

PROCESS OPTIMIZATION AND QUALITY MANAGEMENT CASE MANAGEMENT

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Disclaimer

- Entries are the result of punctual observations and serve as an indication for further investigation by studies
- Observations were made on the example of carcinoma patient management. Nevertheless, the principles of quality maintenance are applicable to each department, with appropriate adaptation to disease management specificities



IS - SHOULD

ACTUAL VS OPTIMAL

ACTUAL

- Patient discharge with the drain (infection risk), or early drain withdrawal (puncture risk)
- Common (preventable) complication-related (infection) reoperations
- Suboptimal / missing overview of the pretreatment files before the re-treatment strategy development - repeated tendency to only decide on the basis of the internally existing files, without taking into account the relevant external treatment reports

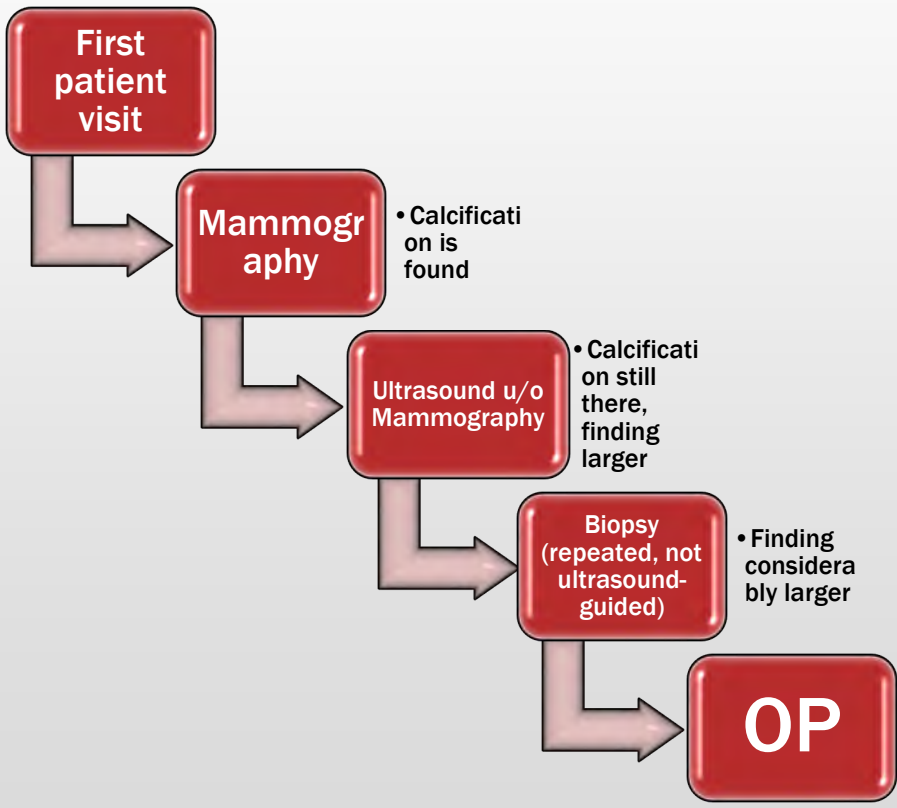
OPTIMAL

- Patient discharge after exudate is less than 30ml / 24h
- Prevention of complication-related reoperations
- Obligation to obtain all reports on external treatments before deciding on the procedure / assessment of the current findings - also in the case of diagnostics.

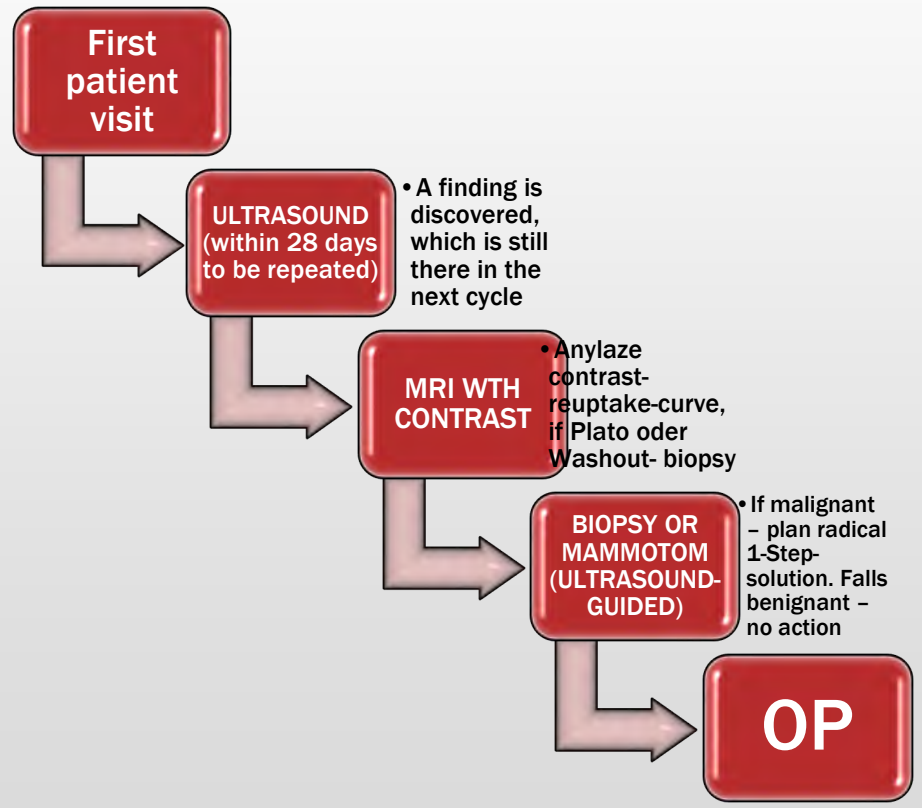


IS VS SHOULD MAMMA-DIAGNOSTIC TIME TO DIAGNOSE

ACTUAL



OPTIMAL






QUALITY ASSURANCE GENERAL

- SKILLS
- PATIENT DECLARATION and PATIENT MANAGEMENT
- DEALING WITH ERRORS
- EDUCATION / TRAINING
- * WAITING TIMES

Quality-optimization Kompetence center / Tumor center

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In Basel/Zürich, 2017

QUALITY OPTIMIZATION COMPETENCE CENTER
(TUMOR CENTER / BREAST CENTER)

Dear Colleague,

We make every effort to assist you in optimizing your services. In the following information, we have compiled a list of the core quality parameters for you to give you an insight, for your orientation. Within the framework of the concrete order and following the insight into concrete documents, the underlying information will be supplemented accordingly and adapted to the needs of your center.

GENERAL INFORMATION:

- 1) SKILLS:
 - Per department / per person
 - How many years of specific experience
 - How many equivalent new cases per week / month / year
 - Incidence of complications / errors
 - Incidence of successful presidential cases
- 2) PATIENT EDUCATION:
 - Communicate the most important (legal) rights and obligations to the patient and their relatives - even with the clause the consequences in the case of non-performance
 - patient education - content, for which events the patient (treatment-independent reactions of the body) and for which - the therapist (influenced by experience and therapy optimization) takes over liability / responsibility
- 3) HANDLING THE ERRORS:
 - How are they documented
 - How are they communicated to the patient?
 - How are they managed internally, by means of which measures will they be prevented in the future?
- 4) TRAINING, TRAINING, TRAININGS:
 - How often are they executed?
 - According to which criteria are the topics chosen?
 - Balance between science, therapy and patient management in topics
 - Further education for the cadres, assistant doctors and nursing

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DEFECTIVE DEVELOPMENT

- Preventive diagnostics - time loss and time-to-diagnosis prolongation due to lack of strategy and targeted diagnostics
- Surgery - Surprises that are only discovered on the operating desk, in the absence of documentation previously obtained, which (1) prior patient education and (2) appropriate preparation prevents
- Surgery - avoidable complication-related new operations
- Aftercare diagnosis - Inaccurate conclusion based on lack of consideration of the preliminary examinations, which then require avoidable additional clarification diagnostics



SOLUTIONS

- Development of the diagnostic protocols / guidelines that define the procedure, sequence and time intervals between the examinations
- Defining time-to-diagnosis and time-to-work as a KPI. The first one says about the efficiency of the onset of treatment and the second - about the effectiveness of the treatment to get the patient back into productive everyday life.
- Defining Quality of Life Maintenance as a KPI *
- Define the treatment-specific important entries about the side effects and clues that must be included in a health education
- Defining the (surgical) treatment methods that are feasible within the framework of the client portfolio



QUALITY OF LIFE AS KPI

- Identify the therapeutic measures that are quality of life enhancing
- Creation of causality between the competence / experience and the optimization of the quality of life
- Quality of life Awareness training for staff
- Conduct more clinical trials that have as a (primary) endpoint quality of life
- More detailed tracking of therapeutic measures to determine their impact on the quality of life and to limit the use of non-beneficial measures



TAKE HOME POINTS

- **Studies needed - to determine current time-to-diagnosis and time-to-work, as well as quality of life maintenance**
- **Process analysis (determination of the current procedure as well as study results) and process optimization incl. Development / optimization of SOPs**
- **Develop the diagnostic protocols / guidelines that define the order and time intervals between examinations**
- **Define the treatment-specific important entries about the side effects and clues that must be included in a health education**
- **Define the (surgical) treatment methods that are feasible within your portfolio**
- **patient management**
- **Dealing with mistakes**



Thank you for your attention

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