Universitätsklinikum Leipzig
Anstalt öffentlichen Rechts

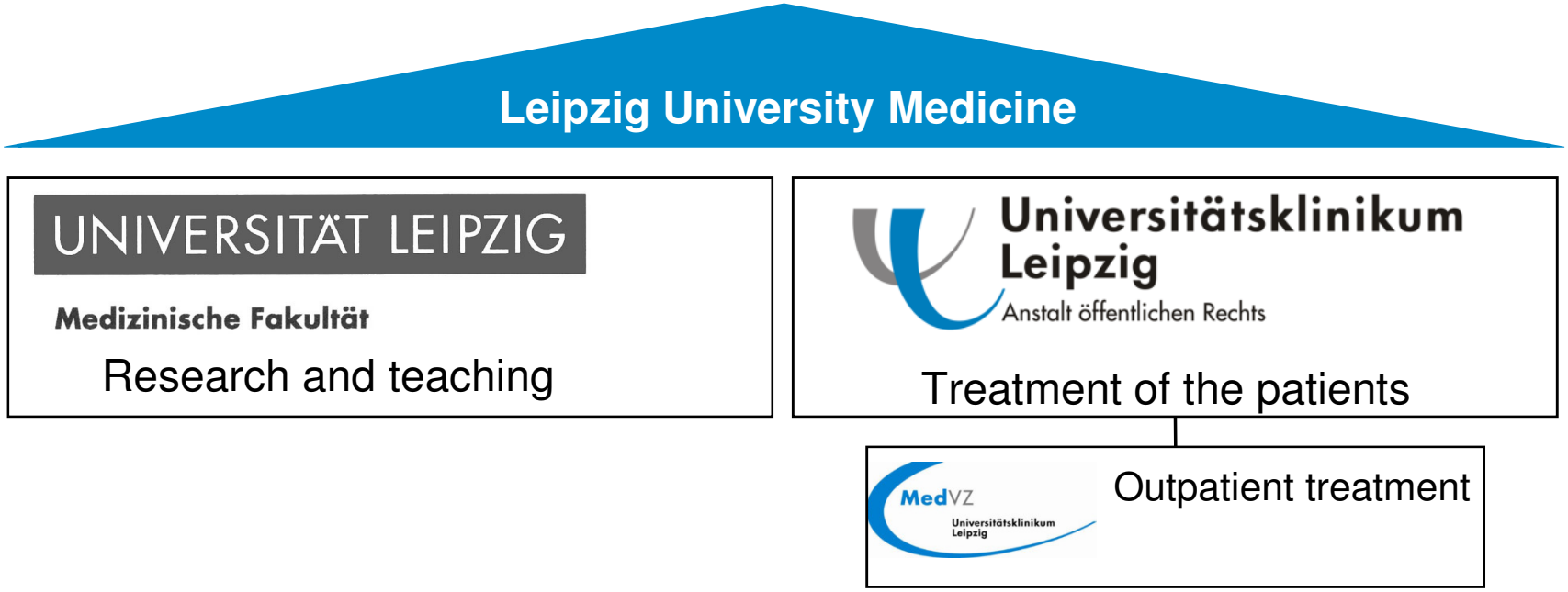
# Quality Management in the hospital

**PD Dr. med. habil. Christina Rogalski**

**Executive department: Quality and Risk Management**

**University Clinic Leipzig AöR**

# Leipzig university medicine




- Connection of research/teaching and treatment of patients
- Coordination of a common strategy of Medical Faculty and University Hospital
- Using common resources (avoiding redundant processes, using synergies)
- Transmission of research results into the daily hospital routine („bench to bedside & bedside to bench“)

# Numbers and facts

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- 1350 beds
- 51.336 in-patients (or semi-residential patients)*
- 316.856 out-patients (incl. MedVZ)*
- 7 departments with
- 48 clinics, departments, sections, institutes
- 3.600 employees* (UKL)
- 3.255 students (WS 2010/2011)
- 811 trainees
- 321 m Euro turnover*
- 1,96 m Euro annual result*

***as of: 31.12.2011**

# Performance for in-patients 2011

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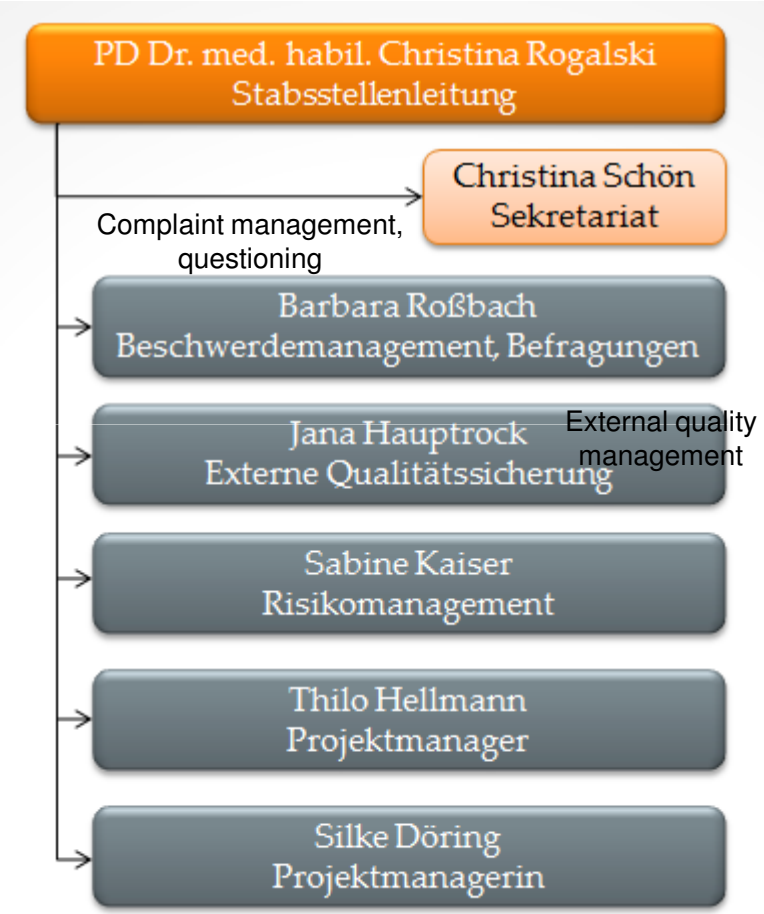
| | 2011 | 2010 |
|---|---|---|
| **In-patient, field of KH-EntG** | | |
| CMI | 1,532 | 1,537 |
| Assessment relation | 73.168 CM | 72.589 CM |
| Period of hospitalization (Ø) | 7,61 days | 7,94 days |
| Number of cases (in-patient) | 47.879 cases | 47.369 cases |
| **In-patient, field of BPflV** | | |
| Period of hospitalization (Ø) | 8,2 days | 8,52 days |
| Cases (in-patient) | 1.428 cases | 1.462 cases |
| Charged days | 41.180 days | 40.915 days |
| **Cases total (in- and out-patients)** | 51.336 | 51.027 |
| **Utilization ratio of the beds** | 85,13 % | 88,58 % |

# Department of quality and risk management



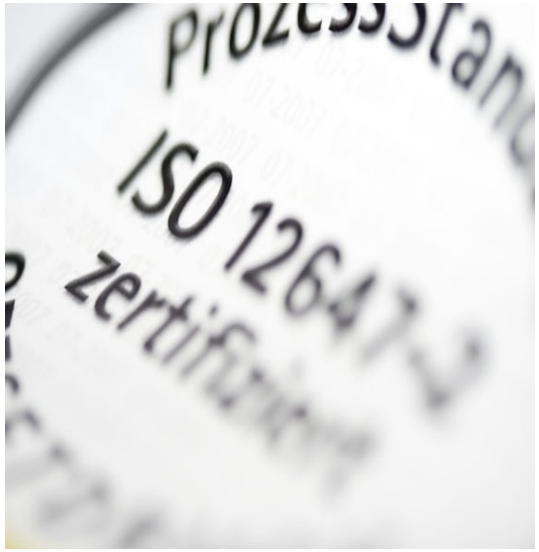

Head of Executive Department

# Definition: quality I

- lat.: *qualitas* = state, feature, characteristic

- Definition by DIN EN ISO*:*

  *„The entirety of features of a unity concerning their ability to fulfil determined and assumed requirements“*



# Definition: quality II

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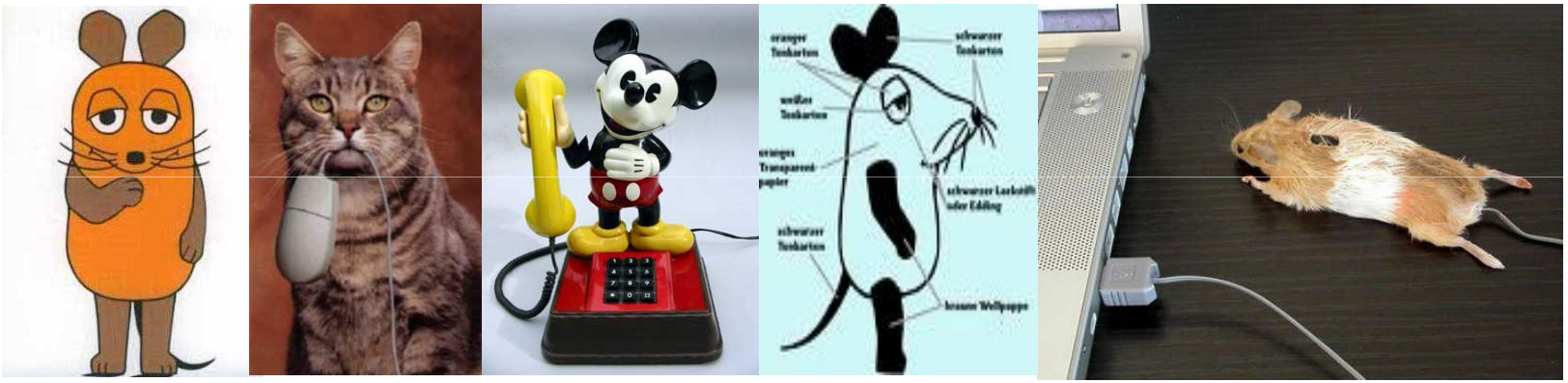
or

„Quality is what the customer wants.“



So what does quality management mean?

# Quality management

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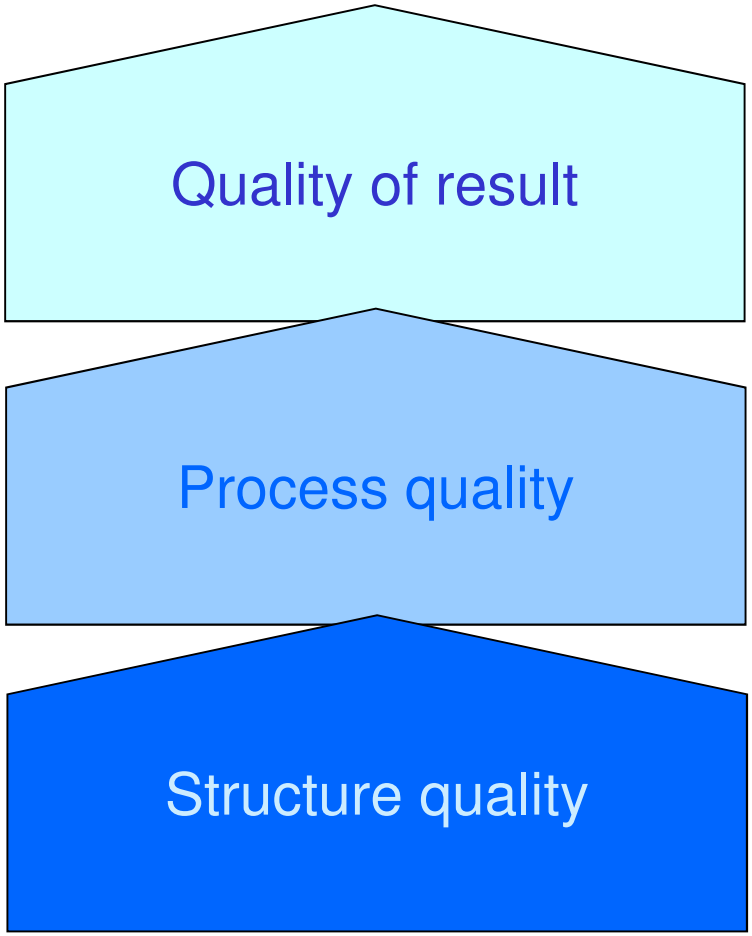
- Definition:

*„Sytematic way to ensure*

*that activities take place*

*like they have been planned.“*

# The three components of quality

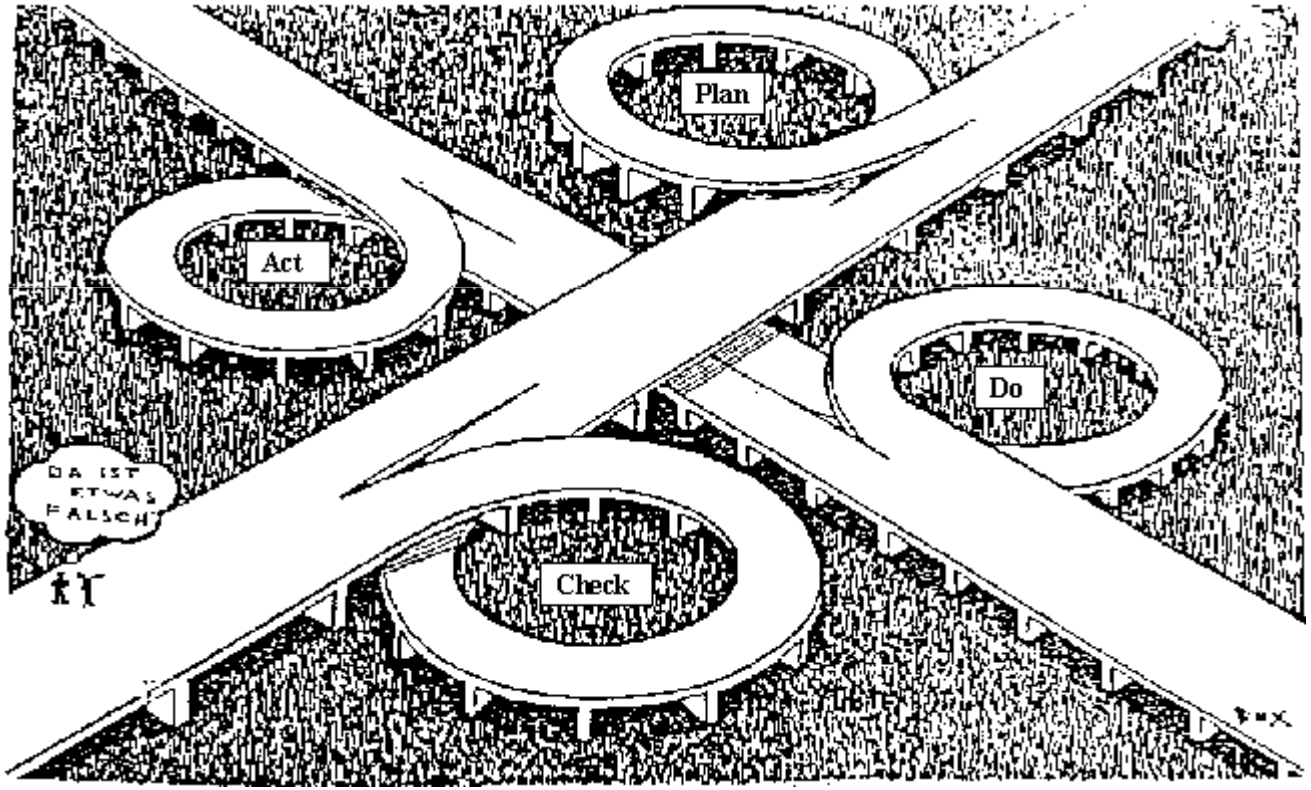



Quality of the results and the benefit

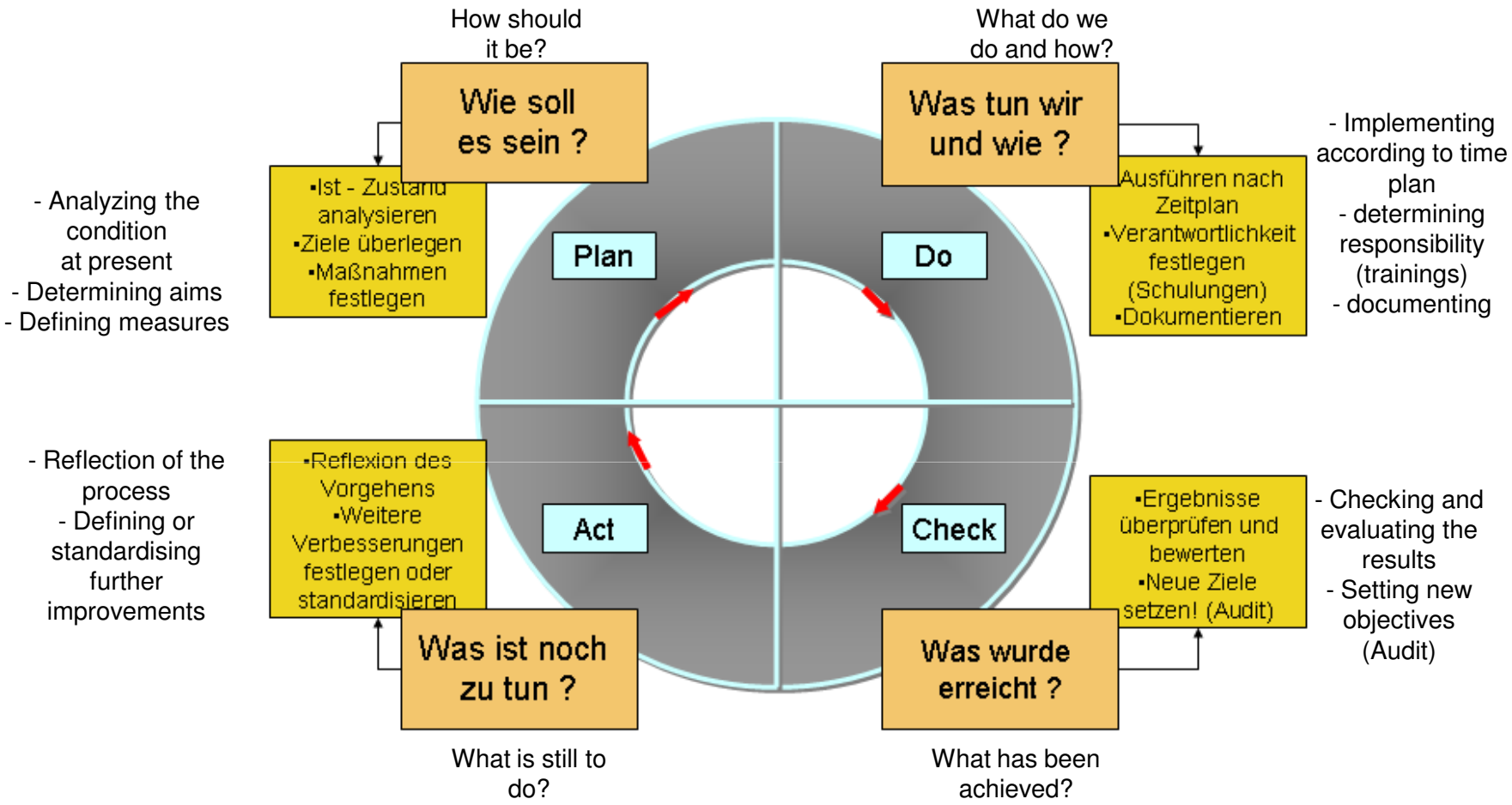
Quality of the implementation of a measure

Quality of the framework conditions

# PDCA

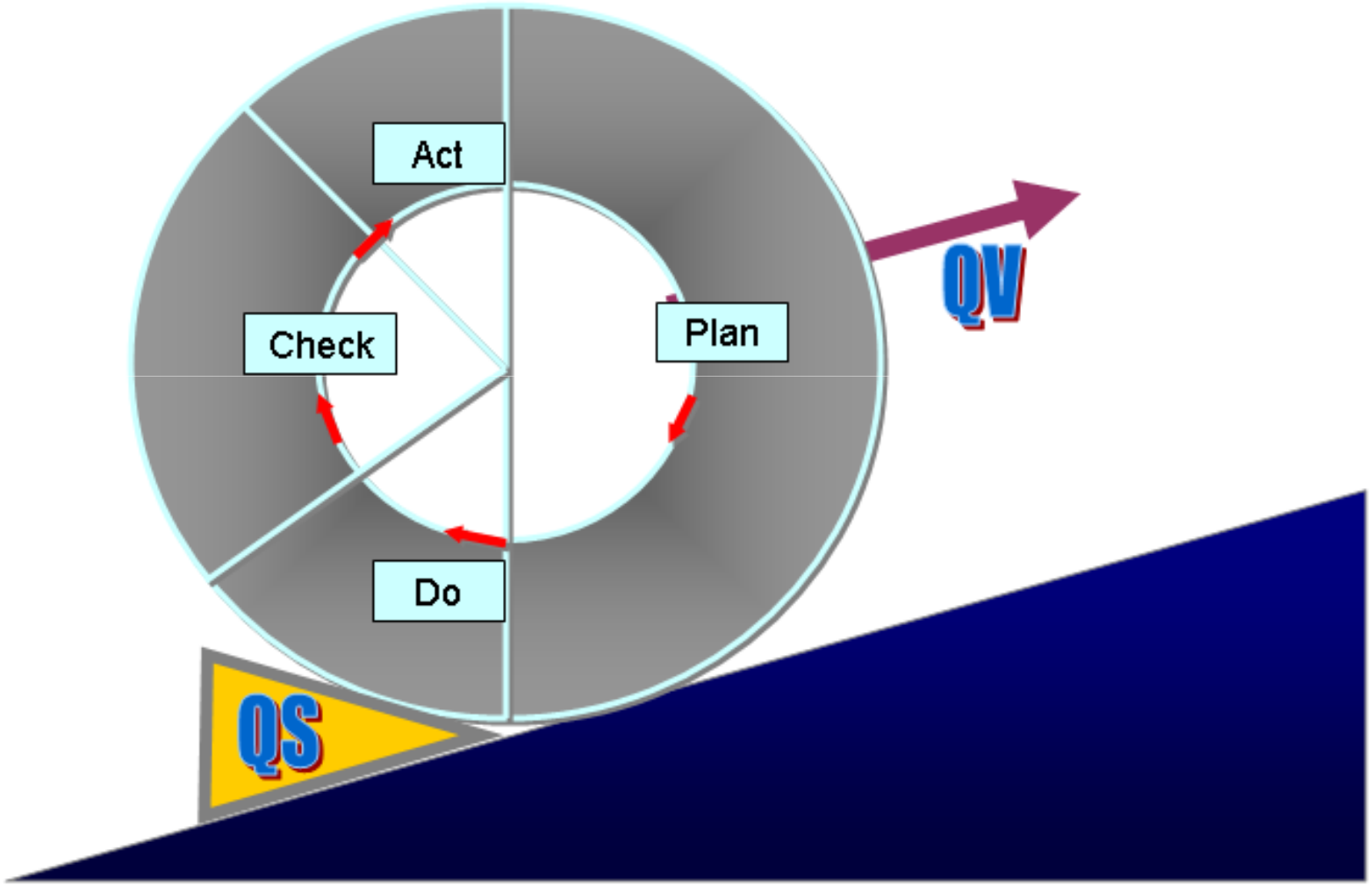


# Deming circle




**Deming, WE: Out of the Crisis, MIT Press, 1986**

# Deming circle and continuous improvement



# CIP
# (Continual / continuous improvement process)

- Is an element of the quality policy
- Involves all the employees
- Comprises all the fields (planning, treatment of patients, services, business processes)
- Improvements refer to e. g. quality, price, service, punctuality of a performance
- Resource-conserving is also taken into account

# Instruments of quality management

- Questioning of patients
- Reclamation management
- Flow charts
- Process management
- Clinical pathways
- Audits
- …

# Measurement of the satisfaction of patients as a questioning in written form

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Definition: The interviewer sends question papers to the focus group

Advantages:

- Avoiding communication problems
- Temporally independent
- Exact compliance with the defined target group

Disadvantages:

- Minor response rate
- Anonymity
- Considerable expenditure
- Possible lack of objectivity

Kooperatives Darmzentrum Region Leipzig

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HELIOS Kliniken Leipziger Land
HELIOS Klinik Schkeuditz

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# Questioning of the patients

EvaSys | Patientenzufriedenheitsbogen

Kooperatives Darmzentrum Region Leipzig Jahr 2007

Markieren Sie so: ☐☒☐☐☐ Bitte verwenden Sie einen Kugelschreiber oder nicht zu starken Filzstift. Dieser Fragebogen wird maschinell erfasst.
Korrektur: ☐■☐☒☐ Bitte beachten Sie im Interesse einer optimalen Datenerfassung die links gegebenen Hinweise beim Ausfüllen.

Sehr geehrte Patientin, sehr geehrter Patient,
um allen Patienten den Aufenthalt in unseren Kliniken so angenehm wie möglich zu machen, bitten wir Sie um Mitarbeit und die Beantwortung folgender Fragen.
Anregungen, Kritik, Empfehlungen und Wünsche Ihrerseits sind unentbehrlich für eine gezielte Verbesserung der Qualität der Krankenversorgung. Die Befragung erfolgt natürlich anonym, das heißt, die Aussagen können keiner Person zugeordnet werden.
Wir danken Ihnen im Voraus für Ihr Interesse und Ihre Hilfe.
Die Fragebögen können sowohl an den Rezeptionen im (Briefkästen mit der Aufschrift „Patientenumfrage") als auch direkt auf den Stationen (ebenfalls Briefkästen mit dieser Aufschrift) von Ihnen eingeworfen werden. Des Weiteren können Sie den Fragebogen auch per Post an folgende Adresse schicken:
Stabsstelle Medizinisches Leistungs- u. Qualitätsmanagement, Stephanstr. 9 E, 04103 Leipzig.

## 1. Angaben zu Ihrer Person

1.1 Alter
☐ unter 40 ☐ 40- 64 ☐ 65- 74
☐ 75 und älter

1.2 Geschlecht ☐ weiblich ☐ männlich

## 2. Angaben zum stationären Aufenthalt

2.1 Standort ☐ HELIOS Klinik Borna ☐ HELIOS Klinik Schkeuditz ☐ Universitätsklinikum Leipzig

2.2 In welchem Quartal waren Sie 2007 stationär?
☐ Januar - März ☐ April - Juni ☐ Juli - September
☐ Oktober - Dezember

2.3 Wie viele Tage sind/waren Sie in unserem Klinikum? ☐ 1-3 Tage ☐ 4-9 Tage ☐ 10-29 Tage ☐ ab 30 Tage

2.4 Die Einweisung erfolgte durch:
☐ Hausarzt ☐ niedergelassenen Facharzt ☐ Notfallaufnahme
☐ anderes Krankenhaus ☐ eigener Wunsch

## 3. Wie zufrieden sind Sie mit der Höflichkeit und dem Umgangston des Klinikpersonals?

| | | | |
|---|---|---|---|
| 3.1 | Ärzte | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 3.2 | Pflegepersonal | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 3.3 | sonstiges Personal | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |

## 4. Wie zufrieden sind Sie mit den...?

| | | | |
|---|---|---|---|
| 4.1 | Wartezeiten | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 4.2 | Weckzeiten | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 4.3 | Ruhezeiten | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 4.4 | Essenszeiten | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |
| 4.5 | Besuchszeiten: | sehr zufrieden ☐☐☐☐☐ | sehr unzufrieden |

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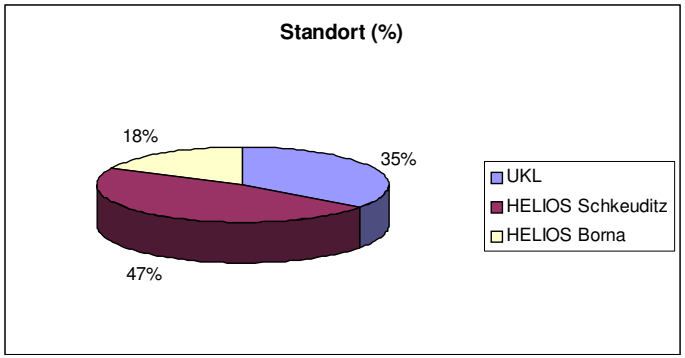
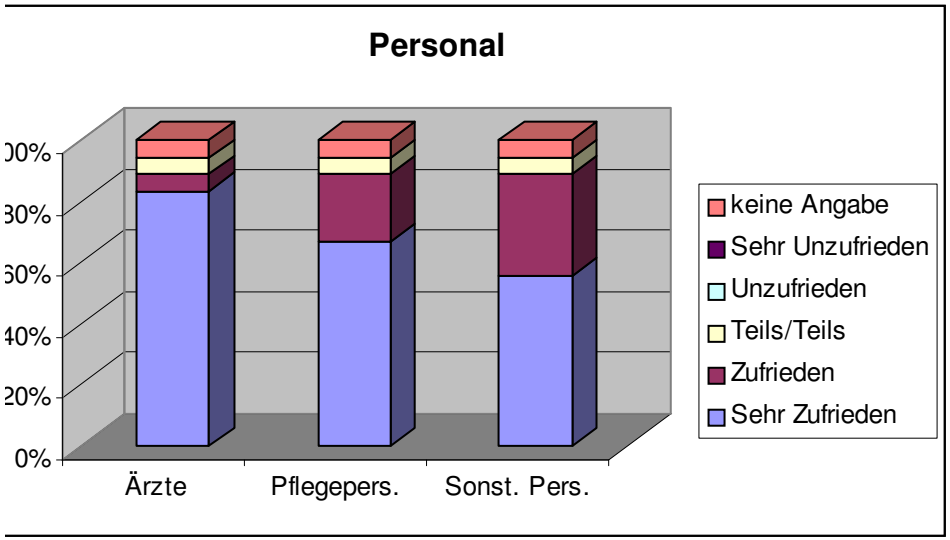
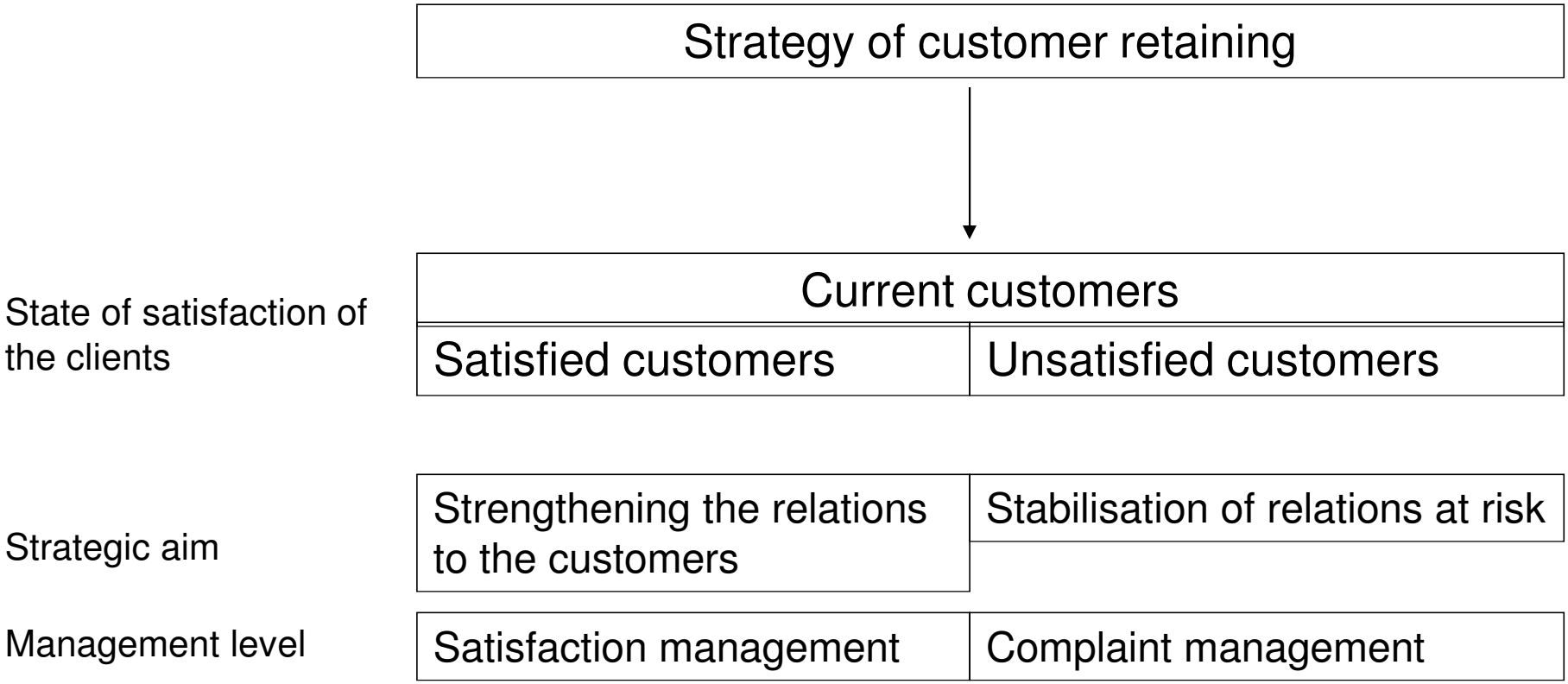


# Complaint management as an element of Quality management



## Aims of reclamation management

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Aim 1:

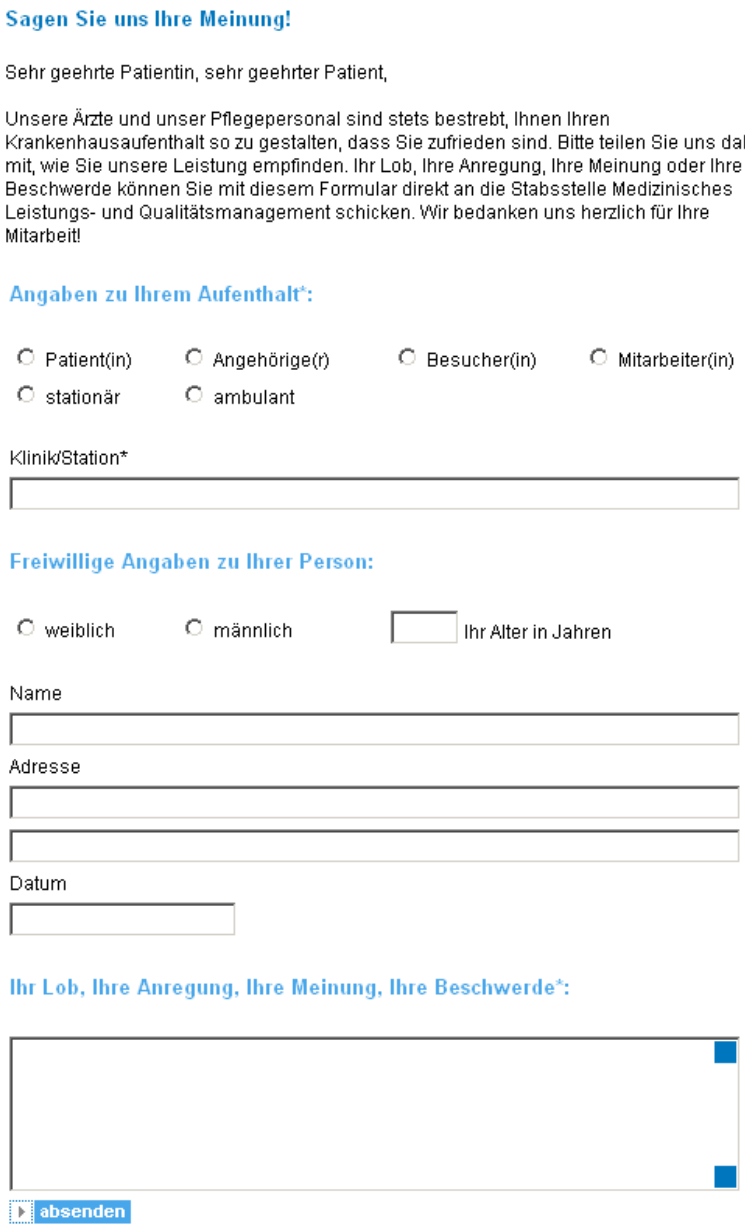
- Saving customers´ relations at risk
- Increase of the customers´ satisfaction and customer retention

Aim 2:

- Improvement of the quality of the products, services and processes by systematic evaluation of complaints

# Possibilities of complaints

- Complaints are gathered on various levels:
  - As a side effect of a questioning of the patients´ satisfaction on the ward (free text)
  - Complaints which are sent to us as a copy by the clinics
  - Complaints which we get by mail or by online messages
  - By phone
  - Personally



**Sagen Sie uns Ihre Meinung!**

Sehr geehrte Patientin, sehr geehrter Patient,

Unsere Ärzte und unser Pflegepersonal sind stets bestrebt, Ihnen Ihren Krankenhausaufenthalt so zu gestalten, dass Sie zufrieden sind. Bitte teilen Sie uns daher mit, wie Sie unsere Leistung empfinden. Ihr Lob, Ihre Anregung, Ihre Meinung oder Ihre Beschwerde können Sie mit diesem Formular direkt an die Stabsstelle Medizinisches Leistungs- und Qualitätsmanagement schicken. Wir bedanken uns herzlich für Ihre Mitarbeit!

**Angaben zu Ihrem Aufenthalt*:**

Patient(in) Angehörige(r) Besucher(in) Mitarbeiter(in)
stationär ambulant

Klinik/Station*

**Freiwillige Angaben zu Ihrer Person:**

weiblich männlich Ihr Alter in Jahren

Name

Adresse

Datum

**Ihr Lob, Ihre Anregung, Ihre Meinung, Ihre Beschwerde*:**

absenden

# Complaint management at UKL

- **Contact person:**

Frau Barbara Roßbach **(ehemals Haak)**

Stabsstelle Qualitäts- und Risikomanagement

Stephanstr. 9, Eingang C

04103 Leipzig

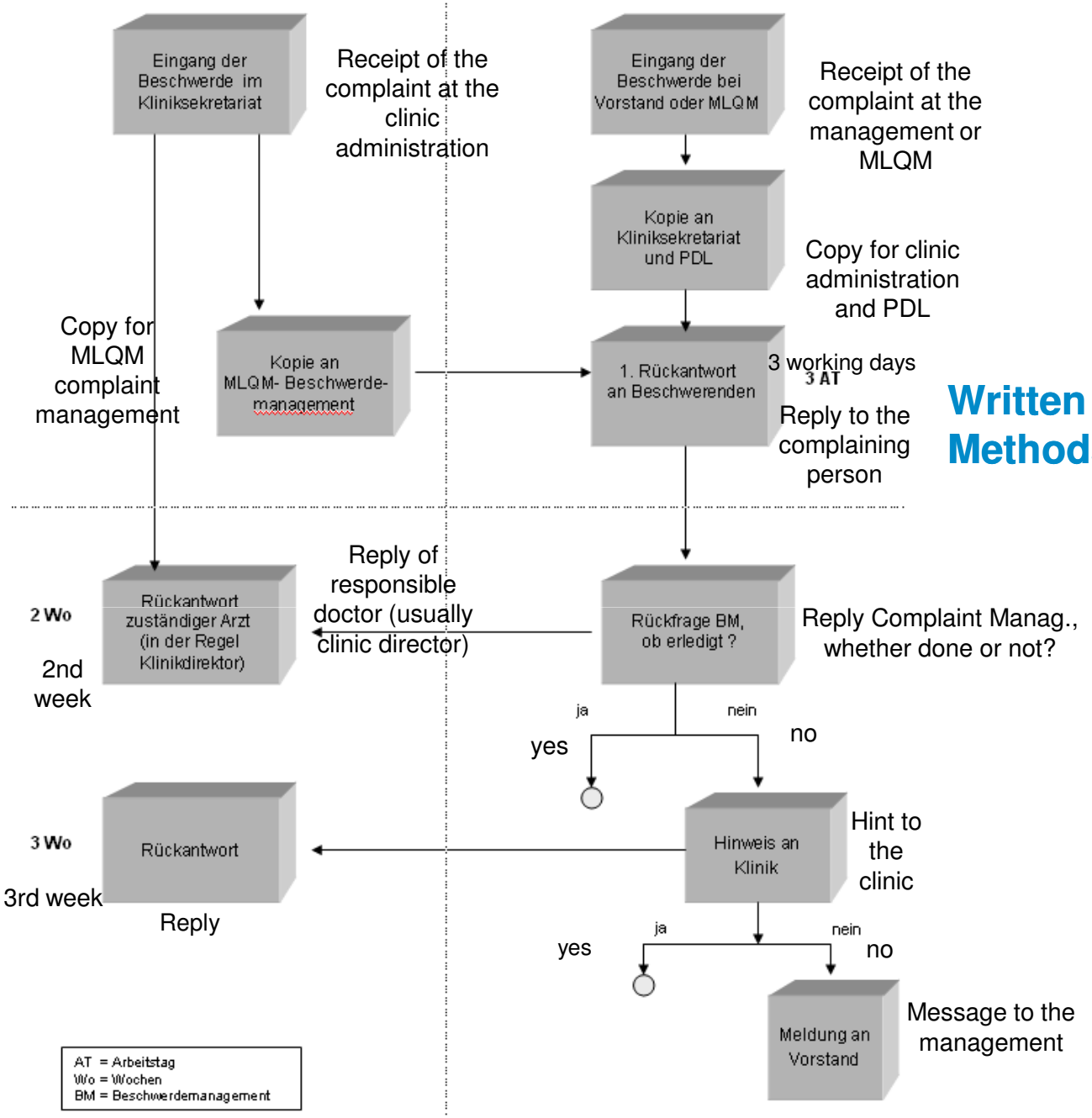
Tel: 0341-(97) 14023

FAX: 0341-(97) 16099

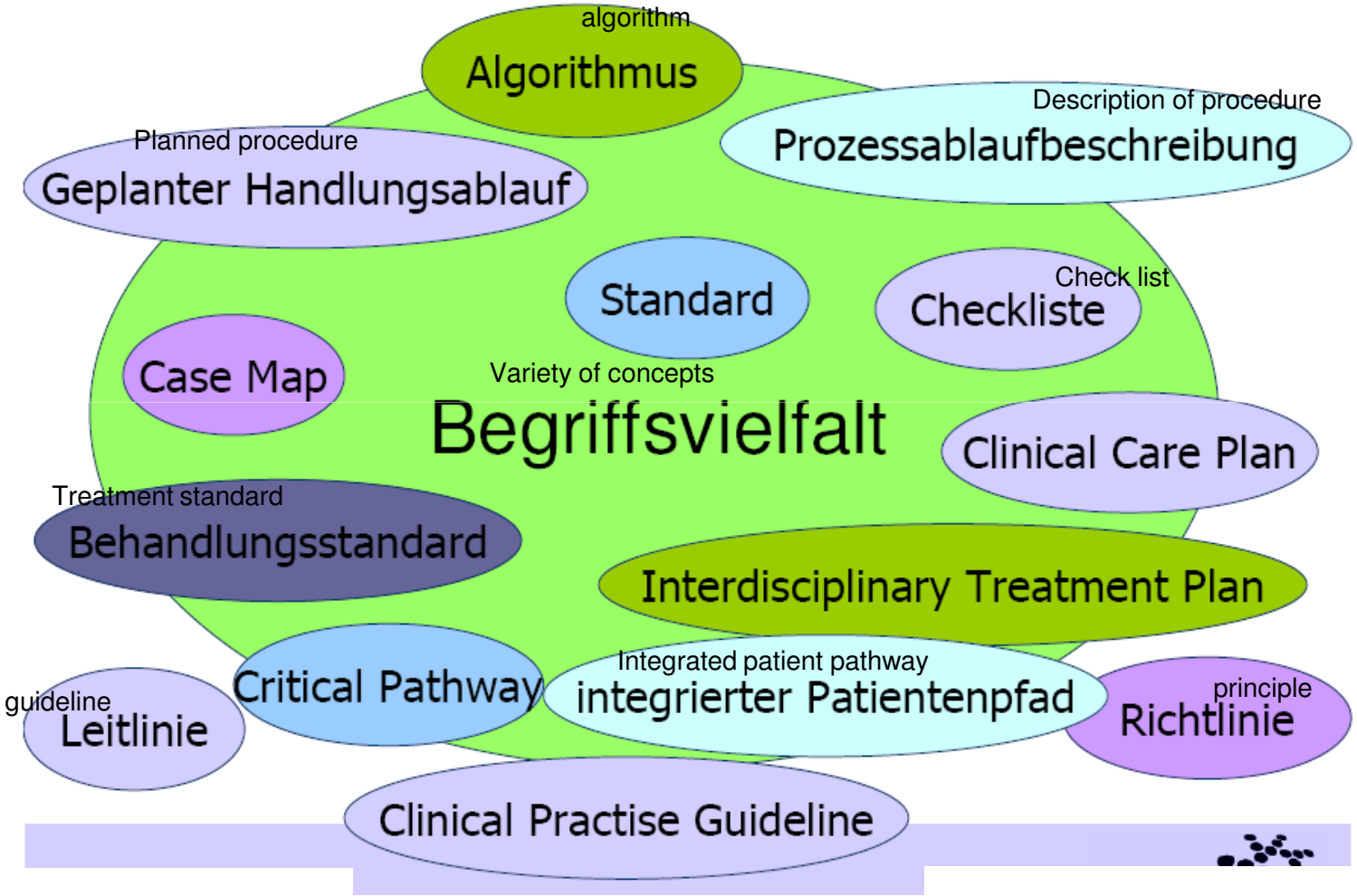
(since November)

**http://www.uniklinikum-leipzig.de/php/beschwerde.php**

# Written complaints: Methods of procedure



# Clinical pathways



# From the guideline to the clinical pathway

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Guidelines say how they do it

Leitlinien sagen wie man es macht

Clinical pathways say how we do it

Klinische Pfade sagen wie wir es machen

# Statements on clinical pathways

- Clinical pathways principally don´t mean a change of the daily hospital routine, but are a standardised description of what is common in a clinic.

- Clinical pathways don´t mean a renunciation of the therapy freedom of a doctor. Deviations from the consensual corridor require justification and documentation.

# The objects of clinical pathways

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- Misunderstandings are excluded – unambiguous compared to oral statements = transparency
- Analysis of the currents state is the base of reflection (continuous improvement process)
- Facilitating the process of inclusion of new employees into fixed processes and procedures
- Definition of responsibilities
- Promotion of cooperation overarching departments and professional groups
- Basis for the determination of process costs

# Implications of clinical pathways

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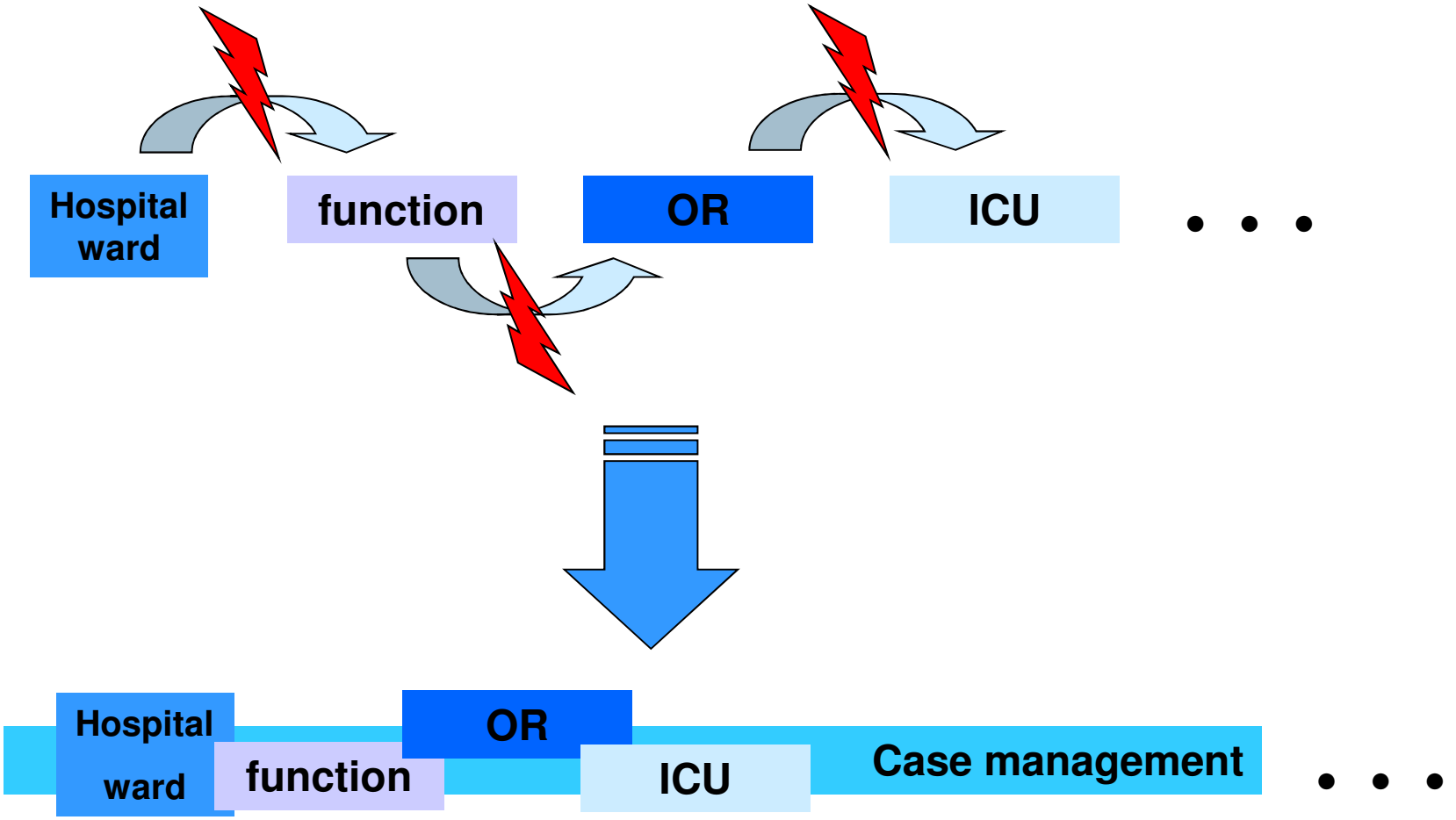
- **Reducing costs**
  - Elimination of resource waste

    (double work, unnecessary work, rework)
- **Performance orientation**
  - Acceleration of procedures creates free space
- **Making quality enhancements possible**
  - Shorter throughput times, quicker treatment, shorter waiting period,….)
- **Motivating colleagues**
  - Elimination of unnecessary tasks, no discussion about responsibilities

# Process optimisation by clinical pathways

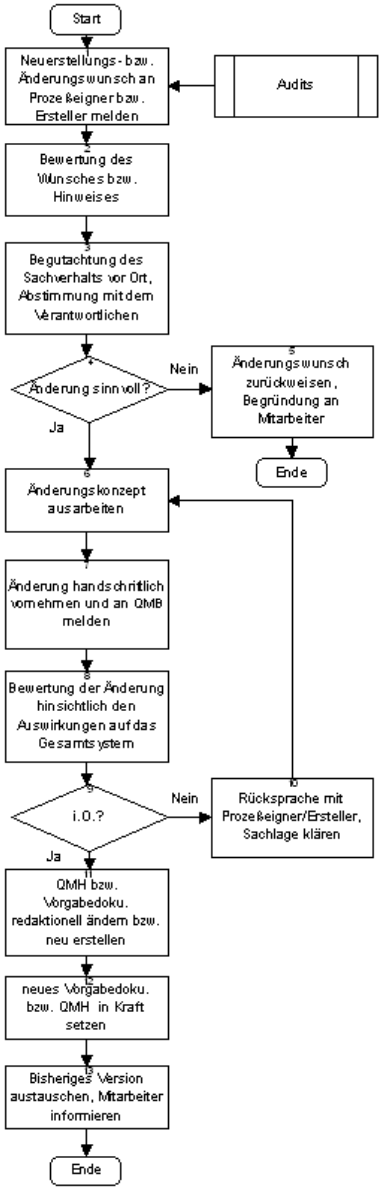


## Possible elements of a patient pathway

- Responsibilities
- Criteria of inclusion, exclusion and termination (e. g. ICD, OPS, G-DRG)
- Classification of patients (e. g. ASA classification)
- Guideline(s)
- Care standard(s)
- Costs (material / staff costs)
- Description of procedures
- To-do list, …
- Quality indicators

# Flow charts

- Graphic form of presentation for processes resp. action procedures
- Work contents and organisation processes can be illustrated as process descriptions or flow charts
- Describing processes in the clinic, and, where it´s useful, depict as flow chart.
- Where required, finding weak points in the previous course of business

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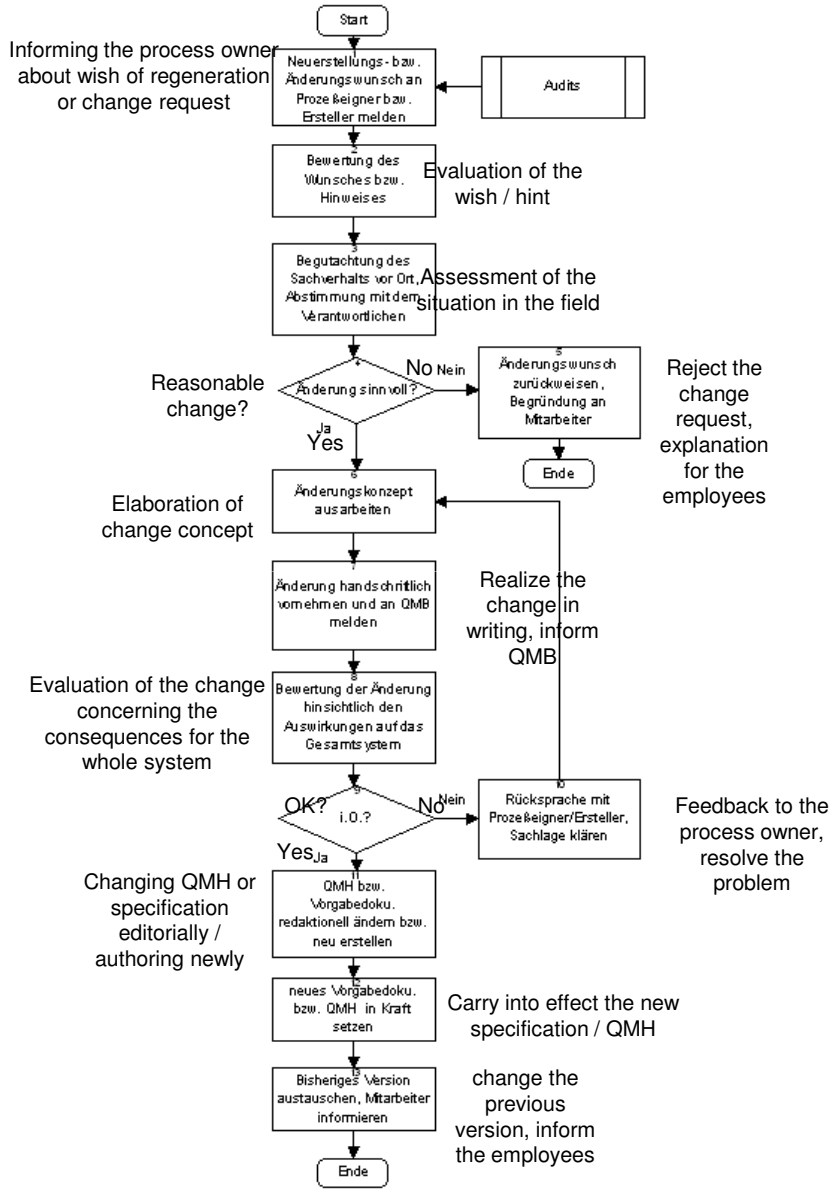
| | |
|---|---|
| 1<br>jeder MA/<br>QMB | 1<br>entsprechend Liste Prozesseigner bzw. an verantwortlichen Ersteller des jeweiligen Vorgabedokumentes;<br>nach Feststellungen in Audits, weitere Veranlassung durch QMB |
| 2-3<br>Prozesseigner/<br>Verantwortl.<br>Ersteller | 3<br>Abstimmung mit Bereichsleiter und Benutzern |
| 4<br>QMB/Ersteller | 4<br>bei Abweichungen, unumgänglich, ansonsten Nutzen/Aufwand |
| 5<br>QMB | |
| 6-7<br>Prozesseigentümer/ Ersteller | 7<br>bestehenden Ablauf bzw. Vorgabedoku. handschriftlich anpassen |
| 8-11<br>QMB | 11<br>nur komplettes QMH<br>Detailänderungen können bis zur jährlichen Aktualisierung zurückgestellt werden |
| 12-13<br>Leiter Darmzentrum | 12<br>QMH: durch Leiter DZ<br>Übrige Vorgabedokumente: auch jeweilige Bereichsleitung mit Freigabekompetenz; in jedem Fall Meldung an QMB mit Belegexemplar<br><br>13<br>-schriftliche Freigabe an Mitarbeiter<br>-QMH nur komplett;<br>-Alte Versionen archivieren<br>-Dokumentenmatrizen aktualisieren |

# Flow charts

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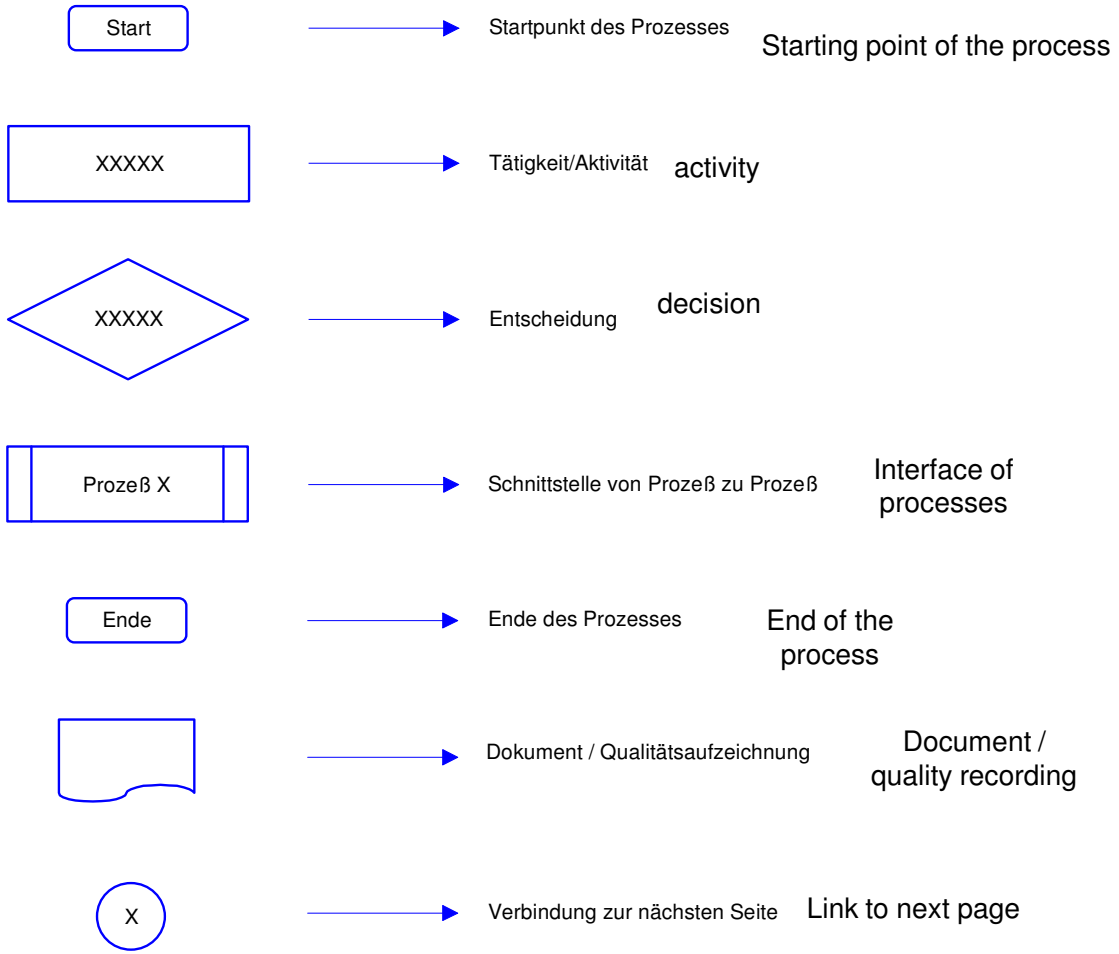
# Flow chart symbols



## Audit I

***An Audit (Latin for „hearing“) is the implementation of a target-actual comparison at a certain point in time, whereby the target state should be defined as exactly as possible.***

- The audit procedure must contain:
  - Responsibilities
  - Claims from the implementation, independence, recording results and report to the management
- In case of deviation, correction measures have to
  - be adopted
  - The realisation of the measures has to be checked
  - and a report about the results has to be made

# Audit II

- Applying a review of processes to ensure that
  - the planned results are achieved
  - adequate correction measures are adopted
  - the product conformity is guaranteed

Should be is

# Types of Quality Audits

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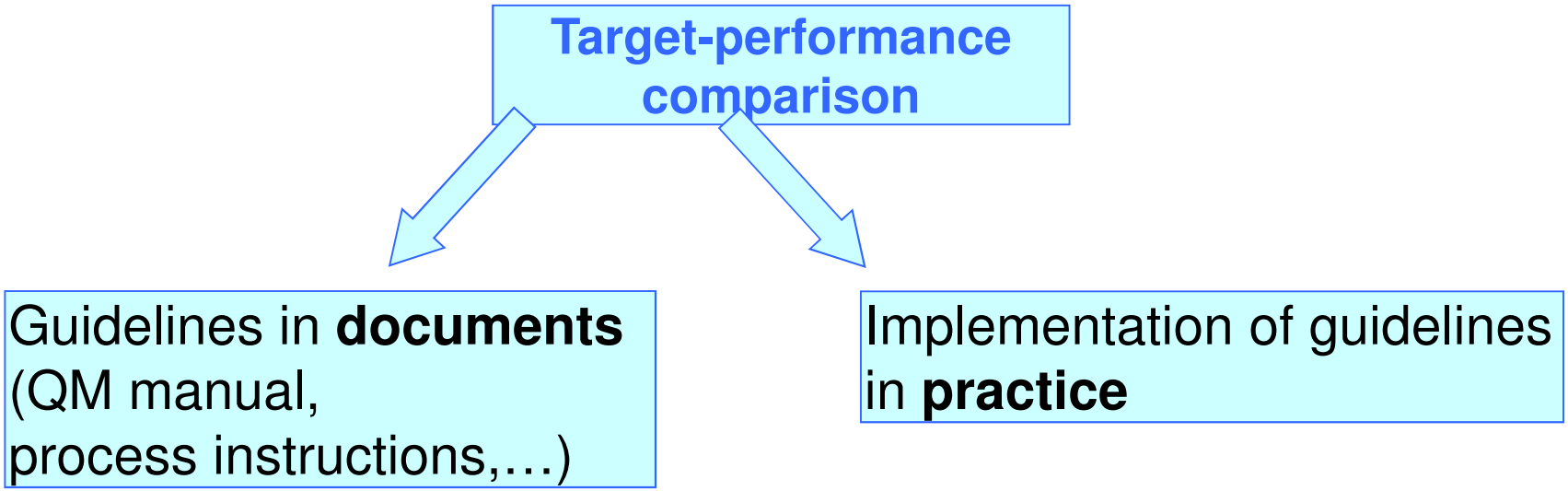
- **Internal Audit (First Party)**
  - Fields of investigation: Internal organisation, regulation for the organisation to fulfil the quality policy and quality aims (structure organisation, process organisation), efficiency of the QM system - System Audit
  - Implementation by trained staff of the organisation (auditor qualification) or as a service
- **External Audit (Second Party)**
  - E. g. Supplier Audit - System Audits following customer requirements
  - Less relevant in health care system
- **Certification audit (Third Party)**
  - Field of investigation: like Internal Audit - System audit

    with citation of reference bases, e. g. ISO 9001
  - Implementation by certification auditors by registered authorities (national or European accreditation of the authority)

# What is happening during an Audit?




An Audit is **never an allocation of blame,**

but always an objective and neutral evaluation of the situation!

# Audit programme

Kooperatives Darmzentrum Region Leipzig

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HELIOS Klinik Schkeuditz

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- How often and where Audits are planned regularly
- Internal Audits usually take place once per year
- Recertification Audits every three years

| Monat/Jahr | Ort L=Leipzig B=Borna S=Schkeuditz | Struktur, Management, Prozesse | Personal-management | Stoma-therapie | Prävention/ Früherkennung | Ambulanz | Endoskopie | Ernährungs-beratung | Pathologie | Onkologie | OP-Management | Station |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Februar/ 2008 | L | X | X | X | X | X | X | X | X | X | X | X |
| März 2008 | B/S | X | X | X | X | X | X | X | X | X | X | X |
| Februar/ 2009 | L | X | X | X | X | X | X | X | X | X | X | X |
| März 2009 | B/S | X | X | X | X | X | X | X | X | X | X | X |
| Februar/ 2010 | L | X | X | X | X | X | X | X | X | X | X | X |
| März 2010 | B/S | X | X | X | X | X | X | X | X | X | X | X |
| Februar/ 2011 | L | X | X | X | X | X | X | X | X | X | X | X |
| März 2011 | B/S | X | X | X | X | X | X | X | X | X | X | X |

...

# Audit preparation

- Document review
  - Evaluation of the applicable management system documents
  - Citation of notes
  - Determination of conformity concerning the reference bases (audit criteria)
- Creation of an audit plan

| **Audit** | | | **Audit-Nr.:** | **Audit-Datum:** | **Auditoren:** | Auditierter Bereich: | **Abschnitt:** | **Referenz-dokumente:** |
|---|---|---|---|---|---|---|---|---|
| System [ ] X | Prozess [ ] | Produkt [ ] | 5/2005 | 24.02.03 | Hildebrand, Audtleiter<br>Schwarz, Co-Auditor | Betrieb | Kernprozess Produktion | MS, MH, VA`s, ISO 9001:2000 |
| **Zeitplan** | **Untersuchungsschwerpunkte** | | | | | | **Auditierte** | |
| 8:00 Uhr | Einführungsgespräch | | | | | | Betriebsleiter und Führungskräfte Fertigung, Montage u. Versand | |
| 8:15 Uhr | Produktionplanung<br>Lenkung der Produktion | | | | | | Herr Braun, BL | |
| 8:45 Uhr | Einrichtungen, Werkzeuge, Prüfungen, Prüfdokumentation, Prüfmittel<br>Kennzeichnung, Rückverfolgbarkeit | | | | | | Frau Heinz, Leiterin AV | |
| 10:00 Uhr | Prozessablauf Auftragsbearbeitung, Verantwortlichkeit, Personaleinsatz<br>Arbeitseinrichtungen, Arbeitsplätze, Arbeitsumfeld<br>Wartung und Reparatur | | | | | | Herr Kern, Meister Fertigung | |

# Audit action in the field

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- Opening meeting
- Communication agreeing to the distribution of tasks
- Gathering information and proofs
- Examining processes and verification
- Documenting audit ascertainments
- Noting audit conclusions
- Final meeting

# Deviations

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- **Central deviation**
  - Conformity to the corresponding assessment base (set of regulations) is not given
  - Auditing in a specific point of examination is stopped
  - Measures of correction are urgently needed and to be implemented in the short therm (90-days rule)
  - Process of confirmation cannot be brought to an end
- **Secondary deviation**
  - A secondary deviation does not cause the stop of an audit
  - The transgression of a certain number is seen as a central deviation and treated analogously

# Recommendations

- The examinations show a conformity to the requirements
- The auditors give hints about existing development opportunities or conceivable requirements

# Audit reworks

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- **Audit report**
  - Writing an audit report by the audit team
  - Approval of the audit report (Audit Manager)
  - Distribution of the audit report (following internal rules)
- **Consequences**
  - Measures of correction, improvement and prevention are usually decided by the audited and not regarded as features of the audit

# Certificate

***Certificate =***

***Confirmation of conformity***

- Usually the certificate is valid for a perion of three years
- Subsequently: recertification audit
- Once per year: Controlling audits

# Creating a quality management system

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- Description of central processes is a helpful basis
- By changing these processes and the work of quality improvement teams the quality improvement is ready to be started

# Quality management process

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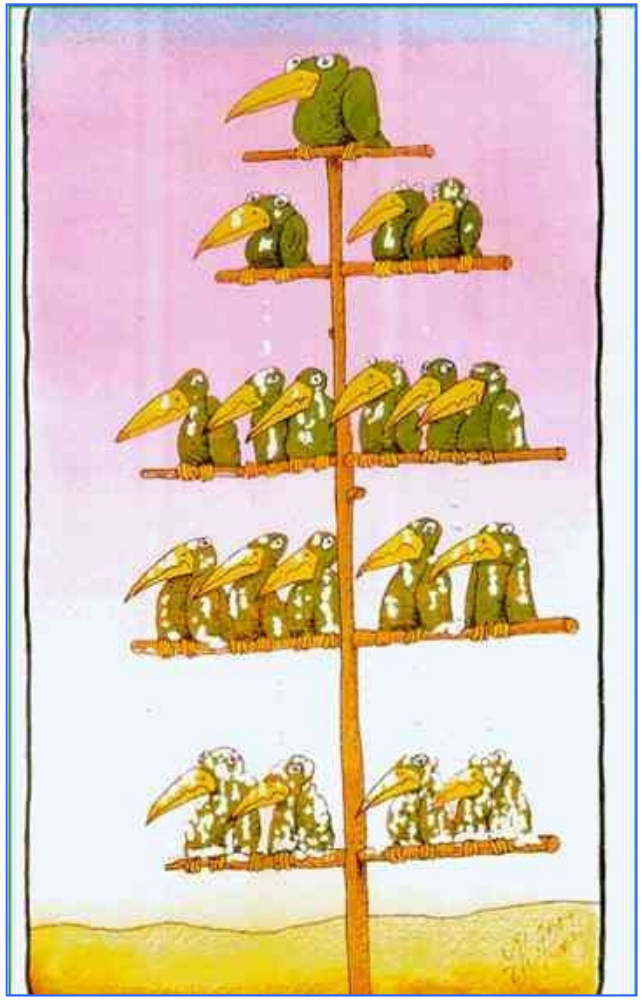
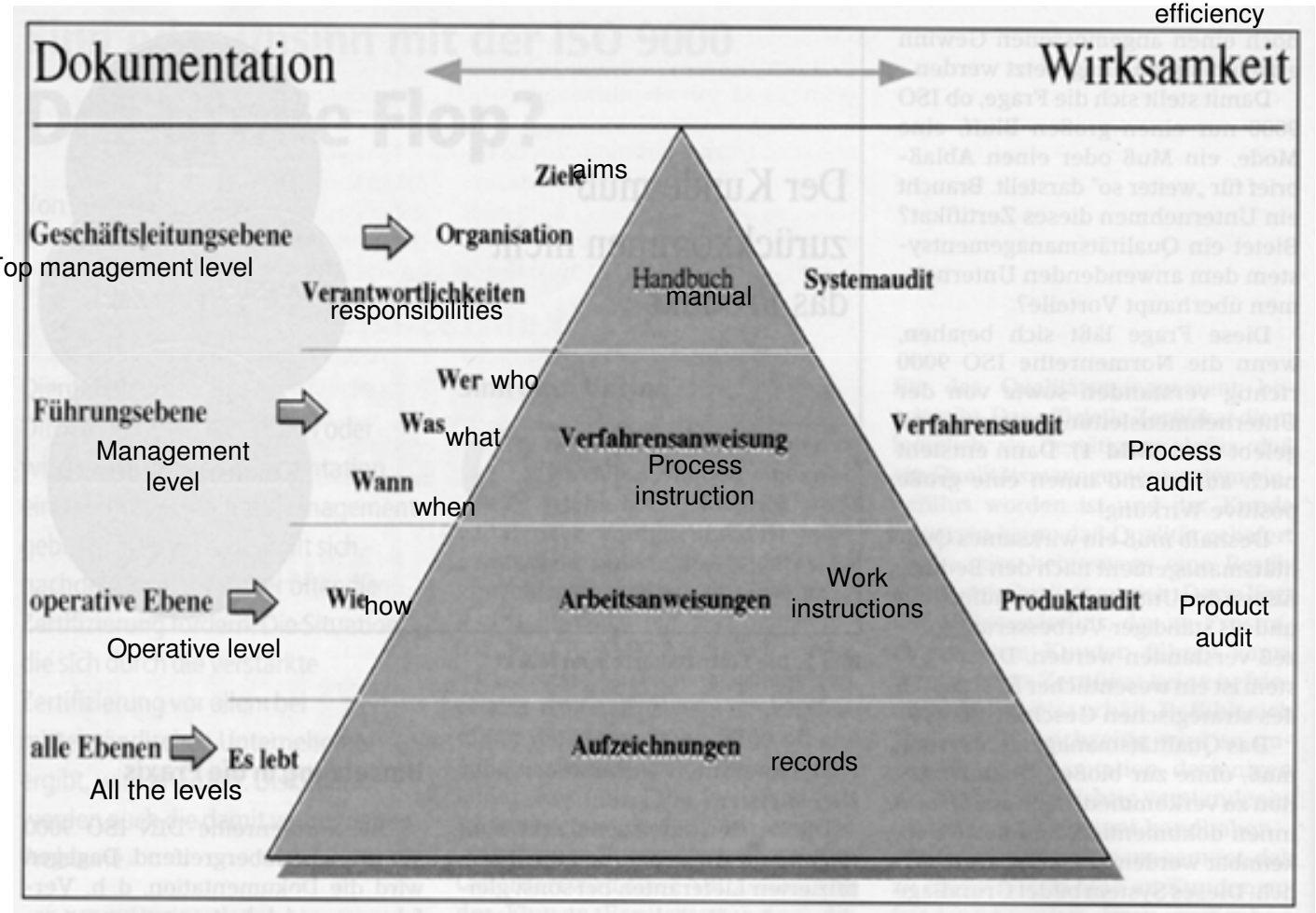
*…. **Management method** of an organisation which is based on the **involvement** of **all** their members, for which **quality** is in the center and which aims for **business success** in the long term and a **benefit** for the members of the **organisation** and **society** by satisfying the **clients** ….*



QM als Top-Down-Prozess

# Documentation hierarchy of quality management



# Document control

- **Document control** comprises all the activities of writing, reviewing, releasing and distribution of documents

- During the period of validity of the documents the activities of changing, re-releasing and the confiscation of old documents are understood

- To be differenciated:
  - Guidelines (=documents)
  - Form sheets
  - Quality recordings (=attestation documents)

# Document – recording

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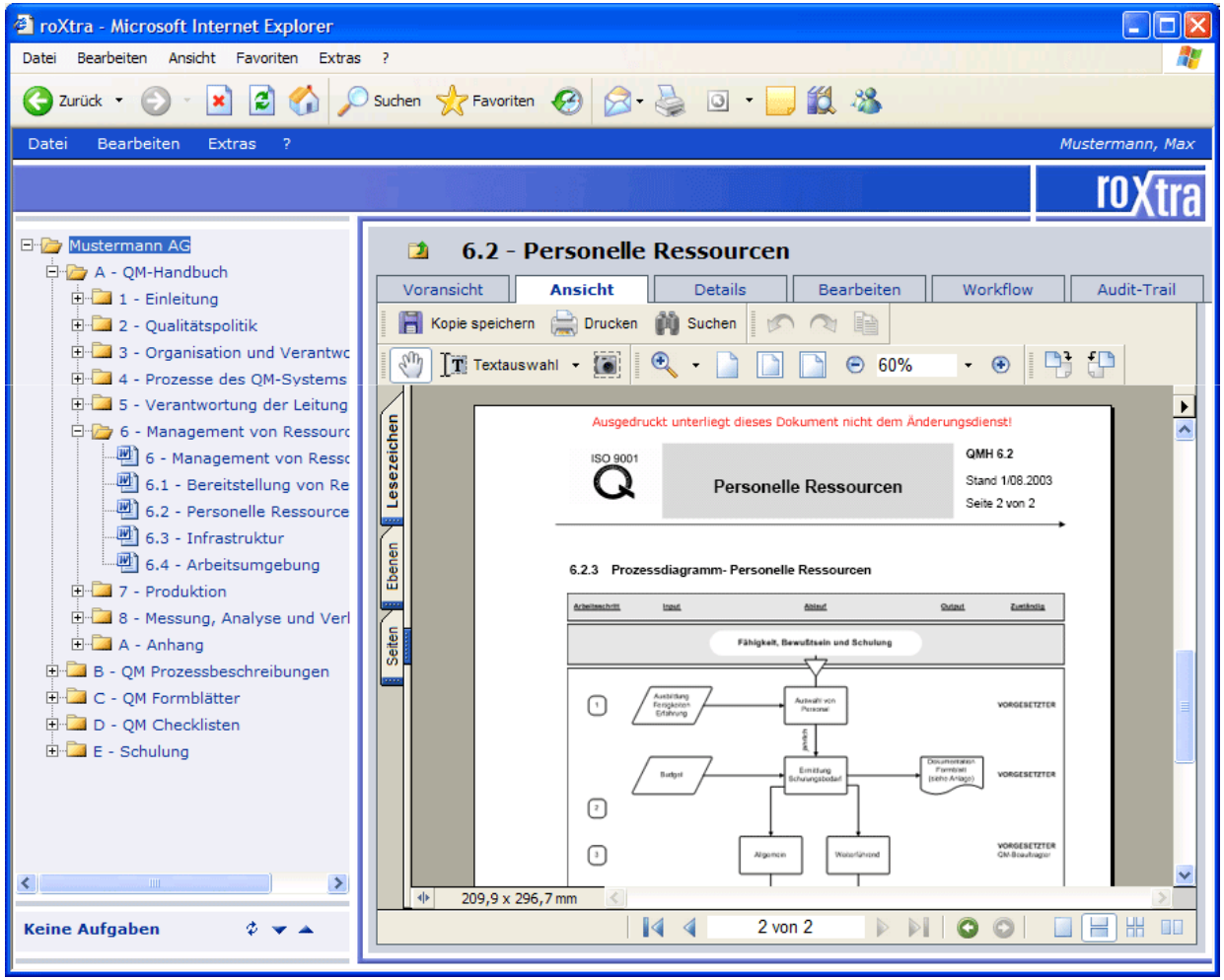
- **Document (guidelines)**
  - QM documents are all the data which contain guidelines and demands as well as organisation regulations about a QM system. Basically, among these range work and process instructions and the QM manual

- **Recording (proofs)**
  - A document which contains a proof about an accomplished activity or the obtained results
  - Recordings are documents which have been filled out
  - A document which is not valid any more turns automatically into a recording

# Electronic depiction of document control



# Quality policy…


... is scheduled by the management


...contains intentions and ambitions of the organisation about quality

...contains the obligation to improve steadily

...is an element of the entreprise policy

...is a part of the quality management manual

...has to be made public for all the employees

...has to be formulated in a way which makes it possible for all the employees to be understood, carried out and respected

# QMO – Quality Management Officer


- The QMO is appointed by the top management
- He is the direct subordinate of the management
- Responsibilities (among others)
  - Reporting the quality situation
  - Determination, realization and maintenance of the QM system
  - Monitoring the strategic quality aims
  - Description of the efficiency of the QM system and conclusions about improvement programmes

# QM models

- **KTQ (Kooperation für Transparenz und Qualität im Krankenhaus – Cooperation for transparency and quality in the hospital)**
- **EFQM (Modell für Excellence der European Foundation for Quality Management)**
- **DIN EN ISO 9001:2008**

→ The central part is the evaluation of processes in the hospital

# KTQ - Facts

- Concept applicable only for the whole hospital
- External evaluation by accredited KTQ visitors
- Many certified hospitals
- Nationally approved
- Approval by the partners of the self-management
- Minor integration of risk management
- Good integration of clinical pathways
- Steady adaption of the questionary
- Compatibility:
  - Integrates DIN ISO very well
  - Can serve as interim stage of EFQM

# KTQ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## Assets

- Hospital-specific catalogue
- Approved by self-managment partners
- Orientation to patients
- Pragmatic approach

## Disadvantages

- Fixed model promotes perception as check lists
- No complete QM model
- Low requirements
- Immature process
- No international approval

# The EFQM model

- In this model quality management refers to the relation between the enterprise and its clients
- The approach is orientated towards business processes, i. e. gathers the processes in an enterprise and tries to optimise them
- Central aim is the satisfaction of clients, which can only be guaranteed by sustainable development of the enterprise


Quelle: http://de.wikipedia.org/wiki/TQM, http://de.wikipedia.org/wiki/EFQM

# EFQM facts

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- Concept only applicable for the whole hospital
- Thorough self-assessment
- External assessment by trained EFQM accessors possible
- Few hospitals apply EFQM
- Approved internationally / all over Europe
- No distinct statement of the self-management
- Distinct integration of risk management
- Good integration of clinical pathways
- Oriented to Excellence, legal requirements are minimum requirements
- Compatibility: all the other approaches can be integrated



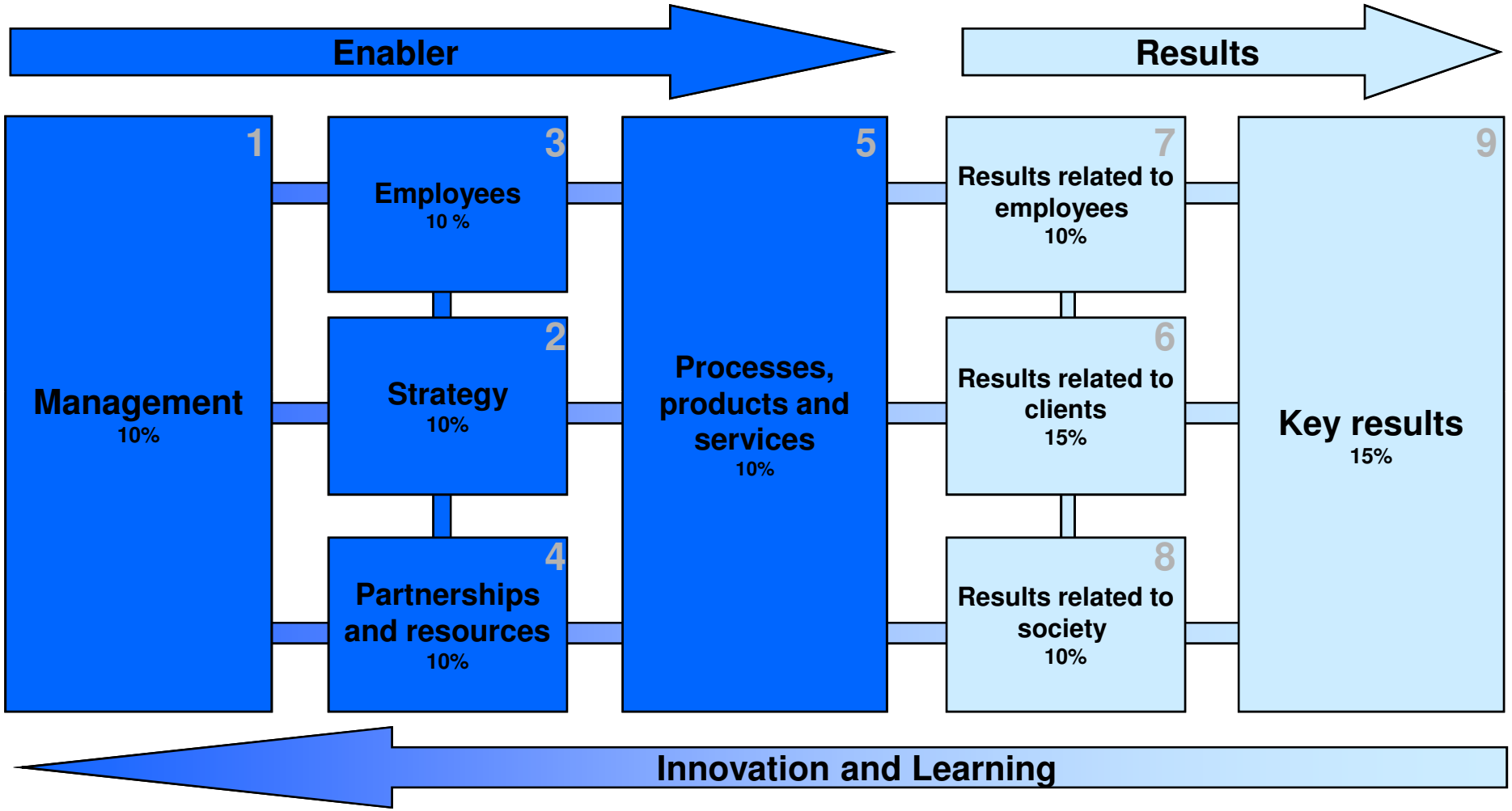

## Assets

- Evaluation of the quality of structure, process and result
- High orientation to results
- Profound, open and flexible model
- Orientation to top performance
- Self-assessment and no certification

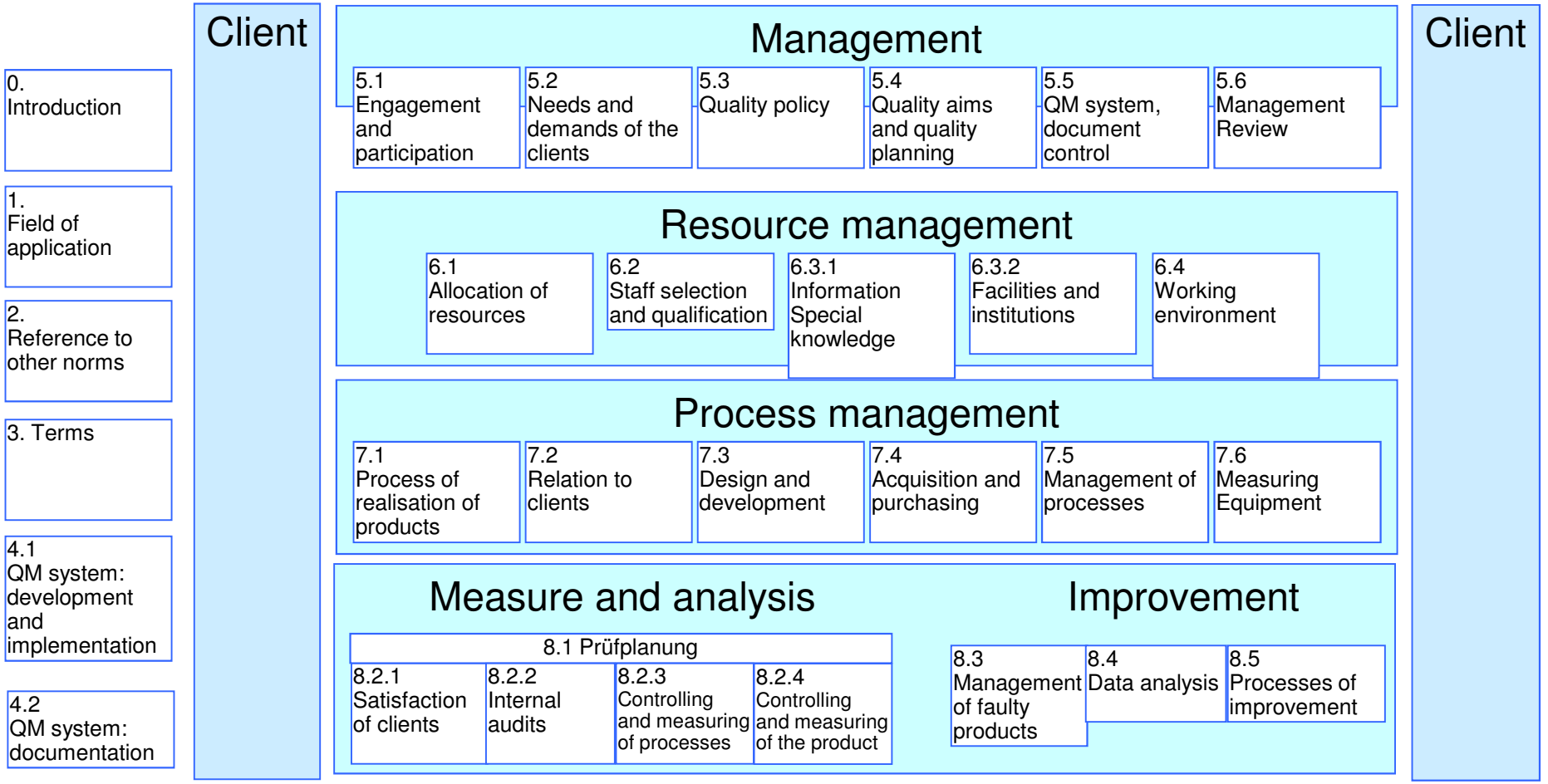
## Disadvantages

- Relatively abstract, industrial diction
- Adaption to the hospital is difficult
- Low structural requirements / no certification

# The EFQM model for Excellence (2010)



# Structure of DIN ISO 9001:2008



# ISO 9000:2008 – QM principles 1-4

- **Orientation to the client**
  Understanding the current and future requirements of clients; pursuit of fulfilling and exceeding the demands of clients
- **Management**
  Definition of consistent aims and the internal organisation; creating an environment in which people absolutely champion the goal achievement
- **Involvement of the people**
  People are the essentials of the organisation; their complete involvement creates the maximum benefit
- **Process-oriented approach**
  Resources and activities are managed and directed as one process – this makes an efficient goal achievement possible

# ISO 9000:2008 – QM principles 5-8

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- **System-oriented management approach**
  Perceiving, understanding, directing and managing interdependent processes makes the organisation more efficient and effective
- **Steady improvement**
  ...is a permanent goal of the organisation
- **Objective approach to decision making**
  Effective decisions by logical and intuitive data and information analysis
- **Supplier relation for mutual benefit**
  Relations between organisation and suppliers to enhance the abilities to create values for mutual benefit

# DIN ISO as a strait jacket?

- DIN ISO 9000 is not an obligatory legal norm and doesn´t have legal force
- This norm is a recommendation, a guideline which describes a model of quality management
- The official certificate only acts as a confirmation of an implementation of quality management and to show that the client can expect quality – it´s not confirmation of quality by itself


→ Individuality principle of ISO 9000:2000: Customising the QM system for the enterprise!

# DIN EN ISO - Facts


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- Scope of application definable, also for parts of the hospital
- Developing a systematic management system with four key requirements
- Audit: by auditors of an accredited certification authority
- Approved internationally / worldwide
- No distinct statement of the self-management
- Distinct integration of risk management
- Very good integration of clinical pathways
- Good prerequisite for Total Quality Management
- Compatibility: Basis for all the other models

# DIN EN ISO


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## Assets

- Nationally and internationally approved certification
- Courses of treatment are documented
- Orientation to the process
- Partial certification possible
- Flexible, open and complete model

## Disadvantages

- Partially high efforts of documentation
- Difficult adaptation of the norm to the hospital diction
- Measures process quality sharper than quality of results

# Certifying life vests out of concrete

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- Quotation of the Director for Quality Management for business systems of Motorola company, Richard Buetow:

„With ISO 9000 you can still have terrible processes and products. You can certify a manufacturer that makes life jackets from concrete, as long as those jackets are made according to the documented procedures and the company provides next of kin with instructions on how to complain about defects.“[1]

[1]Peters, T.: Der Innovationskreis – Düsseldorf und München: ECON 1998, S. 307

# State and development of QM systems

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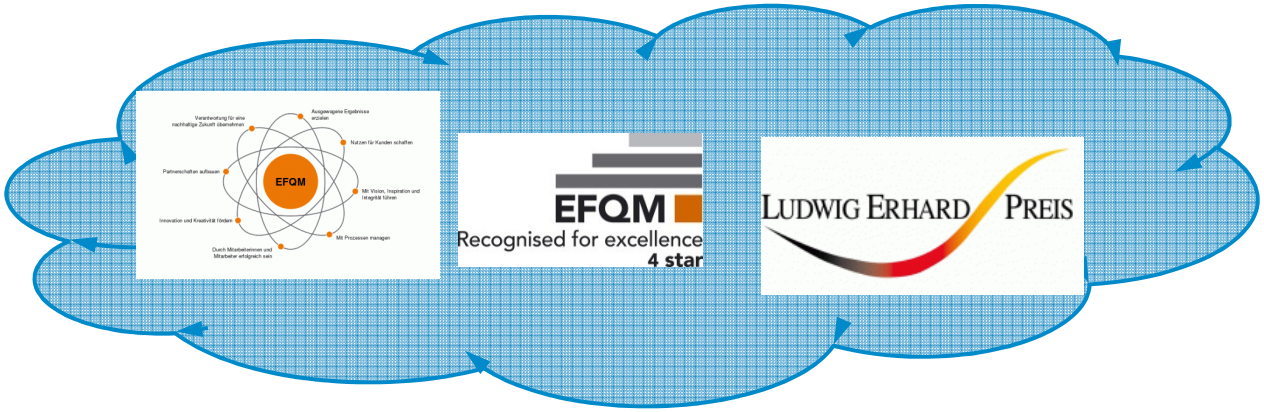


2020 ff ???

Zertifiziertes QM System

Certification of the whole clinic

2015 ???

DKG

Individual certificates/ accreditations

2012

# Existing and planned certificates

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## Organ cancer centers according to DKG:

- Kooperatives Darmzentrum Region Leipzig
- Skin tumour centre
- Prostate cancer centre
- (Breast centre: Certification suspended)
- Onkologic centre

## Central institutions/clinics:

- Central sterilisation
- Chemist
- Anaesthesia

## Laboratory accreditations:

- Institute for Laboratory medicine, Clinical Chemistry and Molecular Diagnostics
- Virology

## Various special certifications:

- Stroke Unit of the clinic and polyclinic of neurology
- Continence centre
- Diabetes centre
- Trauma centre
- Perinatal centre
- …

# Acquisition of the ISO norm


- International norms are protected by copyright and ISO is particularly interested in saving the integrity of the documents.
- They are a considerable source of yield by which future measures of the organisation and their members are ensured.

When the winds of change blow,

some people build walls

and others build windmills!

# Book tips


**DIN EN ISO 9000:2000ff umsetzen. Gestaltungshilfen zum Aufbau Ihres Qualitätsmanagementsystems (Pocket Power)** von Jörg-Peter Brauer und Thomas Horn von Hanser Wirtschaft (**Broschiert** - Oktober 2006)

**Preis:** EUR 9,90

**Qualitätsaudit. Planung und Durchführung von Audits nach DIN EN ISO 9001:2000 (Pocket Power)** von Gerhard Gietl und Werner Lobinger von Hanser Wirtschaft (**Taschenbuch** - Februar 2007)

**Preis:** EUR 9,90

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# Thank you
# for your attention