Initiative Qualitätsmedizin (IQM)
Association Initiative Quality in Medicine

Routine data :: Transparency :: Peer Review
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
### IQM Members

<table>
<thead>
<tr>
<th>Hospital operators</th>
<th>Hospitals</th>
</tr>
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<tbody>
<tr>
<td>Non-profit</td>
<td>60</td>
</tr>
<tr>
<td>international</td>
<td>38</td>
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<tr>
<td>public</td>
<td>164</td>
</tr>
<tr>
<td>private</td>
<td>124</td>
</tr>
<tr>
<td>university</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>406</td>
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</tbody>
</table>
Who is IQM?
Development 2008 - 2018

Number of hospitals
- 2008: 84
- 2011: 161
- Jul 2017: 406

Inpatients per year
- 2008: 1,4 Mio.
- 2011: 2,8 Mio.
- Jul 2017: 6,6 Mio.
- Germany: 17,5 Mio.

IQM Part
- D 33%
- CH 22%
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
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
Measuring and monitoring quality with routine data (DRG) input
Measuring and monitoring quality with routine data (DRG) input

Advantages

- no additional effort is required for data sampling (no additional documentation)
- avoiding additional outlay and any resulting sources of error
- all patient cases are included
- data is checked by hospitals themselves and the health insurance fund to ensure that it is correct
- 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”)

IQM
Initiative Qualitätssmedizin
Quality indicators at IQM

Identification of potential quality problems

- **German Inpatient Quality Indicators (G-IQI)** are internationally accepted (by 1000 hospitals in Germany, by 177 hospitals in Switzerland and 200 hospitals in Austria)
- this quality indicators approach has been used by Switzerland as the basis for the development of its national quality indicators system
- > 350 qi for diseases and procedures
- defined quality targets for 44 quality indicators
- risk adjustment by age and gender - data from German Federal Statistical Office
- TU Berlin designs continuously new quality indicators
- long-term quality indicators provided by AOK health insurance fund
- 23 patient safety indicators (PSI, AHRQ)
Publication of quality results
Internal and external transparency

Motivation for further quality improvements

- Transparent quality results are a requirement for a culture aiming at reducing errors
- **Internal** transparency helps to identify potential quality problems
- **External** transparency (e.g. at the internet) signalizes that the hospital does its best to improve quality
  - Good results motivate to get better
  - Healthy pressure to improve quality
  - Orientation for patients and resident doctors
Transparency
Publication of results
IQM PEER REVIEW
The Peer Review process in the PDCA cycle aimed at continuously improving quality

- Quality indicators with input from routine data (DRG) and identification of quality problems
- Transparency: internal and external publication of quality results
- Data analysis and outcome
- Process quality and continuous improvement
- Results (e.g., mortality)
- Peer review
- Improvement of medical processes and infrastructure
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 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
Benefits of IQM Peer Reviews

- Identification of local particularities
- Identification of weak points
- Optimization of the whole treatment process
- Learn from each other
- Establishing an open culture of quality and failures
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)
**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

**in-house follow-up**
Selection of the IQM Peer Reviews

- Determination of selection rules by the steering group Peer Review in advance of the proceeding year
  - Basis: results of the present G-IQI analysis
  - Central selection based upon „conspicuous tracer“ of the G-IQI indicators with a sufficient number of cases (denominator)
  - Re-Reviews, catch-up proceedings
  - Peer Reviews on a voluntary basis
  - Adoption by the IQM Expert Committee Peer Review
  - Specific particularities can be considered (for example change of chief physician)
Selection of the Peer Team Members

- Education completed (Curriculum German Medical Association)
- Domain expert as team leader (TL)
- Other Peers/Trainees of corresponding medical disciplines
- Creation of groups of up to TL + 2 Peers + 2 Trainees
- 2 engagements/year
- Considering experience required, size of hospital, status, „competition“
- Monitoring by IQM / German Medical Association
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
1. Diagnostic and therapeutic measures suitable and timely?
Preoperative, intraoperative, postoperative, diagnostic procedures, conservative therapy/ interventions
Care history, assessments “Activities of daily living”;
Care assessments: decubitus, fall, delirium, Barthel scale (self-help deficiency/ need of support), pain, preoperative checklist, Care consulting
Bandage replacement, bedding, decubitus prevention, agitation/delirium Intervention for agitated patients (medication, fixation, limitation of mobility): who prescribed, who recorded?
Special interventions like pain and dysphagia management, mobilisation

2. Critical assessment of working diagnosis and treatment in time?
Does a working diagnosis exist? Problem identification and solution in time? Preventive measures?

3. Indication and timing of operations, interventions and intensive care correct?
Interface problems, complication management, risk patient management

4. Established guidelines considered?
Compliance or reasoned deviation, apparent reasonable therapy standards?

5. Treatment process monitored?
By physicians involved, medical and nursing handover, inter-professional visit, consultants, cooperation care/ therapeutic teams, evaluation, responsibilities

6. Interdisciplinary collaboration without problems?
Preoperative, postoperatively, pre-/ post interventional, intensive care/ consultation service reacted quickly at the request of nursing staff and physicians
Checklists, medical prescription for wound treatment, wound report, positioning plans, position of the patient ordered? mobilization, medication plan, handling of oral instructions, communication within and between the treatment teams

7. Documentation of patient management correct?
Information about the surgery/ intervention, course of the treatment, therapeutic decisions, surgery report and reports for transfers of patients, consultation, treatment limitations, adequate communication with the relatives, medical report with regard to content logical, e.g. contents of transition and discharge report harmonized?
Nursing plan/-order, nursing report of the course of the treatment
Instructions were carried out promptly and comprehensively?
Collegial Discussion

- Key component of the IQM Peer Review
- Participants: Leading staff of all disciplines involved in the treatment process
  - Chief physician, senior physician, nursing staff
- Discussion of the cases
- Appreciation of the identified strengths
- Presentation of the identified potential of improvement
- Collective development of solutions, collegial consultation
- Determination of quality goals and development of strategies
Protocol content

- Peer Team
- Selection parameters for the patient files (z. B. pneumonia, cardiac infarction)
- Classification criteria (category 1-3)
- Evaluation criteria applying to the analyze of the patient files
- Number of patient files and tabular evaluation following the categories 1 - 3
- Concrete definition of potential for improvement
- Presentation of quality goals and realistic solutions
- Assignment of responsibilities and deadlines
- No error description relating to individual cases!
## No. of IQM Peer Reviews

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<tr>
<th>Category</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<td>Acute myocardial infarction</td>
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<td>4</td>
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<td>12</td>
<td>16</td>
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<td>Heart failure</td>
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<td>2</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>17</td>
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<td>2</td>
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<tr>
<td>Stroke, cerebral infarction</td>
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<tr>
<td>Pneumonia /COPD</td>
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<td>6</td>
<td>18</td>
<td>17</td>
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<td>Diseases of the visceral organs</td>
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Thanks for your attention!