

# ***Gesundheitsziele in Europa: Überblick***

***Gesundheitsziele erfolgreich umsetzen, Berlin 25. Jan. 2010***

Dr. Matthias Wismar, Senior Health Policy Analyst



# EMERGENCY ROOM WAITING TIME CLOCKS

You should always dial 911 in an emergency. For other times when you need to visit one of our three area emergency rooms, check this site to see the actual current waiting times, shown below. Please consider this information when deciding where to go for care - and bookmark this site for future reference.

**Important:** [Click here to see what these times mean.](#)


Sonntag ca. 05:00 Ortszeit

  
**MIDDLESEX HOSPITAL**


Current Waiting Time:  
**00:24**  
Hrs Min  
Updated every five minutes



**Middlesex Hospital**  
28 Crescent Street, Middletown, CT 06457  
Phone: (860) 358-6000  
[Directions](#)

  
**MIDDLESEX HOSPITAL**  
SHORELINE MEDICAL CENTER

Current Waiting Time:  
**00:00**  
Hrs Min  
Updated every five minutes



**Shoreline Medical Center**  
260 Westbrook Road, Essex, CT 06426  
Phone: (860) 358-3700  
[Directions](#)

  
**MIDDLESEX HOSPITAL**  
MARLBOROUGH MEDICAL CENTER

Current Waiting Time:  
**00:00**  
Hrs Min  
Updated every five minutes



**Marlborough Medical Center**  
12 Jones Hollow Road, Marlborough, CT 06447  
Phone: (860) 358-3200  
[Directions](#)



# EMERGENCY ROOM WAITING TIME CLOCKS



You should always dial 911 in an emergency. For other times when you need to visit one of our three area emergency rooms, check this site to see the actual current waiting times, shown below. Please consider this information when deciding where to go for care - and bookmark this site for future reference.

**Important:** [Click here to see what these times mean.](#)

Sonntag ca. 11.30 Ortszeit.



Updated every five minutes



## Middlesex Hospital

28 Crescent Street, Middletown, CT 06457  
Phone: (860) 358-6000

[Directions](#)



Updated every five minutes



## Shoreline Medical Center

260 Westbrook Road, Essex, CT 06426  
Phone: (860) 358-3700

[Directions](#)



Updated every five minutes



## Marlborough Medical Center

12 Jones Hollow Road, Marlborough, CT 06447  
Phone: (860) 358-3200

[Directions](#)

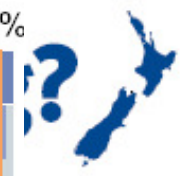
# Shorter stays in



# Emergency Departments

1	West Coast	100%
2	Wairarapa	98%
3	Whanganui	96%
4	Nelson Marlborough	96%
5	Southland	96%
6	South Canterbury	95%
7	Tairāwhiti	94%
8	Taranaki	92%
9	Counties Manukau	89%
10	Canterbury	87%
11	Bay of Plenty	87%
12	Northland	85%
13	Hutt Valley	83%
14	Lakes	82%
15	MidCentral	75%
16	Hawke's Bay	73%
17	Otago	70%
18	Auckland	70%
19	Capital & Coast	67%
20	Waikato	67%
21	Waitemata	61%

95%



Wairarapa	88%
Waikato	79%
Southland	78%
Tairāwhiti	77%
Hawke's Bay	75%
Lakes	71%
Canterbury	71%
Bay of Plenty	70%
Whanganui	70%

1	Taranaki	79%
2	Wairarapa	77%
3	Hutt Valley	76%
4	MidCentral	76%
5	West Coast	76%
6	Waitemata	69%
7	Lakes	68%
8	Tairāwhiti	68%
9	Hawke's Bay	68%

12	Northland	85%
13	Hutt Valley	83%
14	Lakes	82%
15	MidCentral	75%
16	Hawke's Bay	73%
17	Otago	70%
18	Auckland	70%
19	Capital & Coast	67%
20	Waikato	67%
21	Waitemata	61%

12	Capital & Coast	67%
13	Counties Manukau	89%
14	Hutt Valley	83%
15	Taranaki	92%
16	Whanganui	96%
17	South Canterbury	95%
18	Bay of Plenty	87%
19	Hawke's Bay	73%
20	West Coast	100%
21	Otago*	70%

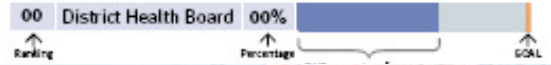
**Shorter stays in Emergency Departments**  
 The target is that 95 percent of patients will be admitted, discharged or transferred from an Emergency Department within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again. It is expected that many DHBs will take up to two years to achieve this target with good sustainable improvements.

**Improved access to elective surgery**  
 The target is an increase of elective surgery by a certain number of discharges per year. \* Otago DHB's delivery of a change in Patient's leading to problems with national collections.

## Shorter stays in Emergency Departments

The target is that 95 percent of patients will be admitted, discharged or transferred from an Emergency Department within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again. It is expected that many DHBs will take up to two years to achieve this target with good sustainable improvements.

How to read the graphs



This information should be read in conjunction with the details on the website [www.moh.govt.nz/healthtargets](http://www.moh.govt.nz/healthtargets)

# Überblick

- Gesundheitsziele in Europa
  - Nationale und regionale/lokale Ziele
  - Ausrichtung der Ziele
  - Landes- und Kontextgebundenheit
- Erfolgsfaktoren der Umsetzung
  - Eigeninitiative der gesundheitspolitischen Akteure
  - Regierungsverantwortung und Freiwilligkeit der Akteure
  - Regierungsverantwortung und Allokation von Finanzmitteln
  - Nationale Ziele, lokale Indikatoren, Anreize und Sanktionen
  - Kontinuität und überparteilicher Konsens

**DRAFT**

# HEALTH TARGETS IN EUROPE

Learning from Experience

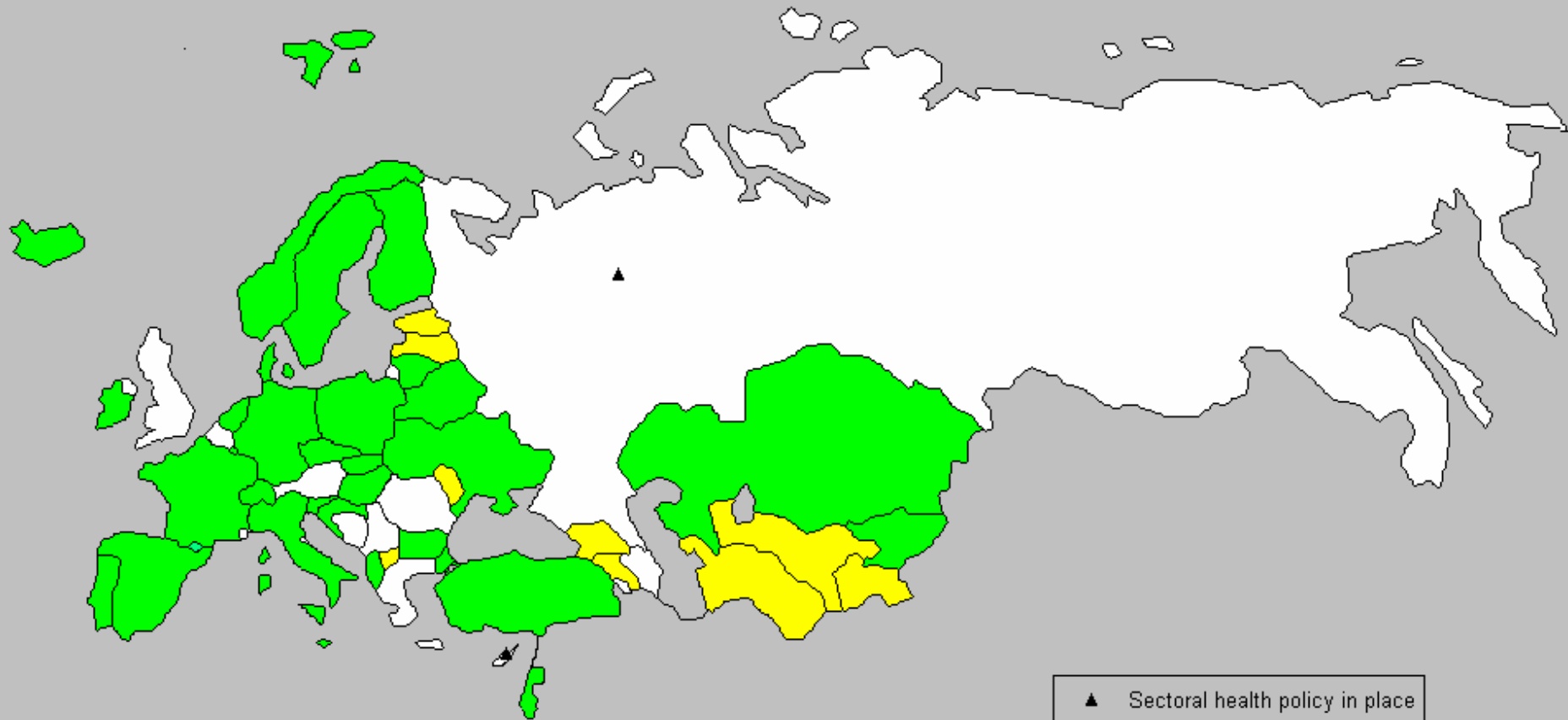
Editors: Matthias Wismar,  
Martin McKee, Kelly Ernst, Diya  
Srivastava, Reinhard Busse

Observatory Studies Series




Mit Fallstudien aus

- England
- Deutschland
- Flandern (Belgien)
- Frankreich
- Kataloniene (Spanien)
- Russland

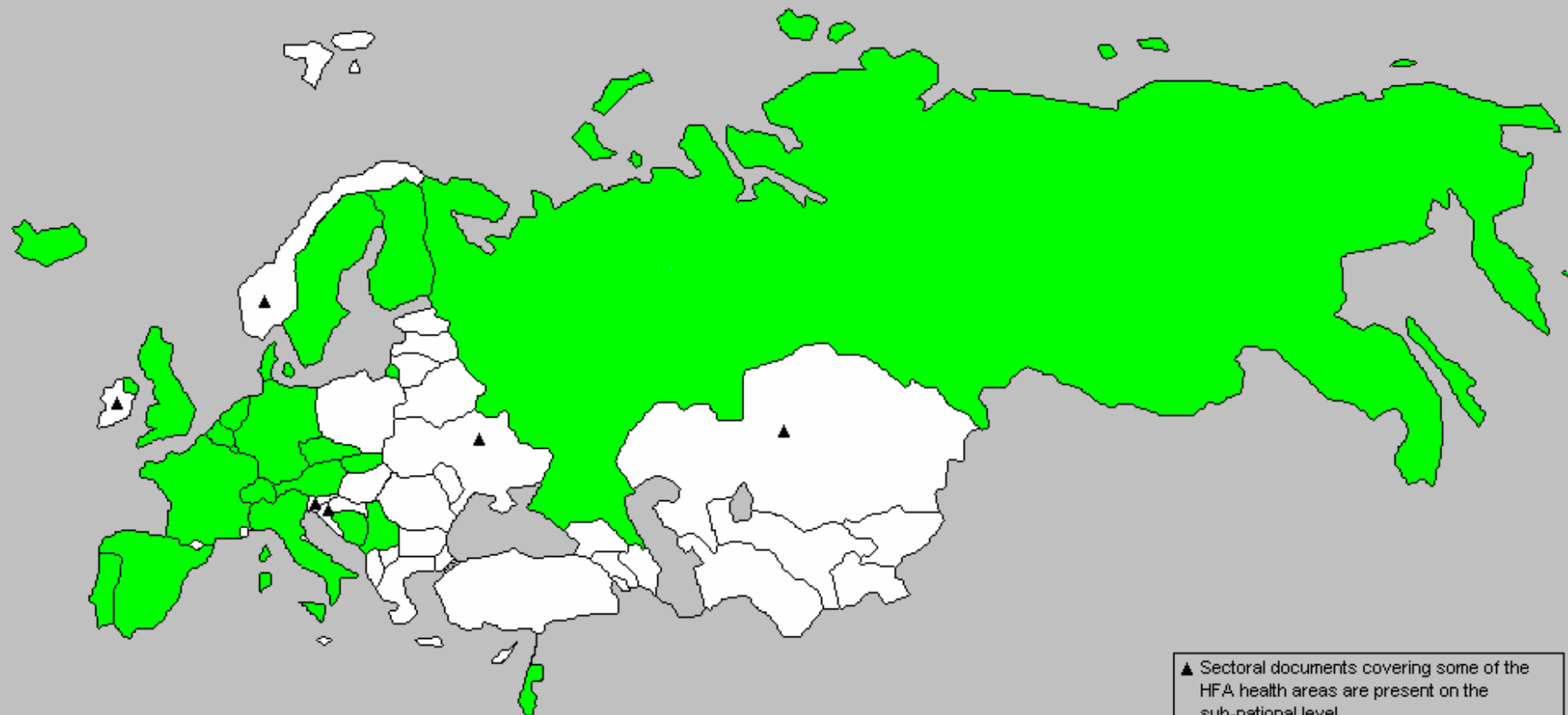
# Nationale Gesundheitsziele in Europa. Stand 31.Dezember 2004



The designations and the presentation of material on this map of the Member States of the WHO European Region (as at July 2003) do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines represent approximate border lines for which there may not yet be full agreement.

 Health Policy document in place       Health Policy document draft in process of drafting       No Health Policy document identified

# Länder mit regionalen und kommunalen Gesundheitszielen. Stand 31. Dezember 2004



The designations and the presentation of material on this map of the Member States of the WHO European Region (as at July 2003) do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines represent approximate border lines for which there may not yet be full agreement.

 Sub-national Health policy present       No sub-national policy present

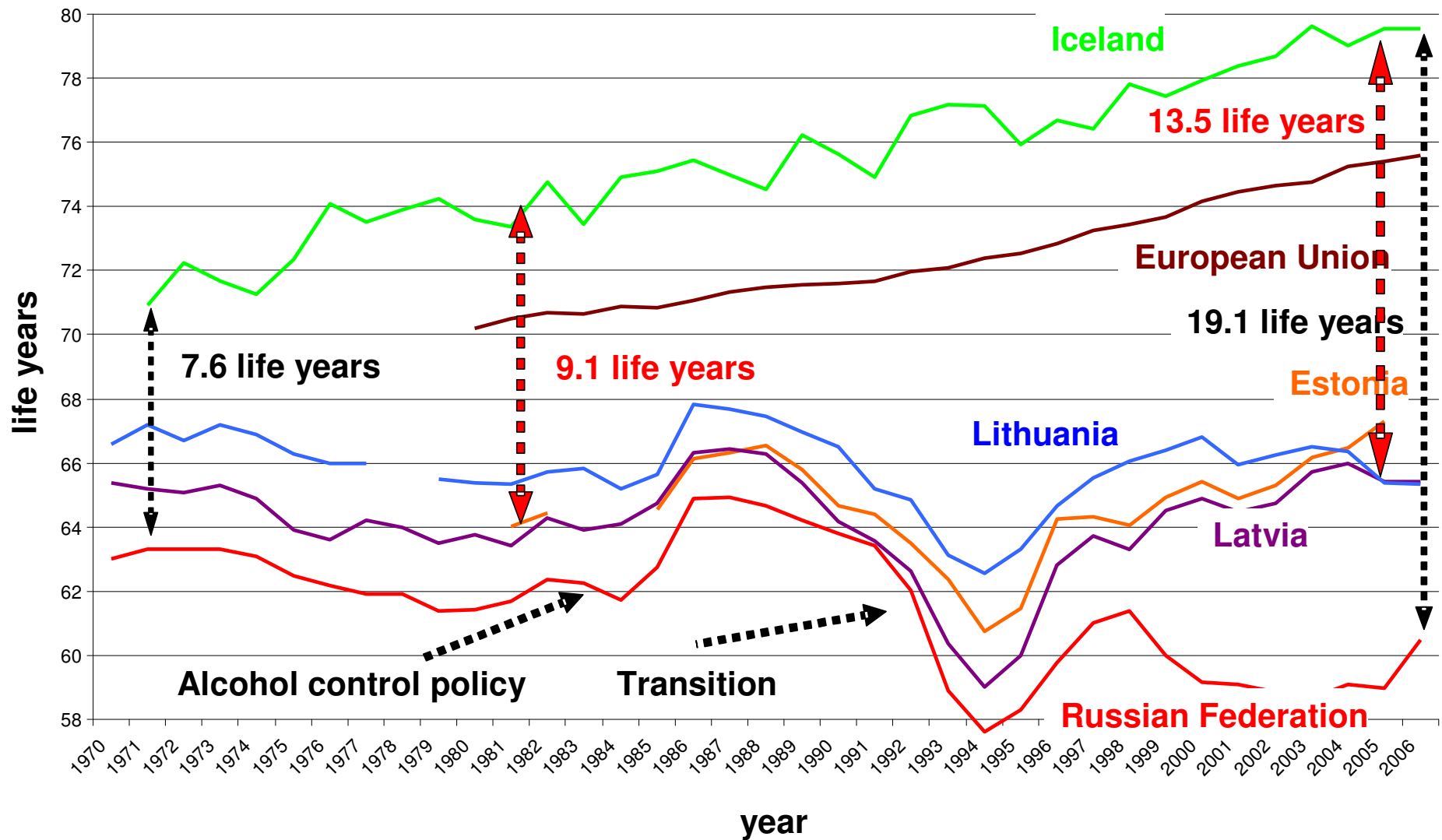
▲ Sectoral documents covering some of the HFA health areas are present on the sub-national level.

# Unterschied in der Fokussierung von Gesundheitszielen

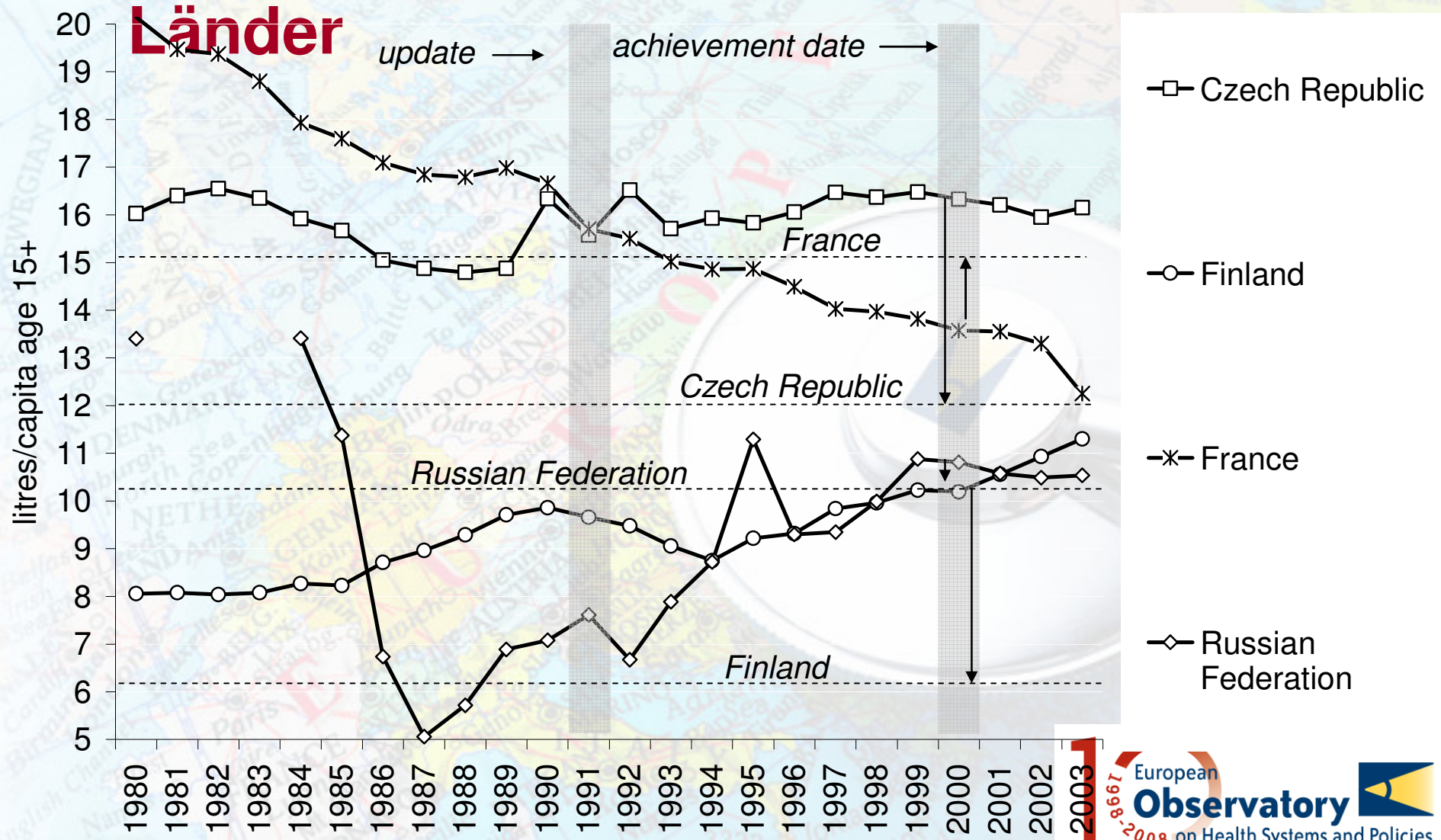
- Versorgungsziele
- Gesundheitsförderung
- Gesundheit in allen Politiken

# Gesundheitsziele und gesundheitliche Lage: Lebenserwartung Männer (1970-2006)

WHO HFA-DB)



# Kontextgebundenheit von Ziel und Maßnahme: Alkoholkonsum in Europa, Liter pro Kopf alter 15+, ausgewählte Länder



# Eigeninitiative der gesundheitspolitischen Akteure: Gesundheitsziel zur Schulernährung, Flandern

- Gesundheitsziel gesunde Ernährung in der Schule
  - Fachkommittees
  - Schulkomitees
- Freiwillige Teilnahme
  - Im Jahre 2000, 2 Schulen
  - Im Jahre 2004 60 Schulen mit 20.000 Kindern
  - Ab 2006 auch in der französischen Gemeinschaft
- Grenzen der Freiwilligkeit
  - Alle anderen flämischen Gesundheitsziele gelten als nicht implementiert (van der Brucke 2008)

# Regierungsverantwortung und Freiwilligkeit der lokalen Akteure

- Gesetz zu den Zielen des öffentlichen Gesundheitswesens, 2003
  - Stärkere Anbindung an die Regierungsverantwortung
    - Neuschaffung des Postens eines Gesundheitsministers
    - „Nachhaltigkeits-Sekretariat“ direkt unter dem Premierminister
    - Interministerielle Arbeit vor allem in Verkehrs- und Bildungspolitik
  - Gesundheitsdeterminanten
- Koordinator der Umsetzung National Institute of Public Health Umsetzung
- Kommunen als wesentliche Akteure der Umsetzung

# Regierungsverantwortung und Freiwilligkeit der lokalen Akteure II

- Viele Kommunen ziehen mit
- Dienste des National Public Health Institutes werden abgefragt
- Gesundheitsverträglichkeitsprüfung
- Aber
  - Indikatoren zu grob
  - Zuschreibbarkeit der 'outcomes' unklar

# Regierungsverantwortung und Allokation von Finanzmitteln, Frankreich

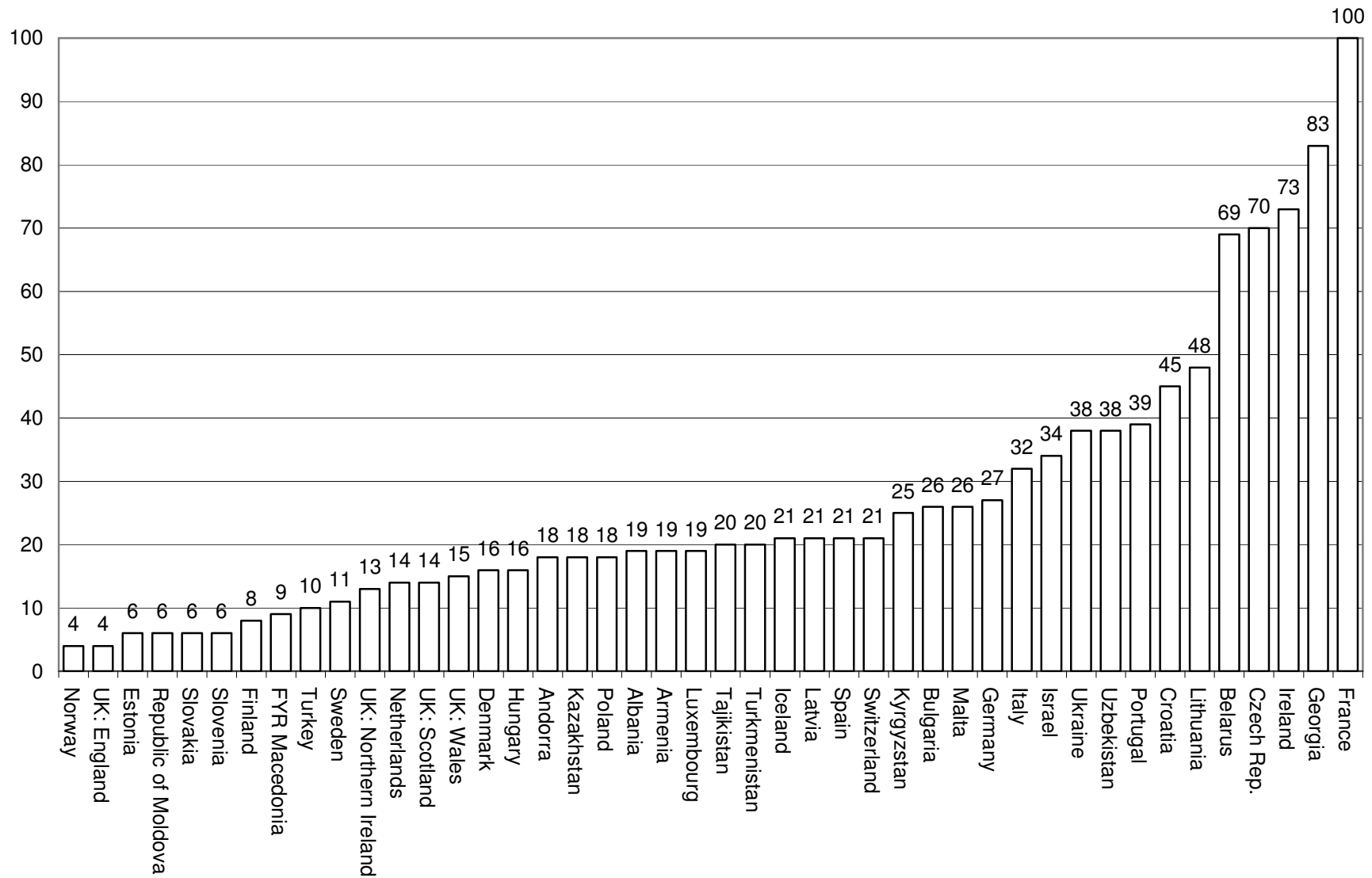
- Reduktion der krebsbedingten Mortalität um 20% innerhalb der nächsten 5 Jahre
  - 70 operationelle Ziele nach 6 Kategorien
- Finanzierung: € 640 Mio bis 2007
  - 13% für “Prävention und Früherkennung”,
  - 21% to “Patientenversorgung und Patientenunterstützung”
  - 16% to “Modernisierung von Versorgung und Einrichtungen”,
  - 32% to “Zugang zu innovativen Behandlungen” and
  - 18% to “Forschung und Training”
- 3,900 neue Jobs werden geschaffren
  - 1,700 in Pflege und technische unterstützung,
  - 500 Ärzte
  - 400 Patientenunterstützung
  - 660 Andere Kategorien
- Rechtsverordnungen zu Tabak (Polton, Paris 2008 im

# Regierungsverantwortung und Allokation von Finanzmitteln, Frankreich

- Der französische Krebsplan
  - Sinkende Raucherprävalenz
  - Steigende Inanspruchnahme von Tabakausstiegsprogrammen
- Evaluationen Rechnungshof und Hoher Rat für öffentliche Gesundheit 2009
  - $\frac{1}{3}$  drittel der Ziele erreicht,  $\frac{1}{3}$  teilweise erreicht,  $\frac{1}{3}$  Ziele noch nicht erreicht oder Daten nicht verfügbar
  - Kosten nicht getrennt aufgeführt
  - Positive Entwicklung Tabakkprävention

Polton, Paris 2008

# Sind 100 Ziele handhabbar für Frankreich? (Stand Dezember 2004)



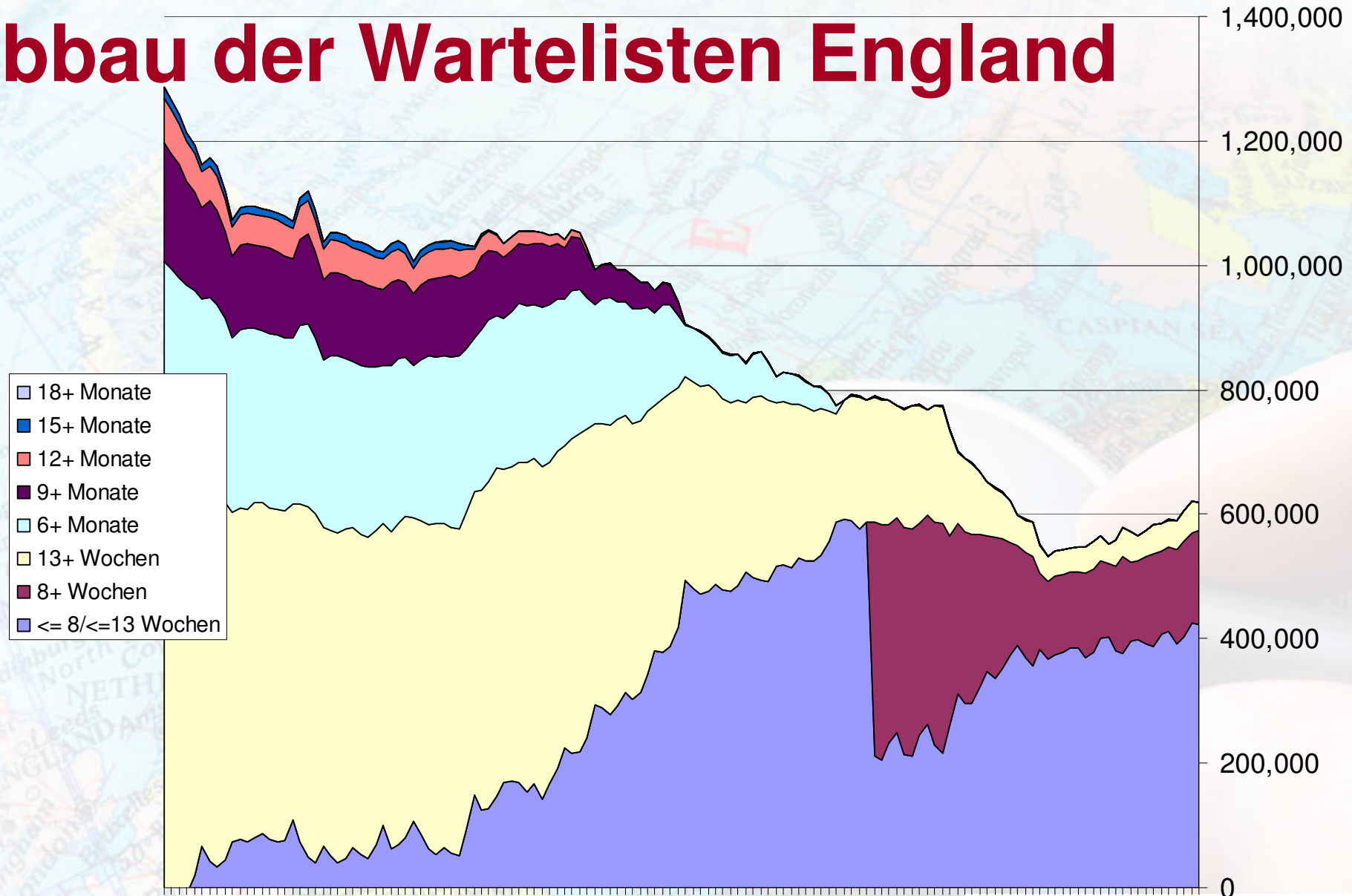
# Nationale Ziele, lokale Indikatoren, Anreize und Saktionen - England

- Politikformulierung
  - The Health of the Nation, 1992
  - Saving Lives: Our Healthier Nation, 1999
  - Gesundheitziele zur gesundheitlichen Chancengleichheit, 2003
- Gegenwärtige Umsetzung
  - Einbettung der Gesundheitsförderung in das Gesundheitssystem
    - Public Services Agreements zwischen dem Finanzministerium und dem Gesundheitsministerium
    - National Service Framework
    - Ergebnisorientiert
    - Operationalisierung und Anbindung der Gesundheitsziele and Performance Indices für einzelne Organisationen
    - Finanzielle Anreize und Sanktionen
  - Regionalisierung von Gesundheitsinformationen, Public Health Observatories

# Schlüsselziele für Englische Akut- und Sonderkrankenhäuser

- 12 hour waits for emergency admission via A&E post decision to admit
- All cancers: two week wait
- Elective patients waiting longer than the standard
- Financial management
- Hospital cleanliness
- Outpatient and elective (inpatient and daycase) booking
- Outpatients waiting longer than the standard
- Total time in A&E: four hours or less

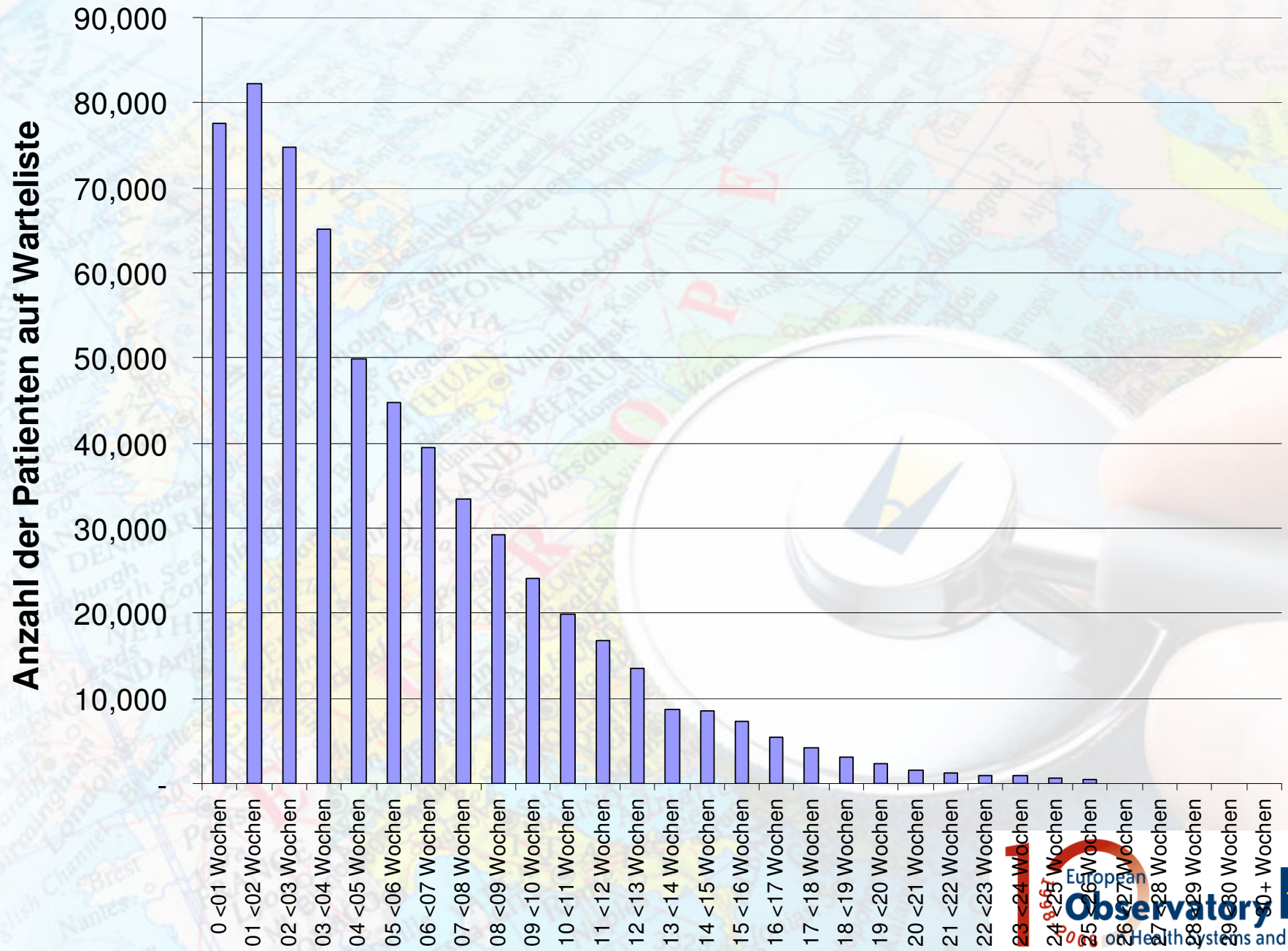
# Abbau der Wartelisten England



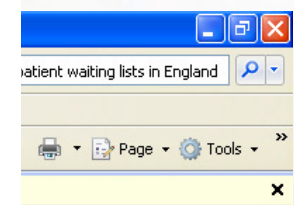
Department of Health <http://www.performance.doh.gov.uk/waitingtimes/index.htm>



# Wartelisten 2009/2010



# Behandelt innerhalb von 31 Tagen nach Krebsdiagnosestellung



DH Home • You are here: [Cancer Waiting Times > England Summary](#)

Cancer Waiting Times

England Summary

A-Z Listing

## England Summary

Cancer Waiting Times - Monitoring the one month wait target from diagnosis to treatment for All Cancers

### All Cancers

Trust	Patients treated during the quarter by referral type		Total number of patients treated during the quarter.	% Compliance with the one month (31 days) rule.	Number of patients treated during the quarter within one month (31 days) of the date of a clinical diagnosis being made by a responsible specialist.	Number of patients treated during the quarter NOT treated within one month of the date of the clinical diagnosis being made by a responsible specialist			
	GP Urgent Referrals	Other Referrals				But treated within 38 days of the date of that same clinical diagnosis	But treated between 39 and 48 days of the date of that same clinical diagnosis	But treated between 49 and 62 days of the date of that same clinical diagnosis	And not treated within 62 days of the date of that same clinical diagnosis
England	23,057	30,033	53,090	99.5%	52,838	118	81	33	20
Aintree University Hospitals NHS Foundation Trust	127	119	246	99.6%	245	0	0	0	1
Airedale NHS Trust	63	88	151	100.0%	151	0	0	0	0
Alder Hey Children's NHS Foundation Trust	0	17	17	100.0%	17	0	0	0	0
Ashford and St Peters' Hospitals NHS Trust	103	147	250	100.0%	250	0	0	0	0
Barking, Havering and Redbridge University Hospitals NHS Trust	283	239	522	97.5%	509	4	6	1	2
Barnet and Chase Farm Hospitals NHS Trust	187	189	376	100.0%	376	0	0	0	0
Barnsley Hospital NHS Foundation Trust	84	99	183	99.5%	182	1	0	0	0
Barts and the London NHS Trust	127	222	349	98.9%	345	2	1	1	0
Basildon and Thurrock General Hospitals NHS Foundation Trust	104	141	245	100.0%	245	0	0	0	0
Basingstoke and North Hampshire NHS FoundationTrust	63	134	197	98.5%	194	3	0	0	0
Bedford Hospital NHS Trust	59	92	151	100.0%	151	0	0	0	0
Birmingham Children's Hospital NHS Foundation Trust	8	32	40	100.0%	40	0	0	0	0
Birmingham Women's NHS Foundation Trust	3	8	11	100.0%	11	0	0	0	0
Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust	204	213	417	99.8%	416	1	0	0	0
Bradford Teaching Hospitals NHS Foundation Trust	156	226	382	98.2%	375	4	2	1	0
Brighton and Sussex University Hospitals NHS Trust	227	362	589	98.8%	582	3	3	1	0
Bromley Hospitals NHS Trust	63	126	189	100.0%	189	0	0	0	0
Buckinghamshire Hospitals NHS Trust	177	266	443	100.0%	443	0	0	0	0
Burton Hospitals NHS Foundation Trust	113	75	188	100.0%	188	0	0	0	0

http://www.dh.gov.uk/

Internet

100%



start Cancer Waitin... swine flu - Go... Microsoft... Windows E... Berlin 25 May ... Berlin EU-Gesu... Microsoft Exce... DH\_093079[1]... EN 17:09

## Target culture 'leads to more hospital infections'

Tuesday, 10, Nov 2009 12:01

By Doireann Ronayne

The NHS still has no idea of the levels of infection in hospitals in Britain because it is too obsessed with hitting targets, an influential committee of MPs has found.

The Committee of Public Accounts accused the NHS of spending so much time addressing MRSA and Clostridium difficile (C. diff) that it lost track of other potentially deadly hospital infections.

"The department has achieved significant reductions in MRSA bloodstream and Clostridium difficile infections, for which it set national targets," said Edward Leigh, chair of the committee.

"But, in so doing, it has taken its eye off the ball regarding all other healthcare associated infections.

"This is the third time that this Committee has reported on the subject and it is disappointing that the Department of Health still has not taken on board a



MPs berated the DoH for not monitoring infections

2 tweets

retweet



## 'NHS Staff Fiddling Waiting Time Figures'

4:47am UK, Tuesday November 24, 2009

Graham Fitzgerald, Sky News Online

Four out of 10 hospital nurses believe their colleagues are fiddling figures to meet targets on waiting times, a new poll suggests.



Empty beds are an increasingly rare sight as hospitals struggle to keep up

The survey of 1,000 nurses found one in 10 had been asked to take part in "gaming" to meet deadlines.

These included the four-hour target for patients in A&E to be seen by a doctor or nurse.

The **Nursing Times** survey found examples of discharge times being altered so they they appeared to be within the regulation period.

One nurse said: "I have witnessed other colleagues altering times of patient leaving A&E department so they do not breach guidelines."

 E-mail this to a friend

 Printable version

## Failing hospital 'caused deaths'

**A hospital's "appalling" emergency care resulted in patients dying needlessly, the NHS watchdog has said.**

About 400 more people died at Stafford Hospital between 2005 and 2008 than would be expected, the Healthcare Commission said.



**“ It is unacceptable that the pursuit of targets - not the safety of patients - was repeatedly prioritised ”**

Shadow Health Secretary Andrew Lansley

# Sekundäre Effekte von Zielen und Anreizsystemen

- „kreative Buchhaltung“
- „up-coding“
- Vermeidungsstrategien (Beispiel England Krankenhausziel)
- Politisierung

# Indikatorenprobleme

- Nicht alles was man zählen kann zählt – Nicht alles was zählt kann man zählen
- Ein guter Indikator hört auf ein guter Indikator zu sein sobald er ein Ziel wird
- Indikator vorhanden – aber die Date?

# Kontinuität und Konsens

## Steiermärkische Gesundheitskonferenz



Landtag KPÖ

Landtag ÖVP

Landesrat SPÖ

Landtag Grüne

STGKK

Projektteam

- Fokussierung und Orientierung
- Fachliche Grundlagen
- Politische Konsensprozesse
- Einbindung der Akteure
- Transparenz
- Öffentlichkeitsarbeit und Marketing

# Schluss

- Erfolgsfaktoren der Umsetzung
  - Eigeninitiative der gesundheitspolitischen Akteure
  - Regierungsverantwortung und Freiwilligkeit der Akteure
  - Regierungsverantwortung und Allokation von Finanzmitteln
  - Nationale Ziele, lokale Indikatoren, Anreize und Sanktionen
  - Kontinuität und überparteilicher Konsensus