**Structural and performance data for a KTQ-Certification**[[1]](#footnote-2)

***[Please insert hospital name]***

**Date: *[present date]***

**Report period: *[date from/to]***

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Notice: The designation of persons and professions used in this document includes the male and the female gender in equal parts, even if only one gender is mentioned.

The hospital management, represented by *[please insert name of responsible person]*,

is responsible for the completeness and correctness of the information provided in this report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Place, Date

**1 General information**

|  |  |
| --- | --- |
| Name |  |
| Additional designation |  |
| Street and no. |  |
| ZIP code and City |  |
| Phone |  |
| Facsimile |  |
| Email |  |
| Website/Internet presence |  |

|  |  |
| --- | --- |
| Facility identification no. *(or respective designation of facility)* |  |
| Location(no.) (if allocated) |  |
| Name and type of hospital operator  *(e.g. non-profit, private, public)* |  |

|  |  |
| --- | --- |
| University teaching hospital | □ yes  University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ no |
| Departments and research focuses | *[Description of the departments and the research focuses]* |

|  |
| --- |
| Organisational structure of the hospital |
| *Please give an overview on the departments/disciplines or organisational units/centres in the form of a table or a chart (organisational chart).* |

|  |
| --- |
| For specialized psychiatric hospitals, hospitals with a psychiatric department or hospitals for forensic psychiatry:  Is there a regional health care obligation?  □ yes □ no |

|  |  |
| --- | --- |
| Total number of hospital beds  *(Reference date: 31 Dec. of the previous calendar year)* |  |
| Number of departments maintaining hospital beds  Type (enumerate)   * e.g. Department for General Medicine * … |  |

|  |  |
| --- | --- |
| Hospital case numbers | |
| Total number of cases treated during the report year: |  |
| Number of inpatient cases: |  |
| Number of outpatient cases:  Case counting method: |  |

**2 Quality assurance and quality management**

| Participation in an external quality assurance\* | | | |
| --- | --- | --- | --- |
| **Department** | **Case numbers** | **Documen-tation rate (%)** | **Comment** |
| … please enumerate and comment on all departments involved in the external quality assurance, e.g. cholecystectomy, mammary gland surgery) | … e.g. 50 | … e.g. 99 % |  |
| … |  |  |  |
| **Total** |  |  |  |

\* KTQ-GmbH expects a corresponding proof on the participation in all legally binding and voluntary measures in respect of external quality assurance.

|  |  |
| --- | --- |
| Quality assurance with regard to the participation in Disease-Management-Programmes (DMP). According to its performance range, the hospital participates in the following DMPs: | |
| **DMP** | **Comment/Explanation** |
| … please list all active DPMs, e.g. type 1 diabetes mellitus, breast cancer, bronchial asthma |  |
| … |  |

|  |
| --- |
| Quality policy (guiding principles) |
| *[Please insert guiding principle(s) here]* |

|  |  |
| --- | --- |
| Quality goals | |
| 1 | *e.g. patient and employee satisfaction as well as other process metrics or quality indicators including the reference areas allocated to it* |
| 2 |  |
| 3 |  |
| … |  |

|  |  |
| --- | --- |
| Quality management projects | |
| 1 |  |
| 2 |  |
| 3 |  |
| … |  |

**3 Structural and performance data of the organisational units/specialised departments***this section has to be completed for each organisational unit/specialising department*

|  |  |
| --- | --- |
| Name of organisational unit/specialising department |  |
| **Contact data** | *[Name, Phone no., Email, Facsimile]* |
| Major department □ Inpatient ward □ Mixed major department/inpatient ward □ | |

|  |  |  |
| --- | --- | --- |
| Healthcare focuses of the organisational unit/specialised department | | |
| **No.** | **Healthcare focuses** | **Comment/Explanation** |
| 1 | *e.g. diagnostics and therapy of oncological diseases* | *e.g. diagnostics and therapy of lung cancer* |
| 2 |  |  |
| 3 |  |  |
| … |  |  |

|  |  |  |
| --- | --- | --- |
| Service offers in terms of medical healthcare and nursing care of the organisation unit/specialising department | | |
| **No.** | **Service offers in terms of medical healthcare, nursing care and therapy** | **Comment/Explanation** |
| 1 | *e.g. acupressure* | *e.g. acupressure treatment in headache* |
| 2 | *e.g. music therapy* | *e.g. in particular diseases* |
| 3 |  |  |
| … |  |  |

|  |  |  |
| --- | --- | --- |
| Non-medical service offers of the organisational unit/specialising department | | |
| **No.** | **Service offer** | Comment/Explanation |
| 1 | *e.g. accommodation of accompanying person* | *e.g. free of charge for persons accompanying children, otherwise possible with costs* |
| 2 |  |  |
| 3 |  |  |
| … |  |  |

|  |  |
| --- | --- |
| Case numbers of the organisational unit/specialising department |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Major diagnoses | | | |
| **Rank** | **Colloquial designation** | **ICD-10 number**  *(3 digits)* | **Absolute case number** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

|  |  |  |
| --- | --- | --- |
| Outpatient treatment possibilities | | |
| **No.** | **Type of outpatient clinic** | Services offered |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| … |  |  |

|  |  |  |
| --- | --- | --- |
| Technical equipment | | |
| **No.** | **Existing devices** | **Comment/Explanation** |
| 1 | *e.g. X-ray unit/MRT* | *e.g. C-arm*  *(incl. note: 24h availability in case of emergency is provided/not provided)* |
| 2 |  |  |
| 3 |  |  |
| … |  |  |

**Staff resources of the department**

|  |  |  |  |
| --- | --- | --- | --- |
| Physicians | | | |
|  | **Number** | **Comment/Explanation** | **Specialist knowledge of the department** |
| Physicians in total (save attending physicians) | ... full-time physicians | *e.g. further education authority* | e.g. designation of subject, designation of focuses, additional further education |
| of which specialists | ... full-time physicians |  |  |
| Attending physicians | ... persons |  |  |

|  |  |  |
| --- | --- | --- |
| Nursing staff | | |
|  | **Number** | **Comment/Explanation** |
| Nursing staff in total | ... full-time staff |  |
| of which examined healthcare and nursing staff or healthcare and nursing staff without specific further education (3 years) | ... full-time staff |  |
| of which examined healthcare and nursing staff or healthcare and nursing staff with the respective specific further education (3 years) | ... full-time staff |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Therapeutic staff of the department | | | |
| **No.** | **Occupational title** (Therapeutic staff) | **Number** | **Comment/Explanation** |
| 1 | *e.g. physiotherapists, wound manager, dietary specialists, breast-feeding consultants* | … full-time staff |  |
| 2 |  | … full-time staff |  |
| 3 |  |  |  |
| … |  |  |  |

**Instructions for completion:**

This report has to be prepared in a **PDF file** format (compatibility with Adobe® Reader versions from 5.0 and higher). These instructions for completion are **not** to be saved within the report.

**Instructions for completion of section Facility identification no.:**

If there are several identification numbers (ID no.), please enter all numbers together with the corresponding areas.

**Instructions for completion of section Location no.:**

If reports with regard to one ID number are prepared for several locations, please enter the ID number of the location to which the report refers.

**Instructions for completion of section Name and type of hospital operator:**

The type of the hospital operator (non-profit, private, public) has to be entered accordingly.

**Instructions for completion of section University teaching hospital:**

You may outline the main points as to research focuses, university teaching and vocational training of other healthcare professions in free text. Further information may be provided in the form of links to the respective websites.

**Instructions for completion of section Hospital case numbers:**

When providing information as to the number of outpatient cases, the counting method used by the hospital has to be mentioned (e.g. case counting method, quarterly counting method).

**Instructions for completion of section Participation in an external quality assurance:**

Only the actually rendered services should be entered. The fields not used are to be deleted.

**Instructions for completion of section Quality assurance with regard to the participation in Disease Management Programmes (DMP):**

Disease Management Programmes in which the hospital takes part are to be documented.

**Instructions for completion of section Participation in measures of external comparative quality assurance:**

If results of other quality assurance measures are described, the development of the results is to be explained in a comprehensible and brief manner in free text (link of the respective homepage, of the professional association, if applicable).

If possible, please enter the following information:

- Name of performance area

- Measurement period

- Data collection

- Calculation rules

- Reference areas

- Comparative values

- Source information in respect of documentation of the quality indicator(s)

**Instructions for completion of section Quality policy (guiding principles):**

Quality policy describes the superior intentions of an organisation relating to the quality of its performance as it is officially described by the top management (management/hospital management). Guiding principles specific for departments and occupational groups are to be described.

**Instructions for completion of section Quality goals:**

Quality goals operationalise the quality policy on the different hospital levels. They ensure that the quality requirements are comprehensible and transparent.

Please describe the following aspects:

- strategic/operative goals,

- measurement and evaluation of the achievement of goals as well as

- communication of goals and achievement of goals

**Instructions for completion of section Quality management projects**:

QM projects are one-time, timely limited processes to achieve quality goals. These can be documented for the entire hospital or for individual specialised departments/organisational units.

If possible, quality-oriented projects are to be documented systematically:

- background

- persons involved

- description of goals

- measures and their implementation

- evaluation of the goal achievement

**Instructions for completion of section Healthcare focuses of the organisation unit/specialised department**:

Please only describe the healthcare focuses in relation to the specialised departments. The entire item 3, from “Name of the organisational unit/specialised department” to “Therapeutic staff of the department” has to be addressed for each specialised department. Additional supportive and detailed information as to each healthcare focus may be entered in the column “Comment/Explanation”.

**Instructions for completion of section Service offers in terms of medical healthcare and nursing care of the organisation unit/specialising department:**

Please only describe the service offers in terms of medical healthcare and nursing care of the hospital. Additional supportive and detailed information as to each service offer in the field medical healthcare and nursing care may be entered in the column “Comment/Explanation”.

**Instructions for completion of section Non-medical service offers of the organisational unit/specialising department:**

Please only describe the general service offers of the organisational unit/specialising department. Additional supportive and detailed information as to each service offer may be entered in the column “Comment/Explanation”.

**Instructions for completion of section Major diagnoses according to ICD:**

The 10 most common ICD numbers are to be entered with **three digits**. If the hospital has documented less than 10 different three-digit ICD numbers all numbers have to be documented.

**Instructions for completion of section Outpatient treatment possibilities:**

Please describe the type of outpatient clinic as well as the outpatient services offered, if applicable.

**Instructions for completion of section Technical equipment:**

Please describe the technical equipment of the operational unit/specialising department.

Additional supportive and detailed information may be provided as to each device in the column “Comment/Explanation” (e.g. co-operations with physicians in private practice). Here, relevant devices (“large units”) are to be focused on. Devices which belong to the standard equipment of a hospital (e.g. blood pressure meter, ECG, blood sugar meter, infusion pumps) are not to be documented.

**Instructions for completion of section Physicians:**

For providing information on full-time staff, full-time employees and part-time employees are combined to form full-time equivalents.

Please do not enter the number of qualifications, only mention their existence in the department.

**Instruction for completion of section Nursing staff:**

For providing information on full-time staff, full-time employees and part-time employees are combined to form full-time equivalents.

Information as to the type of specific further education and as to specialising nursing qualifications (e.g. hygiene expert, wound manager, stoma therapist) may be provided in the column “Comment/Explanation”.

**Instruction for completion of section Therapeutic staff:**

For providing information on full-time staff, full-time employees and part-time employees are combined to form full-time equivalents. Information as to the type of vocational training or therapeutic training may be provided in the column “Comment/Explanation”.

1. This form has to be completed in the scope of a KTQ-Certification by private hospitals having no license, forensic facilities as well as other hospitals outside of Germany, and has to be submitted to the certification agency as a binding precondition for the evaluation of the application. [↑](#footnote-ref-2)