

HOSPITAL DATA PROJECT EXECUTIVE SUMMARY June 2003

Executive Summary

Background

The Hospital Data Project (HDP) is a project of the European Union Health Monitoring Programme (HMP). From its inception in 1997, the HMP has recognised the need to develop comparable hospital utilisation data and indicators between Member States (MS). The ability to measure and compare hospital activity, infrastructure and costs is increasingly essential to support health service monitoring, assessment, policy and planning both by MS and at EU level. As a measure of its importance, hospital activity data was selected as one of the first data sets to be loaded onto the Commission's pilot system for the telematic exchange of health information (HIEMS). The test data helped to demonstrate the feasibility of hospital activity data dissemination at the level of raw aggregated data sets but perhaps more significantly, it served to highlight the very low levels of comparability between the national data sets. Before the data could be considered useful, differences in health systems, coverage, comprehensiveness, definitions and classification systems needed to be addressed in a detailed and systematic fashion. The Hospital Data Project (HDP) came into being as a result of a specific call for tender in order to progress the work of creating common EU hospital data sets.

Objectives and Organisation

The HDP had two key objectives. The first was the preparation of a detailed and practical methodology for the collection of comparable hospital activity data across Europe. The second was the production of a pilot data set according to the agreed methodology and with a view to its future telematic implementation within the EU's Public Health Information Network (EUPHIN). At the beginning it was envisaged the EUPHIN (HIEMS) would provide the platform for data validation and dissemination. Since this did not prove feasible, the project found it necessary to provide other means to undertake this task. This entailed specifying and developing specialised software. It should be noted that, at an early stage, the project decided for reasons of feasibility to concentrate its efforts exclusively on national hospital activity data sets comprising inpatients and day cases. Achieving comparability on areas of infrastructure (e.g. beds), personnel and outpatients would require separate projects and alternative approaches.

All MS, Iceland and the World Health Organisation (WHO) participated in the project, and the work of coordination, research, and data collection/validation has been shared between Ireland and the United Kingdom. Critical to the success of the project has been the expertise of the national participants who, for the most part were Ministry of Health Officials, and have a detailed working knowledge of their national hospital activity data sets. A lead group comprising Ireland and the United Kingdom together with Austria, Belgium, Denmark, Greece, Portugal and Sweden assisted in directing the work. Involvement of the WHO from the outset of the project has been very beneficial and will assist in facilitating the transfer of the developed methodology throughout the European region.

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