

THE COMMONWEALTH FUND
2005 INTERNATIONAL SYMPOSIUM ON HEALTH CARE POLICY

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National Quality Benchmarking
in Germany

The Structured Dialog.

Quality Benchmarking and Dialog

Benchmarking: The Principle.

Define good quality in health care,
measure and
improve it
in all hospitals involved nationwide.

Benchmarking: The Principle.

The enthusiastic ones: Involve.

The neutral ones: Inform. Attract.

The critical ones: Use their critique.

The refusing ones: Make it unattractive.

Benchmarking: Size of the project.

- > 2,000 German Hospitals (> 98%)
- > 5,000 medical departments
- > 3 Mio cases in 2004
- > 20% of all hospital cases in Germany
- > 300,000 Cases in Hamburg in 2004
- > 300 Quality indicators in 26 areas of care
- > 800 experts involved (national and regional)

Benchmarking: The Idea.

- **define standards** of medical and nursing care
- **document** processes, risks and results
- measure and visualize **variation**
- **define levels of acceptance** (reference values)
- **analyze variance with a structured dialog**
- **start improvement processes**
- **check**

Benchmarking: Indicators.

What is good quality in the treatment of?

evidence based definitions
public available background

Benchmarking: Questions.

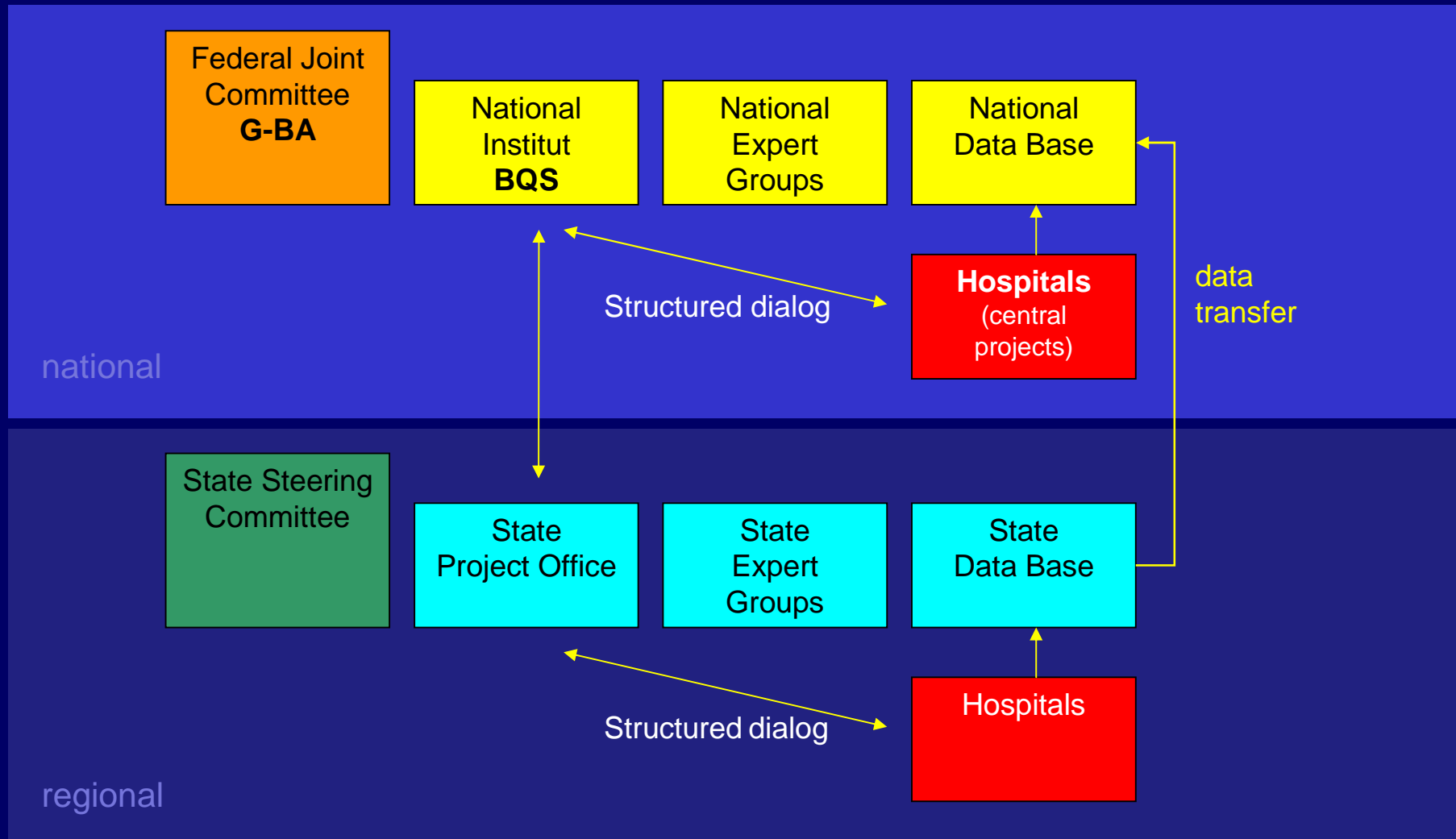
Indication

Diagnostic Procedures

Treatment

Outcome

Benchmarking: The Participants.



Benchmarking: The Participants.

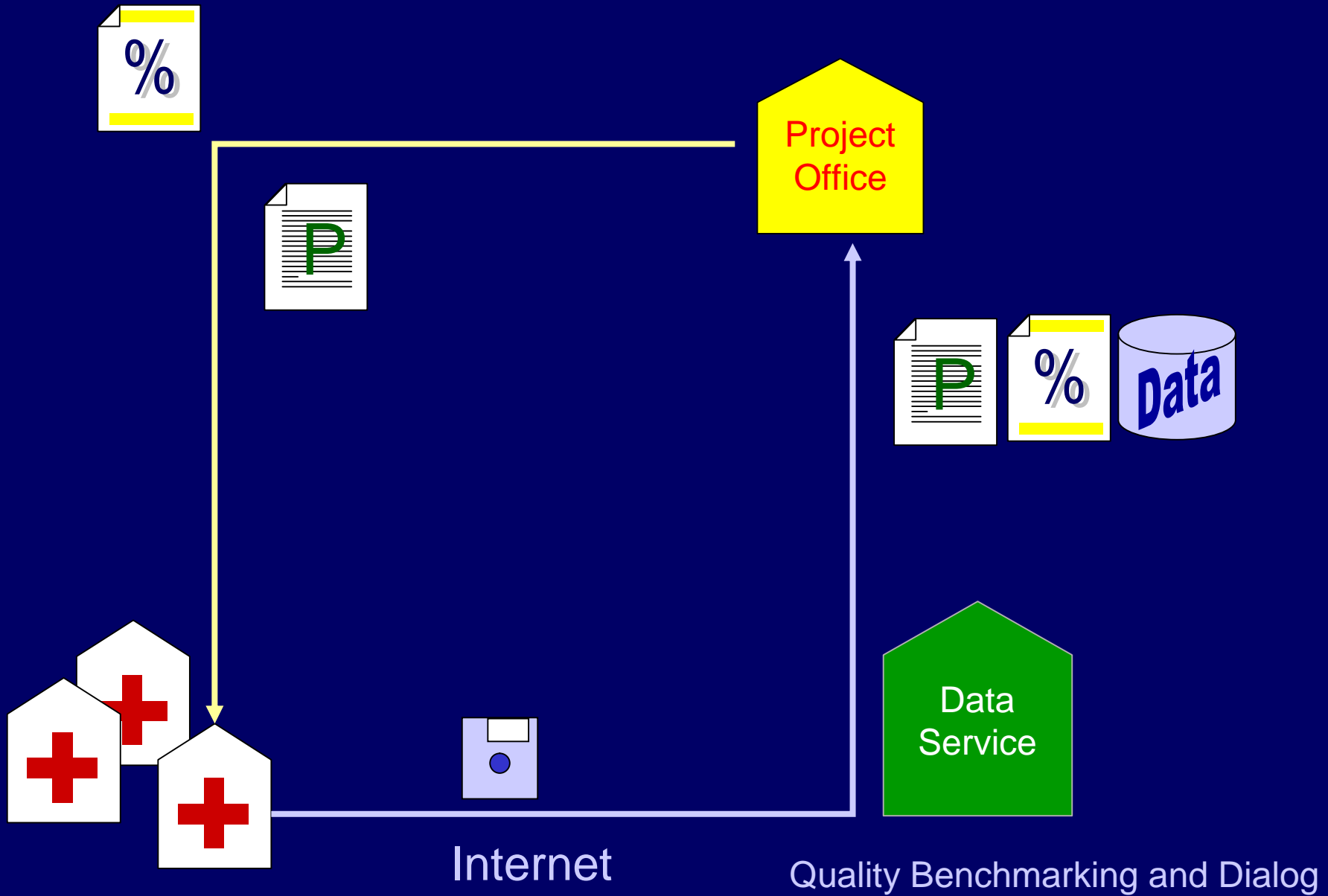
definition of projects and goals
patient representatives involved
financing rules
supervision of the regional level

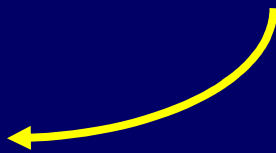
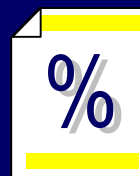
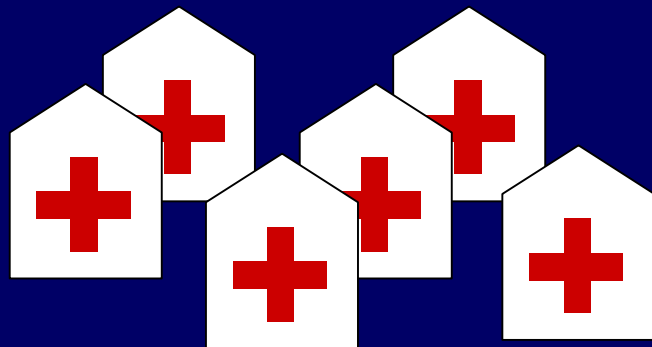
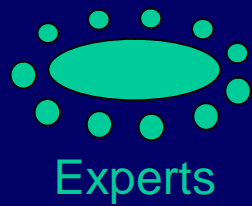
national

management of project
national database
evaluation of national results
evaluation of projects
publication

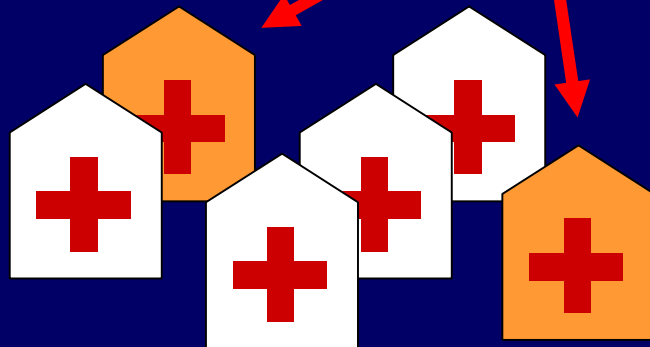
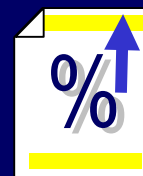
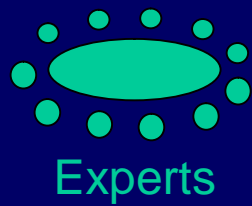
management of project
regional database
evaluation of results
structured dialog
publication

regional



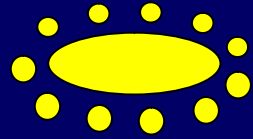


Quality Benchmarking and Dialog

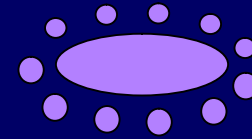


numerical outliers

Quality Benchmarking and Dialog



Steering Committee



National Committee
and National Experts

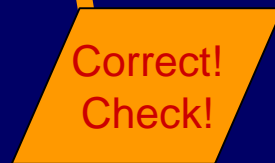
Structured
Report



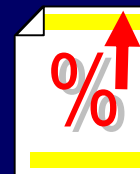
Experts



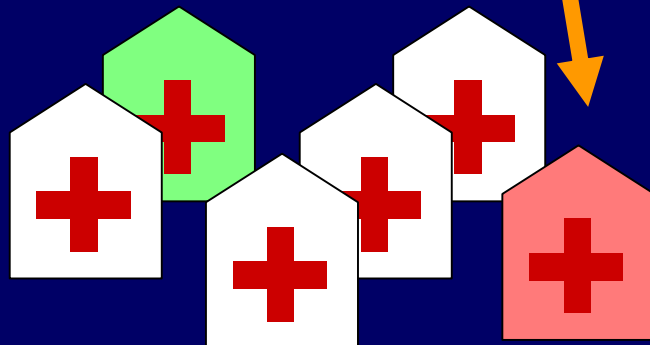
Project
Office



Correct!
Check!



qualitative outliers

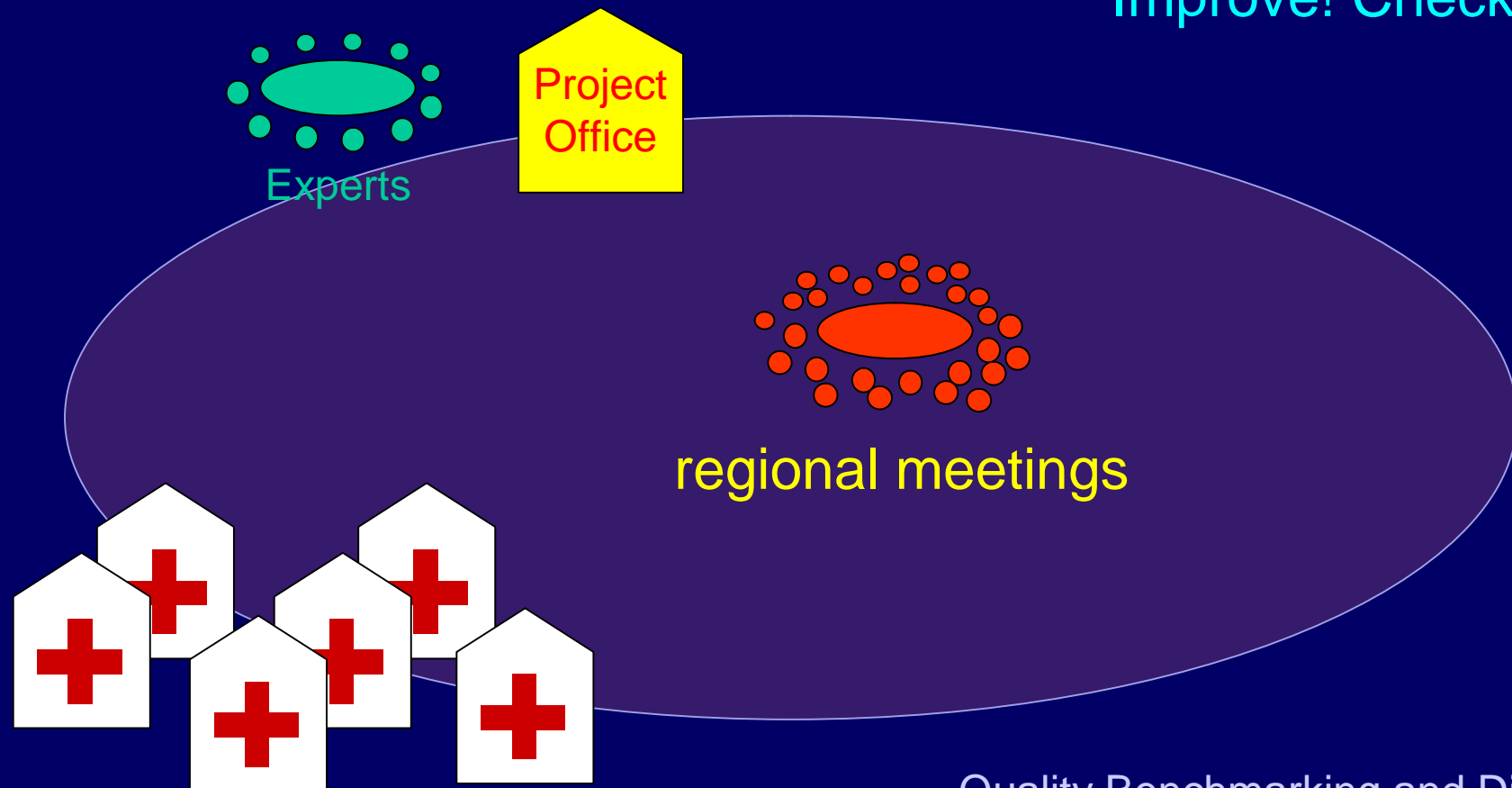


Quality Benchmarking and Dialog

Variation!

Best practice!

Improve! Check!



Quality Benchmarking and Dialog

Benchmarking: Projects.

26 Projects on the National Level e.g.

Hip- and Knee Replacement

Cholecystectomy

Gynaecological Operations

Breast Cancer Operations

Obstetrics

Cardiac Pace Makers

Coronary Catheters

Heart Surgery

Decubital Ulcers

Pneumonia

.....and others

Benchmarking: Questions.

data validity
risk adjustment
confidentiality
public quality report

improvement instead of league tables

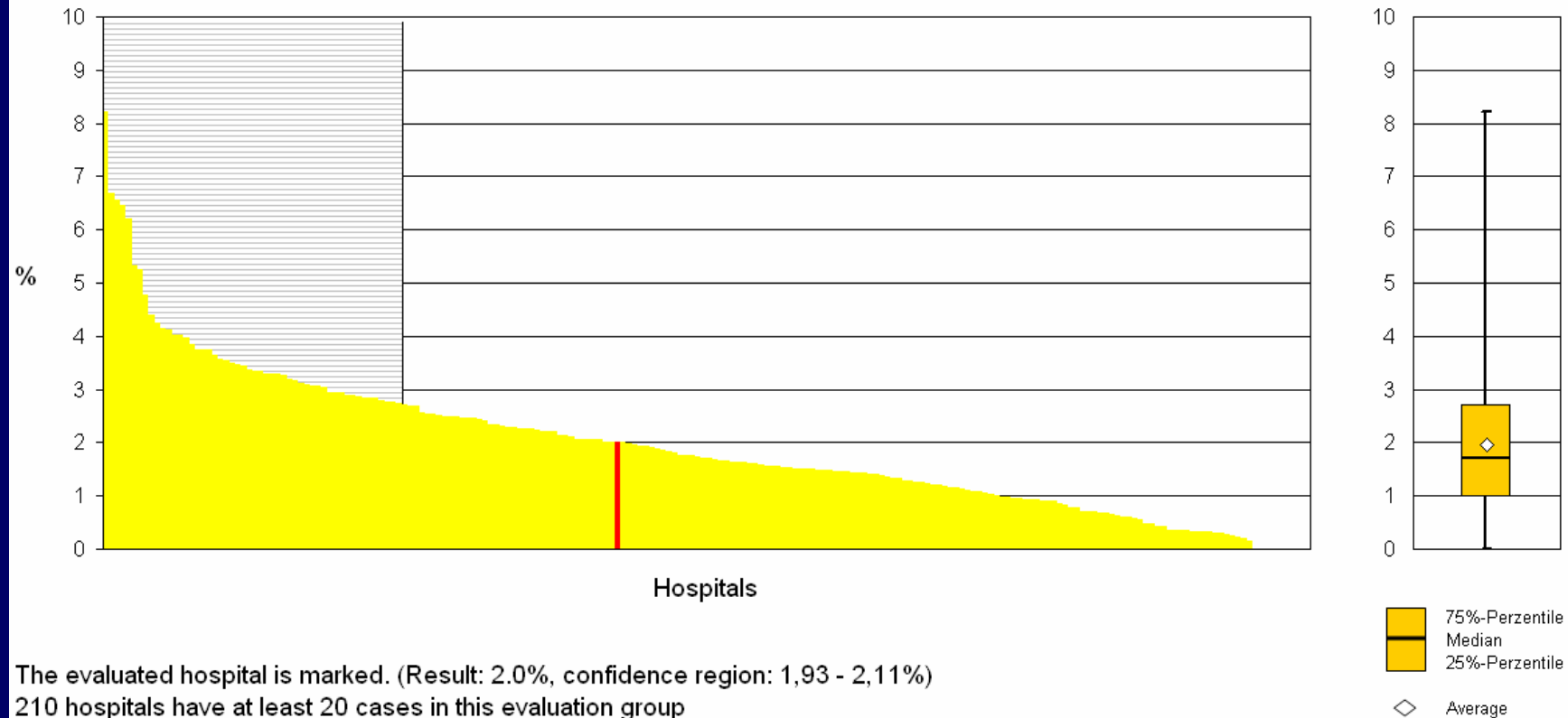
Births with perineal tear or rupture grade III or IV of all spontaneous single births

0 Hospitals have no case in this evaluation group

Hospitals with more then 20 cases in this evaluation group

Minimum - Maximum of hospital results: 0,0% - 8,2%

Median of hospital results: 1,7%



The evaluated hospital is marked. (Result: 2.0%, confidence region: 1,93 - 2,11%)

210 hospitals have at least 20 cases in this evaluation group

In the left part hospitals outside the accepted range (> 2.7%) have a grey background.

Benchmarking: Structured Dialog.

Identify out of range hospitals (positive and negative)

ask hospitals for explanation in a structured way

decide on the explanation,
whether there is a quality problem

report explanations to the national level
for continuous improvement

report on improvement processes: follow up the result.

Benchmarking: Structured Dialogue.

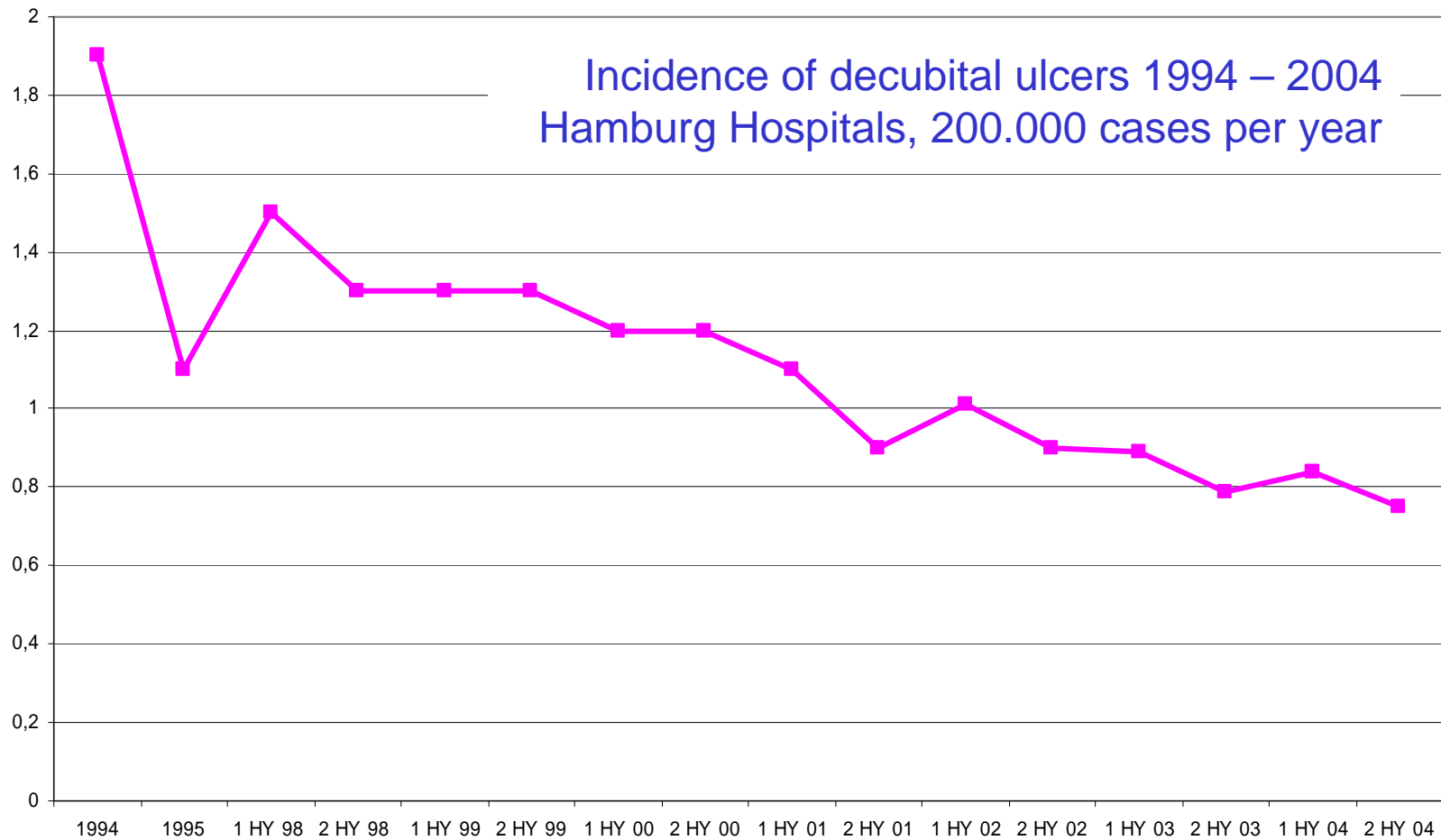
visits in the hospital for advice

identification of continuous quality problems

regional conferences discussing reasons of variations

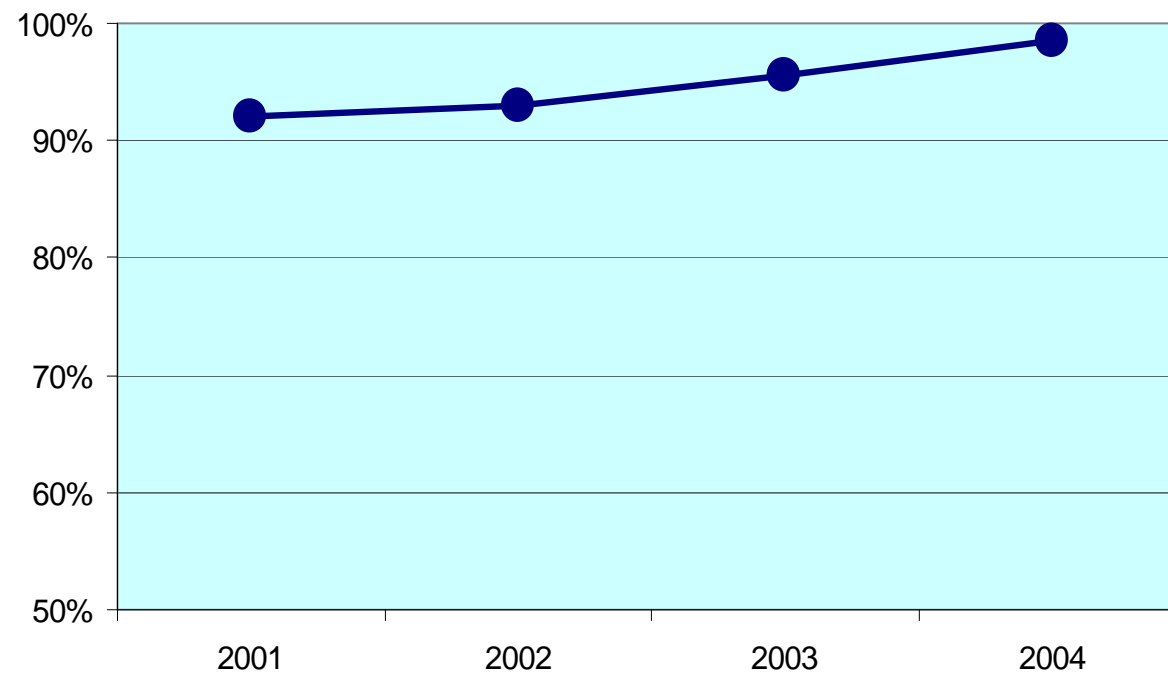
the project works through culture
more
than through mere numbers.

Benchmarking: Results.



Benchmarking: Results.

Antibiotic Prophylaxes in Hip-Replacement 2001 – 2004
Hamburg Hospitals, 3.500 cases per year



Improvement.

Hamburg: Antibiotic Prophylaxes in Hip-Replacement.

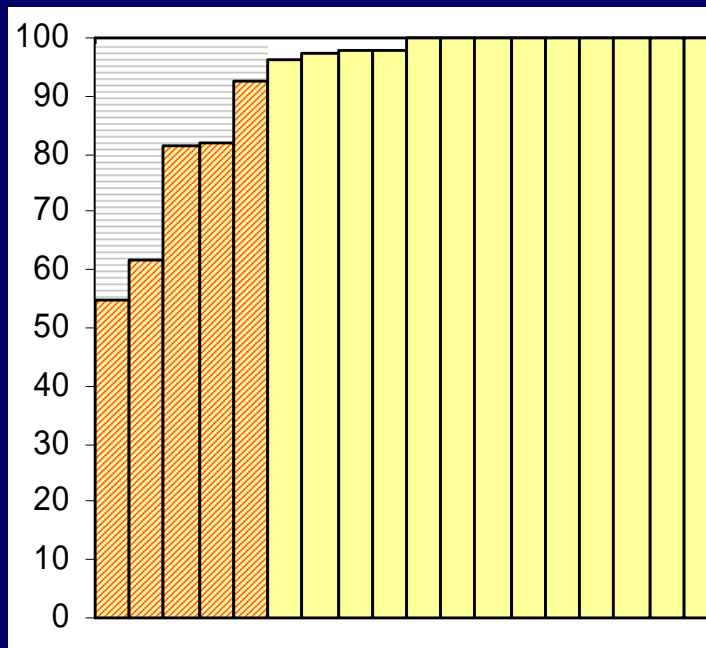
Variance between hospitals

2003: 95,6%

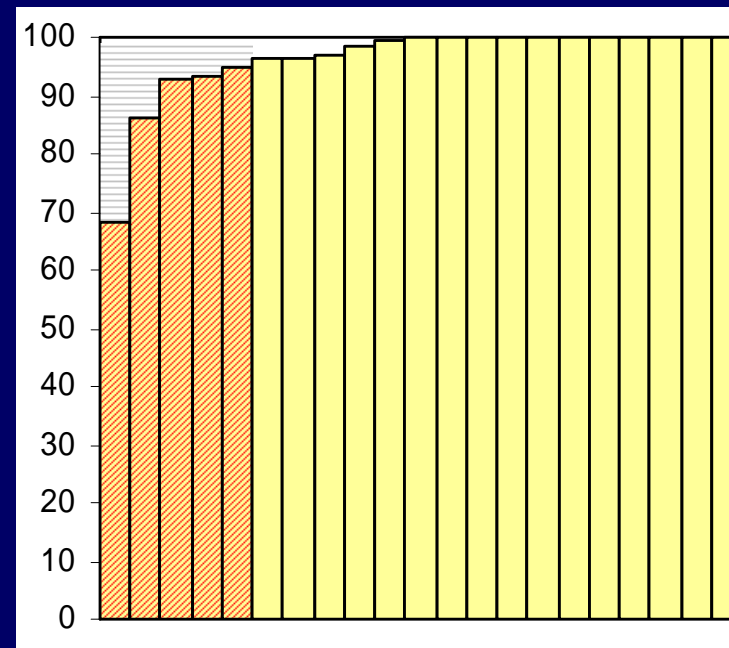


2004: 98,5%

%



Hospitals



Quality Benchmarking and Dialog

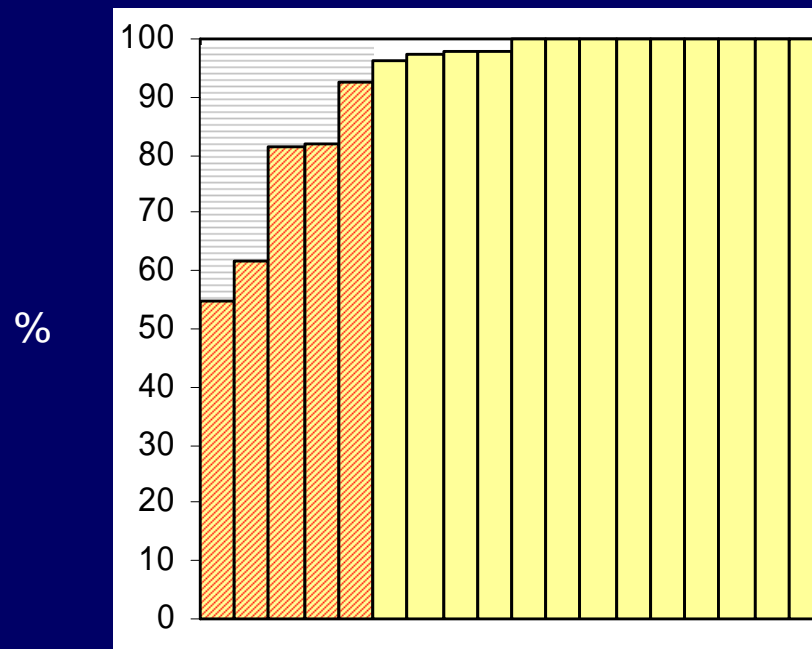
Improvement.

Hamburg: Antibiotic Prophylaxes in Hip-Replacement.

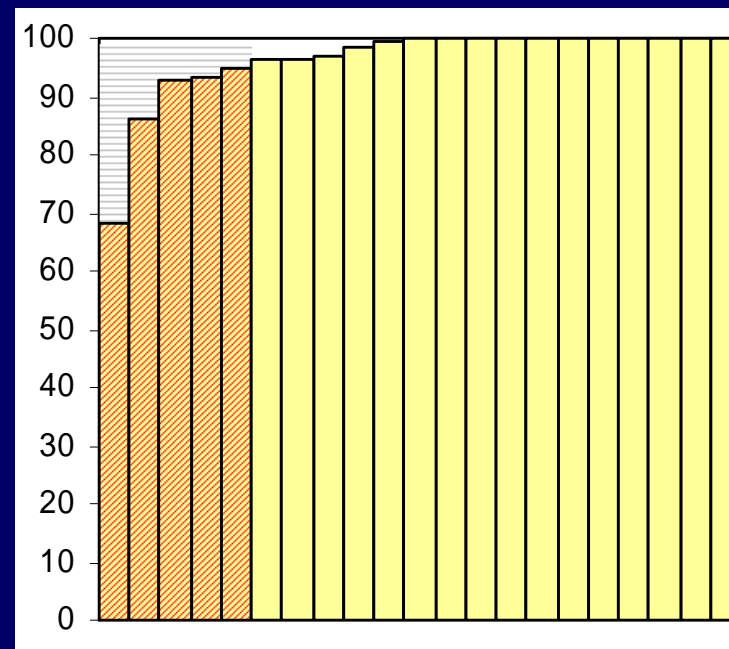
2003: 95,6% → 2004: 98,5%

Wound
Infection

2003: 0,9% → 2004: 0,5%



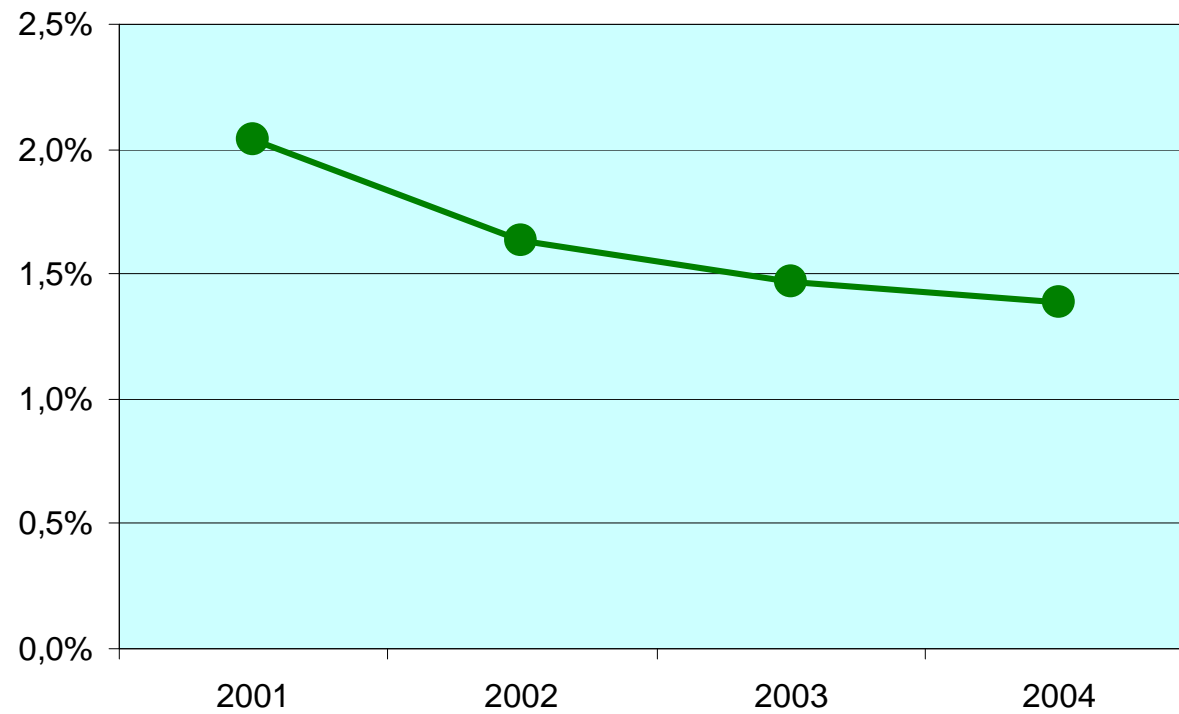
Hospitals



Quality Benchmarking and Dialog

Benchmarking: Results.

Incidence of Reintervention in Cholecystectomy 2001 – 2004
Hamburg Hospitals, 5.000 cases per year

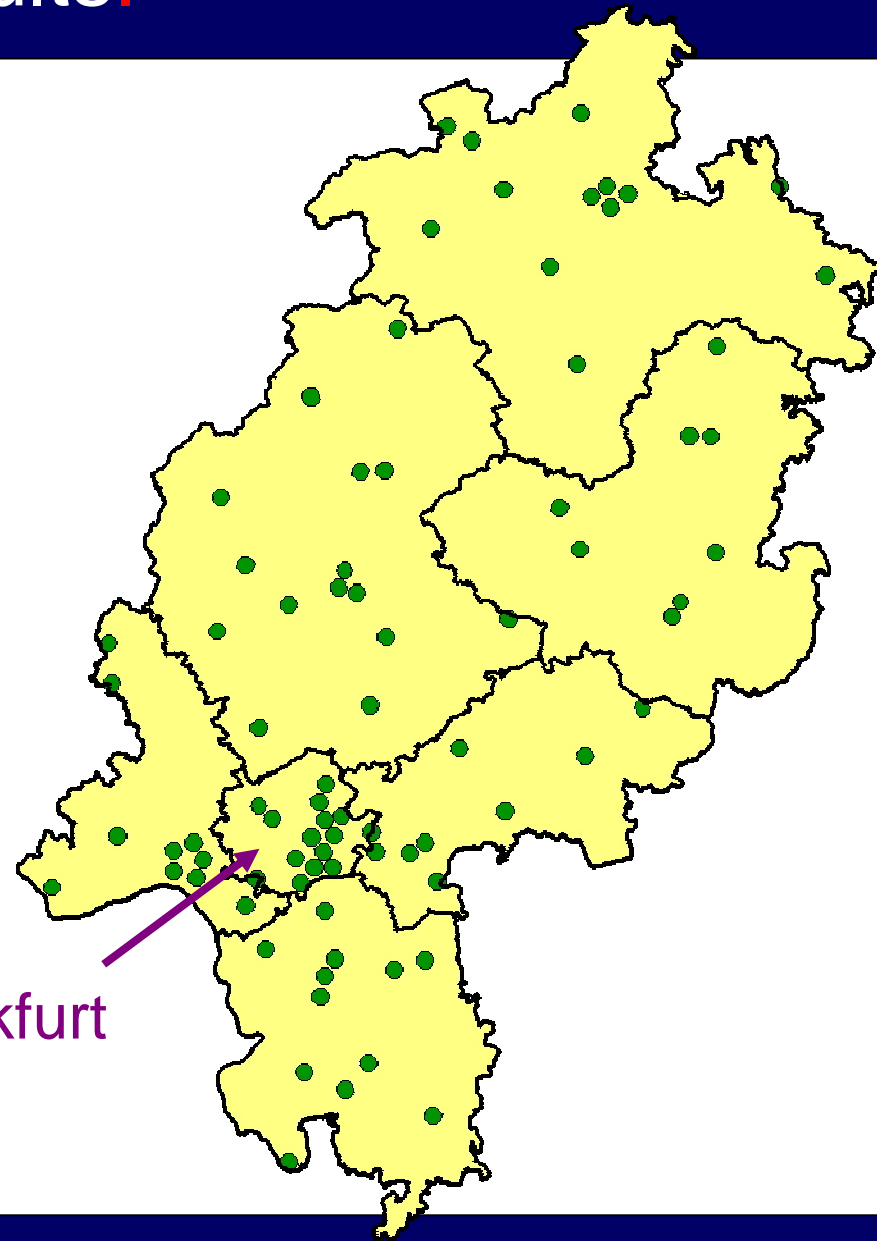


Benchmarking: Results.

Hospitals in the State of Hesse

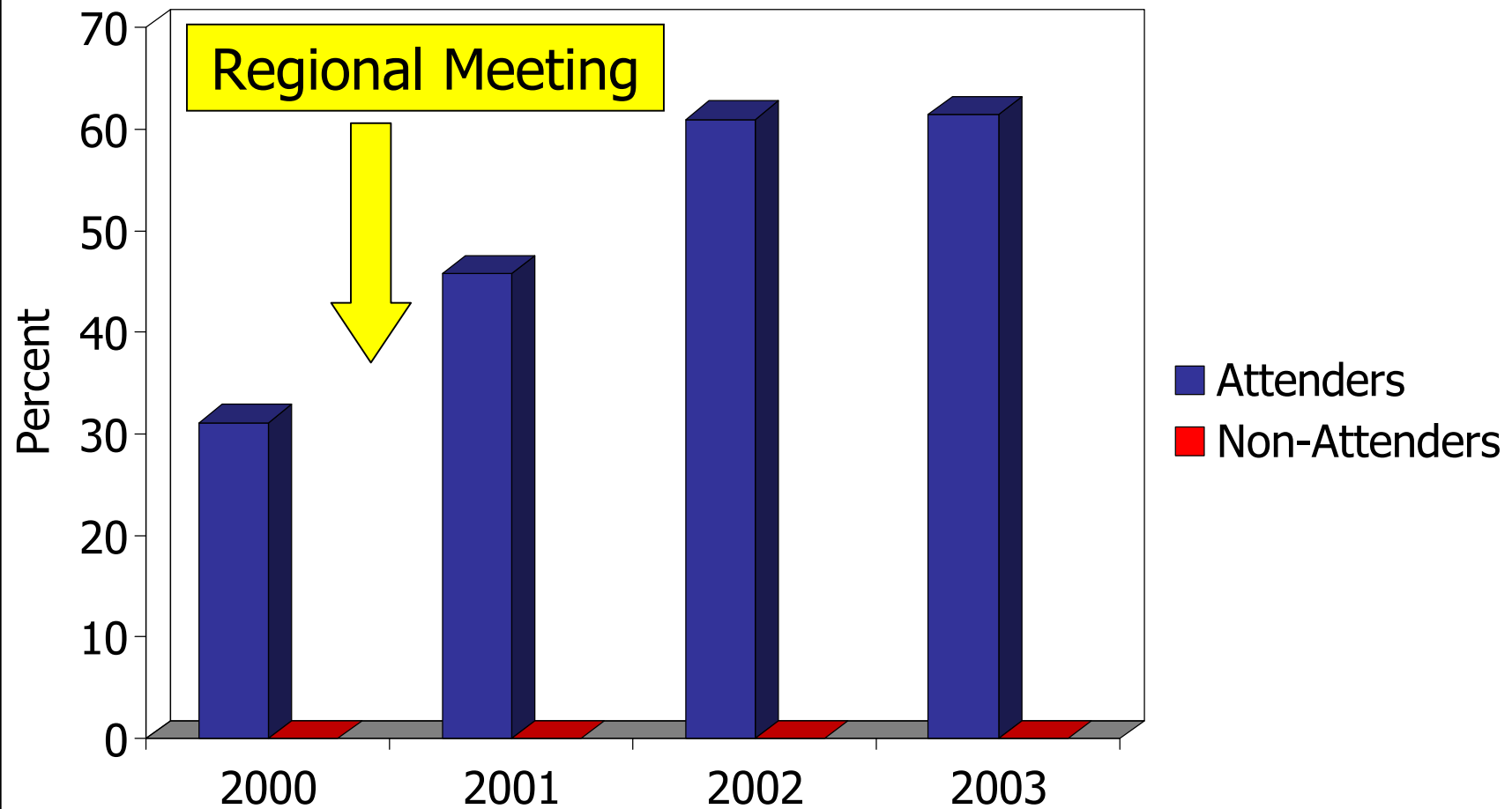
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B. Misselwitz, R. Stillger)

Frankfurt



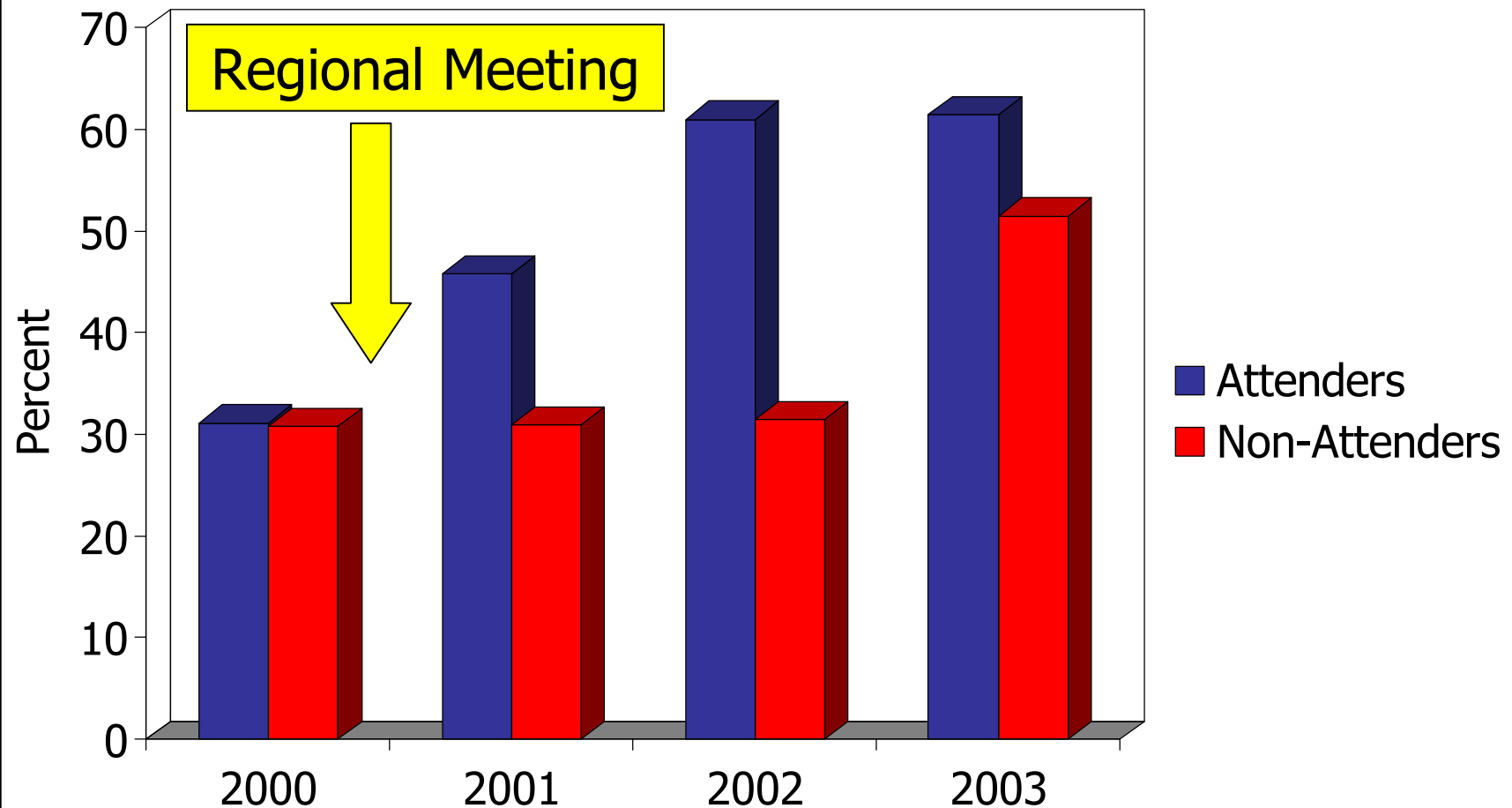
Benchmarking: Results.

Regional Anaesthesia in Caesarian Section 2000 – 2003
in Hesse (with friendly permission from B. Misselwitz, R. Stillger)



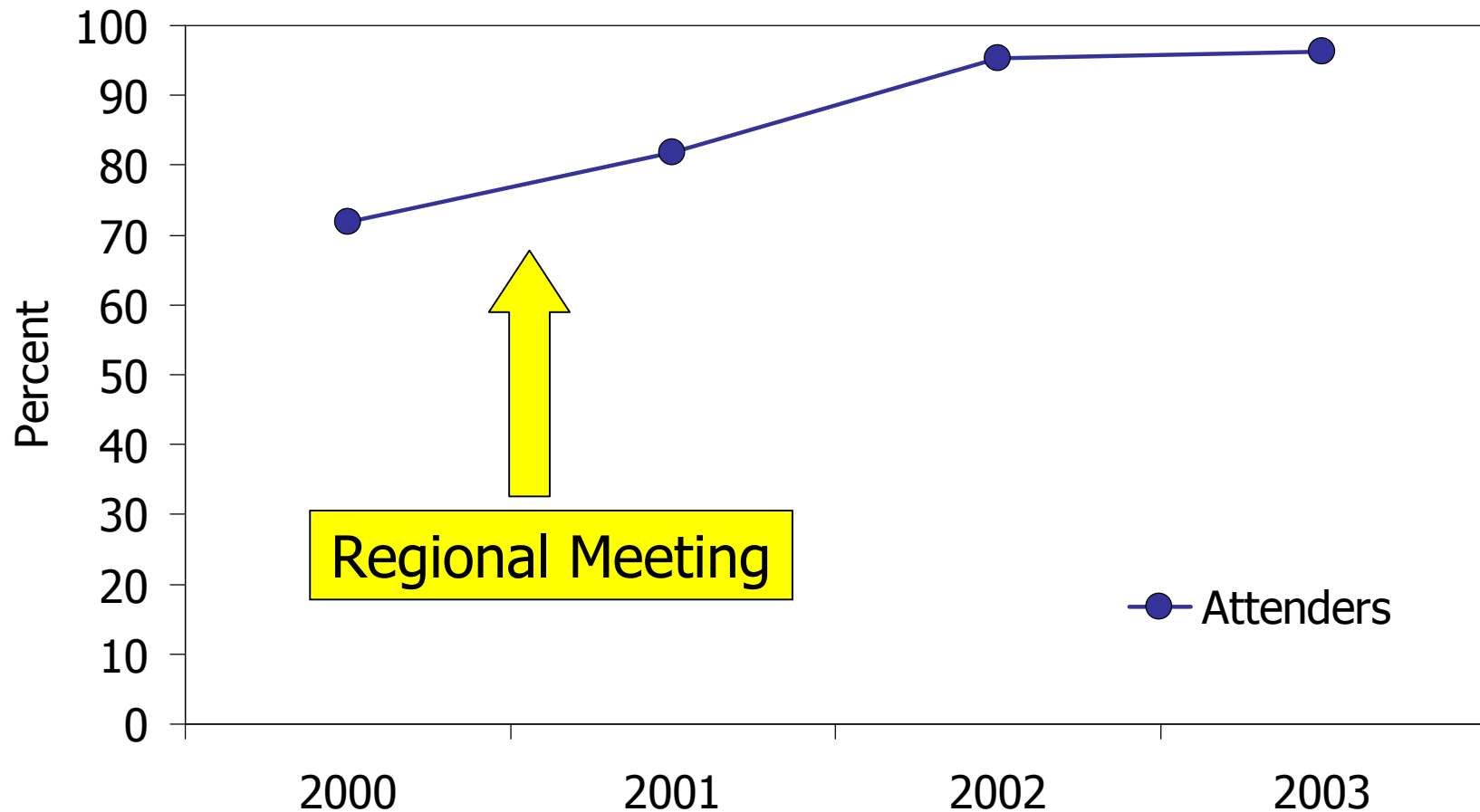
Benchmarking: Results.

Regional Anaesthesia in Caesarian Section 2000 – 2003
in Hesse (with friendly permission from B. Misselwitz, R. Stillger)



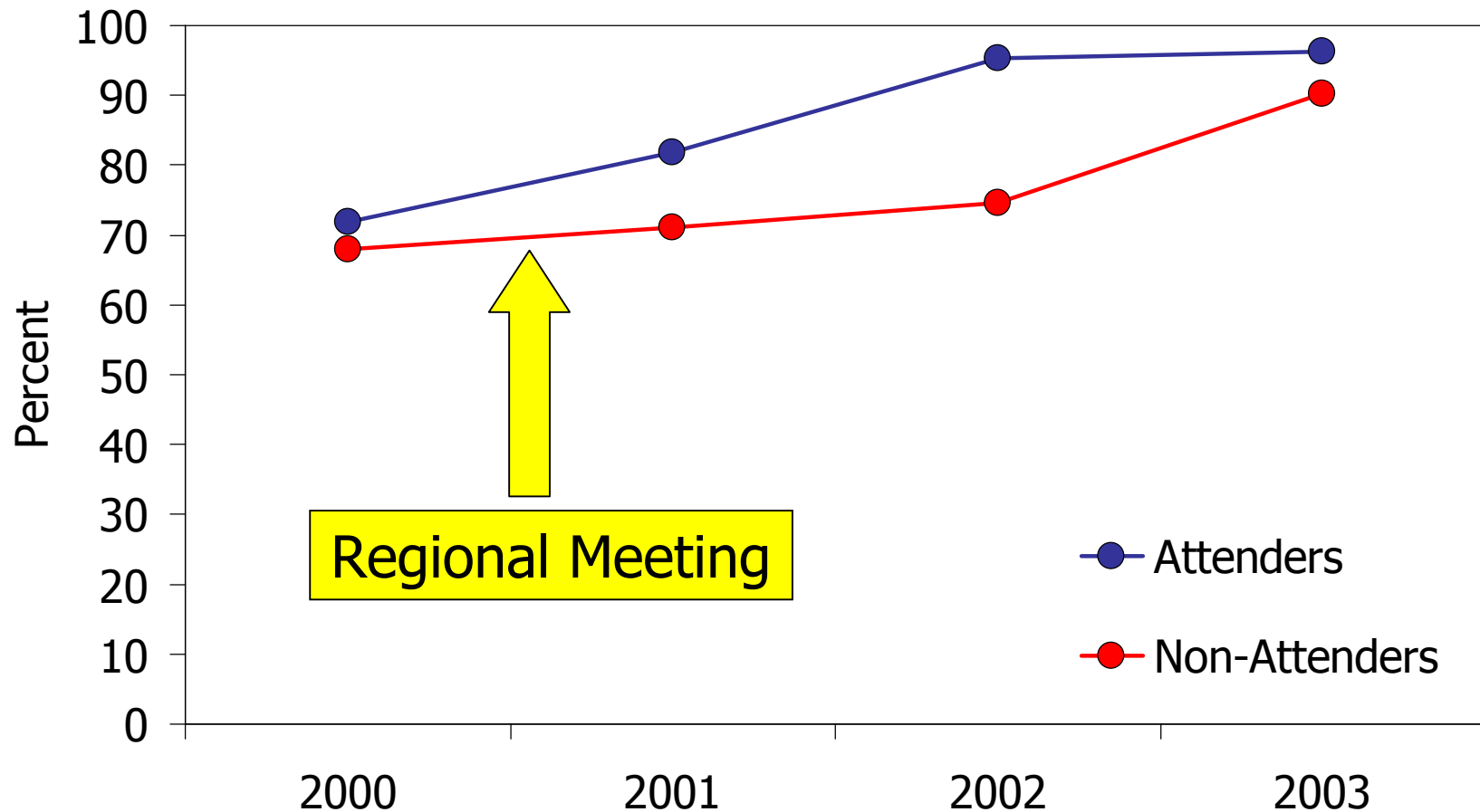
Benchmarking: Results.

Antibiotic Prophylaxis in Hysterectomy 2000 – 2003
in Hesse (with friendly permission from B. Misselwitz, R. Stillger)



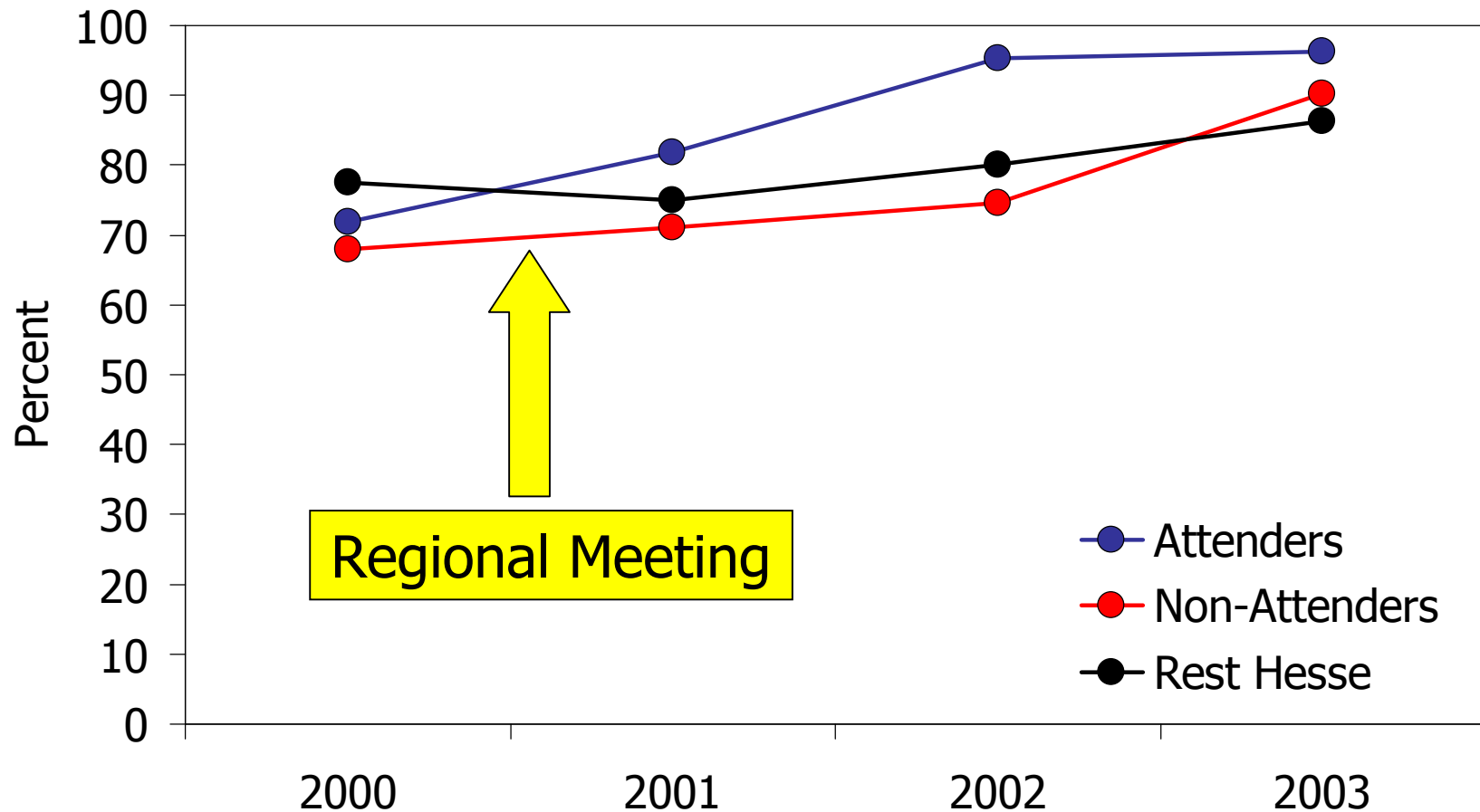
Benchmarking: Results.

Antibiotic Prophylaxis in Hysterectomy 2000 – 2003
in Hesse (with friendly permission from B. Misselwitz, R. Stillger)



Benchmarking: Results.

Antibiotic Prophylaxis in Hysterectomy 2000 – 2003
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Benchmarking: Future.

general indicators

decubital ulcers

falls

pain treatment

long term outcome

benchmarking of hospital and
ambulatory care together

Benchmarking: Future.

interactive internet with trend analysis

increasing problem focus

participant cooperation

public information

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