

Bern, 18 April 2018

## Evaluation Report

**Swiss National Association for Quality Development  
in Hospitals and Clinics (ANQ)**

### **Evaluation of the current status of ANQ rehabilitation reviews**

**Results of the online survey of ANQ interest groups**

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## Executive summary

### Initial situation and methodology

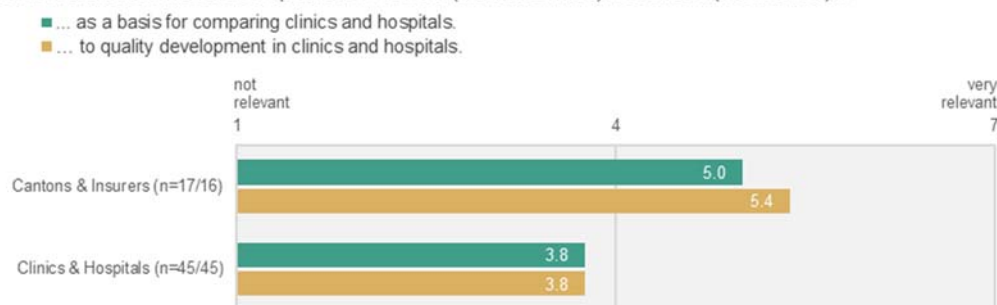
The Swiss National Association for Quality Development in Hospitals and Clinics (ANQ) coordinates and undertakes reviews of the quality of acute care, rehabilitation and psychiatric treatment. In the first quarter of 2018 and by means of an online survey of ANQ's key interest groups, an interim evaluation of reviews in the field of rehabilitation was prepared.

### Results

#### Area-specific ANQ reviews – utility

It is the cantons and health insurers, rather than the hospitals and clinics, that consider that area-specific ANQ reviews are most useful. This applies both to the value of reviews in connection with comparisons of individual clinics and hospitals as well as to their beneficial effects when it comes to quality development in clinics and hospitals.

Evaluation of the relevance of area-specific ANQ reviews (modules 2 and 3) as a whole ..(mean values)...



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Within the clinic and hospital group, the small service providers (<400 discharges/year) are particularly sceptical of the value of area-specific ANQ reviews.

#### Area-specific ANQ reviews – outcome indicators

In addition to service provider size, perception of utility also varies depending on which reviews these clinics and hospitals undertake and/or which outcome indicators are employed for the purposes of reviews. The majority consider the instruments employed in module 2 (Musculo-skeletal, Neurological and Other rehabilitation) are well-suited as outcome indicators; however more than 20% of clinics and of hospitals report that they do not or do not on the whole agree that this is the case. None of the medical institutions, in contrast, consider the key review instruments of module 3 (Cardiac and Pulmonary rehabilitation) to be inappropriate. Accordingly, the clinics and hospitals consider that area-specific ANQ reviews of cardiac and pulmonary rehabilitation are of significantly greater value.

#### Area-specific ANQ reviews – data collection and reporting

A clear majority have a positive view of the coherence and comprehensibility of the data and procedures manual, the method of data transmission to the Charité, and the promptness of support by the Charité. The fact that an identical method is used for ANQ and Swiss ST Reha data collection is extremely important to clinics and hospitals with regard to the workload for service providers that is associated with preparation of reviews.

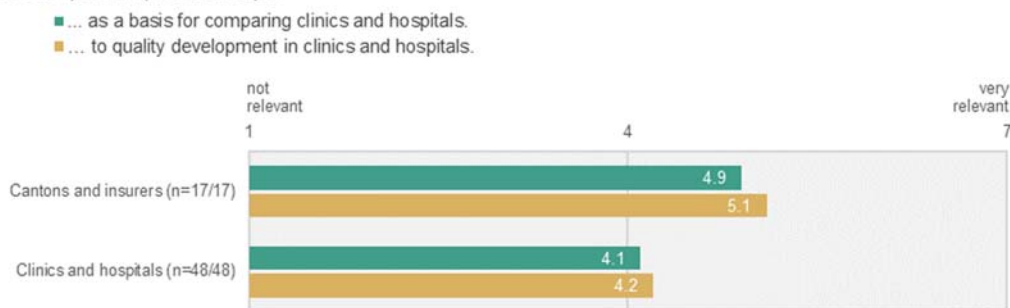
However, respondents are critical of the time it takes to release individual reports on area-specific ANQ rehabilitation reviews. From the point of view of the service providers, the reports would be much more serviceable if they were to be made available more rapidly. The comprehensibility of the reports is overwhelmingly regarded as positive, whereby institute-specific data quality reports were seen in the most positive light. A third of surveyed clinics and hospi-

tals indicate that the institution-specific outcome reports influence internal discussions regarding quality. Three-quarters of respondents also consider the proposed transparent publication of the national comparison reports will lend more weight to ANQ reviews.

### Patient satisfaction surveys – utility

As in the case of the area-specific ANQ reviews, cantons and insurers again consider ANQ patient satisfaction surveys are of greater value than do clinics and hospitals.

Evaluation of the relevance of ANQ patient satisfaction surveys (short questionnaire) in the field of rehabilitation (module 1) overall (mean values)...



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Three-quarters of surveyed clinics and hospitals make use of patient satisfaction survey results for clinic or hospital management, with 59% considering the results an important basis for discussion of care quality. The statement that raising awareness of patient satisfaction on the basis of ANQ patient satisfaction surveys is useful for quality development is also overwhelmingly supported (83% agreement).

### Patient satisfaction surveys – reporting, documentation and support

Seventy-three percent of respondents consider the interactive graphics released in the transparently published results are comprehensible and useful. However, a third would like more rapid publication.

The clinics and hospitals are very satisfied with the comprehensibility and the scope of the existing documentation, as well as with the support provided by the central survey institute.

### ANQ in general

The achievement of objectives by ANQ is viewed positively by a majority of respondents as are the services provided by the ANQ administrative office.

### Potential for improvement and further development of the ANQ National Rehabilitation Review Plan

The primary concern of the surveyed interest groups is that results and reports should be made available more rapidly. This applies both to the area-specific reviews as well as the patient satisfaction surveys. Some respondents expressed a desire for more differentiation in the area-specific reviews within the group “Other Rehabilitation” to also improve, for instance, the value of comparisons in the fields of psychosomatic rehabilitation and geriatric rehabilitation.

With regard to the enhancement of ANQ reviews in the field of inpatient rehabilitation, one suggested improvement was alignment with DefReha® categories. Quality of life, participation, independence and the extending of reviews to (hospital/clinic) outpatient care were mentioned as aspects of subject assessment that might be worth investigating as potential additions to the National Rehabilitation Review Plan. Overall, however, the predominant opinion is that the ANQ National Rehabilitation Review Plan should not be extended at the current time.

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## Abbreviations

ANQ	Swiss National Association for Quality Development in Hospitals and Clinics
CIRS	Critical Incident Reporting System
CRQ	Chronic Respiratory Questionnaire
COPD	Chronic obstructive pulmonary disease
EBI	Extended Barthel Index
FIM®	FIM® instrument/Functional Independence Measure
MV	Mean value
PATZU	ANQ Patient satisfaction surveys (Patientenzufriedenheitsmessungen)
Swiss ST Reha	Swiss tariff structure in inpatient rehabilitation
QM	Quality managers in clinics and hospitals

## 1 Current status

The Swiss National Association for Quality Development in Hospitals and Clinics (ANQ) coordinates and undertakes reviews of the quality of acute care, rehabilitation and psychiatric treatment. The results make possible transparent national comparisons. Based on these findings, hospitals and clinics can develop specific measures to improve quality. The members of ANQ are the Swiss Federation of Hospitals H+, santésuisse, the Swiss federal social insurers, the Swiss cantons and the Swiss Conference of Cantonal Health Directors.

With regard to the rehabilitation field, the ANQ Review Plan consists of a comprehensive module (module 1) and area-specific modules (modules 2 and 3).

- Module 1: National patient satisfaction survey, rehabilitation (short questionnaire)
- Module 2: Musculoskeletal, Neurological and Other rehabilitation (documentation of aims and achievement of aims, Extended Barthel Index, FIM<sup>®</sup> instrument (FIM<sup>®</sup>)).
- Module 3: Cardiac and Pulmonary rehabilitation (6-minute walk test, cycle ergometry, MacNew Heart, feeling thermometer, chronic respiratory questionnaire)

For the purposes of an interim evaluation, the ANQ commissioned the company socialdesign ag to undertake a survey of the key ANQ interest groups (cantons, insurers, clinics, hospitals and patient organisations) in order to determine their opinions of review processes, of the utility of reviews, of the current scope for improvement, of the achievement of ANQ goals and of the services provided by the ANQ administrative office. The aim was to create an appropriate basis for further enhancement of the existing review structure. This evaluation report presents the results of this survey.

## 2 Data collection and analysis procedures

The financing and implementation of ANQ quality reviews are regulated by the National Quality Agreement<sup>1</sup>. Among the main organisations that have signed up to the agreement are the Swiss federation of hospitals H+, santésuisse and the Swiss Conference of Cantonal Health Directors. The above contractual partners represent the key interest groups of the ANQ: on the one hand, the clinics and hospitals, which, by signing the quality agreement, are committed to implementing ANQ reviews and, on the other, the insurers and the cantons. These three interest groups constituted this survey's key target group. In addition, the survey also included a separate section intended for patient organisations.

The survey was implemented as an online survey in three languages using the online survey tools 2ask. The underlying questionnaire was developed in cooperation with the ANQ, discussed in the Rehabilitation Quality Committee and revised on the basis of the Quality Committee's feedback. The survey took place from 15 January to 19 February 2018. A reminder email to complete the survey was sent to participants on 8 February 2018.

### 2.1 Sample population

The ANQ administrative office defined the survey participants and made available a participant address list. In total, 209 people were invited to participate. By the last submission date of 19 February 2018, 74 evaluable questionnaires had been returned. This is equivalent to a return rate of 35%.

Table 1: Parent population, sample population and return rate by interest groups

Interest group	Parent population		Sample population		Return rate
	No.	%	No.	%	%
Cantons <sup>2</sup>	42	20%	16	22%	38%
Insurers	12	6%	2	3%	17%
Clinics and hospitals	144	69%	50	68%	35%
Patient organisations <sup>3</sup>	11	5%	6	8%	55%
<b>Total</b>	<b>209</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>35%</b>

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

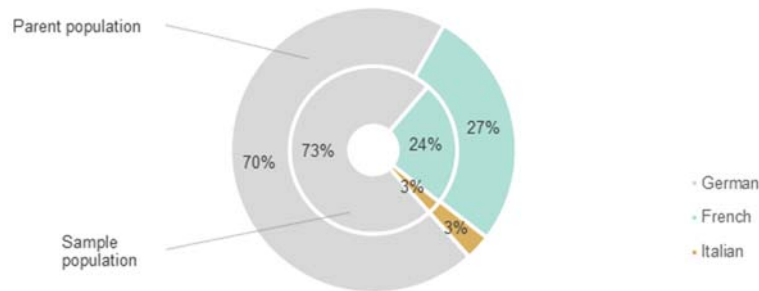
As Table 1 shows, the relative distribution of the interest groups in the sample population is representative of that in the parent population. Figure 1 illustrates the distribution by language, showing that the German-speaking representatives of the interest groups in the survey are slightly overrepresented.

<sup>1</sup> Cf. <http://www.anq.ch/anq/nationaler-qualitaetsvertrag/>.

<sup>2</sup> This interest group also includes representatives of the Swiss Conference of Cantonal Health Directors (GDK) and the *Conférence latine des affaires sanitaires et sociales* (CLASS).

<sup>3</sup> Representatives of national patient organisations as well as organisations specifically active in rehabilitation were asked to take part.

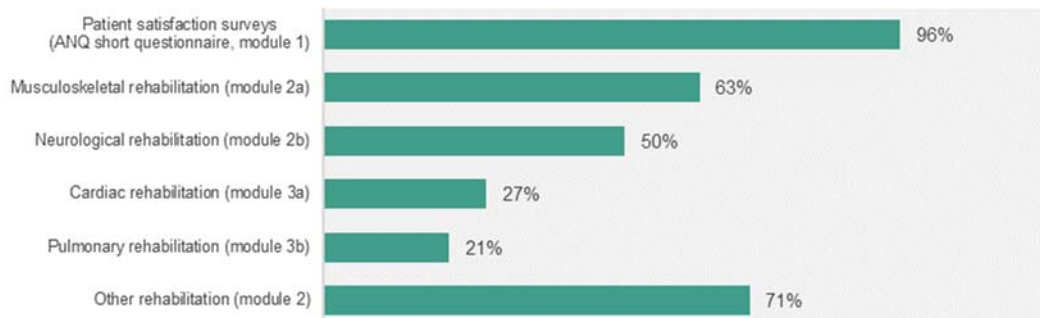
Figure 1: Participants by language region



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Of the 50 survey participants from the interest group “Clinics and hospitals” two respondents were representatives of umbrella organisations, while the rest participated on behalf of their own clinic or hospital. Questions specifically related to experience and/or practice in the clinic/hospital were directed exclusively to the latter group. Figure 2 shows the proportion of surveyed clinics and hospitals by ANQ review modules employed.

Figure 2: Surveyed service providers by ANQ review modules employed (n=48)

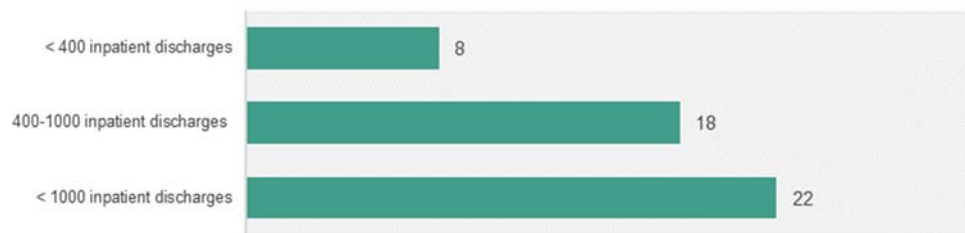


Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Figure 3 shows the participating clinics and hospitals by size. In the case of the clinics and hospitals, the contact persons registered by ANQ as quality managers were specifically asked to participate in the survey. As some of these institutions have more than one quality manager, the participants were asked to submit their replies explicitly related to the sites for which they were responsible as quality managers. If they were responsible for multiple sites, they were asked to base their responses on the largest site. This request applied not only to the specific question relating to institution/site size, see Figure 3, but also to the questionnaire as a whole.



Figure 3: Surveyed clinics and hospitals by size



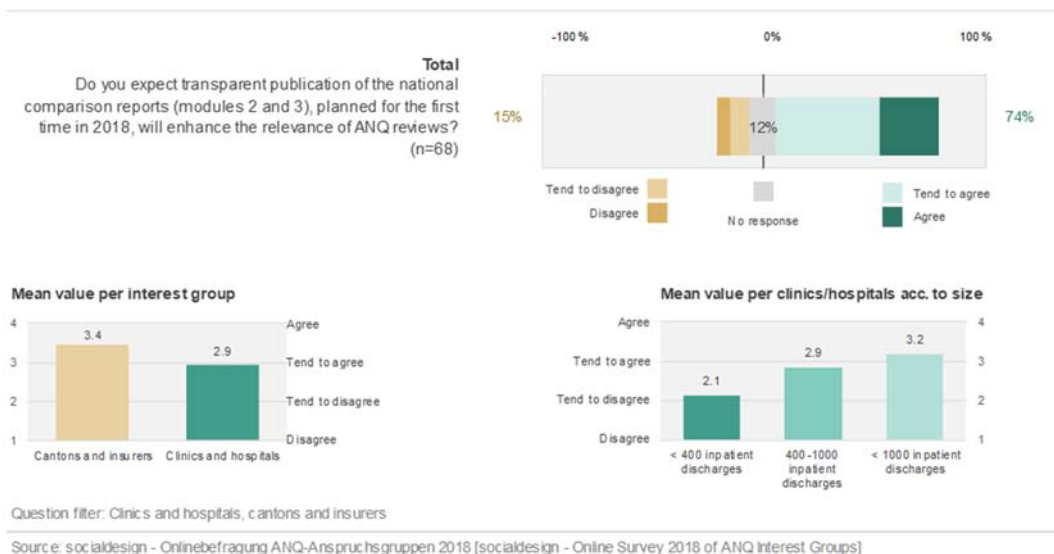
Note: The participating quality managers were asked to submit their response explicitly for the site for which they are responsible as quality managers. If they were responsible for multiple sites, they were asked to base their responses on the largest site.

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

## 2.2 Data evaluation

The responses to predefined questions are graphically presented in this report in the form of response frequency distributions and group mean values (cf. also Interpretation aids). It should be noted that the group mean values are based partly on very low numbers and must, therefore, be interpreted with caution. The intention, nevertheless, is to illustrate – as far as possible – the relevant differences in the response trends.

Figure 4: Interpretation aids for diagrams



Respondents were also invited to freely enter their own comments as part of the survey. In the original German language version of this report, these comments are reproduced - with some changes - in the actual wording used. Here they have been translated into English, which necessarily involves interpretation of meaning to some extent. [Irrelevant to the English language translation]

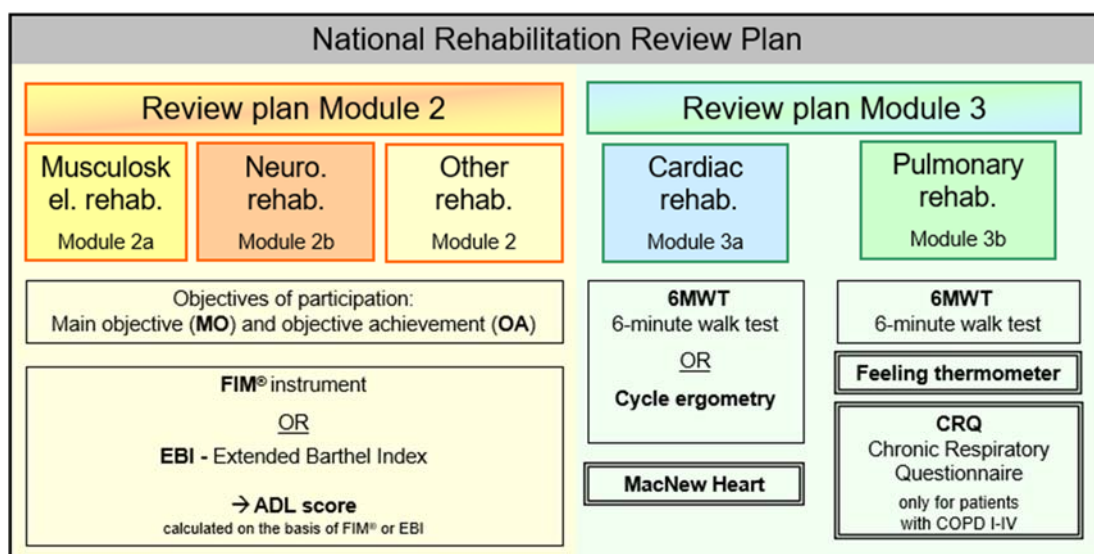
### 3 Area-specific ANQ reviews

This section relates to area-specific ANQ reviews (modules 2 and 3). The participants were asked to answer the questions with reference only to ANQ reviews, i.e. without taking into account the additional data collection carried out for the purposes of Swiss ST Reha.

#### 3.1 Review instruments

Figure 5 gives an overview of the instruments employed in modules 2 and 3 of the ANQ Rehabilitation Review Plan.<sup>4</sup> The listed instruments for each module are to be used on admission to and discharge from patient rehabilitation.

Figure 5: ANQ – National Rehabilitation Review Plan: modules 2 and 3



##### 3.1.1 Review instruments used in module 2

Of the 48 participating clinics and hospitals, all service providers prepare at least one module 2 review (including the area Other rehabilitation). Twenty of these (42%) prepare only one of three reviews, 16 (33%) prepare two and 12 (25%) prepare all three module 2 reviews (including the area Other rehabilitation).

Of the 48 institutions, 38 (79%) employ the FIM® instrument, 10 (27%) employ the Extended Barthel Index (EBI) and three employ both instruments.

Figure 6: Employment of the FIM® and EBI instruments



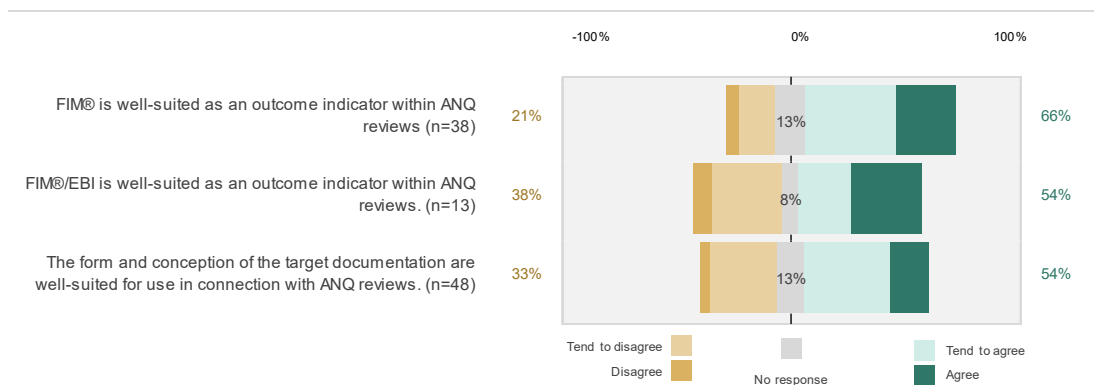
Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

<sup>4</sup> Cf. National Rehabilitation Review Plan (module 2 and module 3): Procedures manual, version 6.1, valid from 1 March 2018.

Two-thirds of clinics and hospitals employing the FIM® instrument for ANQ reviews considered it to be well-suited as an outcome indicator. A small majority (54%) considered EBI to be suitable. A third of surveyed clinics and hospitals considered the form and conception of the target documentation to be poorly suited for use in ANQ reviews.

Most respondents were more critical of the FIM® and EBI instruments than the key review instruments of module 3 (6-minute walk test and cycle ergometry; see also the following section). The limited number of cases makes identifying differences in the perceived suitability of instruments for individual areas within modules (Musculoskeletal, Neurological and Other rehabilitation) impossible, particularly given the fact that the majority of the participating clinics and hospitals are involved in preparing ANQ reviews in more than one of these areas.

**Figure 7: Area-specific reviews – suitability of review instruments in module 2**



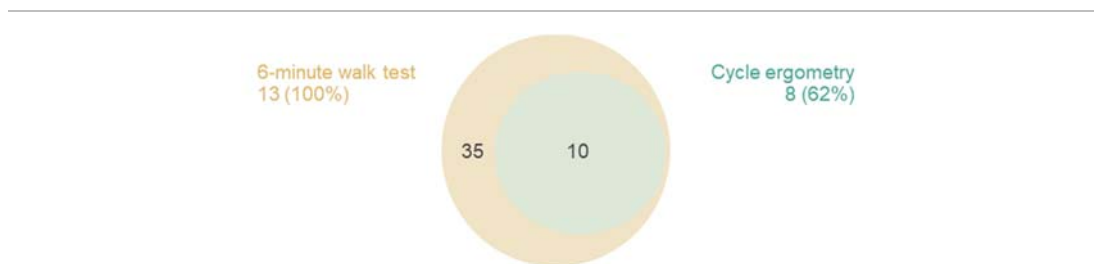
Question filter: Clinics and hospitals undertaking at least one module 2 review. Item 1 and item 2 only include responses from clinics and hospitals employing the instruments in question.

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 3.1.2 Review instruments used in module 3

Of the 48 participating clinics and hospitals, 13 service providers prepare at least one module 3 review. Of these, 13 institutions prepare all cardiac rehabilitation reviews (module 3a), while 10 also prepare pulmonary rehabilitation reviews. The 6-minute walk test is employed by all surveyed institutions within module 3, while 8 of the surveyed institutions also employ cycle ergometry.

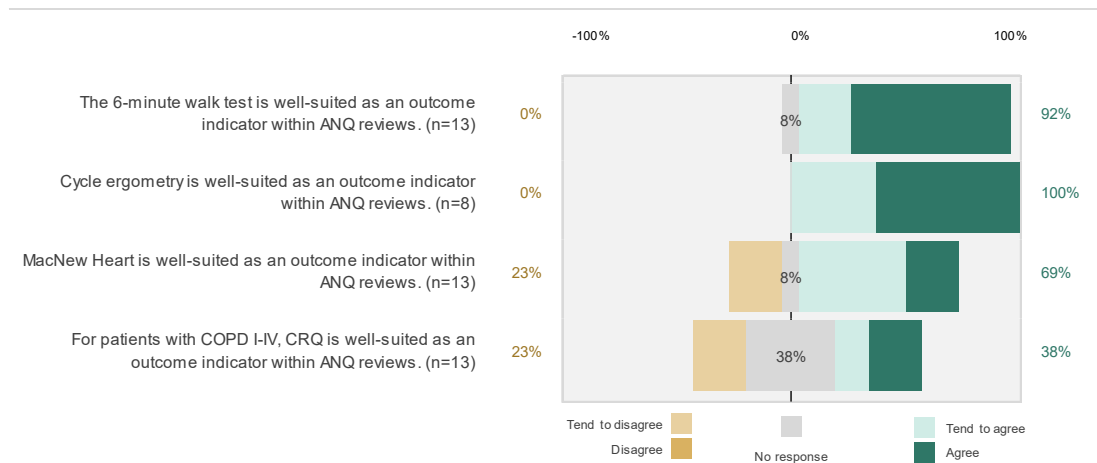
**Figure 8: Use of the 6-minute walk test and cycle ergometry**



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Both the 6-minute walk test and cycle ergometry are unanimously regarded as effective outcome indicators in connection with ANQ reviews. On the other hand, a quarter of both surveyed clinics and surveyed hospitals reported they considered MacNew Heart and CRQ tended to be inappropriate as outcome indicators; it should, however, be noted that MacNew Heart questionnaire was specifically developed for use in connection with outpatient cardiac rehabilitation.

Figure 9: Area-specific reviews – suitability of review instruments used in module 3



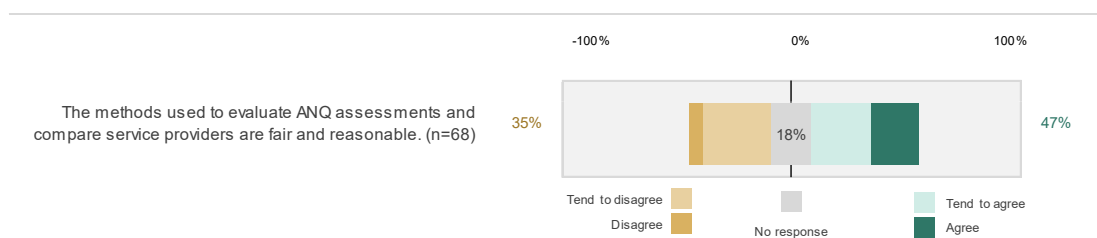
Question filter: Clinics and hospitals undertaking at least one module 3 review. Item 1 and item 2 only include responses from clinics and hospitals employing the instruments in question.

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

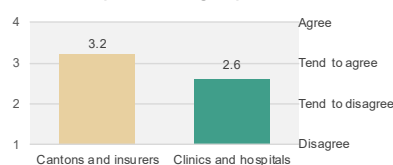
### 3.2 Evaluation

The methods used in ANQ review evaluation and to compare service providers were judged to be fair and reasonable by 47% of respondents. A third, however, were not in agreement or not fully in agreement with the corresponding statement. This percentage is considerably greater in the case of clinics and hospitals (46%) than in the case of cantons and insurers (6%), whereby the latter group were much more likely to reply with “No response” (39%). Of the clinics and hospitals, small service providers with less than 400 inpatient discharges per year were more likely to be critical of the statement (62.5% rejected the statement).

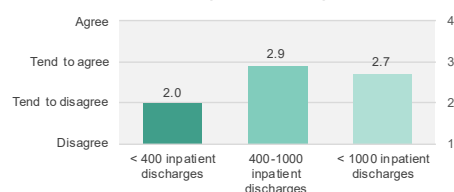
Figure 10: Area-specific reviews – methods employed in evaluation



Mean value per interest group



Mean value per clinics/hospitals acc. to size



Question filter: Clinics, hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 3.3 Reporting

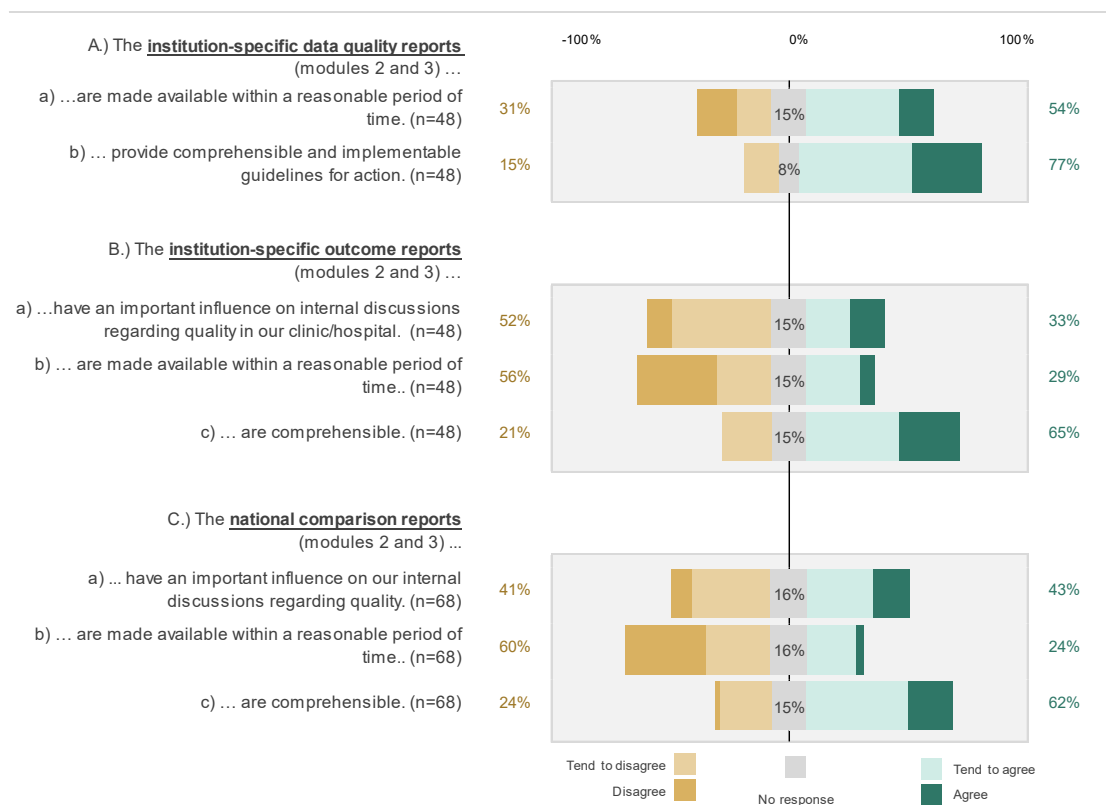
Reports released on the subject of area-specific ANQ reviews (modules 2 and 3) include the following:

- Institution-specific data quality reports for each clinic/hospital that provide information on the comprehensiveness of data collection, as well as recommendations on how to improve data collection.
- Institution-specific outcome reports for each clinic/hospital that provide information on the results of the area-specific ANQ reviews.
- National comparison reports, containing comparative presentation of outcomes for area-specific ANQ reviews (modules 2 and 3).

The majority of respondents have access to institution-specific data quality reports within a period of time they consider appropriate. Three-quarters of respondents consider these contain comprehensible and implementable guidelines for action.

In contrast, the time taken to release both clinic-specific outcome reports and national comparative reports is criticised. In each case, 60% of respondents agree or tend to agree with the statement that the two forms of report are comprehensible.

**Figure 11: Area-specific reviews – reporting**



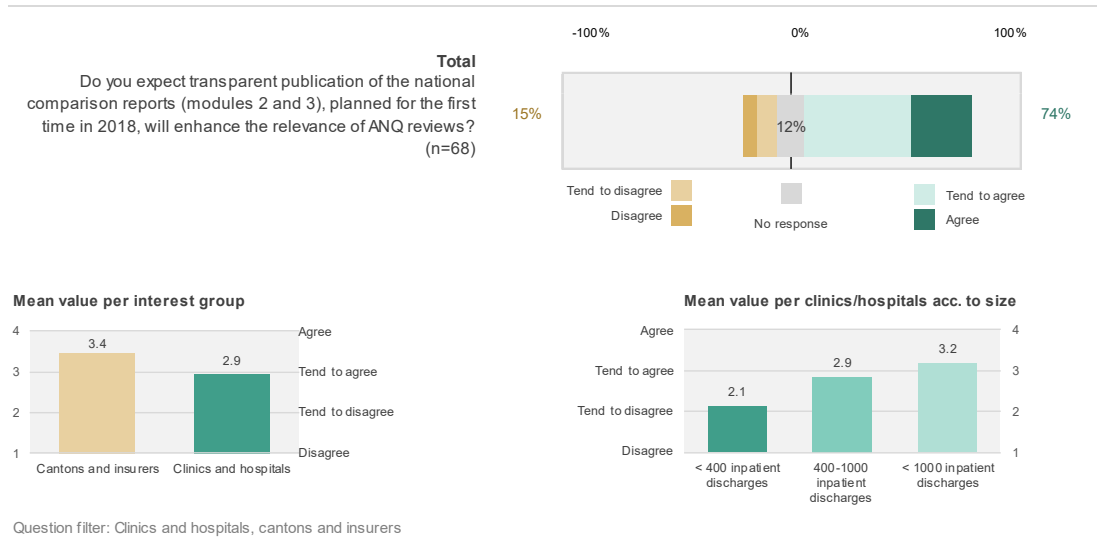
Question filter: A&B) Clinics and hospitals, C) Clinics, hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

The national comparison reports were considered more pertinent to internal quality discussions than the institution-specific outcome reports. However, it should be noted that, in the survey, questions related to the national comparison reports were intended also for cantons and insurers, while questions related to institution-specific outcome reports were intended solely for clinics and hospitals. If only the responses of clinics and hospitals are taken into account, it is apparent that both forms of report are considered to be equally pertinent. Smaller

service providers (<400 inpatient discharges per year) tend to consider the reports less pertinent to internal quality discussions.

**Figure 12: Area-specific reviews – importance of transparency of publication**



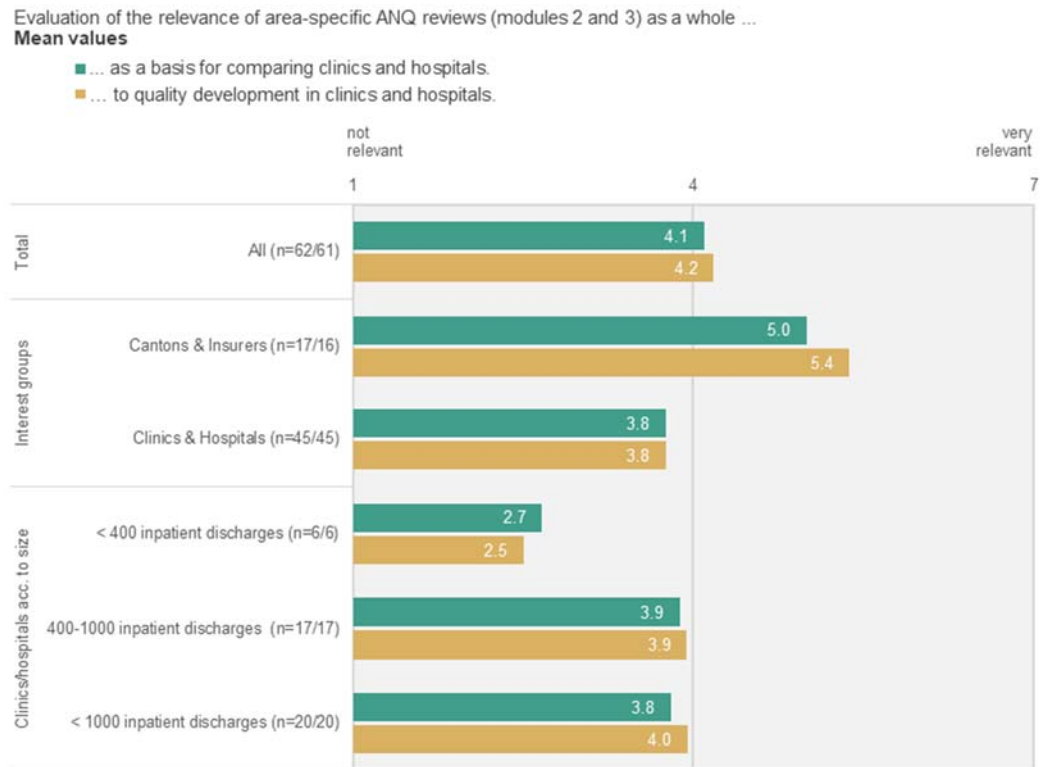
Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Around three-quarters of respondents believe that transparent publication of the national comparison reports will increase the perceived importance of ANQ reviews. Cantons and insurers are more likely to agree with this statement (MV: 3.4) than clinics and hospitals (MV: 2.9). Clinics and hospitals, in particular smaller service providers, are more sceptical here.

### 3.4 Utility

The utility of area-specific ANQ reviews – with regard to comparison of the service providers and to quality development in the clinics and hospitals – is seen as greater by the cantons and insurers in comparison with the service providers. In addition, smaller rehabilitation clinics and hospitals, in contrast to large clinics and hospitals, tend to regard the reviews as less useful.

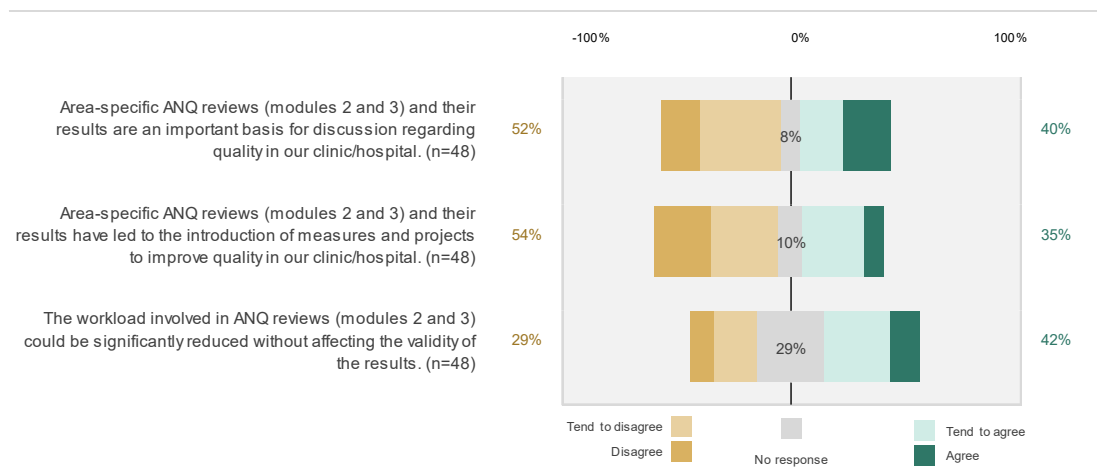
Figure 13: Area-specific reviews – utility



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

The clinics and hospitals were also asked to judge the relevance of area-specific reviews to internal quality discussions and as a basis for the development of actual measures and projects to improve quality. Just over half the respondents consider the area-specific ANQ reviews to be of no or less relevance to internal quality discussions or to the development of projects to improve quality. Of the respondents, 42% also believe that the workload involved in preparing area-specific reviews could be reduced without affecting the validity of the assessments.

**Figure 14: Area-specific reviews – their relevance as seen by clinics and hospitals**



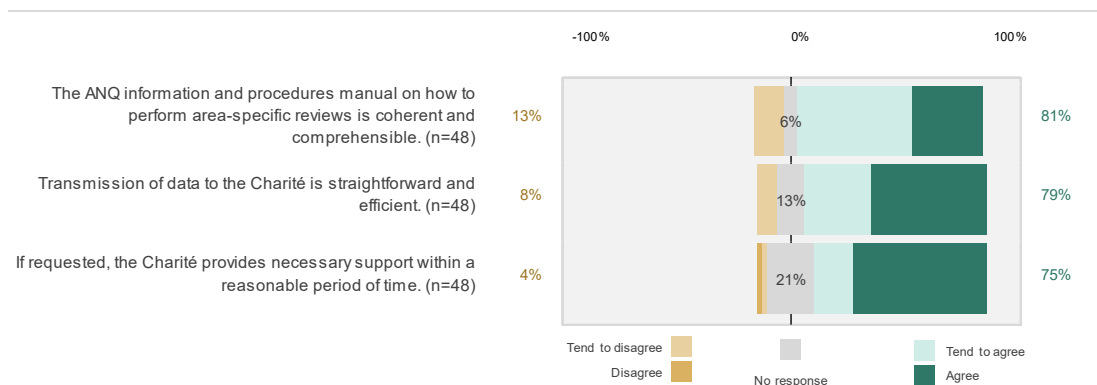
Question filter: Clinics and hospitals

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 3.5 Data collection, data transmission and support

At least three-quarters of respondents see the coherence and comprehensibility of the manuals, the data transmission to the Charité and support on the part of the Charité in positive terms.

**Figure 15: Area-specific reviews – documentation, data transmission and support**



Question filter: Clinics and hospitals

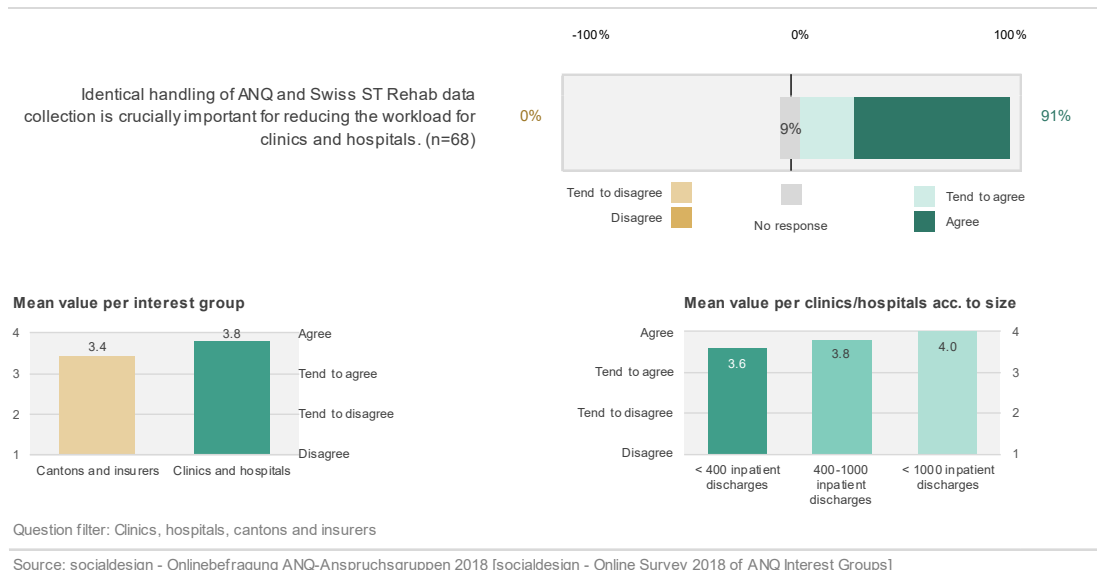
Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]



### 3.6 Coordination with Swiss ST Reha data collection

The respondents are in favour of identical handling of ANQ and Swiss ST Rehab data collection and feel confident this would lead to a reduction of the workload for clinics and hospitals.

Figure 16: Area-specific reviews – coordination with Swiss ST Reha data collection



### 3.7 Scope for improvement in area-specific ANQ reviews

When completing the online survey, participating hospitals and clinics were given the opportunity to make additional comments on matters relating to section 3. Comments entered were as follows (here in translation):

- Further development/national comparison of main objectives: more timely reporting.
- The results must be made available earlier.
- Appropriate reviews per area, reports of the outcome assessments within 12 months.
- The results should be available as soon as possible, so that improvement measures can be rapidly initiated.
- Survey timing: supplement ANQ with the Swiss ST Reha requirements (weekly reviews, holiday shift if relevant). In general: identical procedure for both surveys, on completion perform data splitting of ANQ and ST data.
- Feedback on data quality is useful only if this is made available to institutions in an absolutely timely manner, i.e. within one month of transmission. Also it would be helpful if every institution didn't need to develop their own monitoring instrument to check completeness of data. Costs are generated to no purpose.
- Simpler methods, more simply explained and more usable in the field.
- Choice of relevant benchmarks for assessing quality.
- To aid strategic management of an institution, the results need to be made available earlier.
- Switching to 1x annual data delivery has been very positive. Please reduce changes to the data set to a minimum. Small changes increase the workload significantly (e.g. adjustment to FIM item Mobility called for employment of four people requiring a total workload of approximately 40 hours for consultations, IT adaptation, help texts, instruction of personnel inputting data).

- Timely results
- Timely provision of institution-specific outcome reports so that internal discussion of further developments can be carried out on the basis of current statistics.
- More visual presentation of data quality in the national comparison report, e.g. comparison in clusters by data quality.
- Faster availability of data and ability to make comparisons needed.
- Reports are released much too slowly. The significance of results is therefore reduced. The three reports should be made available within 6 months.
- The data quality reports absolutely must be available earlier and, if possible, also include the faulty data records (e.g. in the case of exclusions if MB is faulty). The national reports are also made available much too late. We have little credibility if we are still dealing with statistics from 2015. The cooperation with the Charité is very good and fast.
- The current lack of transparent publication limits the usefulness of the results when it comes to dealing with the authorities. Faster delivery of the results to the target groups. Supply the comparison reports to the cantons at the same time as the institutions (including a key allowing the identification of institutions by their codes). Graphics: please arrange by outcome scores (instead of by response).
- The choice of instruments for the evaluation seems questionable to us. To assess the quality of our services, we use other instruments to make more precise and better-adapted assessments for our needs such as:
  - participation: the WHO WHODAS questionnaire
  - the disability associated with pain: BPI, PDI; and
  - observational assessment such as the walking test.

This is the reason the results of the ANQ Rehabilitation Review are rarely used to improve the quality of our services. We use the patient satisfaction questionnaire. It is redundant with our ongoing investigation into patient satisfaction, but useful at the national level.

- FIM and EBI are placed on an equal footing. There is therefore absolutely no reason to further differentiate an already differentiated FIM rating scale using additional sub-items and, in the Mobility item, using prognosis aspects, while at the same time assigning equal significance to EBI. The composition of the FIM expert group is questionable. Experts with time to spare shouldn't be the only people involved; different types of rehab forms and rehab clinics should also be represented.
- The institution-specific comparison reports are not made available within a suitable period of time. In addition, I consider it ridiculous to include too many new additions in or adaptations to reviews. This makes longitudinal analyses fundamentally difficult to implement. I consider valid and reliable use of FIM to be difficult. The Mobility items, in particular, seem to be difficult to assess correctly.
- The over-generalised aspect "Other rehab" needs to be further differentiated.
- If possible, reports should be rapidly released.
- Currently questionnaires are organised and programmed individually by each institution and integrated into their respective IT systems). This requires significant effort.

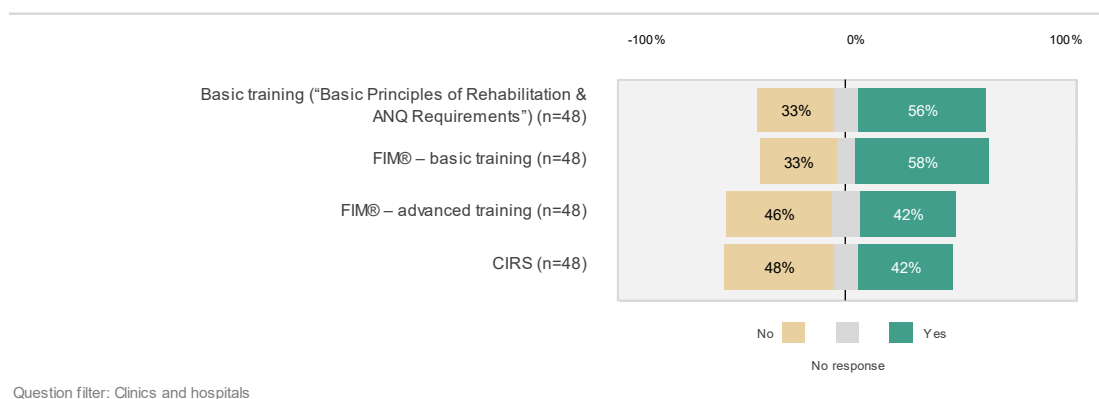
## 4 ANQ training courses

ANQ offers various training courses designed to standardise and facilitate a high quality of data collection throughout Switzerland. In addition, ANQ training courses are aimed at providing rehabilitation staff with a basic understanding of the role of ANQ, of the relevance of ANQ reviews and rehabilitation to the Swiss healthcare system, and of the current challenges and the importance of the National Rehabilitation Review Plan for their institution. Commissioned to organise and implement these courses have been “H+ Bildung” for German-speaking Switzerland and “Espace Compétences” for French-speaking Switzerland and for Ticino. ANQ is responsible for the subjects of and any further developments to the training courses.

### 4.1 Participation

Slightly more than half of the surveyed quality managers state that staff from their clinic or hospital have received basic training or basic instruction in FIM®. The percentage for advanced FIM® training and CIRS training is, for both, 42%. With reference to the size of clinics/hospitals, differences are particularly apparent in CIRS training, which is significantly more common in large clinics/hospitals.

Figure 17: ANQ training courses – participation

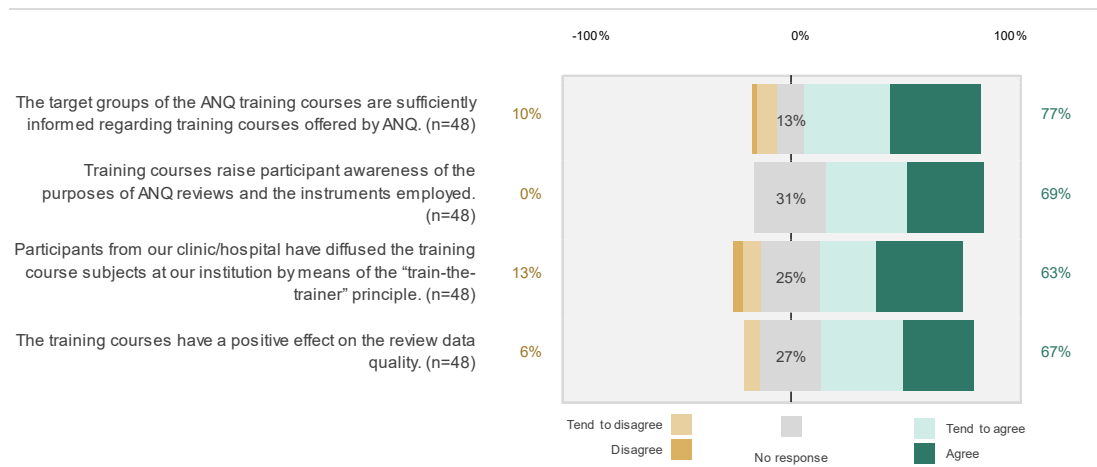


Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 4.2 Assessment of training offered and future demand for training

Surveyed clinics and hospitals report that they consider target groups have been sufficiently informed about opportunities to train. Diffusion of training course content within clinics and hospitals by means of the “train-the-trainer” principle is also working. Respondents agree that the aim of the training courses to increase the awareness of staff of the utility of ANQ reviews and of the instruments employed during reviews is working. Two-thirds of respondents also consider that training courses are having a positive effect on the data quality of assessments.

**Figure 18: ANQ training courses – assessment of training offered and future demand for training**

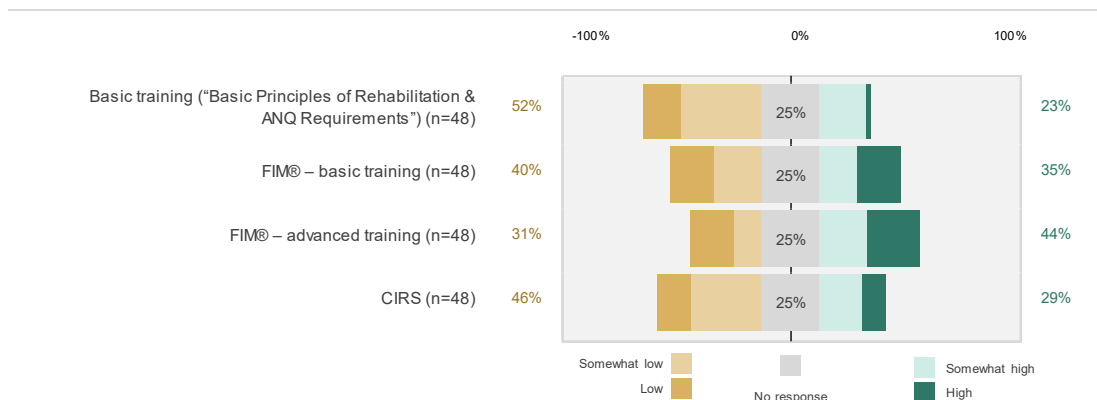


Question filter: Clinics and hospitals

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Solely from the perspective of advanced FIM® training, most surveyed quality managers predict that demand for training will or is likely to increase. The size of the clinics and hospitals seems to play no role with regard to this prediction.

**Figure 19: ANQ training courses – future demand for training**



Question filter: Clinics and hospitals

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 4.3 Scope for improvement in training courses and increasing demand for training

Within the scope of the online survey, participating hospitals and clinics were given the opportunity to make additional comments on ANQ training courses. Comments entered were as follows (here in translation):

- Coordinate data collection timing with that of Swiss ST Reha.
- Training within the institution itself, and in connection with specialisations.
- The EBI manual should be formulated more precisely.
- Not at this stage with this assessment review.
- Limited participation by staff.

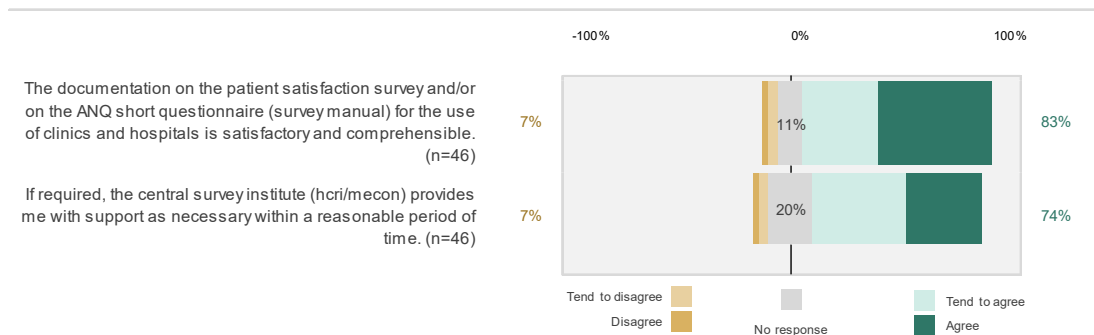
- For FIM to be employed, UDSMR<sup>5</sup> requires a biennial audit that demonstrates that FIM users assess patients in a standardised fashion. Such audits should also be offered.

## 5 Patient satisfaction surveys

### 5.1 Documentation and support

Both the documentation for patient satisfaction surveys and the support provided by the survey institute were seen in a positive light the vast majority of surveyed clinics and hospitals.

Figure 20: PATZU – documentation and support



Question filter: QMs in clinics and hospitals using the patient satisfaction survey

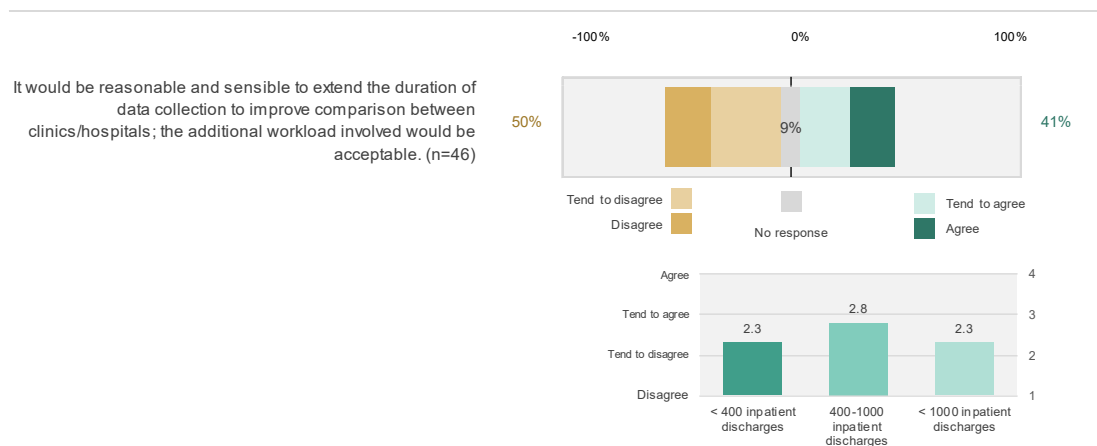
Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

<sup>5</sup> Uniform Data System for Medical Rehabilitation (UDSMR).

## 5.2 Survey period

Opinions were divided on whether an extension of the survey period would be justifiable in order to increase the validity of surveys. Half of the respondents did not or did not tend to agree with the corresponding statement, while 41% agreed or tended to agree. Medium-sized clinics and hospitals (400 to 1000 inpatient discharges per year) are proportionally more likely to agree to the statement. It is somewhat surprising that relatively small service providers (up to 400 inpatient discharges per year) are less likely to support an extension of the survey duration, particularly in light of the fact that extending the survey period in these clinics and hospitals in particular is likely to have the largest positive enhancement effect on the validity of surveys.

Figure 21: PATZU – survey duration



Question filter: QMs in clinics and hospitals using the patient satisfaction survey

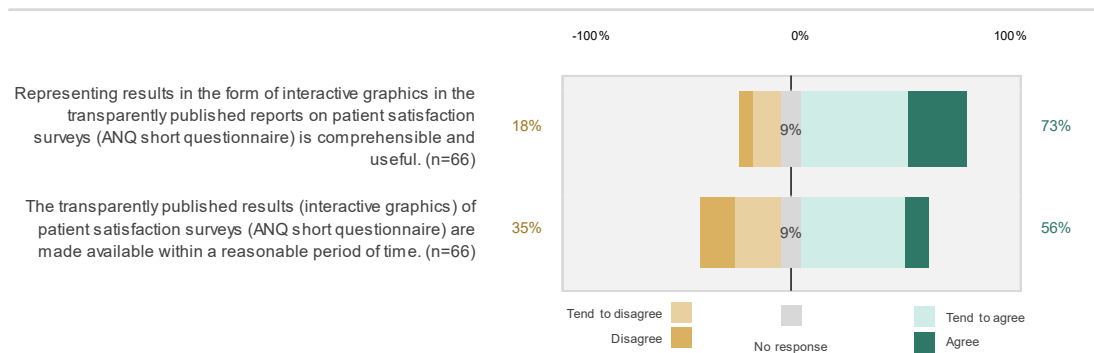
Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

### 5.3 Reports and the hcri platform

A large majority of respondents consider the interactive graphics employed to ensure transparent publication of results are comprehensible and useful. In comparison, the cantons and insurers view this form of publication more positively than clinics and hospitals, who are somewhat more critical but are also still more likely to see this positively.

The time taken to release results is viewed somewhat more critically. While it is true a majority (56%) agree or tend to agree with the corresponding statement, the percentage of respondents in the category “I disagree” was relatively high (15%).

**Figure 22: PATZU – availability and comprehensibility of interactive graphics**

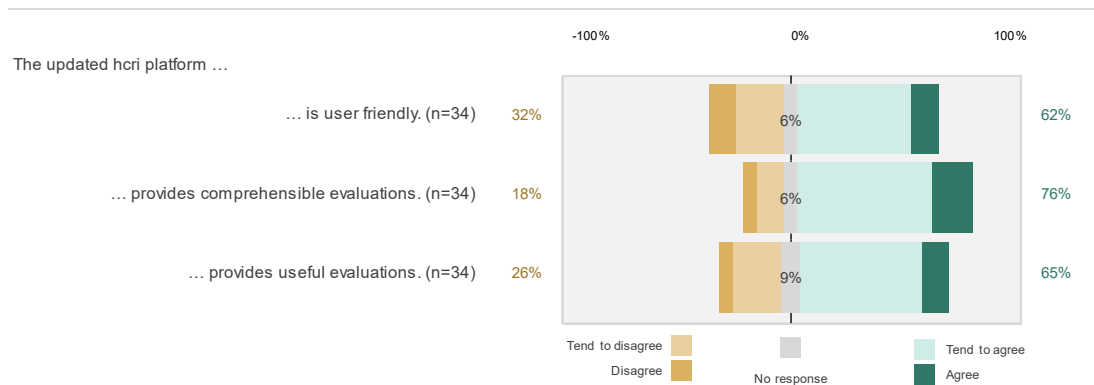


Question filter: Clinics and hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Since 2017, the institution-specific evaluations have been published on an updated hcri platform.<sup>6</sup> Of the 46 surveyed clinics and hospitals, 34 (74%) declared they had already started to use the new platform. The user-friendliness of the platform as well as the comprehensibility and usefulness of the evaluations provided on the platform are more likely to be viewed as positive by all respondents.

**Figure 23: PATZU – hcri platform**



Question filter: QMs in clinics and hospitals that have already used the hcri platform

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

## 5.4 Utility

As a basis for comparing service providers and for quality development in clinics and hospitals, the results of ANQ patient satisfaction surveys in the field rehabilitation are reported as being somewhat more useful than those in the case of acute care.<sup>7</sup> The mean score for relevance to the comparison of service providers in rehabilitation on a scale from 1 (no relevance) to 7 (very relevant) was 4.3, while the mean score in connection with relevance to quality development was 4.4. For acute care, the corresponding mean scores on the same scale were 4.0 and 3.6.

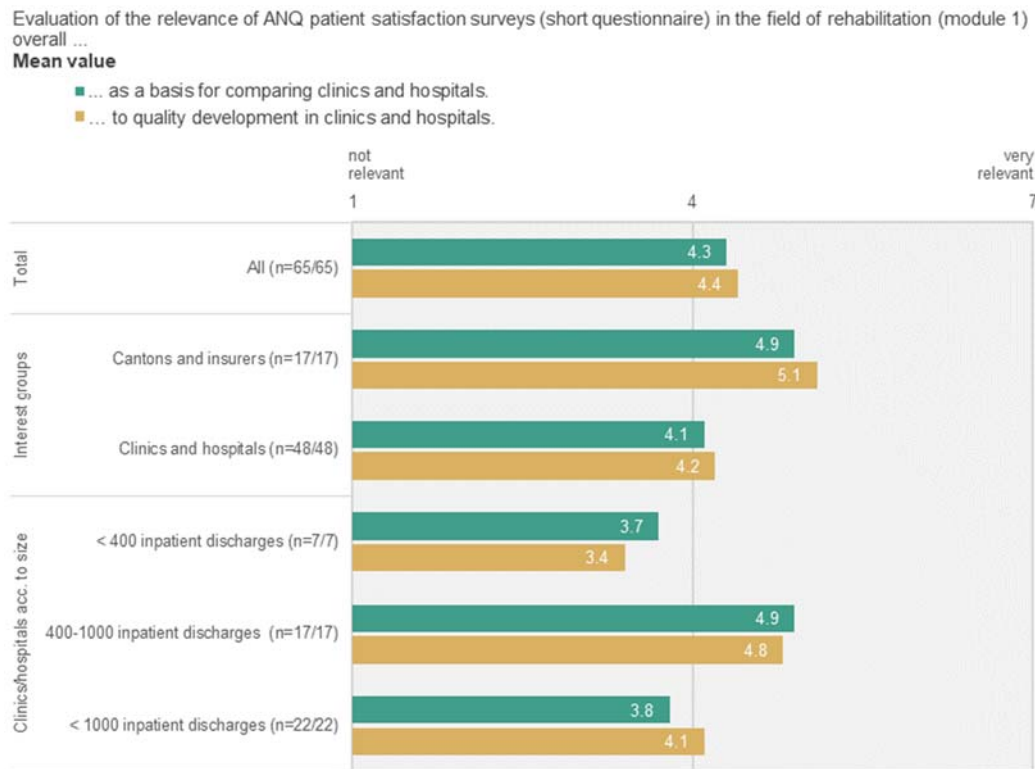
The cantons and insurers were more likely to see a positive effect here than the clinics and hospitals. Among the service providers, the medium-size clinics and hospitals (400-1000 inpatient discharges) were most likely to view reviews as relevant.

<sup>6</sup> The Health Care Research Institute (hcri) was acquired by Swiss Post in 2016. The updated platform in question was created by combining the software solutions Q1 (hcri) and vivates (Post). For the sake of simplicity, both the questionnaire and the report refer to this as the 'hcri platform'.

<sup>7</sup> Cf. Jörg & Ruffin (2015). Evaluation report. Evaluation Acute Care Review. [https://academy.socialdesign.ch/wp-content/uploads/2015/06/ANQ\\_Auswertungsbericht.pdf](https://academy.socialdesign.ch/wp-content/uploads/2015/06/ANQ_Auswertungsbericht.pdf) (accessed: 27 February 2018).



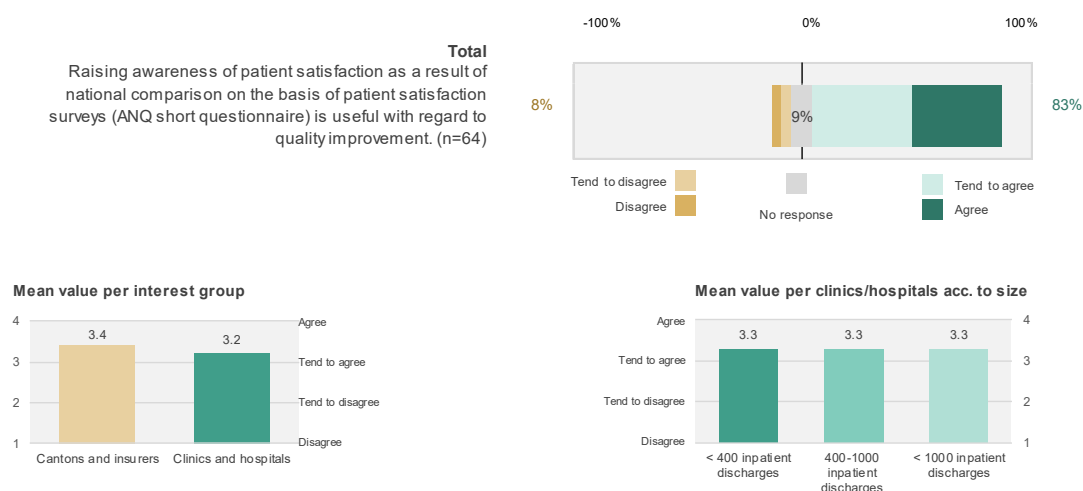
Figure 24: PATZU – utility



Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Raising awareness of patient satisfaction, as prompted by the national comparison of ANQ assessments, is viewed by almost all respondents as a positive factor with regard to quality development in rehabilitation.

Figure 25: PATZU – raising awareness of patient satisfaction



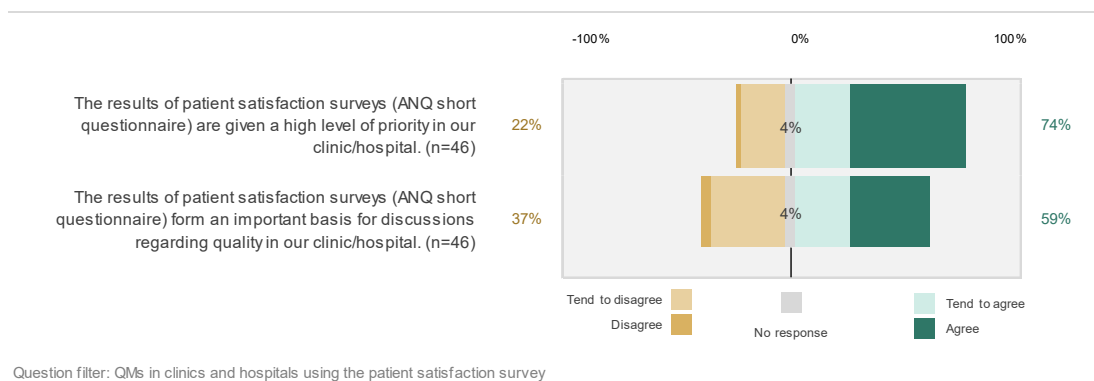
Question filter: Clinics and hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

In addition, the clinics and hospitals were asked how relevant patient satisfaction surveys are to clinic or hospital management and to internal quality discussions. Around three-quarters of surveyed quality managers indicate that the results of patient satisfaction surveys in their clinic/hospital management were assigned a high level of priority. 59% consider the results of surveys are an important basis for internal discussions regarding quality. Small clinics or hospitals are somewhat more critical of the relevance of patient satisfaction surveys.

Various comments were made (see section 5.5) to the effect that the questions used in patient satisfaction surveys are in too generalised a form. In fact, used for patient satisfaction surveys within the ANQ review system is a basic outline questionnaire that explicitly gives clinics and hospitals the opportunity to integrate their own additional specific questions into the questionnaire.

**Figure 26: PATZU – relevance of surveys in clinics and hospitals**



Question filter: QMs in clinics and hospitals using the patient satisfaction survey

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

## 5.5 Scope for improvement to patient satisfaction surveys

When completing the online survey, participating hospitals and clinics were given the opportunity to make additional comments on matters relating to section 5. Comments entered were as follows (here in translation):

- More rapid evaluation/reporting.
- Results must be made available more rapidly.
- Does not replace our own assessment system (benchmarking with other institutions). Surveying patients twice reduces participation/return rates.
- Further simplify organisation (transmission procedures).
- The questions are too general and don't allow anyone to understand the how outcomes develop from one year to the next. This survey is meaningless; the institutions, for the most part, carry out a complete satisfaction survey aimed at [quality] improvement.
- In geriatrics, written patient surveys don't work, as many patients can't complete questionnaires due to their disabilities (visual, cognitive, writing ability). This is also the reason why we undertake an oral patient survey every three years. Patient satisfaction in geriatric clinics differs from that in other clinics, even if the patients are similar in age, and any overall comparison therefore needs to be viewed critically and should only be published accompanied by an appropriate commentary.
- Rehabilitation clinics vary widely in terms of their patients, the services they offer and their objectives (benchmarks?).
- In small clinics, one survey over the period of a month is meaningless because of the low case numbers. This makes an additional survey necessary. The questionnaire should be standardised for the areas of acute care, rehabilitation and psychiatry.

- Feedback on data much too late (topicality). Too few specific questions. Not, internally, an instrument that will improve quality. What is the point of an additional instrument when every hospital undertakes its own detailed patient survey (workload vs. benefit) anyway?
- Comparative reports (also other modules/ANQ indicators) could be reduced in scope. In practice, of most interest are the outcome graphs.
- More differentiated questions (current questionnaire too short).
- Increase comparability.
- The survey period could be extended to ensure more representative results. There is too great a delay before feedback is forthcoming. The results should be published within six months.
- The questions in this questionnaire are so generic that they don't really identify potential methods for improvement.
- Adapt the survey period to the size of the clinics, with a view to reducing time to publication.
- RAS functions well.
- Questions are too vague.
- HCRI services are of very poor quality. Access to the platform not working – a real catastrophe.
- The patient satisfaction survey results can't be used to formulate new measures on the basis of ANQ reviews. It's worth considering what information could be made available to clinics, if the clinic sees the need for action in one of the survey's areas in order to be able to formulate concrete measures.
- We supplemented the ANQ questionnaire with additional questions that were relevant to us. The aim was to provide a somewhat broader picture of how we function. Unfortunately, we are still the only ones using hcric who employ this questionnaire. Other clinics did not want to take part.
- No more adaptations, otherwise longitudinal analyses will suffer.
- It is debatable whether patient satisfaction surveys are, in principal, of relevance as the results are only minimally different between hospitals/clinics.
- Develop the national satisfaction survey questions. Readjust the target values based on expectations and not based on averages among institutions. Adjust the results depending on rehabilitation types (e.g. results of psychosomatic less conclusive).

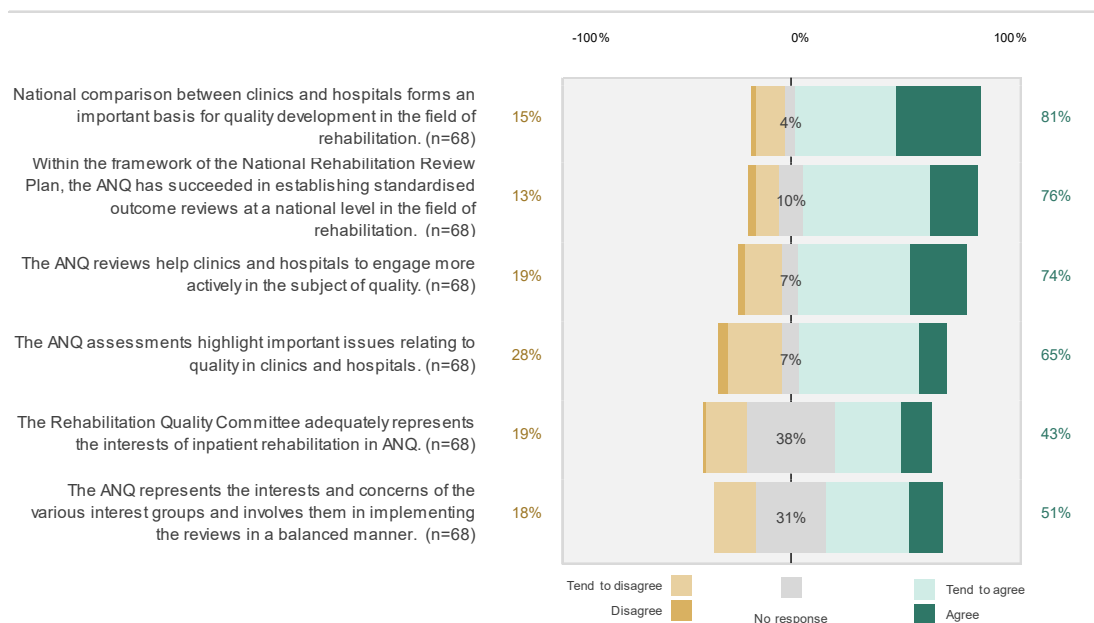
## 6 ANQ in general

### 6.1 Goal achievement

According to the articles of association, the purpose of ANQ reviews is to document, develop and improve quality in clinics and hospitals. This is to be achieved by means of national and standardised implementation of outcome quality reviews. The following statements on ANQ goals, their achievement and on representation of interests within the ANQ committees were not intended to apply to individual reviews or modules, but rather to ANQ inpatient rehabilitation reviews as a whole.

All statements regarding ANQ goal achievement are viewed positively by a majority of respondents. In particular, the statement that a national comparison between clinics and hospitals might form an important basis for quality development was assented to (81% agreed or tended to agree with this statement). Likewise, there is a broad positive consensus with regard to the statements that ANQ has succeeded in establishing standardised outcome reviews at a national level (76% agreement) and that these reviews help clinics and hospitals to engage more actively in the improvement of quality (74% agreement).

Figure 27: ANQ – goal achievement and representation of interests



Question filter: Clinics and hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Respondents also largely agree that the Rehabilitation Quality Committee adequately represents the interests of inpatient rehabilitation (43% agreement) and that ANQ represents the interests and concerns of the various interest groups (51% agreement). However, the high percentage of “No response” replies to both statements should be noted, indicating that respondents did not feel fully capable of assessing the representation of interests within ANQ bodies.

### 6.2 Perception of ANQ reviews

The participants were asked to comment on whether they felt ANQ reviews are important in the field of rehabilitation and in what light they think other interested parties see the results of reviews. The comments elicited are reproduced below (in translation). When interpreting these responses, it should be borne in mind that, at the time, the results of reviews had not yet been

transparently published. The planned future transparent publication of results was considered to be of considerable importance by participants when it came to what they thought the view of other parties would be (cf. Figure 12).

- Some colleagues and parties (hospitals) consider these ANQ reviews to be a significant work overload. The practical utility in improving the quality of care is difficult to perceive.
- No reaction.
- Cantons
- This data could be badly misused; I am thinking here of the comparison platforms. There's no advantage for the patients; they're being provided with information that they can't interpret.
- Patients, healthcare schools.
- Media, especially when considering the issue of hospital comparison/ranking, from which the ANQ has deliberately not distanced itself.
- Of interest to authorities and insurers.
- ANQ reviews are publicly used by internet platforms to make comparisons - while in fact the review instruments are not actually appropriate for this. The impression is of objective comparability, which is an illusion.
- My impression is that the results of reviews in the field of rehabilitation are not generally of interest.
- Of little interest, feels like a work overload.
- Incredibly little interest.
- No feedback from associates on the subject.
- If the figures are good, the results would make for good advertising.

### 6.3 Further aspects of subject assessment and quality indicators

The following are comments freely made on the subject of additional aspects of reviews and quality indicators with regard to potential future improvement of the ANQ National Rehabilitation Review Plan:

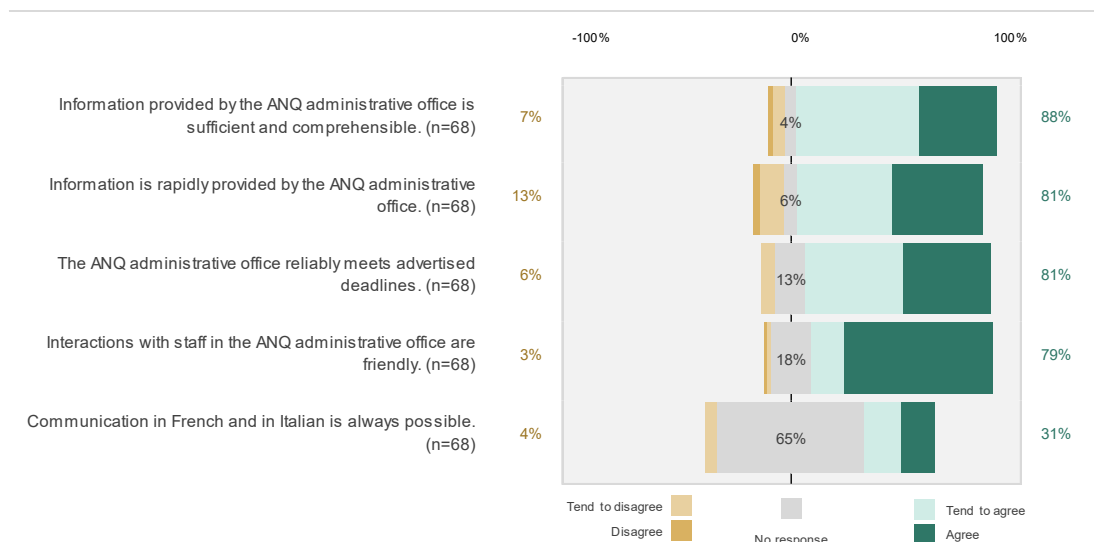
- No additional reviews - there are reviews enough already. Coordination with Swiss ST Reha is always important to avoid unnecessary duplication or conflicting requirements.
- It would be good if all institutions actually played the game and didn't exclude the most dissatisfied patients from their survey results. It would be good if ANQ would provide some management to ensure institutions are carrying out things (quality audits, on-site controlling for example etc.).
- There should be a balance struck between fragmentation of rehabilitation areas and meaningful comparison of rehabilitation areas.
- The current catalogue shouldn't be further extended.
- Don't add anything new without deleting other parts. Functional indicators adapted to the basic pathology. Duration of stay. Functional outcome (not autonomy, risk of falls, home care needs).
- Interests of/benefits to psychosomatic rehabilitation are still insufficiently taken into account.
- ePA (Eidgenössisches Personalamt) [Federal Personnel Office]
- Comparability/equivalence EBI/FIM. Possible review bias due to survey details, e.g. EBI/FIM reviews on the basis of care versus therapy; handled differently in institutions

- For me, the key aspects include quality of life, patient independence and care needs (setting) for rehabilitation.
- Standardised review procedures are always welcome (e.g. CIRS). However, this significantly reduces validity in some specialist areas and prevents accurate comparison of clinics. Area-specific reviews (such as the already implemented SCIM) are important and should also be employed - when justifiable - in other rehabilitation areas (e.g. psychosomatics).
- Orientate aspects of assessment on cantonal service contract structure - if these can be covered by DEF rehabilitation:
  - Rehabilitation of paraplegics
  - Internistic and oncological rehabilitation
  - Psychosomatic rehabilitation
  - Geriatric rehabilitation
- I would like to see:
  - Outpatient reviews
  - Reviews of medical outcomes/effectiveness of treatments.

#### 6.4 ANQ administrative office services

The survey participants were also invited to give their views of the following general statements relating to the services provided by the ANQ administrative office. The services provided by the ANQ administrative office were rated by almost all respondents as (very) positive. Particular mention was made of the friendliness of the administrative office staff.

Figure 28: ANQ - services provided by the administrative office



Question filter: Clinics and hospitals, cantons and insurers

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

In addition, survey participants were also given the option of making additional comments on the services provided by the ANQ administrative office. The comments entered are shown below (in translation).

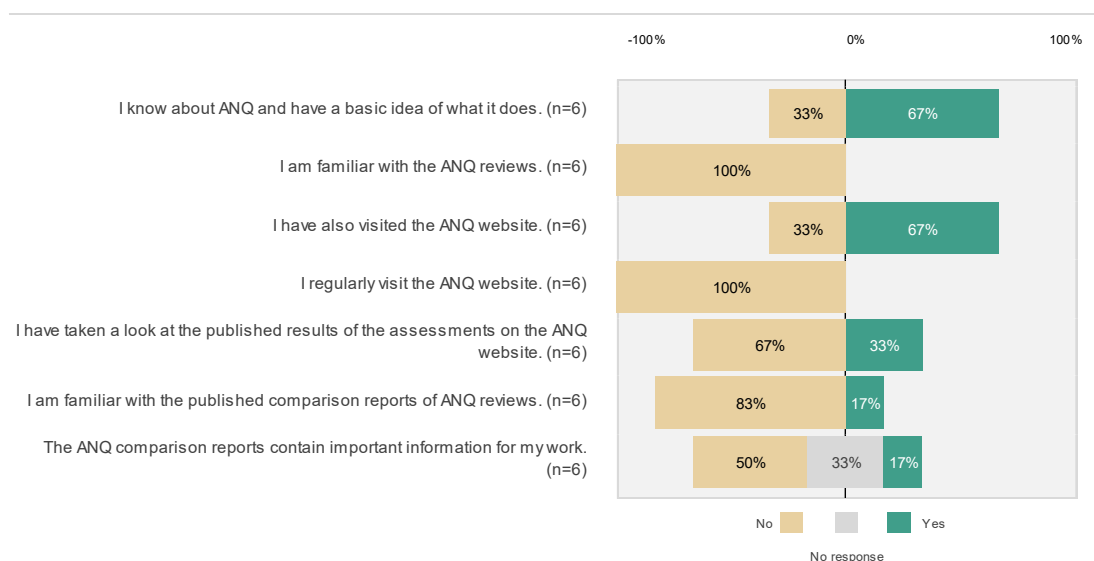
- Much too much information. Less would be better, focus on what is most important.

- The financial costs of ANQ reviews are too high compared with other instruments and acute care.
- Many thanks for Q-Day.
- Collaboration with the ANQ administrative office is always very good.
- Questions shouldn't be answered by redirecting to the Charité; instead, ANQ's replies should always show that the issues raised have been understood at ANQ. The responsibility for developments, for instance in FIM, shouldn't be assigned to the expert group (as representatives of clinics/service providers). ANQ representatives should, if necessary, come to the front line and form their own impression how such developments are practically implemented. The representatives in such expert groups need to be made more legitimate. In addition, members shouldn't simultaneously be members of more than one body.

## 7 Patient organisations

In addition to the key ANQ interest groups (clinics and hospitals, cantons and insurers), representatives of patient organisations also took part in this survey. Most representatives of patient organisations are essentially aware of what ANQ does; the majority know of ANQ and have visited the website. However, they are mostly unaware of the actual reviews and the published reports. None of the respondents are familiar with the ANQ reviews, a third have taken a look at the published reviews on the ANQ website and 17% are familiar with the published comparative reports.

Figure 29: Patient organisations



Question filter: Patient organisations

Source: socialdesign - Onlinebefragung ANQ-Anspruchsgruppen 2018 [socialdesign - Online Survey 2018 of ANQ Interest Groups]

Survey participants were also asked to make additional comments or submit suggestions to ANQ. The comments entered are shown below (in translation).

- As the focus of ANQ is inpatient rehabilitation and we deal with outpatient oncological rehabilitation, and oncology is almost completely ignored by ANQ, we consider ANQ irrelevant to us at present. We would greatly welcome discussion with ANQ together with [...] in order to consider the options for including oncological rehabilitation. A further point concerning the review instruments employed by ANQ (FIM, extended Barthel Index and Health Assessment Questionnaire). In 2015 we ([...]) undertook an appraisal of the value of the review instruments used in connection with oncological rehabilitation. The basis was a survey of providers by the Association [...]. We would be happy to send you the results and/or more information. The results can be summarised as follows:
  - FIM – cannot be employed in clinical practice for oncological rehabilitation
  - Barthel Index – only partially satisfactory
  - HAQ – not meaningful.



## Appendix: Questionnaire

### Online survey of ANQ interest groups for the purpose of interim evaluation in the field of rehabilitation

#### 1. To which ANQ interest group do you or your organisation belong?

- Cantons
- Insurers
- Clinics and hospitals
- Patient organisation

This survey solely concerns the **ANQ National Rehabilitation Review Plan**. For the purpose of future development of the ANQ review concept in the field of rehabilitation, the key ANQ interest groups are taking part in an online survey that asks them about their experience of review processes, of the utility of reviews and the scope they see for improvement.

The following questions relate either to single modules, more than one module or to the National Rehabilitation Review Plan as a whole. Please carefully read the questions to determine which is the case.

You may discontinue completion of the questionnaire at any time and resume later at the same point in the questionnaire.

If you have any technical or content-related questions, please do not hesitate to contact Mr. Reto Jörg of socialdesign for assistance (reto.joerg@socialdesign.ch / +41 31 310 24 80). We thank you for your valued cooperation.

Click Next to start the survey.

#### 2. Are you completing this questionnaire as a representative of an association? (MTK, santésuisse, curafutura, H+, GDK, etc.)

- Yes
- No

#### 3. How many inpatient discharges from rehabilitation are there in your clinic/hospital per year?

- Less than 400 inpatient discharges (rehabilitation)
- 400 to 1000 inpatient discharges (rehabilitation)
- More than 1000 inpatient discharges (rehabilitation)

Please base your answer on the **site** that you are responsible for as a quality manager. If you are responsible for multiple sites, please base your answer on the **largest site**.

Please complete the entire questionnaire from the perspective of this site.

**4. What reviews does your clinic/hospital undertake?**

- Patient satisfaction surveys (ANQ short questionnaire, module 1)
- Musculoskeletal rehabilitation (module 2a)
- Neurological rehabilitation (module 2b)
- Cardiac rehabilitation (module 3a)
- Pulmonary rehabilitation (module 3b)
- Other rehabilitation (module 2)

**Module 2 (incl. Other rehabilitation)**

The following questions relate to the modules **Musculoskeletal rehabilitation** (module 2a), **Neurological rehabilitation** (module 2b) and **Other rehabilitation**.

4.1. Which of the following instruments are employed in your clinic/hospital for ANQ reviews?

- The FIM® instrument
- Extended Barthel Index (EBI)

4.2. Please indicate your response to the following statements.

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
FIM®/EBI is well-suited as an outcome indicator within ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The form and conception of the target documentation are well-suited for use in connection with ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Module 3**

The following questions relate to the modules **Cardiac rehabilitation** (module 3a) and **Pulmonary rehabilitation** (module 3b).

5.1. Which of the following instruments are employed in your clinic/hospital for ANQ reviews?

- 6-minute walk test
- Cycle ergometry

5.2. Please indicate your response to the following statements.

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
The 6-minute walk test is well-suited as an outcome indicator within ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle ergometry is well-suited as an outcome indicator within ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MacNew Heart is well-suited as an outcome indicator within ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For patients with COPD I-IV, CRQ is well-suited as an outcome indicator within ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Area-specific ANQ reviews (modules 2 and 3)**

The following questions relate to area-specific ANQ reviews (modules 2 and 3) as a whole. Please answer the questions only with reference to ANQ reviews, without taking into account the additional data collection carried out for Swiss ST Reha.

6.1. Please give your view on the following statements relating to area-specific ANQ reviews (modules 2 and 3).

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
The ANQ information and procedures manual on how to perform area-specific reviews is coherent and comprehensible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transmission of data to the Charité is straightforward and efficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If requested, the Charité provides necessary support within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Area-specific ANQ reviews(modules 2 and 3) and their results are an important basis for discussion regarding quality in our clinic/hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Area-specific ANQ reviews (modules 2 and 3) and their results have led to the introduction of measures and projects to improve quality in our clinic/hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The workload involved in ANQ reviews(modules 2 and 3) could be significantly reduced without affecting the validity of the results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.2. Please give your view of the following statements relating to area-specific ANQ reviews (modules 2 and 3).

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
Do you expect transparent publication of the national comparison reports (modules 2 and 3), planned for the first time in 2018, will enhance the relevance of ANQ reviews?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identical handling of ANQ and Swiss ST Rehab data collection is crucially important for reducing the workload for clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The methods used to evaluate ANQ reviews and compare service providers are fair and reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 7. Reporting on area-specific ANQ reviews (modules 2 and 3)

Reports released on the subject of area-specific ANQ reviews (modules 2 and 3) include the following:

**Institution-specific data quality reports** for each clinic/hospital that provide information on the comprehensiveness of data collection, as well as recommendations on how to improve data collection.

**Institution-specific outcome reports** for each clinic/hospital that provide information on the results of the area-specific ANQ reviews.

**National comparison reports**, containing comparative presentation of outcomes for area-specific ANQ reviews (modules 2 and 3).

Please give your view on the following statements regarding the individual reports.

### 7.1. Institution-specific data quality reports (modules 2 and 3) ...

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
... are made available within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provide comprehensible and implementable guidelines for action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 7.2. Institution-specific outcome reports (modules 2 and 3) ...

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
... have an important influence on internal discussions regarding quality in our clinic/hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are made available within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
... are comprehensible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.3. **National comparison reports** (modules 2 and 3) ...

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
... have an important influence on our internal discussions regarding quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are made available within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... are comprehensible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.4. On a scale from 1 (not relevant) to 7 (very relevant) score how relevant you think area-specific ANQ reviews (modules 2 and 3) are overall...

Statement	1	2	3	4	5	6	7	No response
... as a basis for comparison of individual clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... to quality development in clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.5. From your point of view, what scope for improvement is there to area-specific ANQ reviews (modules 2 and 3), for example regarding: review organisation, data collection timing, data collection aids, release of reports, etc.

## 8. ANQ training courses

8.1. Please answer the following questions on the training provided by ANQ:

**Participation:** Have staff from your clinic/hospital taken part in ANQ training courses?

**Demand:** What demand do you think there will be for regular ANQ training in the future?

Statement	Participation		Demand			
	No	Yes	Low	Some what low	Some what high	High
Basic training (“Basic Principles of Rehabilitation & ANQ Requirements”)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FIM® – basic training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FIM® – advanced training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CIRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.2. Please give your view on the following statements on the benefits of ANQ training.

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
The target groups of the ANQ training courses are sufficiently informed regarding training courses offered by ANQ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training courses raise participant awareness of the purposes of ANQ reviews and the instruments employed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants from our clinic/hospital have diffused the training course subjects at our institution by means of the “train-the-trainer” principle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training courses have a positive effect on the review data quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 8.3. Do you consider that there is there scope for improvement to existing ANQ training courses or additional need for training in connection with ANQ reviews? If yes, what might be improved?

**9. ANQ patient satisfaction short questionnaire (module 1)**

The following questions relate to patient satisfaction surveys undertaken using the ANQ short questionnaire (module 1).

- 9.1. Please give your view of the following statements relating to patient satisfaction surveys in the field of in rehabilitation (module 1).

Statement	I disa- gree	I tend to disa- gree	I tend to agree	I agree	No re- sponse
The documentation on patient satisfaction surveys and/or on the ANQ short questionnaire (survey manual) for the use of clinics and hospitals is satisfactory and comprehensible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If required, the central survey institute (hcri/mecon) provides me with support as necessary within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The results of patient satisfaction surveys (ANQ short questionnaire) are given a high level of priority in our clinic/hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The results of patient satisfaction surveys (ANQ short questionnaire) form an important basis for discussions regarding quality in our clinic/hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be reasonable and sensible to extend the duration of data collection to improve comparison between clinics/hospitals; the additional workload involved would be acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2. Please give your view of the following statements relating to patient satisfaction surveys in the field of rehabilitation (module 1).

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
Raising awareness of patient satisfaction as a result of national comparison on the basis of patient satisfaction surveys (ANQ short questionnaire) is useful with regard to quality improvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Representing results in the form of interactive graphics in the transparently published reports on patient satisfaction surveys (ANQ short questionnaire) is comprehensible and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The transparently published results (interactive graphics) of patient satisfaction surveys (ANQ short questionnaire) are made available within a reasonable period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3. Since 2017, the results of institution-specific reviews have been published on an updated hcri platform. Have you used the new platform at least once?

- Yes
- No

9.4. The updated hcri platform ...  
 (Please give your view of the following statements).

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
... is user-friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provides comprehensible evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provides useful evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.5. On a scale from 1 (not useful) to 7 (very useful) score how useful you think patient satisfaction surveys using the ANQ short questionnaire are in the field of rehabilitation (module 1) ...

Statement	1	2	3	4	5	6	7	No response
... as a basis for comparison of individual clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Statement	1	2	3	4	5	6	7	No re- sponse
... to quality development in clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.6. From your point of view, what scope for improvement to ANQ patient satisfaction surveys in the field of rehabilitation (module 1) is there, for example with regard to: review organisation, data collection timing, data collection aids, etc.

**10. General questions on ANQ**

The following questions do not relate to individual reviews or modules, but rather to the concept of ANQ **inpatient rehabilitation** reviews in general.

10.1. According to the articles of association, the purpose of ANQ reviews is to document, develop and improve quality in clinics and hospitals. This is to be achieved by means of national and standardised implementation of outcome quality reviews. Give your view of the following statements.

Statement	I disa- gree	I tend to disa- gree	I tend to agree	I agree	No re- sponse
National comparison between clinics and hospitals forms an important basis for quality development in the field of rehabilitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the framework of the National Rehabilitation Review Plan, the ANQ has succeeded in establishing standardised outcome reviews at a national level in the field of rehabilitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ANQ reviews highlight important issues relating to quality in clinics and hospitals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Rehabilitation Quality Committee adequately represents the interests of ANQ inpatient rehabilitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ANQ represents the interests and concerns of the various interest groups (insurers, cantons, clinics and hospitals) and involves them in implementing the reviews in a balanced manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ANQ reviews help clinics and hospitals to engage more actively in the subject of quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.2. How do you think ANQ reviews are perceived by other parties involved in the rehabilitation field? Are ANQ reviews considered relevant to the field of rehabilitation? If yes, by whom?

10.3. Which additional review aspects/quality indicators should be taken into account for the purposes of future development of the ANQ National Rehabilitation Review Plan?

**11. Services and support provided by the ANQ administrative office**

11.1. Give your view on the following statements relating to the services provided by the ANQ administrative office.

Statement	I disagree	I tend to disagree	I tend to agree	I agree	No response
Information provided by the ANQ administrative office is sufficient and comprehensible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information is rapidly provided by the ANQ administrative office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ANQ administrative office reliably meets advertised deadlines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interactions with staff in the ANQ administrative office are friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication in French and Italian is always possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.2. Do you have any further comments or want to raise other issues relating to the services of the ANQ administrative office?

**12. Patient organisations**

For the purpose of future development of the ANQ review concept, the key ANQ interest groups are taking part in an online survey that asks them about their experience of review processes, of the utility of reviews and the scope they see for improvement.

The following questions relate to **ANQ in general** and are specifically meant for representatives of patient organisations.

If you have any technical or content-related questions, please do not hesitate to contact Mr. Reto Jörg of socialdesign for assistance (reto.joerg@socialdesign.ch / +41 31 310 24 80). We thank you for your valuable input.

Statement	Yes	No	No re- sponse
I know about ANQ and have a basic idea of what it does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am familiar with the ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have also visited the ANQ website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly visit the ANQ website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken a look at the published results of the reviews on the ANQ website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am familiar with the published comparison reports of ANQ reviews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ANQ comparison reports contain important information for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12.1. Do you have further comments or suggestions you would like to submit to ANQ?**