

MANAGEMENT IN HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	QUALITY OF HEALTH CARE
Module: 1.5	ECTS (suggested): 0,2
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Key words:	health care, quality, patient satisfaction, accreditation
Learning objectives	After completing this module students and public health professionals should: <ul style="list-style-type: none"> • improve knowledge about characteristics and elements; • of the quality of health care; • be acquainted with concept of the total quality management (TQM) and continuous quality improvement (CQI); • improve knowledge about patient satisfaction as element of quality of health care; • be acquainted with basic characteristics of accreditation in health care.
Abstract	WHO policy “Health for all” defines ten global goals and one of them is relating to health care quality: “Improvement of comprehensive high quality health care”. There are numerous definitions of health care and WHO defines it as “the level where delivered health care achieves the best results establishing the balance between the risk and benefit within specified economic conditions”. Basic dimensions of quality are equality, relevance, accessibility, acceptability, effectiveness and efficiency. Motives for establishing the system of quality in health care are professional, socio-economical, patients’ satisfaction, and the final and the most important at the same time – improvement of population health. Modern concept of quality means implementation of TQM (Total Quality Management) and CQI (Continuous Quality Improvement) that represent managing strategies whose main steps are managing consciousness, strategic planning, management implementation and training of employees. Principles are that patients’ needs, opinions and experience are the important information in permanent improvement of quality, that it has to be integrated part of everyday work, that all employees in the system of health care have professional responsibility according to permanent improvement of quality and particular responsibility have managers at all levels in health institution, that permanent improvement of quality means positive approach to work and that all activities should be based on data and information not on assumptions. Significant parameter of quality is also patients’ satisfaction, which is defined by WHO as “the level when the health system has satisfied

	patients' expectations". One of the approaches in management and explicit measuring of quality is also accreditation and its purpose is improvement of quality, gaining of information and responsibility.
Teaching methods	Introductory lecture, exercises, individual work and small group discussions.
Specific recommendations for teachers	<ul style="list-style-type: none"> • work under teacher supervision /individual students' work proportion: 30%/70%; • facilities: a teaching room; • equipment: computer, LCD projector.
Assessment of students	The final mark should be derived from the quality of individual work and assessment of the contribution to the group discussions.

QUALITY OF HEALTH CARE

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THERORETICAL BACKGROUND

Introduction

One of ten global goals of WHO policy “Health for 21st century” is “Improvement of comprehensive, high quality health care”. This WHO policy approach has opened new prospective and one of them is to focus the entire concentration to final effects of health care, the one that considers health promotion/ disease prevention/ diagnostics/ treatment/ rehabilitation not like separate entities but as permanent group of activities aimed to improve health. Such approach is supported by health services and care system that is structurally and functionally integrated, both horizontally and vertically. Therefore, one of specific goals within the global objective “Integrated health sector” is “that all people should have better access to family-and-community oriented primary health care by 2010, supported by flexible and responsible hospital system in particularly: at least 90% of countries should have comprehensive primary health care, enabling continuity of care through efficient, cost-effective referral systems and feedback from secondary and tertiary hospital care. Results of health care in at least five priority health problems should be significantly improved and investigation should identify the greater satisfaction of patients with the quality of delivered care” (1).

The question comes out what is the quality in general and what is quality in health care and how to estimate it? Quality of health care can be defined as “the level of excellence achieved and documented in the process of diagnostics and therapy based on the best knowledge which achieves the less possible mortality and morbidity” or “the level on which the health system increases possibility of desired effects”. According to ISO (International Organization for Quality) (3) quality of health care is defined as: “the level where the group of more characteristics of products or services satisfy specific or expected requirements”, while some define quality as “that systematic, critical analysis of health care quality also includes procedures used in diagnostics and therapy, then resources and results of effects, patient’s quality of life (2). At the other hand, standards of health care quality should be at the level where the health care is available, suitable, and continual and documented as well as to be at the level where the adequate therapy is based on the precise diagnosis, not on the symptomatology. Deming, one of creators of the concept of quality management emphasizes that “quality should focus its activities to existing and future requirements of users”; WHO defines quality as “the level where delivered health care achieves the best results creating the balance between risk and benefit within existing economic conditions” (4). There are other numerous definitions of quality and therefore one American physician said that “quality is difficult to define, impossible to measure but easy to recognize” (5). In general, those without enough experience in clinical field require easy, precise and complete measures. The truth is that some elements of quality are easy to be defined and measured while the others require more complex procedures.

Quality means the level of excellence and it is recommended that quality development shouldn’t be administrative control of previously defined quality levels but it is a dynamic process. Health service should be organized in a way that medical results are the main in input identification, process definition and evaluation of results (output). The whole process has to be directed towards improvement of health, patients’ satisfaction and cost-effectiveness, in contrast to traditionally managing concept.

Dimensions, characteristics and quality elements

Maxweell defines six basic dimensions of quality in health care (6):

1. **Equality** – offering the same health care to persons with the same needs, regardless to their participation to some social or other group;
2. **Relevance** – means the requirements of community for health care, i.e. solving priority health problems;
3. **Accessibility** – meaning that health care should be available in geographical, time and functional sense;
4. **Acceptability** – suitable for population;
5. **Effectiveness** – to make right things in the right way that bring results, and
6. **Efficiency** – to make right things in the right way, i.e. to use available resources rationally.

High quality components include high degree of professional excellence regarding to actual situation and available technology, efficiency in resource utilization, minimal risk for patient, patients' satisfaction and final outcome of delivered health care. The key element is that quality is complex and multidimensional and very often it is not easy to be quantitatively expressed in a simple way.

Main characteristics of modern system of quality in health care are:

- It is focused to the **user**;
- The process of quality improvement **is managed by the highest leadership**;
- Each person in health institution has **responsibility** for quality;
- It is directed to **prevention of errors**, not to their detection, and
- Quality has to be accepted as the **lifestyle** in health institution.

The **key elements** of health care quality are:

***Customer**

***Commitment**

***Expectations and**

***Continuity**

These elements all together make the quality diamond (2).

The customer is in the centre of the health care system. Each patient has to be examined individually and not as anonymous person classified in some group (diseased etc.). It has to be taken care that any patient is not the same, that each of them has its own specific problems, needs and expectations. Commitment starts from the physician, both towards patient and quality because without commitment nothing representing the full meaning of quality is going to be achieved. Patients' expectations have to be recognized as well and they have to be satisfied and if it is possible to overcome it, while health care requires continuity. Continuity enables permanent, consistent concentration towards quality, to be permanently improved and never to be finished. Quality has to be incorporated in all activities and gradually it becomes habit.



Figure 1. The quality diagram. From: Graham N. Quality in Health Care – Theory, Application and Evolution. Aspen Publishers, JNC, Gaithersburg, Maryland, 1995:359

The most precious parts in quality diamond are:

- **Patients’ satisfaction**
- **Motivation of the staff**
- **Professional work,** and
- **Successful practice.**

Quality diamond describes what is considered to represent four critical elements of health care quality and it should be taken care not to ignore any of these elements. Sometimes there are various obstacles in implementation of quality, such as insufficient commitment, sometimes it is difficult to decide wherefrom to begin the action, sometimes quality is treated like additional work and sometimes there are just attempts to do something exceptionally rapid or excessively much, that is also the fact to be taken care in decision making concerning establishment the system of quality (2).

Reasons for establishing the system of quality

The answer to the question why to establish system of quality in health care is of high significance, aiming also to find justification and purpose of these activities. According to Donabedian, the answers are going to be different, depending on who is asking that question, but a few basic motives can be noticed:

- **Professional motivation** is of vital importance in order to motivate medical staff to be more active in enabling and improving of health care quality. Certainly, one of professional elements is also desire of an individual to develop and improve its own work, but characteristic for all medical professionals is also their ethical approach towards their profession. Related to this is the fact that obtaining the quality is observed as the way to notice shortages and more important, as the way and possibility to improve quality in everyday work. Participation and engagement of medical professionals in establishing and application of the quality system is also professional challenge for all employees and their additional motivation for work and it is important mechanism in identification and analyses of differences in results of health care that is the basis for further activities in improvement of quality;

- ***Socio-economic motivation*** is also important for activities in the field of quality improvement. Quality in health care is the measure for efficiency that indicates not only to importance in achieving of particular results but also to efficient and rational allocation of available resources in order to obtain desired results, but financials spent to health care have to be justified. Health care becomes increasingly expensive, and at the same time an increasing disappointment is expressed because principles of equality, effectiveness, efficiency and quality in health care are not much more expressed, including patients' satisfaction with available health care.
- ***Patients' satisfaction*** is important parameter of health care quality that also includes their expectations and their assumptions on health service but also represents the result of delivered care and treatment and finally, it represents essential contribution in further treatment since it inspires patient to continue cooperation with physician in order to solve his own health problems. All together with other motives should lead to
- ***Improvement of population health*** as the general and main goal of entire activities in health care (7,8).

TQM and CQI

After the II World War the new concept of quality is developed – TQM (Total Quality Management) and CQI (Continuous Quality Improvement). TQM is “universal strategy of organizational changes and also the change of attitudes that enables people to learn how to use methods for improvement of quality in order to be able to reduce costs for health care and to satisfy needs of patients and other users (professionals)... TQM is in the same way philosophy of management just like its method and it has four main functions that are defined as the basis of good management:

- Strengthening of clinicians and managers in health care to gain knowledge to conduct analysis of work process in order to be able to improve it;
- Acceptance of the attitude that the patient is not the only user in health care but it is also the health worker and also the adoption of standards where the user is the primary goal in the quality;
- Development of multidisciplinary approach which is above and out of conventional limitations like departments, specializations etc.;
- Enabling the motivation for rational, data based approach to the process of analysis and changes (9,10).

Both concepts are managing strategies described as “permanent efforts of all members in particular organization focused to needs and expectations of customers”. Regardless to numerous critics that application of TQM and CQI in health care is only “temporary fashion”, just in USA these programs are applied in around of 4000 hospitals spending more than a billion dollars annually to them. It is also estimated that there are more than 1000 practical guides applied in everyday activity. Similar situation is also in the other developed western European countries. It is interesting to be mentioned that Japan as well, the leader in quality management in industry, is at the beginning of its efforts to introduce TQM and CQI in the field of health care (9, 10, 11).

TQM should be incorporated in the whole organization, and the main steps are:

- ✓ **Managing conscience**
- ✓ **Strategic planning**
- ✓ **Implementation of management**
- ✓ **Training of staff**

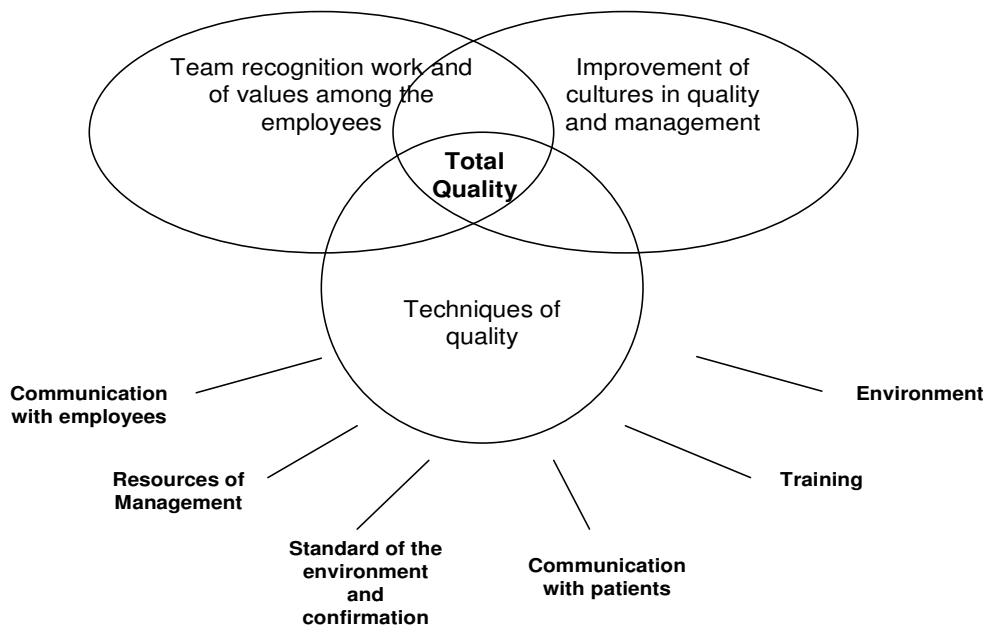


Figure 2. Relations in the model of the total quality management. From: Koch H. Implementing and Sustains Total Quality Management in Health Care. Longman, 1992:248

For example, hospital (or some other health institution) wishing to present highly qualitative clinical services according to patients' requirements should have the following elements:

1. Delivered services have to be:
 - Acceptable;
 - Effective;
 - Available, and
 - Appropriate, concerning the patient and other interested subjects.

2. Health services have to be organized in the sense of:
 - Clear managing devotion, leadership and capability;
 - Optimal teamwork and recognition of values among employees;
 - Implementation of quality techniques (existing standards, clinical control, communication with patients etc.);
 - Monitoring and identification of performances.

3. Quality of health services has to be analyzed at the following levels:
 - Hospital level (the level of health institution);
 - Manager level;
 - Specialist level;
 - The level of individual members of employees.

The important part in the process of quality management is to enable all processes to be controlled, confirmed that are complete, documented and also to enable corresponding persons to be included (12-15).

CQI is based on the following principles:

- Patient's needs, opinions and experience on all aspects of their health care (structure, process, result) are important information for permanent quality improvement that should be regularly collected in order to obtain feed back information on delivered health care;
- Permanent quality improvement has to make integrated part of everyday work of all employees;
- All employees in the system of health care have professional responsibility concerning permanent quality improvement of their work. This is related to responsibility from the aspect of presented satisfactory level of health care and from the aspect of patient s and other subjects (public etc.);
- Activities in permanent quality improvement require cooperation of different profiles of medical workers and other professionals as well as of various sectors;
- Managers at all levels in health institution are responsible for organizational structure that enables incorporated permanent quality improvement in everyday activity;
- All activities are carried out in order to realize objectives of quality, mutually defined by health workers, patients and other who make decisions related to health care;
- Permanent quality improvement means positive approach in everyday work. The objective is to identify the best results that are going to be used in further improvement of work quality, not only to identify and eliminate unpleasant results, and
- Activities in permanent quality improvement should be based on data and information, i.e. on scientific principles not on assumptions (9-11).

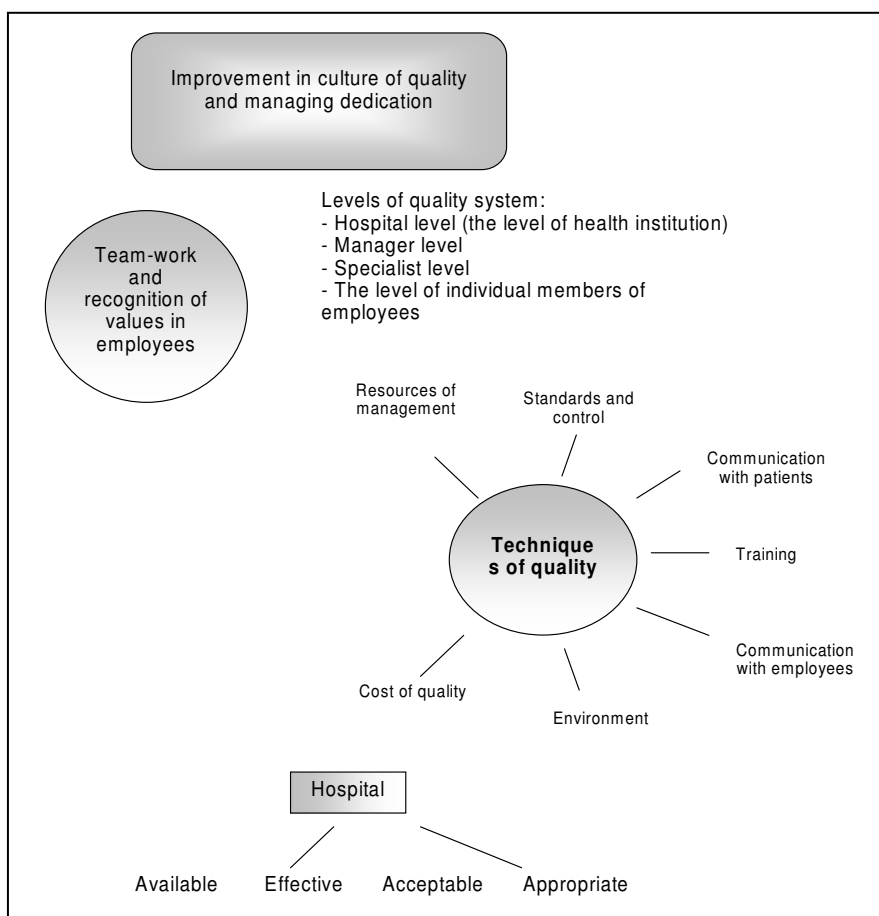


Figure 3. Model of the Total Quality Management. From: Koch H. Implementing and Sustains Total Quality Management in Health Care. Longman, 1992:248

Patients' satisfaction

Significant element in health care quality is patients' satisfaction concerning delivered health care because users of the system of health care give great contribution in identification of quality and standards used in measuring of these aspects. Their opinion and estimation, i.e. their satisfaction is one of measures in health care quality. It can be defined in the easiest way as - satisfying of their expectations, desires and needs. WHO defines patients' satisfaction as the result of estimation of an individual about coordination of expected and obtained health care or "the level of satisfied patients' expectations by health care system". Certainly, patient is going to be more satisfied if he is not waiting too long for delivery of health service, when there is existing continuity of health care and when patient can rely on the same physician every moment, and when he is in situation to present his problems without hurry and to obtain clear explanations for recommended treatment, including the risk of various procedures (15, 16).

Answers why it is important to estimate patients' satisfaction are as follows:

- Providers of health care desire to satisfy expectations of their patients and therefore their satisfaction is the objective of the universal system of health care;
- Patients' satisfaction is also the consequence, i.e. the result of provided health care;

- Patients' satisfaction contributes to positive effects of provided health care because satisfied patient is going to accept recommendations of his physician much better than unsatisfied patient and this is going to have positive influence to the result of treatment and to the quality of his life as well (17).

Accreditation in health care system

By establishing the system of quality in health care the question of accreditation of health institutions arises. Accreditation is defined as “the system of external estimation of coordination with the set of standards”. The point is that term of accreditation is used to mark the wide range of measures or inspections in health care, including certification, license acquirement etc.

In the system of accreditation all procedures have to be documented. This documentation should include:

- The field of activity: **what** has been done;
- Applied procedures: **how** it has been done;
- Quality standards: **how good** it has been done;
- Procedure verification: **how much we know how good** it has been done.

The accreditation system is the best recognized through the following five **characteristics**:

- Estimation of performances of health institution;
- External involvement in estimation that is usually coordinated or is managed by some professional agency;
- Standards which define performance attributes that are to be estimated;
- Measuring of performances regarding standards and identification of parts with identified deviations where changes are necessary, and
- Report on results of the process of inspection which can include one explicit judgment on the level of performances and whether the acceptable level is achieved, while conclusion can also include certain recommendations (18).

The basic objectives, i.e. purposes of accreditation are:

- **Quality improvement** – using the accreditation process in order to achieve changes in practice that are going to improve health care quality;
- **Gaining information** in order to make decisions – presenting data on health care quality, health insurance fund, politicians, managers, medical professionals, public and others who can use these data as the basis in various decision makings, and
- **Responsibility** because in this way, health institution, usually responsible to various subjects – government, health insurance fund etc. – is able to regulate and coordinate its behaviour in order to protect interests of patients and other users.

Accreditation has long history in so called public services, particularly in health care. The first real accreditation system is developed in USA established by American Surgeon Association, just after the II World War. In 1951 the new organization is formed – Mutual commission for hospital accreditation. In that period Canadian hospitals also took part in activity of this Commission, since 1959 when Canadian Association for hospital accreditation has been formed. In 1974 accreditation system was established in Australia as well. During the long period these three countries were the only where accreditation was applied. Later on the real explosion of accreditation came out in the international level with

various accreditation systems in France, Spain, Great Britain, Hungary, South Africa and many other countries.

Reasons for this great interest are numerous – effects in society due to increased consumption, increased patients' expectations, changes in health care system - greater than before application of various technologies, increased health care expenses etc.; they all had their part in regulation and explicit measuring in health care.

Nowadays accreditation is very widely applied as an approach in managing and improving of health care quality. In many countries various accreditation programs are established and such high variations - regarding the way of implementation, who is going to manage the program, which standards should be used etc. - have many advantages because they offer possibility to achieve new knowledge from different experiences and approaches that reaches to improvement of health care quality and also to improvement of population health quality of life.

EXERCISE

Task 1.

Discuss with other students the reasons for establishing quality health care and situation in their countries as well as personal and political expectations to the future development of quality care in their countries.

Task 2.

Discuss about patients' satisfaction with quality of services and possibilities of improvement of their satisfaction with delivered health care.

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