Schweizerische Gesellschaft für Handchirurgie **SGH**
Société Suisse de Chirurgie de la Main **SSCM**
Società Svizzera di Chirurgia della Mano **SSCM**

Qualitätsstrategie
Stratégie en faveur de la qualité

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1. SGH Qualitäts-Struktur / Structuration de la démarche qualité de la SSCM

Quality delegate:

- Laurent Wehrli, Centre de la main, CHUV, Lausanne
  - Member of the SGH committee
  - SGH delegate at SAQM/ASQM

Quality commission :

- Laurent Wehrli, Mathias Haefeli, Thomas Mészáros

Regional quality promoters :

- Voluntary candidates among SGH members
- Collaborate with Quality delegate to create and improve SGH quality programs
- Are responsible to promote SGH Quality programs in their center or geographical area
- Will be listed on the SGH website Swisshandsurgery.ch

2. SGH Qualitätsdefinition / Définition de la qualité de la SSCM

The quality of care in hand surgery corresponds to the level of completion of its safety, efficiency and patient's favorable judgment regarding his / her care.

1. Security → *no harm*
   - ↑ appropriateness of surgical indications
   - ↓ risks of iatrogenic damages

2. Efficacy → *quality of life*
   - ↓ pain in the hand or wrist
   - ↑ hand function to best potential
   - ↓ unjustified variation of results
   - ↓ delay of return to activities (private & professional)
   - ↓ delays of care (emergencies / consultations / treatment)

3. Patient's experience (PREM) → *care satisfaction*
   - ↑ responsiveness to patient's needs & expectations
   - ↓ postoperative pain

The above components determine the targets of our Quality programs and our Quality indicators.

3. Handlungsfelder / Champs d'action

The Swiss Society for Surgery of the Hand provides instruments to its members, with the goal to improve each step of the patient management in the daily medical practice. Small scale projects with immediate potential benefit for patients are favored over large ones, bearing the risk of not being followed by our members and of absence of sustainability. The continuous improvement of the quality of teaching and the intrinsic motivation for improvement are clearly favored over the implementation of benchmarkings, controls and sanctions. Improvement of the adequacy of the content of our medical records is favored over money and time-consuming registers. The standardization of the items in our medical record will then be used for quality analysis as soon as extraction solutions get available.

Summary of potential Quality programs in hand surgery:

SGH Quality priorities	➔ SGH Quality programs	Impact from the patient's point of view
Transparent information given to the patient	Patient information material Surgical consent form	"I am aware of my medical condition and prognosis, of treatment options available before consenting for a procedure"
Diagnosis certainty & Surgical **indication** justification	Minimal data set (MDS preop) Hand surgery guidelines Patient rated outcome measure (PROM)	"My medical file attests the sound correlation between my problems, the diagnosis and the proposed treatment." "The subjective impacts of my health problems are taken into account."
Efficiency of surgical **teaching**	Preop briefing (MEMO card) Levels of supervision (MEMO card) Postop debriefing (DOPS and non-formal verbal feedback)	"Training of young surgeons has no negative impact on the quality of the care I receive."
Operative skills (post-graduate and continuous education)	Surgical video library (national platform for SGH members) Hand surgery guidelines Quality circles	"My surgeon is aware of the techniques used by its peers across the coutry."
Efficiency of treatment	Minimal data set (improvement between preop and postop data) ICHOM	"The added value of the treatment I receive is monitored."
Subjective **value** of treatment	Patient rated outcome measure (PROM)	"The efficacy I perceive of my treatment is taken into account."
Intra- (and inter?) institution **comparison** to detect areas of potential improvement	Clinical audit (Analysis extracted out of minimal data set) Quality circles	"I know my medical team is doing its best to continuously improve itself."

SGH does not currently engage itself in the following programs:

- **Registers**: previous work have led to failures due to lack of data input by our national society members (basal joint arthritis, skiers thumb, Dupuytren). Time consuming redundant documentation must be dealt by future software solutions to extract data directly from anonymized patient clinical files. We therefore commit ourselves into the optimization of the medical file documentation (MDS) and will so be "register-ready".
- **Ranking and benchmarking**: insufficient data to allow sound weighting of results (ie comorbidities, severity of the treated disease…) by risk adjustment leads to partial and unreliable conclusions in comparing surgeons between them.

4. Ziele / Objectifs

Launched programs:

1) Improvement of surgical education by active supervision
   a) **Specific**: Printable memo for the operating room office:
      - Preoperative briefing
      - Seven levels of surgical supervision
      - Postoperative debriefing (systematic "oral DOPS"; 4 written DOPS/year as required already by ISFM)
   b) **Measurable**: acceptance survey among members in November 2016 concerning preoperative briefing: 65% agree on its potential effect on the quality of surgical teaching and 59% agree on its potential effect on security. Satisfaction from trainees: a question could be added to the annual ISFM surveys
   c) **Acceptable**: informations given at annual congress by quality delegate and by regional quality promoters. Printable MEMOS can be downloaded from SGH website. MEMOS stay in the office of operating rooms to help surgeons and trainees with the content of briefing and the stages of supervision.
   d) **Relevent**: education in hand surgery must be achieved after 6 years, instead of 8 years previously. It begins with 2 years of surgical training (general, plastic, orthopedic, pediatric…), and ends with a specifc hand surgery training lasting 4 years. Hence, each surgical attendance should be an opportunity to gain a maximum of competencies, without harming the patient.
   e) **Timed**: Validation of the project by SGH committee and presentation to the general assembly in 2016. Training by regional promoters and printing in each hand surgery operating room in 2018. Aborted at this stage: infrequently used on field. Improvement of supervision in 2019 and 2020. Satisfaction of trainees measured in September 2020. Presentation of the satisfaction results during national congress in November 2020.

2) Optimization of patient's medical record in order to better:
   - ascertain the diagnosis
   - justify the surgery
   - measure the patient's benefit of the treatment

   a) **Specific**: elaboration of a minimal data set for frequent hand pathologies (traumatic and non-traumatic). The proposed standardization of medical records affects only the fewest most relevant clinical items gathered form patient's history, physical examination and complementary exams.
   b) **Measurable**: minimal data sets form of a common language between surgeons or between centers. The hand centers using MDS will be listed on SGH website. Sharing data is optional. It is the basis for future Clinical audits, evaluating treatment efficacy. The number of Clinical audits will also measure indirectly the adherence to the minimal data set program.
   c) **Acceptable**: MDS is a mean of documenting the sufficient amount of clinical parameters, in the little amount of time available during a medical consultation. Its implementation will be simpler after the introduction of the "patient electronic record" in spring 2020. The program will begin with two presenting symptoms or hand pathologies and a consensus will have to be found on defining minimal datas:
      (1) Hand paresthesia (non traumatic)
      (2) Flexor tendon lacerations

      ICHOM standard sets of outcome in the field of hand surgery will be available by 2020. They will be implemented in Switzerland, because they measure what matters most to patients. They inform on the outcome after surgery, but not on the diagnostic accuracy, nor on the validity of the surgical indication.
   d) **Relevent**: A correct diagnosis is the foundation of a valid therapeutic project. Each surgical indication needs to be justified with subjective and objective data, in order to diminish inappropriate operations. The systematic follow up of patients is the only mean to measure variation in outcomes, treatment value and complications level.

e) **Timed**: Validation of the project by SGH committee and presentation to the general assembly in 2016. Elaboration of the minimal data sets during 2017-2020. Aborted at this stage: no feedback received on first MDS: cubital tunnel syndrome. Implementation in electronic medical records in 2020. First clinical audits in 2022.

3) Swiss hand surgery platform for knowledge management :

- Local patient's consent forms
- Local patient's instruction leaflets
- Local diagnostic and therapeutic protocols
- Local learning supports (including 6 postgraduate training sessions each year)
- Videos (Vimeo link), illustrations
- Others

a) **Specific**: the platform will be accessible to SGH members, in order to ease peer to peer sharing of existing documents and transform implicit knowledge to explicit knowledge. The following tags will be attributed to each piece of document added on the platform:

(i) Name of sharing person (open text)
(ii) Name of diagnosis/problem/subject (open text)
(iii) Structure affected: skin - nail - fascia - muscle - tendon - pulley - ligament - nerve - artery - vein - joint – bone – medical organization – patient's consent – other
(iv) Part affected: no need to specify - finger – thumb – palm – dorsum of hand – wrist – forearm – elbow – shoulder – cervical area – head – trunk – lower limb
(v) Cause: trauma – inflammation – degenerative – tumour – congenital - other
(vi) Purpose: diagnostic procedure- release - repair - reconstruction – salvage – rehabilitation - information to patient - other

Each piece of document will have a space of comments and feedbacks.
A sharing person will be able to tag "obsolete" on the documents he shared.
National guidelines in hand surgery will be created and continuously adapted after analysis of the shared documents by a scientific commission, led by the three responsible of the following SGH departments: Post-graduate education, Continuous education and Quality.

b) **Measurable**: the number of participants and number of documents exchanged will correlate with the acceptance of the measure. Number of national guidelines created.
c) **Acceptable**: these documents exist already in most of hand surgery centers. Sharing them will be an act of collaboration and a way to improve them through consideration of the feedbacks received.
d) **Relevent**: there is a need of better transparency on current medical strategies, either diagnostic or therapeutics. Competencies will be leveled up through reading of files and comments. National guidelines will emerge not only form the shared scientific literature but also from national wide practical experience.
e) **Timed**: Validation of the project by SGH committee by end 2019. Aborted at this stage: no technical availability on website and no participation by members in sharing local documents. Selection of the software or online platform: 2020. Implementation 2020-2021.

5. Massnahmen / Mesures

Active program in 2023 and 2024 :

- Creation of a national Consent form for hand surgery
- Creation of Patient information material

Results of surveys sent to SGH members are available on:
https://swisshandsurgery.ch/dienstleistungen/qualitaet.html

- Perception of Security and Quality of hand surgery – Survey results 2016
- Acceptance of support to surgical teaching in hand surgery - Survey results 2017
- Quality activities currently applied in Hand surgery - Survey results 2019

6. Kontakt / Contact

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