



IQ^M Initiative Qualitätsmedizin e.V.

routine data :: transparency :: peer review

for more quality in medical care

Agenda

- who is IQ^M



- what does IQ^M

- measuring and monitoring quality by indicators based on DRG routine data
- peer review processes aimed at improving quality
- publication of quality results

our key objective

is to provide better quality of care

2008: IQ^M has been founded by 14 hospital owners

- as a non profit association of hospitals open for all kind of hospitals
- as a platform for know-how exchange and learning from the best
- IQ^M wants to enhance the management of quality improvements by **innovative und efficient methods**
- IQ^M wants to offer **user-friendly instruments** to hospitals in order to achieve continuous quality improvements

who is IQM

our credo



our members agree, that the quality of medical care ...

- can be measured
- has to be published
- can be improved by “peer reviewing”

they apply voluntarily the innovative method of IQM

IQM - a multi operator initiative

our members



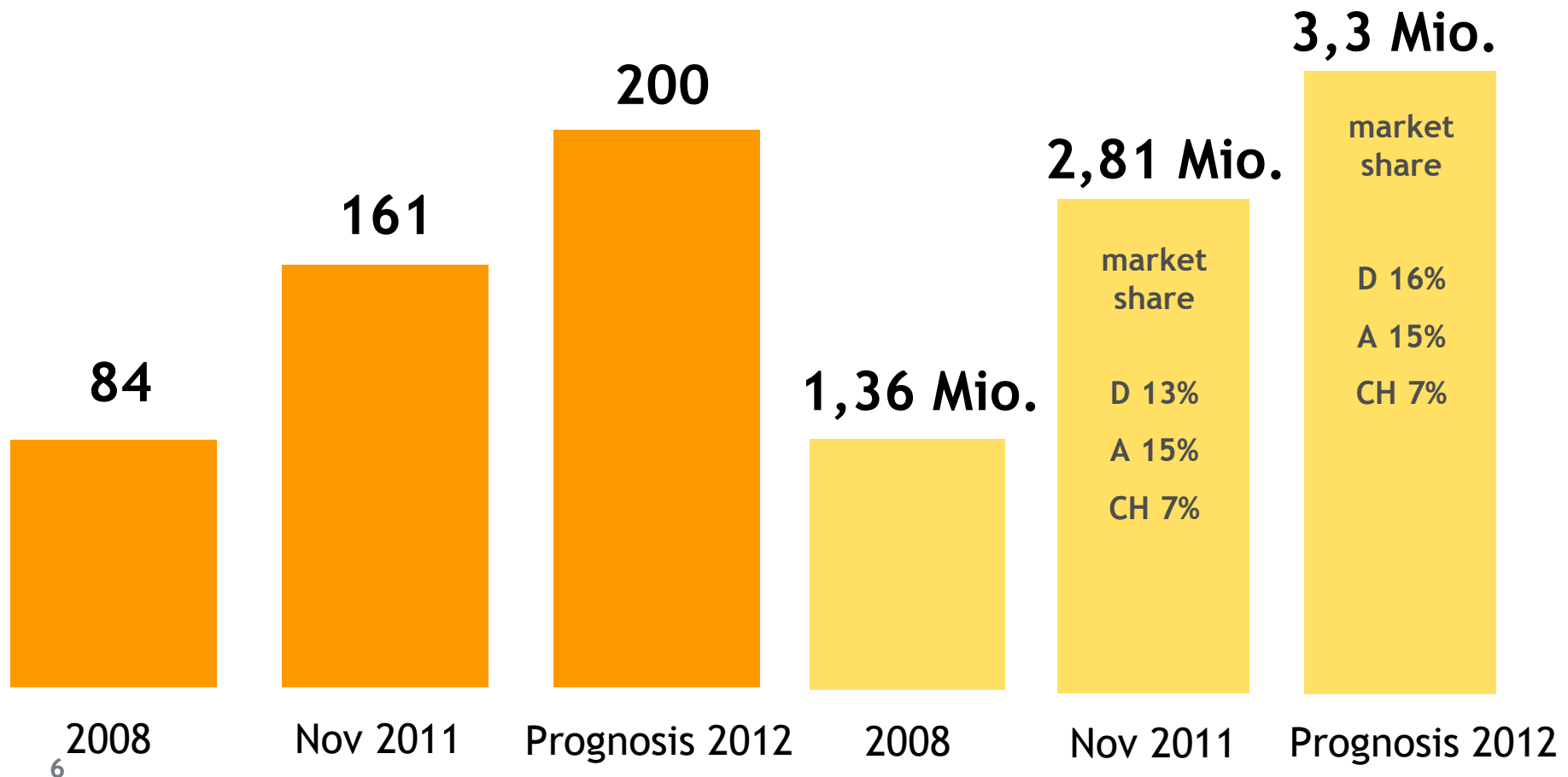
IQ^M
INITIATIVE
QUALITÄTSMEDIZIN

HGZ HERZ- UND GEFÄSSZENTRUM BAD BEVENSEN
 AKADEMISCHES LEHRKRANKENHAUS
 DER MEDIZINISCHEN HOCHSCHULE HANNOVER
CHARITÉ
KLINIKUM DEGGENDORF
UK SH UNIVERSITÄTSKLINIKUM
 Schleswig-Holstein
INSELSPITAL
 UNIVERSITÄTSSPITAL BERN
 HOPITAL UNIVERSITAIRE DE BERNE
 BERN UNIVERSITY HOSPITAL
Universitätsklinikum Leipzig
 Anstalt öffentlichen Rechts
 UNIVERSITÄT LEIPZIG
 Medizinische Fakultät
KLINIKUM ASCHAFFENBURG
Universitätsspital Basel
DIE JOHANNITER
UniversitätsSpital Zürich
Gesundheit Nordhessen
Evangelisches Krankenhaus Wesel
KLINIKUM HANAU
Benedictus Krankenhaus Tutzing
 Im Artemed-Klinikverbund
Malteser
 ...weil Nähe zählt.
KLINIKUM SAARBRÜCKEN gGmbH
 Akademisches Lehrkrankenhaus
 der Universität des Saarlandes
 Ein Unternehmen der Landeshauptstadt Saarbrücken
St. Anna Krankenhaus Sulzbach-Rosenberg
St. Johannes Klinik Auerbach
ST. JOSEF KRANKENHAUS WIPPERFÜHRTH
BETHESDA
LMU KLINIKUM DER UNIVERSITÄT MÜNCHEN
Landeskliniken-Holding
HELIOS Kliniken Gruppe
UKH
 Universitätsklinikum
 Halle (Saale)
VBGK
 Vereinigung
 Berufsgenossenschaftl.
 Kliniken
ELBLANDKLINIKEN
Capio
EVANGELISCHES KRANKENHAUS DÜSSELDORF
KLINIKUM St. Elisabeth Straubing GmbH
SRH KLINIKEN GMBH
Universitätsklinikum Carl Gustav Carus DIE DRESDNER.
Caritas-Krankenhaus Bad Mergentheim
MHH
 Medizinische Hochschule
 Hannover
BwK BERTIN
UNIVERSITÄTSMEDIZIN. MARZ
DRK Kliniken Berlin
OTTO VON GUERICKE UNIVERSITÄT MAGDEBURG
KKD KATHOLISCHES KLINIKUM DUISBURG
 Akademisches Lehrkrankenhaus der Universität Düsseldorf
HOCHTAUNUS KLINIKEN gGmbH
KLINIKEN DES LÄNDKREISES GÖPPINGEN gGmbH
UNIVERSITÄTSKLINIKUM AACHEN
DIAKO
 Diakonissenanstalt Paderborn

growth 2008 - 2011 open for all hospitals with DRG data

of participating hospitals

of inpatient cases



Agenda

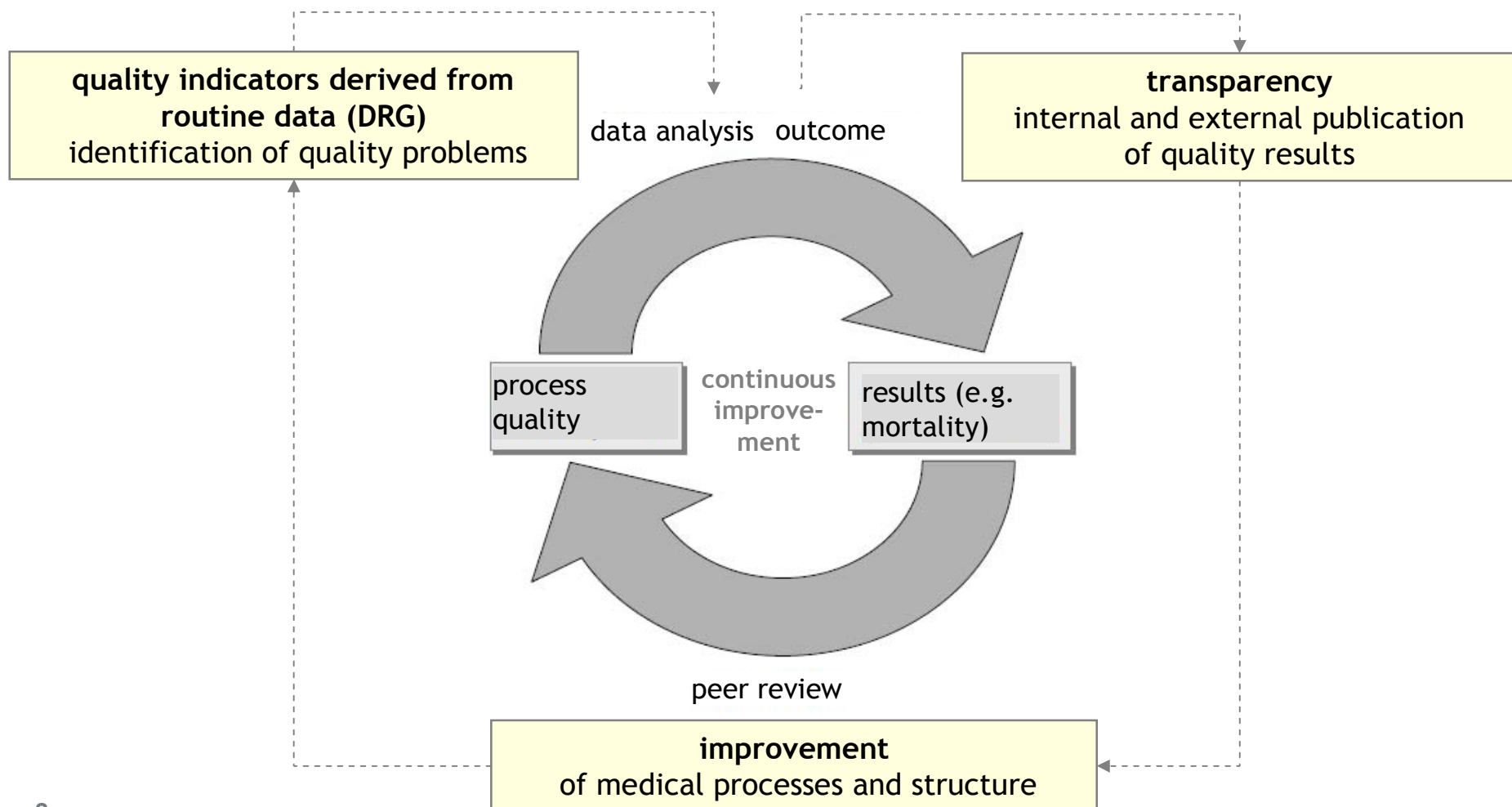
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our 3 rules for more quality in medical care



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

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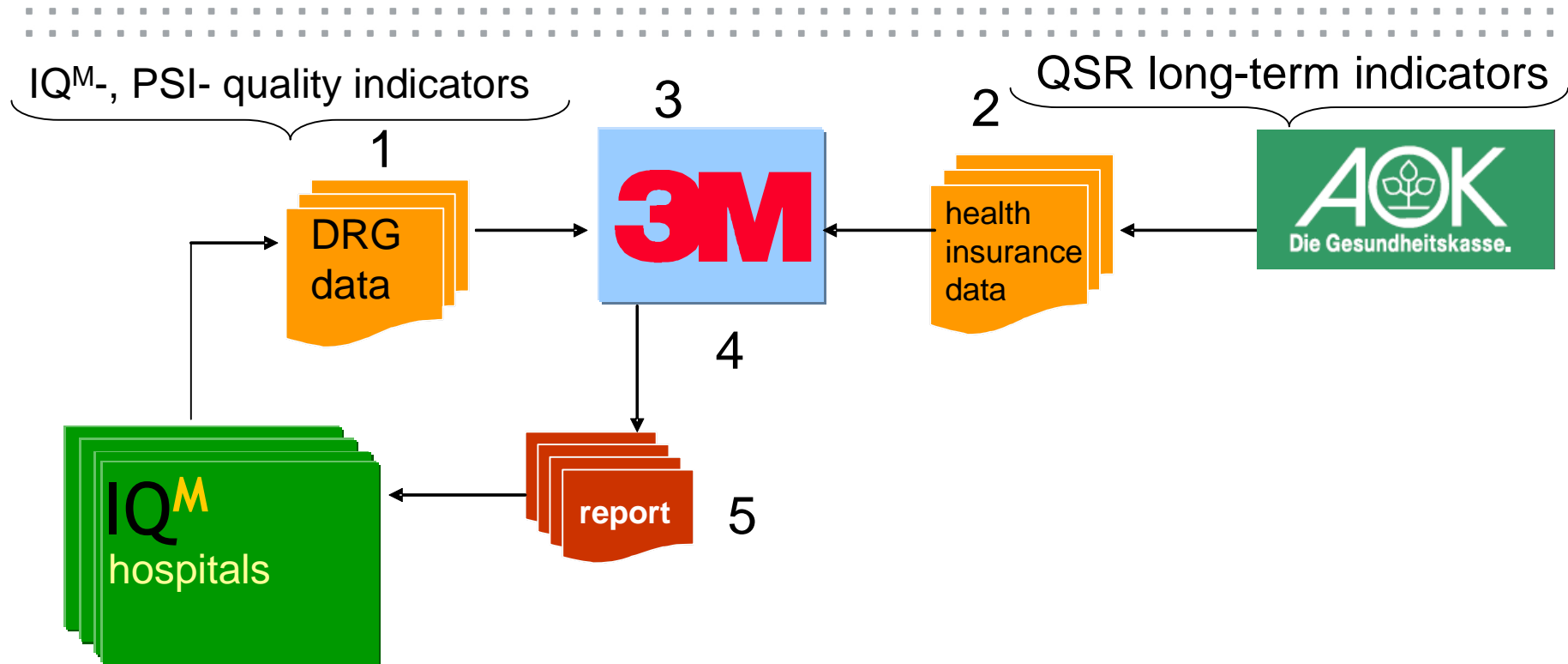


measuring and monitoring quality derived from routine data (DRG) advantages

- no additional effort is required for data sampling (no additional documentation)
- data is checked by hospitals themselves and the health insurance fund to ensure its correctness
- 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”)

routine data for quality indicators

data flow at IQ^M



- 1 data export and delivery
- 2 data request
- 3, 4 calculation of quality indicators
- 5 supply of quality reports

quality indicators (qi) at IQ^M

identification of potential quality problems

- IQM qi are internationally accepted (by 400 hospitals in Germany, by 177 hospitals in Switzerland and 200 hospitals in Austria)
- this qi approach is used by Austria and 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>
- 183 qi for diseases and procedures
- defined quality targets for 40 qi
- risk adjustment by age and gender - data from federal statistical office
- IQ^M designs continuously new qi
- long-term qi provided by AOK health insurance fund
- 23 patient safety indicators (PSI, AHRQ)

IQM quality indicators

example of covered diseases and procedures



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EXHIBIT 1

Changes In Inpatient Mortality In The United States (Medicare) And Within Germany's HELIOS Hospital Group After The Introduction Of Quality Management, Selected Years 1998–2006

Indication	Percent change in inpatient mortality		Standardized mortality rate	
	U.S. (Medicare), 1998–2003 (5 years)	Germany (HELIOS), 2003–2006 (3 years)	2003	2006
Pneumonia 95% CI No. of cases	-15.2	-26.2	1.02 [0.93–1.13] 395 of 3,604	0.76 [0.67–0.85] 286 of 3,832
AMI 95% CI No. of cases	-18.4	-18.1	0.93 [0.83–1.03] 326 of 3,363	0.76 [0.68–0.85] 282 of 3,325
Stroke 95% CI No. of cases	-12.8	-24.5	1.12 [1.03–1.22] 523 of 4,145	0.85 [0.77–0.93] 411 of 4,317
CHF 95% CI No. of cases	-30.1	-24.2	1.00 [0.91–1.11] 394 of 3,575	0.76 [0.69–0.83] 431 of 5,292
AA 95% CI No. of cases	-7.0	-13.3	4.84% ^a [2.39%–8.69%] 9 of 186	4.22% ^a [1.73%–8.58%] 6 of 143
Hip fracture 95% CI No. of cases	- ^b	-16.5	6.67% ^a [5.18%–8.43%] 61 of 915	5.57% ^a [4.22%–7.10%] 51 of 916

SOURCES: U.S. data are based on Medicare Payment Advisory Commission, *Healthcare Spending and the Medicare Program: A Data Book* (Washington: MedPAC, 2005). Data for Germany are previously unpublished HELIOS data, based on twenty-two hospitals that continuously belonged to HELIOS from 2003 to 2006.

NOTES: CI is confidence interval. AMI is acute myocardial infarction. CHF is congestive heart failure. AA is aortic aneurysm.

^aA risk-adjusted standardized mortality ratio (SMR) calculation is not yet possible for these combinations of diseases and procedures, because case-based or risk-stratified federal data are not publicly available for these indicators. Therefore, only crude rates are presented.

^bNot available.

Measuring, Monitoring, And Managing Quality In Germany's Hospitals

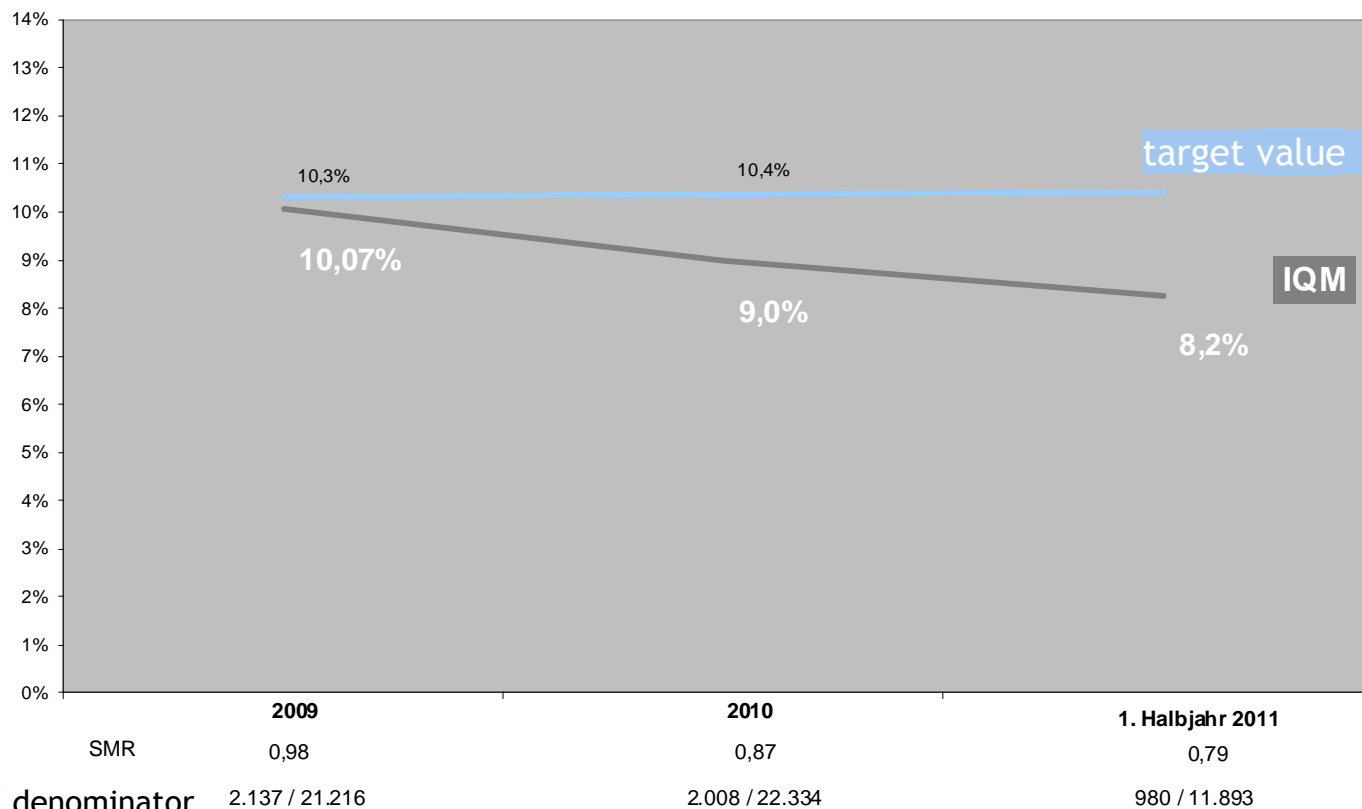
Germany has made progress in measuring quality in hospitals and is extending its effort into its statutory health insurance system.

by Reinhard Busse, Ulrike Nimptsch, and Thomas Mansky

HEALTH AFFAIRS - Web Exclusive

IQM results for each hospital in the internet

heart attack - mortality rate at IQM



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peer review

how we improve the quality of medical care

the problem with benchmarking: considerable skepticism 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

- Physician Colleagues (peers) from other member hospitals review the patient charts
- analysis of a hospitals' specific situation

experience shows:

1. there are errors in medicine !
2. the error rate can be reduced !

peer review

how we improve quality of medical treatments

Family Practice Vol. 20, No. 4 © Oxford University Press 2003, all rights reserved.
Doi: 10.1093/fampra/cm9420, available online at www.fampra.oupjournals.org

The development of quality circles/peer review groups as a method of quality improvement in Europe.

Results of a survey in 26 European countries

M Beyer, FM Gerlach, U Flies, R Grol^a, with contributions by Z Król^b, A Munck^c, F Olesen^d, M O'Riordan^e, L Seuntjens^f and J Szecsenyi^g

other European countries. Peer review has been widely accepted as suitable for QI in medical practice,¹ because it encourages professional autonomy and supports critical insight and appraisal of quality of care. Influential

peer review

continuously improving quality

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 IQ^M 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
- 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**

IQM peers

196 medical officers from IQM hospitals

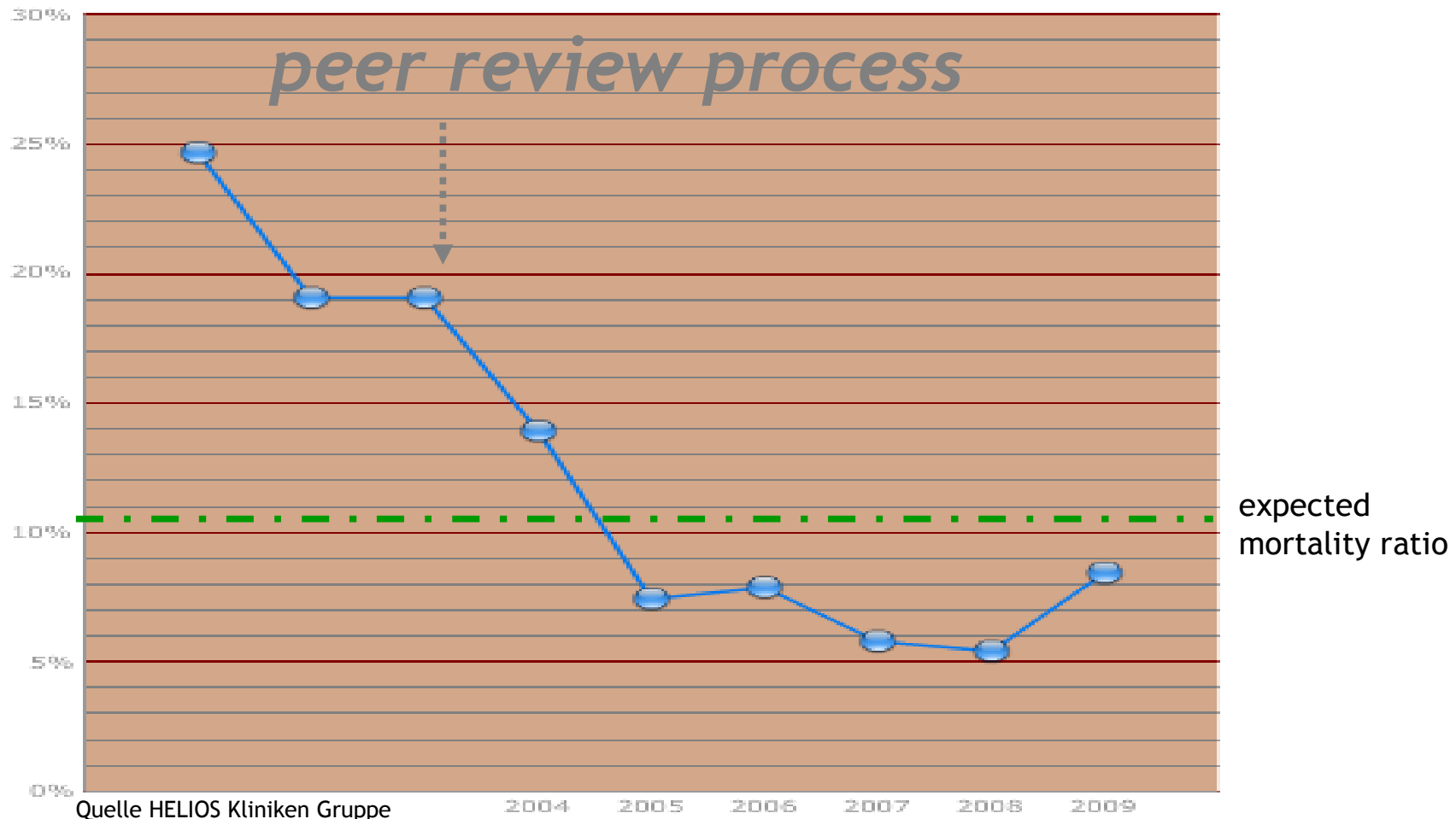


Reviews 2010: Ergebnis-Treffen der Peers vom 23.11.10

peer review

an example of what can be achieved

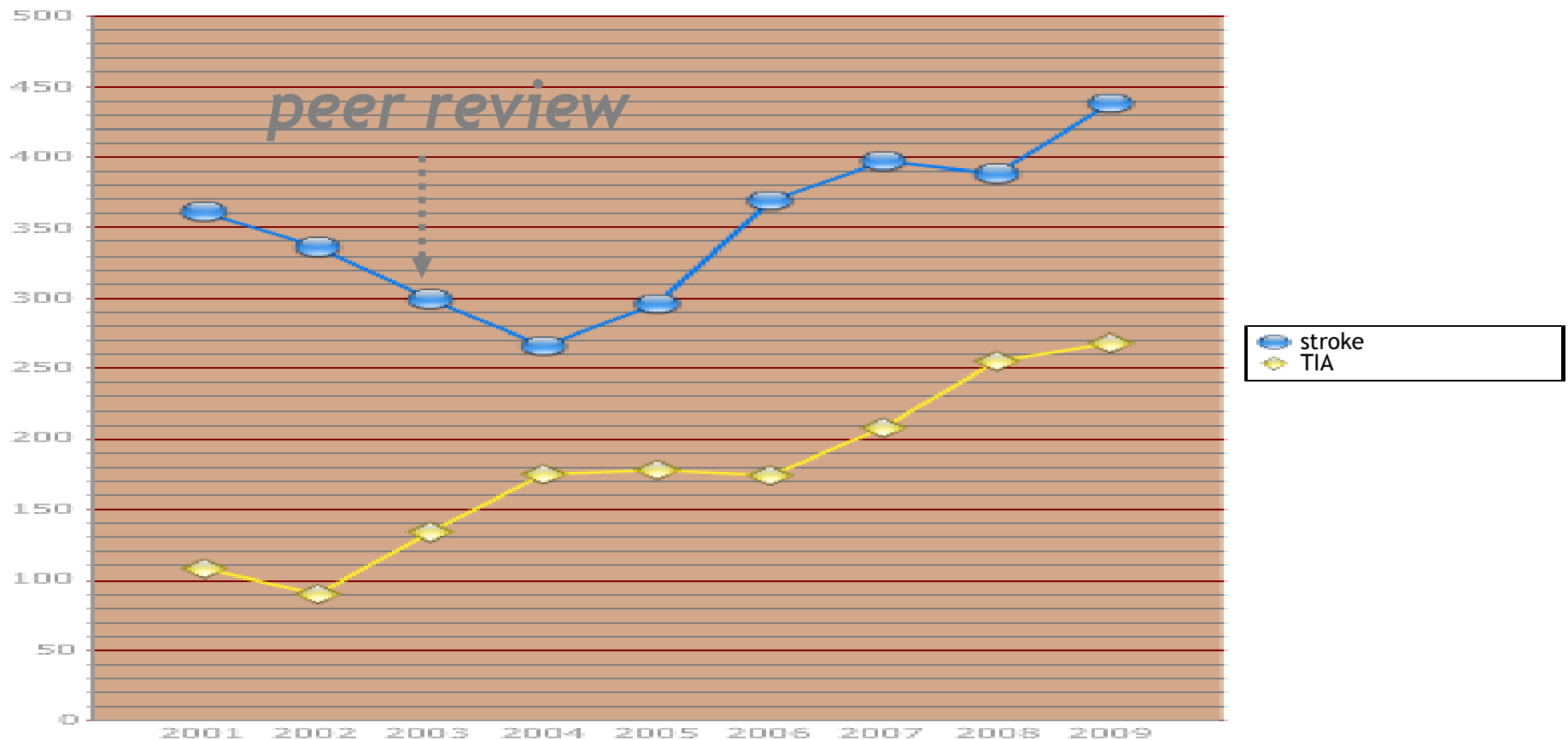
stroke, mortality ratio



peer review

an example of what can be achieved II

stroke, no. of inpatient cases



peer review

no. of peer review processes at IQ^M

- 2009: **4** pilot peer review processes
- 2010: **21** peer review processes
- 2011: **42** peer review processes
- 2010: **70 - 80** peer reviews planned

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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

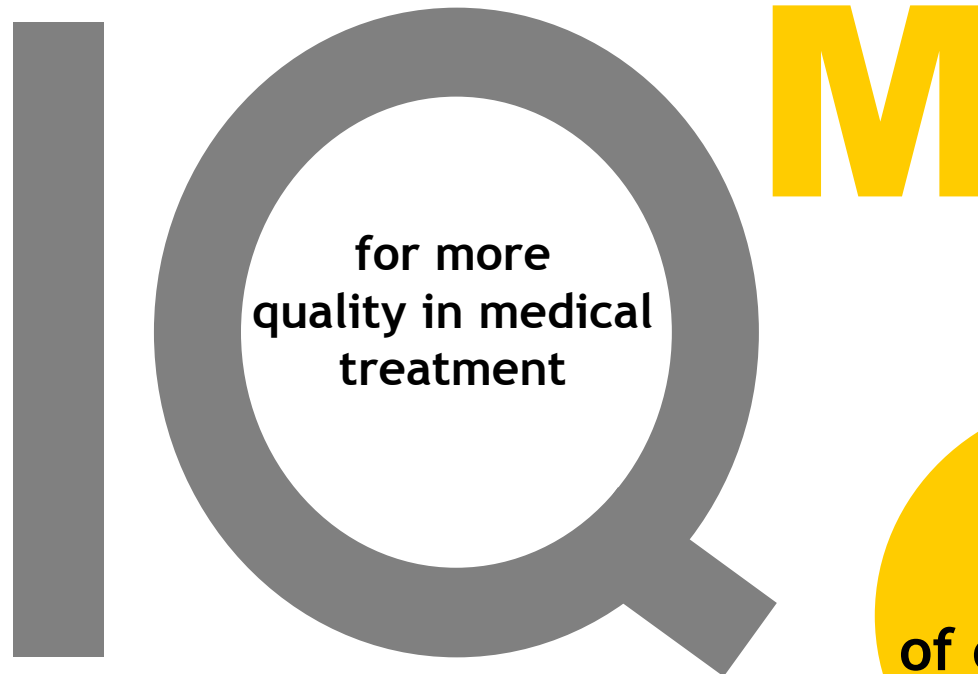
transparency publication of results

- data year 2010: 2.16 million inpatient cases
- 110 IQ^M hospitals published their results at the internet
- each hospital shows its own results via the IQ^M webtool

www.initiative-qualitaetsmedizin.de/wir-uber-uns/mitgliedskliniken/

we stand for...

**high level
of motivation**



**for more
quality in medical
treatment**

**no
“blaming”
culture**

**high level
of commitment**

any further questions ?

please do not hesitate to contact us

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