Quality and Safety as a Continuum:

Example from Europe/Austria

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Agenda

- Political framework
  - Europe
  - Austria national ➔ regional

- Impacts on continuous performance improvements
Overview: AUSTRIA

AUSTRIA / 9 States:
Inhabitants: 8,3 Mio.
Hospitals: 264
  Public: 157 / Private: 107

Upper Austria:
Inhabitants: 1 Mio.
Hospitals: 23
  Public: 20 / Private: 3

Quality/PS: Political Framework/Initiatives

Europe
- EUNetPaS 2007

Austria
- 1993: State level
- 2005: Federal level (Q-Systems, PS, Performance measurement)
- Platform Patientensicherheit 2008

Upper Austria
- 1993: Quality issues
- 2000: Governmental
  Decrease forced indicator-based measurement (IQIP)
Upper Austria:

**Indicator-based management before initiatives…**

Indicator measurement; hardly clinical ones; no systematic approach

<table>
<thead>
<tr>
<th>Type of Q-Indicators</th>
<th>Structure-Indicators</th>
<th>Process-Indicators</th>
<th>Outcome-Indicators (clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Group</td>
<td>Government, Decision markers</td>
<td>Administration, Health providers</td>
<td>Management Board of facilities, Health providers</td>
</tr>
<tr>
<td>Purpose</td>
<td>for planning</td>
<td>Information internal</td>
<td>Internal self assessment</td>
</tr>
</tbody>
</table>

Standardized Methodology

Quarterly data collection\(^1\) and reports/comparisons pw/country/peer groups plausibility check\(^1\) / data quality

Feedback and analysis

Correlations between indicators

CQI

\(^1\) Standardized, electronic
## Importance of clinical indicators for Q-Continuum

<table>
<thead>
<tr>
<th>Hospitals using ind.systems (IQIP) for internal strategies</th>
<th>Assessment systems/Strategic tools</th>
<th>Internal self Assessment Clinical outcome</th>
<th>Patient Safety</th>
<th>Error management/ Clinical risk management</th>
<th>Coord. by Q-Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option A</td>
<td>BSC: to measure strategic goals – outcome indicators are used</td>
<td>IQIP-Indicators (at unit level)</td>
<td>IQIP-Indicators MEDSAFE Strategy / self reporting</td>
<td>Checklist (op-procedures)</td>
<td>yes</td>
</tr>
<tr>
<td>Option B</td>
<td>IQIP-Indicators (at unit level)</td>
<td>IQIP-Indicators MEDSAFE Strategy</td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>Option C</td>
<td>one of the very few hospitals which strive for accreditation: Evidenz for clinical outcome measurement</td>
<td>IQIP-Indicators (at unit level)</td>
<td>IQIP-Indicators</td>
<td>Checklist reporting system</td>
<td>yes</td>
</tr>
</tbody>
</table>

### IMPACTS - EFFECTIVENESS

- Continuous Performance Improvements and
- increasing Patient Safety

by linking assessment programs / strategic tools and clinical indicator-based management:
Cnt.: Effectiveness

Examples:

- Unscheduled Return to Intensive Care Unit
- Perioperative Mortality
- Unscheduled Return to the Operating Room
- Documented Falls

CQI: ICU Management

Indicator: Unscheduled Returns to Intensive Care Units

Interventions:
- Patient at risk
- Guidelines/Team
- Training
- Communication

Copyright: AUQP / CPS

Institute for Health System Research, University Linz
CQI: Perioperative Management

Integration in strategic goals
Analysis and improvement of the perioperative management

CQI: Decrease in unplanned Re-OP

Focus on patient at risk
Analysis Guidelines/Team
Training

Institute for Health System Research, University Linz
CQI: Minimize the risk for falls

Documented falls in acute care resulting in injury
Aggreg. Trends 2002-2008

Interventions:
Risk assessment
Protocols
Indicator measurement integrated in IT-System of the organisation

Continous Quality improvement of medication processes (Pilot: MEDSAFE)
Conclusion

• Indicator-based measurement integrated in HIS (IT-System of the organization)

• Indicator-based measurement linked to strategic goals and assessment systems

• Patient’s assessment and needs are part of the organization’s strategies

• Quarterly clinical performance measurement in comparison with aggregated trends supports interventions to achieve frequent improvements for safety of care

cnt: Conclusion

• The systematic measurement based on clinical indicators influenced

Faith and Accountability by
- Learning from each other/peers
- Changing mentality
- Quality should become an obligation
Any Questions?

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