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

<table>
<thead>
<tr>
<th>Group</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-profit</td>
<td>80</td>
</tr>
<tr>
<td>Public</td>
<td>192</td>
</tr>
<tr>
<td>Private</td>
<td>170</td>
</tr>
<tr>
<td>University</td>
<td>19</td>
</tr>
<tr>
<td>International (Switzerland)</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>502</strong></td>
</tr>
</tbody>
</table>

Updated: June 2020
Member Growth 2008 - 2020

Growth of IQM member hospitals

- Participating hospitals

- Inpatient cases
  - National (D): 19.4 mill.

Updated: June 2020
Goals

- Best possible quality of care
- Active error management (more than just quality assurance)
- IQM as a platform for all topics related to quality in hospitals
- Mutual support between member clinics and across operators
- Collegial learning from experts in the field
- A way to help hospitals help themselves
Shared vision of IQM
Voluntarily go beyond the legal requirements

**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
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 Sec. 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 (Sec. 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 45% of inpatient cases (version 5.1), compared to about 18% 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)*

Statutory QA according to Sec. 137

**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
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

**Procedure**

**PREPARATION**
1. Central selection of peer reviews
   - Clinic
   - Tracer
   - Case lists
   - Peer teams
2. Analysis/assessment of selected cases
3. Self-assessment in advance (clinic)

**PERFORMANCE**
1. External assessment on site (peer team)
2. Collegial dialogue with definition of site-specific quality targets (peer team, clinic)
3. Closing discussion with definition of sustainable and achievable measures (peer team, clinic)

**FOLLOW-UP**
1. Report (peer team)
2. Action plan (clinic)

**Internal follow-up**
Integration into the institution’s internal quality management system (clinic)
Contact Person at IQM

Questions about content:

Management Board
Dr. med. Claudia Winklmair
Phone: +49 30 7262 152 - 152
E-mail: claudia.winklmair@initiative-qualitaetsmedizin.de

General questions about membership:

Internal Affairs unit
Johanna Schmolinsky
Phone: +49 30 7262 152 - 151
E-mail: johanna.schmolinsky@initiative-qualitaetsmedizin.de