

Mid-Term Report: Stakeholder Management and Dialogue

To build up a pan-Baltic Fracture Management Community, support from external specialists is needed to get input regarding sustainability aspects and input for the development phase. In particular, if such a project involves, amongst other aspects, capacity building and knowledge transfer between the countries of the Baltic Sea region (BSR), the development of a fracture registry and a collaboration platform. Therefore, the Baltic Fracture Competence Centre (BFCC), has aimed to establish and involve a Stakeholder Group (SH Group) from the beginning of the project: This SH Group consists of representatives from all relevant sectors, mainly industry and clinicians, so that information can be collected, project outcomes reviewed, and the needs and requirements along the value chain of fracture management from an outside perspective can be identified.

Companies wanting to develop new products, services and technologies have entirely different needs than e.g. patient support groups or researchers. Only if all possible groups are respected and involved at an early stage, the BFCC project and its sustainability will be successful.

The Stakeholder Dialogue is based on either individual consultation or joined workshops. The addressed topics cover all aspects of the BFCC project, including registry management, review of the BFCC common minimal data set, data protection issues and eHealth, needs for the collaboration and competence platform as well as discussions about clinical needs in general.

The BFCC SH Group includes industries with different areas of expertise such as: trauma devices, imaging technologies, pharmaceuticals, single-use surgery devices and wound care. Clinicians and university representatives include experts in fracture treatment, data protection, eHealth aspects and registry management, among others.

With this mid-term report, we want to summarise key findings of the so far consulted stakeholders by individual talks (e.g. conferences, appointed personal meetings and calls) and workshops that took place in the different BFCC partners' countries of the BSR.



The identified challenges

Regarding the minimal data set, which has been published in June 2017, stakeholders replied that some items are not suitable for them (industry perspective). This reflects the need to include more information for different treatment processes. Obviously, a fracture registry is needed to collect information on performance, safety and suitability of several industrial treatment processes for better collaboration and post market surveillance. For the BFCC project, it is still a big challenge to gather and collect all available products – this would increase the number of collected items within the BFCC data set. In contrast, the clinicians reviewed the data set and mainly recommended a continuously external review and minimization of the data set. The larger the data set gets, the more mistakes (which lead to decreased data quality) will occur, since more values within the data set will increase time to enter it. Quality has to be more important than quantity. Regarding this, it is a challenge that should be further developed, as collaboration between hospitals and industry will increase through high-quality reports that are analysed on the basis of registry data, but, on the other hand, quality will decrease by collecting too many entries.



Different Approaches towards Success

To find a solution or an advice regarding this issue, we discussed quality management within the SH group. How can clinicians be motivated to enter data (which takes longer than e.g. six minutes)? There were different answers regarding this aspects, such as payment for the clinicians. Another option could be to increase the intrinsic motivation of clinicians and health professionals – that would include the need for an employee taking care of this specific task in

the beginning of the extension stage of the BFCC registry beyond the project runtime. This could then lead to a self-motivating circle within the hospital, where young clinicians learn best practice from the experienced staff and entering the data becomes a regular everyday task. Clinicians and managers could also be motivated by the option to get quality reports of their (or the hospitals) performance out of the registry.



However, the motivation of clinicians to enter industry-related data that goes beyond the amount of data is still a discussion point for the future.

Summary

The most important issues for the BFCC and its registry in the future have been identified as:

- There is always the risk that the data set required for input is too large and its quality too low – therefore, it's better to start small (few hospitals only), but in the right way (high-quality data).
- In order to obtain a valuable system, different sources of information should be combined.
- The example of social care data management in Scandinavia was given.
- Uploading the patient consent should be as easy as possible to minimize clinicians' workload.
- The inclusion of further industry-related values is beneficial.
- The project should have focus on not too many indications.
- There is a strong need for an overall pan-Baltic fracture registry to improve collaboration, but the implementation has been identified as a challenging task.

Pictures from: Lithuanian, Finnish and German Stakeholder Workshops