

Main beneficiary:

- **Spain:** Institut Municipal d'Assistència Sanitària - Institut Municipal d'Investigació Mèdica (IMAS-IMIM) (Municipal Institute of Health Assistance - Municipal Institute of Medical Research).

Associated beneficiaries:

- **Belgium** European Hospital and Healthcare Federation (HOPE).
- **Finland** Terveyden ja hyvinvoinnin laitos (THL) (National Institute for Health and Welfare - Centre for Health and Social Economics).
- **France** Association pour l'étude et la prévention des maladies dégénératives du système cardio-vasculaire - "Projet MONICA" (AEPMCV) (Research and Prevention on Cardiovascular Diseases - The Toulouse MONICA Project).
- **Germany** Helmholtz Zentrum München - Deutsches Forschungszentrum für Gesundheit und Umwelt (HMGU) (Helmholtz Center Munich - German Research Center for Environmental Health).
- **Greece** Ελληνική Καρδιολογική Εταιρεία (HCS) (Hellenic Cardiology Society)
- **Italy** ASL Roma E - Dipartimento di Epidemiologia (DEASL) (Health Authority Roma E - Department of Epidemiology); Istituto Superiore di Sanità (ISS) (National Institute of Health in Italy).
- **Portugal** Departamento de Epidemiologia Clínica, Medicina Preditiva e Saúde Pública Faculdade de Medicina da Universidade do Porto (FMUP) (University of Porto Medical School).

The EURHOBOP Project

EUROpean HOspital Benchmarking
by Outcomes in acute coronary
syndrome Processes

www.eurhobop.eu

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The EURHOBOP Project
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EUropean HOspital Benchmarking by Outcomes in acute coronary syndrome Processes

The acute coronary syndrome epitomizes the clinical presentation of one of the leading causes of death in ischemic heart disease. For interventions with proven efficacy in the acute phase of an event to become effective at population level, it is necessary to optimize the use of those interventions in eligible patients.

EURHOBOP, a project funded by the European Commission (Second Programme of Community Action in the Field of Public Health: 2008–2013), is contributing to the objective of generating and disseminating health information and knowledge, taking into account that benchmarking is a key instrument to improve the quality of health care.

70 hospitals selected in 7 countries contributed with data for the development of the hospital benchmarking system 2.0 to predict in-hospital case fatality, collected with standardized methods by the research team. More than 15,000 patients were enrolled.

What follows?

The EURHOBOP Hospital benchmarking system 2.0 will be soon available in the project website for public use . To use the EURHOBOP Hospital benchmarking 2.0 you need to be registered. Please visit the EURHOBOP website www.eurhobop.eu, click on the Hospital benchmarking button and fill in the registration form. As soon as your request is accepted by the Administrator, you will receive ID and password to login.

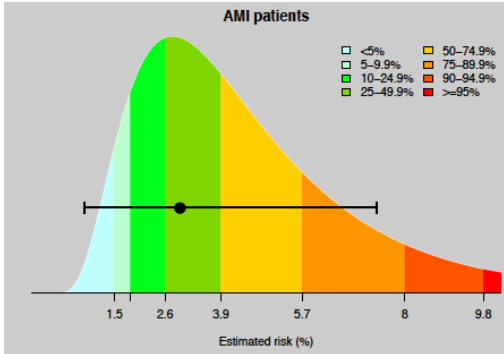
How to use the Hospital benchmarking system?

After entering the Hospital benchmarking system 2.0, you will be requested to input some specific characteristics of your hospital, patients and country. On the basis of this information the system will produce, as an output, a reference curve representing the mortality risk in your country for hospital having similar characteristics to yours. It will be then easy to compare your in-hospital mortality rate with the distribution of the curve and see which is the situation of your hospital (higher or lower risk than the reference).

Please find more information about the project visiting the project website www.eurhobop.eu or contact the Project leader.

Clear crisp report

For every procedure that will be analyzed (acute myocardial infarction management, patients treated with angiography, angor patients) the Hospital benchmarking system 2.0 will produce a set of curves similar to this.



How to read the picture

The colored areas represent the proportion of hospitals with the selected characteristics in the selected country having a specific range of in-hospital mortality risk. The black dot is the mortality risk of the hospital and the black line shows the confidence interval (95%).

If the dot falls in the first part of the curve (up to the green area) the hospital performs better of the average, otherwise if the dot falls in the second part of the curve (from the dark green to the red areas) the hospital performs worse than the average.



Join EURHOBOP and contribute
to the improvement of the quality
of health care delivered to European citizens!