



Welcome

KTQ-GmbH **Cooperation for Transparency and Quality** **in Healthcare**

**Information on the specific certification procedures
for healthcare practices**

Gesine Dannenmaier, CEO
Dr Henrik Herrmann



„First slide“

- MD internal medicine / geriatrics
- Head of department WKK Brunsbüttel/Heide
- Vicepresident medical chamber S-H
- Chairperson medical trade union S-H
- KTQ-surveyor since 2000 (pilot phase)
- More than 50 KTQ-surveys
- No industrially conflicts of interest



Advantages of QM in health care systems

- Transparency and optimization of process operations
- Patient- / customer- / employee orientation
- Checks of processes and improvements
- Alienation from risks
- Measurability and comparability of quality
- Best practice models
- Safeguarding the future of health care companies
- ...



KTQ history

- 1994: Start-up workshop
- 1997: Feasibility study
- 2000: Pilot phase (25 hospitals)
- 2001: Launch of KTQ – GmbH
- 2013: Foundation of KTQ international

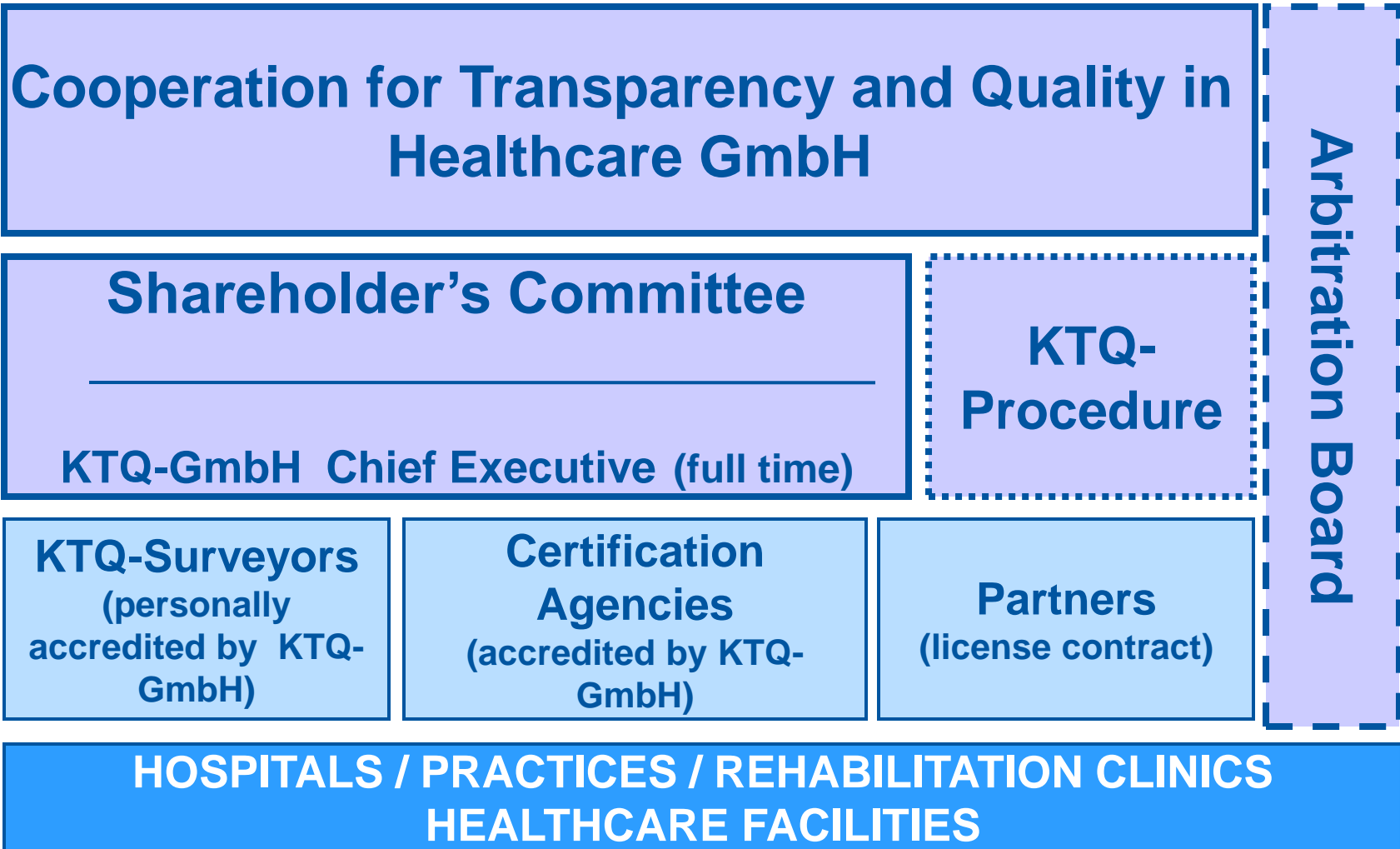
Partners/Shareholders of KTQ-GmbH

- Umbrella associations of statutory health insurers
- The German Medical Association (Bundesärztekammer)
- German Hospital Federation (Krankenhausgesellschaft)
- German Nursing Council (Deutscher Pflegerat)
- The Association of German Doctors (Hartmannbund)

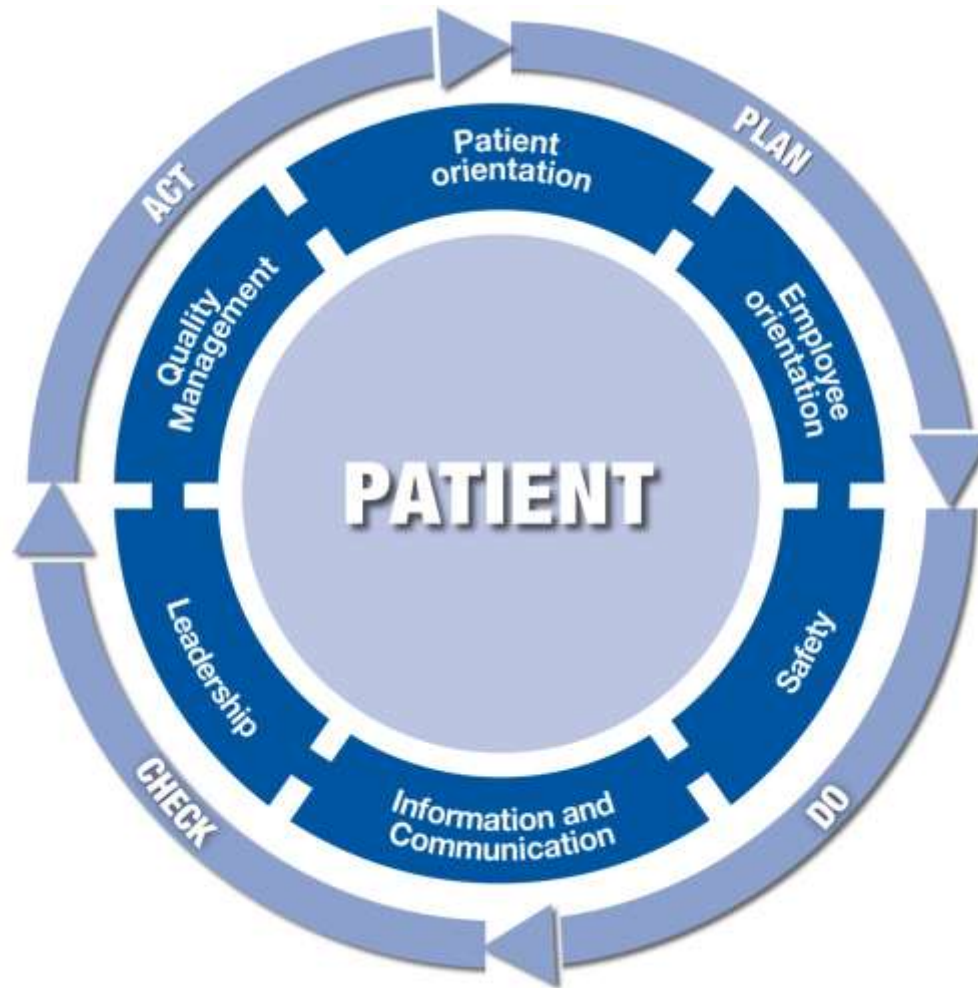




Organisation of KTQ®



The KTQ-Model®



KTQ Healthcare Certification



hospitals

inpatient care practices

rehabilitation clinics

outpatient care services

hospices

practices/health centres

sheltered housing projects

emergency medical services

Facts

(09.10.2014)



	KTQ-Certificated medical facilities	Cumulated numbers of KTQ-Certifications
Hospitals	464	1856
Ambulatory healthcare centers	57	150
Rehabilitation clinics	101	180
Nursing facilities, hospices, care homes	28	76
Emergency medical services	9	9



Video KTQ - International





The basic concept (I)

- an idea: from practitioners for practitioners
- an atmosphere: dialogue at eye level
- a procedure: focus on the patient



The basic concept (II)

- To develop a voluntary procedure
- To act as a catalyst for the implementation of internal quality management and the continual improvement in the quality of processes
- To increase performance transparency of the hospital with regards to patients, their relatives, referring doctors and healthcare insurers, and to increase openness



The basic concept (III)

- ...developed in consensus
 - with healthcare partners
- in dialogue with
 - hospitals / practices / rehabilitation clinics / healthcare facilities
 - KTQ surveyors
 - the KTQ certification agencies and survey facilitator/attendant
 - KTQ-consultants

Core elements of the KTQ procedure (I)

Step 1: Self-assessment



An overview of the facility based on the requirements described in the KTQ-catalogue.

Step 2: External assessment / survey



Following self-assessment, the facility may choose to apply via a KTQ certification agency for an external KTQ assessment.

Core elements of the KTQ procedure (II)

Step 3: Publication of the KTQ-Quality Report



The KTQ-Quality report describes the specific performance of the facility and makes it transparent to the public.



KTQ Categories

- 1 Patient orientation**
- 2 Employee orientation**
- 3 Safety**
- 4 Information and Communication**
- 5 Leadership**
- 6 Quality management**



Core criteria

- **3.1.1 / Occupational Safety**
- **3.1.2 / fire protection**
- **3.2.2 / medical emergency management**
- **3.2.3 / hygiene Management**
- **3.2.4 / hygiene relevant data**
- **3.2.5 / infection Management**
- **3.2.6 / drugs & medicine**
- **3.2.7 / blood products**
- **3.2.8 / medical products**
- **5.5.1 / risk management**



Patient orientation

- 1.1. General conditions of patient care (5)
- 1.2. Emergency hospitalisation (1)
- 1.3. Outpatient treatment (2)
- 1.4. Inpatient treatment (5)
- 1.5. Transition into other areas (2)
- 1.6. Dying and death (2)
- 17 criteria = 306 points max



Employee orientation

2.1. Personnel planning (1)

2.2. Personnel development (4)

2.3. Ensuring employee integration (3)

8 criterions = 144 points max



Safety



3.1. Safety and security systems (5)

3.2. Patient safety (8)

13 criterions = 234 points max

9 core criterions



Information and communication

- 4.1. Information and communication technology (1)
 - 4.2. Patient data (2)
 - 4.3. Information management (2)
 - 4.4. Switchboard and reception (1)
 - 4.5. Data protection (1)
- 7 criteria = 126 points max



Leadership

5.1. Corporate policy and company culture
(3)

5.2. Strategy and target planning (2)

5.3. Organisational development (3)

5.4. Marketing (1)

5.5. Risk management (1)

10 criterioins = 180 points max

1 core criterion



Quality management

6.1. Quality management system (2)

6.2. Interviews (3)

6.3. Management of complaints (1)

6.4. Quality-related data (2)

8 criteria = 144 points max

Examination system: the PDCA cycle

Act

Recommendations for improvements based on the results of the Check step

Plan

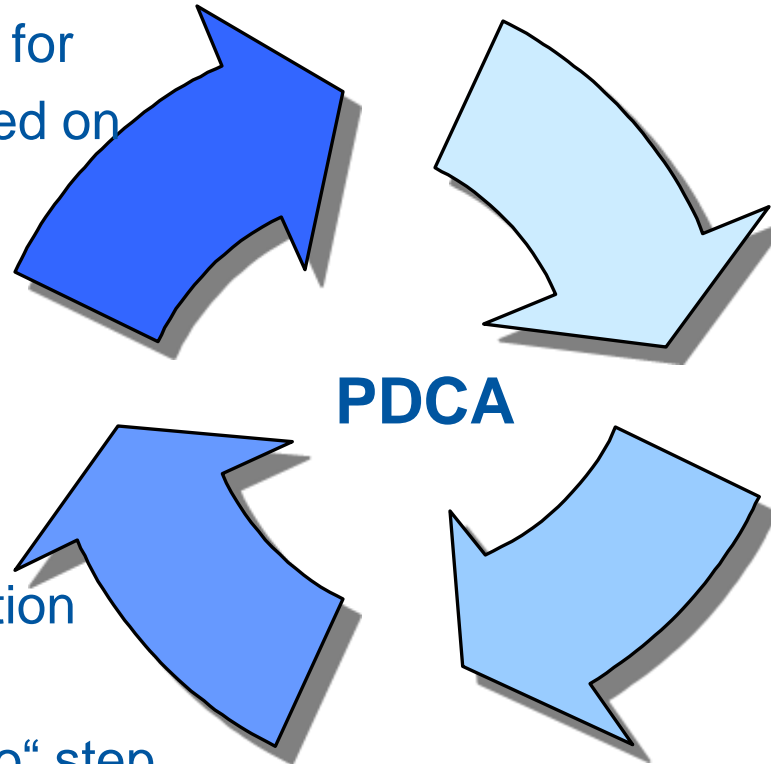
Goal and process planning, determining Accountability
= Target state

Check

Testing and evaluation of the processes described in the “Do” step
= current state

Do

Implementation in the practice, “current status”





Plan



Describe the planning of processes / the target state, to which the criterion refers, as well as defined responsibilities in your institution. Please include the following topics, amongst others, as far as applicable:

-
-
-



Plan 1.1.4.

- The planning of an adequate supply of the patients with foods and beverages in consideration of the patients' demands and from the point of view of nutritional physiology (e.g. meal plan, alternative options, diets, dietary advice, consideration of particular patient groups such as children, aged people)
- The planning of organising the food supply (e.g. transport, distribution, hygiene, temperature)
- The planning of the consideration of cultural and religious aspects



Do

Describe the actual state or the implementation of the process, to which the criterion refers. Please include the following topics, amongst others, as far as applicable:

-
-
-



Do 1.1.4.

- The supplying with food and beverages in consideration of the patients' demands and nutritional physiology
- The organisation of the food supply
- The consideration of cultural and religious aspects with regard to the room equipment and the food supply



Check

Describe the metrics, measurements and methods you use to revise and assess the requirements, actions and processes set forth in Plan and Do in a regular and comprehensible way:

-
-
-



Check 1.1.4.

- The interview results of patients and relatives (e.g. parents)
- The analysis of complaints
- The checking of the supply with food and beverages (e.g. nutritional status, diets)
- The comparison of the results with other departments or facilities



Act 1.1.4.

Describe the improvement measures you derived from the Check results:

- The defined improvement measures, which have been derived from the previous certification processes

Awarding points based on PDCA cycle

Points are awarded based on:

➤ **Attainment level**

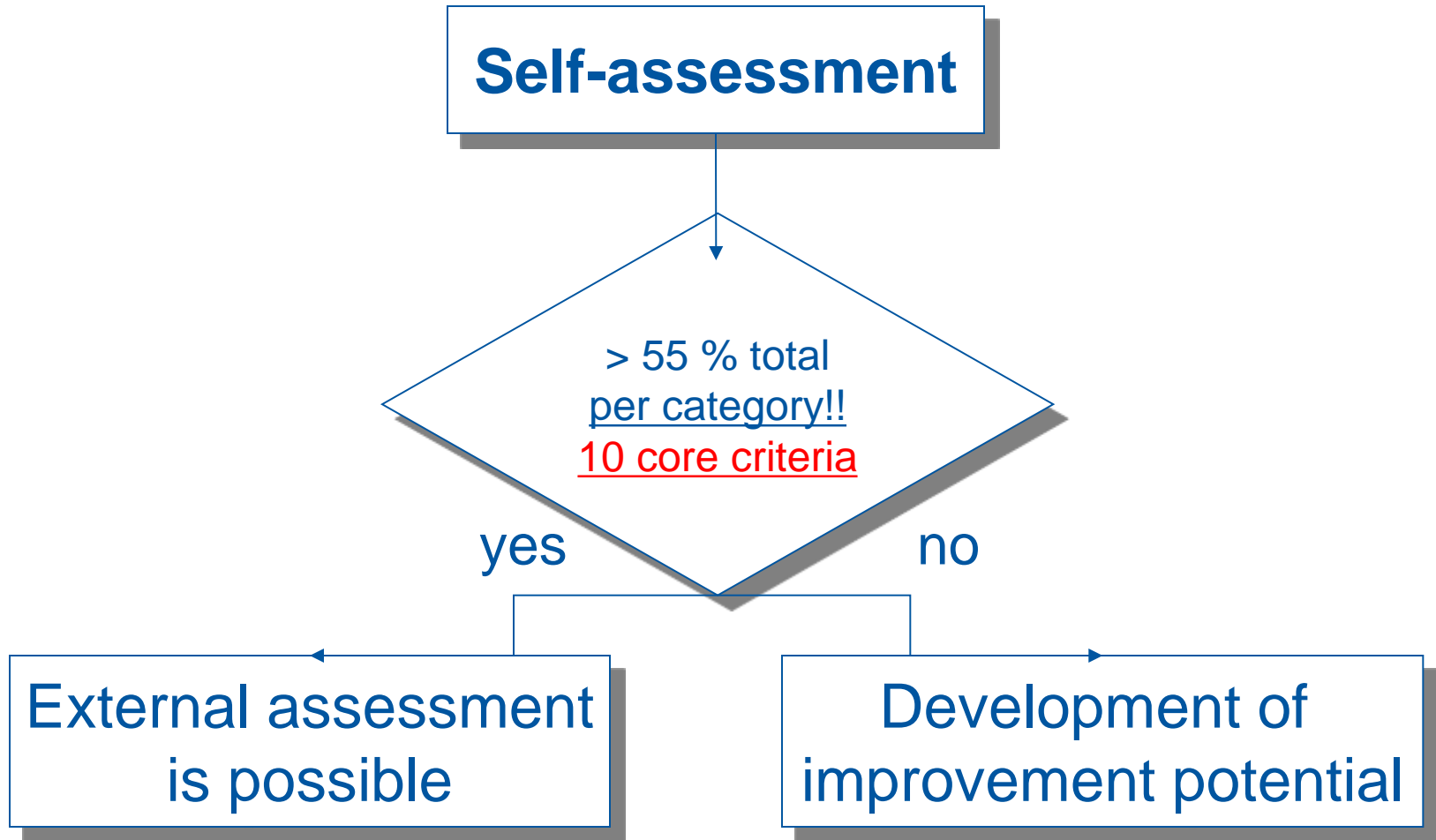
- Description of the quality of criteria fulfilled

➤ **Penetration level**

- Description of the extent of implementation in all areas (interdisciplinary and inter-professional) of the hospital

new: 10 core criteria

Use of the Self-assessment





The goal of external assessment

To **examine and assess** hospital quality management through KTQ-surveyors.

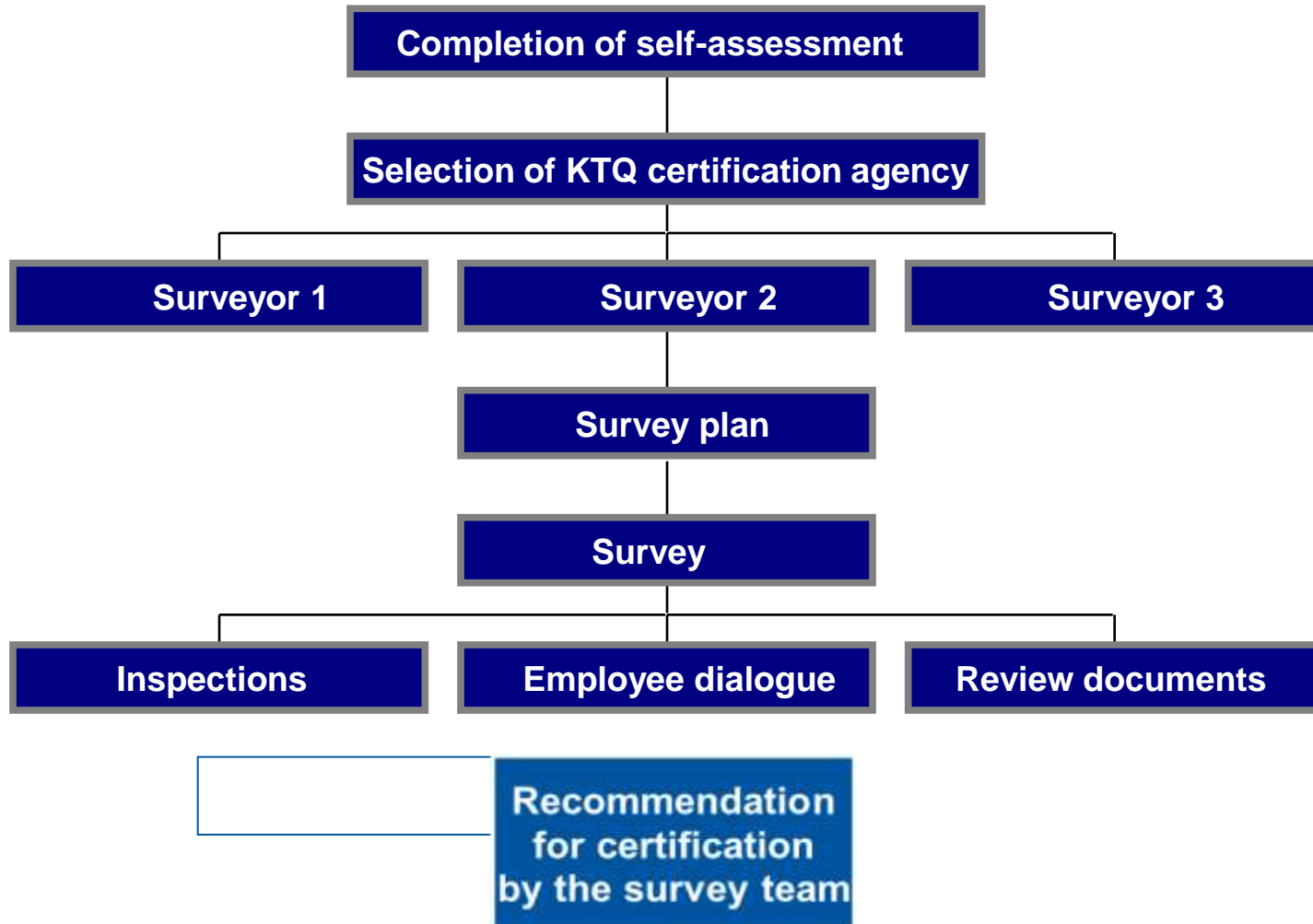
- a team of KTQ-surveyors will have an inter-professional focus



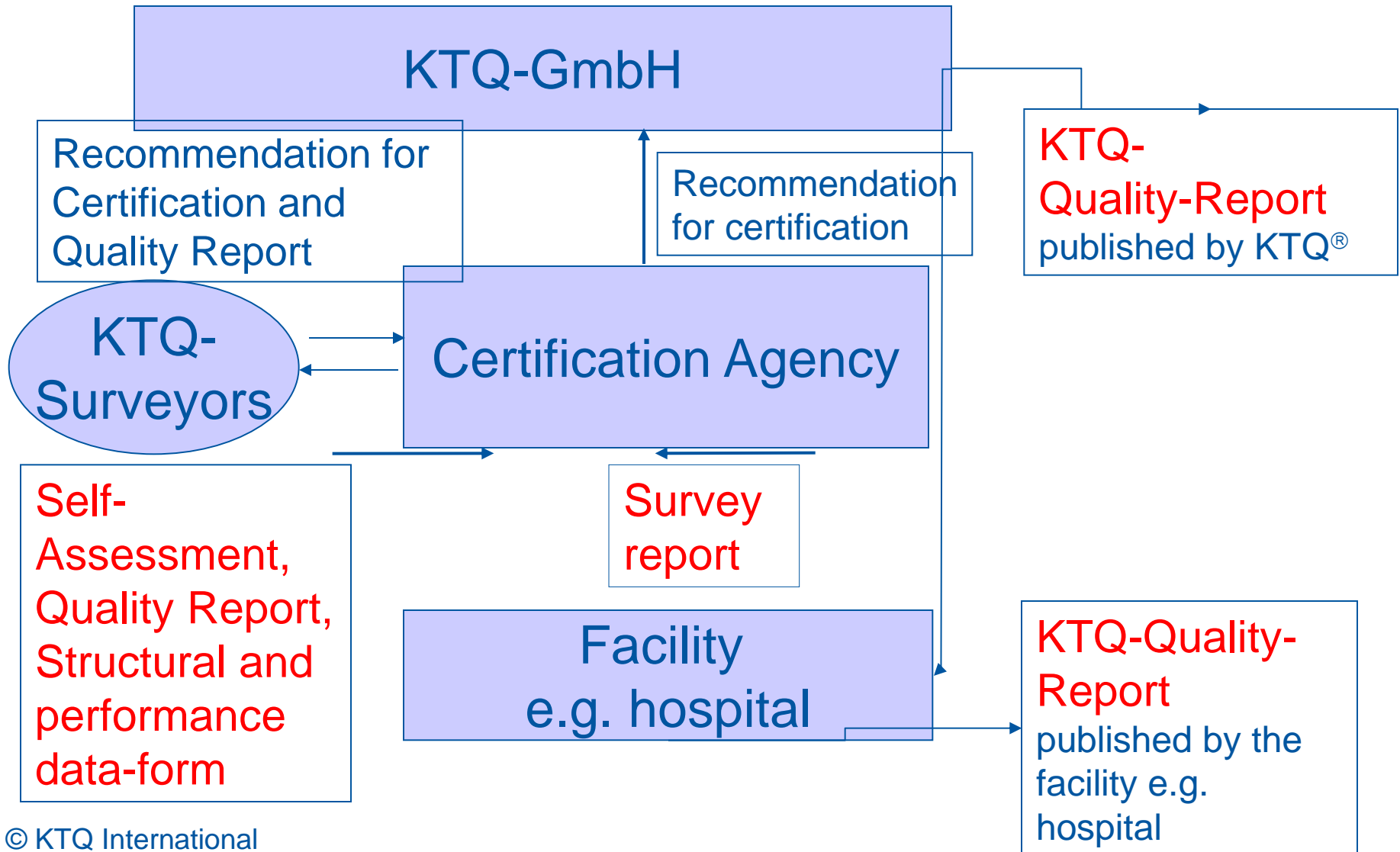
External Assessment- Team (hospital)

- Medical Surveyor
- Economic Surveyor
- Nursing Surveyor
- Attendant from Certification Agency

The KTQ survey procedure



Overview of KTQ® - Reportings





The KTQ Certificate



Valid 3 years

What certified hospitals are saying...

- “After certification, quality management became an established institution in the hospital.”
- “The impending external assessment gave the necessary boost to the implementation of projects that had long been in the planning.”
- “A whole array of potential improvements was discovered.”

What certified hospitals are saying...

- “KTQ[®] is a very good instrument for assisting a hospital with the introduction of a quality management system (QMS).“
- “Employees are motivated to develop a QMS because the questions in the KTQ catalogue are relevant to everyday practice.“

Experience of KTQ - International



- First KTQ-
certification in China
2012
- Tongji Hospital in
Wuhan / Hubei
- 3 A hospital
- 4200 beds
- 10000 ambulatory
patients / daily



Tongji Hospital





Inspection of ward



Inspection of medicaments





Conclusion of certification Tongji hospital

- Complete conformity
- No semantic or cultural problems
- KTQ – Catalogue universally applicable
- PDCA-Cycle worldwide known
- KTQ – Procedure international practicable



7 reasons for KTQ

- Accuracy of fit
- Practical competence
- Continuous improvements
- Interdisciplinarity
- Compatibility
- Clarity
- Marketing



Contact information

KTQ International GmbH

Rosenstraße 2

D – 10178 Berlin

Tel.: + 49 (0) 30 – 24 31 02 124

Fax: + 49 (0) 30 – 24 31 02 22

www.ktq-international.com

gd@ktq-international.com

jp@ktq-international.com



THANK YOU

for your interest and your attention

**... we are looking forward to the next contact
your KTQ International Team**

