	91%	SRE	12%	86%	86%	91%	95%	93%	91%	93%	94%	98%	95%	95%
HRU	0%	77%	85%	86%	86%	83%	83%	86%	86%	95%	95%	95%	STA	4%	77%	89%	89%	93%	95%	95%	93%	95%	100%	98%	98%
KAT	9%	78%	84%	90%	92%	92%	95%	95%	95%	92%	92%	92%	STR	8%	76%	83%	91%	88%	87%	93%	92%	91%	91%	89%	85%
KED	13%	77%	81%	89%	91%	92%	94%	95%	95%	97%	97%	97%	SWI	17%	58%	61%	86%	88%	88%	89%	89%	92%	92%	94%	94%
KLU	11%	81%	82%	89%	89%	89%	89%	89%	92%	92%	96%	96%	TOL	16%	72%	81%	86%	86%	88%	90%	95%	95%	95%	95%	95%
KOB	12%	58%	94%	97%	100%	100%	97%	100%	100%	100%	97%	97%	TOM	7%	31%	86%	90%	93%	94%	93%	95%	96%	96%	96%	96%
KOL	11%	88%	88%	89%	92%	95%	95%	96%	95%	95%	93%	93%	TUR	16%	82%	86%	84%	87%	87%	89%	89%	89%	89%	89%	89%
KOO	0%	82%	95%	95%	96%	96%	96%	96%	94%	94%	95%	95%	TYC	5%	57%	68%	71%	90%	90%	90%	90%	90%	91%	96%	96%
KOZ	14%	83%	86%	89%	92%	91%	91%	91%	91%	91%	92%	92%	UST	13%	67%	68%	81%	85%	88%	91%	88%	88%	88%	88%	88%
KRS	21%	89%	89%	92%	92%	85%	85%	84%	81%	85%	85%	85%	WAD	7%	67%	76%	80%	82%	83%	88%	87%	87%	87%	86%	86%
KUT	11%	83%	84%	84%	89%	92%	95%	97%	98%	98%	100%	100%	WAG	6%	73%	72%	87%	89%	89%	91%	93%	96%	97%	97%	97%
LDZ	14%	81%	90%	91%	91%	92%	93%	90%	93%	93%	93%	93%	WAL	12%	100%	94%	94%	100%	100%	94%	100%	-	-	-	-
LEB	18%	49%	66%	67%	67%	67%	69%	70%	69%	69%	69%	65%	WAR	15%	77%	72%	91%	93%	94%	97%	96%	99%	99%	97%	97%
LEC	19%	82%	95%	90%	90%	90%	90%	93%	96%	97%	97%	97%	WAS	19%	77%	73%	96%	98%	98%	98%	95%	95%	98%	95%	95%
LEG	9%	85%	91%	95%	97%	96%	97%	96%	97%	96%	97%	96%	ZAK	4%	80%	80%	79%	87%	89%	89%	89%	93%	92%	89%	89%
LUB	23%	55%	67%	82%	83%	88%	87%	88%	91%	95%	95%	95%	ZAR	16%	79%	83%	81%	84%	85%	88%	94%	93%	94%	92%	92%
MAL	26%	86%	86%	93%	93%	98%	98%	100%	100%	100%	100%	100%	ZAW	17%	71%	79%	79%	87%	86%	89%	93%	92%	96%	96%	96%
MIE	4%	64%	87%	82%	90%	92%	91%	91%	91%	92%	90%	90%	ZGI	10%	65%	83%	84%	90%	89%	91%	91%	92%	91%	91%	90%
													ZOR	15%	88%	90%	87%	85%	87%	89%	87%	92%	95%	92%	91%



Quality Management Strategy



Each area has groupings of KPIs



Each KPI has a **target** and a **weighting** which allow them to be combined into a **composite score**

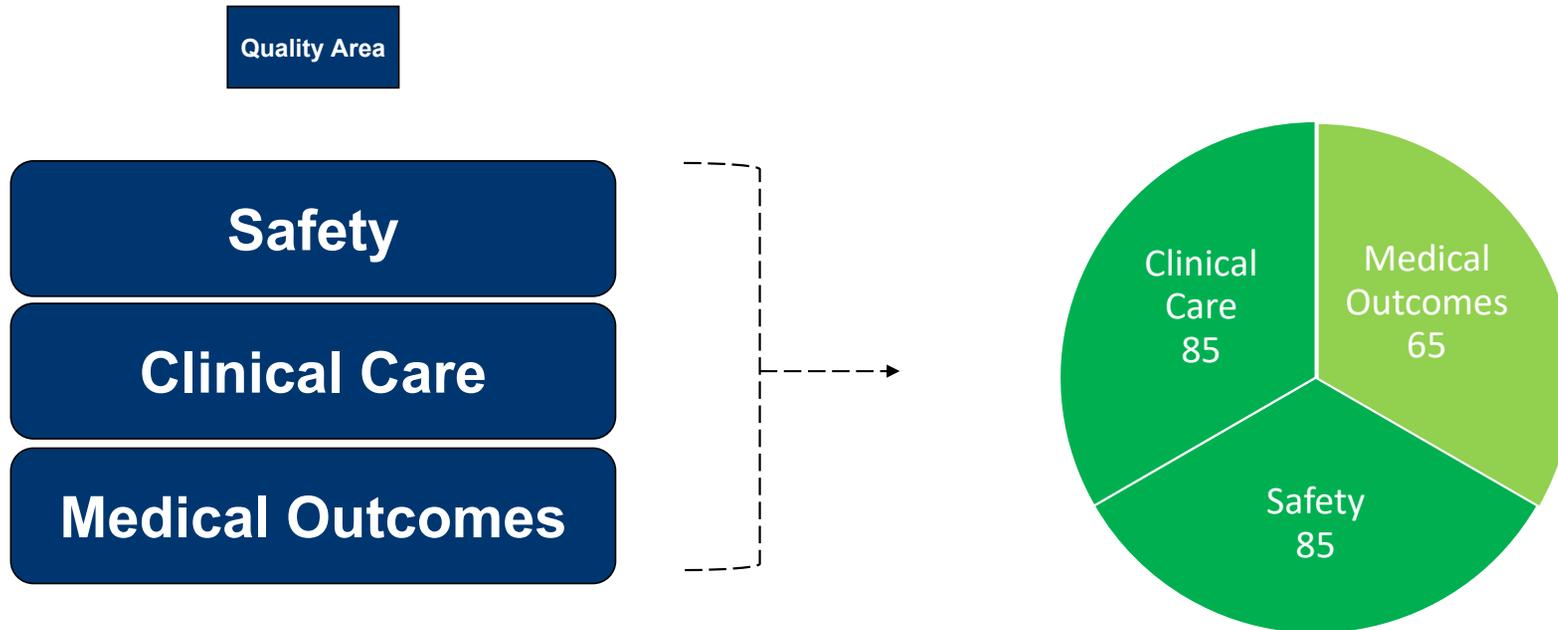
Interstellar Score Thresholds

Safety KPIs	Threshold (absolute value)	
	Upper	Lower
Serious and Critical Event status	100%	72%
Patient no shows per 1000 tx A.17	1.89	2.52
Near Miss & Precursor	88%	64%
Patient related Event per 1000 tx	38.5	28
Blood stream infection in patients with CVC per 1000 tx A.63	0.072	0.096
Needle dislodgements per 1000 tx A.29	0.027	0.036
Patient falls per 1000 tx A.11	0.072	0.096
Intradialytic hypotension per 1000 tx A.15	0.99	1.32
Serology	100	72
Influenza Vaccination	100	72
Critical Event Review Audit Score	100	72

Clinical Care KPIs	Threshold (absolute value)	
	Upper	Lower
Results of Annual Risk Assessments - Infection control	100%	75%
Results of Annual Risk Assessments - Hemodialysis	100%	75%
Results of Annual Risk Assessments - Medications	100%	75%
Annual Risk Assessment - Number of critical non-compliances	0	5
Internal Audits results - Infection control	100%	75%
Internal Audits results - Vascular access	100%	75%
Internal Audits results - Documentation	100%	75%
Internal Audits results - Medication	100%	75%
Internal Audits vs. Required %	100%	85%
External Audit Deviation – Infection control	0	10
External Audit Deviation – Vascular access	0	10
External Audit Deviation – Documentation	0	10
External Audit Deviation – Medication	0	10
External Audits Completed vs. Required - Infection control %	100%	85%
External Audits Completed vs. Required - Vascular access %	100%	85%
External Audits Completed vs. Required – Documentation %	100%	85%
External Audits Completed vs. Required – Medication %	100%	85%

Medical Outcome KPIs	Threshold (absolute value)	
	Upper	Lower
Missing lab tests	2.25%	3%
Hb10-12 on ESA	79.2%	57.6%
Kt/V >= 1,3	97.9%	71.2%
Phosphorus =< 5,5 mg/dl	75.9%	55.2%
IDBWG =< 5%	100%	76%
CVC in place	32.4%	43.2%
Mortality	1.26%	1.68%
Hospital admissions	0.99	1.32
Treatment Time	96.8	70.4
Transplant %	6.6	5.4

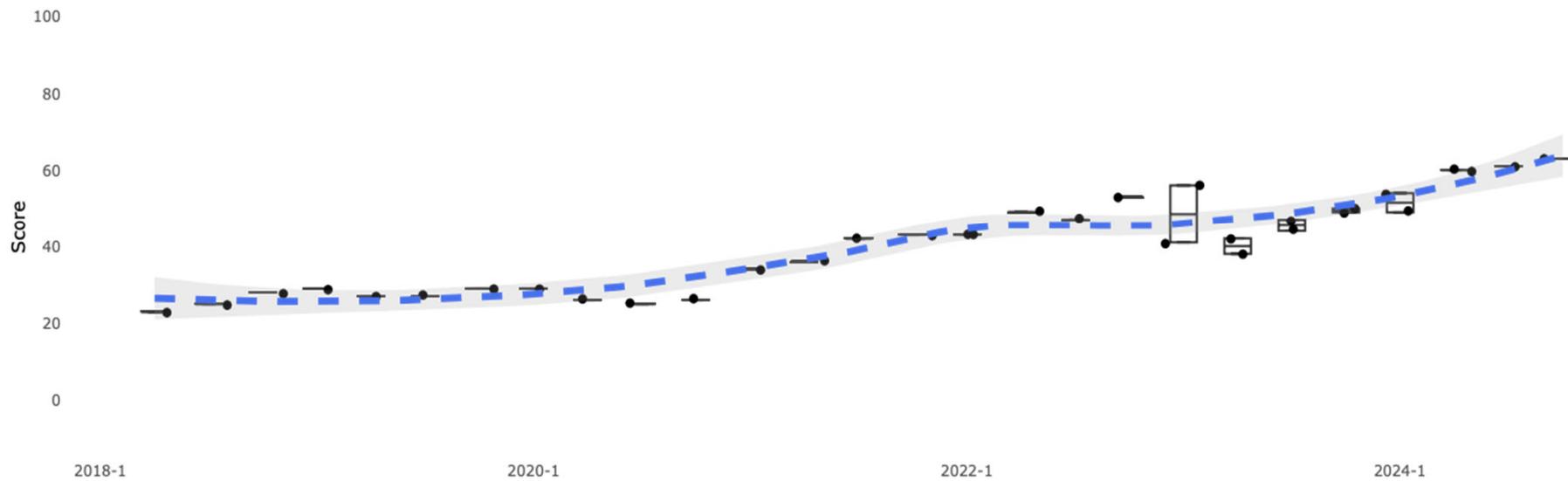
Each quality area have a final score



Every country gets three scores – can be tracked over time and can be used to compare countries against each other; goalposts are appropriate for each country internally

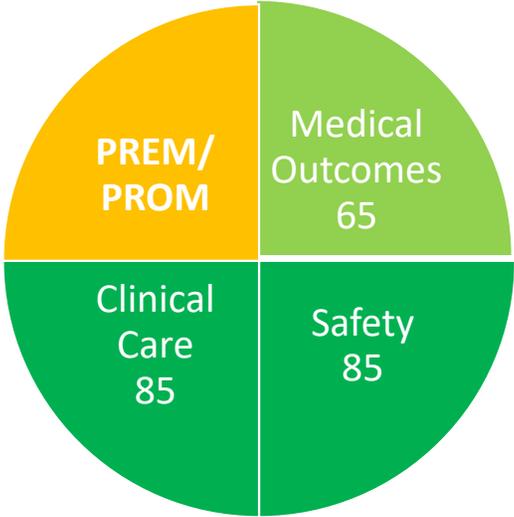
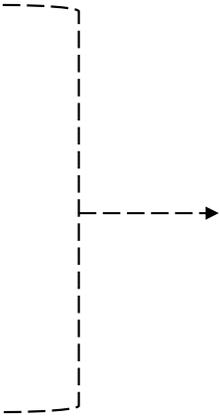
Inter Stellar Med Scores

InterStellar Medical Scores



What about patient voice?

Quality Area



PREM



Badanie satysfakcji pacjentów

OŚRODEK DIALIZY:

Czy ktoś pomógł Ci w wypełnieniu ankiety?

- Wypełniłam/-em samodzielnie
 Pomógł mi ktoś z rodziny, opiekun lub partner
 Pomógł mi personel w ośrodku

PYTAMY, PONIEWAŻ TROSCZYMY SIĘ

ZESPÓŁ DAVITA	Zupełnie się nie zgadzam	Raczej się nie zgadzam	Nie mam zdania	Raczej się zgadzam	Całkowicie się zgadzam
Personel ośrodka traktuje mnie z szacunkiem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka angażuje mnie w decyzje dotyczące mojego leczenia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka uważnie mnie słucha i szanuje to, co mówię.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka poświęca mi wystarczająco dużo czasu oraz reaguje, kiedy go potrzebuję.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka wyjaśnia mi różne kwestie i odpowiada na moje pytania w sposób dla mnie zrozumiały.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka udziela mi informacji dotyczących mojego stanu zdrowia i prowadzonego leczenia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personel ośrodka dba o mnie i traktuje mnie indywidualnie.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DOŚWIADCZENIA ZWIĄZANE Z LECZENIEM	Zupełnie się nie zgadzam	Raczej się nie zgadzam	Nie mam zdania	Raczej się zgadzam	Całkowicie się zgadzam
Czuję się bezpiecznie podczas zabiegu hemodializy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fotel dializacyjny lub łóżko są wygodne.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pomieszczenia ośrodka są czyste i dobrze utrzymane.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otrzymuję odpowiedzi na moje pytania i prośby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moja dializa rozpoczyna się punktualnie.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W moim ośrodku panuje serdeczna i przyjazna atmosfera.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jestem zadowolony/-a z usługi transportu.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Co w Twoim ośrodku DaVita podoba Ci się najbardziej?

Co w Twoim ośrodku DaVita chciałbyś zmienić najbardziej?

Bardzo nie polecam

0 1 2 3 4 5 6 7 8 9 10

Bardzo polecam

Wskaż na powyższej skali: Jak bardzo byłbyś skłonny polecić swój ośrodek DaVita komuś, kto potrzebuje leczenia?

Jeśli masz jakieś dodatkowe spostrzeżenia, podziel się nimi:

Dziękujemy za pomoc w doskonaleniu naszych usług dla wszystkich pacjentów DaVita!

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PROM (iPOS- renal)



IPOS – wersja dla pacjentów z chorobą nerek

Imię i nazwisko pacjenta:

Data (dd/mm/rrrr): Numer pacjenta:
(do użytku personelu)

1. Jakie były Pana/-i główne problemy lub obawy w ciągu ostatnich 3 dni?

1.
2.
3.

2. Poniżej znajduje się lista objawów, które mogły, ale nie musiały u Pana/-i wystąpić.

Przy każdym prosimy zaznaczyć pole, które najlepiej opisuje jego nasilenie w ciągu ostatnich 3 dni.

Objawy	Brak	Niewielki	Średni	Znaczny	Przytłaczający
Ból	<input type="radio"/>				
Duszność	<input type="radio"/>				
Oslabienie lub brak energii	<input type="radio"/>				
Nudności	<input type="radio"/>				
Wymioty	<input type="radio"/>				
Gorszy apetyt	<input type="radio"/>				
Zaparcia	<input type="radio"/>				
Suchość w ustach	<input type="radio"/>				
Senność (ospałość)	<input type="radio"/>				
Niska sprawność ruchowa	<input type="radio"/>				
Świąd skóry	<input type="radio"/>				
Problemy ze snem	<input type="radio"/>				
Ból	<input type="radio"/>				
Zespół niespokojnych nóg, trudności z utrzymaniem nóg w bezruchu	<input type="radio"/>				
Zmiany skórne	<input type="radio"/>				
Biegunka	<input type="radio"/>				

Prosimy wymienić wszelkie inne objawy niewymienione powyżej, które wystąpiły w ciągu ostatnich 3 dni i zaznaczyć ich nasilenie.

1. | | | | |
2. | | | | |
3. | | | | |

Czy w ciągu ostatnich 3 dni:

	Wcale	Sporadycznie	Czasami	Przez większość czasu	Nieustannie
3/ Odczuwał/a Pan/i niepokój lub obawy związane z własną chorobą lub przebiegiem leczenia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4/ Ktoś z rodziny lub znajomych był zaniepokojony lub martwił się o Pana/-ią?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5/ Odczuwał/a Pan/i przygnębienie?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nieustannie	Przez większość czasu	Czasami	Sporadycznie	Wcale
6/ Odczuwał/a Pan/i spokój?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7/ Był/a Pan/i w stanie dzielić się swoimi odczuciami z rodziną lub znajomymi tak często, jak tego Pan/i chciał/a?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8/ Otrzymał/a Pan/i satysfakcjonującą ilość informacji?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problemy zostały:	Rozwiązane / nie było problemów	W większości rozwiązane	Częściowo rozwiązane	Prawie nierozwiązane	Nie zostały rozwiązane
9/ Rozwiązano którekolwiek problemy związane z Pana/i chorobą? (np. finansowe lub osobiste)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nie uważam, by mój czas został zmarnowany		Zmarnowano do pół dnia	Zmarnowano ponad pół dnia	
10/ Ile czasu Pana/-i zdaniem zmarnowano podczas wizyt medycznych na kwestie z nimi związane np. oczekiwanie na transport lub powtarzanie badań?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Samodzielnie	Z pomocą znajomej osoby lub członka rodziny	Z pomocą członka personelu		
11/ Ten kwestionariusz wypełnił/a Pan/i?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Jeżeli martwi Pana/-ią którakolwiek z kwestii poruszonych w niniejszym kwestionariuszu, prosimy porozmawiać ze swoim lekarzem lub pielęgniarką.

Key Insights



Poland's 2023 Quality & Patient Safety Act marks a pivotal shift towards structured accreditation, safety reporting, and quality metrics – starting with hospitals and primary care.



DaVita Poland's QA framework, built on tools like InterStellar index, Summit-inspired training & cultural safety initiatives, aligns proactively with national requirements.



How can we collectively transition to a future where HC quality and safety are not just mandates, but the foundation of every patient interaction?

The points for each KPI are calculated using Sliding Scale and multiplied by the Weighting per this KPI

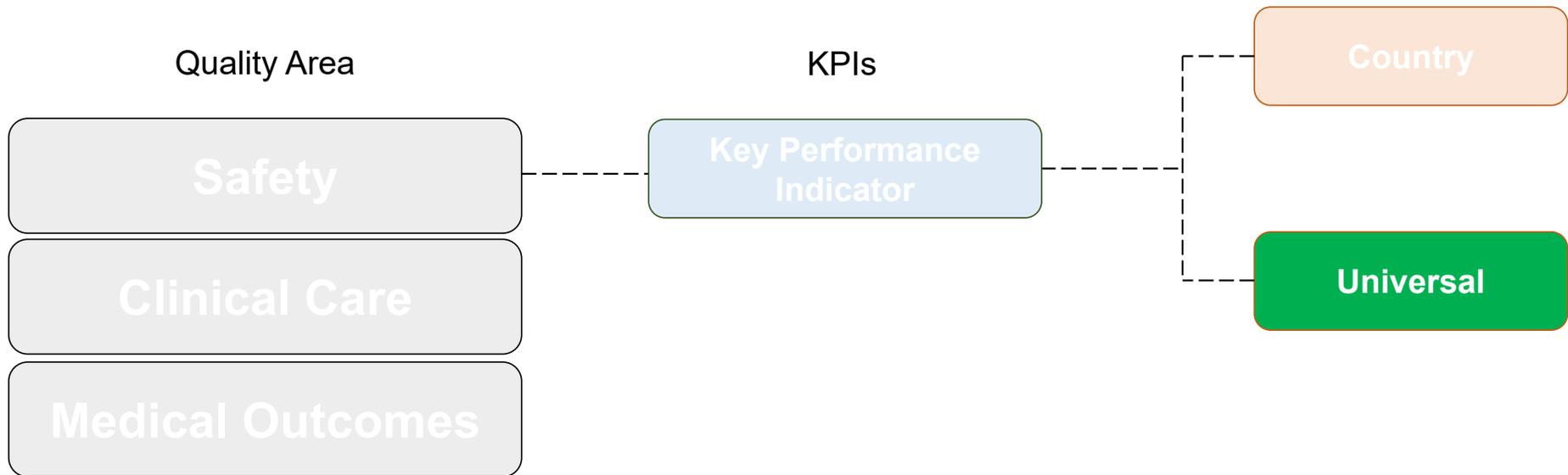
$\text{KPI points} = \text{Sliding Score result} * \text{Weighting}$

The missing data for applicable KPI is **scored 0**

The final score is calculated dividing the sum earned points by the maximal number of applicable points and multiplied by 100

$\text{Medical Outcomes Score} = (\text{sum of points earned}/\text{max. points}) * 100$

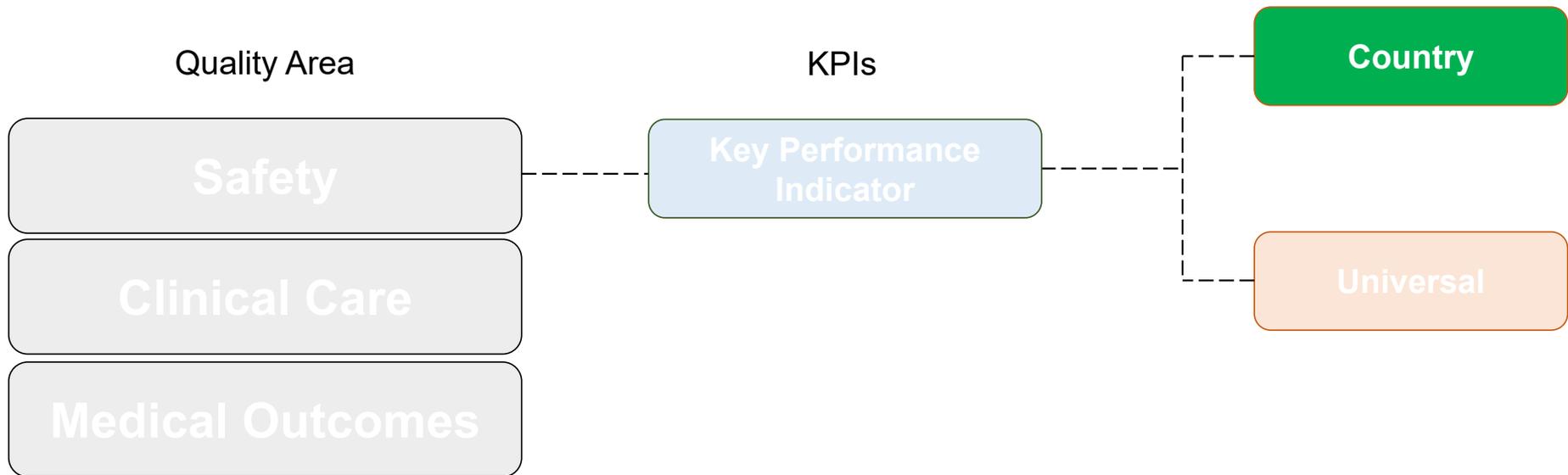
Universal KPIs



Universal KPIs have targets which are the same for **all** international countries – set by INTL leadership team and denote minimal expected standards

Eg. Hand Hygiene audit score results must be >85 in all clinics in all countries.

Country KPIs



Country KPIs

Targets and weighting **will vary** by international countries – set by INTL leadership team in concordance with country leadership team

Eg. 75% of patients should achieve Hb 10-12 on ESA in Poland