Was Misst Europa? Nationale Qualitätsmessungen und Indikatoren in der Psychiatrie

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Disclosure

- WG is Chair of the EPA Publication/Guidance Committee
- He is Director of the WHO CC on Quality Assurance and Empowerment in Mental Health, LVR-Klinikum Düsseldorf,
- Chair of the WPA Section on Quality Assurance, and
- Member of the Lundbeck International Neuroscience Foundation

Qualitätsmessungen in der Psychiatrie

- Qualität und Indikatoren in der Psychiatrie

- Qualitätsindikatoren: Beispiele internationaler Programme

- Qualitätsindikatoren in ausgewählten europäischen Ländern

- Schlussfolgerungen

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Qualität im Gesundheitswesen - Definitionen

*Quality of care is the extent to which actual care is in **conformity** with preset criteria for good care*

Donabedian, 1966

≈ ISO 9000:
Degree of fulfillment of requirements
(ISO-9000 (2005))

*The **degree** to which health services for **individuals and populations** increases the **likelihood** of **desired health outcomes** and are consistent with **current professional knowledge***

US Institute of Medicine (IOM), Lohr et al. 1990

✓ **Focus on individual and overall system levels**

✓ **Quality improvement does not "determine" the improvement of outcomes**

✓ **Perspectives of providers and patients**

✓ **Evidence-based, continuous further education**

„Quality in psychiatry" is a complex construct with multiple quality dimensions (structures, processes and outcomes on different macro-, meso- and micro-levels) that is being assessed, assured and optimized by means of different instruments and methods taking different perspectives into account.

Anwendungsbereiche von Qualitätsindikatoren im Gesundheitswesen

Quantitative measures that can be used to monitor and evaluate the quality of important governance, management, clinical, and support functions that affect patient outcomes.

(US Joint Commission on Accreditation of Healthcare Organisations (JCAHO, 1990). Primer on Indicator Development and Application. Measuring Quality in Health Care.)

- Review of course of treatment and evidence-based processes of diagnostics, therapy and care

- Evaluation of mental healthcare outcome

- Standardization/review mental healthcare structures

- Benchmarking (between providers, provinces, countries…)

- Monitoring of impact of health policy measures

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Key initiatives at EU level towards improving mental health/care

Policies and good practices

Policy documents/
Stakeholder Statements

Reports/
Studies/
Projects

Events

EU Compass for Action on Mental Health and Well-being (2009)

European Framework for Action on Mental Health and Well-being (2016)

2016 -

2013 - 2016

2013 -

2008

2005

JOINT ACTION
MENTAL HEALTH AND WELLBEING

World Health Organization
Europe

REGIONAL COMMITTEE FOR EUROPE
SIXTY-THIRD SESSION

The European
Mental Health Action Plan

EUROPEAN PACT
FOR MENTAL
HEALTH AND
WELL-BEING

EU high-level conference

EUROPE

Health & Consumer Protection
Directorate-General
EUROPEAN COMMISSION

Green Paper

Improving the mental health of the population:
Towards a strategy on mental health for the
European Union

WHO European Mental Health Action Plan 1

4 Core objectives:

- Everyone has an equal opportunity to realize mental wellbeing [...]
- People with mental health problems are full citizens whose human rights are valued, protected and promoted.
- Mental health services are accessible and affordable, available in the community according to need.
- People are entitled to respectful, safe and effective treatment, and to share in decisions.

3 cross-cutting objectives:

- Health systems provide good physical and mental health care [...]
- Mental health systems work in well coordinated partnerships with other sectors.
- Mental health governance and delivery are driven by good information and knowledge.

WHO European Mental Health Action Plan 2

**REGIONAL COMMITTEE FOR EUROPE
SIXTY-THIRD SESSION**

Çeşme Izmir, Turkey, 16–19 September 2013

**The European
Mental Health Action Plan**

Aim:

Development of a comprehensive plan that covers **mental health care services, policies, legislation, plans, strategies and programs**...

... for the treatment, recovery and prevention of mental disorders

... for the promotion of mental health

... for the empowerment of people with mental disorders

Scope of key interventions:

- Improvement of mental wellbeing
- Respect for peoples' rights
- Establishment of accessible, safe and effective services

The European Joint Action on Mental Health and Well-being

Aim:
Establish a process for structured collaborative work leading to the development of an **endorsed framework for action in mental health policy** at the European level

Topics to be addressed:
- Action against depression and suicide and implementation of e-health approaches
- Developing community-based and socially inclusive mental health care
- Promotion of mental health at the workplace
- Promoting mental health in schools
- Promoting the integration of mental health in all policies

Joint Action on Mental health and well- being, http://www.mentalhealthandwellbeing.eu/the-joint-action

Towards Community-Based and Socially Inclusive MHC

Joint Action on Mental Health and Well-being

TOWARDS COMMUNITY-BASED AND
SOCIALLY INCLUSIVE MENTAL HEALTH CARE

Situation analysis and recommendations for action

Co-funded by
the European Union

Objectives:

• Analysing the situation of community-based and socially-inclusive approaches to mental health in participating countries, as well as in EU countries at large

• Mapping the scientific evidence, best practices and the available technical resources relevant for the implementation of community-based and socially-inclusive approaches to mental health in Europe

• Developing recommendations for action at EU-level and in Member States for this work package

• Supporting the engagement and commitment of Member States and other stakeholders in effective action to develop community-based and socially-inclusive approaches to mental health in Europe

Joint Action on Mental Health and Wellbeing, http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP5%20Final-20151203075843.pdf

EPA Member Societies

EPA has

39 National Society Members

from 36 (24 EU) countries, representing over 78,650 psychiatrists:

Armenia	Latvia
Austria	Lithuania
Azerbaijan	Malta
Belarus	Netherlands
Belgium	Norway
Bosnia-Herz.	Poland
Croatia	Portugal
Czech Rep.	Romania
Denmark	Russia
Finland	Serbia
France	Slovakia
Germany	Slovenia
Greece	Spain
Hungary	Sweden
Iceland	Switzerland
Ireland	Turkey
Israel	Ukraine
Italy	UK
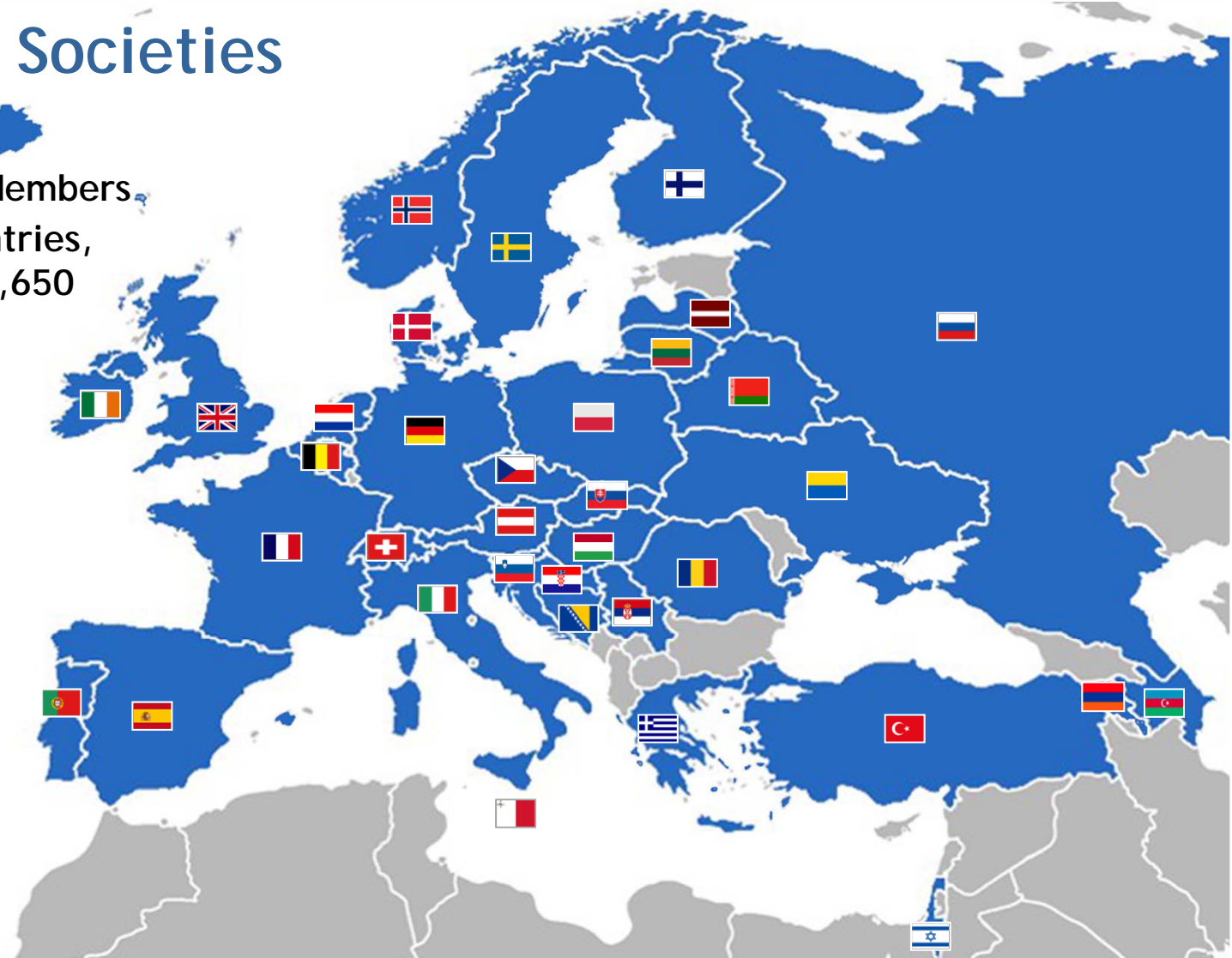
OECD* ‚Health Care Quality Indicators' Projekt (HCQI)
Generische und diagnosespezifische Qualitätsindikatoren
(11 Prozess-QI & 1 Ergebnis-QI)

Area	Indicator Name
Continuity of Care	Timely ambulatory follow-up after mental health hospitalisation
	Continuity of visits after hospitalisation for dual psychiatric/ substance related conditions
	Racial/ethnic disparities in mental health follow-up rates
	Continuity of visits after mental health-related hospitalisation
Coordination of Care	Case management for severe psychiatric disorders
Treatment	Visits during acute phase treatment of depression
	Hospital readmissions for psychiatric patients
	Length of treatment for substance-related disorders
	Use of anti-cholinergic anti-depressant drugs among elderly patients
	Continuous anti-depressant medication treatment in acute phase
	Continuous anti-depressant medication treatment in continuation phase
Patient Outcomes	Mortality for persons with severe psychiatric disorders

Expert panel of HCQI: Representatives of 21 OECD-member states, WHO, European commission, world bank, and leading research institutions, such as the *European Society for Quality in Healthcare* (ESQH)

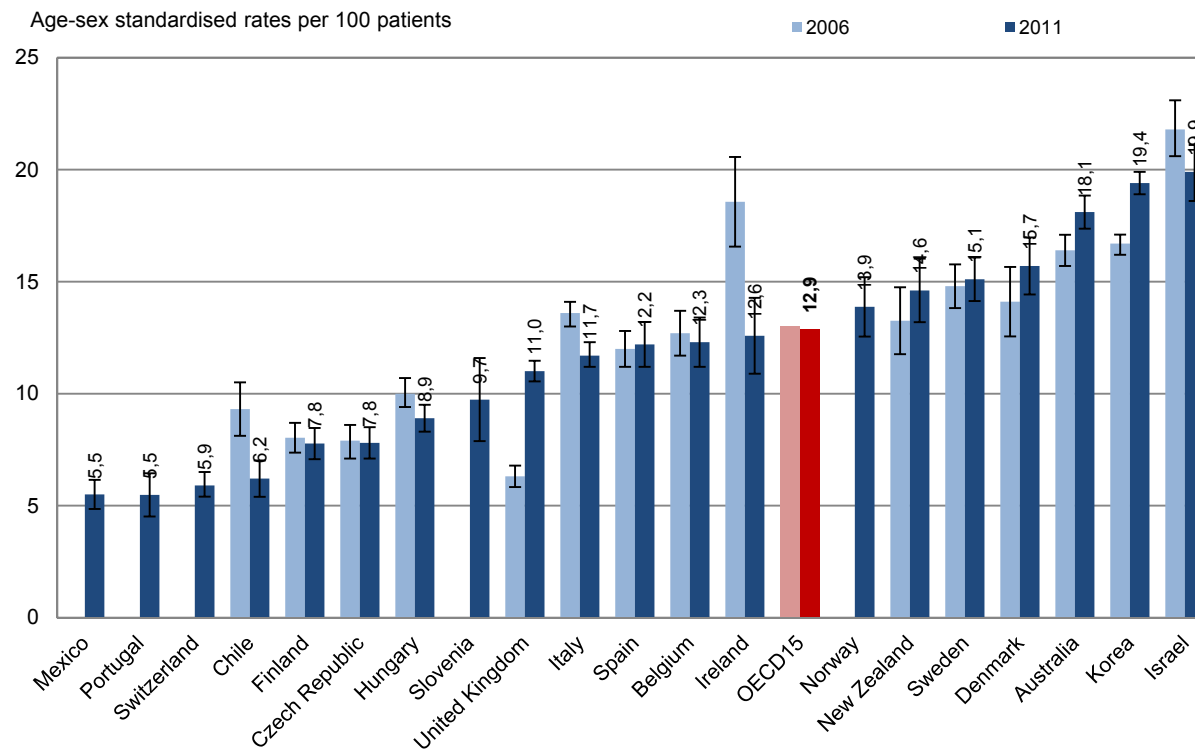*OECD = Organisation for Economic Cooperation and Development

Hermann R & Mattke S, 2005, http://www.oecd.org/els/health-systems/33865630.pdf

OECD ‚Health at a Glance' Report 2013

Yearly presentation of key indicators of health and health systems across OECD countries including two mental health indicators for patients with severe mental illness (schizophrenia and bipolar disorder)

Mental Health Indicator 1:
Re-admissions (within 30 days) to the same hospital of people with schizophrenia

5.7.1. **Schizophrenia re-admissions to the same hospital, 2006 and 2011 (or nearest year)**

Age-sex standardised rates per 100 patients

Note: 95% confidence intervals represented by |—|.

Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.

OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing. http://dx.doi.org/10.1787/health_glance-2013-en

‚Mental Health Quality Indicator Project' der IIMHL* (1)

IIMHL Clinical Leaders Group: group of clinical experts from 12 countries
(DGPPN representative from Germany: W. Gaebel, Düsseldorf)

→ Multi-phase initiative for the development and implementation of international generic and diagnosis-specific quality indicators in mental healthcare

Project phase 1 (2008-2009):

- Review of quality performance measurement initiatives in 12 countries
- 55 national reports and 3 cross-national initiatives by the OECD, WHO and EU
- Initiatives reflect differences in health care systems with regard to (1) structure and organization, (2) health care delivery, (3) health policy priorities
- Shared measures focus on access, efficiency, effectiveness, safety and appropriateness of care
- Development of an international framework depends on common mental health priorities and shared features of information systems

* International Initiative of Mental Health Leadership

Spaeth-Rublee B et al., Can J Psychiatry 2010;55:539-548.

,Mental Health Quality Indicator Project' der IIMHL (2)

Project phase 2 (2010-2012):

- Narrowing down of the number of collected indicators

  → *Identification of 10 domains and 36 measurement concepts (incl. base indicators)*

- Evaluation of the remaining indicators through the IIMHL Clinical Leaders Group on the basis of the criteria (1) relevance and (2) validity

Parameswaran S et al., Psychiatric Services 2012;63:983-8.

Project phase 3 (2013 – cont.):

- Country-related measurements of quality indicators that have scored high in phase 2 as well as assessment of similar quality indicators

- Compilation of further quality indicators that are being measured in participating countries for a possible benchmarking between countries

IIMHL Quality Indicator Review: Top domains

Outcome assessment

Continuity & coordination of care

Symptom/diagnostic assessment

Evid.-based psychosocial interv.

Evid.-based pharmacotherapy

Population based resources

Access measures

Patient safety

Utilization, cost, & efficiency

Substance use

Courtesy S. Parameswaran, May 8, 2012

Development and implementation of quality indicators in the Danube Region* (DAQUMECA; BMBF-Förderung)

Objectives

To **identify** and **develop**, and to **implement** and **evaluate quality indicators (QI)**

To **field-test** the new **QI** in the participating countries of the Danube region

To develop and sustain a **network of experts** in mental healthcare research and development in the field of innovative mental healthcare systems

To build up and **strengthen the cooperation** among the participating partners of the **Danube region**

Phase II

- Pilot feasibility trial of the QI
- Apply for subsequent Danubian project funding

Phase I

- Development of the network
- Signing a MoU
- Development of QI for mental healthcare

April 2017

March 2019

* Bulgaria, Czech Republic, Hungary, Serbia

Initial konsentierte Qualitätsdomänen (DAQUMECA)

1	Mental health policies and legislation, incl. forensic and legal issues
2	Financing, cost and efficacy of mental healthcare
3	Availability, accessibility and utilization of care service structures
4	Mental health reporting and monitoring
5	Continuity, coordination and cooperation
6	Workforce in mental healthcare
7	Promotion of mental health, and preventing mental disorders, stigma and discrimination
8	Integration of research and innovation (e.g., equipment/state-of-the-art of diagnostics and treatment, availability, use and implementation of guidelines)
9	Recovery, participation and integration of persons with mental disorders

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- **Qualitätsindikatoren in ausgewählten europäischen Ländern**

- Schlussfolgerungen

EPA* Guidance Project –
Evidence-Based Recommendations and Quality Indicators

- <u>Major objective of EPA Guidance:</u> To improve quality of mental healthcare in Europe by providing evidence-based recommendations regarding core clinical questions and to identify and minimize health care gaps that are not adressed by guidelines.

Gaebel W & Möller HJ, Eur Psychiatry 2012;27:65-67.

- The actual impact of the implementation of recommendations on the structures, processes and outcomes of mental healthcare can be evaluated via quality indicators

- The combined use of guidance recommendations and quality indicators enables a comparison of actual mental healthcare quality with predefined "should-be" state

Kopp I et al., Med Klin 2012;102:678-682. [Article in German]

*European Psychiatric Association

European Guidance on the Quality of Mental Health Services

Available online at
SciVerse ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en

ELSEVIER

Original article

EPA guidance on the quality of mental health services

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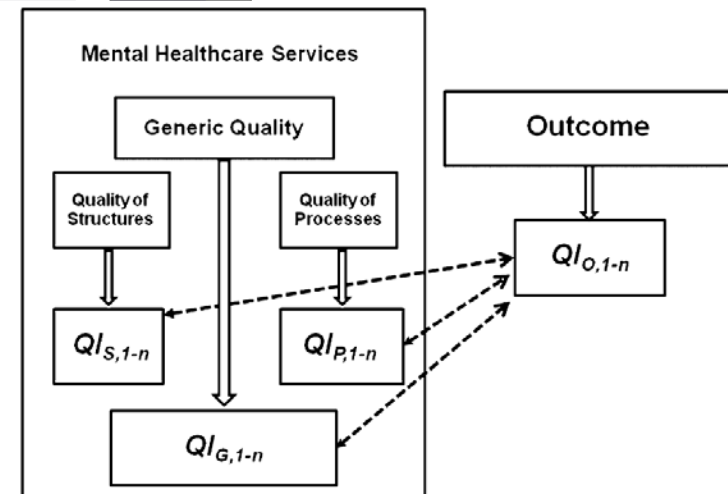
Fig. 1. Complex interrelationship between mental healthcare service structures, processes, outcomes and quality indicators. QI = quality indicator. The suffix "G" denotes a generic indicator, the suffix "S" denotes a structure indicator, the suffix "P" denotes a process indicator, the suffix "O" denotes an outcome indicator. Any number n of quality indicators may be defined for a given mental healthcare service.

Gaebel W et al., European Psychiatry 2012; 27: 87-113.

Areas covered by the EPA Guidance on the Quality of Mental Health Services

- Mental health service structures: 16 recommendations

- Mental health service processes: 14 recommendations

- Divided into generic and specific recommendations on micro-, meso-, and macro-level:

  - Generic recommendations:

    - Applicable across service types

  - Specific recommendations:

    - Applicable for specific service types only

- Evidence and recommendations were graded

- Recommendations were supplemented by quality indicators

Gaebel W et al., European Psychiatry 2012; 27: 87-113.

Two Examples of Structure and Process Recommendations

Quality dimension and level	Topic	Recommendation (and grading)	Evidence base (and grading)	Proposed quality indicator
Structure, specific, micro-level	Community mental health teams for people with severe mental illness	Develop a system of community mental health teams for people with severe mental illness and disordered personality, ***	Cochrane review based on three randomized controlled studies, +++	Number of community mental health teams for people with severe mental illnesses or personality disorders per 100,000 people with severe mental illness or personality disorders
Process, generic, meso-level	Applicating standards of evidence-based medicine	Follow the rules of evidence-based medicine in diagnostic and therapeutic decisions, **	Systematic reviews and single studies, ++	Number of mental health services (in- and outpatient) with implemented standard operating procedures ascertaining conformance with the rules of evidence-based medicine divided by the total number of mental health services (in- and outpatient)

Gaebel W et al., Eur Psychiatry 2012;27:87-113.

European Guidance on Quality Assurance in Mental Healthcare

Original article

European Psychiatric Association (EPA) guidance on quality assurance in mental healthcare

W. Gaebel [a,*,b,c], I. Großimlinghaus [a], R. Heun [d], B. Janssen [a], B. Johnson [e], T. Kurimay [f], P. Montellano [g], M. Muijen [h], P. Munk-Jorgensen [i], W. Rössler [j,k], M. Ruggeri [l], G. Thornicroft [m], J. Zielasek [a,b,c]

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[i] Aarhus University Hospital, Risskov, Denmark
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[k] University of Zürich, Zürich, Switzerland
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[m] Institute of Psychiatry, King's College, London, UK

EPA Guidance on Quality Assurance in Mental Healthcare - Results

17 graded* recommendations:

    7 Structure recommendations

    8 Process recommendations

    2 Outcome recommendations

- Systematic approach to evidence retrieval and evaluation

- Validation of recommendations through consensus process including clinical experts and representatives of both patient and family organizations

*Grade of recommendation from A (high) to D (low)

Gaebel W et al., EPA Guidance on quality assurance in mental healthcare, Eur Psychiatry 2015; 30: 360–387.

Quality Measurement in the Netherlands

Routine Outcome Monitoring (ROM)

- National, structured assessment of **outcome indicators (generic and diagnosis-specific)** for the utilization on the **micro-level** (shared-decision-making), **meso-level** (peer review, selection of provider) and **macro-level** (insight into effectiveness of care, use for health services research)

- Integration of Consumer Quality (CQ) Index into ROM, which is a **random survey** used to measure, analyse and present **client experiences** in mental health care (for inpatient sector, outpatient sector, sheltered housing, supervised independent living)

- Assessment on **provider-/patient-level** and publication of quality indicators through Dutch government since 2010

- Developed by **Dutch Association of Mental Health and Addiction Care (GGZ), Dutch Association of Psychologists (NIP), Dutch Psychiatric Association (NVvP), Dutch umbrella organisation for user and family groups in mental health care (LPGGZ)**

Forti A et al., OECD Health Working Papers, No. 73, OECD Publishing, 2014. http://dx.doi.org/10.1787/5jz158z60dzn-en.
http://www.ggznederland.nl/uploads/assets/Performance%20Indicator%20System%20Dutch%20Mental%20Health%20Care.pdf

Quality Indicators in the Netherlands

Effectiveness of treatment and support

1. Reduction in the severity of symptoms as reported from the perspective of the client (CQ Index) and the measured change in severity of problems
2. Change in daily functioning of life
3. Change in perceived quality of life
4. Drop out of treatment against the advise of the professional
5. Availability of a screening procedure for somatic disorders by patients with schizophrenia
6. Timely contact following discharge from a clinic

Safety

7. Medication safety, measured by availability of up-to-date medication list and information provided on side-effects of medication (CQ Index)
8. Coercion, encompassing restraint, seclusion and forced medication
9. Perceived safety of client (CQ Index)

Client satisfaction

10. Client opinion (measured by the CQ Index) on informed consent, on freedom of choice between professionals and/or treatments, on fulfillment of wishes in care delivered, on the evaluation/adjustment of treatment or support, on the coordination of care, on housing and living conditions in a clinical setting or sheltered housing, on approach of clients by professionals

Forti A et al., OECD Health Working Papers, No. 73, OECD Publishing, 2014. http://dx.doi.org/10.1787/5jz158z60dzn-en.
http://www.ggznederland.nl/uploads/assets/Performance%20Indicator%20System%20Dutch%20Mental%20Health%20Care.pdf

Quality and Outcome Measurement in Scotland
Mental Health Benchmarking Toolkit (Current version: 2013/2014)
(Developer: Scottish regional government)

Aim: improve mental health services by using benchmarking to understand and compare services and their outcomes and to promote best practices.

Key Domains	Indicators* (Examples)
Efficiency	Total spent for mental health Drug costs Total mental health staff numbers
Effectiveness	Average length of stay Information quality and capture % readmissions within 28 days % readmissions within 133 days
Person centeredness	% delayed discharges % of community compulsory treatment orders (CTO) of total CTO
Safety	Suicide rates per 100,000 (crude and standardized rates) Training and supervision index
Equity	Persons on incapacity benefit/severe disablement allowance Relative risk of death for persons in contact with the mental health service

→ Mix of structure, process and outcome indicators

*Comparison of 14 „NHS (National Health Service) areas"

http://www.isdscotland.org/Health-Topics/Quality-Indicators/National-Benchmarking-Project/Mental-Health-Dashboard.asp

Flemish Quality Indicators for Mental Healthcare

→ Development of currently 7 quality indicators (2 structure and 5 process indicators)

Domain	Indicators
Continuity and coordination	• Timely ambulatory contact within 30 days after inpatient discharge with specialized mental healthcare provider or GP (process QI)
Depression in adults and the elderly	• Involvement of relatives (or care givers) in ambulatory care of patients with depression (process QI)
Children and youth	• Number of mental healthcare institutions that treat children between 6 and 18 years of age with a diagnosis of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) or conduct disorder (CD) that use international ADHD guidelines for treatment (structure QI)
Patient safety	• Availability of a specific, multi-part suicide prevention policy in mental healthcare institutions (structure QI)
Patient participation	• Involvement of psychiatry experienced persons („ervaringsdeskundige") in mental health care provision (both in terms of quality and quantity) (process QI) • Structured shared decision making including three steps: patient-physician consultation on needs, expectations, etc.; development of treatment plan by multidisciplinary care team; second consultation with patient discussing treatment plan (process QI)
Medication safety	• Number of complete drug prescriptions (including parameters like dosage and delivery system) (process QI)

http://www.zorg-en-gezondheid.be/Beleid/Kwaliteit/Kwaliteitsindicatoren-voor-de-geestelijke-gezondheidszorg/

Quality Indicators of the German Psychiatric Association (DGPPN)
First Series

Diagnosis-specific quality indicator sets for four

mental disorders:

DGPPN

Deutsche Gesellschaft
für Psychiatrie und Psychotherapie,
Psychosomatik und Nervenheilkunde

- **Alcohol dependence (10 indicators)**

- **Dementia (10 indicators)**

- **Depression (12 indicators)**

- **Schizophrenia (12 indicators)**

Evidence-based development process in cooperation with the German Association of the Scientific Medical Societies (AWMF), based on treatment guidelines with a structured consensus-building process.

Großimlinghaus I et al., Nervenarzt 2013;84:350-365.

Development Process of DGPPN Quality Indicators

Formation of project-, expert- and consensus group

Selection of mental disorders according to the criteria
a) high prevalence and b) impact on quality of life

Selection of care aspects for indicators from guidelines

Identification of potential indicators from guideline recommendations with high grade of recommendation

Indicator synopsis:
Derivation of indicator propositions,
Research for and comparison with existing indicators

Preselection of indicators by project group according to the criteria
a) validity, b) reliability, c) measurement sensitivity and d) c) practicability

Evaluation of indicators' quality by expert group on the basis of the criteria
a) relevance, b) scientific soundness, c) practicability

Formal voting over indicators through the representative consensus group
(consensus conferences and Delphi process)

Final quality indicator sets

Two Examples of DGPPN Quality Indicators

DGPPN
Deutsche Gesellschaft
für Psychiatrie und Psychotherapie,
Psychosomatik und Nervenheilkunde

Depression
12 process indicators

- Severity assessment
- Coronary heart disease or diabetes
- Patient information
- Self-help group and involvement of care givers
- Treatment with antidepressants
- Combination of psycho- and pharmacotherapy (proposition)
- Combination of psycho- and pharmacotherapy (utilization)
- Psychotherapy (proposition)
- Psychotherapy (utilization)
- Outpatient follow-up suicidality screening after inpatient discharge
- Treatment continuity in patients with suicidality
- ECT

Schizophrenia – First Series
12 process indicators

- History taking
- Compulsory treatment
- Prescription of antipsychotic medication
- Follow-up prescription of antipsychotic medication after inpatient discharge
- Cognitive behavioral psychotherapy
- Manualized psychoeducation
- Psychoeducation for caregivers
- Monitoring of side effects of antipsychotic medication
- Continuity of in- and outpatient treatment
- Rates of suicides and suicide attempts
- Workplace rehabilitation
- Standardized assessment of psychopathology

Großimlinghaus I et al., Nervenarzt 2013;84:350-365.

Main Results of Feasibility Study of First Series of DGPPN QI

Number of measurable QI:

Depression: 5 of 12 QI	Schizophrenia: 9 of 12 QI

➢ In some QI, content-related adaptations had to be made in wording of QI (e.g., „main diagnosis" instead of „first diagnosis")

➢ Notable differences in routine documentations between hospitals, therefore differing data availability for the assessment of quality indicators
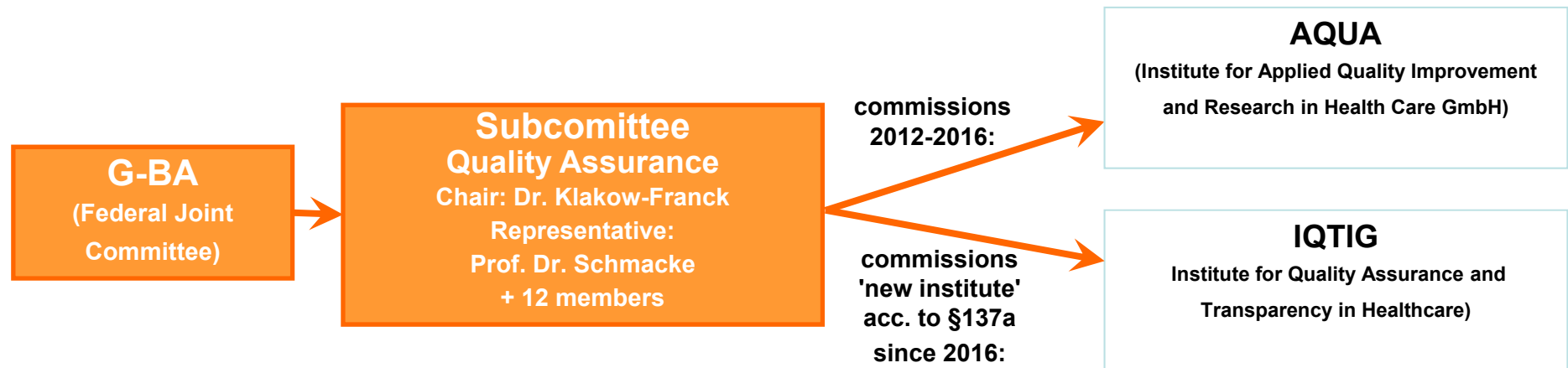
➢ More QI can be assessed when BADO-Data are available

⇨ Further development of BADO as a uniform and standardized measurement instrument, that captures relevant quality parameters (for external quality assurance) together with the collection of administrative (billing) data

⇨ Additional data collection is necessary, however, it should be realized with a low extra effort for data collection

Großimlinghaus I et al., Nervenarzt 2015; 86:1393–1399

Development of DGPPN Quality Indicators for Schizophrenia –
Second Series (2017)

- QI 1: Long-term treatment/Monitoring of side effects

- QI 2: Seclusion and restraint

- QI 3: Number of suicides

- QI 4: Psychoeducation oriented intervention for significant others

- QI 5 :Timely beginning of outpatient treatment after inpatient discharge

- QI 6: Aggression management – inpatient treatment

- QI 7: Diagnostic procedures/Physical examination

- QI 8: Antipsychotic polypharmacy,

- QI 9: Rehabilitation/Vocational rehabilitation,

- QI10: Diagnostic procedures/Psychosocial functioning

Großimlinghaus I et al. Nervenarzt 2017; 88:779–786

Quality Assurance in Mental Healthcare in Germany

Quality assurance is regulated in the **German Social Code Book V**

G-BA (Federal Joint Committee) → Subcomittee Quality Assurance — Chair: Dr. Klakow-Franck, Representative: Prof. Dr. Schmacke + 12 members

commissions 2012-2016: → AQUA (Institute for Applied Quality Improvement and Research in Health Care GmbH)

commissions 'new institute' acc. to §137a since 2016: → IQTIG (Institute for Quality Assurance and Transparency in Healthcare)

G-BA commissioned the AQUA Institute for the development of instruments for cross-sectoral quality assurance for mental disorders as of March 2012:

➢ Development of generic and (diagnosis-)specific quality indicators
➢ Development of patient and care giver questionnaires

… with preferred data collection from health insurance data

Concretization of commission in June 2014:

➢ Diagnosis: Schizophrenia, schizotypal and delusional disorders (ICD-10 Code F20)
➢ Selection of quality indicators through systematic search and involvement of expert panel

AQUA-QI under revision by IQTIG + QI de novo development
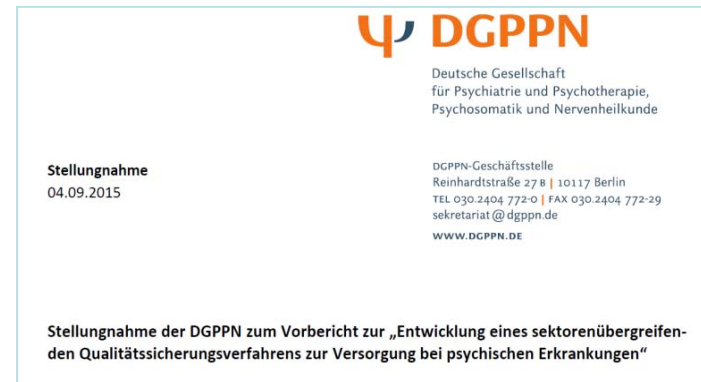
AQUA – 27 vorgeschlagene Qualitätsindikatoren (1)

Qualitätsdimension	Thema
Prozess (Effektivität, Zugang zur und Koordination der Versorgung)	Ambulanter Anschlusstermin innerhalb der ersten 7 Tage nach Entlassung aus der stationären Versorgung
Ergebnis (Effektivität, Zugang zur und Koordination der Versorgung)	Dauer ohne stationäre Wiederaufnahme
Prozess (Effektivität)	Kooperation der stationären mit den ambulanten Leistungserbringern
Prozess (Patientensicherheit)	Vermeiden von psychotroper Kombinationstherapie
Prozess (Patientensicherheit)	Vermeiden von antipsychotischer Kombinationstherapie
Prozess (Patientensicherheit)	Vermeiden von Benzodiazepinüberversorgung
Prozess (Patientensicherheit)	Dokumentation des Körpergewichts
Prozess (Patientensicherheit)	Maßnahmen zur Prävention und Gesundheitsförderung
Prozess (Patientenorientierung)	Behandlungsvereinbarungen
Ergebnis (Patientensicherheit)	Körperliche Übergriffe
Ergebnis (Patientensicherheit)	Von Zwangsmaßnahmen betroffene Patienten
Prozess (Patientensicherheit)	Kumulative Dauer von Zwangsmaßnahmen pro Fall
Prozess (Patientensicherheit)	Betreuung während Zwangsmaßnahmen
Prozess (Effektivität)	Frühzeitiger Einbezug von Angehörigen bei stationärer Aufnahmen
Prozess (Patientenorientierung)	Gesprächsangebote für Angehörige

AQUA – 27 vorgeschlagene Qualitätsindikatoren (2)

Qualitätsdimension	Thema
Struktur (Patientensicherheit)	Fachpflegerische Versorgung – Pflegefachpersonen
Struktur (Patientensicherheit)	Deeskalationstraining – stationär
Struktur (Patientensicherheit)	Fachpflegerische Versorgung – Pflegefachpersonen mit psychiatrischer Fachweiterbildung
Prozess (Patientensicherheit)	Kontrolluntersuchungen
Ergebnis (Patientensicherheit)	Von Zwangsmedikation betroffene Patienten
Struktur (Patientensicherheit, Patientenorientierung)	Unterbringung
Prozess (Effektivität, Zugang zur und Koordination der Versorgung)	Anbieten von Psychotherapie – ambulant
Prozess (Effektivität, Zugang zur und Koordination der Versorgung)	Einbezug von Angehörigen
Prozess (Patientensicherheit)	Unerwünschte Arzneimittelwirkungen
Prozess (Patientensicherheit)	Nachbesprechung von Zwangsmaßnahmen
Prozess (Patientenorientierung)	Muttersprachliche Kommunikation
Prozess (Effektivität)	Frühzeitiger Einbezug von Angehörigen bei Entlassung aus der stationären Behandlung

DGPPN: Fachliche Kritikpunkte an AQUA QI

- Exzessiver Mehraufwand für Erhebungen und Dokumentation:
  - Zusätzliche Datenerhebungen bei Leistungserbringern (21 Indikatoren)
  - Erhebung aus Abrechnungsdaten (6 Indikatoren)
→ Einschränkung der Praktikabilität und Akzeptanz der Indikatoren

DGPPN

Deutsche Gesellschaft
für Psychiatrie und Psychotherapie,
Psychosomatik und Nervenheilkunde

Stellungnahme
04.09.2015

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Stellungnahme der DGPPN zum Vorbericht zur „Entwicklung eines sektorenübergreifen-
den Qualitätssicherungsverfahrens zur Versorgung bei psychischen Erkrankungen"

Vorschlag DGPPN:

- Die Einführung eines solchen Sets von 27 Qualitätsindikatoren erscheint nicht sinnvoll. Alternativ sollte ein Subset von maximal 5 bis 10 Indikatoren ausgewählt werden, die zentrale Aspekte der Prozess-, Struktur- und Ergebnisqualität der Behandlung von Patienten mit einer Schizophrenie abbilden und ausschließlich aus Routinedaten gewonnen werden können

New German Quality Assurance Institute (2015)

- Establishment of a new "Institute for Quality Assurance and Transparency in the Healthcare System" for the **promotion of transparency** and in preparation for a **quality-oriented hospital planning and payment**

- Purpose of the new institute:
  – Development of **evidence-based quality criteria on the basis of secondary data** (takes over the mandate of AQUA-Institute as of 2016)
  – Collection and evaluation of **cross-sectoral secondary data**
  – Publication of **institution-related data** in order to enable quality comparisons between care providers on the basis of objective data

Deutsches Ärzteblatt. March 26, 2014, http://www.aerzteblatt.de/

Qualitätsmessungen in der Psychiatrie

- Qualität und Indikatoren in der Psychiatrie

- Qualitätsindikatoren: Internationale Programme

- Qualitätsindikatoren in ausgewählten europäischen Ländern

- **Schlussfolgerungen**

Qualitätssicherung: Bestandteil Nationaler *Mental Health Policy*

Comprehensive mental health policy

Organization of mental health services

Organization of mental health prevention and promotion

Quantity and quality of human resources

Equity of access

Involvement of users and families and carers

Advocacy

Funding

Quality assurance and information systems

modif. n. WHO 2003 The Mental Health Context
http://www.who.int/mental_health/resources/en/context.PDF

Implementierung Nationaler Qualitätssicherungs-Programme: *Drei Voraussetzungen*

1. The political will to do so

This concerns <u>mental health authorities</u>, <u>decision-makers</u>, <u>managers</u>, <u>community</u> and <u>patient representatives</u>
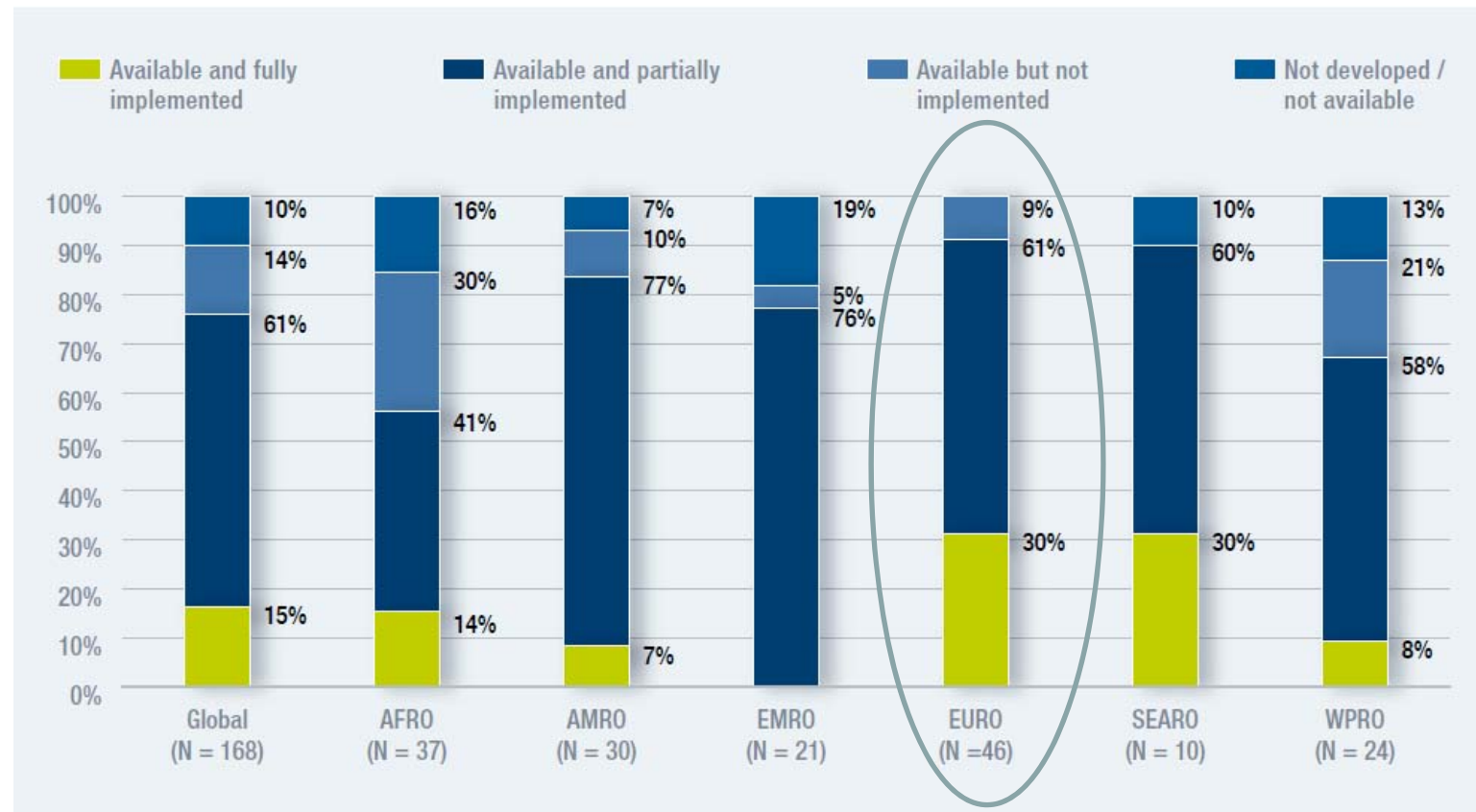
2. The existence of an evaluative culture

<u>Accountability</u> determines the evaluative culture. It depends on <u>background of care providers</u> themselves, <u>organizational structures</u> of the service setting and its <u>management style</u>

3. The availability of technical instruments

<u>Reliable, valid, feasible and widely accepted QA instruments</u> (e.g. quality indicators, guidelines) need to be available. Development of those instruments depends mostly on professional organizations and health services researchers.

WHO 1997. http://whqlibdoc.who.int/hq/1997/WHO_MSA_MNH_MND_97.2.pdf

Implementation Status of Mental Health Policies/Plans

WHO Mental Health Atlas, 2014 http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1

AFRO=African Region
AMRO= Region of the Americas
EMRO= Eastern Mediterranean Region

EURO=European Region
SEARO= South-East Asia Region
WPRO=Western Pacific Region.

Vielen Dank für Ihre Aufmerksamkeit!