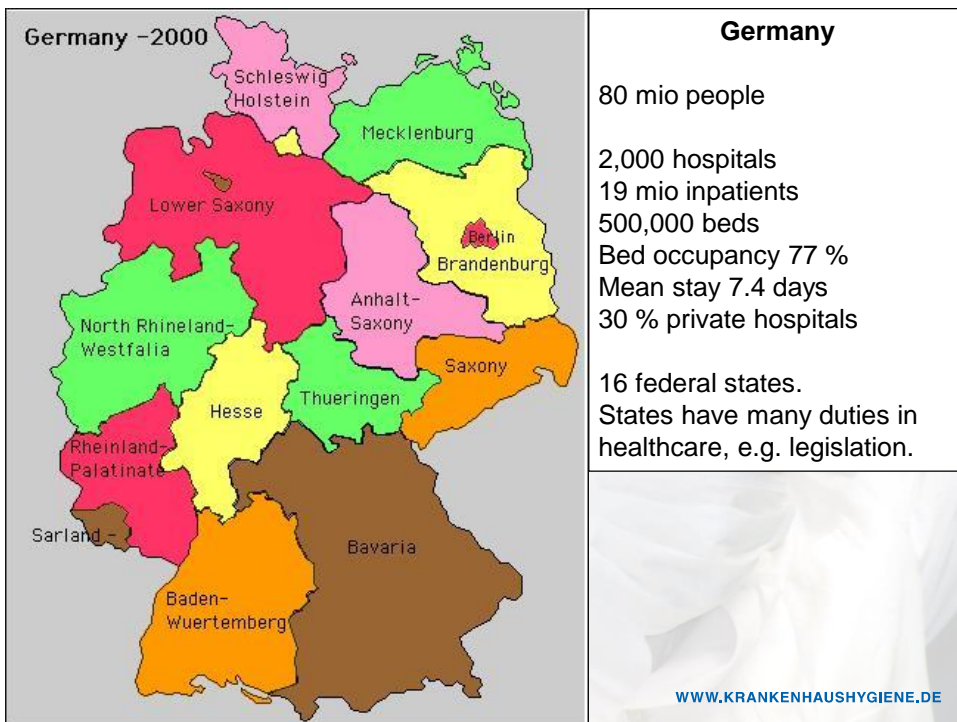


## Quality indicators: healthcare organization and insurances

**FIS/HIS conference, 7 November 2016**

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2004:

## New remuneration system for hospitals: The G-DRG System

A diagnosis and procedure-guided system of case-values for defined case constellations.

Calculation of the case-value on the basis of 4 million in-patient cases a year by InEK institute.

„Learning system“ which is reviewed every year.

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## Development of the numbers of DRGs

Year	DRG numbers
2003	664
2005	878
2007	1082
2010	1200
2012	1193
2014	1196
2016	1220

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## Quality in Healthcare system

Different laws

Several important responsible institutions:

- Federal Joint Committee (G-BA)
- Institute for Quality assurance and Transparency in Health Care (IQTIG)
- Institute for Quality and Efficiency in Health Care (IQWiG)

Lots of rules, judgements, procedures, documentation requirements, effort and costs...

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## Federal Joint Committee (G-BA)

Highest decision-making body of the joint self-government of physicians, dentists, hospitals and health insurance funds in Germany.

The legal basis is the German Social Code, Book Five (SGB V).

G-BA was established in 2004, as a result of the Healthcare Modernization Act.

The Federal Joint Committee is under the statutory supervision of the Federal Ministry of Health.

Decisions are mandatory to be followed.

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## Federal Joint Committee (G-BA)

Quality report of each hospital since 2005

now yearly

Structure: Beds, departments, doctors, qualifications, most important diagnoses and operations, some quality data, around 400 quality parameters, 30 interventions

Available in internet:

Single reports of each hospital

Searching machines

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The screenshot shows the website of the Gemeinsamer Bundesausschuss (G-BA). The header includes navigation links like 'Datei', 'Bearbeiten', 'Ansicht', 'Chronik', 'Lesezeichen', 'Extras', and 'Hilfe'. Below the header, there's a search bar and a 'Suchen' button. The main content area is titled 'Ausgewählte Kliniksuchmaschinen' and contains a list of links to various hospital search engines, including AOK, BKK, VDEK, BARMER-GEK, DAK, KKH, HEK, and others. The left sidebar lists various medical topics like 'Ambulante spezialfachärztliche Versorgung', 'Ambulante Behandlung im Krankenhaus', 'Arzneimittel', etc.

## Searching machines

Different health insurances.

Data from quality reports.

Eg hip TEP:

- Which hospitals?
- How far away?
- How often done?
- Complications:
  - Re-operation
  - Wound infections
  - mortality
- Patients' opinions

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### Intention: Help for patients

Quality of data:

- Structure: correct  
The more procedures the better
- Process: answers not controlled and often missing (eg hygiene)
- Outcome: influenced by optimising revenue

Very few „hygiene“ data

Is it helpful for the patient?

- You must know it
- You must find it – not easy
- You must understand it
- You must have internet – many patients are rather old

Not really helpful at the moment.

### Federal Joint Committee (G-BA)

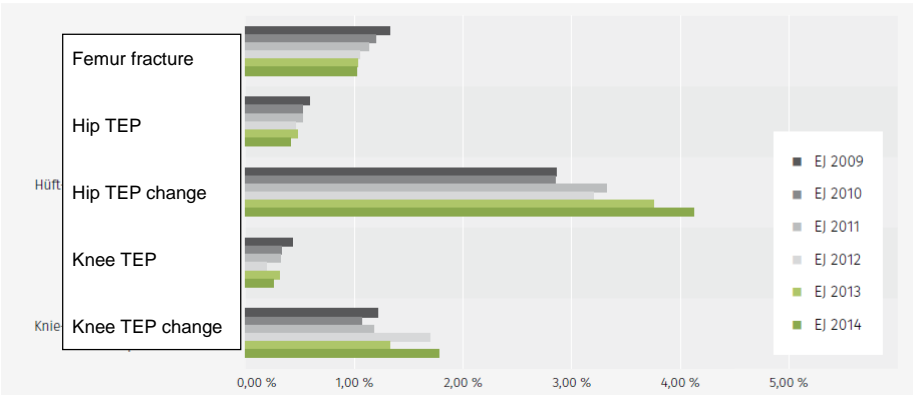
Minimum numbers of procedures:


Liver transplantation	20
Kidney transplantation	25
Esophagus surgery	10
Pancreas surgery	10
Stem cell transplantation	25
Knee TEP	50
Neonates < 1,250 g	14

External quality assurance:

- For selected interventions (30, eg appendectomy), hospital treatment is documented for each patient based on a set of quality indicators.
- Data transmitted to offices for quality assurance where the data are evaluated.
- State-level specialised groups analyse the results.
- Participation is mandatory for each hospital and enforced by penalty.
- Publication on federal level (mean values, range).

**Abbildung 1:** Rate nosokomialer postoperativer Wundinfektionen auf Basis von Datenfeldern im QS-Verfahrensgebiet Orthopädie/Unfallchirurgie für die EJ 2009 – 2014



<b>Deutsche Gesellschaft für Krankenhaushygiene</b> German Society of Hospital Hygiene		
		
SSI	Surveillance system	Infections (%)
Heart surgery	Swissnoso	5.4
	KISS	2.9
	IQTIG	0.34
Hip TEP	Swissnoso	1.6
	KISS	1.1
	IQTIG	0.42
Knee TEP	Swissnoso	2.0
	KISS	0.7
	IQTIG	0.26



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### Hospital hygiene in external quality assurance

Since years:

Some nosocomial infection numbers in some procedures, eg hip TEP or mamma surgery

Very low numbers, not valid

Data available only on federal level for all hospitals together

Since 2014:

Structure data: Numbers of hygiene staff

On hospital level available

But no comparison what is necessary

### Hospital hygiene in external quality assurance

Since 2016:

More structure and process data, like

- which surveillance system,
  - written procedures for central line catheters and ventilation,
  - handling of wounds,
  - MRSA screening and handling of MRSA patients,
  - regulations on antibiotic prophylaxis and therapy, training of staff
- But only questionnaires filled in by hospitals and not controlled

Hand disinfection use in ml/patient day

2017 on:

Modul nosocomial wound infections (outcome parameter)



### Modul nosocomial wound infections

Operation without implant: 30 days look after  
Operation with implant: 1 year look after

Procedure starting with  
Certain diagnoses of infection (ICD codes) or  
Wound care/debridement (OPS codes)

Given back to hospital and confirmation of infection

Questions to hospital:

- Infection?
- Date of infection?
- How deep infection?
- Microbiologic result?

Results every three months

Planned indicators:

- Number of nosocomial wound infections after operations of inpatients
- Number of deep wound infections...
- Wound infections with MRSA
- Each for operations with and without implant

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### Other ideas what could be helpful

MRSA screening numbers

Percentage of single bed rooms

Nurse:patient ratio

Whole hospital (Germany at the end in Europe)

ICU (1:2 or 1:2 demanded by intensive care  
society)

Neonatology (1:1 mandatory from 2017 on; G-BA)

Make it easy so that patients do understand it

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## Conclusions

Number of quality indicators for public increasing.

Quality of most data questionable.

Internet data too difficult to handle for most patients.

A lot must be improved and may be improved in future.