
Initiative Qualitätsmedizin

Routine Data :: Transparency :: Peer Review

Who is IQM?

- Non-profit association
- Founded in 2008 by 15 leading hospital operators
- Members are operators of acute care clinics
- IQM is open to all
- Must bill according to DRG



Members



Group	Clinics
Non-profit	89
Public	195
Private	159
University	17
International (Switzerland)	45
Total	505

Updated: March 2023

Membership development

2008

84 hospitals



2016

361 hospitals



2023

505 hospitals



Participating
hospitals

Inpatient cases

National (D): 16,4 Mio. (2020)

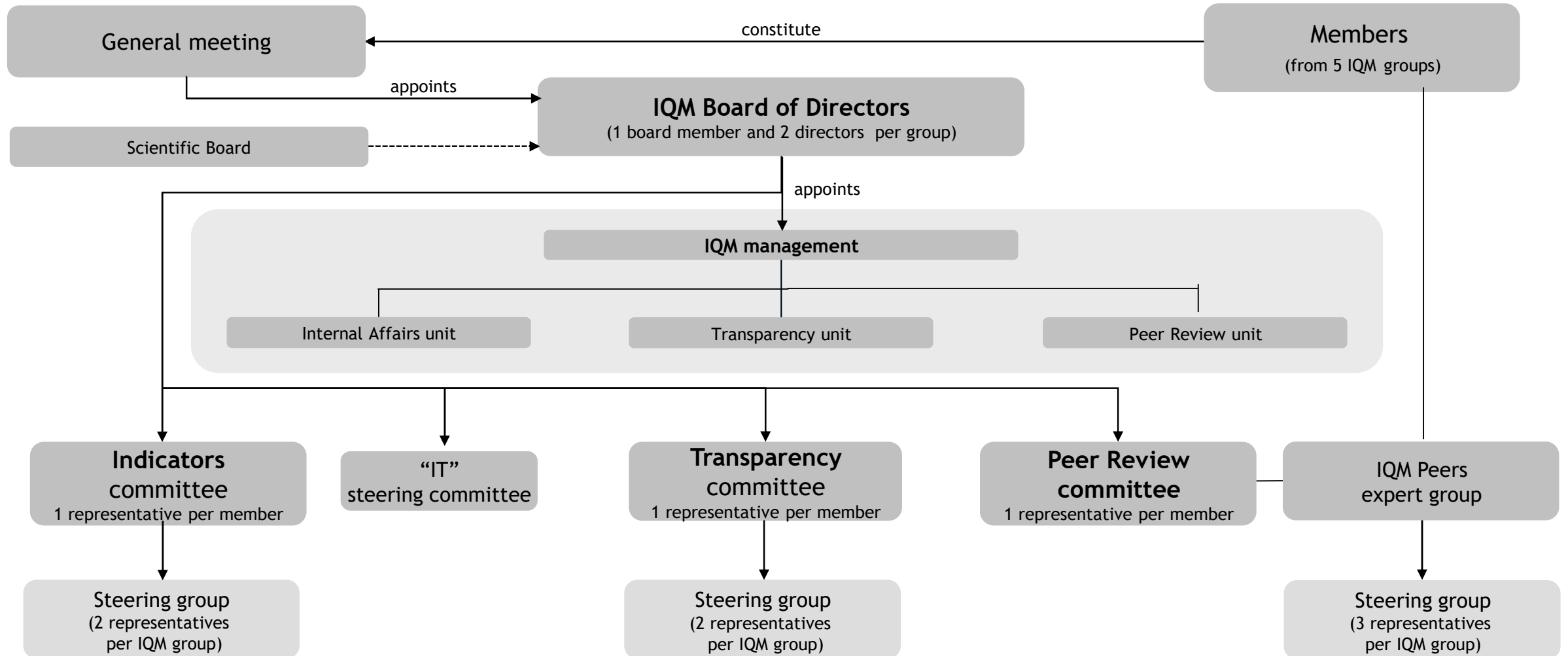
~ 1,4 Mio. inpatient cases

~ 5,5 Mio. inpatient cases

~ 7,91 Mio. inpatient cases



Initiative Qualitätsmedizin e. V.



Goals

- Best possible quality of care
- Active error management (more than just quality assurance)
- Target group: chief physicians
- Involvement of all professional groups
- IQM as a platform and network for all topics related to quality in hospitals
- A way to help hospitals help themselves
- Collegial learning from experts in the field

Shared vision of IQM

Far beyond what is legally required

.....

Quality measurements - Quality indicators from routine data

Find potential for improvement through appropriate triggering criteria

Transparency - Voluntary publication without comparing clinics

Good results promote motivation

Problematic results generate healthy pressure

Quality improvement - Cross-clinic peer reviews

Willingness to learn from each other

Quality Measurements with Routine Data

Hospital billing is done using DRGs, which requires complete medical documentation:

- Main diagnosis
- Secondary diagnoses
- Procedures
- ...

Additional information is also recorded:

- Age
- Gender
- Length of stay
- Ventilation
- Reason for discharge
- ...

The information can be provided by any hospital information system (HIS) in highly standardised form (data records according to §21 KHEntgG or Swiss Federal Statistical Office (BfS) requirements) for any period of time.



Quality Measurements with Routine Data

Vast amounts of information can be easily derived from routine data:

- High efficiency without additional work to collect data
- High validity of data (§21 and BfS) - best-verified body of healthcare data
- Low risk of manipulation
- 100% complete because all inpatient cases are billed
- G-IQI/CH-IQI cover about 50% of inpatient cases (version 5.4), compared to about 12-20% for data collected through external quality assurance in Germany.

Indicators used at IQM

Inpatient stays

G-IQI German Inpatient Quality Indicators*

CH-IQI Swiss Inpatient Quality Indicators*

PSI (Patient Safety Indicators)*



*Niederrhein University
of Applied Sciences*



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Statutory QA according to Sec. 137



Cross-sector

AOK-QSR*



* From routine data

Indicators used at IQM

German Inpatient Quality Indicators (G-IQI)

Swiss Inpatient Quality Indicators (CH-IQI)

- New version G-IQI / CH-IQI 5.4 in use
- Integration of extensive COVID-19 key figures
- Revision and extension of > 70 essential clinical pictures and procedures
- Over 500 key figures in 17 categories
- Further development by the working group "Development of G-IQI" through the participation of IQM member hospitals



German Inpatient Quality Indicators

G-IQI Version 5.4 2021

Technische Umsetzung durch
3M Health Information Systems

Dokumentation in der 3M Regeldesigner Syntax

3M Health Information Systems

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Transparency

through voluntary publication of results

Internal Transparency

- Internal benchmark in the network possible
- Definition of own quality targets
- Standardized reporting and analysis
- Identification of optimization potential
- Measures for improvement

External Transparency

- No external comparison - no ranking
- Signals willingness to improve quality
- Publication of good results motivates
- Conspicuous results generate healthy pressure

G-IQJ / CH-IQJ 5.3 Stand: 15.04.2022

Jahr:

2021



Bitte beachten Sie bei jeder Art der Verwendung dieser Ergebnisse unbedingt die Hinweise in der [Präambel](#)

IQM Indikatoren	IQM Zielwert	IQM Durchschnittswert	Klinik Erwartungs- wert
	Quelle	Fallzahl	SMR
Herzerkrankungen			
Herzinfarkt			
Todesfälle bei Hauptdiagnose Herzinfarkt	Information	8,4%	
Alle Patient:innen > 19 Jahre		6.868 von 81.591	
Alter 20 - 44 Jahre	Information	3,4%	
		91 von 2.704	
Alter 45 - 64 Jahre	Information	4,6%	
		1.247 von 26.985	
Alter 65 - 84 Jahre	Information	9,0%	
		3.781 von 41.851	
Alter > 84 Jahre	Information	17,4%	
		1.749 von 10.051	
Anteil der Herzinfarkte mit Linksherzkatheter	Information	83,6%	
		68.226 von 81.591	
Todesfälle bei Direktaufnahme ohne Verlegung	Information	8,3%	
Alle Patient:innen > 19 Jahre		6.113 von 73.293	
Todesfälle bei Zuverlegung	Information	9,1%	
Alle Patient:innen > 19 Jahre		755 von 8.298	

Current Results Online

Far beyond what is legally required

- Annual publication of IQM results on the websites of member hospitals
- Standardised presentation in three languages (German, French, English)
- IQM members are obliged to publish starting in the second year of membership
 - Publication of results according to the current G-IQI/CH-IQI version
 - Link to the AOK hospital navigator
 - Link to the current quality report (G-BA)

The IQM peer review is ...

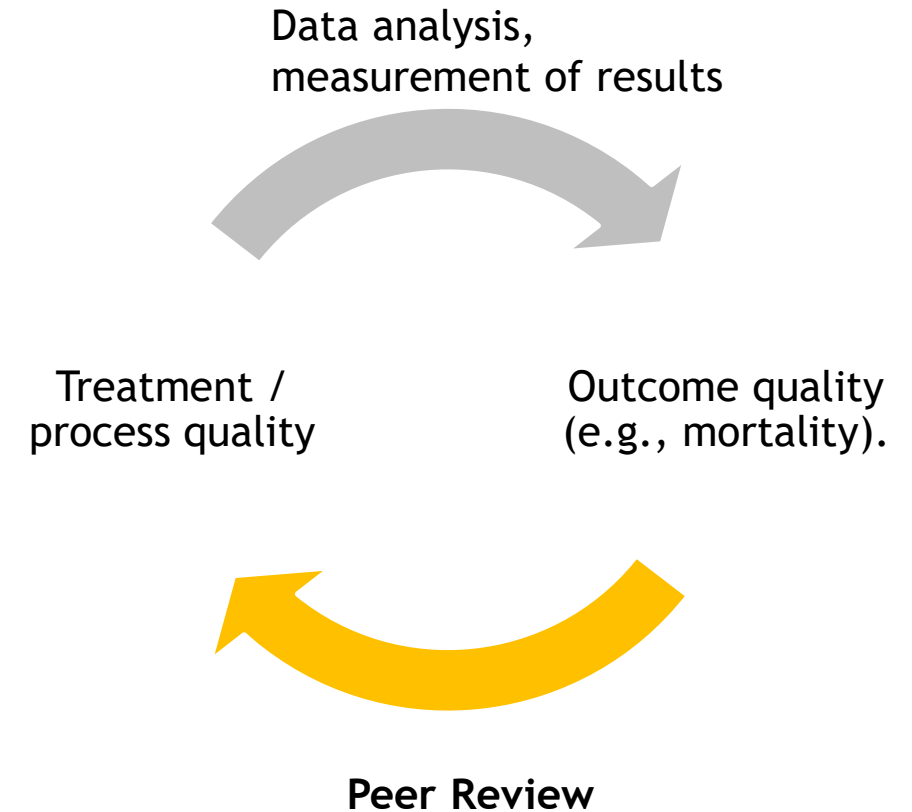
- A medical process that is original to IQM
- A (medical) quality assurance instrument that focuses on collegial exchange
- Clinically active physicians and nursing staff systematically analyse processes and structures for possible improvements based on medical records
- Core of the review is the collegial case discussion between the peer team and the chief physician/nurse in charge
- All IQM peers are trained according to the “Ärztliches Peer Review” curriculum of the German Medical Association (D).

Goal of Indicators at IQM

Improvement through measurement

The IQIs were designed to ...

- Identify areas with room for improvement in treatment procedures and structures on the basis of statistically anomalous results (= triggering criterion) and then optimise them after subsequent record analyses
- Monitor statistically anomalous results and track improvements
- Review results and conduct collegial discussions across departmental boundaries
- Establish the foundation for a continuous improvement process and internal quality management



- Develop measures together and check them against reality
- Quality assurance by the actors - self-efficacy
- Reflection of own actions
- Promotion of a constructive error culture
- Promotion of interprofessional and multidisciplinary communication and cooperation
- Peers and visitors benefit



IQM Peer Review

Procedure

Selection and planning

- Selection of hospitals and case files
- Assembling the peer teams

Preparation

- Internal hospital information for all involved and preparation of case files
- File analysis and self-assessment by the interprofessional team of the hospital

Visit on site

- Joint opening meeting
- File analysis and external evaluation by peer team and collegial dialogue
- Joint final discussion

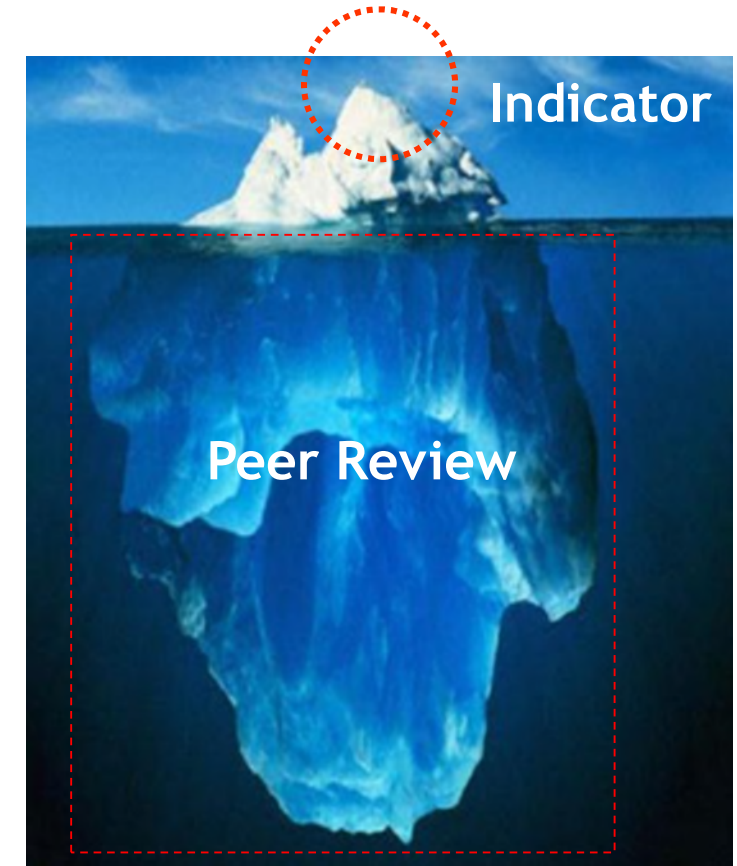
Follow-up

- Protocol preparation by the peer team and development of an action plan by the visited hospital
- Integration of the action plan into the internal quality management system of the hospital
- Feedback from the peer team and the visited hospital on the peer review



IQM Peer Review - Goals

- Detection of local peculiarities
- Analysis and optimization of the entire treatment process
- Shift from department-centered thinking to interdisciplinary case analysis
- Establishing an open culture of discussion and acceptance of errors
- Promotion of objective discussion and critical self-assessment
- Sustainability of the improvement process



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