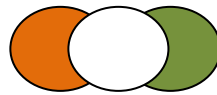


Post Graduate Certificate Course in Health System and Management - 2013



Module 2: Chapter 4

INTRODUCTION TO QUALITY OF HEALTH CARE



**Indian Association of Preventive and Social Medicine
Gujarat Chapter**

Introduction to Quality of health care

Learning objectives:

At the end of this chapter participants will be able to:

1. Understand the concept of quality in health care
2. Know about various dimensions of quality
3. Judge the quality of health care services delivered in their health centers

What is Quality?

*Carrying out interventions correctly according to pre-established **standards** and procedures, with an **aim** of satisfying the customers of the health system and maximizing **results** without generating health **risks** or unnecessary **costs**.*

Here are a few well known definitions of Quality:

- “Consistent delivery of a product or service according to expected standards”.
- **Avedis Donabedian, 1980:** “The quality of technical care consists in the application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks. The degree of quality is, therefore, the extent to which the care provided is expected to achieve the most favorable balance of risks and benefits.”
- QA Project Contract, 1997: “Quality is compliance with standards”.
- *The Oxford English Dictionary (1988)* defined quality as “the degree or grade of excellence”.
- Agency for health care research and quality defined quality as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”
- National Association of Quality Assurance Professionals described quality as “*the level of excellence produced and documented in the process of patient care, based on the best knowledge available and achievable at a particular facility.*”
- the Community Health Accreditation Program defined quality as “*the degree to which consumers progress toward a desired outcome*”
- According to ISO9000: Quality is defined as ‘the degree to which a set of inherent characteristics fulfills requirements’.

It is both objective and subjective in nature.

- According to WHO: “Quality of care is the level of attainment of health systems” intrinsic goals for health improvement and responsiveness to legitimate expectations of the population”.

Health care involves three main groups of people, customers (patients), employees (service providers) and the employers (managers) that interact in the provision of healthcare.

Dimensions of Quality

1. **APPROPRIATENESS:** Services designed around needs of client groups and skills and knowledge to provide services
2. **TECHNICAL COMPETENCE:** Ability to perform procedures as per SOP – giving injections, performing examinations
3. **ACCESS TO SERVICE:** Services at the right place and right time, irrespective of income, culture, geography.
4. **EFFECTIVENESS:** Achievement of desired results in the time frame expected
5. **EFFICIENCY:** Cost effective use of resources and value for money
6. **RESPONSIVENESS:** Services are acceptable to clients; clients participate in services and are respected
7. **AMENITIES :** Availability of different facilities
8. **INTERPERSONAL RELATIONS:** Relations among staff members as well as providers & the beneficiaries
9. **CONTINUITY:** Uninterrupted, coordinated service across services and levels and over time
10. **SAFETY:** Potential risks of a treatment or the environment are identified, avoided or minimised

Health care domain for quality:

- A. **Effectiveness.** Relates to providing care processes and achieving outcomes as supported by scientific evidence.
- B. **Efficiency.** Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.
- C. **Equity.** Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- D. **Patient centeredness.** Relates to meeting patients' needs and preferences and providing education and support.
- E. **Safety.** Relates to actual or potential bodily harm.
- F. **Timeliness.** Relates to obtaining needed care while minimizing delays.

APPROACHES FOR QUALITY OF CARE

- A. Quality Control (QC)
- B. Total Quality Management (TQM)
- C. Quality Assurance (QA)
- D. Continuous Quality Improvement (CQI)

A. Quality Control

- Quality control in health care organization refers to activities that evaluate, monitor or regulate services rendered to consumers.

Observe – the process

Identify – the variable characteristic

Track – the variables through statistical methods

Quality Control Process

It is an eight-step process for monitoring and evaluating performance. It must include the following steps:

1. Establish control criteria.
2. Identify the information relevant to the criteria.
3. Determine ways to collect the information.
4. Collect and analyze the information.
5. Compare collected information with the established criteria.
6. Make a judgment about quality.
7. Provide information and if necessary, take corrective action regarding finding to appropriate source.
8. Determine when there is a need for re-evaluation.

B. Total Quality Management (TQM)

“A way to continuously improve performance at every level of operation in every functional area of an organization using all available human and capital resources.”

Aim to reduce the waste and cost of poor quality.

- The main elements of TQM are three:
 1. the customer, whose needs are paramount to the determination of quality,
 2. the teamwork as a mean of achieving quality,
 3. the scientific approach to decision-making based on data collection and analysis.

C. Quality Assurance

All of the activities that make it possible to define standards, to measure and improve the performance of services and health providers so that care is as effective as possible .

Quality Assurance

Anything you do to measure (assess) or improve quality can be considered as Quality Assurance

- defined as “the process for objectively and systematically monitoring and evaluating the quality and appropriateness of patient care, for pursuing opportunities to improve patient care for resolving identified problem”.
- Dr. Heather Palmer, US expert in ambulatory care defines QA as: “Process of measuring quality, analyzing the deficiencies discovered, and taking action to improve performance followed by measuring quality again to determine whether improvement has been achieved. It is a systematic, cyclical activity using standards of measurement.”
- “A systematic process for closing the gap between actual performance and desirable outcomes...”
- The focus of quality assurance is the discovery and correction of errors. These activities are carried out by, quality assurance personnel or department personnel.

Define Quality - Standards, norms, guidelines

(One cannot measure that which one has not defined)

Measure Quality - The variation in standards, guidelines

(One cannot improve that which one has not measured)

Improve Quality - Comply with norms

D. Continuous Quality Improvement (CQI)

- CQI is a cyclical process.
- It involves identifying an area where there is an opportunity for improvement then outlines the sequence of activities that should occur in order to solve that problem, and implementing them.
- Once the cycle is completed it has to be determined whether the problem has been solved.
- If the problem continues, the cycle should be repeated.

There are seven steps involved in implementing CQI cycle:

- Step 1→ identify an area where opportunities for improvement exists.
- Step 2→ define a problem within that area, and outline the sequence of activities (the process) that should occur in that problem area.
- Step 3→ establish the desired outcomes of the process and the requirements needed to achieve them.
- Step 4→ select specific steps in the process, and for each step list the factors that prevent the achievement of desired outcome.
- Step 5→ collect and analyze data about the factors that are preventing the achievement of the desired outcomes of the desired steps.
- Step 6→ take corrective action to improve the process.
- Step 7→ monitor the results of the action taken

Tools to Measure Improvements in Quality

A. Improving Provider Knowledge and Skills

1. Pre- and post-tests; follow-up “post-post-tests”
2. Provider observations
3. Provider surveys
4. “Mystery clients”
5. Reviews of records

B. Increasing Client Satisfaction

1. Client exit interviews
2. Household interviews
3. Focus group discussions
4. Service statistics

C. Improving Facilities’ Capability or Readiness to Provide Quality Services

1. Facility audits or assessments
2. Provider surveys/focus group discussions
3. Mystery clients
4. Reviews of records
5. Client flow analyses

D. Understanding Why Clients Do Not Use Services

1. Focus group discussions with potential users or dropouts
2. Household interviews with potential users or dropouts

(SOURCE: Family Planning Service Expansion and Technical Support/John Snow, Inc., Mainstreaming Quality Improvement in Family Planning and Reproductive)

Quality assurance in India:

In India we have NABH, NABL, IPHS, MCI, etc boards, standards as well as bodies to look after quality in health care.

Let us take an example of NABH regarding Quality:

NABH is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for health care organizations.

- ❖ NABH is an Institutional Member as well as a member of the Accreditation Council of the International Society for Quality in Health Care (ISQua).
- ❖ NABH is the founder member of proposed Asian Society for Quality in Health care (ASQua) being registered in Malaysia.
- ❖ NABH is a member of International Steering Committee of WHO Collaborating Centre for Patient Safety as a nominee of ISQua Accreditation Council

Objectives of NABH:

1. Enhancing health system & promoting continuous quality improvement and patient safety.
2. It provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence.

Approaches Used in Conducting an Accreditation Survey:

1. Leadership interviews
2. Clinical and support staff interviews
3. Patient and family interviews
4. Observation of patient care and services provided
5. Building tour and observation of patient care areas, building facilities, equipment management, and diagnostic testing services
6. Review of written documents such as policies and procedures, orientation and training plans and documents, budgets, and quality assurance plans
7. Review of patients medical records.
8. Evaluation of the organization's achievement of specific outcome measures (e.g., immunization rates, hospital-acquired infection rates, patient satisfaction) through a review and discussion of monitoring

BENEFITS TO ACCREDITATION

1. BENEFITS OF PATIENTS:-

- a) Continuity of care & Safe transport
- b) Pain management & Focus on patient safety
- c) Patient satisfaction is evaluated
- d) Rights are respected and protected
- e) Access to a quality focused organization
- f) Credentialed and privileged medical staff
- g) High quality of care
- h) Understandable education and communication

2. BENEFITS FOR THE STAFFS:-

- a) Improves professional staff development.
- b) Provides education on consensus standards.
- c) Provides leadership for quality improvement within medicine and nursing.
- d) Increases satisfaction with continuous learning, good working environment, leadership and ownership.

3. BENEFITS FOR THE HOSPITAL:-

- a) Improves care.
- b) Stimulates continuous improvement.
- c) Demonstrates commitment to quality care.
- d) Raises community confidence.
- e) Opportunity to benchmark with the best

4. BENEFITS TO THE COMMUNITY

- a) Quality revolution
- b) Disaster preparedness
- c) Epidemics
- d) Access to comparative database