Welcome

KTQ-GmbH
Cooperation for Transparency and Quality in Healthcare

Information on the specific certification procedures for healthcare practices

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Dr Henrik Herrmann

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- 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®

Cooperation for Transparency and Quality in Healthcare GmbH

Shareholder’s Committee

KTQ-GmbH Chief Executive (full time)

KTQ-Surveyors (personally accredited by KTQ-GmbH)

Certification Agencies (accredited by KTQ-GmbH)

Partners (license contract)

HOSPITALS / PRACTICES / REHABILITATION CLINICS
HEALTHCARE FACILITIES

Arbitration Board

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The KTQ-Model®

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KTQ Healthcare Certification

- hospitals
- inpatient care practices
- rehabilitation clinics
- outpatient care services
- hospices
- practices/health centres
- sheltered housing projects
- emergency medical services

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### KTQ-Certificated medical facilities

<table>
<thead>
<tr>
<th>Category</th>
<th>KTQ-Certificated medical facilities</th>
<th>Cumulated numbers of KTQ-Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>464</td>
<td>1856</td>
</tr>
<tr>
<td>Ambulatory healthcare centers</td>
<td>57</td>
<td>150</td>
</tr>
<tr>
<td>Rehabilitation clinics</td>
<td>101</td>
<td>180</td>
</tr>
<tr>
<td>Nursing facilities, hospices, care homes</td>
<td>28</td>
<td>76</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
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

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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 criterions = 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
3.1. Safety and security systems (5)
3.2. Patient safety (8)
13 criterions = 234 points max
9 core criterions
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 criterions = 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 criterions = 144 points max
Examination system: the PDCA cycle

**Plan**
Goal and process planning, determining Accountability
= Target state

**Do**
Implementation in the practice, “current status”

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

**Act**
Recommendations for improvements based on the results of the Check step

**PDCA**

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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
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:

- ..........
- ..........
- ..........
- 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
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
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

Self-assessment

> 55 % total per category!!
10 core criteria

yes

External assessment is possible

no

Development of improvement potential
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

Completion of self-assessment

Selection of KTQ certification agency

Surveyor 1  Surveyor 2  Surveyor 3

Survey plan

Survey

Inspections  Employee dialogue  Review documents

Recommendation for certification by the survey team
Overview of KTQ® - Reportings

- **KTQ-GmbH**
  - Recommendation for Certification and Quality Report
  - Recommendation for certification

- **KTQ-Surveyors**
  - Self-Assessment, Quality Report, Structural and performance data-form

- **Certification Agency**
  - Survey report

- **Facility e.g. hospital**
  - KTQ-Quality-Report published by KTQ®
  - KTQ-Quality-Report published by the facility e.g. hospital

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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
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THANK YOU

for your interest and your attention

… we are looking forward to the next contact

your KTQ International Team