

QUALITY REPORT 2016/17



EXPERTISE YOU CAN TRUST.

HIRSLANDEN A MEDICLINIC INTERNATIONAL COMPANY

AT A GLANCE

The Hirslanden Private Hospital Group in figures, as of 1 July 2017

17

hospitals in 11 cantons





2,000

9,920

staff with employed doctors



As of 31 March 2017



care days*

466,025







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QUALITY

PERFORMANCE

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CONSOLIDATED FIGURES

The most important consolidated figu	ures for 20	16/17		Change
	2014/15	2015/16	2016/17	compared to 2015/16
Patients				
Patients, maternity patients ¹	94,037	98,609	100,293	2%
Patient days ²	453,741	469,167	466,025	-1%
Length of stay	4.8	4.8	4.6	-2%
Turnover				
Turnover total (in CHF, millions)	1,563	1,647	1,704	3%
Turnover inpatient services (in CHF, millions)	1,222	1,288	1,318	2%
Turnover outpatient services (in CHF, millions)	262	275	300	9%
Other operating income (in CHF, millions)	79	85	86	1%
Number of employees				
Average FTEs ³	6,213	6,573	6,722	2%

¹ Inpatient admissions, without newborns

² Based on midnight census, without newborns

³ Apprentices, students and interns uniformly weighted, incl. employed doctors

About Hirslanden

The Hirslanden Private Hospital Group consists of 17 hospitals – many of which have an outpatient surgical centre and an A&E department – and runs 4 outpatient practice centres, 15 radiology centres and 4 radiotherapy centres. This makes it the largest medical network in Switzerland. With over 9,900 staff and around 2,000 affiliated doctors, the Hirslanden Group offers a comprehensive range of services across all levels of treatment, from basic care through to diagnostics and highly specialised university-level medicine.

The Hirslanden Group and its hospitals are on the hospital list of all 11 of their respective cantons, thus playing an important role in the provision of healthcare to the people of Switzerland. The proportion of patients with basic insurance is constantly growing across the Group, and has now reached 45 percent.

The quality of medical care, patient satisfaction and the resulting patient benefit are of the utmost importance at Hirslanden. This is why the Hirslanden Private Hospital Group has a highly developed quality management system and has published a quality report every year since 2010.

4 QUALITY

QUALITY AT HIRSLANDEN

THE HIRSLANDEN PRIVATE HOSPITAL GROUP HAS ACQUIRED LARGE AMOUNTS OF QUALITY DATA FOR OVER TEN YEARS AND PUB-LISHED THIS IN ITS QUALITY REPORT SINCE 2010. THE ACQUISITION AND PUBLICATION OF THIS DATA HELPS TO IMPROVE THE QUALITY OF TREATMENT IN SWISS HOSPITALS AND PROMOTE COMPETITION BETWEEN THEM.

The primary goal of the Hirslanden Private Hospital Group is to generate patient benefits. In order to achieve this goal and consistently increase patient benefits, treatment quality and patient safety have to be guaranteed. Each year, as part of comprehensive quality measurements, Hirslanden analyses whether this takes place and to what extent.

MEASURING QUALITY

Measuring the quality of medical care is an extensive and complex task that requires a great deal of commitment from all hospitals. When measuring quality, Hirslanden bases its results on clinical performance indicators that have been developed and improved over many years, together with national and international healthcare guidelines. By using the same surveys at each hospital, those with a similar range of services can be compared with one another and specific benchmarks can be derived from the results.

These benchmarks help when assessing performance and defining measures for further improvements – both in terms of treatment quality and patient safety. Furthermore, the acquisition of national and international performance indicators also allows comparisons to be made with hospitals at home and abroad.

UNDERSTANDING THE QUALITY MEASUREMENTS

In order to understand the methods and basic principles involved in the different quality surveys, an in-depth look at the material involved is required. However, it is not only the survey itself that has to be looked at from a range of different viewpoints – the complexity of the results themselves also demands comprehensive analysis and interpretation. The results of the quality measurements are analysed and assessed at Hirslanden by different specialist bodies in the field of quality management. These bodies are also responsible for deriving the relevant measures from the results and thus ensuring a continuous process of improvement.

Hirslanden has several bodies involved in assessing and maintaining quality. These include the crossdepartmental quality commission, a hygiene committee and a committee on critical incidents (Critical Incident Reporting System, CIRS) at every hospital, plus the position of Head of Medical Systems, which has been in place at every Hirslanden hospital since 2014. The Head of Medical Systems supports the hospital manager in matters relating to the quality of medical care and patient safety, and is tasked with supervising the provision of medical services. He is also responsible for ensuring the regulatory requirements and cantonal performance mandates are implemented correctly.

COMPARING RESULTS

As previously mentioned, one advantage of making continuous groupwide quality measurements is that comparisons can be made between hospitals and benchmarks derived accordingly. These are always based on the principles of best practice. However, not only the results are compared. The quality management teams at the hospitals are also in constant contact with each other in order to draw up concrete measures and proactively prevent losses in quality.

QUALITY OF MEDICAL CARE IN SWITZERLAND

There are many initiatives for improving the quality of medical care in Switzerland, which shows how committed the country is to ensuring a high-quality, constantly improving healthcare system. As a member of various bodies in the field of quality improvement, Hirslanden is also making an active contribution here. Among others, the Hirslanden Private Hospital Group is a member of the National Association for Quality Development in Clinics and Hospitals (ANQ). The association is funded by the H+ hospital association, the cantons, the Association of Health Insurers (santésuisse), and the Swiss social insurance agencies. Its goal is to find ways of uniformly measuring quality results in Swiss hospitals and then using these results to establish approaches for improving quality.

The ANQ measurement plan includes the following indicators for acute somatic medicine:

- Rehospitalisation rate (SQLape)
- Reoperation rate (SQLape)
- Postoperative wound infections (with Swissnoso)
- Patient satisfaction
- Prevalence of decubitus (LPZ)
- Prevalence of falls (LPZ)
- Implant register SIRIS

Hirslanden sees the ANQ measurement plan as a helpful instrument for comparing the quality of Swiss hospitals, and complements it by acquiring additional indicators. On the following pages, you will find detailed information on patient satisfaction, unplanned readmissions, unplanned reoperations and falls. Moreover, Hirslanden also publishes data on infection monitoring and patient safety, plus data on mortality in intensive care units and according to CH-IQI (Swiss Inpatient Quality Indicators; quality indicators for Swiss acute care hospitals from the Swiss Federal Office of Public Health).

QUALITY OF MEDICAL CARE AT HIRSLANDEN IN THE 2016/17 FINANCIAL YEAR

Various quality indicators collected annually by Hirslanden are presented and discussed below. A brief summary of the key results should enable an overview to be gained in advance of the most important changes:

- 92.5% of the patients surveyed rate the quality of their treatment as either very good or excellent in the ANQ survey.
- The figures for the indicators "unplanned readmissions", "unplanned reoperations" and "documented falls" have risen slightly – though not significantly – compared to the previous year.
- In the area of infection monitoring, the positive trend towards lower infection rates as seen in recent years has continued.
- The effective mortality rate of patients admitted to the intensive care unit has remained stable compared to the previous year.



PATIENT SATISFACTION

PATIENT SURVEYS ARE AN INTEGRAL PART OF QUALITY MANAGEMENT AT THE HIRSLANDEN PRIVATE HOSPITAL GROUP. THIS IS THE ONLY WAY TO ENSURE THAT THE HOSPITALS CONTINUALLY IMPROVE IN MEETING THE NEEDS OF PATIENTS AND THUS INCREASE PATIENT BENEFITS.

Each year, the patient surveys illustrate the potential for further improvements and developments in patient treatment and are thus an important element in increasing patient benefits. Surveys of patient satisfaction vary according to their scope and depth. While some surveys provide a global – and thus less detailed – analysis of patient satisfaction, other surveys focus on qualitative aspects. These allow patients not only to award points, but also to freely express their opinions on their experiences.

Both of these survey types have their advantages, which is why the Hirslanden Private Hospital Group combines both qualitative and quantitative methods by using the "National Patient Survey" from the National Association for Quality Development in Clinics and Hospitals (ANQ) and the HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems). The answers to the few global questions asked by ANQ are combined with the detailed responses from HCAHPS to provide a comprehensive overview of patient satisfaction at the hospitals of the Hirslanden Private Hospital Group. Another advantage of integrating the HCAHPS questions is that they also highlight the interactions between patients and nursing staff – a key aspect of patient welfare.

Since spring 2017, the Hirslanden Private Hospital Group has surveyed patient satisfaction according to the methods from Press Ganey. This supplements the "National Patient Survey" from the National Association for Quality Development in Clinics and Hospitals (ANQ), in which all Hirslanden hospitals have taken part since 2011. All other methods for measuring patient satisfaction are no longer used.

As the questions and the answer scale of the ANQ survey changed during the reporting year, no comparison can be made to the previous year. Based on the HCAHPS questions on further recommendation and overall satisfaction, the following results were achieved:

- Further recommendation 86% (previous year 82.7%)
- Overall satisfaction 8.9 (previous year 9.0)



50 92.5 86

percent return rate for the ANQ patient survey

percent of patients rate the quality of their treatment as either very good or excellent

percent of patients would "absolutely" recommend the Hirslanden hospital they visited to their family or friends

NATIONAL PATIENT SURVEY: ANQ

The National Association for Quality Development in Clinics and Hospitals (ANQ) conducts the "National Patient Survey" each year in order to measure patient satisfaction. This consists of six questions, which are a binding part of the ANQ measurement plan:

- 1. How do you assess the quality of the treatment you received (from doctors and nursing staff)?
- 2. Did you have the opportunity to ask questions?
- 3. Did you understand the answers given to your
- questions? 4. Was the purpose of the medication that you had to
- take back home explained in an understandable way? 5. How well was your discharge from hospital organized?
- 6. How did you find the length of your stay in hospital?

The 2016 National Patient Survey was held last September. Some 6538 patients received the questionnaire after their discharge from a Hirslanden hospital; the return rate was 49.9 percent.

The responses to the first of the six questions are shown in the graph. The possible answers to all questions ranged from bad to excellent. The figures arising from the responses to question 1 have proven to be robust indicators of global patient satisfaction.

As a result of the changes to the questions and answer scale during the reporting year, the results of the ANQ patient survey can no longer be compared to the results from the previous year.

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- BE Klinik Belair, Schaffhausen
- SH Klinik Stephanshorn, St Gallen
- HI Klinik Hirslanden, Zurich
- IP Klinik Im Park, Zurich



ANQ, QUESTION NO. 1: "HOW DO YOU ASSESS THE QUALITY OF THE TREATMENT YOU RECEIVED (FROM DOCTORS AND NURSING STAFF)?"

AN ADDITIONAL WAY TO MEASURE PATIENT SATISFACTION: HCAHPS

The ANQ survey is limited to six questions and thus only gives a global view of patient satisfaction. Furthermore, virtually all Swiss hospitals achieve a score of between 9 and 10, which reduces the significance of the results. Hirslanden therefore supplements its survey of patient satisfaction with additional questions from the HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems). Pronounced "H-caps", it is the first ever national, standardised and published survey of patient satisfaction at hospitals in the USA. The HCAHPS questions allow for qualitative responses, which not only leads to a more nuanced picture of patient satisfaction, but also provides valuable pointers for improvement.

The responses to the following question are shown in the graph: "Would you recommend this hospital to your family and friends?"

While the ANQ survey only has one question about nursing care (question 1: "How do you assess the quality of the treatment you received (from doctors and nursing staff)?"), the HCAHPS survey contains around twelve questions for assessing the interactions between patients and nursing staff. Examples of such questions include "During this hospital stay, how often did nurses treat you with courtesy and respect?" or "How often did the nursing staff make every effort to relieve your pain during your hospital stay?". Hirslanden hospitals scored a good to very good rating for most questions. However, as in previous years a number of questions also showed that there is still potential for improvement.

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HCAHPS, QUESTION NO. 32: "WOULD YOU RECOMMEND THIS HOSPITAL TO YOUR FAMILY AND FRIENDS?"

INTERNATIONAL STANDARD IN MEASURING PATIENT SATISFACTION: PRESS GANEY

Press Ganey is an international provider of measurements for patient satisfaction. More than 2,000 hospitals around the world survey their patients with this instrument, including renowned institutions such as the Cleveland Clinic in the USA.

Press Ganey was selected by Mediclinic International – the parent company of Hirslanden – as a partner for all MCI platforms (Southern Africa, United Arab Emirates and Switzerland) in 2013. The goal is to establish a comparable measurement of patient satisfaction across the entire group. Measurements using the Press Ganey method have already been implemented at the hospitals in South Africa and Dubai and have proven successful.

The questionnaire from Press Ganey is also used at the Hirslanden hospitals since 2017 and was adapted as far as possible to the prevailing conditions in Switzerland. Of key importance was the continuing possibility of making an international comparison between the individual group platforms. The questionnaire consists of around 80 questions that cover all relevant aspects, from medical care and nursing to hotel-like facilities and catering.

Measurements using the Press Ganey method allow this continuous improvement process to be implemented in an even more consistent fashion:

- Measurement is no longer carried out intermittently (once or twice per year), but instead on an ongoing basis with each patient receiving the questionnaire. This makes the results even more conclusive.
- Uniform, standardised measurement allows international benchmarks to be established across all Mediclinic platforms and beyond.

- The results are analysed more systematically than before in order to derive goals and improvement measures from them.
- Learning from the best (best practice) is facilitated and promoted between the three Mediclinic platforms.

As the assessment of patient satisfaction by Press Ganey was only started at all Hirslanden hospitals in April 2017, there is no comprehensive pool of data available for this year's quality report. Nonetheless, the diagram below is included here as an example and shows the result of the Press Ganey Performance Scorecard for Klinik Im Park (as of July 2017). The ranking of Klinik Im Park is shown here compared to over 2,000 other hospitals from around the world in the Press Ganey database.

Klinik Im Park achieves a rank of 58 here. This means that the hospital scores higher than 58 percent of the hospitals in the entire Press Ganey database in July 2017. The green colour indicates that Klinik Im Park is thus above the target value of 50 as defined by Press Ganey. The mean score is also shown in the diagram, which is the average result of all questions. With a mean score of 88.2, Klinik Im Park has achieved a very good result. In terms of ranking and mean score, Klinik Im Park improved on the results seen in the previous month.

The results of the patient satisfaction assessment based on Press Ganey will be available for each Hirslanden hospital in the 2017/18 quality report.

58 RANK	Measure Overall		Peer Gro All PG Da	up atabase
		Previous		Change
Rank Goal: 50	RANK	57		+ 1
88.2 MEAN SCORE	SCORE	87.9		+ 0.3

PATIENT SAFETY

ALONG WITH PATIENT SATISFACTION, PATIENT SAFETY IS AMONG THE KEY ASPECTS OF PATIENT BENEFITS. INFECTION MONITOR-ING AND CONSISTENT HYGIENE MANAGEMENT ARE THUS ESSEN-TIAL, ESPECIALLY IN HOSPITAL AREAS WITH AN INCREASED RISK OF INFECTION, SUCH AS INTENSIVE CARE UNITS.

However, patient safety also includes such topics as critical incidents, the Surgical Safety Checklist and vigilance. The Hirslanden Private Hospital Group also collects data on the number of unplanned readmissions and reoperations, falls, decubitus, and mortality based on the International Quality Indicator Project (IQIP). Last but not least, the topic of mortality and the way it is handled constructively is also key to increasing patient safety.



INFECTION SURVEILLANCE

The Hirslanden Private Hospital Group uses two different methods to assess infections. The Hospital Infection Surveillance System (HISS) is used in ICUs, whilst Swiss-Noso is used on general wards. As the largest database on nosocomial infections in the world, HISS offers the best possible opportunities for comparison. Meanwhile, SwissNoso offers a national benchmark.

The HISS system collects data from two areas: first, how often catheters and ventilation machines (devices) are used in intensive care units and the associated number of infections; second, the infection rates for typical routine procedures. The acquisition of data on device-associated infections is highly relevant for improving quality in hospitals, and was therefore included in the "High 5s" project that the WHO launched back in 2006. The aim of this project is to increase patient safety. As a result of a change in definition by the German National Reference Center for Surveillance of Nosocomial Infections (NRZ), pneumonia and bronchitis, urinary tract infections and sepsis will be measured with and without devices from 2017. In order to monitor infections, hygiene inspections are made twice a year at all Hirslanden hospitals by the German Consulting Centre for Hospital Epidemiology and Infection Control (BZH) based in Freiburg im Breisgau.





99.6 99.6 28

percent of treatments using a central venous catheter are made without sepsis

percent of treatments using a urinary catheter are made without infection

percent lower infection rate in ventilator-associated pneumonia compared to previous year

DEVICE-ASSOCIATED INFECTIONS IN THE INTENSIVE CARE UNIT

Deviceassociated infections in the intensive care unit includes the number of septic conditions associated with central venous catheters, the number of urinary tract infections in connection with urinary catheters, and the number of cases of pneumonia in connection with mechanical ventilation. The number of days on which the devices are used is set in relation to the number of patients with infections. The resultant figures are compared with the "75th percentile". This means that 75 percent of the hospitals report similar results. Reference to this comparative figure is based on the frequency with which the respective catheter is used within the patient group in question.

CATHETER-ASSOCIATED SEPSIS

The values for "catheter-associated sepsis" have declined sharply compared to the previous year and are well below the 75th percentile. It has thus been possible to

successfully counter the increase seen in the previous year through the introduced measures.

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Infection rate

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0.00

0.43

Catheter-associated sepsis Cases per 1,000 user days (2009–2016)



0.97

2.20

3.54

0.00

0.30

URINARY CATHETER-ASSOCIATED INFECTION

The values for "urinary catheter-associated infection" have fallen compared to the previous year and are well below the 75th percentile. Every day, specialists in preventing infection visit all patients who have been given a catheter and inspect them for signs of infection. The doctors, for their part, decide every day whether a catheter is still indicated, or whether it can be removed. The data that the specialists in preventing infection record and analyse are discussed by the hospitals' hygiene committees, which, in turn, notify the responsible doctors and departments of the results and, if necessary, give instructions on what measures need to be taken.

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IP Klinik Im Park, Zurich

н

3

0.58

5,190

IP

1

1,520

0.66

Total

15,719

7

0.45

Urinary catheter-associated infection Cases per 1,000 user days (2009-2016)



Urinary catheter-associated infection, data 2016 AA BS сс ST SH 3,373 1,011 1,311 1,070 Number of user days 2,244 Number of cases of urinary tract infection 0 1 0 1 1 0.00 Infection rate 0.45 0.30 0.00 0.76

VENTILATOR-ASSOCIATED PNEUMONIA

The values for "ventilator-associated pneumonia" were again down on the previous year and remain significantly below the 75th percentile. It should be noted that every

single infection has a strong impact on the score because of the extremely low number of events overall.

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Ventilator-associated pneumonia Cases per 1,000 user days (2009-2016)



Ventilator-associated pneumonia, data 2016	AA	BS	сс	ST	SH	HI	IP	Total
Number of user days	967	909	108	166	55	1,523	586	4,314
Number of cases of pneumonia	1	4	2	0	0	2	4	13
Infection rate	1.03	4.40	18.52	0.00	0.00	1.31	6.83	3.01

CRITICAL INCIDENTS (CIRS)

A safety information system (SIS) has been used at all Hirslanden hospitals since 2008, offering employees in all occupational groups the chance to file anonymous reports about mistakes that might have led to harmful incidents, and thus establishing a constructive error culture.

SIS is based on the statistical knowledge that every actual harmful incident is preceded by several hundred so-called critical incidents. Reported cases are recorded and categorised in the Critical Incident Reporting System (CIRS), before being analysed and processed by an interdisciplinary committee. This analysis is centred on two questions: "Why did the system allow this critical incident to occur?" and "How can the system be modified or amended to prevent the same critical incident happening again?" To ensure that they can mutually benefit from their experiences and insights, regular SIS meetings are held at which Hirslanden hospitals can present and discuss their own cases and resultant preventive measures among each other.

Particularly complex CIRS cases that also have a high learning potential are analysed in more detail. A cause-andeffect diagram (also known as the Ishikawa method) is used here for systematic incident analysis. The goal is also to learn as much as possible from potential incidents. If a particularly complex CIRS case arises that needs to be analysed in more detail, senior management assigns the task to a specialist analysis team that is set up for this purpose. This team examines the case according to a wide range of factors, such as the patient factor, the institutional framework and the work environment. The first allocation of possible erroneous actions to these different factors is already made when studying the patient documentation. This is followed by interviews with the persons involved. At the heart of the analysis is the personal interview, where further potential incidents are uncovered – including those that are only latent in nature. When analysing CIRS cases, a distinction is made between erroneous factors and the incident itself.

For example, two patients with the same name is a potentially erroneous patient factor. The resulting incident would be if the wrong patient were then brought for an xray. All erroneous factors that are uncovered are then linked to at least one fundamental countermeasure, which is scheduled accordingly with responsible persons assigned to it. The advantage of the Ishikawa method is that it offers a structured appraisal of complex patient cases. With the relevant medical knowledge, the method is also easy to learn and enjoys wide recognition. A possible disadvantage is the human factor involved - the method requires complex medical knowledge, together with excellent social skills and empathy. As mentioned above, the Ishikawa method is only applied in the event of particularly complex CIRS cases that also have a high learning potential - this is due to the amount of work involved in implementing the method.

In 2016, Hirslanden joined the national CIRRNET initiative from the Swiss Foundation for Patient Safety, where information on critical incidents that are relevant for patient safety is made available anonymously to all participants in order to promote mutual learning.

The diagram on the following page assesses more than 1,000 registered critical incidents, whereby one incident can also be assigned to several categories.

CLASSIFICATION OF CRITICAL INCIDENTS, IN PERCENT



SAFE SURGERY

The group-wide concept "Safe Surgery Saves Lives" has been in place since 2009. It aims to eliminate patient misidentification as a result of the different process structures at the individual clinics. Checklists have been developed and their implementation planned in order to achieve this objective. The measures encompass the entire pre- and peri-operative process and verify explicit facts at various checkpoints, such as:

- Patient identification
- Procedure: type, venue, side
- Prior explanation and consent
- Availability of pre-operative analyses (e.g. laboratory, ECG, X-ray)

VIGILANCE

Vigilance means "watchfulness" and to make something "known and transparent". The Swiss agency for the authorization and supervision of therapeutic products, Swissmedic, ensures that only high-quality, safe and effective therapeutic products can be put on the market in Switzerland. Medical products must be handled with the aforementioned vigilance. If there is an incident with a medical product, it must be made known and transparent in a report to Swissmedic.

MATERIOVIGILANCE

The obligation to report serious adverse effects (incidents) with medical products has already existed in Switzerland since 1996. Until 2002, however, this was only mandatory for distributors, i.e. for the manufacturers and suppliers of medical products. In 2002, legislation (Therapeutic Products Act) extended this obligation to professional users in order to increase the efficacy of the system. Every hospital must appoint a designated Vigilance Contact Person (VCP) who is responsible for reports to Swissmedic. Since the second revision of the Ordinance on Medical Devices (MePV) of 21 March 2010, hospitals are additionally required to implement an internal reporting system (Materiovigilance System). In accordance with the principles of quality assurance, this internal reporting system was to be in place following a transition period by 1 July 2011. Hirslanden has created an overarching concept for materiovigilance that is electronically supported. Contact persons, as well as their responsibilities and tasks, have been defined.

These checklists are integrated into the work processes as standardised guidelines, whereby responsibility for implementation of the measures is clearly defined for every clinic. Unannounced visits are made to hospitals annually to ensure that the processes on the Surgical Safety Checklist are adhered to.

DEVICE CERTIFICATE

Medical devices are becoming more complex and, due to their application in diagnostics, treatment and patient monitoring, influence the quality of patient care considerably. The success of medical and healthcare-related services also depends directly on the correct and safe use of medical devices. In the event of incorrect operation, inadequate knowledge may lead to safety risks, compromised quality and standstill times. Especially in departments or clinics with a high proportion of medical devices, problems resulting from incorrect operation have a negative effect on operational processes, e.g. the surgical or intensive care segment. It is therefore imperative that all users applying devices on patients are instructed or trained in the correct operation of the respective type of device. The device certificate was introduced on a group-wide basis.

UNPLANNED READMISSIONS, UNPLANNED REOPERATIONS, FALLS, DECUBITUS AND MORTALITY

The Hirslanden Private Hospital Group collects data on the main indicators unplanned readmissions, "unplanned reoperations", "documented falls", decubitus and mortality, and thus makes an important contribution to evaluating quality outcomes in medicine.

The acquisition of the aforementioned indicators is based on the International Quality Indicator Project (IQIP), which was developed in 1985 by hospitals in the US state of Maryland. With over 2,000 healthcare companies taking part worldwide, the IQIP was the most important research project for evaluating quality outcomes in medicine. In Europe alone, 200 hospital companies announced their intention to take part in the IQIP measurements. The project was terminated in 2013 following its acquisition by US research company Press Ganey. Nevertheless, Hirslanden continues to apply the IQIP standard of its own accord.

While it is no longer possible to compare IQIP measurements internationally, both the comparison within the Group and the analysis of how the individual results at the hospitals have developed over time remain possible. These figures provide key pointers in specifying possible improvement measures and thus ensure a continuous improvement process. This process comprises three steps: The responsible hospital boards first analyse and interpret the results, specific optimisation and prevention measures are drawn up, and these measures are finally exchanged during groupwide networking meetings while following best practice.

When interpreting the measurements, it is necessary to bear two points in mind: First, differences between hospitals must also be construed within the context of the range of services that respective hospitals provide. Second, a reliable statement about any trends is only possible after comparing several years because the changes measured each year are smaller than the confidence intervals, which indicate the bandwidth within which the true figure is in all likelihood to be found (95 percent). The range of the confidence interval depends on a number of factors. The frequency of the type of incident in question is particularly significant. The lower the frequency, the wider the confidence interval.

The rates seen here in the three main indicators readmissions, reoperations and falls have increased slightly in 2016. This can be traced back to an increase in the severity of the cases.



98.6 98.4 998 percent of patient discharges are made without unplanned readmission

percent of operations are carried out without unplanned reoperations

out of 1,000 treatment days without falls

UNPLANNED READMISSIONS

The percentage score for the "unplanned readmission within 15 days" indicator is slightly up on the previous year. However, the survey is not risk-adjusted, and this hinders comparison. To guarantee the relevance of the "unplanned readmissions" indicator, hospitals must, in accordance with guidelines, differentiate precisely between unplanned and planned readmissions when carrying out the survey. For example, planned readmissions include several cycles of chemotherapy. To determine the quality of reporting, audits are made at all hospitals and the results compared.

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(2011-2016)

Unplanned readmission (<= 15 days)

AK AndreasKlinik Cham Zug
LC Clinique La Colline, Genf
RO Klinik Am Rosenberg, Heiden
BC Clinique Bois-Cerf, Lausanne

CC Clinique Cecil, Lausanne ST Klinik St. Anna, Lucerne MG Hirslanden Klinik Meggen BI Klinik Birshof, Münchenstein Basle

- BE Klinik Belair, Schaffhausen
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Unplanned readmis- sion (<= 15 days), data 2016	АА	BS	РМ	SA	AK	LC	RO	вс	сс	ST	MG	BI	BE	SH	ні	IP	Total
Number of discharges	10,943	6,429	3,387	10,055	4,346	4,234	2,831	3,725	4,530	12,228	1,357	3,590	1,528	7,287	19,084	7,326	102,880
Number of unplanned readmissions	104	185	30	159	52	51	7	37	79	249	3	23	18	117	172	98	1,384
%	1.0	2.9	0.9	1.6	1.2	1.2	0.2	1.0	1.7	2.0	0.2	0.6	1.2	1.6	0.9	1.3	1.3

UNPLANNED RETURN TO THE OPERATING THEATRE

The "unplanned return to the operating theatre" percentage score is slightly up on the previous year. In terms of the individual values measured for this indicator, the question also arises as to whether planned reoperations were incorrectly included in the data. For example, regular dressing changes in the operating theatre should not be counted as part of the data.

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Unplanned return to the operating theatre (2011-2016)



Unplanned return to the operating theatre, data 2016	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	BI	BE	SH	ні	IP	Total
Number of operations	6,786	3,358	3,112	6,918	3,096	4,188	2,836	3,082	2,949	8,044	1,354	3,604	1,559	6,410	13,213	5,123	75,632
Number of cases of unplanned return to the operating theatre	126	140	13	70	36	37	11	10	68	103	5	18	17	125	322	106	1,207
%	1.9	4.2	0.4	1.0	1.2	0.9	0.4	0.3	2.3	1.3	0.4	0.5	1.1	2.0	2.4	2.1	1.6

DOCUMENTED FALLS

The prevention of falls is a demanding task for every hospital, and particularly for nursing staff. At Hirslanden hospitals, the nursing staff meet this challenge by repeatedly reassessing the individual patient's risk of falling during hospitalisation and adapting measures to prevent falls accordingly.

The fall rate is slightly up on the previous year. This is due to the exact reporting according to the given definition for a fall, which includes the "unintentional movement of a patient on the floor or from one level to another".

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data 2016	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	BI	BE	SH	н	IP	Total
Number of treatment days	47,693	35,746	10,545	41,906	16,375	17,875	10,457	16,998	22,568	62,432	3,307	13,020	6,906	31,870	105,376	30,179	473,253
Number of falls	125	76	19	105	27	44	10	43	37	261	4	23	8	82	181	78	1,123
Falls per 1,000 treatment days	2.6	2.1	1.8	2.5	1.6	2.5	1.0	2.5	1.6	4.2	1.2	1.8	1.2	2.6	1.7	2.6	2.4

MORTALITY IN THE INTENSIVE CARE UNIT

Hirslanden carries out a risk-adjusted measurement of mortality in the intensive care unit at all hospitals with a corresponding infrastructure. For several years, results have shown that the Hirslanden hospitals achieve significantly better figures compared to the Swiss average when comparing the effective and expected mortality.

Risk adjustment - in other words, the consideration of patient-specific risk factors such as age or concomitant illnesses - is relevant when measuring mortality in the intensive care unit. The instrument used here is the Simplified Acute Physiology Score (SAPS). The medical condition of each patient is recorded using SAPS and its different parameters in order to calculate their mortality risk. The sum of all mortality risks calculated in this way constitutes the "expected mortality". Setting this in relation to the "effective mortality" gives the "mortality index". A sign of high-quality treatment is when the effective mortality is at most half as high as the expected mortality, with a correspondingly low mortality index.

The effective mortality of all patients admitted to the intensive care unit has remained stable compared to the previous year at 4.1%. The mortality index also showed no changes.

One of the CH-IQI quality indicators is mortality data, which the Swiss Federal Office of Public Health (FOPH) publishes together with other performance indicators in its quality report. Hirslanden collects its mortality rate data using the same method and consolidates these for the Hirslanden Private Hospital Group as a whole and for each hospital individually.





7,691 4 4.1

patients were treated in the intensive care unit in 2016

times more patients than expected survived after being admitted to the intensive care unit

percent effective mortality for all patients admitted to the intensive care unit

MEASURING MORTALITY IN THE INTENSIVE CARE UNIT

A comparison between expected and effective mortality rates in the ICUs of Hirslanden hospitals gives an extremely positive result that has remained stable for years. Effective mortality is far lower than expected mortality. This good result is particularly remarkable because Hirslanden – in contrast to the overall Swiss comparison – records the effective mortality not only of patients in the ICU but also of patients who have been transferred from the ICU to other departments.



Mortality in the ICU (2013-2016)

Mortality in the ICU, data 2013–2016	Hirslanden 2013	Switzerland 2013	Hirslanden 2014	Switzerland 2014	Hirslanden 2015	Switzerland 2015	Hirslanden 2016	Switzerland 2016
Expected mortality (SAPS)	8.0%	11.0%	7.0%	10.0%	7.0%	11.0%	8.0%	12%
Effective mortality (all patients staying in ICU)	3.8%		3.2%		4.1%		4.1%	
Effective mortality (died in ICU)	2.8%	5.0%	2.5%	4.0%	2.3%	4.0%	2.2%	4.0%
Mortality index	0.4		0.4		0.3		0.3	
Mean age of patients in the ICU	67.4	62.5	67.1	65.0	68.3	61.5	68.0	61.9
Mean duration of stay in the ICU (days)	1.9	2.6	1.5	2.3	2.0	2.5	2.1	2.5
Severity of the case (mean SAPS)	28.1	31.1	27.1	29.0	27.2	30.9	28.3	31.5
Percentage ventilated patients	38.2%	35.0%	39.1%	30.0%	33.3%	32.0%	36.4%	32.0%
Number of cases	6,907		7,948		7,861	86,754	7,691	84,856

QUALITY MEDICINE INITIATIVE (QMI)

THE QUALITY MEDICINE INITIATIVE (QMI) WAS FOUNDED IN 2008 IN ORDER TO PROMOTE FURTHER IMPROVEMENTS IN MEDICINE THROUGH INNOVATION AND EFFICIENT PROCEDURES AND THERE-BY SET NEW STANDARDS IN QUALITY. OVER 250 HOSPITALS IN GERMANY AND SWITZERLAND ARE NOW PARTICIPATING IN THE IN-ITIATIVE AND VOLUNTARILY SURPASSING THE EXISTING STATUTO-RY REQUIREMENTS RELATING TO QUALITY ASSURANCE. SINCE 2017, 16 OF THE 17 HIRSLANDEN HOSPITALS HAVE BEEN MEMBERS OF THE QUALITY MEDICINE INITIATIVE (QMI).

The goal of the Quality Medicine Initiative (QMI) is to establish an open quality and error culture through the systematic acquisition of routine data, an active incident management system and help for self-help. As QMI members, the hospitals keep data on mortality rates, process indicators, complication rates and absolute quantity information, among others. 48 of the most important pathologies and procedures are taken into account here. From this acquired data, 184 performance indicators with over 40 quality objectives are derived and published in a summary of the results. QMI is founded on three principles: Measure quality on the basis of routine data, publish the results to promote transparency and improve quality with a peer review procedure.

In Switzerland, quality measurement using routine data is based on the Swiss Inpatient Quality Indicators (CH-IQI).



40 593 0.0 percent of inpatient cases are covered by CH-IQI indicators

radical prostatectomies were carried out at Hirslanden hospitals in 2016

percent mortality rate for these operations

PEER REVIEW PROCEDURE

AS QMI MEMBERS, THE HIRSLANDEN HOSPITALS RECORD AND ANA-LYSE VARIOUS INDICATORS IN ORDER TO CONSTANTLY IMPROVE QUALITY OUTCOMES AND THUS INCREASE PATIENT BENEFITS. PEER REVIEW PROCEDURES ARE AN INTEGRAL PART OF THE QMI.

All figures for the named indicators are published by QMI for all participating hospitals to ensure transparency. If results are significantly above or below the relevant benchmark, QMI will initiate a peer review procedure that investigates the treatment cases that led to the conspicuous results.

The peer review procedure is an unbureaucratic instrument for quality assurance in medicine that focuses on collegial co-operation. The peer team consists of external doctors in the clinical field. Using the medical records of patients who have died, the team systematically analyses the processes and structures within a hospital in terms of possible optimisation potential. All QMI peers are trained according to the "Medical Peer Review" curriculum of the German Medical Association. In a peer review procedure, a maximum of 20 cases that have contributed to a conspicuous quality result (for example, a high mortality rate) are analysed. The responsible heads of department or affiliated doctors in the area under review receive questionnaires prior to the peer review, which they can use to carry out a structured self-assessment.

The peer review procedure is divided into four steps:1. The responsible doctor carries out a self-review together with his team.

- The doctor's peers offer a constructive critique of the same treatment cases, visiting the hospital for this purpose. The clearly defined procedure for analysing relevant medical records is based on uniform criteria.
- 3. This is followed by what is actually the key part of the review: an eye-level discussion between the peers and the responsible doctor. If the peers have identified quality-related problems, suggestions for solving them are included in the discussion. These frequently relate to standards, guidelines, documentation, processes or interdisciplinary interfaces.
- 4. The resultant findings are then presented to the hospital management. The doctor involved is responsible for putting any ideas for improvement into practice. He is assisted in this process by the hospital management, which, in turn, monitors implementation.

More and more hospitals in Switzerland are joining the Quality Medicine Initiative (QMI). In view of this, the H+ hospital association has initiated a project to adapt the peer review procedure to Swiss requirements. There are two specific objectives in this regard: first, that of drawing up the procedure in the additional national languages of French and Italian to enable participation among hospitals in Western Switzerland and Ticino; second, nursing staff are now also included in the peer review. The project is funded by an alliance between the H+ hospital association, the Swiss Medical Association and the Swiss Nurse Leaders Association.

On account of its interprofessional approach, the "Swissification" of the peer review procedure is being followed with great interest in Germany.

One Hirslanden hospital underwent a peer review procedure in the 2016/17 financial year. However, alongside the extremely positive aspects associated with the peer review procedure, there are also substantial administrative expenses associated with preparing and carrying out the procedure. The experiences at Klinik Hirslanden also show that carrying out a peer review procedure in an affiliated doctor system brings with it some particular challenges.

Despite (or perhaps because of) these challenges, peer review procedures are a valuable experience for the Hirslanden hospitals and also provide an opportunity for an in-depth analysis and improvement of processes and structures. The Quality Medicine Initiative makes an important contribution to improving quality outcomes and helps Hirslanden to increase patient benefits.

MORTALITY DATA ACCORDING TO CH-IQI

One of the CH-IQI quality indicators is mortality data, which the Swiss Federal Office of Public Health (FOPH) publishes together with other performance indicators in its quality report. Hirslanden collected its mortality rate data using the CH-IQI method and consolidated these for the Hirslanden Private Hospital Group as a whole and for each hospital individually. The following table gives an overview by comparing the respective figures with their international benchmark. The patient numbers published here are more recent than those included in the FOPH publication. The indicators are determined using an algorithm that is also applied to the annual hospital statistics.

CH-IQI 2016		Total	AA	BS	PM	SA	AK	LC	
Myocardial infarction	NC	851	121	172	0	6	8	2	
01_1 Main diagnasia mwasardial	N	40	1	10	0	2	0	0	
infarction, mortality	N%	4.70%	0.83%	5.80%	0.00%	33.30%	0.00%	0.00%	
	EV		7.98%	8.35%	4.97%	15.37%	6.27%	11.50%	
03_11	NC	606	70	114	0	1	0	0	
Cases with left cardiac catheter	N	16	0	2	0	1	0	0	
diagnosis), without heart operation,	N%	4.70%	0.00%	1.80%	0.00%	100.00%	0.00%	0.00%	
(age >19), mortality	EV		7.88%	7.80%		12.30%			
Heart surgery	NC	1,167	231	289	0	0	0	0	
07_12 Operations on the coronary vessels	N	16	0	0	0	0	0	0	
alone without myocardial infarction	N%	2.60%	0.00%	0.00%	0%	0.00%	0.00%	0.00%	
(age >19), mortality	EV								
Removal of the gallbladder	NC	1,085	140	186	26	41	35	73	
18_3 Cholecystectomy for gallstones	N	2	0	2	0	0	0	0	
and cholecystitis, without tumour,	N%	0.20%	0.00%	1.10%	0.00%	0.00%	0.00%	0.00%	
mortality	EV		0.48%	0.48%	0.48%	0.48%	0.48%	0.48%	
Removal of the colon	NC	190	29	47	0	0	4	8	
21_311 Colon resections for colorectal	N	2	0	1	0	0	0	0	
cancer, without complicating	N%	1.10%	0.00%	2.10%	0.00%	0.00%	0.00%	0.00%	
diagnosis, mortality	EV		4.70%	4.70%			4.70%	4.70%	
Removal of the prostate	NC	593	45	89	0	1	4	0	
53_2 Radical prostatovesiculectomy	N	0	0	0	0	0	0	0	
mortality	N%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	EV		0.20%	0.20%		0.20%	0.20%		
Total endoprosthetic	NC	2,582	279	4	104	335	116	195	
A1 1	N	1	0	0	0	0	0	0	
First hip TEP implantation	N%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
(not for fractures), mortality	EV		0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	
43_1	NC	2,834	249	4	292	424	106	227	
First knee TEP implantation,	N	1	0	1	0	0	0	0	
moreancy	N%	0.00%	0.00%	25.00%	0.00%	0.00%	0.00%	0.00%	
	EV		0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	
Spinal surgery	NC	1,822	177	12	73	361	88	67	
47_41 Excision of intervertebral disc	N	1	0	0	0	0	0	0	
tissue (no accident, tumour,	N%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
complex spinal surgery), mortality	EV		0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	
Sepsis	NC	178	26	21	1	10	1	16	
Diagnosis sepsis, mortality	N	48	13	7	0	2	0	1	
	N%	27.00%	50.00%	33.30%	0.00%	20.00%	0.00%	6.30%	
	EV		17.10%	18.62%	17.99%	19.34%	14.88%	16.58%	

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NC Number of reported cases N Numerator N% Numerator (in %) EV Expected value

RO	BC	сс	ST	MG	BI	BE	SH	н	IP
0	0	57	101	0	1	0	7	269	107
0	0	4	7	0	0	0	0	12	4
0.00%	0.00%	7.00%	6.90%	0.00%	0.00%	0.00%	0.00%	4.50%	3.70%
		9.55%	9.66%		5.20%		9.57%	8.70%	8.36%
0	0	42	86	0	0	0	0	195	98
0	0	1	2	0	0	0	0	7	3
0.00%	0.00%	2.40%	2.30%	0.00%	0.00%	0.00%	0.00%	3.60%	3.10%
		9.38%	8.60%					8.81%	8.33%
0	0	157	0	0	0	0	0	425	65
0	0	0	0	0	0	0	0	0	0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0	0	61	132	4	0	39	132	180	36
0	0	0	0	0	0	0	0	0	0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		0.48%	0.48%	0.48%		0.48%	0.48%	0.48%	0.48%
0	0	20	26	0	0	0	6	37	13
0	0	0	0	0	0	0	0	1	0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.70%	0.00%
		4.70%	4.70%				4.70%	4.70%	4.70%
0	0	70	76	0	0	0	84	214	10
0	0	0	0	0	0	0	0	0	0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		0.20%	0.20%				0.20%	0.20%	0.20%
161	137	2	246	47	290	158	89	331	88
0	0	0	1	0	0	0	0	0	0
0.00%	0.00%	0.00%	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%
187	216	0	261	67	276	132	50	264	79
0	0	0	0	0	0	0	0	0	0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.08%	0.08%		0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%
20	38	105	290	0	27	64	189	231	80
0	0	0	0	0	0	0	0	0	1
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%
0.03%	0.03%	0.03%	0.03%		0.03%	0.03%	0.03%	0.03%	0.03%
0	3	14	47	0	1	0	4	27	7
0	0	2	14	0	0	0	1	7	1
0.00%	0.00%	14.30%	29.80%	0.00%	0.00%	0.00%	25.00%	25.90%	14.30%
	15.16%	17.12%	17.68%		11.76%	16.40%	17.11%	17.62%	15.32%

COMPREHENSIVE QUALITY MANAGEMENT SYSTEM

QUALITY MANAGEMENT AT THE HIRSLANDEN PRIVATE HOSPITAL GROUP IS BASED ON INTERNATIONAL STANDARDS AND TRIED-AND-TESTED MODELS. THE SYSTEMATIC INTERPLAY OF THIS QUALITY MANAGEMENT AND THE RELATED QUALITY MEASURES ENSURES THAT THE RESULTS BECOME PART OF A CONTINUOUS IMPROVEMENT PROCESS.

For several years, Hirslanden has carried out patient surveys based on the ANQ and HCAHPS measuring principles. The vast majority of the feedback we receive is positive – which bears testimony to the effectiveness of the quality measures and efficiency of the improvement process. Nonetheless, Hirslanden naturally wants to push the percentage of positive feedback up further.

In addition to patient feedback, clinical performance indicators such as IQIP and HISS also serve to ensure product and result quality. The latter is included in a professional process management system, the framework of which is set by the ISO 9001:2015 process standard for service providers.

The new European standard EN 15224:2012 "Health care services – Quality management systems" has additionally been in place since 2012 and will be implemented as part of pilot projects.

The process management system is part of the comprehensive quality management system at the Hirslanden Private Hospital Group, which is based on the "Business Excellence" model of the European Foundation for Quality Management (EFQM). This model serves to evaluate and define the position of all hospitals and to guarantee the co-ordinated, result-oriented development of all the group divisions.

ISO 9001:2015

The Hirslanden Private Hospital Group is committed to professional process management based on the ISO 9001:2015 standard. This process standard for service providers applies to all Hirslanden hospitals and the Corporate Office, meaning all of these business units also have ISO certification. Adherence to the standard is verified annually at all hospitals in the Group through external audits. It normally takes around 15 months to prepare for ISO certification – a period that involves analysing, documenting and placing all business processes into context with each other. The result is a process-oriented representation of the hospital. Establishing and documenting a continual improvement process is equally important. The ISO 9001:2015 standard is based on the "Deming circle" of planning, doing, checking and acting, i.e. a process is first planned and then implemented. The outcome is subsequently reviewed, and the process is corrected or adjusted if necessary.

Certification is confirmed annually by means of an external audit. The internal and external audits together also provide important pointers for optimising potential in our hospitals, the exploitation of which forms part of the ongoing improvement process.

EN 15224:2012

The new European standard EN 15224:2012 applies to service providers in healthcare and uses industry-specific terminology. Moreover, it formulates three particular requirements for the healthcare industry:

- 1. a clinical process and risk management
- 2. a staffing term that encompasses all staff who are involved in caring for the patient
- 3. patient safety, which is defined as an "all-embracing" objective

Although compliance with this standard naturally centres around core clinical processes, it also pertains to non-medical areas such as administration.

EFQM

Quality management at Hirslanden is based on the "Business Excellence" model of the European Foundation for Quality Management (EFQM). This model serves to evaluate and define the position of all hospitals and to guarantee the co-ordinated, result-oriented development of all the group divisions.

It was borne of an initiative by 14 CEOs from well-known European companies in 1988 with the support of the European Commission. Its objective was – and still is – to strengthen the competitiveness of European companies. The EFQM model covers five "enabler" criteria and four "results" criteria that together reflect the intrinsic causalities that exist within a company.

The "Business Excellence" model is a commonly used quality instrument for companies across Europe and is also used by the Hirslanden Group. Klinik Stephanshorn, for example, has already reached the level "Recognized for Excellence 4*" in the external assessment.

Unlike the ISO standard, the EFQM model is primarily used by companies for self-assessment purposes. However, there is also the option of third-party evaluation through external assessors specialised in the model's application. They are able to accurately assess the extent to which a company fulfils the model's specified criteria.

Hirslanden is convinced that its orientation along the lines of EFQM "Business Excellence" contributes permanently to the success of not only the individual clinics, but also to that of the entire Group. The success is not limited to achieving the qualitative and economic targets – high customer and staff satisfaction as well as the fulfilment of social responsibility are also part of it.

EFQM MODEL



FINANCIAL YEAR 2016/17 IN FIGURES

INPATIENT CASE NUMBERS AND SPECIALTY FOR EACH HOSPITAL¹

The low case numbers in some individual specialties are attributable to three factors. First, many treatments do not require hospitalisation. Instead, they are carried out on an outpatient basis and are thus not recorded in the table below. Second, a particular specialty is allocated according to the specialty of the doctor managing the case.

If he works in other specialties, these are not included in the statistics. Third, transfers during a period of hospitalisation are not included in this description either.

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Gynaecology/Obstetrics	1,600	-	-	2,204	815	66	-	-	1,060	1,265	64	-	34	1,326	2,144	1,054	11,632
Surgery/Visceral surgery	1,148	2,306	345	385	547	516	56	20	602	1,088	450	39	392	1,293	3,182	938	13,307
Cardiology	1,087	2,101	-	-	-	22	-	-	646	1,051	-	-	-	21	2,501	1,744	9,173
Internal medicine	1,346	731	413	1,335	90	400	-	58	534	1,675	-	-	-	302	1,375	236	8,495
Urology	586	380	39	309	139	188	-	206	398	771	5	-	39	951	1,249	237	5,497
Neurosurgery	394	75	239	971	220	225	-	-	298	1,194	-	50	175	-	874	86	4,801
Oncology/Haematology	269	325	-	5	74	-	-	248	30	270	-	-	-	34	444	174	1,873
Ear, nose and throat medicine (ENT)	238	-	110	-	42	42	77	94	-	453	230	27	-	280	451	21	2,065
Hand surgery	198	-	38	-	-	405	304	184	18	238	18	442	9	77	63	168	2,162
Cardiac and thoracic vascular surgery	435	452	-	-	-	33	-	-	267	-	-	-	-	-	904	201	2,292
Angiology/Vascular surgery	709	67	-	-	5	-	-	-	145	554	-	-	-	222	448	383	2,533
Gastroenterology	97	234	-	68	40	82	-	-	12	212	-	-	-	81	367	68	1,261
Pneumology	10	-	-	62	-	-	-	5	-	195	-	-	-	-	248	81	601
Ophthalmology	-	-	-	-	-	150	-	51	-	13	-	-	6	-	158	173	551
Plastic surgery	132	-	164	74	-	31	30	21	70	129	93	36	-	336	108	35	1,259
Anaesthesiology/Pain control medicine	-	-	-	-	-	-	-	5	75	-	-	-	-	-	43	-	123
Oromaxillofacial surgery	97	-	40	-	-	44	-	8	18	33	-	24	-	-	9	53	326
Rheumatology/Physical medicine and rehabilitation	5	-	-	13	28	-	-	9	-	26	-	-	-	-	65	-	146
Thoracic surgery	-	120	-	-	-	-	-	-	54	104	-	-	-	-	61	10	349
Neurology	8	-	-	-	-	-	-	-	-	170	-	-	-	-	416	8	602
Other specialties	5	-	4	-	86	9	8	27	28	29	2	3	16	-	13	5	235
Nephrology	-	26	-	42	-	-	-	-	19	21	-	-	-	33	-	44	185
Radiology/Neuroradiology	-	30	-	-	-	-	-	194	6	133	-	-	-	-	226	26	615
Radio-oncology/Radio- therapy	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42
Total	10,327	6,857	3,495	9,259	3,867	4,490	2,500	3,635	4,289	12,034	1,510	3,703	1,543	6,744	18,936	7,104	100,293

Orthopaedics/Sports medicine 1,921 10 2,103 3,791 1,781 2,277 2,025 2,505 9 2,410 648 3,082 872 1,788 3,587 1,359 30,168

¹Inpatient admissions in the 2016/17 financial year, excluding newborns This classification of specialties is based on the specialty of the doctor managing the case, and not the classification of hospital service groups. Case numbers <5 are added together under "other specialties".

RANGE OF SERVICES

SPECIALTIES

Orthopaedics was again the Hirslanden Private Hospital Group's strongest specialty in the 2016/17 reporting year. The rankings of other disciplines – gynaecology/obstetrics, cardiology and internal medicine – also remained unchanged. The overview shows that relevant medical specialties at individual hospitals constitute a major part of the range of services. This particularly applies to cardiology and neuroscience including the full series of interventional neuroradiology and neurosurgery treatments.



SWISSDRG

ALL INPATIENT SERVICES PROVIDED AND COVERED BY OBLIGATORY BASIC INSURANCE (KVG) HAVE BEEN INVOICED ON A FLAT RATE PER CASE BASIS BY SWISS HOSPITALS SINCE 2012. THIS MEANS THAT HOSPITALS RECEIVE A FLAT RATE FOR EACH CASE TREATED, IRRE-SPECTIVE OF HOW LONG A PATIENT ACTUALLY STAYS IN HOSPITAL. AS A RULE, HOSPITALS CANNOT INVOICE FOR ANY ADDITIONAL SERVICES. THE FLAT RATE ALREADY COVERS THE USE OF HOSPITAL FACILITIES, THE PROVISION OF MEDICAL AND NURSING CARE, AND THE USE OF CONSUMABLES AND IMPLANT MATERIALS.

The objective of this nationwide flat rate system is to promote competition among service providers in terms of quality and pricing, while guaranteeing performance-based payment for different treatment cases and ensuring a high level of transparency and comparability from hospital to hospital.

Remuneration for inpatient hospital services by flat rates per case is based on the concept of "diagnosis related groups" (or DRG) – a classification system that divides all inpatient treatment cases into medically and economically homogeneous groups, i.e. groups entailing the same expenditure. The central criterion for assigning a patient to a DRG is the main diagnosis upon discharge from hospital. Further criteria include secondary diagnoses, procedures, the degree of severity, the length of stay, and the patient's age and gender. Birth weight is also a criterion for newborns. First, all diagnoses and procedures are recorded with their corresponding codes. Grouper software then assigns the hospital stay to a specific DRG. A shared service centre concentrating expertise and staff resources is responsible for coding at Hirslanden. Under the supervision of specially trained coders, all treatment cases are coded and grouped in accordance with SwissDRG requirements.

As part of a mandatory external audit, Hirslanden hospitals regularly review correct implementation of the basic coding principles. The quality of coding is assessed randomly and regardless of any suspicion. In the reporting year, all Hirslanden hospitals underwent an audit for 2016. This involved 2,340 spot checks out of a total of 106,000 cases invoiced according to the SwissDRG method. The auditor concluded that Hirslanden was an accurate coder.

MDC

The major diagnostic categories (MDC) constitute an initial level for describing the various treatment groups within DRG systems, normally classifying DRG by organ systems and disease entities. The table gives an overview of the most common MDC at the Hirslanden hospitals, again clearly showing the high proportion of cases in orthopaedics (MDC 8), obstetrics (MDC 14 and 15), and cardiovascular medicine (MDC 5). The SwissDRG system that came into effect on 1 January 2016 provides the basis for this analysis. Since there is a change from one version to another at the beginning of each year, the following statistics refer exclusively to the 2016 calendar year.

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AK AndreasKlinik Cham Zug LC Clinique La Colline, Geneva PM Klinik Permanence, Bern RO Klinik Am Rosenberg, Heiden MG Hirslanden Klinik Meggen BC Clinique Bois-Cerf, Lausanne

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BE Klinik Belair, Schaffhausen

SH Klinik Stephanshorn, St Gallen

HI Klinik Hirslanden, Zurich

MAIN DIAGNOSIS CATEGORY (SWISSDRG)

MDC	Description	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	BI	BE	SH	HI	IP	2016
8	Diseases and disorders of the musculoskeletal system and connective tissue	2,607	129	2,674	4,794	1,922	2,478	2,533	2,917	390	3,722	793	3,304	1,054	1,926	4,860	1,847	37,950
5	Diseases and disorders of the circulation	2,288	2,553	77	219	119	109	50	17	1,042	1,445	131	40	20	228	3,778	2,069	14,185
6	Diseases and disorders of the digestive organs	1,113	2,080	154	402	406	438		48	492	1,278	72		257	931	2,286	538	10,500
14	Pregnancy, delivery and puerperium	909			1,195	572				502	851				837	1,045	572	6,489
15	Newborns	774			1,134	539				450	818				750	936	513	5,914
13	Diseases and disorders of the female repro- ductive organs	540	45		781	182	75		9	425	272	37		38	364	762	362	3,895
11	Diseases and disorders of the urinary organs	366	278	48	294	100	171		220	265	567			23	464	803	154	3,753
9	Diseases and disorders of the skin, the subcu- tis, and the breast	333	66	74	332	100	91	56	37	224	435	103	26	23	554	492	209	3,155
1	Diseases and disorders of the nervous system	254	97	39	162	94	151	81	72	105	492	18	112	17	80	1,109	181	3,064
12	Diseases and disorders of the male reproduc- tive organs	307	251	15	130	63	73		25	204	376			16	480	559	151	2,652

Case numbers <5 are not listed.

DIAGNOSES AND OPERATIONS

ICD AND CHOP

A diagnosis related group (DRG) is determined according to the coding of all diagnoses and treatments. The coding of diagnoses and secondary diagnoses is based on the ICD catalogue (International Classification of Diseases), while operations and treatments are coded on the basis of the CHOP catalogue (Swiss operation classification). The first table gives an overview of the most common main diagnoses and their breakdown across Hirslanden hospitals.

The second table shows the most common main treatments at Hirslanden hospitals. All documented operations and interventions are used as the basis for analysis of the treatments. This excludes procedures that are not carried out in the operating theatre or cannot be constituted as interventions. Most operations and interventions at the Hirslanden hospitals are performed in orthopaedics and cardiology. It is difficult to draw conclusions regarding superordinate totalling due to the high level of differentiation in both catalogues. For example, the number of newborns does not correspond to the number of cases with the main diagnosis Z38.0. This is because newborns are sometimes described on the basis of additional diagnoses.

Given that the catalogues – and consequently the coding guidelines – change slightly from year to year, a comparison of the diagnoses and procedures described here with those of the previous year is also only possible to a limited extent. However, it is apparent that documentation accuracy is constantly improving thanks to coding based on the SwissDRG catalogue. AA Hirslanden Klinik Aarau

AK AndreasKlinik Cham Zug

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MAIN DIAGNOSIS (ICD)

ICD	Description	AA	BS	PM	SA	AK	LC	RO	BC	СС	ST	MG	BI	BE	SH	HI	IP	2016
M23	Internal derangement of the knee	218		793	487	221	186	310	365		231	137	333	60	149	509	98	4,097
M17	Gonarthrosis (arthrosis of the knee)	281		356	526	144	241	256	241		304	102	374	148	54	331	94	3,456
S83	Dislocation, sprain and strain, joints and ligaments of the knee	191		263	238	191	122	327	297		188	67	332	88	49	487	102	2,942
Z38	Liveborn infants according to place of birth	351			670	362				108	599				637	231	382	3,340
M16	Coxarthrosis (arthrosis of the hip)	263		104	329	107	194	157	150		233	48	286	147	90	318	83	2,515
125	Chronic ischaemic heart disease	346	682							262	260					908	398	2,860
M51	Other intervertebral disc disorders	207	16	58	368	132	92	32	33	122	363		28	70	275	266	112	2,174
M75	Shoulder lesions	112		150	151	119	114	129	386		171	49	270	103	102	169	125	2,150
K40	Inguinal hernia	269	266	53	87	144	76			69	273	37		95	216	344	146	2,080
M48	Other spondylopathies	195	20	64	256	137	57	24	60	120	271		35	49	214	370	222	2,094

Case numbers <5 are not listed.

MAIN TREATMENT (CHOP)

СНОР	Description	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	BI	BE	SH	HI	IP	2016
81.5	Joint replacement in the lower limbs	611	9	513	1,037	248	434	416	429		609	129	670	317	181	847	209	6,661
80.6	Meniscectomy of the knee	311		703	468	276	177	414	344		238	101	459	52	163	452	121	4,279
81.4	Other reconstruction of the joints of the lower limbs	144		397	309	150	121	264	374		185	85	262	105	43	586	120	3,145
74.1	Deep cervical Caesarean section	346			433	271				204	298				326	524	286	2,688
79.3	Open repositioning of a fracture with internal bone fixation	121	7	125	136	81	229	81	123		235	16	201	21	113	288	57	1,835
77.5	Plastic reconstruction of hallux valgus and other deformities of the toes	113		30	325	73	166	137	159		175	145	184	81	64	134	97	1,883
81.0	Spinal fusion	130	16	40	459	200	21	48	24	56	330		7	63	221	306	199	2,120
78.6	Bone implant removal	79	9	98	161	95	189	146	117		176	34	182	14	82	262	87	1,732
80.5	Excision or destruction of an intervertebral disc	149	10	51	305	69	76	16	34	95	242		21	57	172	202	72	1,571
73.5	Manually assisted birth	118			414	111			119	50	273		165		265	84	83	1,398

Case numbers <5 are not listed.

DIAGNOSIS RELATED GROUPS (DRG) IN FIGURES

A four-character code and a text designation are used to describe each of the 1,000 or so diagnosis related groups in the SwissDRG catalogue. The first character refers to the aforementioned MDC, with the MDC digits translated into letters (A to Z). The next two characters are digits (01 to 99). As "basic SwissDRG" they denote the relevant diagnoses and procedures. Finally, the fourth character (one of letters A to H) refers to the severity classification, with "A" denoting the highest severity.

FREQUENCY OF SWISSDRGS IN THE HIRSLANDEN HOSPITALS

The most common DRG normally relate to cases that occur in large numbers and are relatively homogeneous, i.e. births and knee operations in Hirslanden's case and in the case of many other hospitals. Other common DRG include heart treatment and joint replacements.

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SA Salem-Spital, Bern

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- SH Klinik Stephanshorn, St Gallen
- HI Klinik Hirslanden, Zurich

NUMBER OF DIAGNOSES/TREATMENTS PER CASE

	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	BI	BE	SH	HI	IP	2016
Treatment index	4.0	4.7	2.4	3.1	3.2	2.5	2.8	4.0	4.0	3.4	2.0	2.7	3.3	2.9	4.9	4.4	3.7
Secondary diagnosis index	4.4	5.2	2.7	3.5	2.8	1.9	2.3	2.7	3.8	3.6	0.8	2.4	2.9	2.7	4.5	3.2	3.6
Diagnosis index	5.4	6.2	3.7	4.5	3.8	2.9	3.3	3.7	4.8	4.6	1.8	3.4	3.9	3.7	5.5	4.2	4.6

THE MOST COMMON SWISSDRG

DRG	Total	AA	BS	PM	SA	AK	LC	RO	BC	сс	ST	MG	ы	BE	SH	HI	IP	2016
P67	Newborn, weight at admission > 2,499 g, without significant OR pro- cedure, without ventilation > 95 hours	723			1,063	488				422	761				702	877	476	5,512
118	Arthroscopy including biopsy or other procedures on the bones or joints	341		851	617	315	185	515	352		293	157	553	65	186	533	158	5,121
110	Other procedures on the vertebral column or halo traction	350	29	132	670	199	109	56	190	234	513		84	112	335	487	199	3,699
129	Complex procedures on the shoulder joint	181		186	247	224	177	225	621		309	65	419	158	143	325	203	3,486
060	Vaginal delivery	402			668	247				235	482				390	369	211	3,004
120	Procedures on the foot	144		48	501	105	294	240	235		244	170	307	110	112	217	186	2,913
113	Procedures on the humerus, tibia, fibula and ankle	134		208	334	177	161	198	212		197	76	299	71	120	585	108	2,881
001	Caesarean section	350			435	275				204	314				344	531	289	2,742
143	Implantation or complete replace- ment of an endoprosthesis of the knee joint	218		251	409	99	209	189	213		175	69	292	131	50	257	79	2,645
147	Revision or replacement of the hip joint without complicating diagnosis, without arthrodesis, with complicat- ing procedure or implantation or change of a radial head prosthesis	271		114	355	120	180	160	139		249	45	292	152	92	363	86	2,622

Case numbers <5 are not listed.

CASE MIX INDEX

To invoice hospital services on a flat rate per case basis, a cost weight is assigned to each inpatient case. It is then possible to compare the various DRG in terms of their resource requirements. A hospital's "case mix index" is calculated by dividing the sum of the cost weights of all inpatient cases in one year by the total number of cases. The

figure only relates to economic expenditure and not to the types of procedure carried out. This is why two completely different cases - such as an expensive implant on the one hand and a complex process of patient treatment in an intensive care unit on the other - produce a similar cost weight.

AA Hirslanden Klinik Aarau **SA** Salem-Spital, Bern

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HI Klinik Hirslanden, Zurich

CASE MIX INDEX

SwissDRG	AA	BS	PM	SA	AK	LC	RO	вс	сс	ST	MG	BI	BE	SH	ні	IP	2016
CMI result	1.2	1.5	0.9	0.9	0.9	1.0	0.9	1.0	1.3	1.0	0.8	1.0	1.1	1.0	1.4	1.2	1.1

Inpatient discharges in calendar year 2016 including newborns and patients with accident insurance

INFRASTRUCTURE OF THE HOSPITALS

Beds	Hirslanden Klinik Aarau	Klinik Beau-Site, Bern	Klinik Permanence, Bern	Salem-Spital, Bern	Andreasklinik Cham Zug	Clinique La Colline, Geneva	Klinik Am Rosenberg, Heiden
Beds total (inpatient)	155	111	47	168	56	67	62
Beds in single rooms	64	27	15	39	14	67	12
Beds in twin rooms	70	72	17	72	26	0	20
Beds in shared rooms	21	12	15	57	16	0	30
Beds in special departments							
Intensive care unit	12	12	0	0	0	0	0
Recovery room/Intermediate care	9	26	9	24	12	0	3
Day clinic	17	6	8	8	15	0	6
Accident and emergency	×	×	×	×	×		
Operating theatres and labour suites							
Operating theatres	7	5	3	8	4	6	5
Labour suites	2	0	0	4	3	0	0
Medical technology							
MRI (Magnetic Resonance Tomography)	2	1	0	2	0	0	0
CT (Computed Tomography)	2	1	0	1	0	0	0
Heart catheter laboratory	3	3	0	0	0	0	0
incl. electrophysiology laboratory	×	×					
Nuclear medicine	0	0	0	0	0	0	0
LINAC (Linear Accelerator incl. CyberKnife)	1	0	0	0	0	0	0
Surgical robot	1	1	0	0	0	0	0
Dialysis beds	6	0	0	10	0	0	0

Clinique Bois-Cerf, Lausanne	Clinique Cecil, Lausanne	Klinik St. Anna, Lucerne	Hirslanden Klinik Meggen	Klinik Birshof, Münchenstein Basle	Klinik Belair, Schaffhausen	Klinik Stephanshorn, St Gallen	Klinik Hirslanden, Zurich	Klinik Im Park, Zurich	Total
68	86	196	20	48	28	109	330	126	1,677
22	44	59	4	13	3	8	236	30	657
46	42	82	10	28	22	78	94	96	775
0	0	55	6	7	3	23	0	0	245
0 11 16	7 19 0	6 18 17	0 11 0	0 14 0	0 6 0	6 7 9	20 15 16	8 10 16	71 194 134
10	0	17	0	0	0	5			134
-		^	-	-	0	~	*	^	
5	8	8	3	5	2	0	14	8	97
0	2	5	0	1	0	4	5	2	23
2	1	4	0	1	0	2	0	3	24
	1	1	0		0		5	2	17
0	2	1 V	0	0	0	0	5	3 ×	17
0	1	2	0	0	0	0	2	0	5
1	0	2	0	0	0	0	5	0	7
0	1	1	0	0	0	0	1	0	5
0	27	17	0	0	0	0	0	12	64
0	23	15	0	0	0		0	IZ	0



Term	Explanation
75 th percentile	Statistical term; 75 percent of all comparative values are the same or better
Acute somatic	Inpatient treatment of acute diseases or accidents
Case mix	Sum of all cost weights at a hospital
Case mix index	Average cost weight at a hospital
CH-IQI	Swiss Inpatient Quality Indicators; quality indicators for Swiss acute care hospitals from the Swiss Federal Office of Public Health
СНОР	Swiss operation classification; used for coding operations and treatment
CIRS	Critical Incident Reporting System; system for reporting critical incidents anonymously
Confidence interval	Statistically based estimate of the range within which a given parameter (e.g. an average figure) can be found
Corporate Office	Headquarters of the Hirslanden Private Hospital Group in Opfikon
Cost weight	Average expenditure on a DRG
Decubitus	Bed sore, pressure sore
Device	Products in medicine that support the functions of the human body (e.g. urinary catheters, artificial respiration)
DRG	Diagnosis Related Groups; patient classification system that divides inpatients into medically and economically homogeneous groups with the same expenditure
EFQM	European Foundation for Quality Management
Flat rate payment	Reimbursement for medical services for each case treated
FOPH	Federal Office of Public Health
HISS	Hospital Infection Surveillance System
Hospital list	List of all hospitals in a canton that can invoice statutory basic insurance agencies (KVG) for services provided

Term	Explanation
HSM	Highly specialised medicine
ICD	International Classification of Diseases; used for coding diagnoses
ICU	Intensive Care Unit
IQIP	International Quality Indicator Project
ISO	International Organization for Standardization
ISO 9001:2008	Quality management standard for service providers
LPZ	International Prevalence Measurement of Care Problems; as developed by the University of Maastricht
MDC	Major Diagnostic Categories; in DRG systems
Mortality index	Ratio of expected mortality in a patient group to the effective (actual) mortality
Nosocomial infection	An infection that occurs during a stay or treatment in a hospital
NRZ	German National Reference Center for Surveillance of Nosocomial Infections
SAPS	Simplified Acute Physiology Score; classification system for assessing the physiological condition of a patient, including the individual mortality risk of a patient in intensive care
SIRIS	Swiss implant register
SIS	Safety information system
SQLape	Analysis algorithm for acquiring readmission and reoperation data
SwissDRG	Swiss DRG system since 2012, derived from the German DRG system G-DRG
Swissnoso	Association of doctors in senior positions; draws up recommendations against nosocomial infections and resistance to antibiotics in the Swiss healthcare system, adapts international guidelines according to national demands and provides information on the latest developments in the field of infection prevention. Swissnoso also carries out a prevalence study across Switzerland that provides valuable data on nosocomial infections

THE HOSPITALS AND CENTRES **OF THE HIRSLANDEN** PRIVATE HOSPITAL GROUP



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In all the articles people of both sexes are always meant analogously.



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