

# Transparenz: Nutzen & Notwendigkeit



Michael Hiesmayr

CEMSIIS

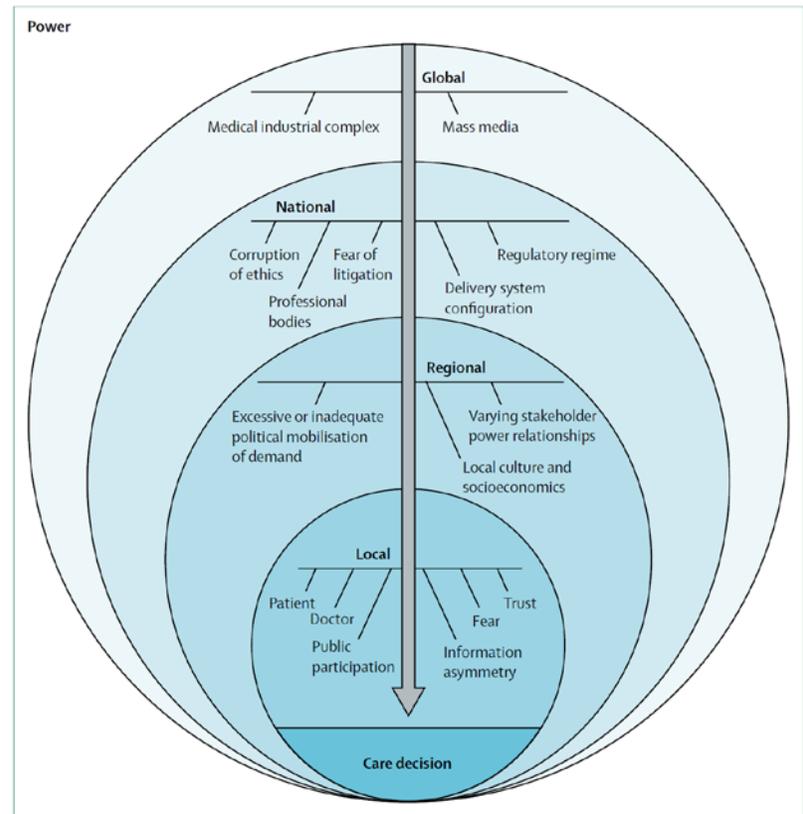
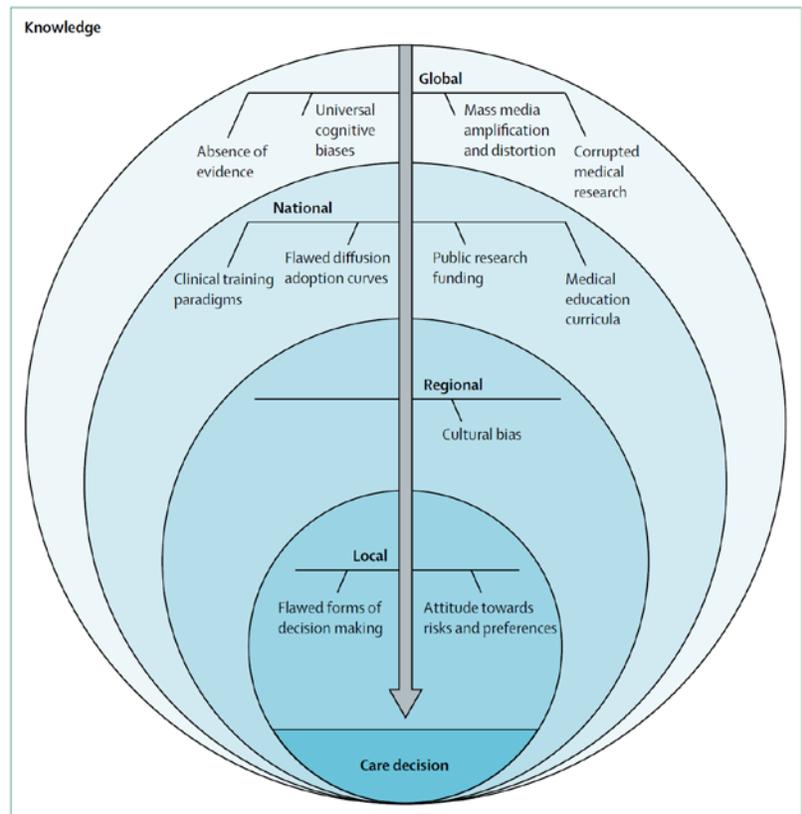
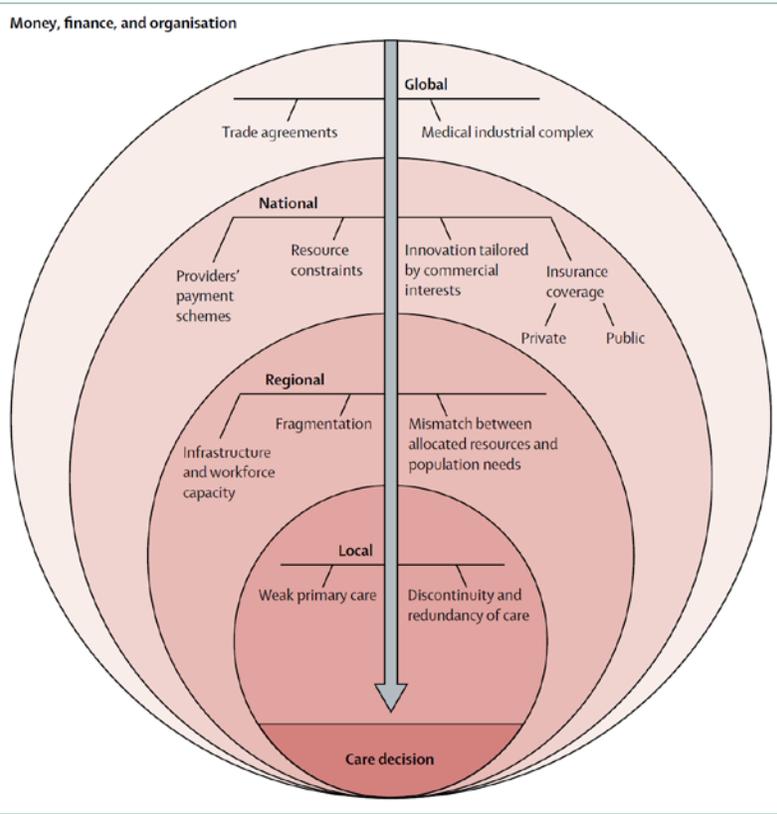


MEDICAL UNIVERSITY  
OF VIENNA

# Transparenz

- Begrifflichkeit
  - ▶ Transparency, accountability
- Entwicklung im Gesundheitswesen
- Verschiedene Perspektiven
  - ▶ Stakeholder
  - ▶ Ziele
- Anwendung in der Intensivmedizin
  - ▶ Performance, Prozesse, Kosten, Auftrag

# Driver of poor health care: Money, finance, organisation, knowledge, power





## NEWS

### Medical devices: FDA ends secret reporting system that hid failures

The programme itself went largely unnoticed for years, until it was unearthed by a Kaiser Health News investigation that reported its findings in March.<sup>1</sup> This took “months of questions to the FDA,” Kaiser reported, before the FDA confirmed the existence of reporting exemption programmes and the thousands of incidents listed on secret databases, which in some cases were not shared with FDA expert advisory panels that review devices’ safety.

majority of incidents. While only 84 incidents of surgical stapler injuries or malfunction were publicly reported in 2016, more than 10 000 were included in alternative summary reports.

Einschau



oder

Orientierung?



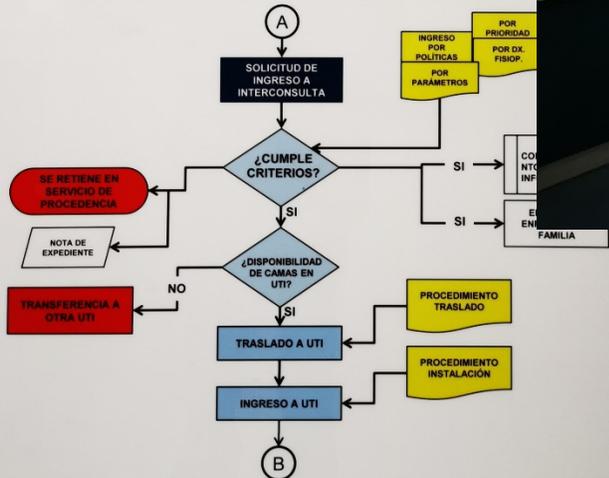
# UNIDAD DE TERAPIA INTENSIVA

## SERVICIOS DE PROCEDENCIA

### ATENCIÓN HOSPITALARIA



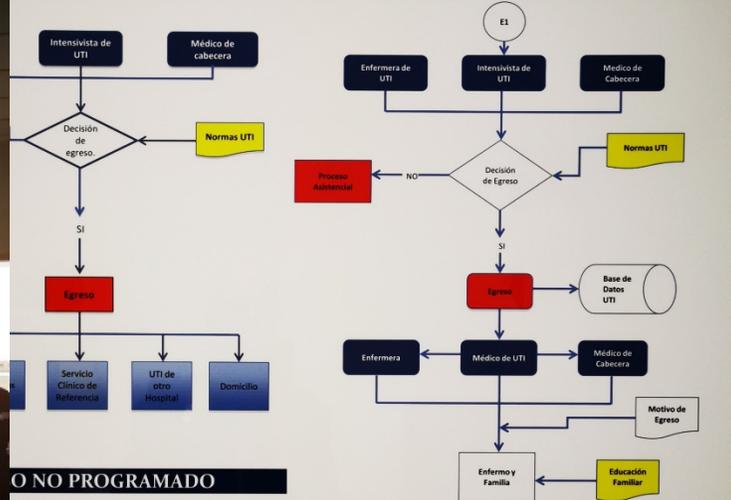
### DIAGRAMA DEL INGRESO A UTI



# UNIDAD DE TERAPIA INTENSIVA

# EGRESO DE LA UTI

## EGRESO PROGRAMADO DESDE LA UTI



## O NO PROGRAMADO



# Wer hat Interesse an Transparenz?

- ▶ Angehörige
- ▶ MitarbeiterInnen der Station: Pflege, Ärzte
- ▶ Partnerabteilungen
- ▶ KH Verwaltung
- ▶ Gesundheitsbehörde
- ▶ Versicherungen
- ▶ LKF Organisation
- ▶ Patienten
- ▶ Medien

# WHO & die Entwicklung

## Integrating performance measurement systems

Recent national reports from Australia (62), Scotland (63) and the United States (64) have examined how external mechanisms for performance measurement contribute to internal development and public accountability. The common conclusions are that:

- Voluntary and statutory agencies should be actively coordinated for consistency and reciprocity.
- Consumers should be prominently involved.
- National programmes should be comparable internationally.
- The standards, processes and results of external assessments should be transparent and freely accessible to the public.

## Public disclosure of hospital performance data

The publication of hospital activity and results as “league tables” aims to encourage improvement, to empower patient choice and to demonstrate a commitment to transparency. Evidence suggests that this increases public interest and management attention to data quality but it does not appear to have much effect on performance:

- Most publication schemes have been found to have little effect on patient choice behaviour, provider behaviour or outcome performance (14).
- The United States Health Care Financing Administration published hospital mortality rates in 1988, publication was stopped 1995 because of criticism of the data’s validity and the view that publication did not stimulate improvement but caused defensiveness and fear among providers.



How can hospital performance be measured and monitored?

August 2003

Print

Medicare.gov | Hospital Compare Home | Close window

# Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

## About Hospital Compare

What is Hospital Compare?

What information can I get about hospitals?

About the data

Resources

Help

## What is Hospital Compare?

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. You can use Hospital Compare to find hospitals and compare the quality of their care.

The information on Hospital Compare:

- Helps you make decisions about where you get your health care
- Encourages hospitals to improve the quality of care they provide

In an emergency, you should go to the nearest hospital. When you can plan ahead, discuss the information you find here with your health care provider to decide which hospital will best meet your health care needs.

Learn more in the [Guide to Choosing a Hospital](#).

Hospital Compare was created through the efforts of the [Centers for Medicare & Medicaid Services \(CMS\)](#), in collaboration with organizations representing consumers, hospitals, doctors, employers, accrediting organizations, and other federal agencies.

Back to top

# Was findet man da?

- Spezifische Diagnosen
  - ▶ Myokardinfarkt
  - ▶ Pneumonie
- Prozeduren
  - ▶ Komplikationen
- Outcome
  - ▶ Mortalität
  - ▶ Wiederaufnahme

❖ Measures and current data collection periods					
About Hospital Compare data					
Hospital Compare overall hospital rating					
Timely & effective care measures					
Measures of complications, deaths, & unplanned hospital visits					
Psychiatric unit services					
Survey of patients' experiences (HCAHPS)					
Payment and value of care					

- Get the [data collection periods for the measures included in the Hospital Compare overall rating.](#)
- [Download the data](#)
- Send general questions regarding Hospital Compare and the data to [HospitalCompare@lantanagroup.com](mailto:HospitalCompare@lantanagroup.com). [↗](#)

**Measures and current data collection periods on Hospital Compare**

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
<i>General information- Structural measures</i>					
<b>ACS-REGISTRY</b>	Participation in a multispecialty surgical registry	Multispecialty surgical registry	Quarterly (January, April, July, October)	10/1/2017	9/30/2018
<b>OP-12</b>	The ability for providers with health information technology (HIT) to receive laboratory data electronically directly into their qualified/certified EHR system as discrete searchable data	Able to receive lab results electronically	Annually January	1/1/2017	12/31/2017
<b>OP-17</b>	Tracking clinical results between visits	Able to track patients' lab results	Annually January	1/1/2017	12/31/2017

# Qualitätsreport 2019

[www.iqtig.org](http://www.iqtig.org)

## Vermeidung nosokomialer Infektionen – postoperative Wundinfektionen (sektorenübergreifend)

### Ergebnisse der Kennzahlen auf Ebene der ambulant operierenden Leistungserbringer (einrichtungsbezogene QS-Dokumentation)

Bezeichnung der Kennzahl	2017	2018
	Leistungserbringer (gesamt: 2.672)	Leistungserbringer (gesamt: 2.794)
	Ergebnis (max. 100 Punkte je Kennzahl)	Ergebnis (max. 100 Punkte je Kennzahl)
Hygiene- und Infektionsmanagement – ambulante Versorgung	71,54	74,69
Entwicklung, Aktualisierung und Umsetzungsüberprüfung einer internen Leitlinie zur perioperativen Antibiotikaprophylaxe	58,41	62,96
Entwicklung und Aktualisierung einer internen Leitlinie zur Antibiotika-Initialtherapie	61,42	66,33
Geeignete Haarentfernung vor operativem Eingriff	62,45	67,54
Validierung der Sterilgutaufbereitung von OP-Instrumenten und OP-Materialien <sup>3</sup>	88,11	90,99
Entwicklung einer Arbeitsanweisung zur präoperativen Antiseptik des OP-Feldes	90,01	92,75
Entwicklung und Aktualisierung eines internen Standards zu Wundversorgung und Verbandwechsel	82,84	85,68
Teilnahme an Informationsveranstaltungen zur Antibiotikaresistenzlage und -therapie	44,88	45,36
Patienteninformation zur Hygiene bei MRSA-Besiedlung/Infektion	83,32	84,32
Entwicklung eines Konzepts zum Überleitungsmanagement	72,43	76,26
Teilnahme an Informationsveranstaltungen zur Hygiene und Infektionsprävention <sup>4</sup>	n. a.	n. a.
Durchführung von Compliance-Überprüfungen <sup>4</sup>	n. a.	n. a.
Maßnahmen zur Förderung der Compliance im Bereich der Hygiene <sup>4</sup>	n. a.	n. a.

n. a. = nicht anwendbar

<sup>3</sup> Bei der Bewertung der Ergebnisse ist zu beachten, dass Leistungserbringer 2017 keine Möglichkeit hatten anzugeben, dass sie ausschließlich Einmalsterilgut verwenden. Für das Erfassungsjahr 2018 haben insgesamt 201 Leistungserbringer diese Angabe gemacht und im Zuge dessen die vollen 100 Punkte in der Kennzahl zur Sterilgutaufbereitung erhalten.

<sup>4</sup> Die Kennzahl wurde aus der Berechnung des Indexindikators ausgeschlossen, da sie einen zu großen Interpretationsspielraum zulässt und demzufolge nicht zum Vergleich der Leistungserbringer geeignet ist.



ID	Bezeichnung des Indikators	Referenzbereich	2018				
			Krankenhäuser		Einordnung		
			gesamt	auffällig (rechnerisch)	veröffentlichungspflichtig*	besonderer Handlungsbedarf	
2097	Tod durch operative Komplikationen	≤ 5,00 %	21	2	■	-	
2096	Sterblichkeit im Krankenhaus	≤ 20,00 %	21	3	■	-	
Gruppe	1-Jahres-Überleben						
	12349	1-Jahres-Überleben bei bekanntem Status	≥ 70,00 %	22	2	■	-
	51596	1-Jahres-Überleben bei bekanntem oder unbekanntem Status (Worst-Case-Analyse)	≥ 70,00 %	22	4	■	-
Gruppe	2-Jahres-Überleben						
	12365	2-Jahres-Überleben bei bekanntem Status	≥ 62,31 % (10. Perzentil)	21	2	■	-
	51599	2-Jahres-Überleben bei bekanntem oder unbekanntem Status (Worst-Case-Analyse)	≥ 61,82 % (10. Perzentil)	21	2	■	-
Gruppe	3-Jahres-Überleben						
	12385	3-Jahres-Überleben bei bekanntem Status	≥ 59,50 % (10. Perzentil)	23	4	■	-
	51602	3-Jahres-Überleben bei bekanntem oder unbekanntem Status (Worst-Case-Analyse)	≥ 57,62 % (10. Perzentil)	24	5	■	-
2133	Postoperative Verweildauer	≤ 30,00 %	21	8	■	-	

\* im Qualitätsbericht der Krankenhäuser

# Wie besser machen?

- Daten Standard schaffen
  - ▶ Austauschbar
  - ▶ Sicher
- Wissenschaft des Performance Messens entwickeln
- Kommunikation von Zahlen an Patienten verbessern
  - ▶ Variation in Qualität & Kosten
  - ▶ Wissende Patienten über ihre Dienstleistungen „entwickeln“

EDITORIAL

Annals of Internal Medicine

# Elemente öffentlichen Reportings

Table. Suggested Potential Standards for Hospitals and Physicians Publicly Reporting Their Own Quality Data

Standard	Details of the Standard
<b>Information About the Patient Population</b>	
Describe how the patient population for the measure is constructed	Describe which patients are included in the measure Could include describing the corresponding codes or specific diagnoses
Describe how patients from this population were selected for measurement	Describe if the quality measure is based on the entire population or a sample If a sample is used, describe how that sample was selected
Describe the period from which the patients were drawn	Reflect the period during which care was provided
<b>Information About the Measure</b>	
Describe the measure specifications	Describe in detail if the measure has been newly developed by the health care organization Describe who is in the numerator (events), who is in the denominator, and any exclusions If the measure is used or endorsed by other entities, the provider organization could note this and link to the measure specifications
Describe evidence for the validity and reliability of the measure	If the measure is new, the provider organization should describe how they evaluated its validity and reliability If the measure is used or endorsed by another entity, the provider organization can link to the external entity's evaluation of the validity and reliability for that measure
<b>Information About Performance on the Measure</b>	
Provide information about the point estimate of performance	Provide a summary statistic for performance Provide the raw data for the numerator and denominator, if the sample size is sufficiently large to avoid identifying patients
Provide information about uncertainty	Provide a measure of uncertainty around the point estimate, if relevant
Provide information over time	Display data over time for as many periods as possible, recognizing that measure definitions can change Unit of time should be defined explicitly Avoid displaying before and after results, especially when the postperiod is not defined a priori
Provide information about potential biases	Provide information about known potential biases in the measure; especially important if the organization is publicizing inferences that care has improved

# Patienten kriegen Zugang zu all ihren Daten?

Harvard Business Review

Government | A Big Step Toward Giving Patients Control Over Their Health Care Data

GOVERNMENT

## A Big Step Toward Giving Patients Control Over Their Health Care Data

by David Blumenthal

March 15, 2019

Summary Save Share Comment Print \$8.95 Buy Copies



<https://recs.richrelevance.com/rserver/click?a=dae139408f447afd&v=g=f0f54349-bfc0-440d-4426-6b5bab735d63&pt...what-banking-can-teach-health-c>

Public Law 114-255  
114th Congress

## An Act

To accelerate the discovery, development, and delivery of 21st century cures, and for other purposes.

Dec. 13, 2016  
[H.R. 34]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

21st Century Cures Act.  
42 USC 201 note.

### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “21st Century Cures Act”.

(b) TABLE OF CONTENTS.—The table of contents for this Act

Apple Support Page

## Institutions that support health records on iPhone and iPod touch

A growing list of healthcare institutions support health records on iPhone and iPod touch, enabling you to view important data such as immunizations, lab results, medications, and vitals directly in the Health app.

We're working with more hospitals and clinics to support health records. Health institutions might have multiple hospitals and clinics that support health records, which are listed in the Health app.

Richard M. Adams, DPM - Family Foot Care (Texas)  
<https://www.richardadamsdpm.com>

Adult Internal Medicine (North Carolina)  
<http://www.adultinternalmedicine.net>

Adventist Health System (Colorado, Florida, Georgia, Illinois, Texas, and others)



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

## Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)

journal homepage: <http://www.elsevier.com/locate/zefq>



Schwerpunkt / Special Issue

Value based health care (VbHC): woher und wohin?

*Value-based health care (VbHC): Whence and wither*

Heiner Raspe\*

*Gastwissenschaftler am Institut für Ethik, Geschichte und Theorie der Medizin, Münster, Deutschland*



Sieht man die Literatur zu VbHC durch, dann erweitert sich das Wortfeld in beredter Weise. Neben die schon genannten Begriffe Outcomes, Aufwendungen, Wettbewerb treten weitere wie „patients – outcomes measurement – providers – accountability – competition – innovations – financial incentives – reimbursement – market share“. Negativ besetzte Begriffe sind „volume care – waste – wasteful spending – overuse – indication creep – low value care – poor medical care“.

Castellano



[HOME](#) [MEET HUCI](#) [BLOG](#) [EVENTS](#) [H-INSPIRATIONS](#) [CONTACT](#) [SEARCH](#)

THE MOST POWERFUL WEAPON ON EARTH  
IS A HUMAN SOUL ON FIRE



**MEET HUCI**  
OUR BLESSED MADNESS



**WE HAVE A PLAN**  
THE KNOW HOW OF AN ICU WITH 'H'



**JOIN US**  
EACH OF US HAS A ROLE

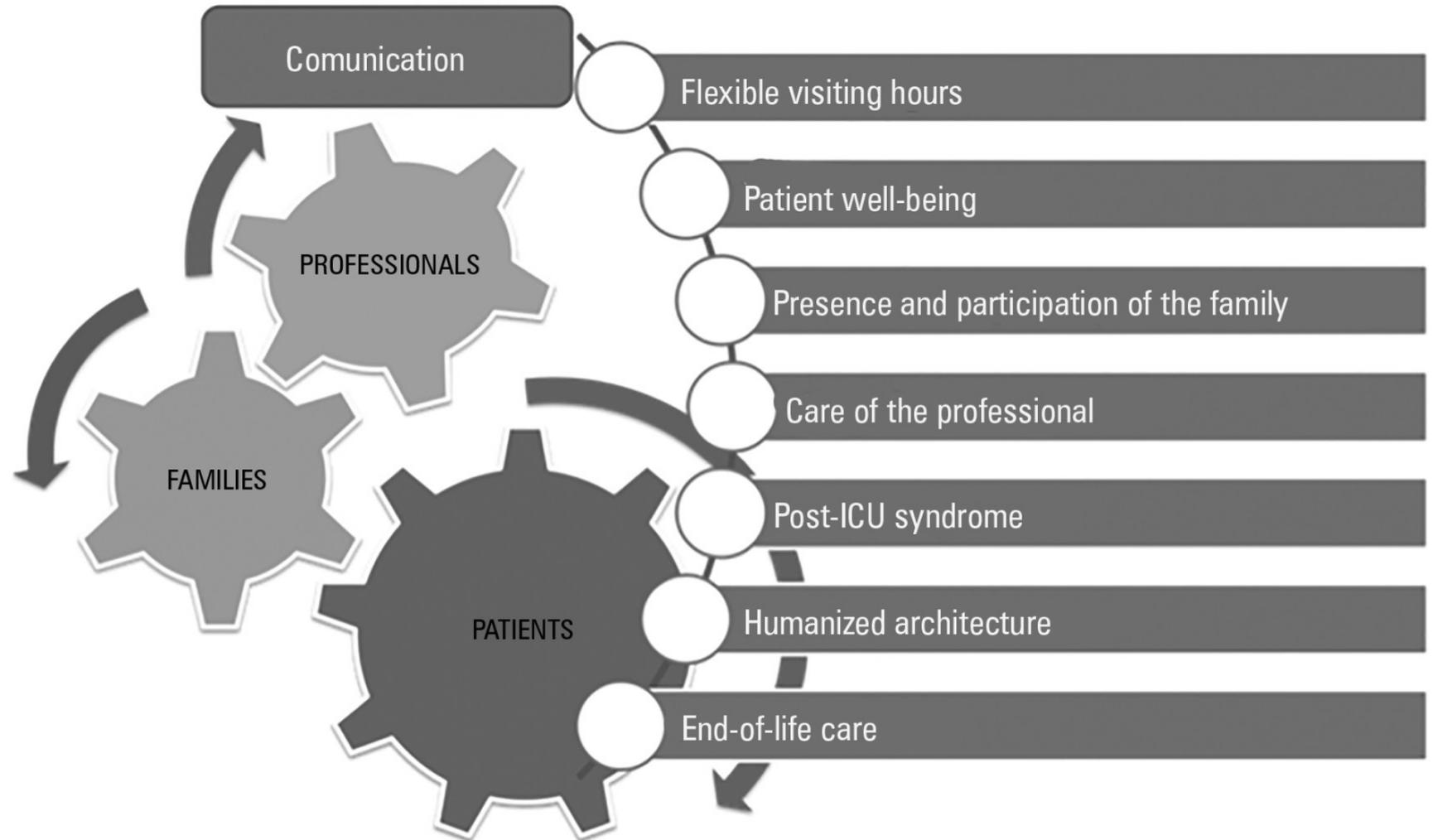
YOU SHOULDN'T MISS...

[Política de privacidad y cookies](#)



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# Humanize Intensive Care: HU-CI

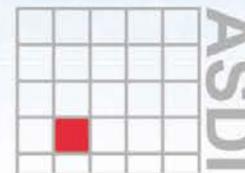


# ASDI QUALITÄTSINDIKATOREN BERICHT

ASDI-Kollektiv

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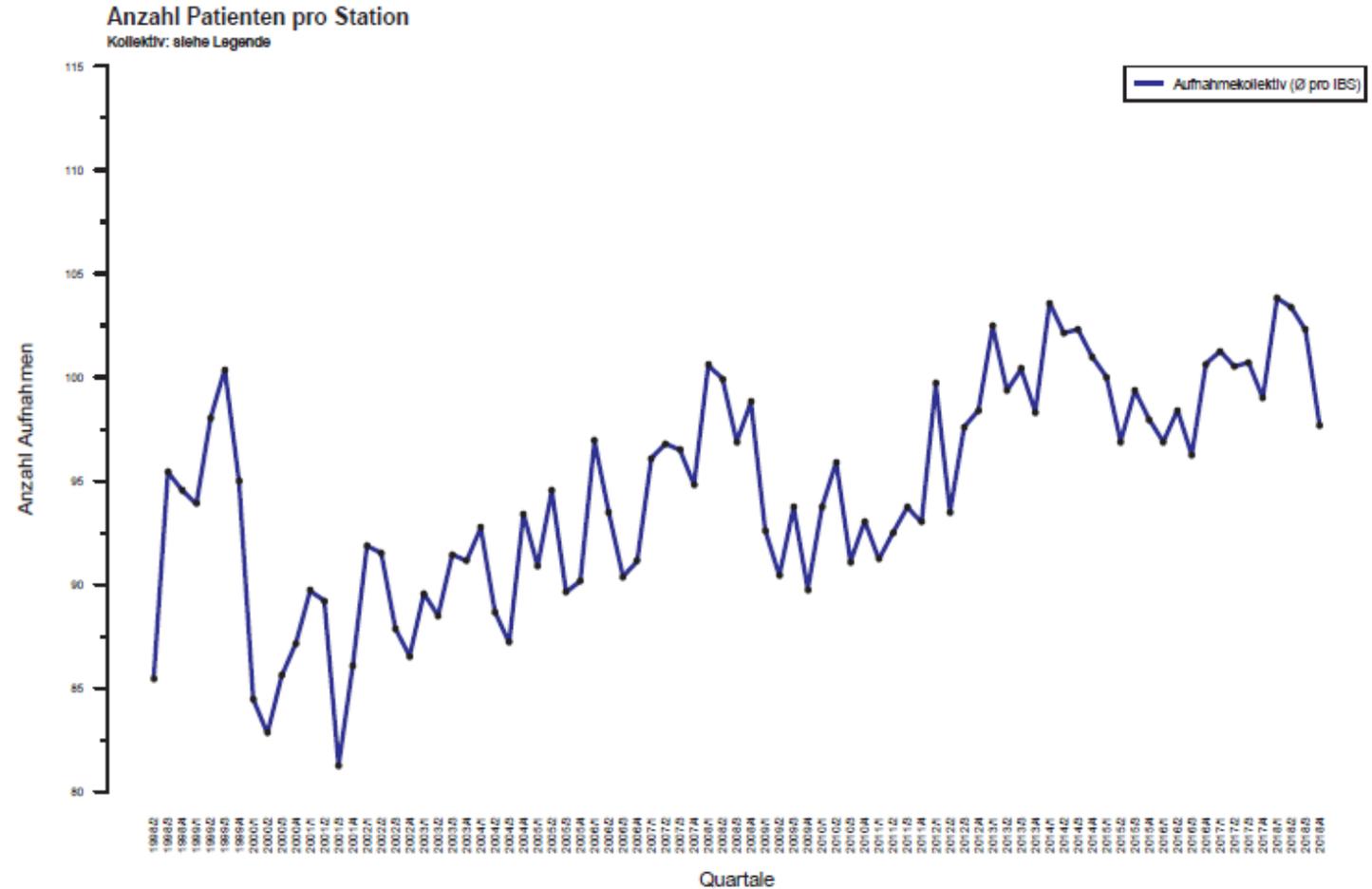
Berichtszeitraum: 1.1. - 31.12.2018



ÖSTERREICHISCHES ZENTRUM FÜR  
DOKUMENTATION UND QUALITÄTS-  
SICHERUNG IN DER INTENSIVMEDIZIN

# Nutzung steigt

- Angehörige
- **Station: Pflege, Ärzte**
- Partnerabteilungen
- KH Verwaltung
- **Gesundheitsbehörde**
- Versicherungen
- LKF Organisation
- Patienten
- Medien

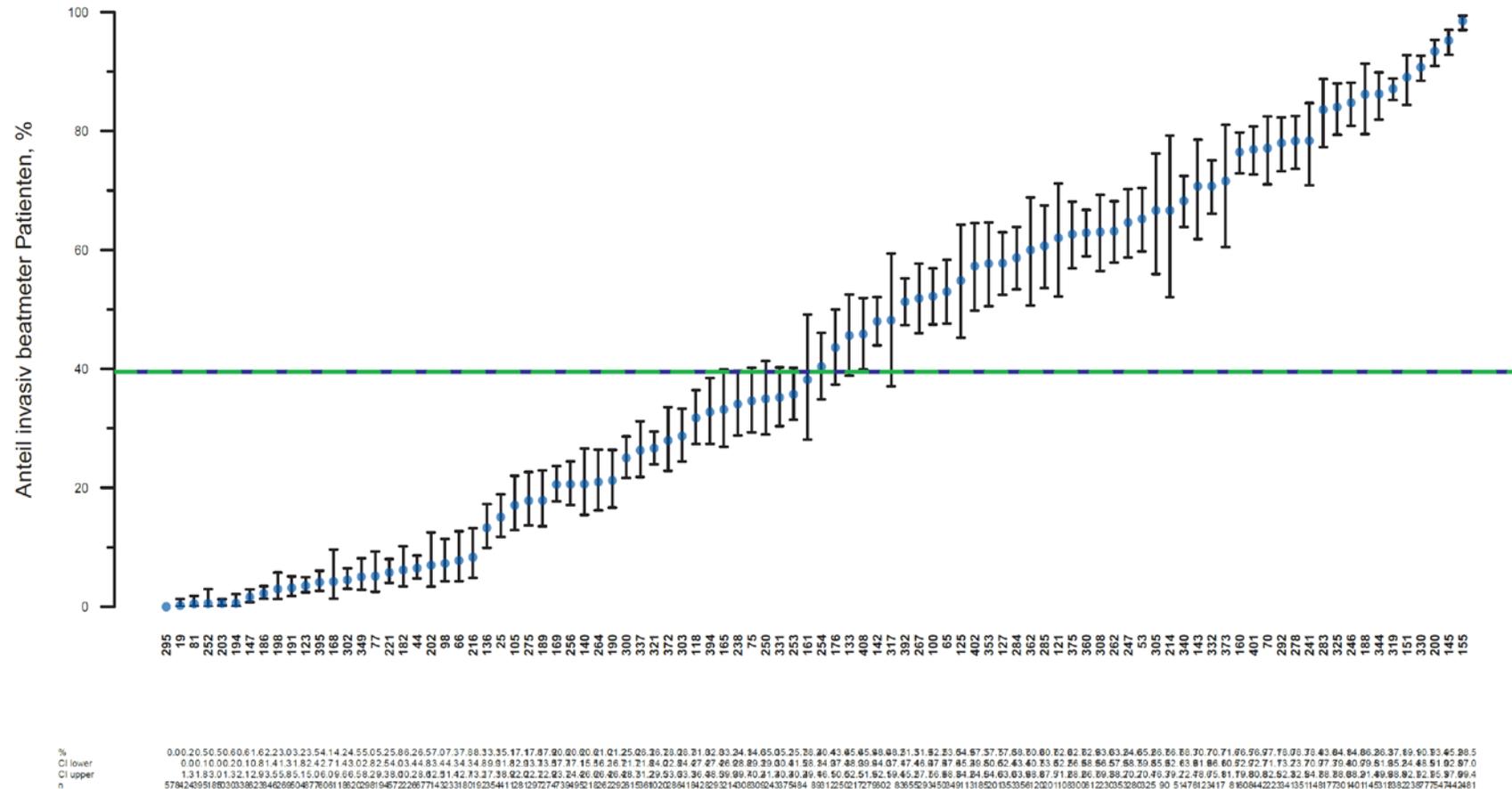


# Beatmung extrem unterschiedlich

- Angehörige
- Station: Pflege, Ärzte
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## Mechanische Beatmung – invasiv: Anteil Patienten

Patientenkollektiv



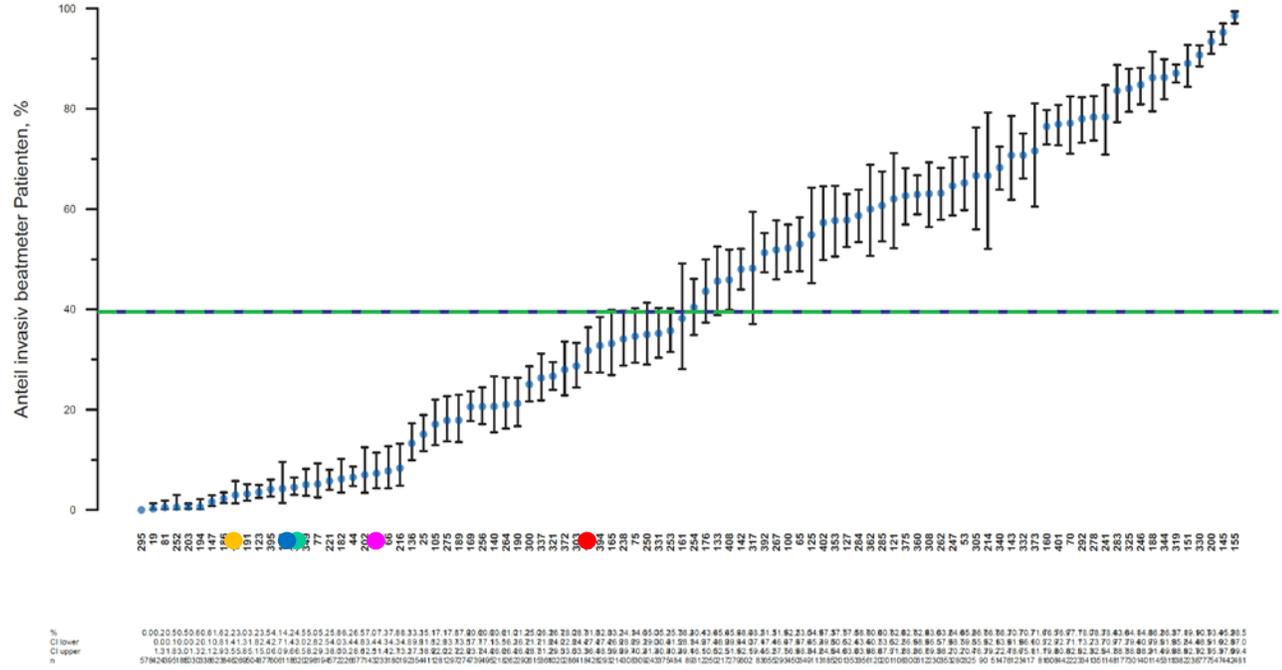
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 CI lower 1.31 1.83 0.13 2.12 1.63 5.58 5.15 0.69 0.66 5.82 9.00 2.82 31.42 73.37 35.82 0.22 22.83 24.80 80.40 48.31 29.53 93.36 46.36 99.80 70.21 80.80 89.46 90.62 51.82 19.45 27.16 86.84 24.84 63.83 88.87 31.88 86.89 89.20 20.40 39.22 76.07 81.79 80.82 82.82 84.86 88.31 49.89 82.82 85.97 89.4  
 CI upper 578424395180303386235462686546778698188202698948722687743233180162354411281297274734852118262252915880202894194282821400806243379494 5812252017278602 6355293450491 31682035336812001108008 122305326825 90 547812417 8180842233413511481775044011453183238775474481



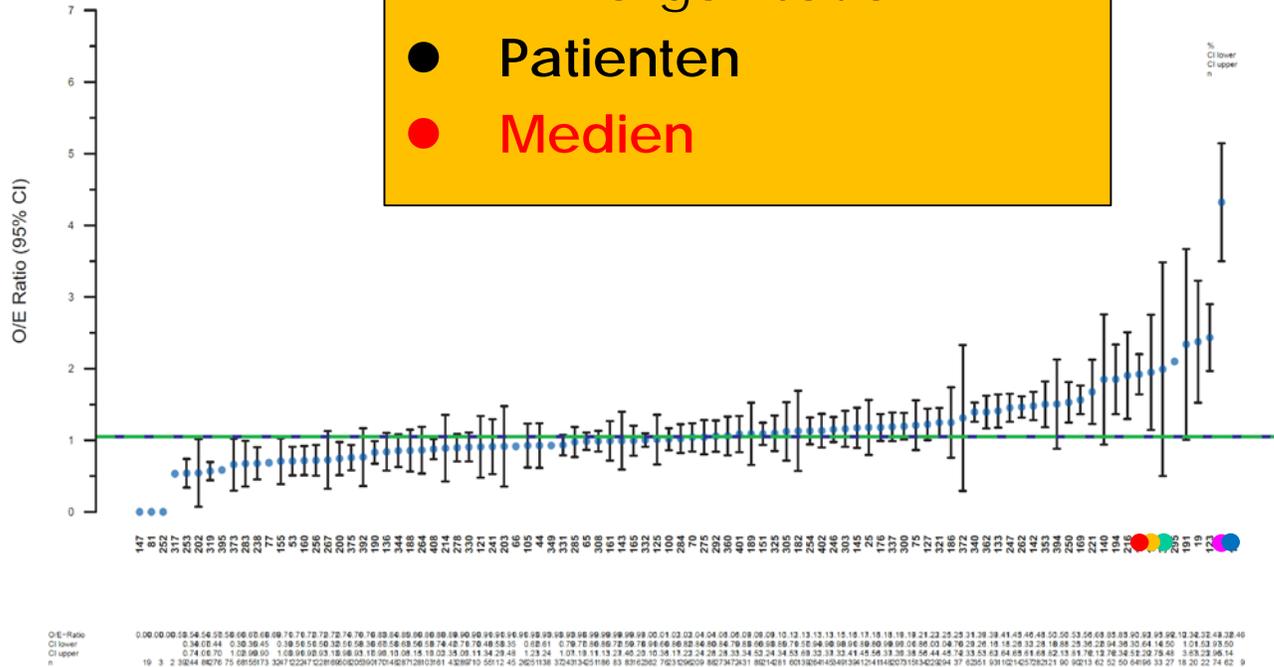
- Angehörige
- Station: Pflege, Ärzte
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- Medien

Mechanische Beatmung – invasiv: Anteil Patienten

Patientenkollektiv



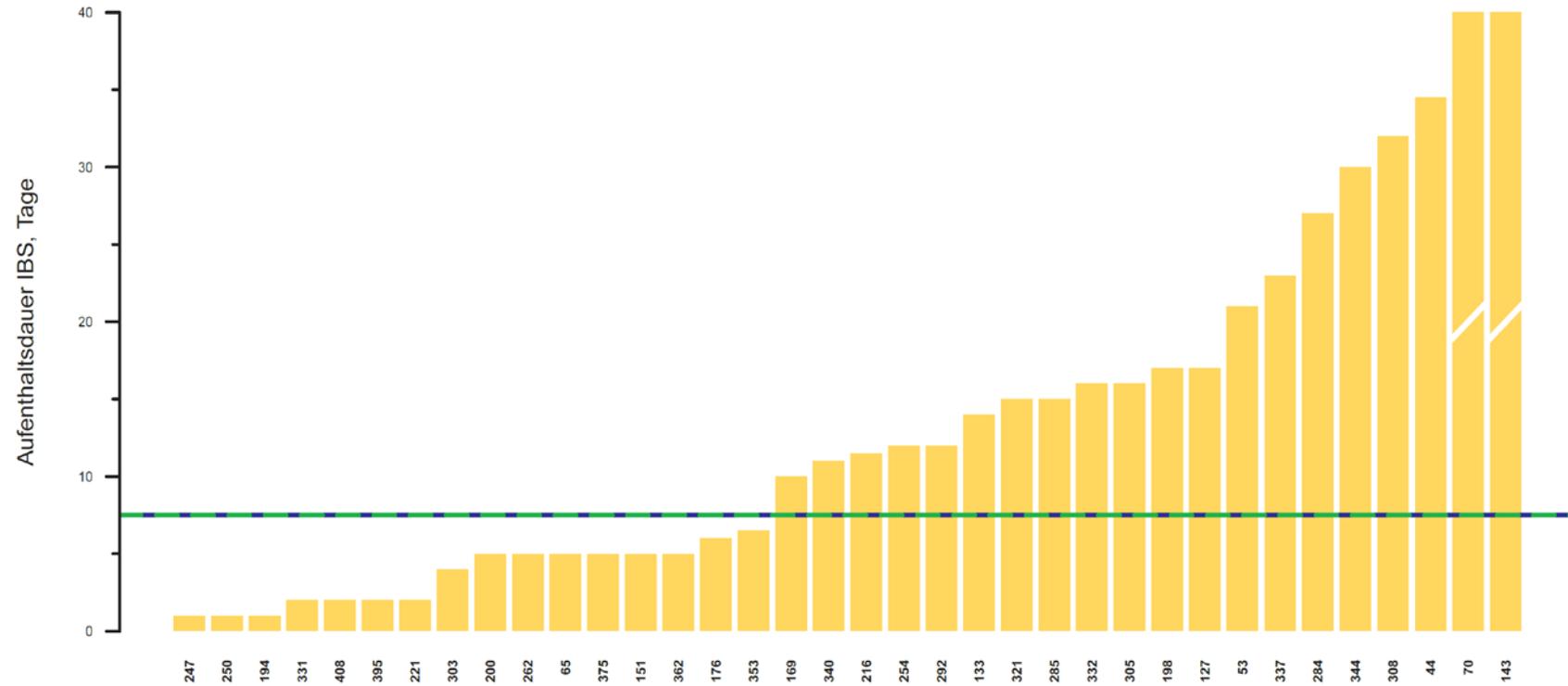
Beatmete Patienten – Gesamt  
SAPS 3-Kollektiv: Beatmete Patienten



# ARDS Beatmungsdauer

- Angehörige
- **Station: Pflege, Ärzte**
- Partnerabteilungen
- KH Verwaltung
- Gesundheitsbehörde
- Versicherungen
- **LKF Organisation**
- **Patienten**
- Medien

**ALI/ARDS: Aufenthaltsdauer IBS**  
Patientenkollektiv: Aufnahmegrund ALI/ARDS



Percentil 90	5	1	8					28	39	51	9	17		10	30	21		22	24		16		20		29		31	29		34	38	56	55		
Percentil 75	5	1	8					28	19	27,5	9	12		10	14	20		11,5	22	23		16		18		29		31	29		34	38	56	55	
Median	1	1	1	2	2	2	4	5	5	5	5	5	5	5	8	8,5	10	11	11,5	12	12	14	15	15	16	16	17	17	21	23	27	34	38	56	55
Percentil 25	1	1	1	1	1	1	1	1	1	1,5	1	1,5	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Percentil 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
n	3	2	1	3	1	1	1	3	8	8	3	4	1	3	36	4	1	2	11	1	1	2	1	5	1	2	1	3	4	1	2	2	2	2	

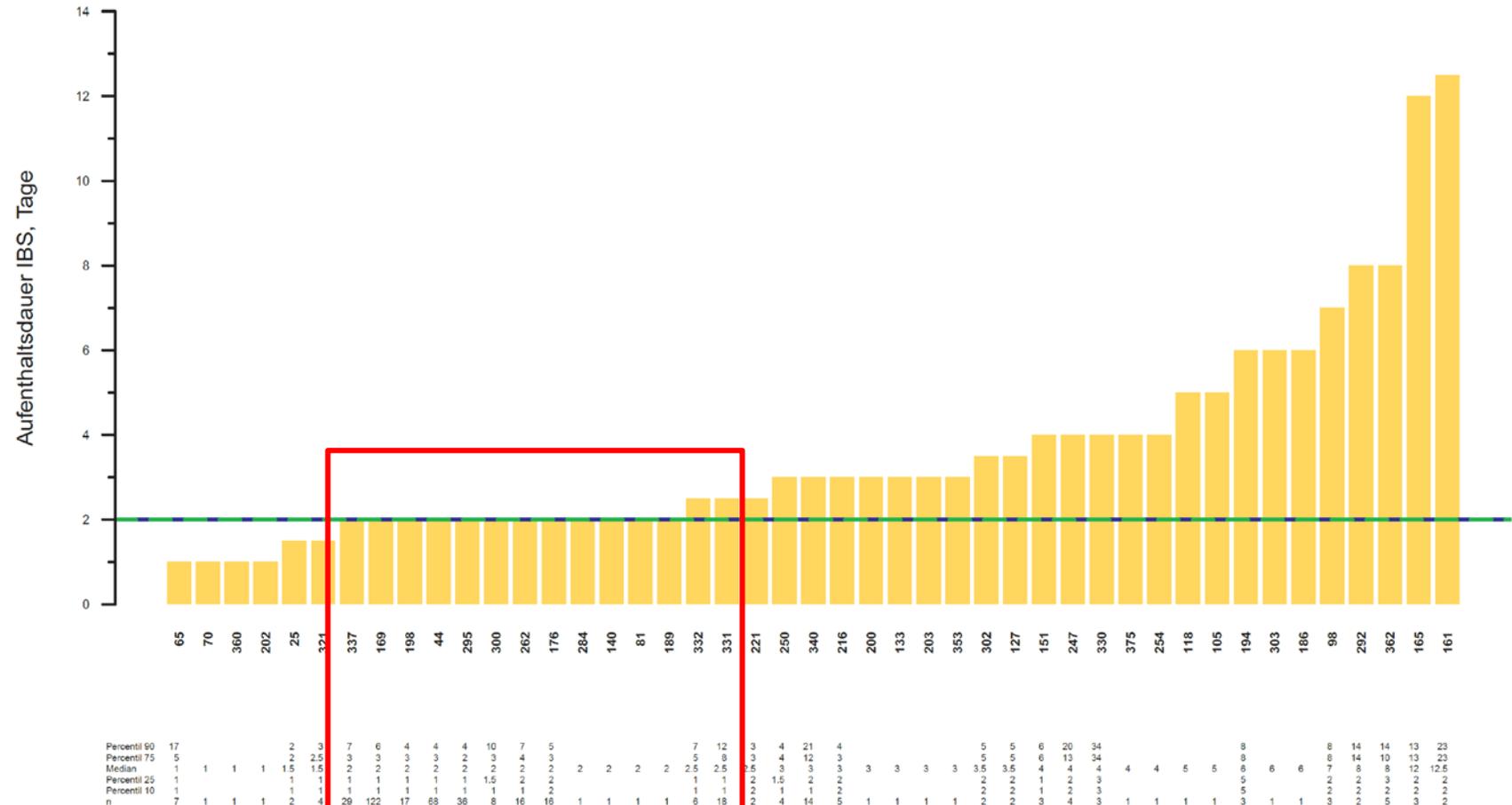


# Myokardinfarkt: Liegedauer

- Angehörige
- Station: Pflege, Ärzte
- Partnerabteilungen
- KH Verwaltung
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## Myokardinfarkt: Aufenthaltsdauer IBS

Patientenkollektiv: Aufnahmegrund Myokardinfarkt

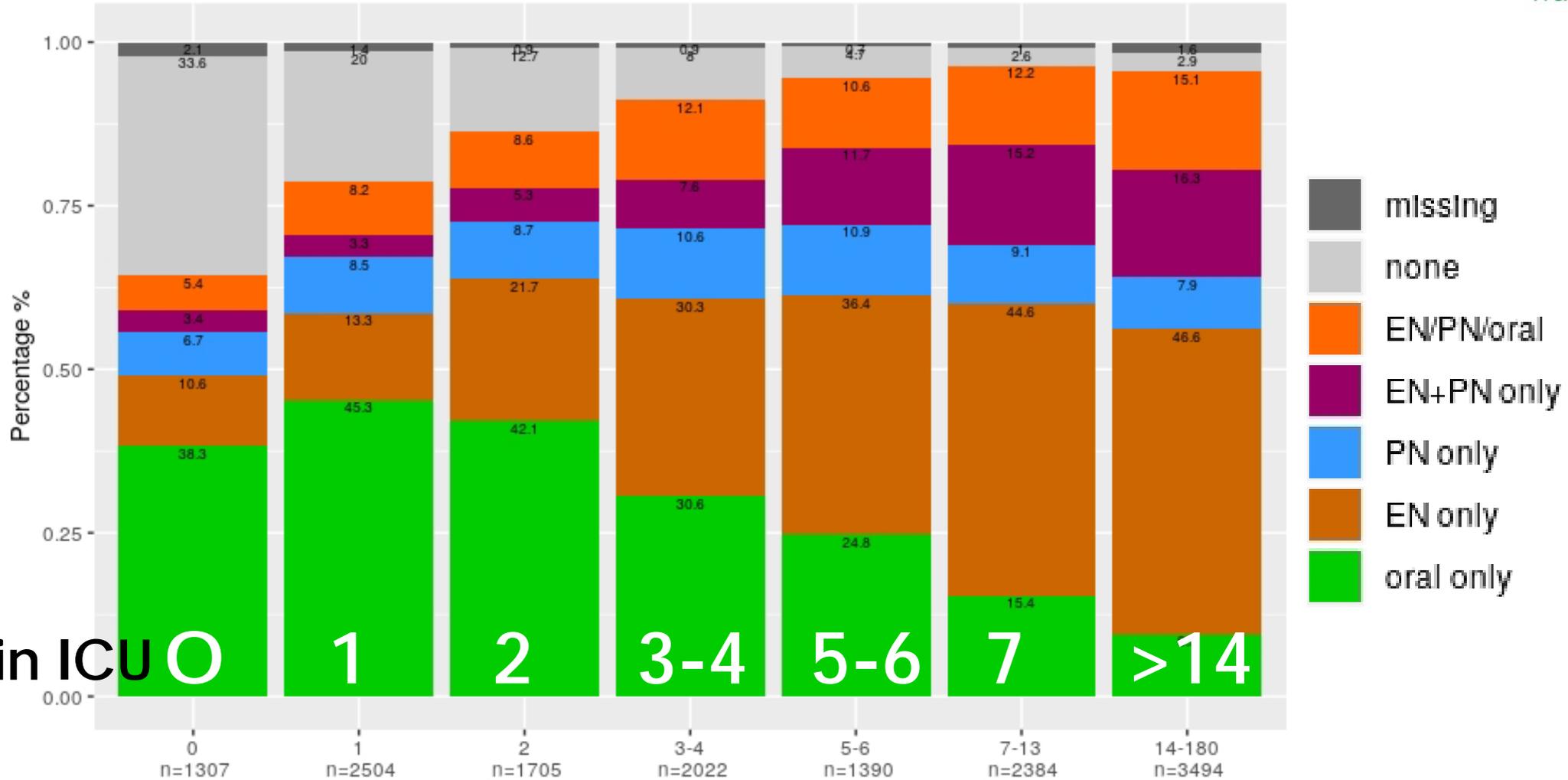




# Nutrition practice vs LOS at nutritionDay



nutritionDay  
WORLDWIDE



Preliminary data nutritionDay 2007-2016: (n=16021)



Days in ICU

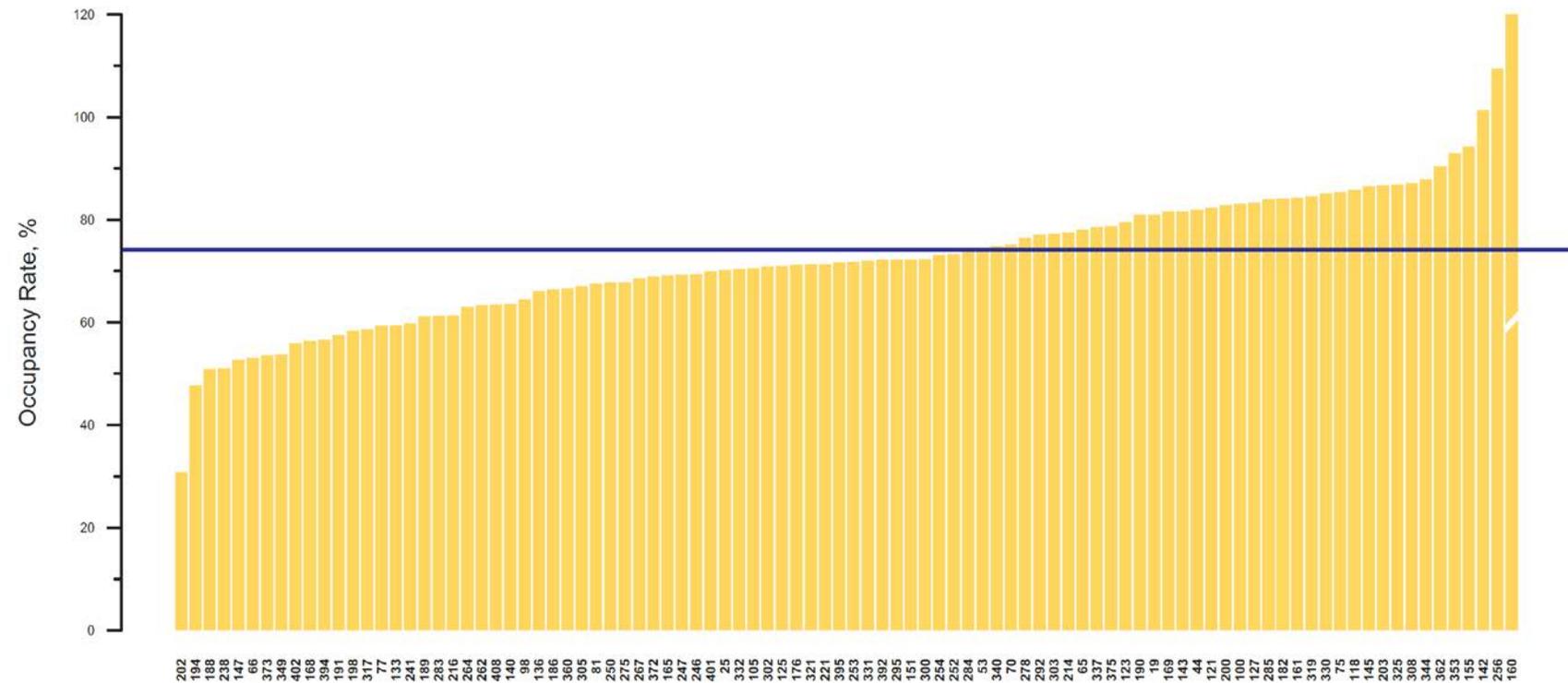


# Ressourcennutzung

- Angehörige
- Station: Pflege, Ärzte
- Partnerabteilungen
- **KH Verwaltung**
- Gesundheitsbehörde
- Versicherungen
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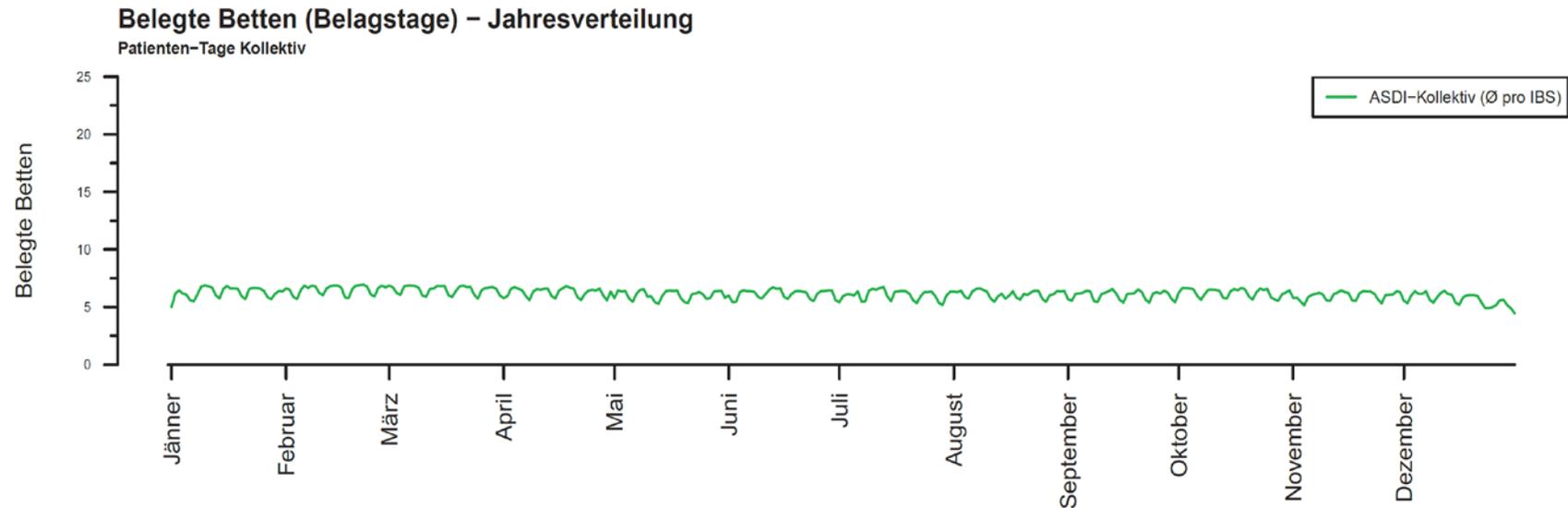
Occupancy-Rate, Belagstage

Patienten-Tage Kollektiv: Belagstage



# Immer gleich viel Ressourcen?

- Angehörige
- **Station: Pflege, Ärzte**
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# Konklusion



- **Transparenz / Rechenschaft ablegen**
  - ▶ Unterschiedliche Perspektiven sind essentiell
  - ▶ Notwendig
  - ▶ Investition & Finanzierung der Datenbasis & Analyse
  - ▶ Umgang muss gelernt werden
  - ▶ Neue Medien werden eine Rolle spielen
- **Ziel**
  - ▶ Verbesserung der Wertigkeit der Leistung ..... Nutzen
  - ▶ Intensivmedizin agiert zwischen den Welten



Danke für die  
Aufmerksamkeit