

The background of the entire page is a complex, abstract geometric pattern. It consists of numerous circles of varying sizes, some solid and some dashed, interconnected by thin lines. Some circles contain smaller concentric circles or dots. The pattern is distributed across the entire page, with a higher density of elements in the upper and lower portions. The colors are primarily shades of blue and green, with some white and dark blue accents.

**anq**

***Annual Report***

**2018**

## Milestones

### **18.1. / committed**

*Around 300 professionals play an active role at the Q-Day, ANQ's expert symposium. It provides ANQ with valuable input from the world of practice.*

### **8.3. / explained**

*ANQ's brief explanatory online video explains its objective and purpose; released in conjunction with its new barrier-free website design, the video is intended primarily for patients.*

### **13.3. / disclosed**

*The publication of the results of BFS-2015 online is the first time the readmission rates for acute-care hospitals are revealed by institution.*

### **29.5. / optimised**

*ANQ members modify the range of services at the meeting in May. This will also influence the review plan as of 2019.*

### **28.9. / elected**

*The new review logistics centre for patient satisfaction surveys is decided: w hoch 2 GmbH is now responsible for all three ANQ departments.*

### **29.11. / published**

*ANQ publishes the results of module-specific reviews in seven areas of rehabilitation transparently by hospital for the first time.*

## Editorial

*The ANQ focused on various changes at both the association and a policy level during 2018. These included adapting its range of services to financial circumstances, welcoming curafutura as a full member and launching a new online portal and a share platform for professionals who carry out our review activities on a daily basis. It also relocated its office to new premises.*

*It is becoming apparent that the revision of the Swiss Federal Law on Health Insurance will have an impact on ANQ's activities. The ANQ has therefore prepared an expert report entitled "tripartite organisation including financing" for all its partners. In autumn, the Federal Department of Health (BAG) presented a detailed concept to its social partners requiring them to implement binding measures for a structured improvement in addition to the national reviews. The ANQ would then be involved beyond the scope of its activities to date. As an association whose membership comprises social partners, federal social insurance providers and the cantons together with the Conference of Cantonal Health Directors, ANQ will explore the subject in depth from the beginning of 2019. The objective is to develop a practice-oriented and resource-friendly alternative proposal which the social partners can table during discussions with the Federal Department of Health.*

*The ANQ focuses on quality measurements of outpatient treatment during the reporting year. It decided to develop a concept for pilot reviews. A decision on its implementation will be made in spring 2019. The new federal regulation will impact on the financing of ANQ surveys as income from inpatient discharges will decline. No long-term financial relief is yet in view despite the revised range of services; hence the need to find an appropriate solution.*

*The module-specific review results from rehabilitation centres and the readmission rates of acute-care hospitals were published by institution for the first time in 2018. It represents the ANQ's first transparent publication of the results of 14 quality indicators.*

*Numerous specialists from hospitals and clinics participated alongside experts and representatives of various organisations in implementing and improving the measurements. The ANQ would not be able to pursue its objectives without their skill and dedication. We would like to take this opportunity to thank them all!*

*Dr. Petra Busch, Managing Director  
Thomas Straubhaar, President*

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## Dialogue



*Major quality-related event: professionals from all specialist fields and all parts of the country convene in Bern to attend the Q-Day.*

## **Exchange of experience and expert insights**

The developments of the past years are proving fruitful. Today, ANQ boasts an extensive network. In 2018 it engaged in a lively exchange with representatives of its members, politicians and administrators as well as with experts from other associated partners in Switzerland and other countries. ANQ was especially active in the following committees and organisations:

- Allianz Peer Review CH (H+, FMH and Swiss Nurse Leaders)
- ARIP Association Romande des Institutions Psychiatriques
- BAG Work Group "Evaluation KVG-Revision Spitalfinanzierung"
- FOPH work group/project team "NOSO Strategy"
- FSO Federal Statistical Office
- Institut für Bio- und Medizinethik, Universität Basel
- Patientensicherheit Schweiz
- Register recommendations (ANQ, FMH, H+, SAMW, unimedsuisse)
- SAQM Schweizerische Akademie für Qualität in der Medizin
- SMHC Swiss Mental Health Care
- SwissDRG AG (ST Reha, TARPSY)

The ANQ also made its expertise available in the following forms:

### **Lectures, presentations, podium discussions**

- 32<sup>nd</sup> Mediweek, Davos
- 7<sup>th</sup> DRG Forum Switzerland - Germany, Bern
- Annual Assembly of the GQMG - Gesellschaft für Qualitätsmanagement in der Gesundheitsversorgung (Association for Quality Management in Healthcare), Berlin
- Annual Assembly of the Plattform Qualitätsmedizin Schweiz (Swiss Platform for Quality in Medicine), Bern
- Swisssoso Symposium, Bern
- AQC Convention- Arbeitsgemeinschaft für Qualitätssicherung in der Chirurgie (Work Group for Quality Assurance in Surgery), Zurich
- Veranstaltung Medizinregister der Dialoggruppe Versorgungsforschung (Medical Register of the Work Group on Care Research), Bern

### **Degree programmes**

- Bern University of Applied Sciences (BFH): Master's degree programme in Medical Informatics
- Bern University of Applied Sciences (BFH): Master's degree programme in Nursing
- H+ Bildung: Advanced module in medical codification - TARPSY
- ZHAW Zurich University of Applied Sciences: Master's degree programme, module: The healthcare system in Switzerland



## Q-Day

*The Q-Day event organised by ANQ is an important exchange platform for quality reviews in Switzerland. This was reflected once again by the prominent guest list: around 300 professionals from the fields of acute care, psychiatry and rehabilitation, representatives of insurance providers and the cantons and other interested participants travelled to Bern on January 18 to exchange insights and benefit from practical examples.*

### Outlook with scenarios

*The ANQ expert symposium was modular in design and based on the ANQ's departmental structure. The introductory plenary presentation addressed potential future prospects alongside the status quo. The ANQ then initiated an interactive discussion on future scenarios during a subsequent interdisciplinary module on patient satisfaction. Various interesting round table discussions produced valuable input.*

*Dr. Petra Busch (left) and Regula Heller (centre) of ANQ gave talks on retrospective and prospective aspects. Dr. Fabia Rothenfluh (bottom centre) of comparis.ch and Daniel Tapernoux of SPO contributed on the viewpoints of patients.*







*Interesting contributions from practice and an open culture of discussion at the round tables: participants included Andrea Käppeli of Spital Muri (top left) and Maria Mancuso of Clinica Luganese Moncucco, Lugano.*

*The guests convened in the grand hall towards the end of Q-Day to learn more about hospital search and hospital comparison portals from the viewpoint of healthcare consumers. Portals of this nature are becoming increasingly popular. Dr. Fabia Rothenfluh shared her insightful research results with the audience, while Daniel Tapernoux presented the views of the Swiss patient organisation SPO.*



*Important insights for professionals in the field of psychiatry: with contributions from Prof. Achim Haug (top left), Prof. Wolfgang Gaebel (top centre), Fanny Schoeler-Rädke and Roman di Francesco (bottom left).*



## **Turning to Europe**

*Where does Switzerland stand? What is happening in Europe? What do other countries review? Reputable guest speakers from Europe reported on the development of surveys and indicators beyond the Swiss border during the first psychiatry and rehab modules. In the psychiatry module, Prof. Wolfgang Gaebel and Fanny Schoeler-Rädke also praised the consistently lean implementation of quality surveys in Switzerland that incorporate all of the players. An additional panel discussion also took place in the rehab module. Members of the QA Rehabilitation fielded questions from the audience alongside speaker Dr. Ralf Bürgy.*

## **Insight into practice**

*The ANQ again allocated ample room for presenting and discussing improvement projects, best practices and research work during this Q-Day. Experience shows that practical examples are popular: the concerns expressed by professionals fell on sympathetic ears and were mutually appreciated. Concrete experience and successes are inspiring and motivating, es-*



pecially in quality development. The programme also included modules on training (HoNOS) and use of the statistical evaluation method in psychiatry.

The feedback showed that the rich mix of subjects was well received. Offering as broad as possible a spectrum of topics is of major concern to the ANQ. Q-Day is intended to promote the development of quality fostered through the networking of those who actively employ ANQ reviews and their results. All speeches, presentations and discussions were simultaneously translated into Italian for the first time in addition to German and French. There was no charge for participation in the expert symposium for those representing hospitals and clinics as well as the cantons and insurance providers. The ANQ has extended an invitation to its next Q-Day on 16 January 2020, the first at which an attendance fee will be levied. The symposium will not take held in 2019 for financial reasons.



Informative panel discussion: with speaker Dr. Ralf Bürgy (bottom right) and the members of QA Rehabilitation, Prof. Stefan Bachmann (top left), Dr. Gianni Roberto Rossi (second from top left) and Klaus Schmitt (bottom centre) - chaired by Dr. Luise Menzi of ANQ.



## **Acute care**

### **Patient satisfaction among adults and parents**

*The excellent level of patient satisfaction recorded in previous years is being maintained. This was made evident by the positive satisfaction ratings of the 2017 survey published transparently by ANQ in 2017. Acute-care hospitals and children's hospitals have been held in high regard by their patients since the start of the surveys. The response by the media to the publication of results was above average.*

*The questionnaire for adults consisted of six questions. The best scores were given to communication and medication followed by the quality of treatment and the organisation of discharge from the hospital. In fact, 90% were of the opinion that the duration of their stay in hospital was exactly right. The results for 2017 confirmed those of the preceding year.*

*The parents of hospitalised children under the age of 16 years were required to answer five questions. For the fifth consecutive time, they confirmed that their children received respectful and dignified treatment at the corresponding hospitals and clinics. Lower scores were given to the disposition of personnel, referrals by clinics/hospitals and the quality of child care. The scores were again consistent with those of the previous years.*

### **Postoperative wound infection**

*ANQ published the latest infection rates per hospital logged for the 2016/17 survey period in November. The results confirmed the downtrend of previous years. The infection rates for seven forms of surgical procedures dropped significantly and sustainably; these were: appendectomy, cardiac surgery (all procedures), hip prostheses, hernia operations, stomach bypass operations and spinal surgery with and without implants. The rate relating to rectal operations was the only one to increase over several review periods. In-depth analyses are scheduled for 2019 in this regard. The 2016/17 ratings demonstrated significant rating differences between institutions in direct comparison.*

*The Swissnoso symposium of May that the ANQ organised together with Swissnoso was well attended by around 150 participants. It showed once again that the symposium is highly appreciated by professionals in the fields of hospital hygiene and infection prevention. They benefitted from the latest information on the documentation of wound infection rates and interesting improvement projects undertaken by hospitals. They also received important input on hand hygiene and antibiotic prophylaxis.*

### **Adult falls and pressure ulcers in adults, paediatric pressure ulcers**

*The frequency rates for falls and decubitus ulcers among adults calculated from the 2017 review data remained basically unchanged year on year. The decubitus ulcer rates among children, on the other hand, were the lowest yet since surveys began. These rates have dropped continuously over the past five years of reviews. This shows that hospitals are now more sensitised to the subject and have received information on prevention. The ANQ published these results in October, naming as usual the institutions concerned.*



No incidents interrupted the survey held on the 13 of November. Participating institutions reported fall and pressure ulcer data in relation to adults for the eighth time and for the sixth time with regard to children. The decubitus ulcer survey for children will be discontinued as of 2019. This is because ANQ members modified the range of services in 2018 and decided to discontinue this measurement, among other things. Consequently, the "Allianz Pädiatrische Pflege Schweiz" released a report detailing reasons in favour of continuing the review of this measurement. However, the ANQ was unable to reconsider the application for continuation.

## **Readmissions and reoperations**

The ANQ published the readmission rates transparently by hospital based on the SFSO data for 2015. 18 hospitals deviated from the norm in direct comparison. The evaluations collected during a multi-year comparison of all hospitals indicated a slight improvement in this regard. Although the SFSO's data on reoperations in 2015 was evaluated, it remained unpublished as the conditions for a fair comparison between hospitals were not given.

Internal processes were accelerated during the reporting year. This was achieved by, among other measures, assigning the reporting process to the company socialdesign; it restructured the National Comparison Report on Readmissions and streamlined the report generation process. This enabled the publication of the results of the SFSO's data for the year 2016, which again included the details of the scores achieved by each institution.

The second transparent publication (SFSO data 2016) was received with great interest by media professionals throughout the country. This was in particular due to the increase in rates year on year: Whilst the previous review showed that 18 hospitals were outside of the norm, the figure rose to 47 in the following year's review. The additional analyses conducted, showed as a consequence, that the result was impacted by a decline in the length of stay and a shorter reference period. However, this does not fully explain the rise in rates within just one year. The results of future annual reviews first need to be analysed. Many media reports emphasised how important it is or would be in retrospect for the hospitals to actively scrutinise their respective results before they are published nationwide.

## **SIRIS implant register**

The ANQ published the second scientific report containing the data for 2012 to 2016 in June of this year. The register documents 162,000 hip and knee replacements (primary and revision procedures) since its initiation. SIRIS had already achieved a participant rate of 96% by the end of 2016. Publication is intended to be made transparent by 2020.

The "swiss orthopaedics" association made the SIRIS implant register the focal point of its annual convention of 2018. The speeches given by EG SIRIS members addressed the data collected so far. They gained the attention of many orthopaedists, as confirmed by SIRIS and SwissRDL.

## **Quality Committees (QC) and Expert Group (EG)**

### **QC Acute Care**

*QC members approved the revised evaluation and publication concept and the national comparison report 2016/17 for post-operational wound infection during two meetings. The committee requested the board to declare a full survey of the selected means of intervention mandatory as of the review period beginning in October 2018. The board approved the request. Additionally, the QC approved the SIRIS annual report for 2012–2016 as well as its summarised form.*

### **QC Prevalence Review**

*The QC addressed the following important issues during its four meetings: adoption of the national comparison surveys of adults and children, discussion of the implementation of audits and pilot audits including the associated methods, evaluation of the latest review topics such as measures restricting liberty and malnutrition. The QC decided not to make any changes at present. It also defined initial concepts of how the risk-adjusted results for specific hospitals and clinics could be presented in a timely fashion. The BFH will develop a corresponding concept.*

*Heike Labud of eHnv and Florence Carrea Bassin of CHUV resigned from the QC per end of August. Anne-Claire Rae of HUG Geneva, Angela Reithmayer of Spitäler fmi and Franziska Berger of Spital Bülach resigned from the committee per end of year. The board proposed two new members to the QC.*

### **QC SQLape**

*The QC convened on two occasions and held one telephone conference. Working in cooperation with socialdesign, the committee improved the concept of national comparison reports and approved the corresponding reports on readmissions and reoperations. It also discussed the results of the supplementary analyses of the 2016 survey and developed recommendations for institutions whose results are outside of the norm. The QC submitted an application to the board asking for the results of reoperation rate surveys not to be published as a reliable and fair comparison between hospitals is not possible for methodological reasons. The board consequentially approved the application and eliminated the indicator from the ANQ review plan as of the SFSO data year 2017.*

### **EG SIRIS implant register**

*The EG discussed various milestones of the second scientific report 2012–2016 during three meetings.*

## Interdisciplinary patient survey

### Further development

*The test results for rehabilitation became available in spring. This concluded the review of the quality criteria for the improved ANQ short questionnaire for patients in all ANQ departments.*

*Further development follows further development: many professionals from hospitals and clinics discussed the long-term orientation of the satisfaction survey at the 2018 Q-Day. The QC Patient Satisfaction and the board used the input from this discussion in September to explore the orientation of the review and to initiate the next stage of development.*

*ANQ issued a new call for tender for provision of the logistics aspects of the nationwide survey for all ANQ departments. Experts from the ANQ committees and administration office reviewed the bids and awarded the contract to w hoch 2 GmbH of Bern. The company is already active as an evaluation institute in the field of psychiatry. ANQ can count on the ability of w hoch 2 to provide sound statistics, evaluations and graphic representations of data. State-of-the-art technologies that save resources will be used in the future.*

### Interdisciplinary Quality Committee (QC)

*The members of the Interdisciplinary Quality Committee convened on four days during 2018. Their meetings focused mainly on eliminating the minimum quantity of assessable questionnaires and discussing a suitable form of presenting a transparent publication. The committee also approved the final report on the test results for rehabilitation and discussed the strategy with the board.*

*The following areas of business were addressed by department:*

#### **Acute care**

- *Approval of the National Comparison Reports of 2017 for Adults and Parents*

#### **Psychiatry**

- *Adoption of the first National Comparison Report 2017 for adult psychiatry*
- *Discussion of the results of the 2018 survey undertaken with the adjusted review method*
- *Decisions on how to conduct reviews as of 2019*

#### **Rehabilitation**

- *Discussion of test method results*
- *Approval of the improved ANQ brief questionnaire V. 2.0 Rehabilitation*
- *Approval of the National Comparison Report 2017*

*The committee welcomed Eric Veya of CNP - Centre Neuchâtelois de Psychiatrie - as a new member.*

# Psychiatry

## **Patient satisfaction in adult psychiatry**

*The national comparison report was published in an encrypted format after the results for 2017 had been evaluated. The satisfaction ratings could not be published per clinic as it was the first national review of psychiatric institutions. The ANQ changed the submission method due to feedback from the clinics, in particular because of a fear of a low rate of return: the brief questionnaire was first completed following clinic discharge in 2018. The submission method will be reviewed for 2019 onwards as soon as the results comparison for 2017/2018 is available.*

## **Adult psychiatry (AP)**

*The ANQ once again published transparent results for 2017 at the end of September. Psychiatric institutions again achieved an improvement between admissions and discharges with regard to symptomatology; the scores remained as per the previous year. The overall number of cases and the number of cases involving liberty-restricting measures (LRM) decreased slightly in comparison to previous years.*

## **Child and adolescent psychiatry (CAP)**

*The ANQ presented the 2017 results for CAP by clinic together with those for adult psychiatry at the end of September. The scores for symptomatology were roughly equal to those of the previous year and are indicative of a consistent level of quality of treatment. The number of children and adolescents subjected to LRM increased in comparison to the previous year. This increase could also be related to a more comprehensive survey of LRM, as the review of this factor is still under development in some clinics.*

## **Forensic psychiatry (FP)**

*The National Descriptive Report 2017 was presented to clinics in mid-August. The low number of cases and insufficient data quality made it again impossible to undertake clinic comparisons for this year's review. Possible solutions and recommendations were developed together with the Swiss Society for Forensic Psychiatry (SGFP) that should promote a more favourable outcome in 2019. The ANQ assembly decided to include forensic psychiatry as a fourth clinical typology in the evaluation of adult psychiatry.*

## **Survey and evaluation**

*Adopting the case definition from the SFSO per TARPSY in adult psychiatry as of 2018 represented a huge challenge to the ANQ and the w hoch 2 assessment institute. The objective is to accommodate the clinics as far as possible so that they no longer have to operate two paths of data collection for HoNOS and, as of 2019, HoNOSCA. This involved tackling numerous problems that consumed enormous amounts of time and money.*

*The results of all clinics will be evaluated at a locational level as per the data year 2018 and the decision of the ANQ board. By means of a survey conducted among medical centres and cantons in June, the ANQ was able to identify the sites suitable for providing data to the*



*SFSO. The number of participating sites rose accordingly by 25% for adult psychiatry and 15% for CAP in comparison to the data year 2017.*

*During the reporting year the evaluation institute w hoch 2 developed a dashboard for medical centres for continuous self-monitoring and optimisation of ANQ measurement data. The tool meets a need frequently expressed by centres and raises the quality of the surveyed data.*

## **Quality Committee (QC) and Expert Groups (EG)**

### **QC Psychiatry**

*The QC addressed the 2017 national comparison report and the following topics during its retreat: forensic science, measures aimed at increasing the quality of data based on an analysis of feedback on HoNOS, alignment of LRM surveys in CAP to those in adult psychiatry, inclusion of comorbidity, surveys of clinics that did not report LRM and inclusion of brief periods of hospitalisation of up to eight days in the survey.*

### **EG Structural Variables**

*Following its annual meeting, the EG submitted a recommendation to the QC to maintain the current practice with regard to the categorisation criteria for the three clinical typologies for the data year 2017. The QC approved the recommendation.*

### **EG Audits/Monitoring LRM**

*The EG reached a decision to recommend the QC not to undertake any audits during the LRM survey for 2017. Best practice processes should continue to be promoted, especially at Q-Day events.*

### **EG short stays**

*The newly formed EG convened for the first time in July. The experts discussed how to conduct result surveys for clinic stays of up to eight days. To date it has not been possible to include stays of such short duration.*

### **EG HoNOS training**

*The EG accompanied two training programmes in German-speaking Switzerland during 2018. The planned French-speaking training course was cancelled due to a lack of participants.*

### **EG HoNOSCA training**

*The EG was reformed in 2018. It organised a training event in the German language; the offer of a French language event did not meet with an adequate response.*

### **EG LRM training in AP**

*A training event was held in German-speaking Switzerland and one in West Switzerland during the reporting year.*

### **EG LRM training in CAP**

*This EG was also launched during the reporting year. Both training events (in German and French) had to be cancelled due to insufficient participant numbers.*

# Rehabilitation

## Patient satisfaction

Rehabilitation clinics are still positively assessed by their patients. This is reflected in the results of the 2017 review published in transparent form in April. In fact, the clinics managed to improve on their scores in three of the five surveyed areas. Patient satisfaction with rehabilitation institutions has remained at a very high level since surveys began in 2013.

Clinics used ANQ's improved brief questionnaire Reha V.2.0 for the first time during the spring of 2018. Like the questionnaires for other ANQ departments, it provides five possible responses to each question, of which there are six. New questions address the patient's inclusion in treatment planning, the fulfilment of expectations in this regard and preparation for discharge.

## Sector-specific reviews

socialdesign carried out an evaluation of all reviews in the ANQ department for rehabilitation during the first quarter on behalf of the ANQ. The main stakeholder groups were asked to take part in an online survey concerning the benefits of the survey, data collection, ANQ's services and potential for improvement. The insights gained from the survey provide a basis for improving the ANQ review plan on rehabilitation. They are documented in an evaluation report that is available through the web portal.

The ANQ published the results of module-specific reviews for 2016 in November. It was the first time that the results for individual clinics have been made available since reviews began. On a national scale, the Swiss rehab clinics and departments achieved positive scores in the surveys of their patients in 2016. Overall, they improved their functionality and performance as well as the quality of life of their patients between admission and discharge.

The concepts for evaluation and publication had to be revised in advance of the first transparent publication of results. This was necessary due to the use of ADL scores as of the data year 2016 and the first ever risk-adjusted evaluation in the field of other rehabilitation measures. The concepts were submitted to ANQ partners for approval in May and June.

The test tool ART (ANQ-Reha-Test 2018) that was developed by Charité has been available to clinics since October. They can use it to scan in their ANQ data sets and receive an automated response on the structure and completeness of their data and any data errors. It also enables them to check and optimise their data before sending it to Charité.

The alternative reviews in the fields of paraplegiologic and psychosomatic rehabilitation continued during the reporting year; the data year 2016 was evaluated accordingly.

## Training courses

The training course programme for clinic professionals was unchanged in 2018. ANQ introduced a contribution fee for training events as of 2018. This could be the reason why the ANQ had to cancel a number of training events in the reporting year due to a lack of demand.

A two-day FIM® Trainer Workshop carried out by the American licenser UDSMR took place in March. All of ANQ's FIM® speakers were subsequently licensed and therefore officially authorised to carry out FIM® training events.

## **Quality Committee (QC) and Expert Groups (EG)**

### **QC Rehabilitation**

*The committee discussed and approved the seven national comparison reports for the review years 2016 and 2017 at five meetings. Other items on the agenda: the improvement of the review plan for rehabilitation, a new risk adjustment method and the evaluation of reviews at the beginning of the year.*

*Dr. med. Pierre-André Rapin of the Institution de Lavigny, who represents neurological rehabilitation, is the latest member to join the QC. Dr. med. Marcel Weber of Stadtspital Triemli went into retirement per end of August and Dr. Gianni Roberto Rossi of Rehaklinik Bellikon resigned from the committee per end of year. He had been involved in the QC since the foundation of ANQ. His duties were assumed by Dr. med. Stefan Goetz – in both the ANQ board and the QC.*

### **EG FIM® Rules**

*In 2018 the EG published recommendations on the cognitive items N, O, P, Q and R. In addition, it addressed the additional UDSMR materials and drew up corresponding recommendations that will be published in 2019.*

### **EG EBI Rules**

*The EG addressed certain contentious items during the reporting year. Their recommendations on these issues and how they can be surveyed and documented will be published in 2019.*

### **EG Target Documentation**

*This EG was established in 2018 and convened four times in that year. Its members analysed the deficiencies of the current review method, discussed future focal points and chose a new approach to measuring participation rates.*



## **Professional Portrait - Acute Care**

### **Maria Mancuso**



**Do you actively use ANQ results in your work?**

*But of course! We have integrated the results of the annual ANQ reviews as indicators in our controlling tool. They provide an impetus together with the annual comparison with the other structures to reassess the situation with the board of directors and the respective management board that participated in the review.*

*"We use the reviews to activate the internal improvement process and support the definition of objectives."*

**Maria Mancuso**  
Head of Quality  
Clinica Luganese Moncucco, Lugano



**Can you provide an actual example?**

*Let's take the example of reviewing the prevention of falls and pressure sores: we formed an ad-hoc team to observe this indicator in particular with regard to falls. The team was tasked with observing the indicator and establishing the factors that have a positive impact on it and those with a negative impact.*

**Which quality indicator is the most important to your clinic?**

*In recent years, we have focused our attention predominantly on reviews concerning patient satisfaction. It is important to our clinic that each patient feels he or she is at the centre of attention during the entire stay at the facility. Combining this indicator with the comparison with other structures enables us to establish our current position and ascertain the areas where improvement is necessary. This approach assures effective medical care with regard to both operational and interpersonal aspects.*

*"The review results spur us on to implement new measures and achieve targets."*

**Where does the ANQ have room for improvement?**

*Nowadays, analysing an indicator in detail calls for data that is clear and stable. Let's take potentially avoidable readmissions and reoperations as an example: understanding the applicable criteria in these cases (data inclusion and exclusion) is very complicated. Furthermore, these criteria do not provide us with data that truly reflect the state of our operations.*

## **Professional Portrait - Rehabilitation**

**Artur Bernardo**



**Are you satisfied with the latest (2016) review results for your clinic?**

Not yet. Various issues need to be improved, discussed with employees and analysed. For instance, the reasons why we have so many patients who refuse to complete the MacNew Heart questionnaire (a quality of life assessment). We are aware of certain reasons, but not all of them. The number of review participants is in part higher in other regions.

**Can you visualise concrete improvement measures?**

We will discuss the review participation rate with the nursing staff; they are closer to the patients. I also see room for improvement with regard to the approach: many clinics only use the 6-minute walking test in cardiac rehabilitation. However, we don't want to forego bicycle ergometry as it provides more meaningful results and is of importance to the physicians who subsequently attend to the discharged patient. If we were to carry out walking tests only, we would have better overall review results and lower costs to boot.

*"Of course, we want to make progress.  
The big picture is the common denominator."*

**What opportunities does the transparent publication of the results offer?**

A chance to engage in exchange with trusted colleagues from other clinics; I will do so with some of them to see how this publication should be understood. Bare numbers or diagrams per se need to be interpreted as well and we have never done that in this way before. Experience shows that a neurologist, cardiologist or pulmonologist completing the CIRS (Cumulative Illness Rating Scale) will assess the severity of each comorbidity very differently. CIRS values are therefore not necessarily comparable. I find a patient-oriented approach to rehabilitation work important, not only with regard to the ANQ review results.

**Do you think the ANQ review plan is missing a specific quality indicator?**

With regard to the patients' obligation to participate: definitely not. When it comes to clinics it depends on their respective orientation. The assessment criterion for ADLs (Activities of Daily Living) in musculoskeletal rehabilitation, for example, is better than in cardiology, namely the assessment of functional capability by a physiotherapist. It is of central importance to me at this moment in time that the data records and therefore the workload for the clinic are not expanded further.

*"We welcome everything that maintains the quality of data and simultaneously reduces the cost to the clinics."*



**Artur Bernardo**  
Dr. med., Senior Consultant for Cardiology  
Clinic Gais AG





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## **Professional Portrait - Psychiatry**

**Kerstin von Plessen**

**Kerstin von Plessen**

Prof. Dr. med., Head of Psychiatric Services  
for Children and Adolescents (SUPEA)  
Universitätsspital Lausanne



*"Our approach: it is imperative to bring quality improvement concepts directly to the clinic."*

**Are ANQ reviews internally well-established in your clinic?**

*Yes, especially the HoNOSCA instrument. We now also use this particular review as a quality assurance instrument in a research context thanks to my colleague Dr. Laurent Holzer. In other words, we carry out reviews not only because of an obligation, but because we want to establish a quality monitoring system to achieve better results. The next step in the process: to routinely share the results with the clinic. We will include physicians and nursing staff in the process and discuss the results with them in detail. This will show us how we practise benchmarking and where we can best direct our efforts.*

**Do you compare your results with other psychiatric clinics?**

*As far as is possible. In recent review years our score with regard to rights-restricting measures (RRM) was lower than the overall mean. It reflects our open approach. We try to teach adolescents to be autonomous. Our approach of integrating patients in the treatment programme to the greatest possible extent seems to be taking effect.*

*"Process and structure account for the good result. That is what we are working on. ANQ indicators help us to achieve this objective."*

**How could ANQ reviews be improved?**

*There is a strong desire for longitudinal studies in child and adolescent psychiatry. We would doubtlessly benefit from additional insights into readmissions or follow-ups. It would also be interesting to review medication separately and not only in relation to RRM. After all, we know meanwhile that the life expectancy of mentally ill people who are prescribed antipsychotic medication is significantly reduced due to the metabolic side effects. This kind of review of adolescents would be an important quality measure and could improve quality of life.*

**Do you monitor the use of neuroleptic drugs internally in your clinic?**

*We take this subject very seriously and have started an initial project in this regard: a guideline developed under the guidance of Professor Chin-Bin Eap, our CHUV expert, and CAP will now be implemented in our area. The guideline specifically addresses the contraindication of neuroleptic drugs, for instance in relation to sleep disorders.*





# ***Facts & Figures***

***Focus on financing***

# The National Quality Agreement

## Agreement

The National Quality Agreement of 2011 is based on a partnership concept that has earned international recognition as a successful model for nationwide quality reviews. All Swiss hospitals and clinics, every insurance provider and canton has signed up to the agreement that regulates not only the duties, rights and obligations of ANQ reviews, but also how they are financed.

## Review plan

The quality indicators are specified in the ANQ review plan that is a part of the National Quality Agreement. Hospitals and clinics are therefore obligated to participate in reviews. An exemption is possible given good reason. The following changes to the review plan were made in the reporting year: the evaluation of potentially avoidable reoperations was waived as of the SFSO data year 2017 for methodical reasons. The decision was made by the board in January.

## Review participants

The ANQ once again documented a high number of participants. The reviews in which individual institutions participated in can be viewed via the web portal. Participation in 2018 by review topic and number of clinic and hospital sites:

Acute care	Number
Patient satisfaction	205
Postoperative wound infection	172
Falls and pressure ulcers	204
Readmissions (BFS data 2016)	195
SIRIS implant register	154

Psychiatrie	Number
Patient satisfaction	74
Adults	88
Children and adolescents	31
Forensic psychiatry	7

Rehabilitation	Number
Patient satisfaction (module 1)	105
Musculoskeletal rehabilitation (module 2a)	63
Neurological rehabilitation (module 2b)	39
Other rehab. (module 2)	59
Cardiac rehab. (module 3a)	15
Pulmonary rehab. (module 3b)	12

## Funding

### Reviews in hospitals and clinics

The insurance providers and cantons signing up to the National Quality Agreement are obligated to incorporate ANQ reviews in their performance mandate and also to finance the start phase of a review. Hospitals and clinics receive a separate allowance for each discharged inpatient during the first two review years.

Psychiatric institutions began conducting national satisfaction surveys among their patients in 2017. Insurance providers reimburse psychiatric clinics CHF 1.30 per discharged patient between 1 July 2017 and 30 June 2019. The cantons pay a contribution of CHF 1.60 per discharge during the same period.

### ANQ services

Hospitals and clinics pay annual contributions to ANQ that cover all of the costs of reviews – from review organisation to data evaluation and reporting the results.

### 2018 contributions

The inpatient numbers recorded in the SFSO's hospital statistics for the preceding year (2016) serve as a basis for calculating the annual contribution. In 2018, these were as follows (plus VAT) per discharge:

Acute care	CHF	2.70
Psychiatry	CHF	9.88
Rehabilitation	CHF	11.30

### ANQ association structure

ANQ members bear the costs of the administrative office, committees and member administration in accordance with the articles of association. The general assembly of members decides on the contribution amount.

### Member contributions 2018

Cantons/Principality of Liechtenstein: CHF 0.02 per citizen	CHF	169,140
Insurers (santésuisse, curafutura and MTK)	CHF	169,140
H+ the Swiss Hospital Association	CHF	169,140
Observers	per	CHF 200

## Annual financial statement

### Balance sheet as of 31 December 2018

	Current year 31/12/2018	Previous year 31/12/2017
<b>Assets</b>		
Current assets		
Liquid assets	2,909,353	3,728,629
Accounts receivable	14,721	174,297
Other short-term receivables	316,255	146,846
Accruals and deferrals	32,542	7,289
Current assets	3,272,872	4,057,060
Fixed assets		
Tangible assets	170,588	46,900
Fixed assets	170,588	46,900
<b>Total assets</b>	<b>3,443,460</b>	<b>4,103,960</b>
<b>Liabilities</b>		
Short-term borrowed capital		
Accounts payable	283,709	996,191
Deferred income	271,763	253,148
Short-term borrowed capital	555,472	1,249,339
Long-term borrowed capital		
Provisions	1,035,028	980,800
Long-term borrowed capital	1,035,028	980,800
Equity capital		
Free capital	1,873,821	2,058,788
Loss for the year	-20,861	-184,968
Equity capital	1,852,960	1,873,821
<b>Total liabilities</b>	<b>3,443,460</b>	<b>4,103,960</b>



**Income statement with previous year and budget**  
**1 January – 31 December 2018**

	Current year 2018	Pervious year 2017	Budget 2018
Membership contributions H+	169,140	167,295	169,140
Membership contributions insurers	169,140	167,295	169,140
Membership contributions cantons	169,144	167,295	169,140
Membership contributions observers	5,400	5,600	5,600
Contr. National Quality Agreement	5,284,390	5,090,933	5,161,226
Income from reviews	42,819	44,308	38,000
Additional income	63,354	64,227	107,800
<b>Total operating income</b>	<b>5,903,386</b>	<b>5,706,953</b>	<b>5,820,046</b>
Third-party services	3,556,503	3,168,300	3,547,714
Personnel expenses	1,472,116	1,637,073	1,551,600
Performances by third parties	0	11,544	0
Other operating expenses	223,719	201,892	313,500
Administrative and selling expenses	609,787	862,570	909,250
Depreciation	90,395	19,581	33,751
<b>Operating expenses</b>	<b>5,952,519</b>	<b>5,900,960</b>	<b>6,355,815</b>
<b>Operating result before interest</b>	<b>-49,133</b>	<b>-194,007</b>	<b>-535,769</b>
Financial expenses/financial income	6,583	-9,040	7,000
Extraordinary income	-34,855	0	0
<b>Loss for the year</b>	<b>-20,861</b>	<b>-184,968</b>	<b>-542,769</b>

## Report of the statutory auditors



Report of the statutory auditor on the limited statutory examination to the General Meeting  
of Swiss National Association for Quality Development in Hospitals and Clinics, Bern

As statutory auditor, we have examined the financial statements (balance sheet, income statement and notes) of Swiss National Association for Quality Development in Hospitals and Clinics for the year ended December 31, 2018.

These financial statements are the responsibility of the executive committee. Our responsibility is to perform a limited statutory examination on these financial statements. We confirm that we meet the licensing and independence requirements as stipulated by Swiss law. An employee of our company assisted in the bookkeeping during the reporting year. This individual was not involved in the limited statutory examination.

We conducted our examination in accordance with the Swiss Standard on the Limited Statutory Examination. This standard requires that we plan and perform a limited statutory examination to identify material misstatements in the financial statements. A limited statutory examination consists primarily of inquiries of company personnel and analytical procedures as well as detailed tests of company documents as considered necessary in the circumstances. However, the testing of operational processes and the internal control system, as well as inquiries and further testing procedures to detect fraud or other legal violations, are not within the scope of this examination.

Based on our limited statutory examination, nothing has come to our attention that causes us to believe that the financial statements do not comply with Swiss law and the bylaws of the association.

Bern, April 11, 2019

Treuhand Lehmann AG

A handwritten signature in blue ink, appearing to read "U. Feierabend", is written over a light blue horizontal line.

Urs Feierabend  
Auditor in Charge  
Licensed Audit Expert

Enclosure: Financial statements

# Organisation

## General assembly of members

ANQ members welcomed curafutura as a full member at their meeting on 29 May. The board has included a representative of the second-largest association of insurance providers since 2016. The members also approved the annual report including the annual financial statement for 2017, discharged the board and elected the board of control for another year.

The members participating in the same assembly decided to adjust the ANQ range of services for 2019 as follows in view of the looming structural deficit: from 2020 on, the patient satisfaction survey in all ANQ areas will be carried out every two years. The pressure ulcer survey among children will be discontinued for cost reasons. Forensic psychiatry will be integrated in the adult psychiatry review – as a fourth clinical typology. The members also voted for additional cost optimisation measures; consequentially, Q-Days will now take place every two years and a financial contribution will be levied. In addition, a fee will also be charged for evaluations for partner organisations. All ANQ committees will in future hold their meetings at the administration office in Bern.

Elections to replace three board members for the office period of 2017 to 2021 took place at the assembly held on 4 December. The ANQ members elected Dr. med. Stefan Goetz as the successor to Dr. Gianni Roberto Rossi for insurance provider H+. Therese Grolimund replaces Manfred Langenegger as a BAG representative with observer status. Martine Birrer replaces Daniel Huber as the representative for MTK/insurance providers.

The ANQ members also approved the budget for 2019 during the December meeting as well as the member contributions for 2019 that remain unchanged from 2018. A long-term funding concept is required on account of increasing demands and services and an expected decline in income from inpatient discharges due to a change in practise favouring “outpatients over inpatients”.

**Members →**

## Board

The board convened five times during the reporting year. It also held a supplementary retreat in the summer and an extraordinary meeting in September. In addition to discussing issues relating to core business and reviews, the board also addressed central topics that concern the future of ANQ: the board and the administrative office worked together in the funding work group to develop proposals to improve the range of services that were presented to the general assembly. The work group also defined the controlling system and the corresponding processes.

The KVG and Quality work group focused on the national level: it looked at the position of ANQ in the light of ongoing discussions concerning the law reform and the planned national quality commission, drew up an expert contribution for partners and offered to find an alternative solution for “demonstrating implemented improvement measures”, a requirement raised by the BAG. The hospital outpatient work group worked on a project aimed at reviewing the quality of outpatient treatment in hospitals with a focus on patient-orientated topics (see also the editorial with regard to both topics).

The board addressed the usage of ANQ review results in great detail with regard to tariff arrangements. It maintained its standard approach of favouring dialogue over confrontation. The board's opinion is that insurance providers should concentrate primarily on actively integrating ANQ data in hospital/clinic inhouse quality management systems.

The committee decided at the beginning of 2018 to forego reviewing potentially avoidable reoperations as methodical reasons prevent a transparent publication of the results.

It also acknowledged the ADL score study on rehabilitation in addition to approving various concepts and reports relating to individual reviews. The board members approved the planned pilot audit of the fall and pressure ulcer review in the field of acute care. They discussed the major implementation issues relating to the agreed change in frequency of patient surveys from one year to two years in every ANQ department. All reviews will be carried out in spring as of 2020: for psychiatric and rehab clinics in even years (2020, 2022 etc.) and for acute care institutions and children's clinics in odd years (2021, 2023 etc.).

The board made use of the extraordinary meeting to conduct a strategy workshop on patient satisfaction. The board consulted the QC Patient Satisfaction with regard to strategy from 2024/25. Other items discussed during the extraordinary meeting included psychiatry and rehab training and the future of such events, the reconsideration application submitted by "Allianz Pädiatrische Pflege Schweiz" with regard to reincorporating the pressure ulcer survey for children in the review plan and the first transparent publication of results for rehabilitation modules 2 and 3.

The emphasis during the board's retreat of August was on extending the quality reviews in the field of hospital and clinical outpatient care. An assignment to draw up a project outline was issued. The board addressed the use of routine data more intensively for the first time. A project outline will also be drawn up. The board formed its own work group on the topic of "Swiss Health Insurance Act (KVG)". Enhancing quality and economic feasibility and also to deal with the formation of a related national quality commission or committee.

The board elected various new members throughout the year on account of resignations. It approved the mandate of the QC Rehabilitation. It also approved planning activities for the "10 years of ANQ" anniversary event to be held in September 2019.

**Board →**

## **Quality Committees and Expert Groups**

**Quality Committees →**

**Expert Groups →**

Prof. Lutz Dümbgen, Professor of Statistics at Bern University, has acted as the ANQ's official expert for statistical and methodical aspects in all ANQ departments since 2018.

## **Administrative office**

*The administrative office successfully handled various projects and special assignments in addition to day-to-day business during the reporting year. This included extensive ground-work for the modifications to the range of services and the drawing up a "Swiss National Report on Quality and Safety in Healthcare" for the BAG. Implementing the third successful Q-Day at the beginning of the year also drew on resources. The board made various public appearances throughout the year in response to invitations, intensified its collaboration with various stakeholders and actively contributed its know-how to a number of BAG work groups.*

*The personnel moved into the new premises in Weltpoststrasse 5 in Bern at the beginning of March. These more generous premises enable the ANQ committees to hold their meetings inhouse, which will promote the exchange between the professions and individuals.*

*The administrative office launched a new barrier-free website shortly afterwards. Included is a two-minute explanatory video about the objective and purpose of ANQ that is aimed primarily at patients. The ANQ website helps hospitals and clinics to explain the purpose of ANQ reviews. The administrative office also launched a file-sharing platform for partners. They can now quickly locate and download the documents they are looking for. The administrative office published the 2017 ANQ Annual Report exclusively online as a flip book and a PDF document for cost reasons.*

*The ANQ has already published the transparent results of 14 reviews and the demand for information is increasing continuously. Sarah Heiniger has thus recently been recruited to supplement the Communications team as specialist in communication.*

*Fiona Gubler took over the post of research associate in the field of psychiatry as the successor to Michael Kunz. At the same time, Muriel Scheuner moved to the ANQ department for rehabilitation as a research associate and successor to Stephanie Studer. Mirjam Krähenbühl joined ANQ at the beginning of February and replaces Anina Siegenthaler in the secretary's office.*

**Team →**

## **Auditors**

*Treuhand Lehmann AG, Bern*



*Nationaler Verein für Qualitätsentwicklung in Spitälern und Kliniken  
Association nationale pour le développement de la qualité dans les hôpitaux et les cliniques  
Associazione nazionale per lo sviluppo della qualità in ospedali e cliniche*

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