
Initiative Qualitätsmedizin (IQM)

Association Initiative Quality in Medicine

Routine data :: Transparency :: Peer Review

Who is IQM ?

- non profit association
- has been founded by 15 hospital owners in 2008
- our members are owners of acute care clinics
- IQM is open for everybody
- DRG cases as prerequisite

Our general meeting

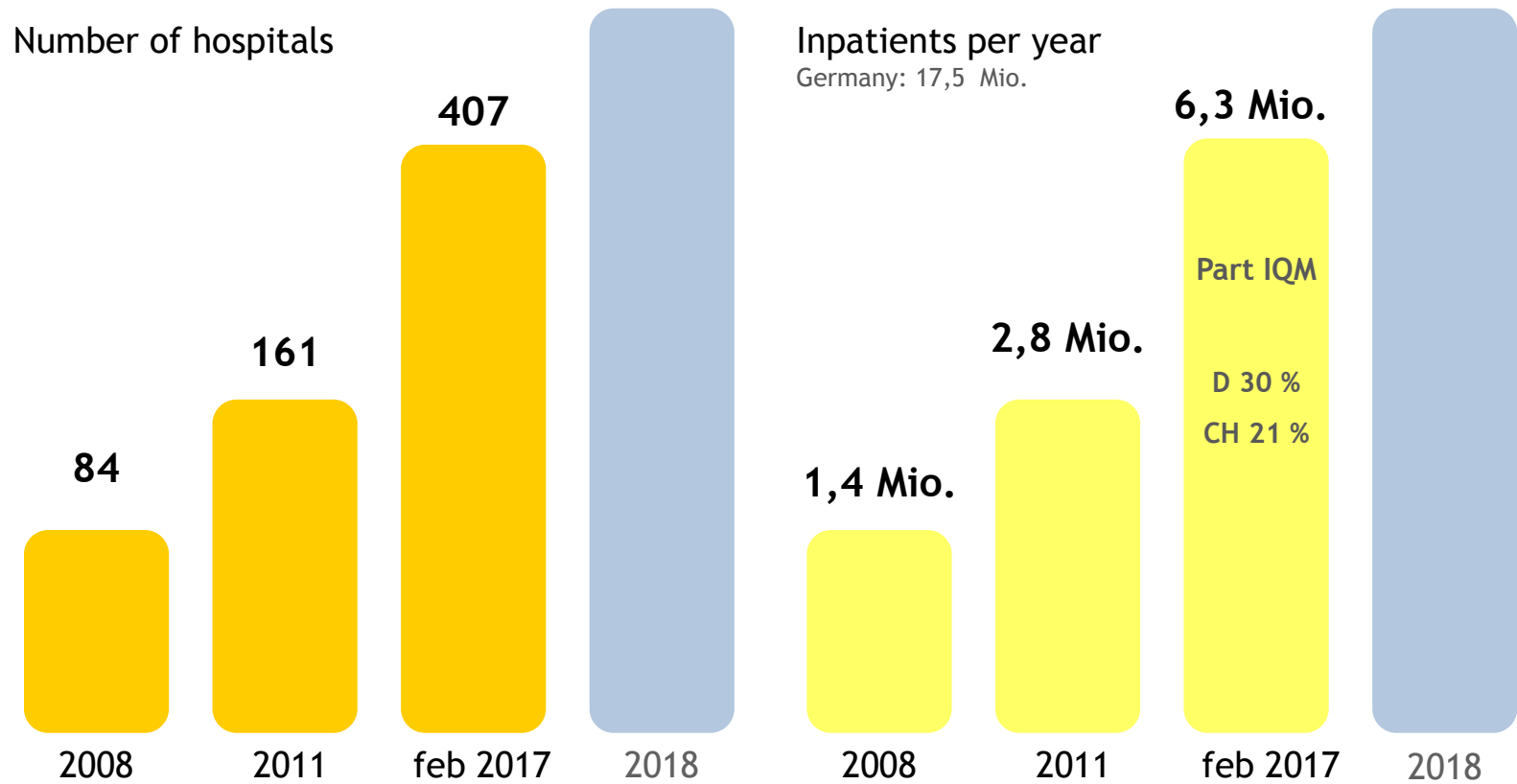
Representation of and decision making by...



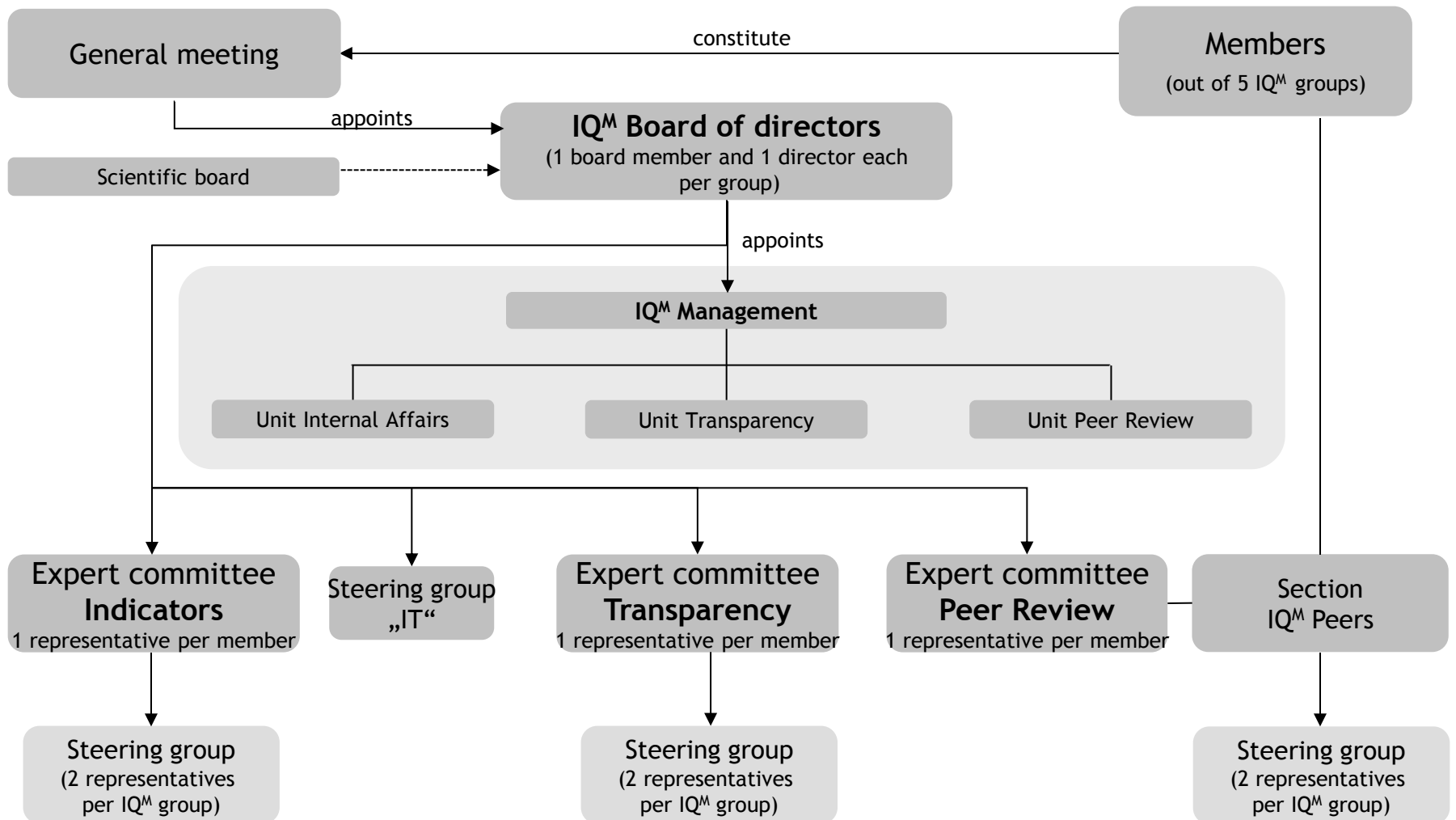
Groups	Hospitals
non for profit	59
international	38
public	165
for profit	125
university	20
Sum	407

Who is IQM ?

Development 2008 - 2018



Initiative Qualitätsmedizin e. V.



Objectives, challenges and proceeding

- Medical care at the best possible rate
- Proactive failure management (more than quality assurance)
- Target group head physicians
- Open culture of quality and failure

- IQM as platform across hospitals
- Cooperative learning amongst experts
- Capacity building

Instruments

The three principles of IQM

Measuring quality - by indicators based on DRG routine data
finding potential for improvement through appropriate capture criteria

Transparency of results - through publication
good results encourage motivation
conspicuous results generate “sound pressure“

Improving quality - by Peer Review processes
willingness towards cooperative learning

The benefit

for our members and patients

- potential quality problems can easily be identified
- stimulation of the hospitals' internal quality management
- motivation for active quality improvements
- external support via learning from each other
- high commitment and participation of medical officers
- continuous quality improvements for patients

Measuring and monitoring quality with routine data (DRG) input

Measuring and monitoring quality with routine data (DRG) input

Advantages

- no additional effort is required for data sampling (no additional documentation)
- avoiding additional outlay and any resulting sources of error
- all patient cases are included
- data is checked by hospitals themselves and the health insurance fund to ensure that it is correct
- reliable and valid indicators
- our quality indicators from routine data cover more than 30% of all hospital services
- the long-term quality of results can be derived from routine data of the health insurance funds (inpatient plus outpatient episode “follow ups”)

Quality indicators (qi) at IQM

Identification of potential quality problems

- **German Inpatient Quality Indicators (G-IQI)** are internationally accepted (by 1000 hospitals in Germany, by 177 hospitals in Switzerland and 200 hospitals in Austria)
- this qi approach has been used by Switzerland as the basis for the development of its nationals qi system
<http://www.bag.admin.ch/themen/krankenversicherung/01156/01157/index.html?lang=de>
- 300 qi for diseases and procedures
- defined quality targets for 44 qi
- risk adjustment by age and gender - data from federal statistical office
- TU Berlin designs continuously new qi
- long-term qi provided by AOK health insurance fund
- 23 patient safety indicators (PSI, AHRQ)

Publication of quality results

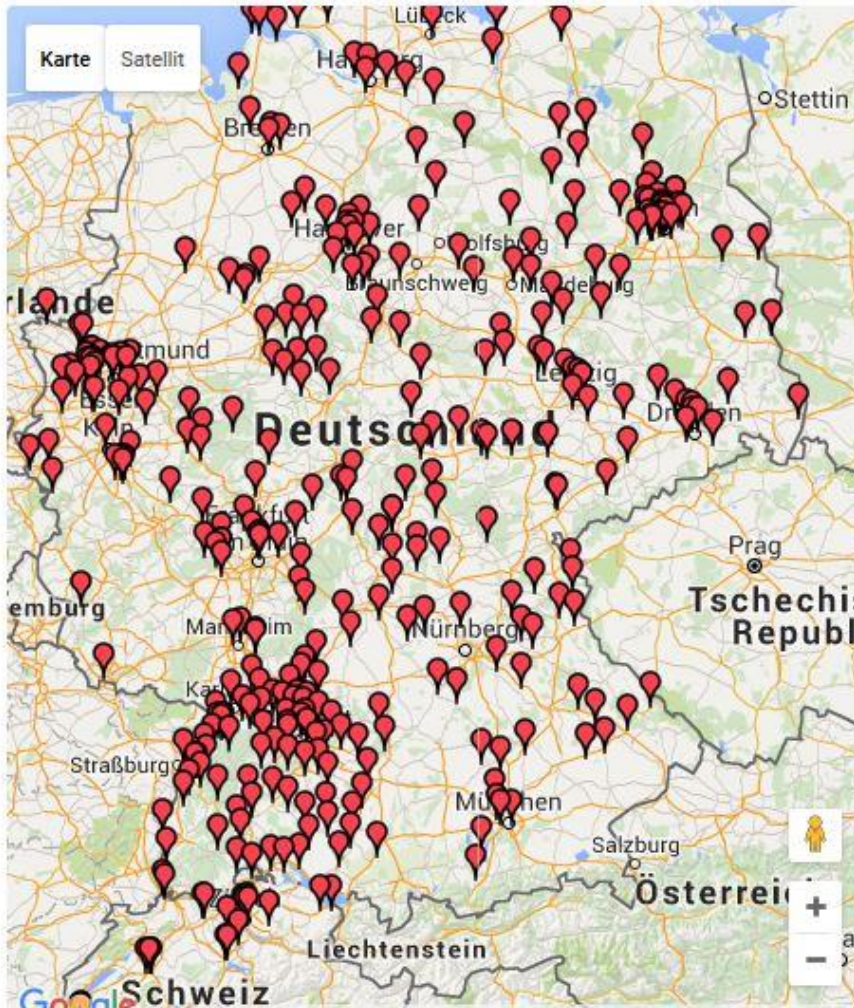
Internal and external transparency

Motivation for further quality improvements

- transparent quality results are an requirement for a culture aimed at reducing errors
- internal transparency helps to identify potential quality problems
- external transparency (e.g. at the internet) signalizes that the hospital does all to improve quality
 - good results motivate to get better
 - healthy pressure to improve quality
 - orientation for patients and resident doctors

Transparency

Publication of results



G-IQI 4.2 As of: 28.04.2016

< Year 2015 >

Search...

[IQM Quality indicators](#)

[Manual](#)

[Results of previous version](#)

[QSR-Results perennial](#)

IQM Target value	IQM Average value	IQM Expected value
Source	Number of cases	SMR

Open/close all ▾

DISEASES OF THE HEART ▾

ACUTE MYOCARDIAL INFARCTION (AMI) ▾

HEART FAILURE ▾

Principle diagnosis heart failure, in-hospital mortality, observed age > 19	< Expected value 1	7,6% 9.428 of 124.030	8,9% 0,86
age 20 - 44	< Expected value 1	2,2% 28 of 1.278	2,9%
age 45 - 64	< Expected value 1	3,1% 448 of 14.644	3,6%
age 65 - 84	< Expected value 1	6,4% 4.745 of 74.507	7,6%
age >=85	< Expected value 1	12,5% 4.207 of 33.601	14,3%
Left-sided heart failure, share coded as NYHA IV	Information 1	52,4% 44.248 of 84.515	

CASES WITH LEFT HEART CATHETERIZATION ▾

CARDIAC ARRHYTHMIA ▾

HEART SURGERY ▾

DISEASES OF THE NERVOUS SYSTEM, STROKE ▾

EARLY GERIATRIC REHABILITATION ▾

DISEASES OF THE LUNG ▾

DISEASES OF THE VISCERAL ORGANS ▾

Peer review processes aimed at improving quality

Peer Review

How we improve the quality of medical care

The problem with benchmarking: considerable scepticism in praxis

„We have the worst cases!“

„We can not be compared with other hospitals/departments.“

„Our surroundings are totally different.“

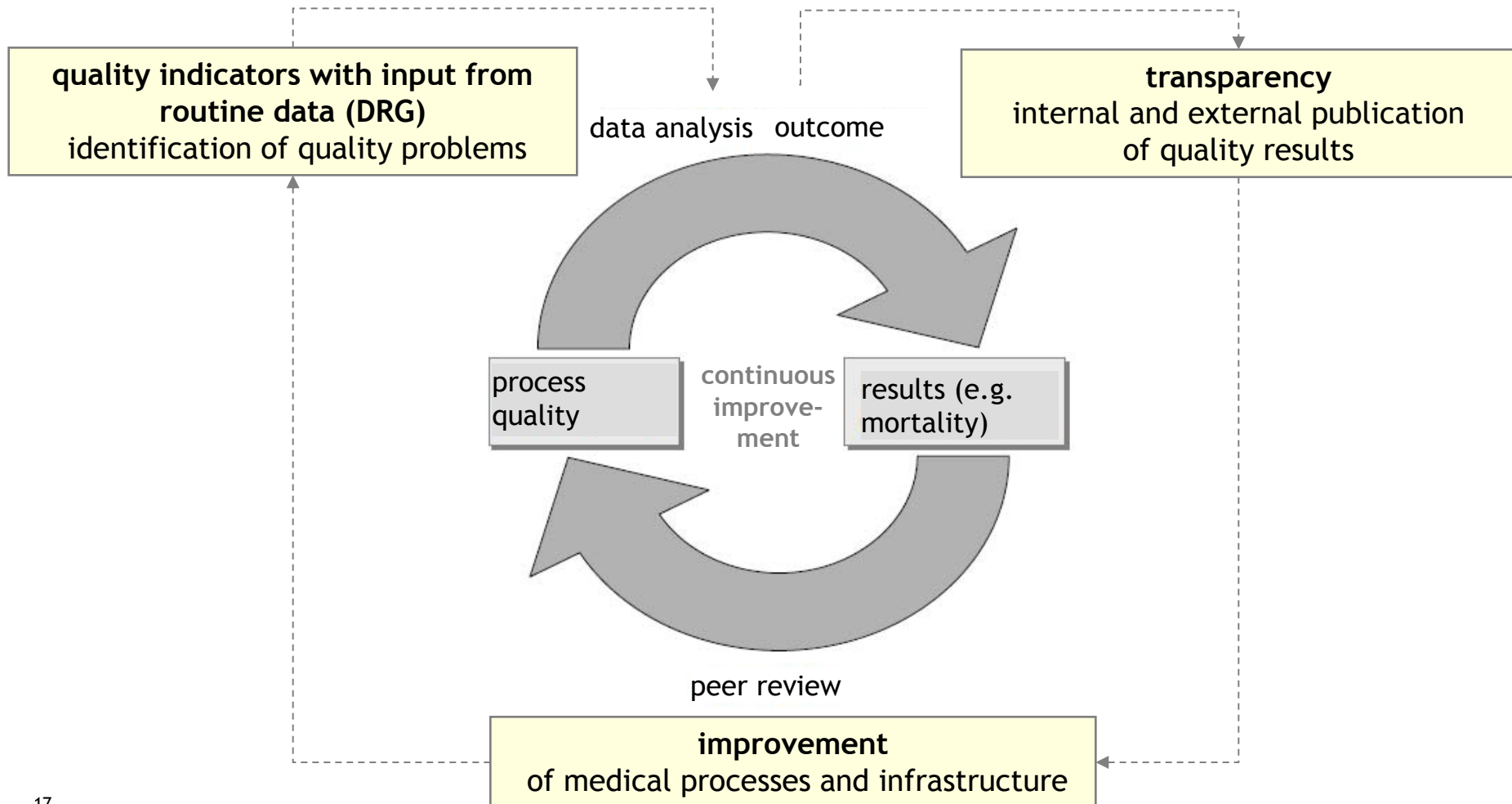
Solution: introduction of peer review

- combination of mortality indicators with an auditing process
- analysis of a hospitals' special situation

Experience shows:

- There are errors in medicine!
- The error rate can be reduced!

The Peer Review process in the PDCA cycle aimed at continuously improving quality



Peer Review

continuously improving quality

I Characteristics of peer reviewing at IQM

- specific needs for action and optimization must be identified, particularly if results do not meet expectations - as soon as out-of-the-norm-results give cause for suspecting potential quality problems, 3 chief medical officers from three different IQM hospitals visit their respective colleague as peers
- the peers have had training and expertise in the appraisal of such cases
- the peer review process helps to identify potential for improvement in areas of interdisciplinary collaboration, cross departmental treatment processes and infrastructure

Peer Review

continuously improving quality

II Characteristics of peer reviewing at IQM

- analysis is done by retrospective checks of health records of passed away patients - the analysis deliberately refrains from appointing blame as the aim is to look to the future
- together, physicians and managers compile a catalogue of measures based on the review results in order to eliminate weaknesses identified and, in turn, **optimize future treatment processes for all patients**

Peer Review

no. of peer review processes at IQM

Clinical picture	2010	2011	2012	2013	2014	2015
Heart diseases	6	6	15	13	21	36
Heart surgeries	0	2	3	2	0	1
CVA, cerebral infarction	2	7	11	10	7	19
Pneumonia / COPD	3	6	18	17	16	23
Operations abdominal organs	4	5	3	6	16	21
Vascular surgeries	0	1	2	0	1	7
Gynecological/urological diseases	0	0	0	0	5	3
Orthopaedics, trauma surgery	1	4	2	10	13	12
Sepsis	0	0	2	0	2	6
Respiration	5	11	14	11	13	31
Total	21	42	69	69	94	159

thanks for your attention