

Maximising Quality using Outcomes

The Schoen approach to outcome measurement

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Agenda

What is quality?

How can we measure and evaluate quality?

How can the data be used to ensure and improve quality in healthcare?



Do you judge a flight only based on whether you survived or not?



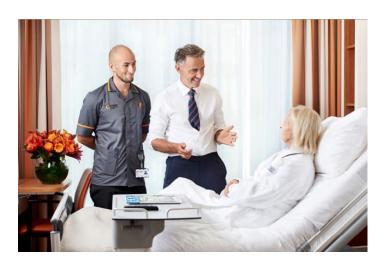
Quality of a plane trip

- Survival
- No technical issues
- Plane took me from A to B
- Flight was on time
- Cleanliness of the airplane
- All luggage items arrived

- Friendly cabin crew
- In-flight catering
- In-flight entertainment



A hospital stay is also being evaluated based on various criteria



Quality of a hospital stay

- Survival
- No complications / incidents

- Treatment led to improvement of condition
- Expert staff

- Friendly staff
- Food
- Room amenities
- Cleanliness of the hospital/ patient room





Patient Experience



Agenda

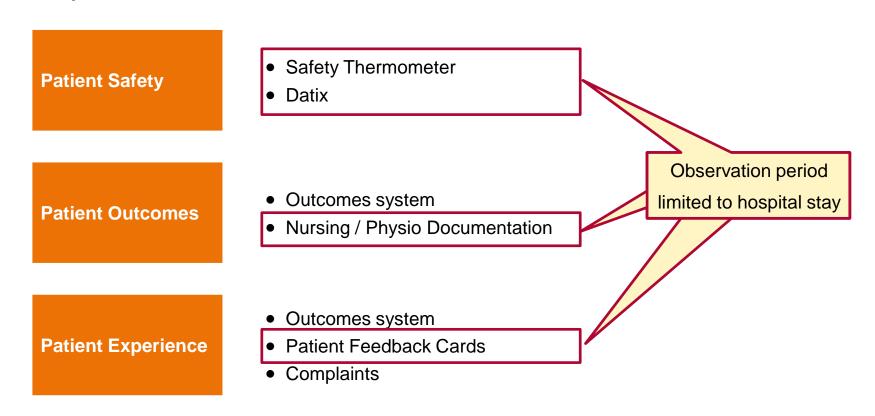
What is quality?

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There are various tools to support the measurement of quality within a hospital



Given the sometimes short length of stay, this timeframe might not be enough

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Certain key requirements need to be met, to obtain reliable and meaningful data

Systematic Approach

Defined processes and responsibilities

Dedicated team

Quality and Outcomes Department

Outcome Measurement Champions Network

Electronic data collection beyond hospital stay

Systems allowing us to collect follow up data

Validated and standardised questionnaires

To obtain meaningful data that can be benchmarked

Sufficient return rates

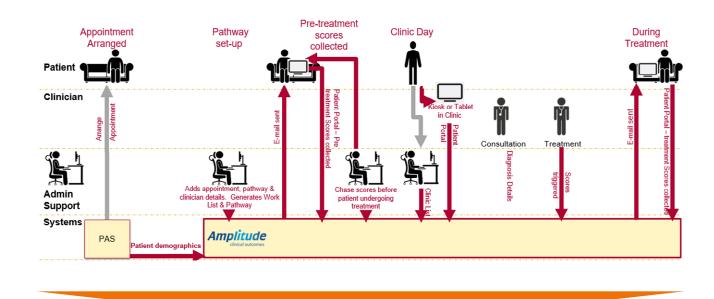
To obtain reliable data

Let's have a closer look at the individual requirements

Dedicated team



Outcome measurement requires clearly defined processes and responsibilities, as well as a lot of dedication



Supported by a dedicated team

- Quality and Outcomes Manager → Strategy and development, dashboards, PMI relations
- Outcome Measurement Administrator → Support of patients to fill in questionnaires
- Data Analyst → Analysis and reporting

Quality & Outcomes Department

Outcome Measurement Champions Network → link roles in all involved departments



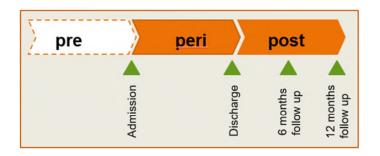
An electronic system simplifies the accessibility and automates parts of the process, allowing you to use human resources in a more targeted manner

Accessibility of forms/ questionnaires



Patients can fill in the questionnaires whenever and wherever they want to, using their own devices.

Long-term outcomes

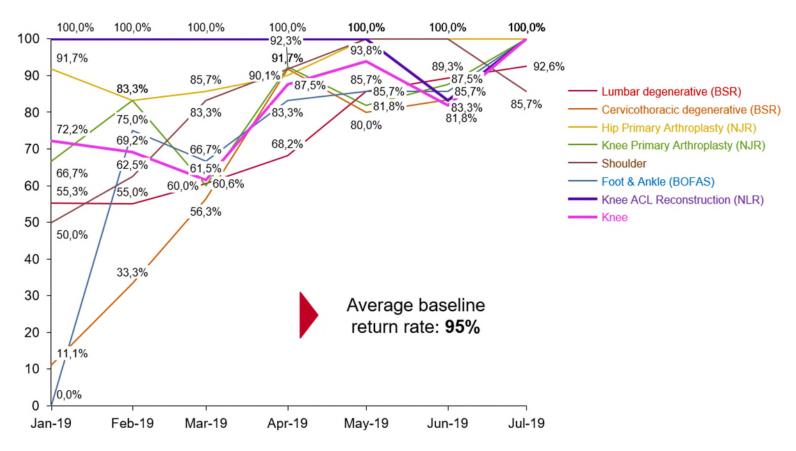


Long-term outcomes are as important as the short-term ones, so you need to be able to get in touch with the patient even after their hospital stay

The downside of follow up data is that it may be heavily influenced by factors outside of our control: i.e. patient compliance or further treatments the patient has undergone



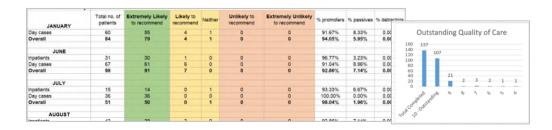
To gain meaningful insights the questionnaires need to be standardised and sufficient return rates need to be obtained



The introduction of an outcome measurement administrator in April has proven highly successful to gain return rates of >90% within a year of operations



But it does not end at collecting the data – analysing, reporting and displaying are the next steps



Analysis

- Excel
- QlikView



Reporting

- Registries
- PHIN
- ...



Display

- Dashboards
- Web-based applications



The prepared data can then be used to initiate improvement activities



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What is quality?

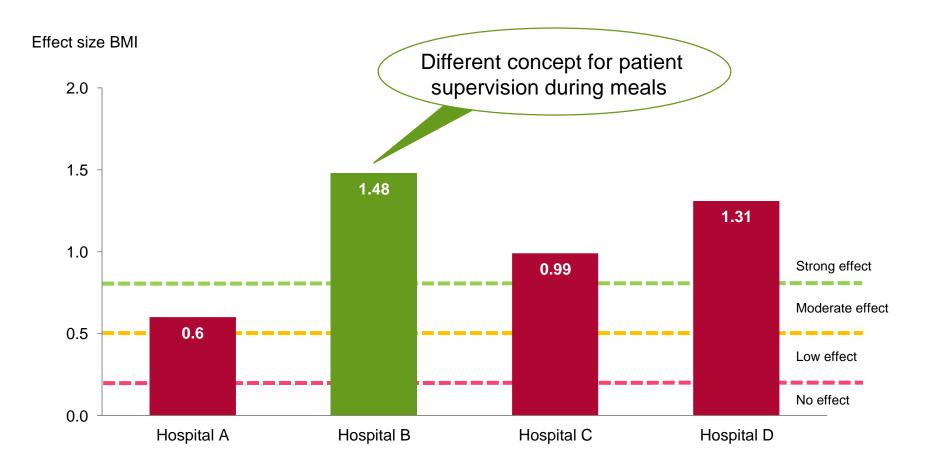
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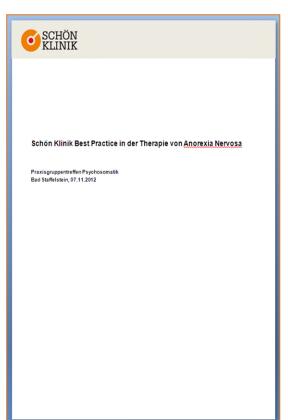
Benchmarking is the most effective approach to get new impulses to improve medical treatments

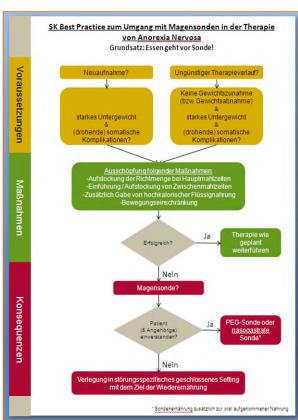


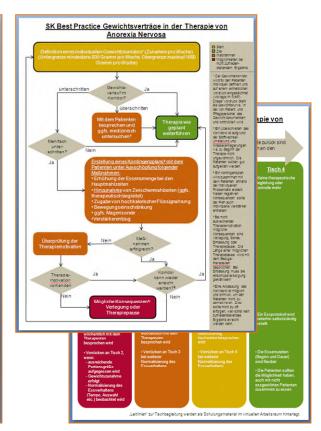




The results of internal discussions in expert groups lead to a 'best practice' treatment pathway for all hospitals in Schoen Clinics treating Anorexia Nervosa







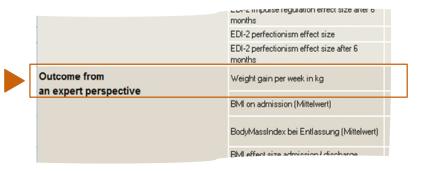




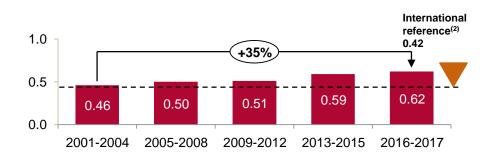
Psychosomatics
Anorexia Nervosa

Patient Outcome: Optimized treatment leads to better outcome

| Dimension | Indicator |
|-----------------------|---|
| Medical Indication | International diagnosis check lists for main and secondary diagnosis |
| Mortality | Mortality rate |
| Complications | therapy discontinuations |
| | Pairings (during the stay) |
| | LifeEvents |
| | pathological lab results (i.e. potassium) |
| Processes | Length of Stay (mean) |
| | Length of Stay (Median) |
| | Implementation level of Best Practice Anorexia nervosa |
| Outcome from | patient satisfaction care |
| a patient perspective | patient satisfaction treatment |
| | BSI GSI effect size |
| | PHQ-9 effect size |
| | EDI-2 Body dissatisfaction effect size after |



Average weight gained per week⁽¹⁾ (in kg/week)



Measures

- Continuous measurement of results
- Regular discussion in expert teams
- Revision of existing standards
- 2013: Introduction of best practice treatment standard for eating disorder

Value – measureable, tangible, better

- For patients:
 - Improved outcomes at discharge
 - Better long term outcomes
- For Schoen Clinic:
 - Efficiency of therapy, reduction of length of stay
 - Reputation and branding

(1) Schoen Clinic Roseneck, approx. 10,000 cases

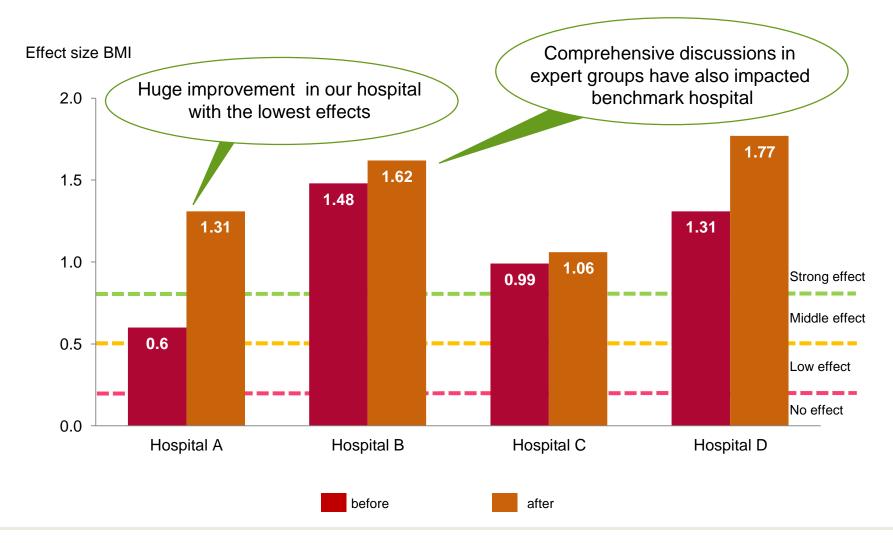
(2) Weighted average of 8 major studies





Psychosomatics
Anorexia Nervosa

The implementation of the best practice standard shows increasing effects and better outcomes in all hospitals





To sum it up: valid data together with expert knowledge can be transformed into improvements

| Data collection | Benchmarking | Expert groups | Improvement of outcomes |
|--|---|---|--|
| Validated instrumentsStandardised processes | To compare and identify best in class | Discussion of differences in treatment, processes, etc. that might cause different outcomes | Best practice standard as outcome of discussions, knowledge-sharing and further analyses |

It takes some courage to publish and compare your data but ultimately this is what is required to translate it into improvements



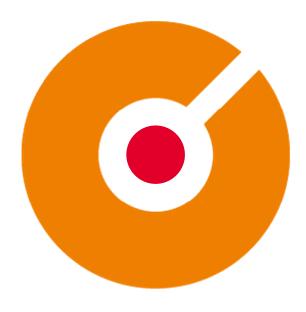
Outcome Measurement – quo vadis?

Collaboration with other players in the healthcare market (i.e. PMIs)

Nationwide initiatives required for benchmarking

Include further data (i.e. fitness tracker)





Thank you!