

## Association of clinics of the German Social Accident Insurance, KUV, Germany

1. Respondent Profile	
1.1 Please indicate the type of organisation on behalf of which you are responding to this consultation:	Healthcare provider
Please indicate what type:	Hospital
Please indicate for what the administration is responsible:	
1.1.1. Other (please specify):	
1.2 Please indicate the name of your organisation or centre:	Klinikverbund der gesetzlichen Unfallversicherung e.V. (association of clinics of the German Social Accident Insurance, KUV). The KUV is an association of the legal entities of the statutory accident insurance institutions' clinics, which in turn form the reference network. The German Social Accident Insurance (DGUV) constitutes the accident institutions' umbrella organisation
1.3 Please indicate the country where your organisation/centre is located/has its headquarters or main representative office in Europe:	DE
1.4 Please indicate the number of EU Member States and EEA countries (Norway, Iceland, Lichtenstein) and accessing country (Croatia) in which your organisation conducts business/is represented:	1
1.5 If need be, can we contact you by e-mail to obtain further information on your submission?	Yes
1.5.1 Please provide an e-mail address where we can contact you:	ingo.thon@kuv.de beate.schmucker@kuv.de

1.6 Please provide us with a contact person (incl jobtitle and daytime phone number): Ingo Thon Permanent legal advisor Head of law and policy issues Phone: +49 30 330960106 Dr. Beate Schmucker, MPH Head of Section Quality and Processes Phone: +49 30 330960116

1.7 Please provide additional contact details if needed: Prof. Dr. med. Volker Bühren Medical Director Managing Director of the clinic Berufsgenossenschaftliche Unfallklinik Murnau buehren@bgu-murnau.de

## 2. Involvement of your organisation in the matter of centres of excellence/reference (COE) and healthcare networks in highly specialised healthcare (HSHC).

2.1 How would you describe your organisation's knowledge of CoE and HSHC? Very high

2.1.1 Space for further comments: The association of clinics of the statutory accident insurance (KUV) forms a reference network for severely injured persons, particularly those suffering to the spinal cord and burns

2.2. What aspects or domains related to the topic of CoE and HSHC would correspond to your organisation's key knowledge? (cross any that applies)

Highly specialised healthcare provision  
Priorities, description and characteristics of CoE and HSHC  
Management and organisational aspects of highly specialized healthcare  
Social aspects  
Professional performance, clinical practice, quality and safety of specialized healthcare  
Legal aspects

2.2.1. Space for further comments:

2.3 Is highly specialised healthcare a priority in your organisation's strategies and work plans?	Very high
2.3.1 Space for further comments:	
2.4. What specific field of healthcare services/specialities are most relevant for your centre/organisation's field of work?	Surgical speciality
Please specify:	meshing of acute and rehabilitative treatment
2.5. Has your organisation/centre been directly involved in the design or assessment of professional standards and criteria related with highly specialised healthcare?	Frequently
2.5.1 Please describe your role in such actions/projects:	The trauma network is based upon a classification into basic, regional and maximum-care clinics
2.6. Has your organisation been involved in projects/activities supported by the Commission in relation with HSHC or professional and technical criteria/standards in highly specialised healthcare?	No
2.7. Do you have concrete examples based on your own organisation's experience or could you provide us with references or links to documents related with professional criteria and standards in highly specialised healthcare/CoE or HSHC (e.g. quality criteria, guidelines, consensus documents)?	Yes
2.7.1 Space for further comments:	procedure for severe injuries (SAV): <a href="http://www.dguv.de/landesverbaende/de/med_reha/documents/sav1.pdf">www.dguv.de/landesverbaende/de/med_reha/documents/sav1.pdf</a>
2.8. Is your centre or unit directly involved in the management (diagnosis, treatment etc.) of highly specialised diseases or conditions?	Yes

2.9. Is your centre or unit designated or recognised as centre of reference/excellence in your country?	Yes
2.10. How has your centre been designated/recognised as centre of reference/excellence?	Through a formal institutional process
2.10.1 Space for further comments:	Recognition as trauma centre of the German Society for Accident Surgery (DGU)
2.11. Which is your area of expertise as centre of reference? (please provide your answer in free text)	KUV forms a reference network for the medical treatment of severely injured persons particularly those suffering injuries in the spinal cord, burns and polytraumata
2.12 Is your centre participating currently in a network of centres of expertise?	Yes
2.13. What is the scope of the network?	National
2.14. Which kind of network?	National
2.14.1 Space for further comments:	DGUV clinics are members of AUTrauma, which is also active at European and global level (aim: initial+further training of surgical assistants), German Trauma Network has member clinics in NL, AU, CH
2.15. Would you be interested in applying to the process to be considered Centre of Excellence of the future European Reference Network? (1 = not interested at all, 5 = very interested)	5
2.15.1 Space for further comments:	

### 3. Proposed criteria for ERN (scope, general and specific criteria)

### 3.1 Criteria related with diseases or conditions in order to be considered under the scope of the ERN

3.1.1. Need of highly specialised healthcare	5
3.1.1.1. Complexity of the diagnosis and treatment	5
3.1.1.2. High cost of treatment and resources	5
3.1.1.3. Need of advanced/highly specialised medical equipment or infrastructures	5
3.1.2. Need of particular concentration of expertise and resources	5
3.1.2.1. Rare expertise/need of concentration of cases	5
3.1.2.2. Low prevalence/incidence/number of cases	5
3.1.2.3. Evaluated experiences of Member States	5
3.1.3. Based on high-quality, accessible and cost-effective healthcare	4
3.1.3.1. Evidence of the safety and favourable risk-benefit analysis	4
3.1.3.2. Feasibility and evidence of the value and potential positive outcome (clinical)	4
3.1.4. Do you recommend any additional criteria or option that would effectively address the issue?	Yes

3.1.4.1 Explain your proposal in free text:	particular aspect of the management of severely injured patients is urgent treatment, with intermeshing of the rescue systems of primary shock therapy and of immediate operative and intensive therapy
3.1.5. Would you prioritise or suggest any concrete disease or group of diseases to be addressed by the future ERN according to the above criteria?	Yes
3.1.5.1 Explain your proposal in free text:	ERN for comprehensive treatment of accident victims: treatment of acute injuries, early rehabilitation, seamless transition to full rehabilitation, performance of reconstructive procedures

### 3.2. General criteria of the centres wishing to join a European Reference Network

3.2.1. Organisation and management	5
3.2.2. Patients empowerment and centered care	5
3.2.3. Patient care, clinical tools and health technology assessment	5
3.2.4. Quality, patient safety and evaluation framework policies	5
3.2.5. Business continuity, contingency planning and response capacity	5
3.2.6. Information systems, technology and e-health tools and applications	5
3.2.7. Overall framework and capacity for research and training	5

3.2.8. Specific commitment of the management/direction of the centre/hospital to ensure a full and active participation in the ERN	5
3.2.9. Do you recommend any additional option that would effectively address the issue?	No
3.2.9.1. Space for further comments:	

<b>3.3. Specific criteria regarding the areas of expertise</b>	
3.3.1. Competence, experience and good outcomes and care	5
3.3.2. Specific resources and organisation:	5
3.3.2.1. Human resources	5
3.3.2.2. Team/centre organisation	5
3.3.2.3. Structural conditions	5
3.3.2.4. Specific equipment	5
3.3.2.5. Presence and coordination with other required complementary units or services	5
3.3.3. Patient care pathways, protocols and clinical guidelines in the field of expertise	5
3.3.4. External coordination, care management and follow-up of patients	5
3.3.5. Research, training, health technology assessment in the field of expertise	5
3.3.6. Specific information systems	4

3.3.7. Do you recommend any additional criteria or option that would Yes  
effectively address the issue?

3.3.7.1. Space for further comments:

Trauma registers for monitoring of the quality of treatment and for  
comparison between participating institutions