



PATH'09 brings together individual hospitals, regional and national stakeholders, academic experts and consultants, and international organizations sharing a number of values and common objectives for performance management and quality improvement in hospitals. PATH contributes to performance improvement by providing a number of performance measurement and management tools and opening up a forum for exchange of data and best practices. PATH also brings the issues higher on the national/regional/local agenda, in a mutually constructive way. It aims at building a supportive environment for performance improvement at both the national/regional and individual hospitals levels.

PATH Coordinator in the Country (PCC) – roles and responsibilities

The PATH Coordinator in the country/region/province is leading PATH strategic management and implementation for a group of hospitals, usually in a country. In addition, this function can also take place at regional or provincial level and will then have to be integrated with the function of national coordination.

The coordinator provides the **strategic orientation and a long-term vision** on how PATH can contribute to the development of a culture of performance measurement, performance management and continuous quality improvement at country/regional/provincial level and how PATH can contribute to promote responsive governance and a comprehensive approach to performance management, through the exchange of hospital experiences and through the use of PATH as a tool for policy dialogue. Therefore, he/she interrelates intensively both with the participating hospitals and with national/regional stakeholders. If relevant, coordinators will set up a steering committee including institutional stakeholders with an interest in quality management in the country. This steering committee will aim at creating an enabling environment for PATH or similar activities and using PATH experience to stimulate further activities in the field.

Coordinators also have a key role to play in running their local PATH network. They work with hospitals to identify and select most relevant indicators in the PATH indicator set and in the local indicator sets. They agree with hospitals on common definitions and standard operating procedure for data collection, based on PATH international recommendations. They facilitate and harmonize data collection by hospitals. They motivate hospitals (through hospital coordinators) to continuously scrutinize the data and disseminate the results. They can provide educational tools or organize trainings and workshops for this purpose. They are responsible for assessing data quality, validating data (if necessary after correction by hospitals), calculating the indicators defining the structure of the hospitals reports and generating the hospitals reports. They upload data in an international database. They can request anonymous international data to the International Secretariat to feed in their



national analysis. They foster indicator analysis and interpretation of results. With this regard, they acknowledge that indicators are merely flags that need to be interpreted with caution, and they communicate adequately to ensure that the limitations are understood by all partners. They stimulate communication among participating hospitals and with institutional stakeholders through different mechanisms, as relevant in the country (e.g. internet web site, newsletter, workshops, regular visits or telephone contacts). Some of the tasks for running the PATH network might be delegated to external organizations. For instance, data might be directly sent from hospitals to third party for data analysis and edition of the reports.

These activities suppose substantial staff time and hence the PATH Coordinator in the Country might need to raise financial resources to realize his/her role. Sources of funding are diverse. They might include support from health Ministries, Health Insurance Funds, hospital associations, research institutes, or fees directly paid by hospitals to cover the costs of predefined services.

It is critical that PATH Coordinators in the Country develop a sound partnership with participating hospitals and that hospitals feel confident to share their data and expose their current practices. PATH Coordinators in the Country should also be recognized for their expertise and be considered leading figures in the field of quality management.

Technical assistance will be provided upon request to PATH Coordinators in the Country, either directly by the WHO as part of the Biennial Collaborative Agreement (BCA) activities, or by partners within the PATH network (e.g. the WHO Collaborating Centre in Krakow). The conditions will be discussed individually with each country coordinator and head of WHO Country Office when setting up the PATH infrastructure in the country.