



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	63
Public	158
Private	149
University	23
International (Switzerland & Slovenia)	41
Total	434

Membership development



2008

84 hospitals



2016

361 hospitals



2026

450 hospitals



Participating hospitals

Inpatient cases

National (D): 16,9 Mio. (2023)

~ 1,4 Mio. inpatient cases

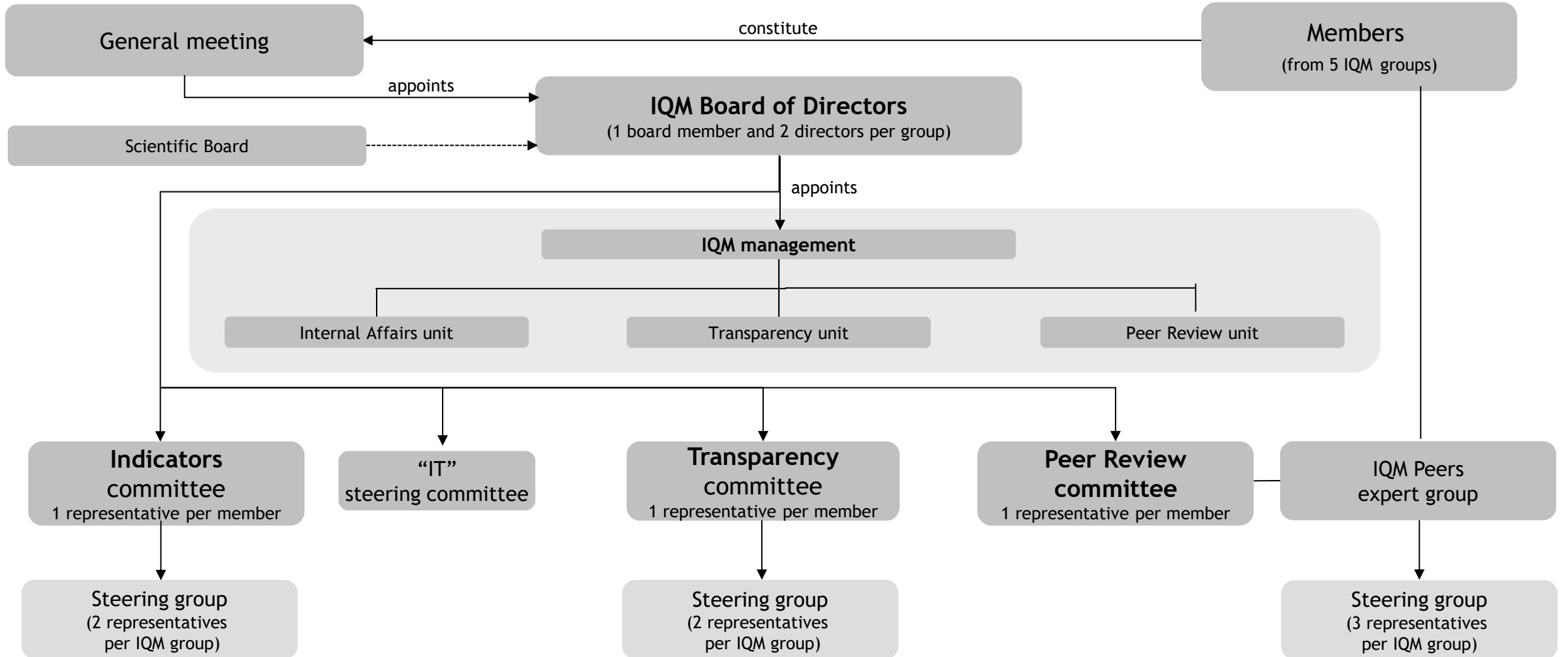
~ 5,5 Mio. inpatient cases

~ 7,0 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

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 56% of inpatient cases (version 5.5), compared to about 15 % 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*



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

PSI (Patient Safety Indicators)*



*Niederrhein University
of Applied Sciences*

Statutory QA according to Sec. 137 SGB V



Cross-sector

AOK-QSR*



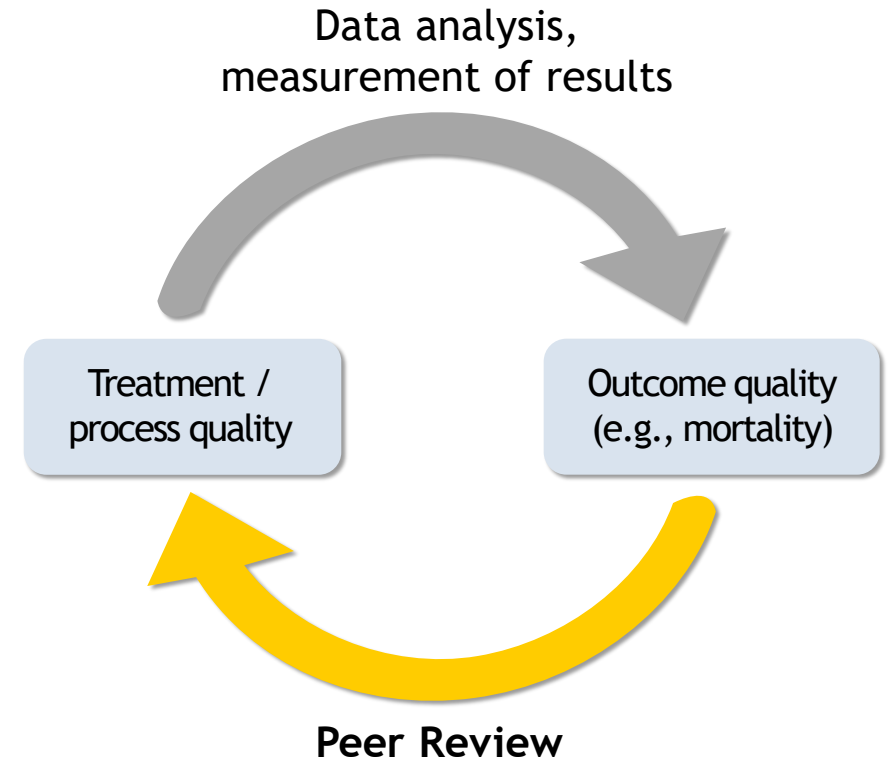
* From routine data

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



Indicators used at IQM

German Inpatient Quality Indicators (G-IQI)

Swiss Inpatient Quality Indicators (CH-IQI)

- New version G-IQI / CH-IQI 5.5 in use
- 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



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



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Qualitätsergebnisse
der Mitgliedskliniken der Initiative Qualitätsmedizin (D)

DE FR EN

G-IQI / CH-IQI 5.5 Stand: 15.04.2026 Jahr: 2025

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

IQM Indikatoren	IQM Zielwert	IQM Durchschnittswert	IQM Erwartungswert
	Quelle	Fallzahl	SMR
Herzerkrankungen			
Herzinfarkt			
Todesfälle bei Hauptdiagnose Herzinfarkt	< Erwartungswert	7,0%	7,9%
Alle Patient:innen >= 20 Jahre	a / g	5.129 von 73.098	0,89
Anteil der Herzinfarkte mit Linksherzkatheter	Information	85,0%	
Alle Patient:innen >= 20 Jahre	a	62.113 von 73.098	
Todesfälle bei Direktaufnahme ohne Verlegung	Beobachtungswert	6,9%	
Alle Patient:innen >= 20 Jahre	a	4.547 von 65.683	
Todesfälle bei Hauptdiagnose Transmuraler Herzinfarkt	< Erwartungswert	11,3%	11,8%
Alle Patient:innen >= 20 Jahre	a	2.707 von 24.057	
Todesfälle bei Hauptdiagnose Nicht-transmuraler Herzinfarkt (NSTEMI)	< Erwartungswert	4,6%	5,5%
Alle Patient:innen >= 20 Jahre	a	2.215 von 48.261	
Todesfälle bei Nebendiagnose Herzinfarkt	Beobachtungswert	17,0%	
Alle Patient:innen >= 20 Jahre	a	3.533 von 20.817	
Herzinsuffizienz			
Todesfälle bei Hauptdiagnose Herzinsuffizienz	< Erwartungswert	7,5%	9,3%

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).

IQM Peer Review

Opportunities

- 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

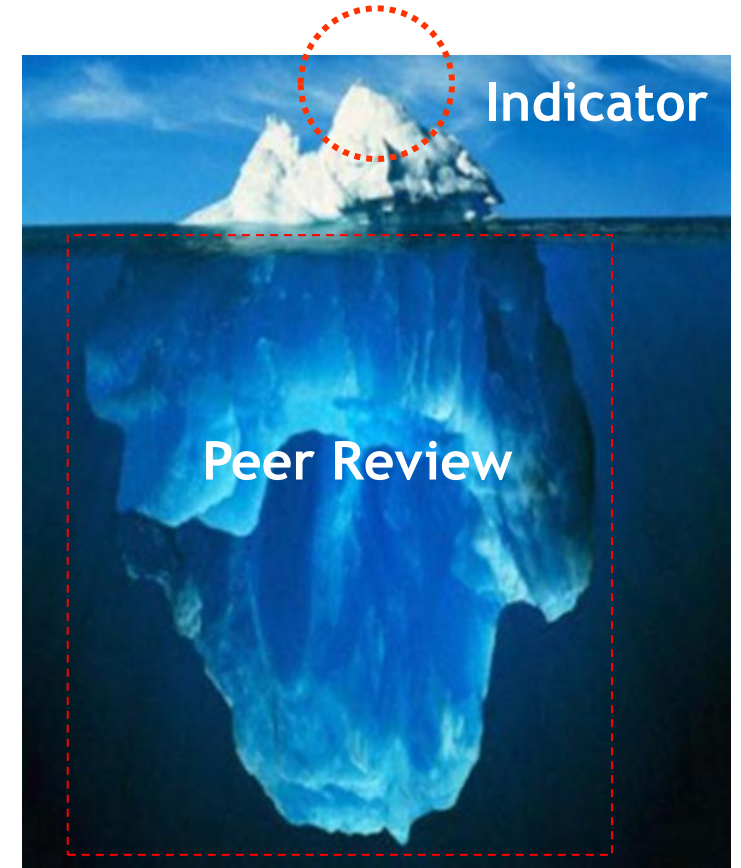
Follow-up

- 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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