POLICY ADVICE
on
STANDARDS AND PERFORMANCE MONITORING FOR HOSPITALS IN MALTA

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INTRODUCTION

This Short Report provides policy advice resulting from the project 'Standards and Performance Monitoring for Hospitals in Malta' performed within the context of the European Social Fund Malta 2007-2013. The project was performed from October-November 2015 by a Research Team[1] from the Academic Medical Centre (AMC) of the University of Amsterdam (the Netherlands) in close collaboration with the Maltese Ministry for Energy and Health. It aimed to:

- assess the existing situation of hospital standards and related assurance mechanisms in Malta
- support local policy makers determining the required focus and pathway towards modernization of the quality standards and assurance mechanisms
- support public sector reform to optimize quality of hospital care by upgrading policy maker's skills in identifying, implementing, monitoring checking and evaluating national standards for hospital care
- Contribute to lifelong learning for the Public Sector, by developing and implementing a training programme that can be complementary to the Government's existing training programmes, and by training the future's trainers of the developed training programme

The policy suggestions are based on the following project activities:

A Situation Analyses of National Hospital Standards and assurance mechanisms in Malta based on *desk top research* based on available knowledge on Malta's healthcare system, and literature on Hospital Standards and Assurance Mechanisms, and

a three day *fieldwork visit*[2] of a team of 3 AMC researchers and a WHO (World Health Organization) consultant from October 21-23, 2015 to Malta. Meetings were held with various actors and experts including the Directorate for Health Information and Research; Superintendent for Public Health; and Hospital CEOs. The meetings were guided by a set of questions[3] modelled after the OECD country reviews on Quality of Care sent by the Research Team prior to the visit.

A *Capacity Building Training*[4] held at the AMC from 11-13 November 2015 tailored to the employees[5] of the Maltese Ministry for Energy and Health responsible for health involved in the implementation, monitoring, checking and evaluation of national standards for institutions and organisations providing a health care service after the establishing of same standards in performance as well as in contract management. The Capacity Building Training was undertaken to update policy maker's skills in identifying, implementing, monitoring, checking, and evaluating national standards for hospital care.

[1] See Appendix 1 for an overview of the AMC Research Team

[2] See Appendix 2 for the Programme of the Fieldwork Visit of AMC researchers to Malta, October 21-23, 2015.

[3] See Appendix 3 of for the questions that were the focus of the meetings with several actors and experts in Malta during the fieldwork visit, October 21-23, 2015.

[4] See Appendix 4 for the Programme (incl. speakers) of the Capacity Building Training, November 11-13 2015, Amsterdam.

[5] See Appendix 5 for an overview of the employees of the Maltese Ministry for Energy and Health that attended the Capacity Building Training.

The Training consisted of:

- Modules on national hospital standards (history, content, nature) and their embedding in regulatory framework with examples from The Netherlands, other European countries, Australia, and Canada (with guest speakers from the Dutch National Institute for Public Health and the Environment-RIVM; the Organisation for Economic Coordination and Development-OECD; the Netherlands Institute for Health Services Research-NIVEL; and several Dutch hospitals).
- Modules on quality assurance mechanisms (history, content, nature; with guest speakers from the Dutch Health Care Inspectorate-IGZ/the Ministry of Health; the Netherlands Institute for Accreditation in Healthcare-NIAZ; the Dutch Healthcare Authority-NZa; the Dutch National Quality Institute; Insurers and Hospitals).
- Reflection sessions to discuss with the participants from Malta the application of these approaches in their own setting. The last afternoon of the 3 day Training was used to support the participants in developing a draft plan for further development and implementation of national standards for hospital care in Malta

POLICY SUGGESTIONS TO OPTIMIZE THE QUALITY OF HOSPITAL CARE IN MALTA

The Maltese Ministry for Energy and Health is planning to modernize its standards for hospital care and the mechanisms to assure them. This becomes even more necessary when private providers will be providing a substantial part of the health care in a system that has up till now been of a public nature. In industrialized countries a movement is going on from standards based on structure (building requirements, credential of professionals) towards focus on process (services delivered in compliance with evidence-based standards on quality (safety, effectiveness, patient-centeredness; including volume indicators) and access (e.g.. waiting times) and outcomes (hospital performance as assessed through outcome indicators).
These modern sets of standards are the basis of various mechanisms to assure their application in practices such as licensing, inspection, accreditation and various forms of performance reporting and contracting. In general, these mechanisms deal with the relation of the hospital with the government (as legislator and steward of the public interest), with the financier (also the government but in many health systems the social and or private insurer) and with the public at large (public reporting of performance). Standard setting, health care monitoring and assurance and improvement mechanisms will need to be tailored through the specific context of a country and should form a fit with the existing regulatory frameworks, division of roles and responsibilities of stakeholders, information-infrastructure and competences.

The below policy suggestions have been identified and are formulated by the AMC Research Team and are intended for consideration by the Maltese Ministry for Energy and Health to support the optimization of quality of hospital care in the public and private sector in Malta.

We distinguish recommendations related to:

1. *The Governance Framework*: What changes are needed to the existing governance framework when an important share of the health care services will be provided by a private entity?

2. *Standards Setting:* What kind of standards for hospital care are currently in place, what new standards are recommended to be developed or require further attention?

3. *Health care Monitoring:* How can the current mechanisms that are in place to monitor the compliance with quality standards be strengthened?

4. *The process for Feedback and Learning:* What kind of processes need to be in place or strengthened to support feedback mechanisms of hospital performance both for accountability and continuous quality improvement?

1. Suggestions for the Governance Framework

- **Make general patient rights for safe care, and the right to complaint legally binding**
  It can be considered to support general citizen/patient entitlements (such as informed consent, protection of privacy, the right to be informed about the nature and cause of incidents, the right to participate in quality assurance schemes -e.g. report incidents, the right to complain, and the right to compensation in case of damage) by generic framework law. This could potentially strengthen the position of patients, and better protect their interests. To ensure that the purpose of the law will be met it is important to accompany such a generic framework law by sufficient explanation, increasing awareness, and the necessary skills, such as organizational skills.
  In addition, opportunity could also be taken to use such a law to strengthen the position of patient organizations or representatives in policy development, as is done in other countries (e.g. in the Netherlands each health care organization is obliged to have a patient council in place this is consulted in the governance process).
  It can be considered to combine all related arrangements in this area in one legal framework. For example, the Patient Charter that is currently being developed in Malta could be part of this law, making it legally binding, and can be complemented with other existing stipulations such as EU law in this area or new ones to be developed. Likewise, it is suggested to consider including patient representatives gradually in relevant policy making processes. This can be used for strengthening community ownership of the health care system in Malta when larger parts of the system are provided by private providers.

- **Strengthen the legislative framework for quality of health care to ensure standard adherence**
  The government could consider to develop a generic framework law on the quality of care provided by health care institutions applicable to both the public and private sector. This would strengthen not only the position of standards by ensuring standard adherence, but it could also support equal provision of the quality of health care services provided in the public and private health care sector.
  In this law, reference can be made to standards or aspects of service provision that need to be adhered to, but described in further detail in other legally binding documents. It is advised only to refer to specific sets of standards, but not to define the standards in the law, as these can (and need to) be subject to changes over time, and may need to be developed (as in other countries) in close collaboration with the associations of medical professionals, providers of care, health insurers and civil society through patient representatives. It is recommended that this, so called 'Quality of Care in Institutions Act' would have a broad scope, by applying it for hospital care, primary care, dental care, rehabilitative care, geriatric care, community care, residential care, and long term care.

To support the health performance monitoring role of the government, it would be an option to include in this Act a stipulation for (both public and private) health care institutions/providers to participate in the collection and delivery of data for a set of quality standard based indicators, to which reference can be made in this Act. This would make transparency of health care performance mandatory for all health care providers in Malta, and would support comparative analyses across providers.
In the Netherlands, the Quality of Care in Institutions Act also contains a legal duty for institutions to develop a policy on quality of care and to maintain a quality system; and a legal duty to report serious adverse events to the Health Care Inspectorate, which takes action if one of the duties is neglected. An important quality mechanism within health care institutions is the internal reporting of incidents. To stimulate a blame free reporting culture within health care institutions, in The Netherlands a new Quality Act is currently being developed where 'blame free reporting' is safeguarded (for non-severe incidents) to tackle the fear that reported incidents may be used against the health professionals. Such a legal approach could also be considered for the Maltese context.

- **Broaden the scope of the existing legal framework for individual health care professionals**
  The current Health Care Professionals Act (including among others educational and registration requirements for health professionals to obtain a license to practice, and their legal duty to provide "good care") that is in place in Malta applies for both EU and non-EU workforce, but does not seem to apply exhaustively across all types of health care professions. It can be considered to expand the scope of this Act to include as well nursing professions, health support staff and allied health care professionals.
  In addition, more attention is recommended for developing and assuring adherence to continuing medical education and continuous professional development requirements, to assure that health professionals maintain competences and learn about new and developing areas of their field.
  It is important to have an up-to-date register in which all practicing health professionals working in the public or private sector are registered in Malta. It is recommended that only those health professionals that meet among others the educational requirements and quality standards stipulated by law are registered and obtain/maintain a license to practice.

- **Pay attention to current legal framework in place for health technologies**
  There seems to be a relatively good legislative framework in place for devices, medical diagnostic testing and medical technology. For instance, we have observed that health care institutions need a license to run a laboratory, blood bank, tissue bank, perform diagnostic tests etc. It is important to follow international (e.g. ISO) standards on this matter.
  Concerning blood banks, it would be recommended to keep one central blood bank on Malta and for the government to make agreements with private entities on the use of blood products.
  For pharmaceuticals, it is recommended to have one central database in which the government can keep track of all prescription medication used by patients

(prescribed both in the public and private sector).
Overall, it is recommended to evaluate the areas of the current legal framework for devices, medical diagnostic testing and medical technology where maneuvering freedom exists for private entities, and to evaluate whether that is desirable.

- **Reflect on the possibility to have a clearer separation among the executive functions of running the public part of the health care system and governance functions related to standard setting, health care monitoring, regulating and inspecting within the government**
  Currently, there does not seem to be a clear distinction between the responsibilities and roles of policymaking, standard setting, health care monitoring, regulating and inspecting in the governance model in Malta, as they are embedded within the same department of the Ministry of Health and Energy. In other countries the execution of these functions is often organised more separately, to establish independence. Independence becomes even more important when private parties enter the market. To prevent - even the appearance of - conflict of interest (treating public and private providers of healthcare differently), independency of prior mentioned functions is recommended.
  We therefore suggest the government to reflect on the possibility to have a clearer separation (more independency) among the executive functions of running the public part of the health care system and governance functions related to standard setting, health care monitoring, regulating and inspecting within the government. Several countries also make a distinction between the policy development and financing role of the Ministry of Health on the one hand and the governance functions of standard setting, monitoring and inspection through armth-length agencies of the Ministry of Health with their own level of autonomy (for example an Inspectorate or National Quality Institute).

- **Increase public transparency on current waiting lists, set treatment-specific waiting time targets and adapt the purchasing of services accordingly**
  We signaled a potential political problem when patients with sufficient financial means choose to opt out of the public health care system and go into the private system where they might be prioritized on the waiting list to obtain treatment. We recommend attention for this and to evaluate the desirability of such a situation. From an equalitarian perspective this may not be the optimal situation. A gap in the society is created by not providing care solely on medical needs but also depending on financial possibilities. From this perspective we recommend to consider increasing public transparency on current waiting lists. In addition, following the example of other countries, it is recommended to consider setting procedure-specific maximum waiting times as a political target, guaranteeing that patients are treated within a specific time period after diagnosis. To realize such treatment time guarantees, this would require changes in the current purchasing capacity of the government (as sufficient services will need to be contracted), and changes in the content of Service Level Agreements with health care providers as waiting time needs to be included in addition to price, volume and quality standards.

Consider the introduction of new payment systems
The payment of hospitals is until now funded on historical budgets mostly concretized in the number of beds. In the new setting with state-owned and privatized providers of public health care, we recommend the government to reflect on the current payment system and consider payment systems which stimulate quality, productivity and efficiency.
A case based system like DRGs is worthwhile considering because Malta already uses ICD-10, a medical classification list and which is useful as a basis for introducing a DRG-type system. DRGs describe hospital services and consequently improve the measurement and management of hospital production. Transparency will be increased making it easier to compare hospitals which could improve quality if quality indicators are incorporated in the benchmark. Payment systems could also (partly) be focused on health results like Pay for Performance (P4P). It combines the payment with improvement in quality and performance. Health care providers receive a base payment and, with the achievement of certain quality/performance benchmarks for process measures (care provided) or outcome measures (result of patient care), these providers receive an additional payment.

2. Suggestions for Standards Setting

- **Strengthen quality standards, particularly for rehabilitation care, geriatric care, residential/home care and align public and private standards**
  The urgency for appropriate standard setting is increasing when private entities obtain more market power in the health care sector.
  We observed that healthcare standards in licensing are currently implemented in Malta. However most standards for licensing seem to be on structure and process indicators, and less so on outcomes of care, and in some fields of care standards seem to be missing. We recommend evaluating the current set of available standards, and consider to complete areas where limited standards are available, and create a better balance between structure, process and outcome standards. We particularly recommend to consider strengthening the current available standards in the areas of rehabilitation care, geriatric care, residential care, home care, and general practice care where limited standards seem to be available. Moreover, standards setting by the public sector (e.g. health care inspectorate standards) is recommended to be aligned with standards applied/set in the private sector (e.g. international accreditation standards (such as JCI) that they may apply to obtain accreditation) in order to prevent high administrative burden. In addition, attention could be paid to standards of other (e.g. neighbouring) countries with which you could potentially compare indicators. Additionally, more performance data from health care institutions could be subtracted if there is an incentive to provide that data (e.g. to maintain licence; see also governance recommendations).

3. Suggestions for Monitoring Compliance with Quality Standards

- **Create a consolidated set of performance indicators for both public and private hospitals in Malta**
  When measuring the quality of hospital care it is recommended to consider balancing generic and procedure-specific indicators. Mater Dei seems to have a basic set of key performance indicators in place that was developed on the basis of the international, well known PATH project. Though this current set of performance indicators may need some fine-tuning (e.g. by checking the balance between generic –and procedure specific indicators, validating patient experience indicators, improving the clarity of the indicator definitions, setting clear criteria for in –and exclusion of patients, and creating a flagging system to identify outliers) to get more meaningful information out of them, in general it seems to be functioning currently well at Mater Dei. We therefore recommend to consider using the KPIs as Mater Dei for hospital care as the basis for creating of a consolidated set of performance indicators that could be applied – if relevant – in both public and private health care institutions. This would require however a good health information infrastructure.

- **Strengthen the current health information infrastructure**
  The hospital data systems in Malta are currently standardized in the sense that a national based discharge system with diagnoses according to ICD-10 and procedures and operations according to ICD-M are applied.
  The public hospital data is case based and only longitudinal data exists if the patients present itself at a state hospital. We also observed that currently the private and psychiatric hospitals do not seem to provide unique identifiers, which hampers data linkages. It is very positive that a new data protection law is being developed, which may support the use of unique identifiers. It is also good that various health registries are available on cancer, trauma, anomalies, births, deaths, dementia (since 2013 complete registration), transplantation, rare diseases, and diabetes. Most of them are 20 years or older and are national. We have however observed some opportunities for improvement. For instance, the current mortality register does not seem to cover the entire population of Malta (only residents of the islands). Ideally registry data cover the entire population (including private non-Maltese patients). Other available data includes survey data from 1984 in adults, health behaviour in children data, diabetes and statin prescription data.
  It is recommended to consider further strengthening the current health information system (not just for hospital care but also for primary care, dental care, rehabilitative care, geriatric care, community care, residential care and long term care), which would facilitate following (on the basis of unique patient identifiers) the quality of care provided to patients throughout their care pathway across health care institutions, by allowing for linkages between administrative database, registries, electronic health records, survey data and other valuable data sources across the public and private sector. In addition, it is recommended to consider standardizing the content of (electronic) medical records, and the practice of keeping medical records for all types of health care

providers, both in the public and private sector.

4. Suggestions for supporting Feedback and Learning

- **Linking performance information for internal quality improvement and external accountability**
  We have observed that feedback mechanisms of hospital performance in Malta currently seem to be scarce. Mater Dei hospital does have its own quality assurance program of which the data is afterwards sent to the government for external accountability purposes, but we observed only a few examples of feedback to the hospital on matters that can effect hospital operation (e.g. influenza surveillance) and thus facilitate internal quality improvement. It is recommended that the use of performance data for external accountability is linked to its use for internal quality improvement purposes. To improve the acceptability of applied performance indicators across the health care system (both in the public and private sector) it is important that the identification, development and implementation of performance indicators (e.g. by the Inspectorate) happens in close collaboration with health professionals, managerial staff, patient representatives, and other relevant stakeholders to establish a shared vision on what high quality of care should entail and in the more ownership of performance data. Particularly health professionals need to be on board, to allow for high quality data collection, and meaningful use for internal quality improvement, in addition to external accountability purposes. Only when high quality performance information is fed back to health care providers in non-threatening manner, a learning culture could start to emerge (see also recommendations on governance framework, with reference to creating a non-blaming culture within health care organisations).
  Depending on how strict the boundaries between public and private health care institutions will be in the future, one might consider to stimulate the implementation of small scale quality improvement projects, both within health care organisations and across (e.g. public and private) health care organisations). The Institute for Healthcare Improvement (IHI, in the US) has developed several tools to support this.

- **Creating a structured reporting system on quality of care in Malta**
  Despite the public responsibility of the government to provide health care, a structured reporting system on the quality of care in Malta appears to be lacking. It is therefore recommended for the government to consider creating political momentum for the quality of health care, by setting a national goal to biannually publish a public report on the quality of health care in Malta. This report should not only provide trend data for Malta but also provide international comparisons where feasible. It is, above all, in the
  interest of patients to benchmark the quality of care across health care organisations in Malta.

Appendix 1 Overview of the AMC Research Team

Prof. Niek Klazinga MD

Dr. Dionne Kringos

Mr. Aydın Şekercan

Mr. Alexandru Rotar

Dr. Thomas Plochg

Prof. Karien Stronks

Prof. Johan Legemaate

Mrs. Henriëtte van Dijk-van de Kooi (support staff)

and

Mr. Heine van Wieren (WHO consultant)

Appendix 2 Programme of the Fieldwork
Visit of AMC researchers to Malta, October 21-23, 2015

Programme – Visits by Experts
21st – 23rd October 2015

Wednesday 21st October 2015

14:00-16:30	Briefings – Ministry for Energy and Health, Valletta
16:30	Transport back to hotel

Thursday 22nd October 2015

09:00	Transport from hotel to Directorate for Health Information and Research, Gwardamangia
09:30-11:00	Meeting with Dr. Richard Zammit (Superintendent for Public Health) and Ms. Patricia Galea (Director for Health Care Standards) at Superintendence for Public Health, G'Mangia.
11:00-12:30	Meeting with Dr. Stephen Zammit, CEO of Rehabilitation Hospital Karen Grech at Directorate for Health Information and Research, G'Mangia
12:30-14:00	Lunch
14:30-16:00	Meeting at Directorate for Health Information and Research, G'Mangia with Dr. Sandra Distefano, Consultant in Public Health
16:00	Transport to the Diplomat Hotel

Friday 23rd October 2015

06:15	Transport for Mr. Rotar and Mr. Sekercan from hotel to airport
08:30	Transport for Dr. Klazinga from hotel to Mater Dei Hospital for Skype call with Dr. Nadine Delicata, CEO of Gozo General Hospital
09:30	Skype call with Dr. Nadine Delicata, CEO of Gozo General Hospital
10:30	Debriefing at Directorate for Health Information and Research, G'Mangia
12:30	Lunch
13:00	Transport for Dr. Klazinga to airport

Appendix 3 Guiding Questions for meetings with experts fieldwork visit, Malta, October 21-23, 2015

The following questions guided the meetings of AMC researchers with various actors and experts in Malta:

1. What is the present governance structure for quality of health care in general and quality of hospital care in particular in Malta (role department of Health, hospital and professional licensing, certification/accreditation, inspection)? Focus on existing legislation and institutional arrangements.

2. What are the present standards for hospital care in Malta?

3. What is the present data-structure and set of indicators to provide performance information on quality of hospital care in Malta ?

4. What are the present feedback mechanisms of hospital performance in Malta (both for accountability and continuous quality improvement) ?

5. What are the perceived shortcomings, cq wishes for adaptation given the shift from a public system to a more public/private system ?

Appendix 4 Programme of the Capacity Building Training, November 11-13 2015, Amsterdam

PROGRAMME
Training in Standards and Performance Monitoring for Hospitals in Malta

Locations

Day/Time:	Wednesday 11 November 2015, from 09.00-12.00 hrs
Location:	Het Kwaliteitsinstituut/Zorginstituut Nederland (National Quality Institute)
Address:	Eekholt 4, 1112 XH Diemen
	The remainder of the programme (starting from Wednesday 11 November 14.00 hrs till Friday 13 November 16.00 hrs will take place at:
Location:	AMC – the Academic Medical Centre
Address:	Meibergdreef 9, 1105 AZ Amsterdam (get off at metro station Holendrecht)
Room:	Department of Social Medicine, Room J2-228

Contact

Organizers:	Prof. Niek Klazinga, Dr. Dionne Kringos, Aydın Şekercan MD-PhD cand., Prof. Karien Stronks, Dr. Thomas Plochg, Prof. Johan Legemaate, Henriette van Dijk
Contact:	Phone +31634560783 (Dionne Kringos); Email d.s.kringos@amc.uva.nl

Structure

The training consists of interactive lectures provided by key Dutch Stakeholders on the following modules:

Module 1:	Identifying and Developing National Standards on Quality of Hospital Care
Module 2:	Implementing national standards on quality of hospital care
Module 3:	Mechanisms to assure (monitoring, checking and evaluating) the application of standards on quality
Module 4:	Reflection sessions to discuss with the group from Malta the application of the above approaches in their own setting.

DAY 1 Wednesday November 11, 2015

09.00 – 12.00 hrs **Public reporting of hospital performance (Module 3)**
Prof. Diana Delnoij, Director National Quality Institute – Het Kwaliteitsinstituut; professor of Public Disclosure of Performance Indicators in Health Care at Tilburg University
Note: location in Diemen, see above

12.00 – 13.00 hrs **Transfer to AMC by public transport** *(see above address)*

13 .00 – 13.50 hrs **Welcome at the Academic Medical Centre of the University of Amsterdam: Guided AMC Tour**
Note: Starting point in front of Hairdresser shop at Verheijenplein / Verheijen Square near main entrance of the AMC

Note: from here on, Meeting location is AMC, Department of Social Medicine, Room J2-228 (see above):

14.00 – 14.50 hrs **Development and use of hospital performance assessment at national level (Module 1)**
Dr. Michael van den Berg, project leader Dutch Health Care Performance Report, National Institute for Public Health and the Environment – RIVM

14.50 – 15.00 hrs Break

15.00 – 15.50 hrs **Accreditation of hospitals (Module 3)**
Drs. Jorien Soethout, senior advisor, Netherlands Institute for Accreditation in Healthcare-NIAZ

15.50 – 16.00 hrs Break

16.00 – 17.00 hrs **Monitoring competition and enhancing transparency for purchasers and service users (Module 3)**
Drs. Heine van Wieren, former Deputy Director NZa; currently WHO consultant

DAY 2 Thursday November 12, 2015

Location: AMC – the Academic Medical Centre
Address: Meibergdreef 9, 1105 AZ Amsterdam (get off at metro station Holendrecht)
Room: Department of Social Medicine, Room J2-228

09.00 – 10.20 hrs	**International experiences with developing and applying hospital quality indicators (Module 1)** *Prof. Niek Klazinga*, Professor of Social Medicine at AMC-University of Amsterdam; Coordinator of OECD Quality Indicators Project
10.20 – 10.30 hrs	Break
10.30 – 11.30 hrs	**Facilitating and hampering factors for the implementation of quality standards, feedback mechanisms and actions for quality improvement in hospitals (Module 2)** *Dr. Steffie van Schoten*, PhD in 'Hospital Quality Standards, unravelling the working mechanisms'; postdoc researcher at Netherlands Institute for Health Services Research-NIVEL
11.30 – 12.15 hrs	Break
12.15 – 13.15 hrs	**Professional quality improvement: the role of collaborative government (Module 3)** *Dr. Jan Maarten van den Berg*, Senior Coordinating Inspector Healthcare, The Health Care Inspectorate – IGZ
13.15 – 13.25 hrs	Break
13.25 – 14.05 hrs	**Financial incentives and contracting health care services to stimulate application of standards on quality (Module 3)** *Dr. Eric van der Hijden*, policy advisor Zilveren Kruis Health Insurance and senior researcher at VU University Medical Centre
14.05 – 14.15 hrs	Break
14.15 – 15.00 hrs	**Implementation and usability of quality standards for hospital management: From data to steering-information (Module 2)** *Drs. Marielle Plochg*, Head of Quality at St. Jansdal Hospital
15.00 – 15.10	Break
15.10 – 15.50 hrs	**Strategies for building and maintaining a supportive health information infrastructure for monitoring and improving health care performance (Module 1)** *Dr. Inez Joung,* Senior Advisor Information-Infrastructure Health, National Institute for Public Health and the Environment – RIVM
15.50 – 16.00 hrs	Break
16.00 – 17.00 hrs	**Regulating quality of health care to ensure standard adherence (Module 3)** *Prof. Johan Legemaate*, professor of Health Law, AMC-University of Amsterdam
19.00 – 21.00 hrs	**Social event** (location will be shared during the day)

DAY 3 Friday November 13, 2015

Location: AMC – the Academic Medical Centre
Address: Meibergdreef 9, 1105 AZ Amsterdam (get off at metro station Holendrecht)
Room: Department of Social Medicine, Room J2-228

09.00 – 12.00 hrs	**Reflection sessions (incl. Stakeholder Analysis and Role Playing by theme) to discuss the application of the presented approaches to the Maltese setting (Module 4)** *Facilitated by Prof. Niek Klazinga, Drs. Heine van Wieren, Aydın Şekercan, Dr. Dionne Kringos* Themes for the reflection sessions will be selected jointly with participants.
12.00 – 13.00	Break
13.00 – 16.00	**Development of a draft plan for further development and implementation of national standards for hospital care in Malta (Module 4)** *Facilitated by Prof. Niek Klazinga, Drs. Heine van Wieren, Aydın Şekercan, Dr. Dionne Kringos*

Appendix 5 Overview of Maltese Participants of the Capacity Building Training

Name	Place of work	Designation
Richard Despott	Central Procurement and Supplies Unit	Senior principal pharmacist
Patricia Vella Bonanno	Superintendence for Public Health	Advanced Pharmacy Practitioner
Alexandra (k/a Sandra) Distefano	DHIR	Consultant in Public Health Medicine
Sandra (Alexandra) Catherine Buttigieg	Clinical Performance Unit – MDH	Consultant in Public Health Medicine
Sarah Fleri	Superintendence for Public Health – Directorate Health Care Standards	Public Health nurse
Lorraine Attard	Mater Dei Hospital	Principal Physiotherapist
Sascha Reiff	Office of the CMO	Basic Specialist Trainee – Public Health
David Borg	Clinical Performance Unit – MDH	Principal Scientific Officer
Patricia Galea	Superintendence for Public Health – Directorate Health Care Standards	Director, Health Care Standards
Adrian Pace	Primary Healthcare Department, Floriana	Practice Nurse, Infection Prevention and Control and Clinical Waste Manager
Sharon Fenech	Directorate Nursing Services	Public Health Nurse
Dorianne Cachia	Medical Assessment Unit, Mater Dei Hospital	Acting Charge Nurse
Carmel Bonnici	Environmental Health Directorate, Sta Venera	Senior Environmental Health Practitioner
Mario Hili	Primary Healthcare Department, Floriana	Chief Nursing Manager
Elizabeth Xuereb	Health Care Standards Directorate	Senior General Practitioner