

Cooperation for Quality and Transparency in Healthcare/ KTQ-GmbH

A short description of the certification procedures

Cooperation for Quality and Transparency in Healthcare (KTQ-GmbH) was founded in 2001 with the aim of making a voluntary certification procedure available to hospitals, thereby promoting the continual improvement of internal quality management. The KTQ[®] has also offered a certification procedure since October 2004 for medical practitioners with their own practice and a certification procedure for rehabilitation clinics since October 2005. The certification procedures for in-patient (including partly in-patient) health care facilities, ambulatory care services, hospices and alternative residential arrangements (referred to here as “facilitites”) have been part of this certification procedure since November 2006.

The KTQ-GmbH is a society formed by the Central Associations of Health Insurance Funds, the German Medical Association, the German Medical Association, the German Hospital Association, the German Nursing Council and the Hartmann Union (Organization of German Doctors). The purpose of this voluntary certification procedure for hospitals, doctors surgeries, dental surgeries, psychotherapy centres, rehabilitation centres and now also in-patient (including partly in-patient) health care facilities, ambulatory care services, hospices and alternative residential arrangements, is to motivate the management and the staff of the given facility to implement and constantly improve an internal quality management system that is focussed on the patient. The procedures centre on the observation of how the interdisciplinary processes are put into practice, whereby groups of different professions and different hierarchical levels overlap.

To gain the most favourable possible response from hospital staff, staff in doctors' surgeries, rehabilitation centres and the other facilities mentioned above, a fundamental aspect of the KTQ[®] approach from the start has been to stay very practice oriented. Based on the principle “take from practice and put into practice” the KTQ[®] began by forming working parties made up of professionals who worked in hospitals, doctors with their own practice, physician assistants, professionals from rehabilitation centres and the staff from in-patient (including partly in-patient) health care facilities, ambulatory care services, hospices and alternative residential arrangements. The KTQ[®] working parties were assigned the task of defining the categories to be applied in the monitoring of quality management in hospitals, surgeries, rehabilitation centres and diverse facilities.

The conclusions of the first working party constitute the basis for the KTQ[®] manual covering hospital work, including the KTQ[®] catalogue. Version 5 is applicable when an external evaluation (visit) is being made. The KTQ[®] manual for medical practitioners' surgeries is currently in the KTQ[®] catalogue Version 2 on the certification of medical surgeries. The catalogue in Version 1.0 applies to rehabilitation centres. The KTQ[®] manual for in-patient (including partly in-patient) health care facilities, ambulatory care services, hospices and alternative residential arrangements is currently available in Version 1.0.

Within KTQ training (for hospital staff for instance) information exclusively intended for the purposes of self assessment and external assessment is conceived in such a way that it can be adapted to the area of responsibility of the various kinds of facility (hospitals, university clinics, psychiatric clinics) applicable.

The pilot phase for nursing care facilities has now been completed and officially became a normal part of KTQ[®] work in January 2007. Creating a common structure for the KTQ[®] certification procedure, with due regard to specific variations to meet the requirements of different kinds of facility, serves to support the implementation and carrying out of internal quality management in all the various health care facilities.

Steps in the Certification Procedure for Hospitals.

The entire process which makes up the certification procedure consists of three steps:

➤ **Self Assessment**

An overview of the hospital in respect of the structural data in the KTQ[®] catalogue and requirements of the individual procedural stages within the six categories. In the case of self-assessment, the members of staff judge and evaluate their own performance under six category headings: resident orientation; staff orientation; security and safety; information service; leadership; quality management.

A KTQ[®] evaluation system serves as an assistance tool for self-assessment, drawn up on the basis of the Plan-Do-Check cycle and an assessment of the level of achievement and depth and scope which has been reached.

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| Plan: | Describe the planning of the processes to which the established criterion relates and the responsibilities which have been laid down. |
| Do: | Describe the “real situation”, that is to say, the processes as they are being implemented in reality, in relation to the established criterion. |
| Check: | Describe how the attaining of targets as set in the “Do” process are subject to a regular monitoring and <u>evaluation</u> procedure intelligible to others, where relevant, measured in terms of target levels (key figures, measured quantities). |
| Act: | Describe the improvement measures which you initiated on the basis of the “Check” results. |
| | <ul style="list-style-type: none"> · Please refer to all the process descriptions given in “Do” and “Check”. · Describe how these improvement measures will be integrated into any updated process planning. |

The decisive factor in evaluating the **level of achievement** is the standard achieved in fulfilling the given criteria. To evaluate the **level of depth and scope**, the key element is the scope covered by the measures being carried out, which means that the procedures are taking place in all sections relevant to the hospital.

➤ **External evaluation/Visit**

As an addition to the self-assessment a hospital may apply for an external assessment via a KTQ[®] certification authority. In the case of an external assessment, professional colleagues (visitors) from the medical, financial and nursing care management sections visit the facility and on the basis of that facility's self-assessment, employ “collegial dialogues” and “the inspection of individual sectors” to make their evaluation. In addition to having had many years professional experience and a solid training in quality management, all KTQ[®] visitors will have undergone a specific KTQ[®] external evaluation training.

➤ **Issuing of Certificates/Publicising of the KTQ[®] Quality Report**

After a successful external evaluation/visit a certificate is issued, which is valid for three years. The KTQ[®] Quality Report, brought out at the same time as the issuing of the certificate, describes the concrete achievements and structural data of the hospital concerned and publicises the procedures in such a form as to be fully intelligible to outsiders.

To sum up: the aim of the KTQ-GmbH is to offer a system of self-assessment through a voluntary certification procedure as laid down in the KTQ[®] manual, with the aim of providing hospitals with incentives to introduce new elements of quality management, based on an analysis of the hospital's prevailing structures and health care procedures and how they should further develop. The KTQ[®] certification procedure makes it possible for the entire range of hospital care provision to be

covered, including all wards/sections/areas; it neither offers nor provides a certification for one aspect or area of hospital care provision to the exclusion of others. All quality improvement measures are focussed on the improvement of patient care provision, with respect to both the way things are done and to achievements as reflected in patient orientation.