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Quality and Quality Assurance in Medical Rehabilitation – from DEGEMED's standpoint

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Mr. Chairman, Ladies and Gentlemen,

Deutsche Gesellschaft für Medizinische Rehabilitation – the DEGEMED – is an association of private companies (profit and non-profit) operating rehabilitation clinics for all indications in Germany. You will find a brief presentation of DEGEMED in your conference programme. The chairman of our working group has asked me to report on our quality-orientated work with respect to medical rehabilitation.

1) Definition of quality rehabilitation

What is special about DEGEMED? It is DEGEMED's aim to support only those rehabilitation clinics which guarantee and document a special quality of service. All members of DEGEMED have undertaken to provide patients with optimum support and care – according to medical/scientific standards based on rehabilitation specific treatment concepts.

Rehabilitation focuses on the chronically ill. This is why DEGEMED member clinics base their activities on the following definition of quality:

"Quality rehabilitation is a specific and uniform form of treatment, in particular for patients with multi-causal chronic illnesses. It is based on a multi-professional and team orientated approach, actively involves patients and is guided by their individual needs. It applies scientifically sound, verifiable and effective methods which generate sustained improvement and stabilisation in health and thus contribute to reducing the consequential costs of illness."

2) Components of the quality definition

This quality definition has seven components:

- focusing the therapy process on the patient
- coordinated interdisciplinary team work
- transparent therapy process
- therapy quality based on results
- reproducible therapy quality
- sustaining the therapy result, and
- scientific support for the therapy result.

These seven components are material assessment criteria for the quality of any rehabilitation service. They determine the content and realisation of the different quality levels: structural quality, process quality and quality of results.

Three of these components are particularly important:

- focusing the therapy process on the patient
- transparency of the therapy process and
- sustaining the therapy result

These three components illustrate the specific nature of the rehabilitation of the chronically ill compared with acute medical care. Acute medicine orientated at diagnosis stands in contrast to the handicap-orientated rehabilitation of the chronically ill. Rehabilitation for the patients in question involves restoration to a very high degree of their possibilities of participating in society as autonomous subjects. The substance of any rehabilitation measure is not the medical or surgical elimination of a defect. (As all we know: Chronic illnesses only heal in exceptional cases.) The provision of processes of behavioural therapy organised on a multi-professional basis which educate and train is fundamentally aimed at the patient's self-clarification and social reintegration. This is why

- patients must be the active focus of any rehabilitation treatment;
- the complex therapy process must be comprehensible and verifiable for all parties involved;
- the therapy result must be stable long-term.

3) Which quality measures are available to achieve these aims?

a) Standardisation of quality

Any quality assurance presupposes that the "quality" which is intended to be assured is defined. This cannot be a static notion. "Quality" is subject to a continuous process of improvement. "Quality" cannot therefore be exclusively defined in theory. It has to be defined from practical experience and generalized in scientific terms. For this reason, the members of DEGEMED participate in the development of standards relating to the quality of treatment. They promote projects based on the science of rehabilitation. The participation of a rehabilitation institution in the development of standards is a material quality criterion of any rehabilitation institution.

DEGEMED has founded a scientific institute for such purposes, and this is in direct contact with the DEGEMED member clinics. This ensures the mutual exchange of both know-how in scientific rehabilitation and know-how derived from practical clinical experience.

b) Further development of quality

The content and methods of rehabilitation need to be further developed jointly with the patients involved and the parties representing their interests. Professionalisation of rehabilitation must use the primary knowledge of the patient in question as an element of control and correction. For this reason, DEGEMED members maintain close contacts with self-help groups and patient associations; the exchange of experience is institutionalised.

Constantly using and intensifying such contacts is a material quality criterion of any rehabilitation institution.

c) Organisation and assurance of quality

Defined quality has to be organised and assured. For this purpose, DEGEMED has developed a quality management for its clinics which is specific to rehabilitation. It is based on DIN EN ISO 9001 and integrates material categories of the European Foundation for Quality Management. The member clinics are certified on the basis of this quality management. The certificate is valid for three years but its requirements are reviewed every year. This allows a regular control of whether the clinic maintains the quality standards and whether the clinic as a "learning unit" is continually improving its organisation. This quality management system is currently being transferred to out-patient rehabilitation institutions.

From a patient's standpoint, the quality management system offers for example the following benefits:

- The application of catalogues of therapy targets and the individual definition of the treatment target encourage the patient to actively participate.
- Therapy standards and therapy concepts determine the required treatment services. Standards and concepts avoid superfluous stress for the patient.
- An obligatory complaint management exists. Patient complaints are registered immediately and systematically processed.
- Control of the treatment process and documentation of the treatment processes result in the swift management and implementation of the required measures. Controls and documentation allow any necessary corrections to be carried out in a targeted way.
- Complications are systematically recorded. The effectiveness of measures to prevent new complications is systematically reviewed.
- Legal controls - for example within the meaning of the law on medical products or the safety of food - are organisationally implemented. Their compliance is regularly checked.
- The therapy results are assessed on a continuous basis. The experience provided by assessments flows into the treatment of new patients.
- Personnel are selected and employed on the basis of quality standards to ensure the quality of treatment. Meetings of quality groups are held.

The DEGEMEDs institute has defined a scientifically sound quality assessment system to assess/evaluate quality. We call it the "quality barometer". It supplies the rehabilitation clinics with valid information on the process quality and the quality of results.

Information is based on detailed interviews with patients and personnel. Interviews are carried out at three different times: when the patient is admitted, when rehabilitation ends, and six to eight months thereafter. On this basis, the clinic obtains suggestions for targeted measures to

optimise quality. Measures introduced to optimise quality can be targetedly assessed in terms of their effectiveness.

The training of qualified personnel with know-how specific to rehabilitation is seldom offered by universities or technical colleges. It is acquired on the job. This applies to doctors and any other professions working in rehabilitation. Further and advanced training of personnel are the central elements of any good quality management. And this is why DEGEMED has founded an academy which supports on-the-job training of qualified personnel with its seminars and workshops.

d) Networking quality

A further quality criterion – at least in Germany – is the networking activity of rehabilitation institutions. The German health system is composed of a host of diversely institutionalised fields of care where cooperation is frequently poor: acute in-patient and out-patient care, in-patient and out-patient rehabilitation, in-patient and out-patient nursing institutions, the areas of medical and vocational rehabilitation. There are in addition the diverse responsibilities of the different social insurances and other money spenders.

DEGEMED has assumed the task of overcoming this fractioning at least for its scope of work because rehabilitation is an entire process which needs to consider a chronically ill person in his/her vocational and private life. From this point of view, we need to speak of "integrated rehabilitation", and there are excellent examples of this in other European countries. This integration is often better performed by in-patient and out-patient rehabilitation services than by social insurances which only finance rehabilitation.

Members of DEGEMED therefore establish close connections with services providing vocational rehabilitation, with employment offices, with companies in the region, with networks of doctors and health centres. They participate in home-care projects, in in-patient nursing institutions, in cooperation between hospitals and rehabilitation clinics.

DEGEMED is promoting the instrument of teletherapy in medical rehabilitation for the same purpose. The patient can continue the therapy that he/she has learnt at the institution at home with the aid of special telemedicine software. The training results are transmitted immediately to the clinic, analysed and communicated to the patient. This method improves compliance with the treatment. Technical control and monitoring supplies valid data which can be used to optimise treatment processes.

Projects on teletherapy have been especially successful to date in the areas of cardiology, neurology and orthopedics. This more effectively closes any gaps arising between a qualified therapy in the rehabilitation institution and continuation of treatment outside the institution. The treatment chain acquires a permanent character and the success of the treatment is intensified.

4) Foundation of a European Platform for Medical Rehabilitation

Mr. Chairman, Ladies and Gentlemen,

Definition of quality, organisation, assurance and networking of quality – these four levels take different forms in the various European states, determined by national traditions,

structures and existing understanding of rehabilitation but questions are the same everywhere, likewise the seven components of the notion of quality which I have specified are imperative if we intend to provide rehabilitation which is assured by results.

At European level today, there is only the European Platform for Vocational Rehabilitation (EPVR) which systematically puts forward these questions from the practical standpoint of vocational rehabilitation providers within the European context. For this reason, DEGEMED is currently founding a European Platform for Medical Rehabilitation (EPMR) which wishes to put forward questions from the practical standpoint of medical rehabilitation services. Rehabilitation is an integral part of the European Social Model. I would therefore like to invite any interested rehabilitation providers to participate in the foundation of this European Platform for Medical Rehabilitation.

Thank you very much for your attention.