

Information

anonym

vs

öffentlich?

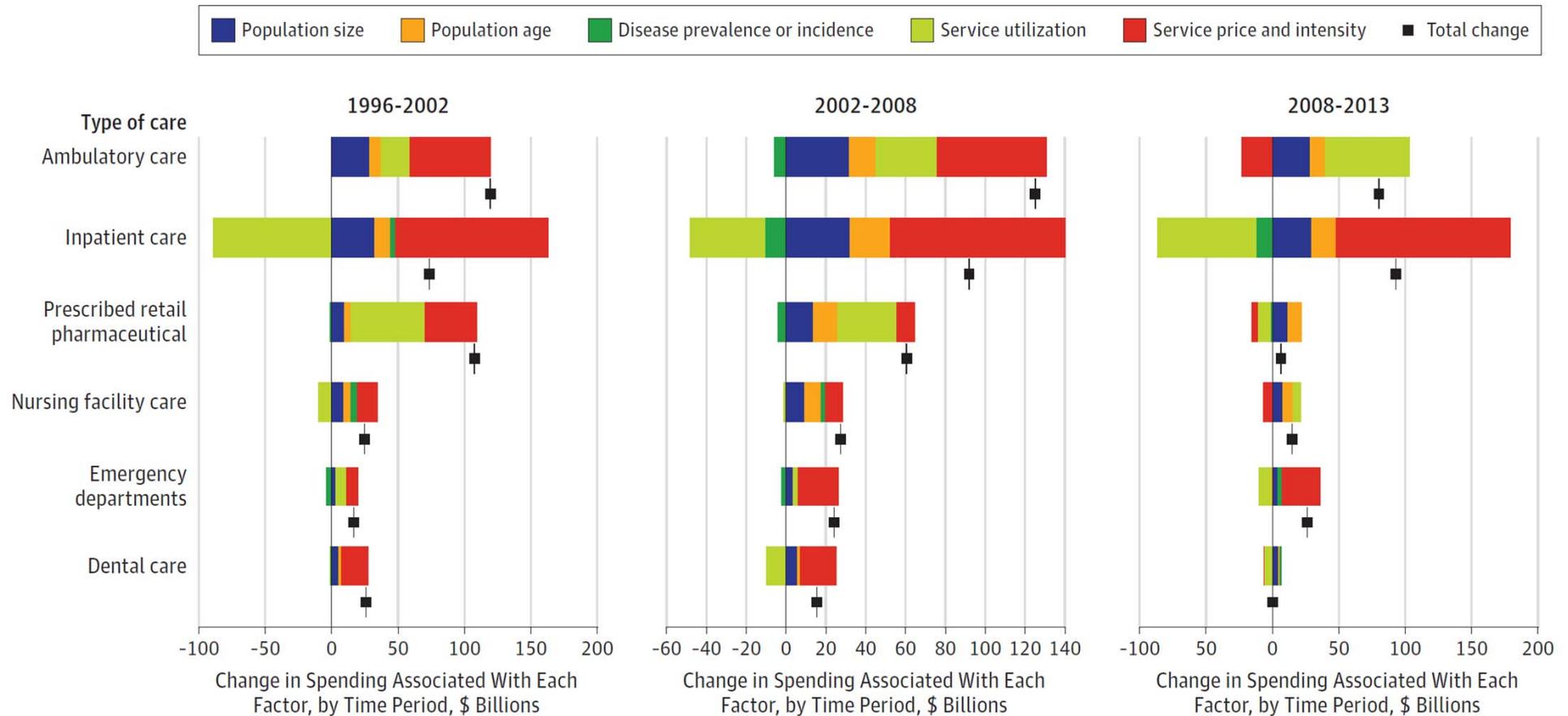
M. Hiesmayr & team

HTG Anästhesie & Intensivmedizin

Medizinische Universität Wien



Die Entwicklung der Ausgaben: mehr Notfälle

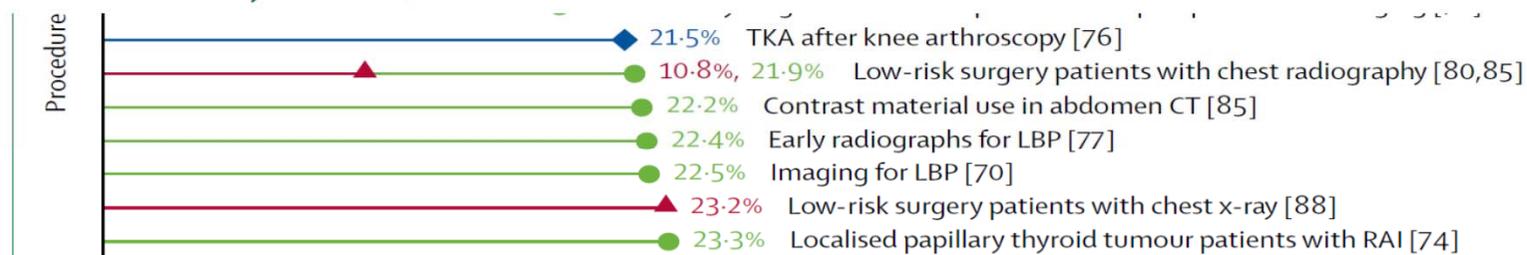




Right care 1

Evidence for overuse of medical services around the world

Shannon Brownlee, Kalipso Chalkidou, Jenny Doust, Adam G Elshaug, Paul Glasziou, Iona Heath*, Somil Nagpal, Vikas Saini, Divya Srivastava, Kelsey Chalmers, Deborah Korenstein



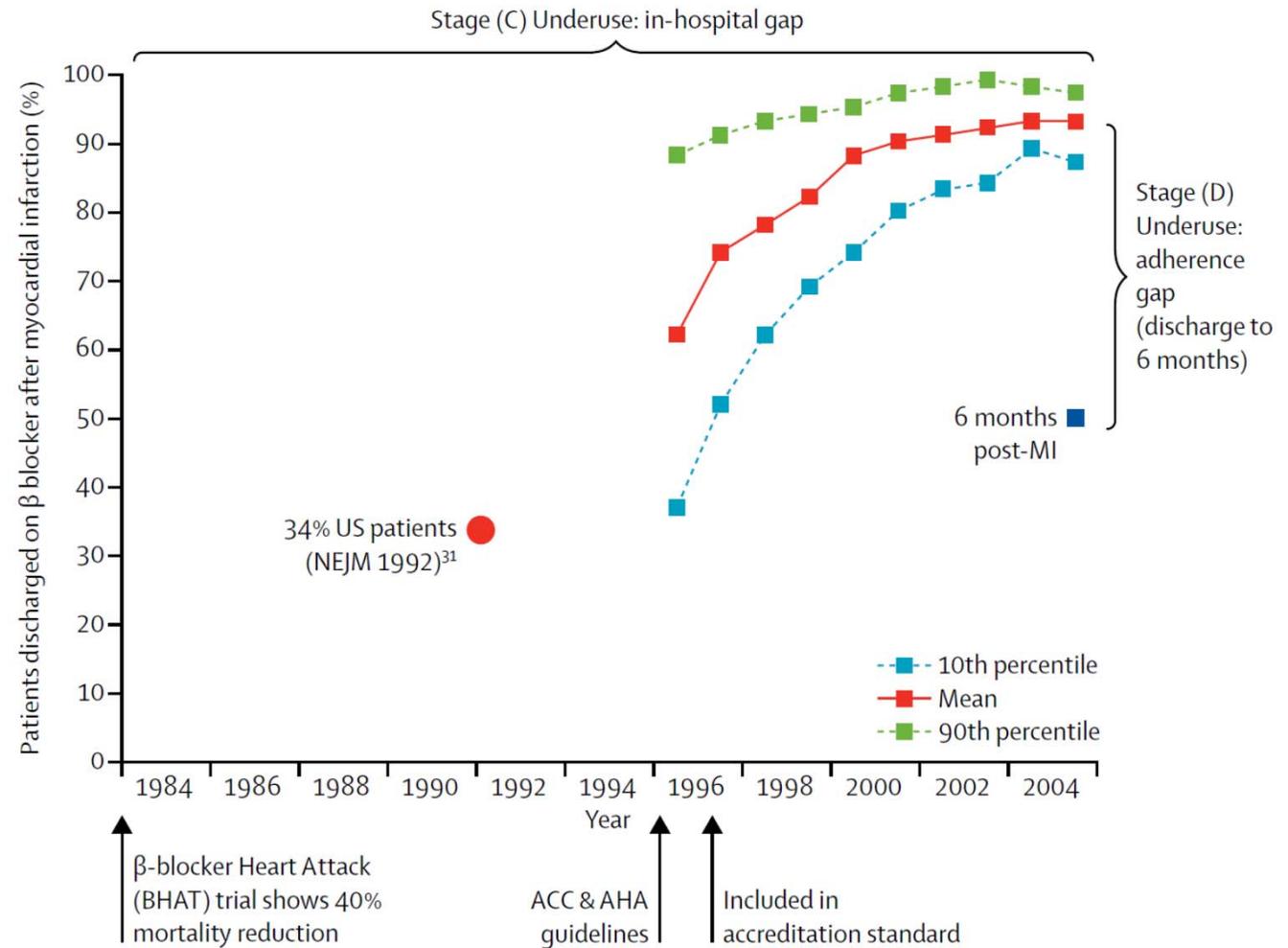
Right care 2



Evidence for underuse of effective medical services around the world

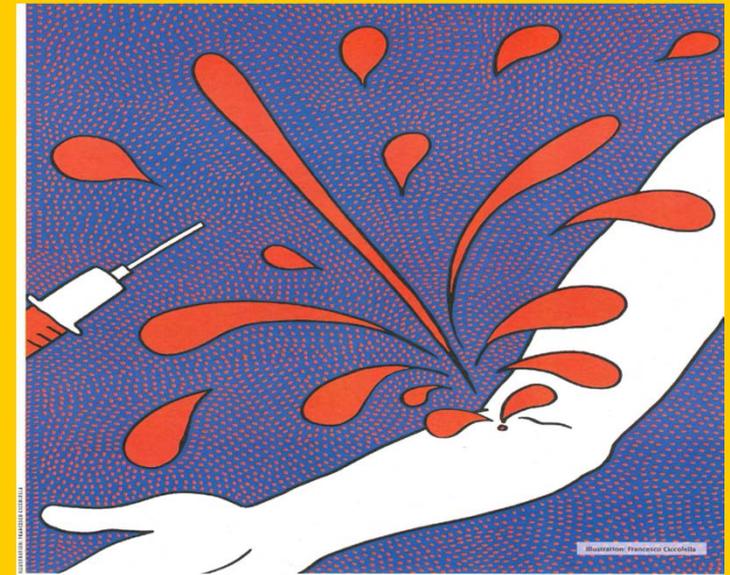
Paul Glasziou, Sharon Straus, Shannon Brownlee, Lyndal Trevena, Leonila Dans, Gordon Guyatt, Adam G Elshaug, Robert Janett, Vikas Saini

Qualität braucht doch viel Zeit

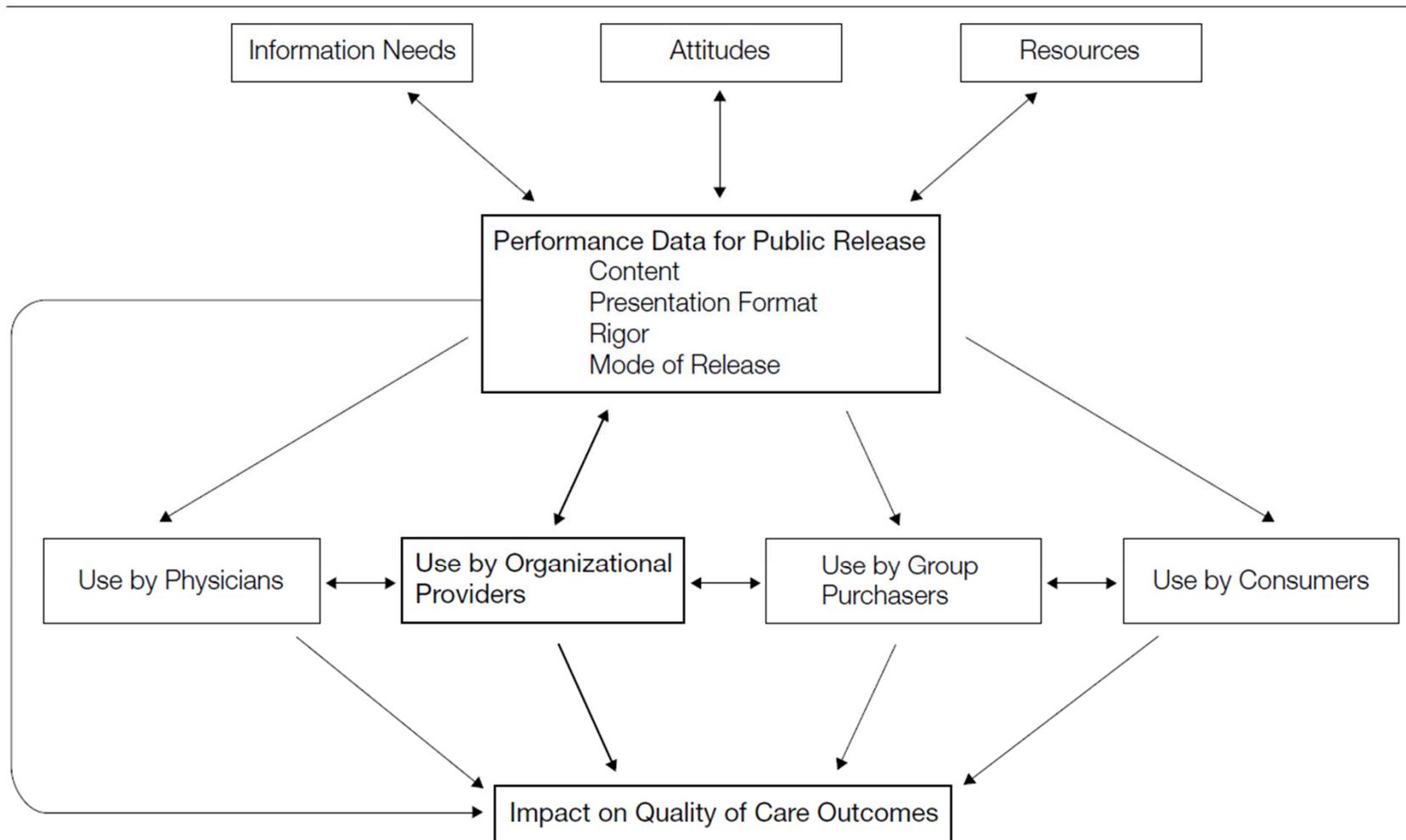


Gesundheitsleistungen öffentlich machen

- Wer will etwas wissen?
 - ▶ Patienten & Patientinnen
 - ▶ Angehörige
 - ▶ Juristen
 - ▶ Bezahler=Staat/Versicherungen
 - ▶ Medien
- Wer darf etwas wissen?
- Wer muss etwas wissen?
- Wer trägt die Verantwortung?



Public release of performance data?

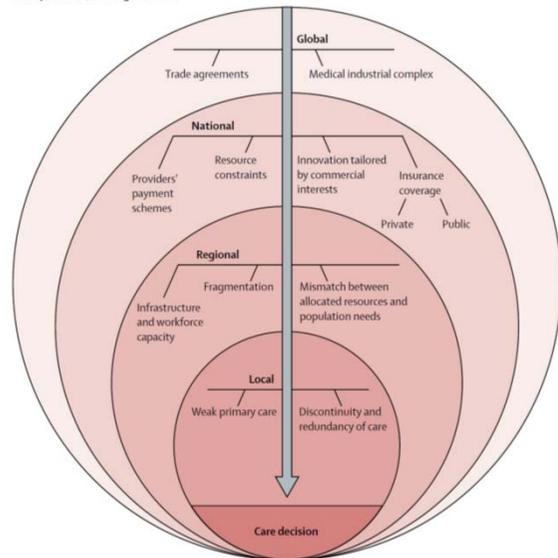


Themen

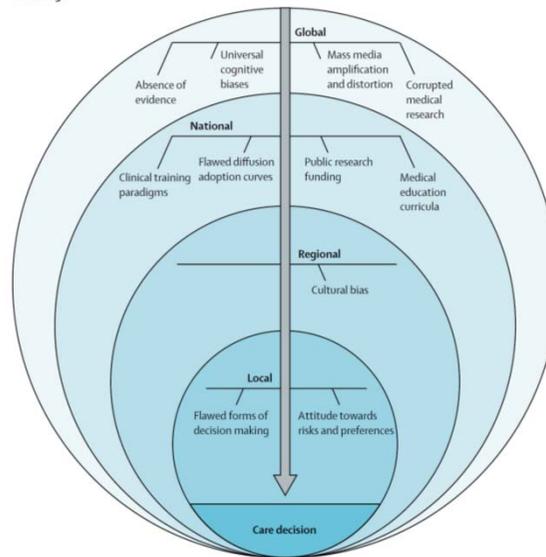
- Korrektes Bild der „Realität“
- Verständliches Bild
 - ▶ Fassbares Thema
 - ▶ Einfache Darstellung/Vergleichbarkeit
- Missverstandenes Bild
 - ▶ Keine Gesundheitseinrichtung gleicht der anderen
 - ▶ Unterschiedliche Sprache
 - Daten
 - Statistik
 - Graphik/Text

Drivers of poor medical care

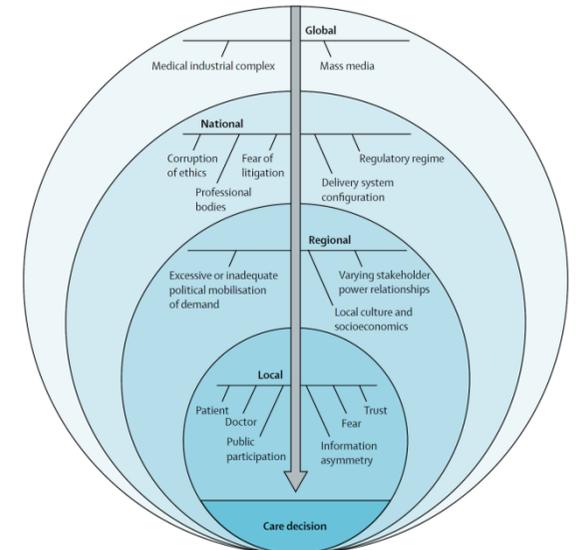
Money, finance, and organisation



Knowledge

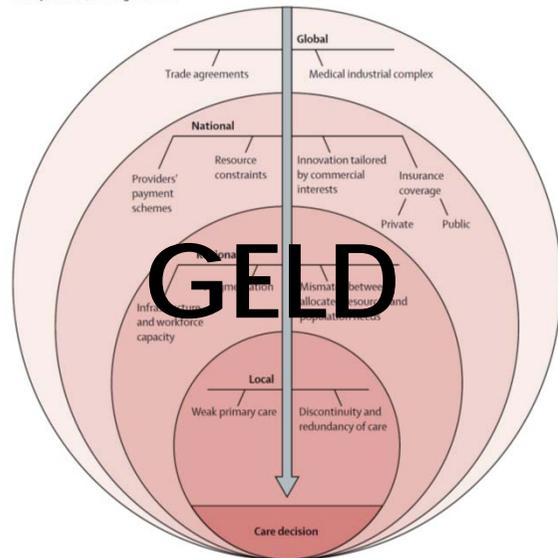


Power

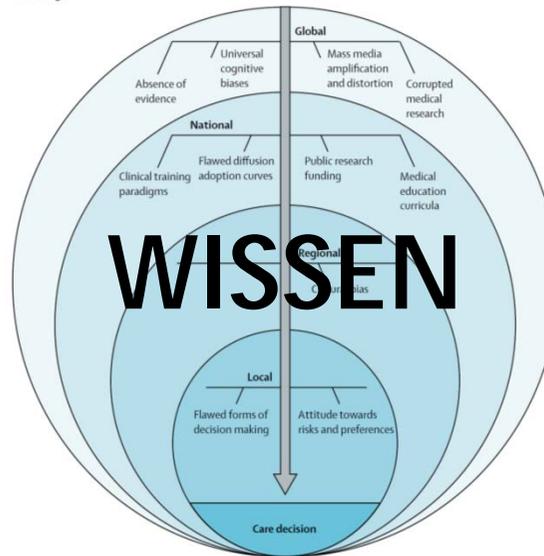


Drivers of poor medical care

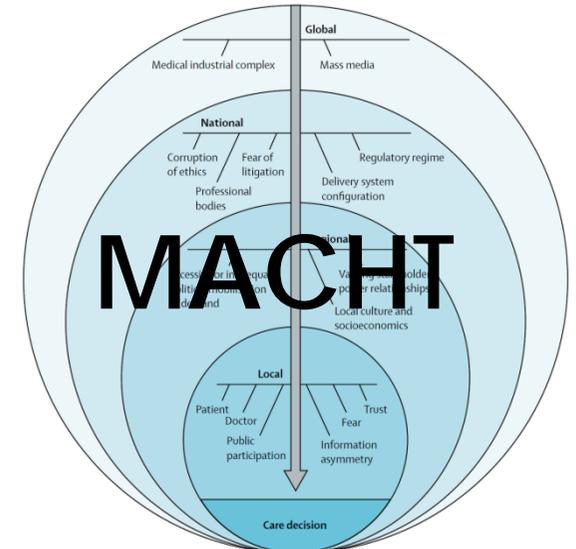
Money, finance, and organisation



Knowledge

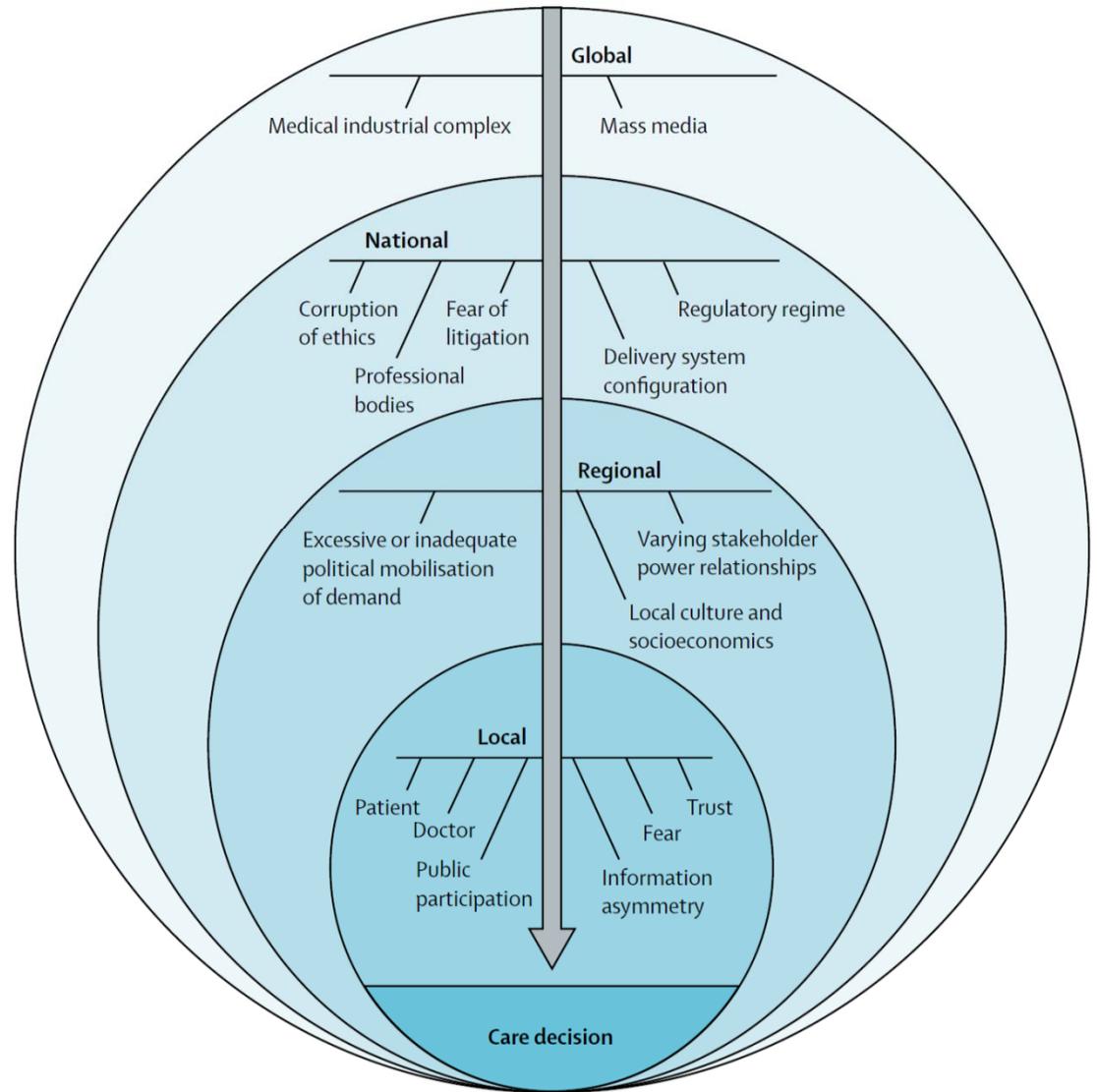


Power



Drivers of poor medical care

Power



Arztsuche oder Krankenhaussuche: Wir geben Ihnen Orientierung

Weisse Liste - Ihr Wegweiser im Gesundheitswesen

Arzt suchen

Krankenhaus suchen



Sicher

Alle Daten geschützt vor Manipulationen.



Informativ

Methodik und Ergebnisse wissenschaftlich fundiert.



Unabhängig

Kosten- und werbefrei. Kein kommerzieller Hintergrund.

Die Schirmherrschaft



Der Beauftragte der Bundesregierung
für die Belange der Patientinnen und Patienten

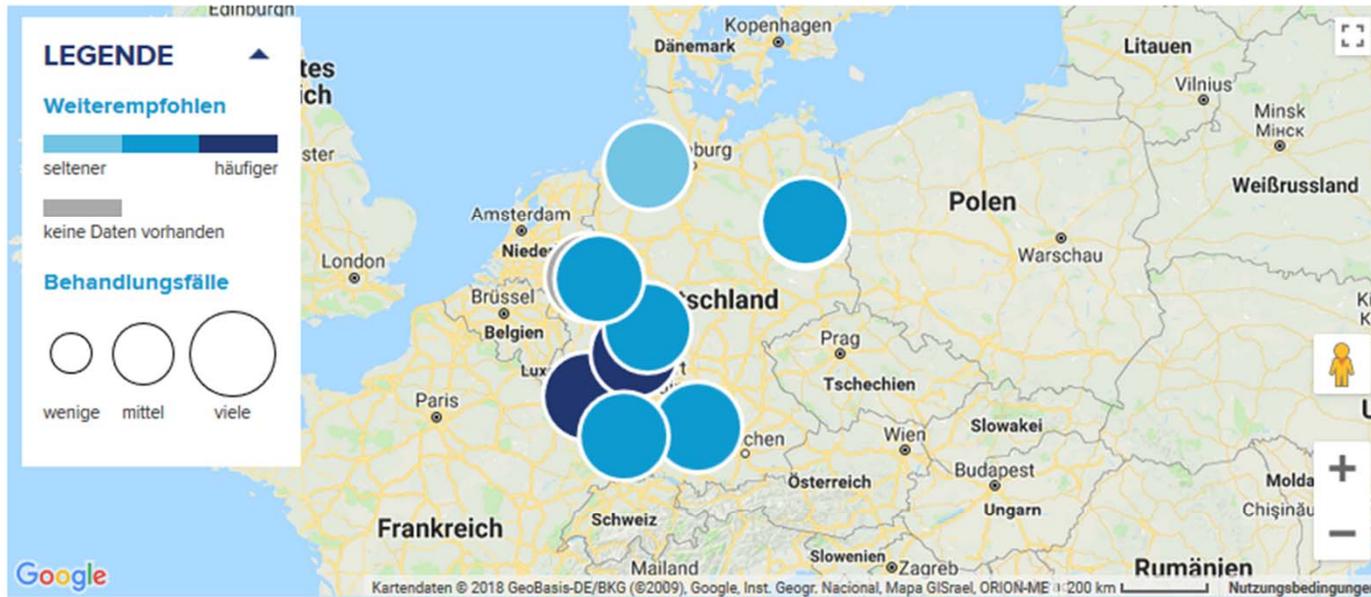
Dr. Ralf Brauksiepe, der Bevollmächtigte der Bundesregierung für Patienten, ist der Schirmherr der Weissen Liste.

Er unterstützt den Ansatz der Weissen Liste, Bürgern im Gesundheitswesen Orientierung zu bieten und fundierte Wahlentscheidungen für Leistungsanbieter zu ermöglichen.

 Karte ausblenden

Sortieren nach

Behandlungsfälle (2016) 



 Alle Details einblenden

 10 weitere Kliniken anzeigen

 50 weitere Kliniken anzeigen

St. Joseph Krankenhaus

Für Vergleich merken

 Berlin | Wüsthoffstraße 15, 12101 Berlin

 81% Weiterempfehlung (Ø 81%) 

[3 Erfahrungsberichte](#) [Erfahrungsbericht schreiben](#)

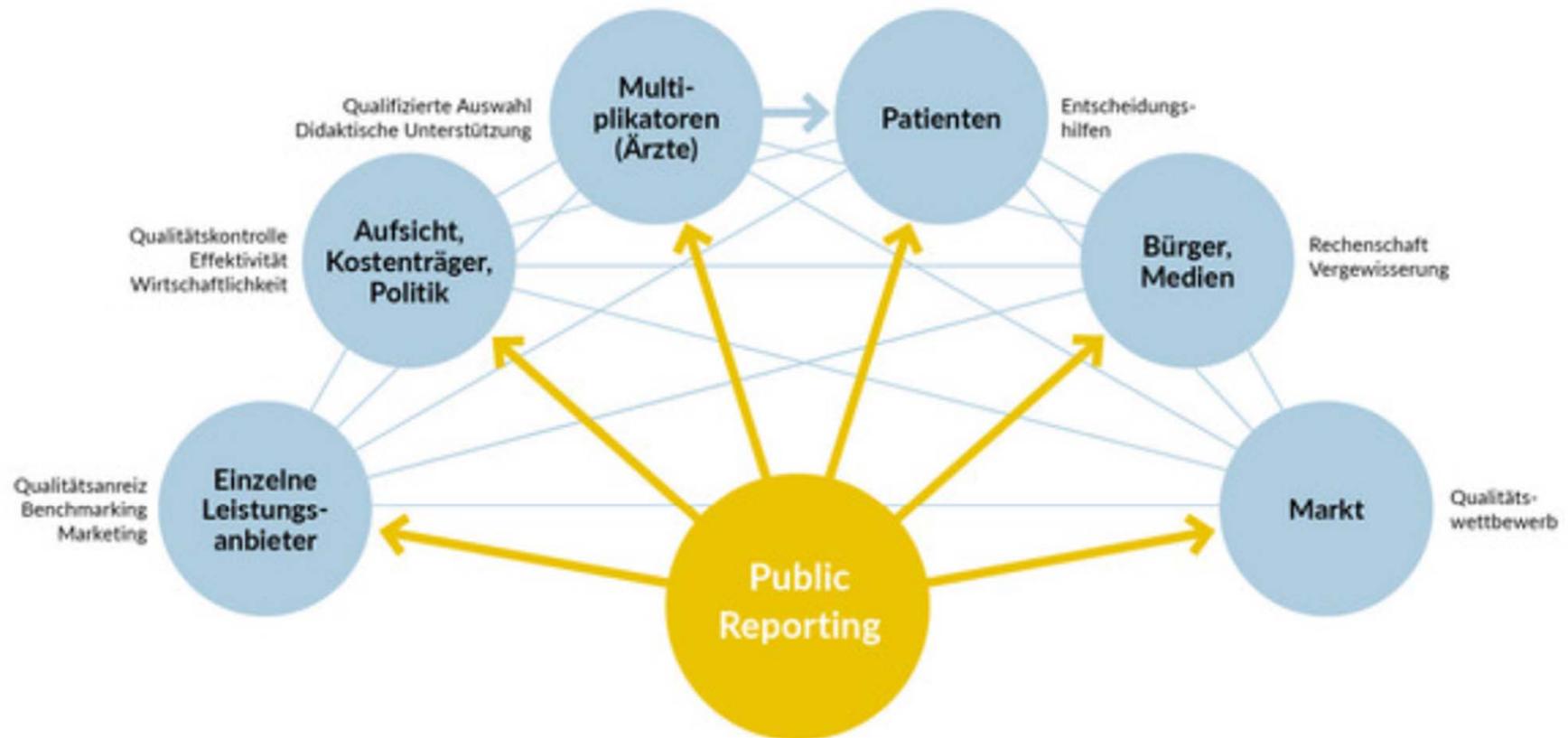
Behandlungsfälle (2016) 

19782 (überdurchschnittlich)

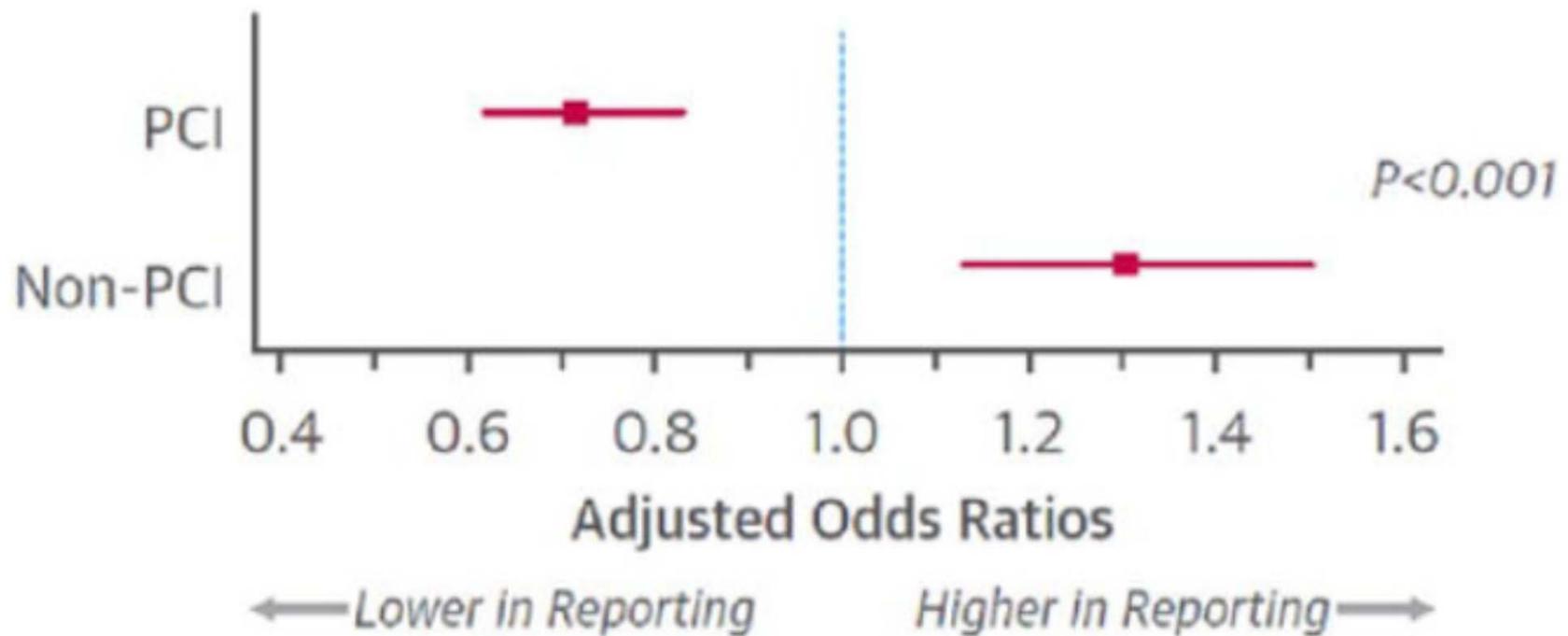
Patientensicherheit & Hygiene 

 35 von 43 Kriterien

Public Reporting: Wirkungsmodell



PCI Mortalität: reporting vs non-reporting



Risikovermeidung

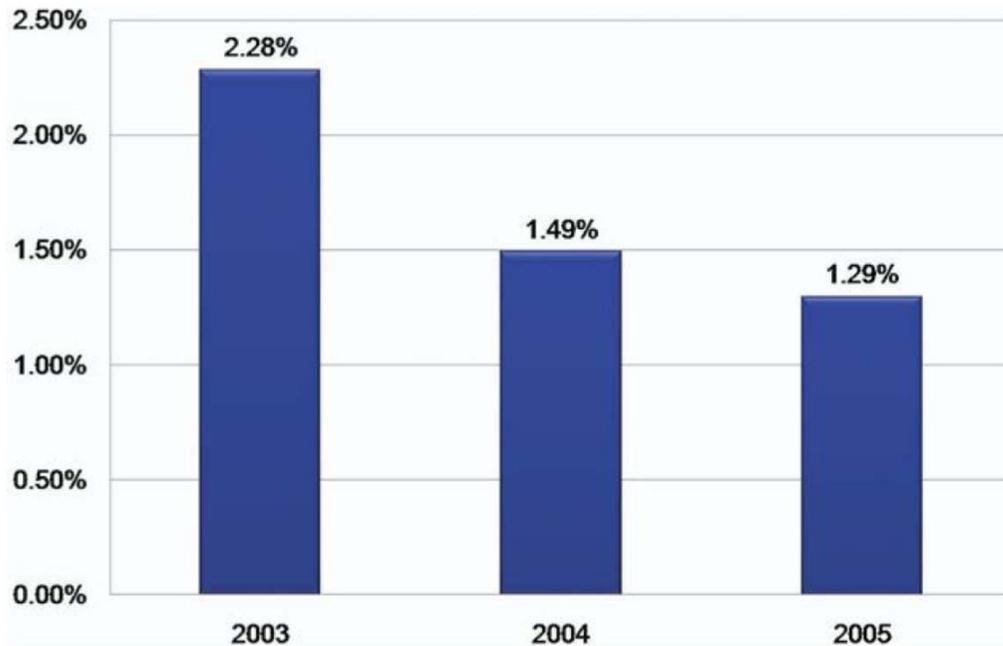


Figure 1

Proportion of Patients Undergoing PCI in Massachusetts for Cardiogenic Shock, 2003 Through 2005

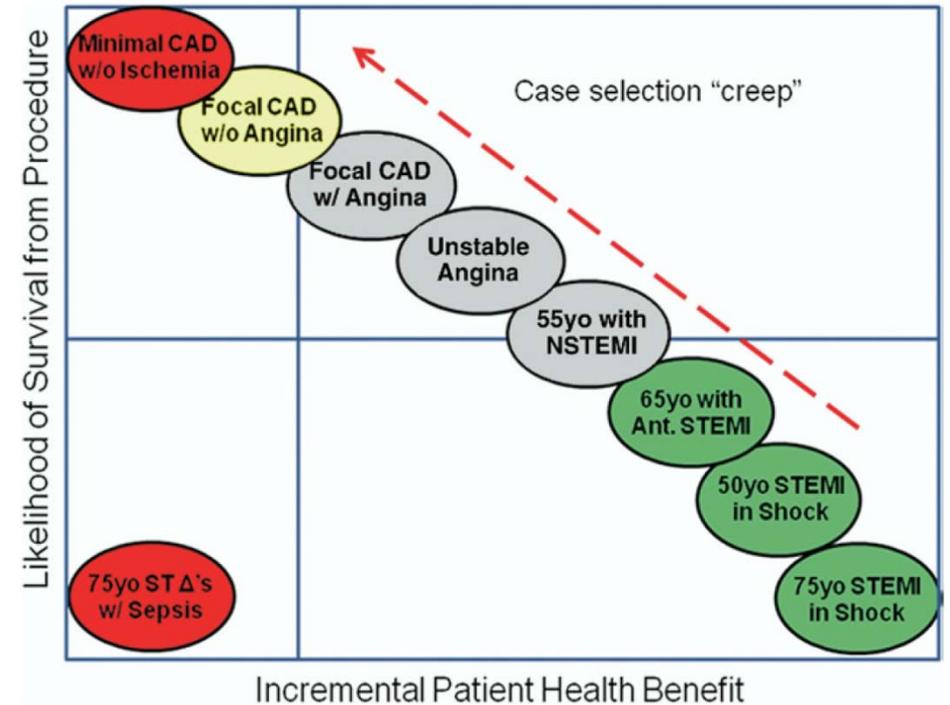


Figure 3

Potential for "Risk Avoidance Creep"

PCI Mortalität: reporting vs non-reporting

Summary of SCAI recommendations to improve public reporting

In the future, PCI public reporting programs should:

- Transition from procedure based to disease based reporting
 - Include the risk adjusted survival statistics for those patients undergoing PCI and those patients not undergoing PCI for a given presenting diagnosis
 - De-emphasize the importance of RAMR as a summary metric
 - Avoid rank ordering of programs based on RAMR point estimates
 - Patients suffering out-of-hospital cardiac arrest and those patients with pre-existing DNR orders should be excluded from all public reports of PCI outcomes.
 - Adjudication of high-risk classification should be made at the local facility level
 - Hospital specific risk adjusted mortality should be reported in two ways: including and excluding specific high-risk patient cohorts.
 - Refrain from reporting physician-specific RAMR following PCI
 - Incorporate quality of care measures beyond RAMR (as shown in Table IV)
-

Use and misuse of process and outcome data in managing performance of acute medical care: avoiding institutional stigma

Richard Lilford, Mohammed A Mohammed, David Spiegelhalter, Richard Thomson

The history of monitoring the outcomes of health care by external agencies can be traced to ancient times. However, the danger, now as then, is that in the search for improvement, comparative measures of mortality and morbidity are often overinterpreted, resulting in judgments about the underlying quality of care. Such judgments can translate into performance management strategies in the form of capricious sanctions (such as star ratings) and unjustified rewards (such as special freedoms or financial allocations). The resulting risk of stigmatising an entire institution injects huge tensions into health-care organisations and can divert attention from genuine improvement towards superficial improvement or even gaming behaviour (ie, manipulating the system). These dangers apply particularly to measures of outcome and throughput. We argue that comparative outcome data (league tables) should not be used by external agents to make judgments about quality of hospital care. Although they might provide a reasonable measure of quality in some high-risk surgical situations, they have little validity in acute medical settings. Their use to support a system of reward and punishment is unfair and, unsurprisingly, often resisted by clinicians and managers. We argue further that although outcome data are useful for research and monitoring trends within an organisation, those who wish to improve care for patients and not penalise doctors and managers, should concentrate on direct measurement of adherence to clinical and managerial standards.

Fragen

- Kann man ausweichen?
- Im Notfall?
- Abstimmen mit den Beinen?

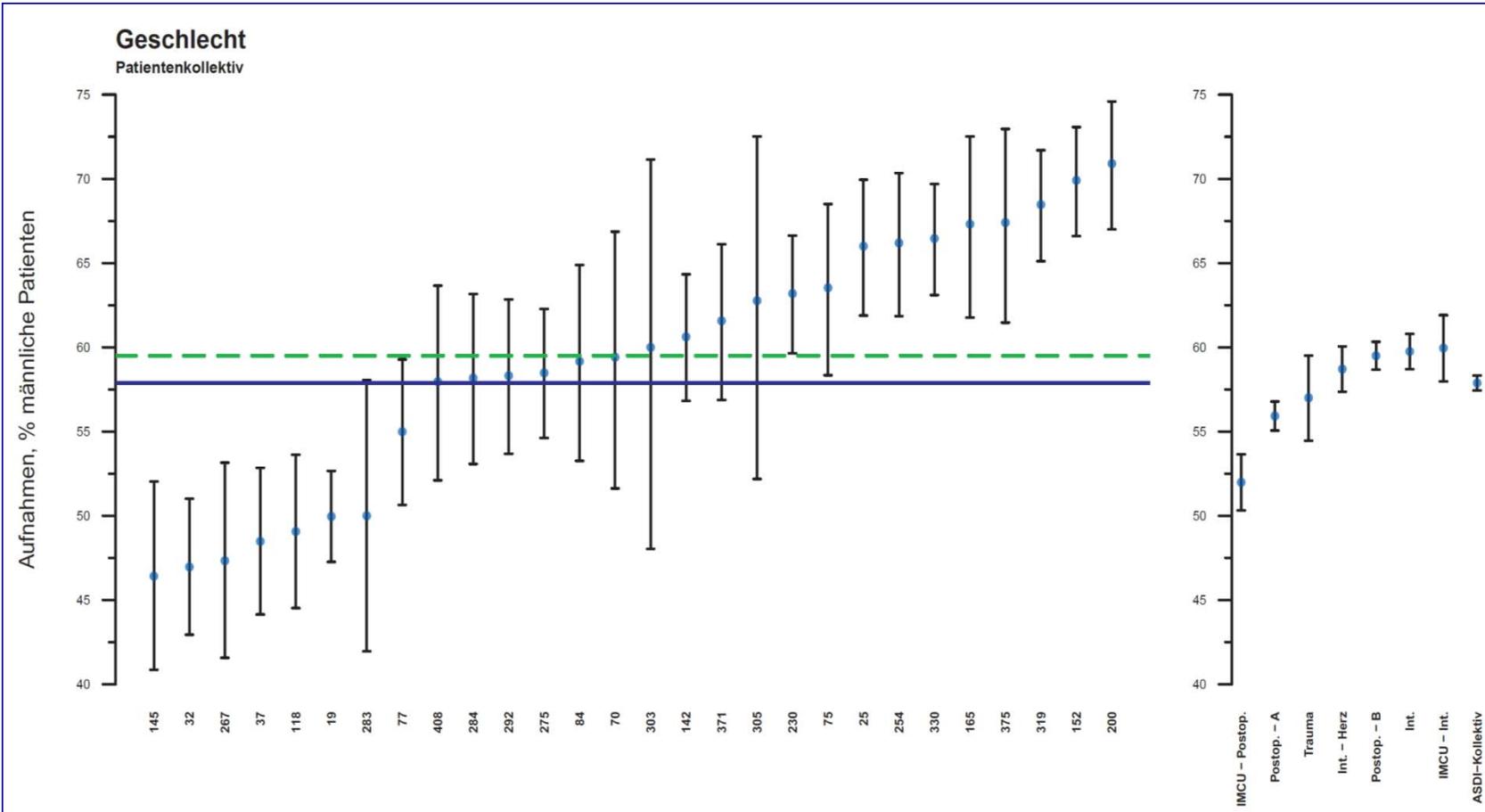
- Sind die „Großen“ geschützt?
 - ▶ Eigene Systeme
 - ▶ Schwere Fälle

Relevante Betrachtungen

- Zweck der Performance Veröffentlichung
- Integration in andere Qualitätsverbesserungsstrategien
- Auswahl der Indikatoren
- Beteiligung aller interessierten Gruppen
- Ausbildung von Medien & Öffentlichkeit

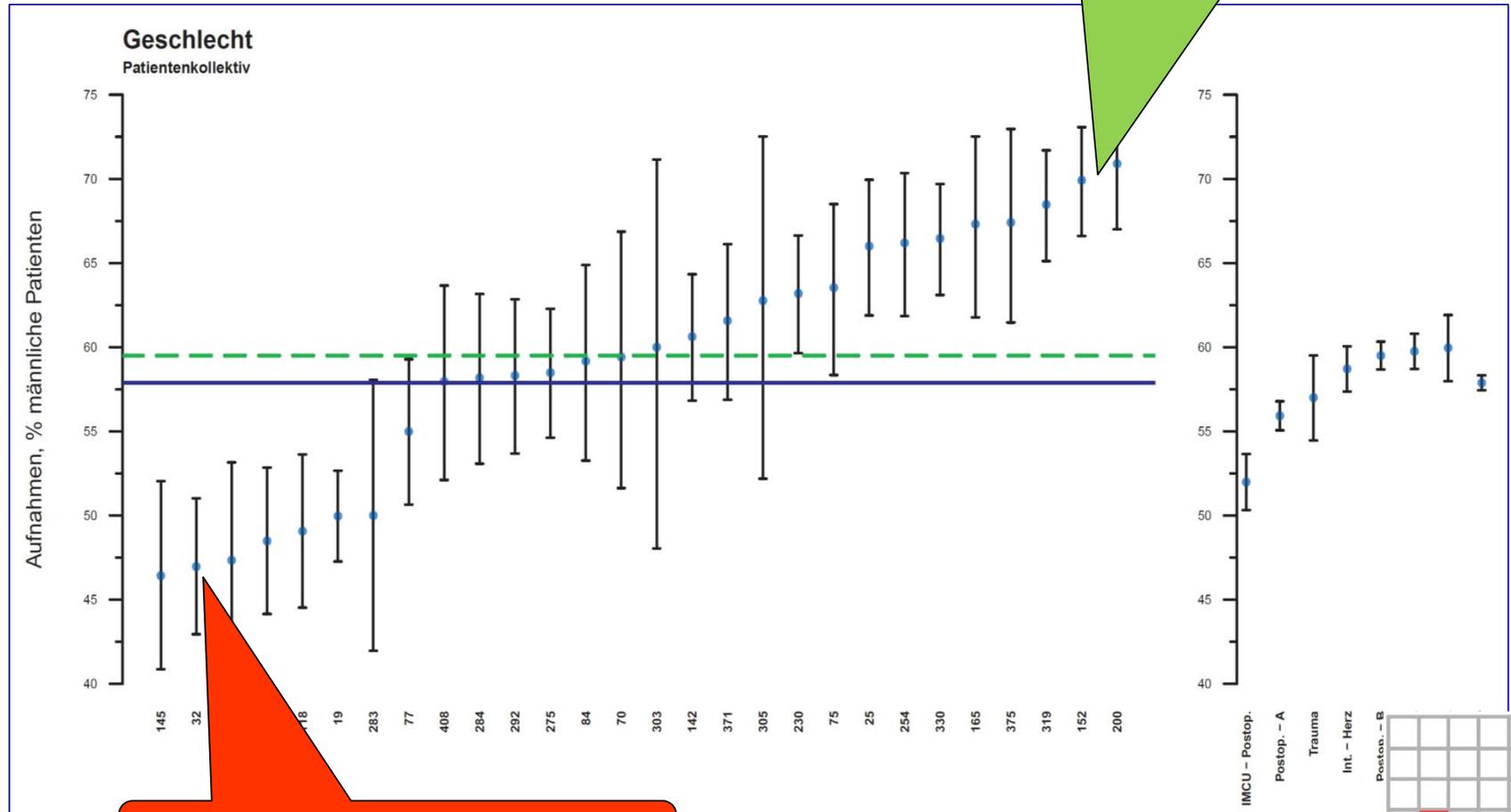
- Vorteile der Veröffentlichung
- Nachteile der Veröffentlichung
- Finanzieller Einsatz
- Abwägen Prozess oder Outcome Indikatoren
- Risk adjustment für Outcome Indikatoren
- Reporting Granularität (Level)
- Format
- Forschung über Effekte

Geschlecht?



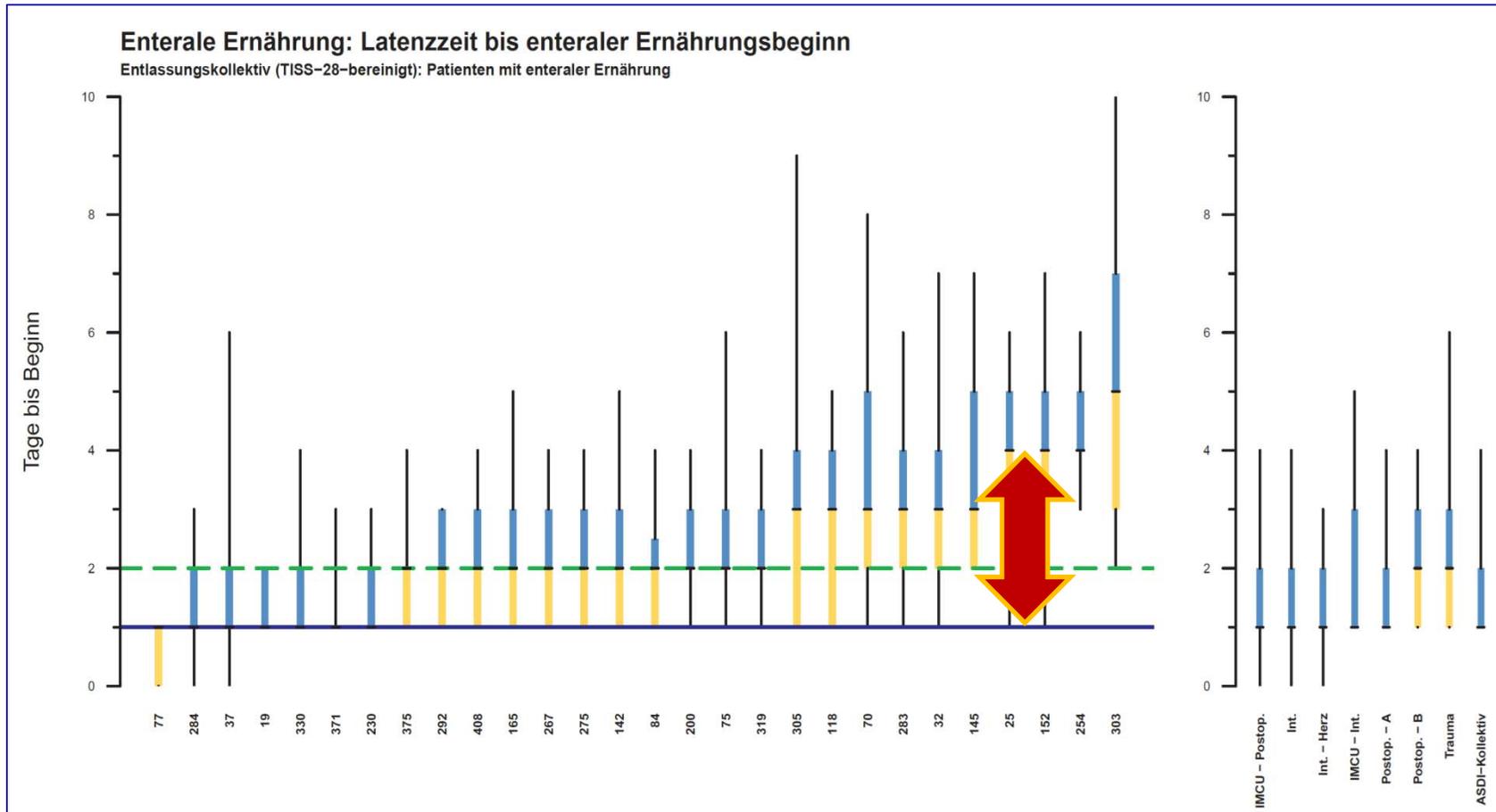
Bevorzugung oder Risiko?

ICU HHU: 70% Männer



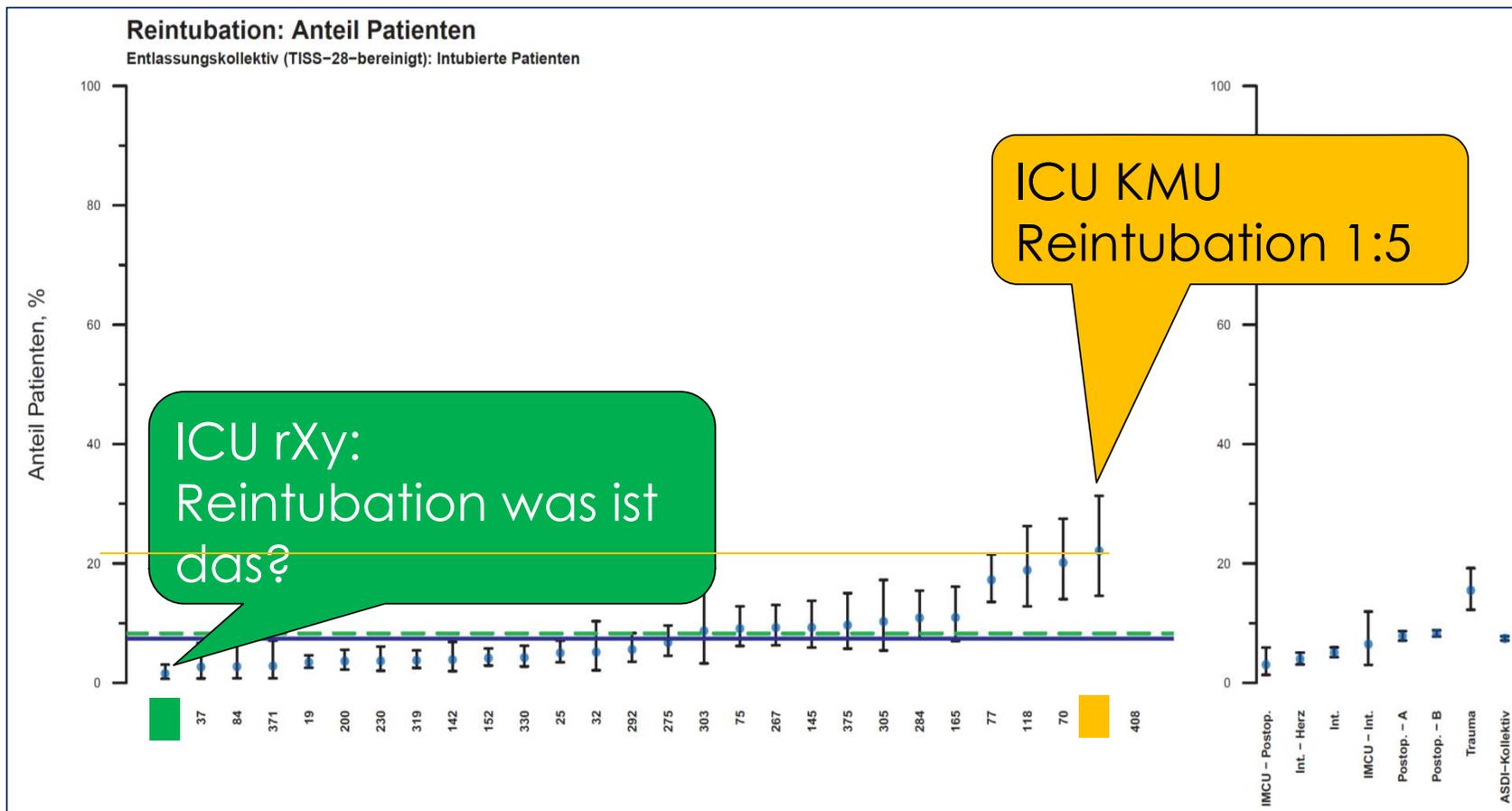
ICU xde: 44% Männer

Warten mit der Ernährung ist ?

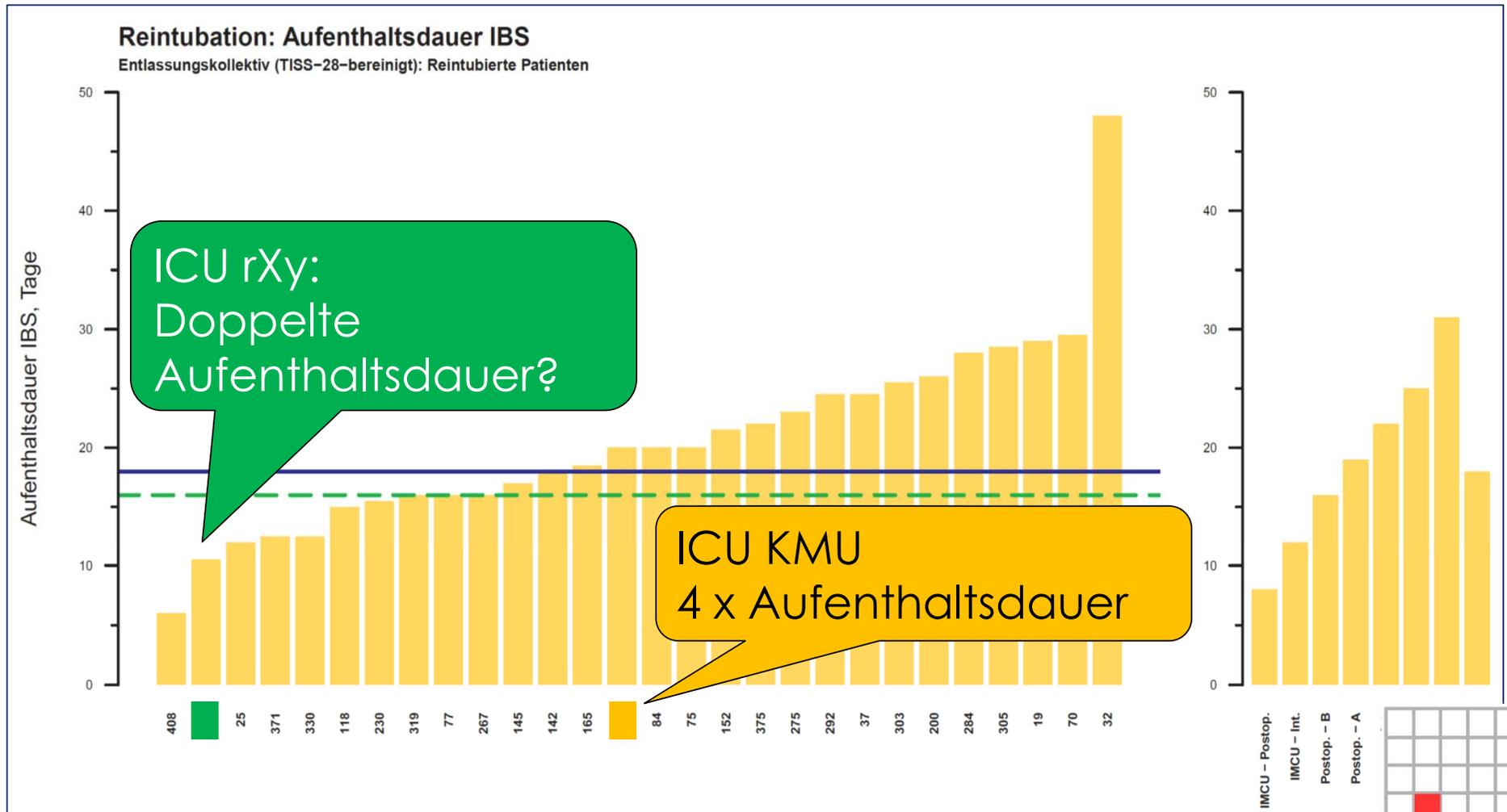


= 150-250 g Protein
 ≈ 750-1.250 g Muskel
 ≈ 6-10%

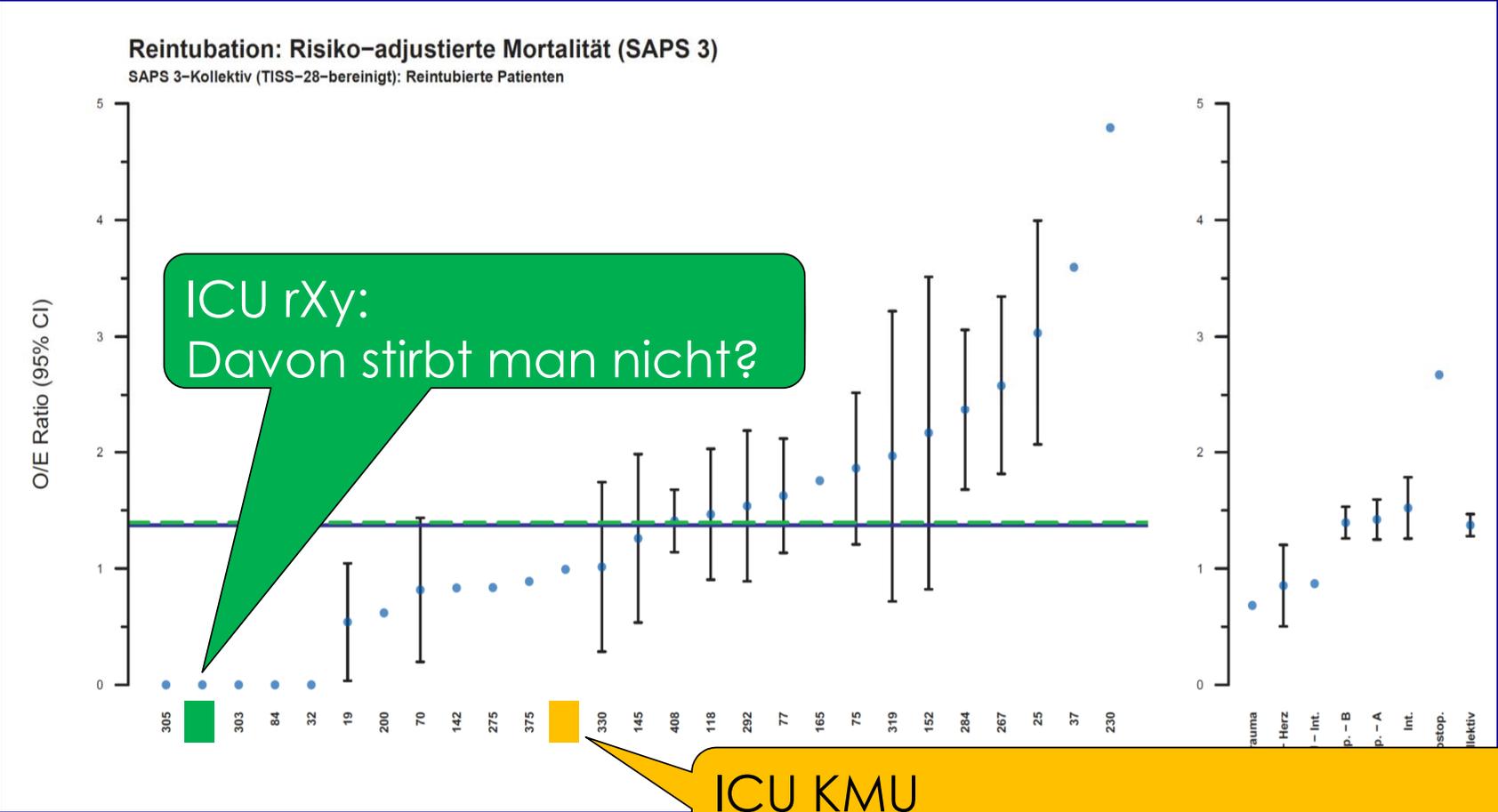
Prozess mit Risiko?



Ressourcen?



Risiko: spielt keine Rolle oder doch?



Zusammenfassung

- Veröffentlichung **kann nützlich** sein wenn
 - ▶ Von den verschiedenen Betroffenen getragen
 - ▶ Transparent
 - ▶ Verlässlich = wahrhaftig
 - ▶ Verstanden = fair
- Veröffentlichung **kann schaden**, wenn
 - ▶ Stigmatisierung
 - ▶ Verbindung mit Ressourcenverlust
 - ▶ Risikovermeidung

Ich als Patient?