



国家卫生计生委卫生发展研究中心
China National Health Development Research Center

The Chinese County-level Public Hospital Continuous Quality Improvement and Certification System

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Program introduction

Results of systematic review

Framework of Chinese system

Germany visit

Next step



Project introduction--background

Sep. 2014

Jan. 2015

Key points of Chinese healthcare reform:

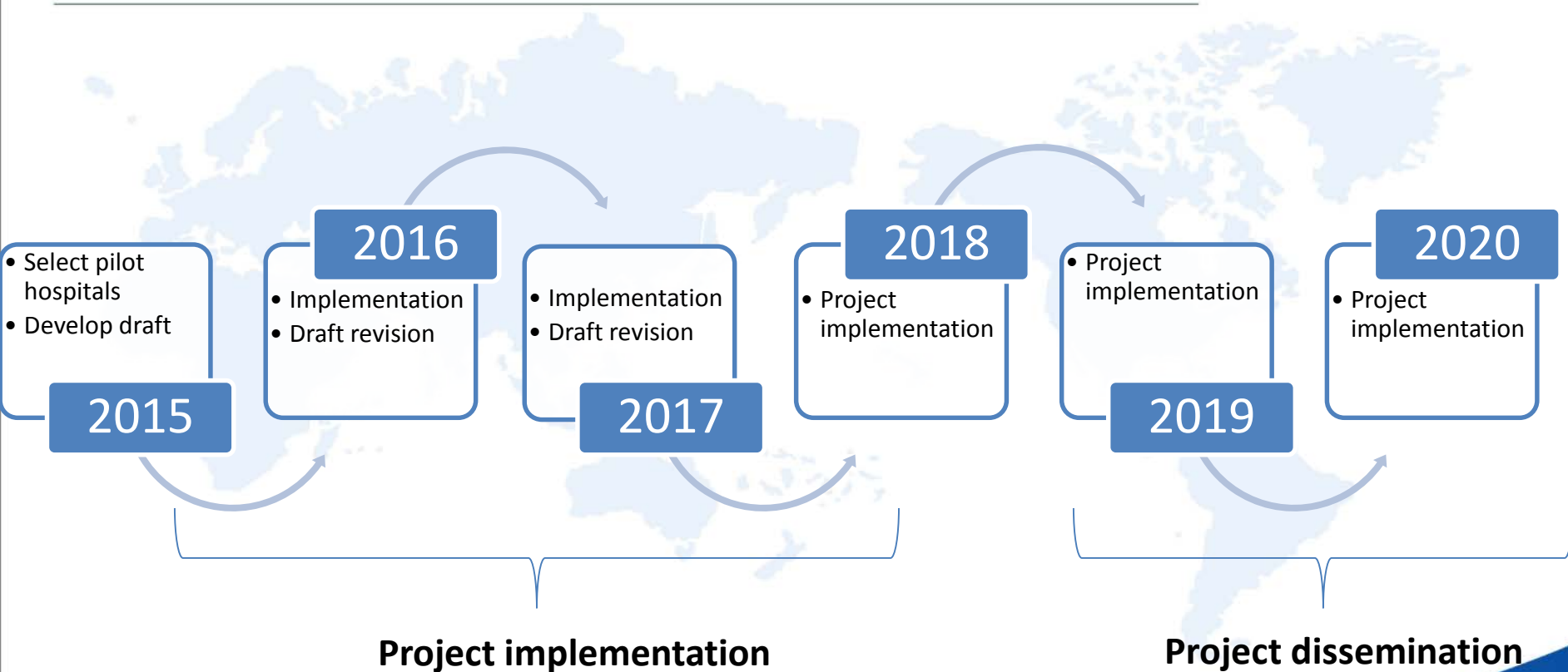
- Comprehensively strengthen public hospitals' reform at county level;
- Continuously improve county-level hospitals' capacity.

hospital continuous
quality improvement and
certification system





Project plan





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Pre-survey





Systematic review

- International organizations
- Indicator category and dimension
- Major indicators
- Standards of CQI
- Core indicators and tailored indicators



Internationally recognized hospital quality evaluation institutions

- AHRQ-The Agency for Healthcare Research and Quality
- CMS- Centers for Medicare and Medicaid Services
- JCI- Joint Commission International
- KTQ Germany
- WHO PATH: Performance Assessment Tool for Quality Improvement in Hospitals
- OECD Health Care Quality Indicators Data Collection



Dimensions of indicators

Patient centered care

- Safety
- Quality /Effectiveness
- Efficiency

Organization

- Governance
- Staff Qualifications and Education
- Management of Information
- Facility



Indicator dimensions

	Patient			Organization	
	Safety	Quality/effectiveness	efficiency		
AHRQ	√	√			
CMS	√	√	√		
OECD	√	√	√		
WHO	√	√	√	√	
JCI	√	√	√	√	
KTQ	√	√	√	√	

Indicator classification

Structure

- Access to a specific technology related to diabetes
- Clinical guideline revision

Procedure

- Proportion of patients with diabetes given foot care
- Proportion of patients assess by a doctor within 24 hours of referral

Outcome

- HbA1c results for diabetes (intermediate)
- Morality or morbidity due to diabetes

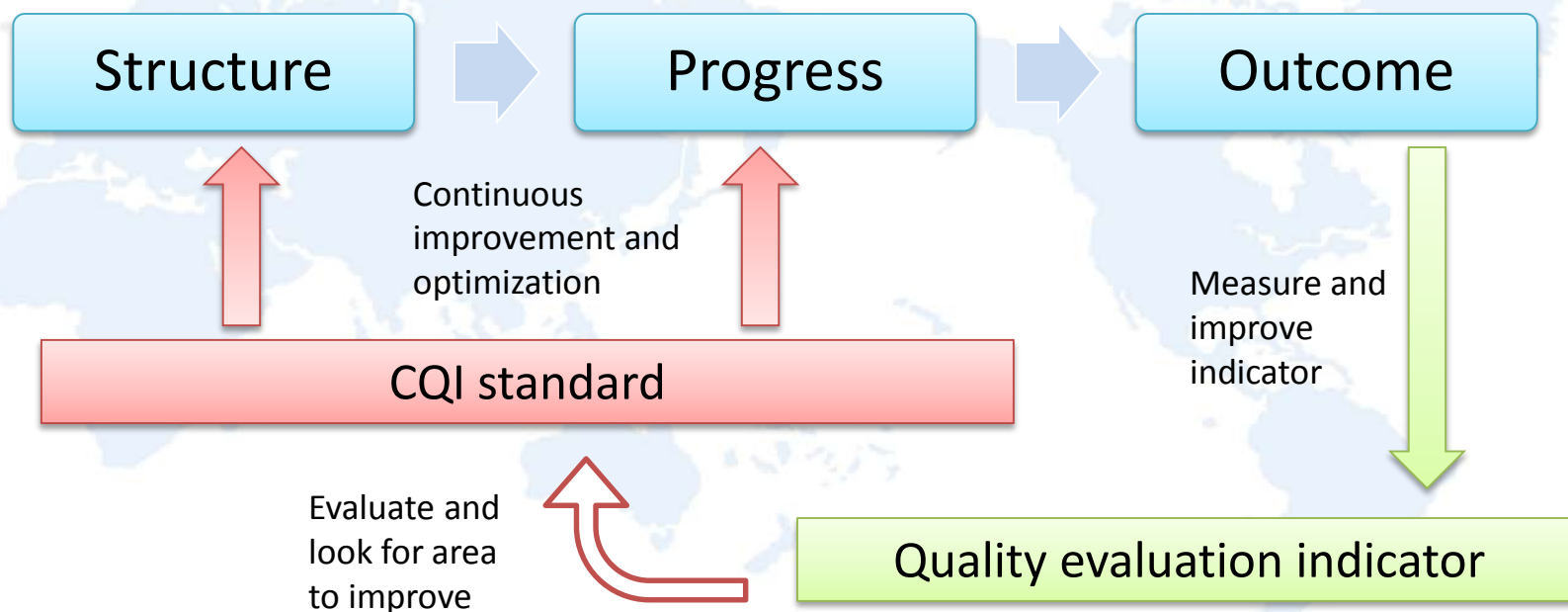
JCI & KTQ

AHRQ & CMS

OECD & WHO



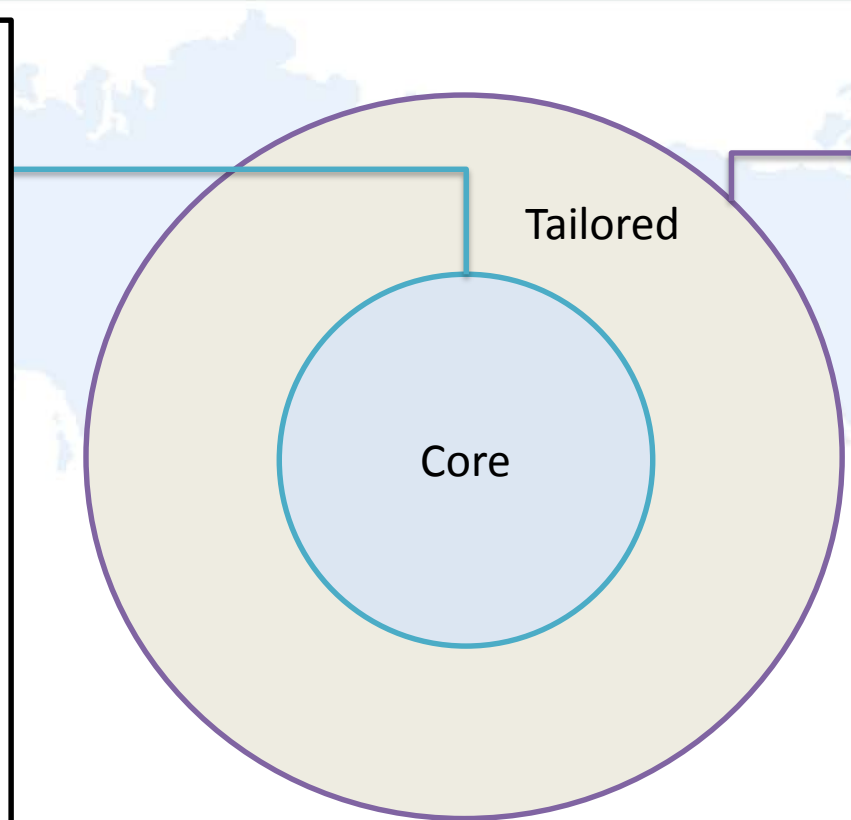
Chinese Hospital CQI and evaluation system framework



Core and tailored indicators

Core indicators: A core set including indicators that are relevant to all contexts and represent a low burden of data collection.

- Caesarean section delivery%
- Prophylactic antibiotic use
- Mortality of low-mortality rate DRGs



Tailored indicators: A tailored set including indicators that either are relevant to a limited number of contexts, or, because of their higher burden of data collection, are suggested if congruent with the organization's priorities.

- Computer tomography scan after stroke
- Acute myocardial infarction patients discharged on aspirin
- Mortality indicators with more advanced risk-adjustment



Example: core indicator list

Patient

Safety	Quality	Efficiency
<ul style="list-style-type: none">•Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)•Retained Surgical Item or Unretrieved Device Fragment Rate•Catheter-Related Blood Stream Infection Rate•Postoperative Wound Dehiscence Rate•Accidental Puncture or Laceration Rate•Obstetric trauma- vaginal delivery with instrument•Obstetric trauma- vaginal delivery without instrument•Postoperative sepsis•Prophylactic antibiotic use on: planned surgery for colorectal cancer, coronary artery bypass graft, hip replacement, hysterectomy	<ul style="list-style-type: none">• Caesarean section delivery%• Mortality:<ul style="list-style-type: none">• Coronary Artery Bypass Graft (CABG) Mortality Rate• Acute Myocardial Infarction (AMI) Mortality Rate• Heart Failure Mortality Rate• Acute Stroke Mortality Rate• Hip Fracture Mortality Rate• Pneumonia Mortality Rate• Readmission rate:<ul style="list-style-type: none">• (AMI) 30-Day Readmission Rate• Rate of unplanned readmission for stroke patients• Pneumonia (PN) 30-Day Readmission Rate• Rate of readmission after hip/knee surgery• Rate of unplanned readmission for CABG• Admission after day surgery	<ul style="list-style-type: none">•Hospital days and total cost:•AMI•Stroke•Pneumonia•hip/knee surgery•CABG



Example: core indicator list

Organization		
Staff orientation and staff safety	Responsive governance & environmental safety	Patient satisfaction
<ul style="list-style-type: none">•Per capita training expenditures•Per capita expenditures on health promotion activities•Absenteeism: short-term•Absenteeism: long-term•Percutaneous injuries•Staff excessive weekly working time	<ul style="list-style-type: none">•Breastfeeding at discharge•Last minute cancelled surgery	<ul style="list-style-type: none">•Average score on overall perception/satisfaction•Average score on interpersonal aspect items•Average score on information and empowerment items•Average score on continuity of care



Tailored indicators

- **Chongqing:** added indicators at 6 aspects: death, readmission, complication, anesthetization, ICU, management, rational drug use.
- **Wuhan:** Marked indicators which are suitable for the hospital and explained related actions.
- **Shenzhen:** Incorporated hospital accreditation indicators under the KTQ framework.
- **Qingdao:** Incorporated hospital accreditation indicators under the KTQ framework, especially emphasized nursing and department management.



Tailored indicators

查 |
中国版县（区）级公立医院医疗质量持续改进与评估体系项目指标文本研究初稿
（武汉市黄陂区人民医院）

2015年版KTQ标准（6大类、19条、55条）	拟定细则	备注
1. 以患者为中心 1.1 患者就医的一般情况 1.1.1 医院可及性及入院计划		
1. 医院的可及性以及标示标牌情况（固定的残疾人专用车位），附近的公开交通以及路标	院外交通便捷，交通标识完善，有通畅无障碍的救护车通道。	
2. 医院内部以及各大楼内部标牌以及道路标引系统*	有咨询服务台，专人服务，相关人员应熟知各服务流程。有医院就诊指南。有医院建筑平面图。有清晰、易懂的医院服务标识。	
3. 有效的入院计划，入院准备，医生及时接诊的规定，结构性患者入院系统	对就诊患者施行唯一标识（医保卡、新型农村合作医疗卡编号、身份证号码、病历号等）管理。有入院制度、流程，有急危重病人优先入院制度，有病房无空床的预案。有残疾人无障碍设施及辅助用轮椅、推车等设备，标识醒目。有为老年人、有困难的患者提供导医和帮助的服务。有提供饮水、电话、健康教育宣传等服务的设施。有卫生、清洁、无味、防滑的卫生间，包括专供残疾人使用的卫生设施。有适宜的供患者停放车辆的区域。有通畅无障碍的救护车通道。有电梯服务管理人员。有预防意外事件的措施与警示标识。医院工作人员佩带标	



Germany visit

- Establish cooperation with AQUA-Germany—providing expertise in the system development
- Visit a local hospital with high quality standard
- Attend the workshop on quality control in Germany



AQUA visit



Entwicklung von Qualitätsindikatoren

Delphi-Prozess

- Panel aus 15 Experten
- Bewertung und Auswahl der Indikatoren

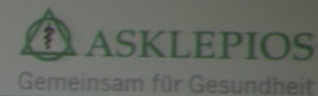
Relevante und praktikable Indikatoren

Indikatoren-set

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Hospital visit

Qualitätsmonitor (quality assurance)

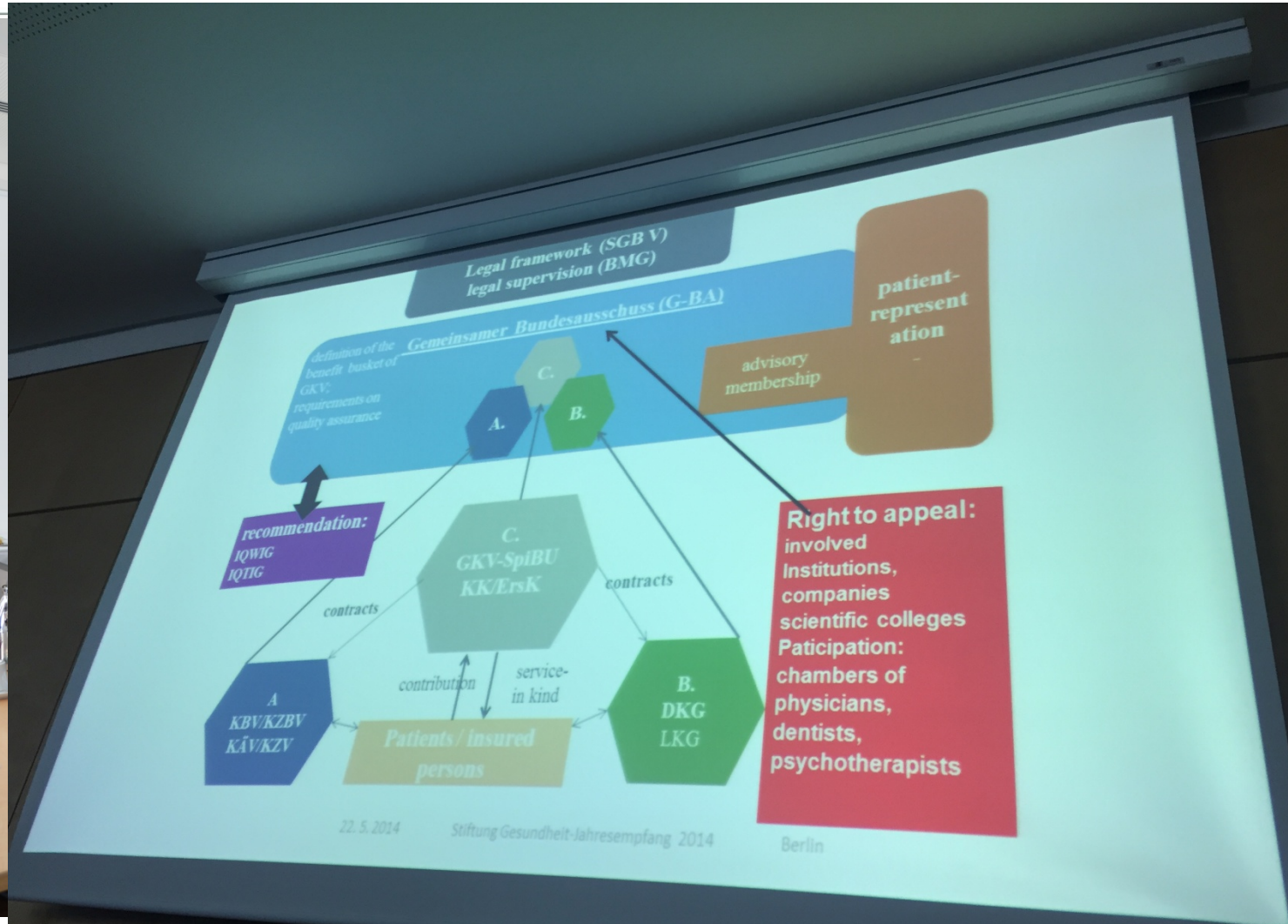


Konzern Alle Einrichtungen
Gesamtergebnis

Asklepios - Akutkliniken

	Gesamtergebnis	Unsere Patienten	Unsere Prozesse	Unsere Einweiser	Unsere Mitarbeiter
Asklepios Klinik Parchim	83,2%	86,5%	94,3%	81,5%	58,0%
Asklepios Klinik Birkenwerder	83,1%	84,3%	93,1%	82,7%	63,0%
Sächsische Schweiz Klinik Sebnitz	82,5%	88,1%	92,0%	83,6%	55,0%
Asklepios Orthopädische Klinik Lindenlohe	81,9%	90,0%	95,3%	71,5%	47,0%
Asklepios Fachkliniken München-Gauting	81,7%	89,6%	96,1%	82,7%	34,0%
Asklepios-ASB Klinik Radeberg	80,7%	83,1%	91,5%	86,2%	58,0%
Asklepios Klinikum Bad Abbach (Akut)	80,6%	86,9%	93,6%	53,2%	68,0%
Asklepios Orthopädische Klinik Hohwald	80,5%	90,5%	87,1%	53,0%	69,0%
Asklepios Stadtklinik Bad Wildungen	80,3%	84,7%	89,3%	79,3%	59,0%
Asklepios Klinik und Hotel St. Wolfgang, Bad Griesbach	80,2%		89,9%		73,0%
Asklepios Klinik im Städtedreieck	80,2%	85,5%	95,2%	80,7%	39,0%

Workshop





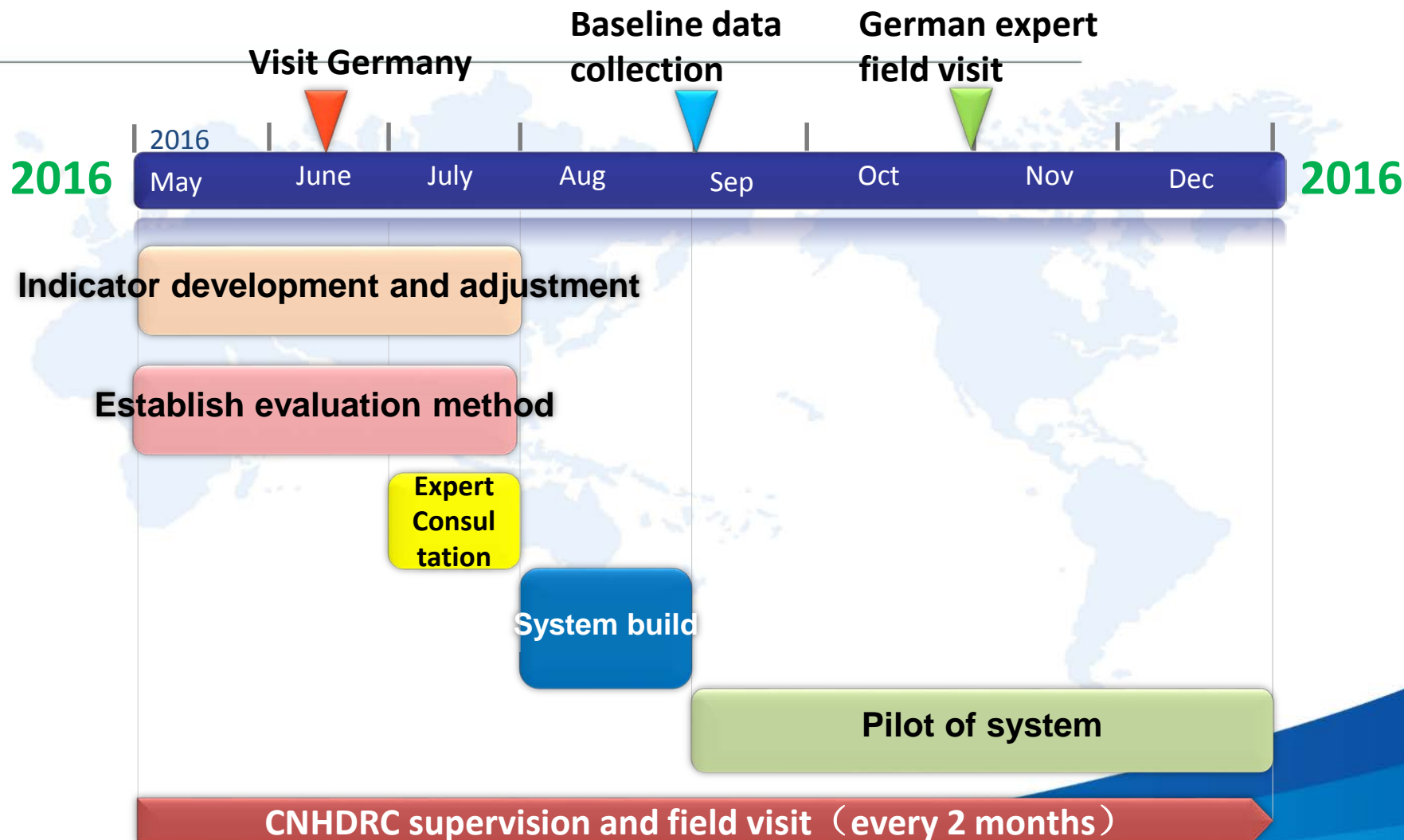
Recent working plan

Time	Activities
2016-4-15	Pilot hospitals hand in adjustment opinions based on designed framework
2016 end of Apr	Improve and adjust pilot hospital indicators
2016 end of May	CNHDRC coordinate indicator system and hand in for expert opinion; CNHDRC develop evaluation method
2016 Jun	Germany visit, exchange indicator draft
2016 end of Jun	CNHDRC refine and modify system
2016 Jul	Expert consultation meeting to confirm indicator and evaluation system
2016 end of Jul	Finalize CQI and evaluation system



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Working plan





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Thank you !