Initiative Qualitätsmedizin
Association Initiative Quality in Medicine
Routine data :: Transparency :: Peer Review

As of: February 2019
Who is IQM?

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

<table>
<thead>
<tr>
<th>Hospital Operators</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>non-profit</td>
<td>83</td>
</tr>
<tr>
<td>public</td>
<td>185</td>
</tr>
<tr>
<td>private</td>
<td>162</td>
</tr>
<tr>
<td>university</td>
<td>18</td>
</tr>
<tr>
<td>international (Switzerland)</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>487</strong></td>
</tr>
</tbody>
</table>

As of: February 2019
Development 2008 - 2020

Number of hospitals

- 2008: 84
- 2011: 161
- Jan 2016: 361
- Feb 2019: 487

Inpatients per year

- Germany: 17.8 Mio.
- 2008: 1.4 Mio.
- 2011: 2.8 Mio.
- Jan 2016: 5.5 Mio.
- Feb 2019: 7.6 Mio.

IQM Part

- D 43%
- CH 22%

As of: February 2019
Initiative Qualitätsmedizin e. V.

General meeting

- constitute
- appoints

IQM Board of directors
(1 board member and 1 director each per group)

- appoints

IQM Management

- Unit Internal Affairs
- Unit Transparency
- Unit Peer Review

Expert committee
Indicators
1 representative per member

- Steering group
  (2 representatives per IQM group)

Expert committee
Transparency
1 representative per member

- Steering group
  (2 representatives per IQM group)

Expert committee
Peer Review
1 representative per member

- Steering group
  (3 representatives per IQM group)

Section IQM Peers

Steering group „IT“
1 representative per member

Members
(out of 5 IQM groups)
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
Measuring and monitoring quality with routine data (DRG) input
Measuring and monitoring quality with routine data (DRG) input

Billing based on the DRG requires a full medical documentation:
- Principal diagnosis
- Secondary diagnosis
- Procedures
- ...

Additional information recorded:
- Age
- Sex
- Length of stay
- Ventilation
- Reason of discharge

Information can be provided by any information system in a highly standardized form (§ 21 data set KHEntgG for Germany, BfS data set for Switzerland) for any desired time period.
Measuring and monitoring quality with routine data (DRG) input

Advantages of routine data:

- High efficiency: no additional effort for data sampling
- Reliable and valid indicators (§ 21 and BfS) - best proved data in healthcare
- Low manipulability
- 100% completeness - billing of all inpatient cases
- Our quality indicators from routine data cover approx. 45% (G-IQI/CH-IQI, Version 5.1) of inpatient cases (as compared to approx. 18% of the German external quality assurance)
Quality indicators at IQM

**Inpatient stay**

G-IQI German Inpatient Quality Indicators*

CH-IQI Swiss Inpatient Quality Indicators*

PSI (patient safety indicators)*

German external quality assurance (§ 137 SGB V)

**Cross-sectoral**

QSR*: long-term quality indicators provided by AOK health assurance fund

* from routine data
Quality indicators at IQM

German Inpatient Quality Indicators (G-IQI)

Swiss Inpatient Quality Indicators (CH-IQI)

- New version 5.1 as of April 30\textsuperscript{th} 2017, application since the first half of 2017, CH-IQI for analysis of the entire year 2017
- Revision and expansion of more than 60 diseases and procedures
- > 350 quality indicators with 44 defined quality targets
- TU Berlin designs continuously new quality indicators
Working with indicators in practice
Quality indicators as a management tool
Objectives of quality indicators at IQM

Measuring for improvement

The IQI were designed for...

- Identifying potential quality problems in procedures and structures with the help of statistically significant results and for optimizing procedures and structures after case analysis (= criterion for intervention)
- Monitoring statistically significant results and initiate improvements
- Reviewing results and conducting collegial talks across department borders
- Establishing an essential part of the continuous improvement process and the internal quality management
The expected value indicates the expected mortality rate at federal average for a group of patients of equal age and gender distribution (risk adjustment). The SMR is the quotient of the measured rate and the expected value.
Quality indicators are not...

- are not a reliable description of the clinical reality
- are not quality scores
- are not scientific statements
- do not result in improvements by only displaying them
- lead to an identification of improvement potential with the help of procedures of system and process analysis (systematical file analysis, conferences about morbidity and mortality, Peer Reviews)
Transparency
Publishing results to motivate
Transparency of results

Internal transparency

- Definition of quality targets
- Standardized reporting and analysis
- Identification of optimization potential
- Improvement measures

External transparency

- signals the willingness for quality improvements
- Publication of good results encourage motivation
- Conspicuous results generate „sound pressure“
Transparency
Publication of results
Transparency
Publication of results

- Annual publication of IQM results on the members’ websites
- Uniform presentation via WebApplet in three languages (German, French, English)
- IQM members commit to publish their results as from the 2nd year of their membership
  - Publication of result (analyzed using the latest version of G-IQI/CH-IQI)
  - QSR multi-annual results
  - Link to the latest external quality report (Gemeinsamer Bundesausschuss G-BA)
  - Results of the previous G-IQI/CH-IQI version (where available)
Distinction

IQM vs. online platforms

- IQM stands for a transparent presentation of quality of results and an active quality improvement via IQM Peer Reviews
- The focus is on the identification of potential for improvement as a base for quality improvement
- This kind of quality measurement and transparency serves primarily for quality improvement and not for a quality comparison
Peer Review

How we work together for improving quality
The IQM Peer Review process in the PDCA cycle aimed at continuously improving quality.
The IQM Peer Review is...

- An **original** medical proceeding
- A **non bureaucratic** instrument of medical quality assurance focused on the exchange between colleagues
- By means of case files of deceased patients processes and structures are analyzed systematically by **clinically active physicians and nursing specialists** to identify potentials for optimization
- Core of the proceeding: **case discussion at eye level** between the peer team and the responsible head physician
- Training according to the curriculum „Medical Peer Review“ (German Medical Association) for all IQM Peers
Curriculum „Medical Peer Review“ (German Medical Association)

- Definition of Peer Review
- Distinction to related proceedings
- Critical success factors for implementation
- Modular design for the qualification as a Peer
- Procedure description
- Sample applications
IQM Peers
Profile of requirements

All IQM members designate clinically active physicians and/or nursing staff having responsibility for employees as Peers (1/250 beds) for the implementation of Peer Reviews based on reciprocity and the following qualification:

- High level of acceptance
- Assertiveness
- Critical faculty
- Ability to learn and change
- Convinced of the proceeding
- Social competence
- Respect of the rules
- Collegial discussion

IQM Peer Training

Curriculum „Medical Peer Review“ (German Medical Association)

- Self learning + 1,5 days training + 2 training Reviews
IQM Peer Review

Principles

- Clarification of statistical significances (no reprisals)
- Chief physician is responsible (enforceability)
- Central selection of reviews and cases (accuracy)
- Accepted analysis criteria (rating)
- Explicit rules for the proceeding (reliability)
- Mixed teams of different hospital operators (learn from each other)
- Standards for the result log (proposed solutions)
- Survey of satisfaction after the review (feedback)
Background

Reaction to pure benchmarks

Benchmarks produce considerable skepticism:

- "the figures are wrong"
- "We’ve got the more serious cases!"
- "you can’t compare us to other departments"
- "our working environments are totally different"

But experience shows:

- There are errors in medicine!
- The error rate can be influenced!
IQM Peer Review

Analysis and optimization of the entire treatment process

- Transformation from department focused thinking to interdisciplinary case analysis
- Establishment of an open culture of cooperation and dialogue and error acceptance
- Encouragement of objective discussion and critical self-assessment
- Sustainability of the improvement process
- Identification of local particularities
IQM Peer Review
Proceeding

**PREPARATION**

1. Central selection of IQM Peer Reviews
   - hospital
   - tracer
   - case list
   - peer teams

2. Analysis/assessment of selected cases

3. Self-assessment in advance (hospital)

**EXECUTION**

1. External assessment on-site (peer team)

2. Dialogue between colleagues with determination of quality targets on-site (peer team, hospital)

3. Final discussion with definition of sustainable and achievable measures/actions (peer team, hospital)

**FOLLOW-UP**

1. Report (peer team)

2. Action plan (hospital)

Integration in the internal quality management system of the hospital
IQM Peer Reviews
Evolution 2009 - 2018

2009: 4
2010: 21
2011: 42
2012: 69
2013: 68
2014: 94
2015: 159
2016: 173
2017: 189
2018: 206

Plan: 206
Contact

Content issues:
Dr. med. Claudia Winklmair (management board)
Tel: +49 30 7262 152 - 152
Email: claudia.winklmair@initiative-qualitaetsmedizin.de

General issues (membership):
Miriam Schruhl
Tel: +49 30 7262 152 - 150
Email: miriam.schruhl@initiative-qualitaetsmedizin.de