OVERVIEW OF QUALITY

1. DEFINING QUALITY.

2. MEASURING QUALITY: WHY AND WHAT FOR.

3. MEASURING QUALITY: WHO AND HOW.

4. QUALITY MANAGEMENT PROGRAMS AND ACTIVITIES
OVERVIEW OF QUALITY : SESSION OBJECTIVES

Learn about:

1. QUALITY: Concept and dimensions.


3. MEASURING QUALITY: Responsibility.

4. QUALITY MANAGEMENT PROGRAMS AND ACTIVITIES: Basic components and strategies.
“Theory without practice is armless. Practice without theory is blind”

Leonardo da Vinci
OVERVIEW OF QUALITY

1. DEFINING QUALITY.
   - Concept
   - Dimensions

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4. QUALITY MANAGEMENT PROGRAMS AND ACTIVITIES
THREE LEVELS FOR THE CONCEPT OF QUALITY

1. QUALITY IN GENERAL

2. HEALTH SERVICES QUALITY

3. QUALITY OF A PARTICULAR HEALTH CARE PROCESS OR SERVICE
DEFINING QUALITY

QUALITY SERVICE OR
PRODUCT IS THE ONE
THAT SATISFIES THE
REQUIREMENTS OF
CONSUMERS

Juran
THE GENERAL CONCEPT OF QUALITY

HIGH QUALITY:
The provider is aware of the receiver needs and expectations, and designs and provides services and products accordingly.

LOW QUALITY:
Services and products provided do not meet needs and expectations of receivers.
THREE LEVELS FOR THE CONCEPT OF QUALITY

1. QUALITY IN GENERAL

2. HEALTH SERVICES QUALITY

3. QUALITY OF A PARTICULAR HEALTH CARE PROCESS OR SERVICE
GOOD MEDICAL CARE IS:

1. THE PRACTICE OF RATIONAL MEDICINE BASED ON THE MEDICAL SCIENCES
2. EMPHASIZING PREVENTION
3. INTELLIGENT COOPERATION BETWEEN THE LAY PUBLIC AND THE PRACTITIONERS OF SCIENTIFIC MEDICINE
4. TREATING THE INDIVIDUAL AS A WHOLE
5. MAINTAINING A CLOSE AND CONTINUING PERSONAL REALTIONSHIP BETWEEN PHYSICIAN AND PATIENT
6. COORDINATED WITH SOCIAL WELFARE WORK
7. COORDINATING ALL TYPES OF MEDICAL SERVICES
8. APPLYING ALL TYPES OF MEDICAL SERVICES OF MODERN, SCIENTIFIC MEDICINE TO THE NEEDS OF THE PEOPLE

LEE RI, JONES LW (1933)
DEFINING QUALITY OF HEALTH CARE

QUALITY CARE IS THE OPTIMAL BALANCE OF HEALTH BENEFITS AND HARM

A. Donabedian, 1980
DEFINING QUALITY OF HEALTH CARE

QUALITY CARE IS THE DEGREE TO WHICH
HEALTH SERVICES AND POPULATIONS
INCREASE THE LIKELIHOOD OF DESIRED
HEALTH OUTCOMES AND ARE
CONSISTENT WITH CURRENT
PROFESSIONAL KNOWLEDGE

INSTITUTE OF MEDICINE, 1990
QUALITY CARE IS THE PRODUCTION OF IMPROVED HEALTH AND SATISFACTION OF A POPULATION WITH THE CONSTRAINTS OF EXISTING TECHNOLOGY, RESOURCES AND CONSUMER CIRCUMSTANCES

R.H. PALMER, 1991
DEFINING QUALITY OF HEALTH CARE

QUALITY HEALTH CARE IS THE PROVISION OF ACCESSIBLE AND EQUITABLE SERVICES WITH OPTIMAL PROFESSIONAL PERFORMANCE, TAKING INTO ACCOUNT THE AVAILABLE RESOURCES AND ACHIEVING CONSUMER ACCEPTABILITY AND SATISFACTION

IBERIAN PROGRAM, 1989
EMCA PROGRAM, 1994
## THE SIX KEY DIMENSIONS OF QUALITY (WHO, 2006)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVENESS</strong></td>
<td>Health care evidence-based that results in improved health outcomes for individuals and communities</td>
</tr>
<tr>
<td><strong>EFFICIENCY</strong></td>
<td>Health care that maximizes resource use and avoids waste</td>
</tr>
<tr>
<td><strong>SAFETY</strong></td>
<td>Health care that minimizes risks and harm to service users</td>
</tr>
<tr>
<td><strong>ACCEPTABLE/PATIENT-CENTERED</strong></td>
<td>Health care that takes into account the preferences and aspirations of individual service users and the cultures of their communities</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td>Health care that does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.</td>
</tr>
<tr>
<td><strong>ACCESSIBILITY</strong></td>
<td>Health care that is timely, geographically reasonable and provided in a setting where skills and resources are appropriate to medical need.</td>
</tr>
</tbody>
</table>
### THE SIX KEY DIMENSIONS OF QUALITY (WHO, 2006)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
</table>
| Effectiveness   | • 1
| Efficiency      | • 2
| Safety          |  • 3
| Patient-Centered|  • 4
| Equity          |  • 5
| Accessibility   |  • 6

- **1.** EFFECTIVENESS
- **2.** EFFICIENCY
  - OPTIMAL PROFESSIONAL PERFORMANCE
- **3.** SAFETY
- **4.** PATIENT-CENTERED
  - ACCEPTABILITY/SATISFACTION
- **5.** EQUITY
- **6.** ACCESSIBILITY
THREE LEVELS FOR THE CONCEPT OF QUALITY

1. QUALITY IN GENERAL

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DEFINING QUALITY OF CARE

- PATIENTS SATISFACTION VS. TECHNICAL ("SCIENTIFIC" QUALITY)
- HEALTH PERSONNEL SATISFACTION VS. HEALTH CARE QUALITY
- INTERNAL AND EXTERNAL CUSTOMERS
- APPARENT VS. REAL QUALITY
- GLOBAL VS. SPECIFIC QUALITY
- SUBJETIVE QUALITY?
- IDEAL VS. OPTIMAL QUALITY
QUALITY OF HEALTH CARE

1. AN EXPLICIT, CONSCIOUSLY DECIDED DEFINITION OF SERVICES PROVIDED

2. MULTIDIMENSIONAL

3. A RELATIVE CONCEPT

4. A SPECIFIC CONCEPT

5. OPERATIONAL: MEASURABLE ACCORDING TO SPECIFICALLY SPECIFIED CRITERIA OR REQUIREMENTS
OVERVIEW OF QUALITY

1. DEFINING QUALITY.
   • Concept
   • Dimensions

2. MEASURING QUALITY: WHY AND WHAT FOR.

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4. QUALITY MANAGEMENT PROGRAMS AND ACTIVITIES
MEASURING QUALITY: WHY AND WHAT FOR

- TO ASCERTAIN
  - WHAT TO DO
  - TO IMPROVE

- BLAMING?
- SCIENTIFIC “CURIOSITY”?
- ONLY CLEARLY IMPROVABLE PROCESSES?
OVERVIEW OF QUALITY

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MEASURING QUALITY: WHO

✓ MANAGERS
✓ HEALTH PERSONNEL (DIRECT CARE)
✓ PATIENTS / CONSUMERS / CUSTOMERS / POPULATION
QUALITY MANAGEMENT THROUGH THE HEALTH SYSTEM

SYSTEM LEVELS FOR QUALITY

- **Population-based indicators, including all dimensions of quality and all institutions.**
- **Focus on overall system strategies.**
- **Responsibility of high level managers and political authorities.**

CHARACTERISTICS AND RESPONSIBILITIES

- **Indicators on the quality of the specific services for the specific population served by the institution.**
- **Focus on optimizing resources and regulating processes.**
- **Responsibility of the managers of the institution.**

- **Indicators on satisfaction, technical quality and effectiveness for specific conditions and type of patients.**
- **Focus on clinical quality on a broad sense.**
- **Responsibility mostly of clinical personnel.**
INTERNAL AND EXTERNAL DEFINED

INTERNAL FOCUS

THE INITIATIVE TO IMPROVE IS INTERNAL, AND THE DOMAINS, TOPICS, INDICATORS AND METHODS FOR QI ARE DECIDED BY THE CENTER, TEAM, GROUP OR INDIVIDUAL PRACTITIONERS.

EXTERNAL FOCUS

THE INITIATIVE TO IMPROVE IS EXTERNAL, AND THE DOMAINS, TOPICS, INDICATORS AND (AT LEAST PARTIALLY) METHODS FOR QI ARE DECIDED BY THE ADMINISTRATIVE UNITS OR INSTITUTIONS OUTSIDE THE CENTER, TEAM OR GROUP.
“Quality can be measured externally. Internally it can be measured and improved”

R.H. Palmer
SOME KEY ELEMENTS OF THE CQI

PHILOSOPHY

- PEOPLE WANT TO DO THEIR BEST
- THEY KNOW THE MOST ABOUT THEIR JOBS
- THEY SHOULD BE INVOLVED IN PLANNING IMPROVEMENTS
THE REQUISITES FOR SELF CONTROL /CONTINUOUS QUALITY IMPROVEMENT (Juran)

- TO KNOW WHAT TO DO
- TO KNOW WHAT IS ACTUALLY BEING DONE
- BEING ABLE TO MODIFY WHAT IS BEING DONE
OVERVIEW OF QUALITY

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QUALITY MANAGEMENT PROGRAM OR SYSTEM: CONCEPT

STRUCTURAL ELEMENTS AND ACTIVITIES FOR THE EXPLICIT OBJECTIVE OF IMPROVING QUALITY
QM PROGRAM: COMPONENTS

1. PHILOSOPHY

2. STRUCTURE

   ➢ RESOURCES

   ➢ ORGANIZATION

3. ACTIVITIES
QUALITY IMPROVEMENT PROGRAM ACTIVITIES

- IMPROVEMENT CYCLES
- MONITORING
- QUALITY PLANNING/DESIGN
## IMPROVING QUALITY: GROUPS OF ACTIVITIES

<table>
<thead>
<tr>
<th>STARTING POINT</th>
<th>IMMEDIATE OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY PROBLEM (opportunity to improve)</td>
<td>- SOLVE IT</td>
</tr>
<tr>
<td></td>
<td>- IMPROVE</td>
</tr>
<tr>
<td>LIST OF INDICATORS</td>
<td>- PROBLEM IDENTIFICATION</td>
</tr>
<tr>
<td>RESULTS</td>
<td>- DESIGN PROCESSES</td>
</tr>
<tr>
<td>REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>NEEDS/EXPECT.</td>
<td></td>
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</table>
GROUPS OF ACTIVITIES FOR QUALITY IMPROVEMENT

MONITORING

QUALITY IMPROVEMENT CYCLES

QUALITY PLANNING OR DESIGN
QUALITY MONITORING, EVALUATION AND DESIGN

PROBLEM IDENTIFICATION

MONITORING IMPLEMENTATION

INDICATORS BUILDING AND DESIGN OF MONITORING METHOD

REEVALUATION

INTERVENTION IMPLEMENTATION

INTERVENTION DESIGN

EXPERIMENTATION

Definition of quality requirements and criteria

IDENTIFICATION OF CLIENTS’ NEEDS AND EXPECTATIONS

STARTING POINT

NORMAL PATH
SOME MODELS FOR QUALITY IMPROVEMENT IMPLEMENTATION

- PDCA
- JOINER ASSOC.5 Stage PLAN
- JURAN´S JOURNEYS (Dyagnostic, Remedial, Improvement)
- FADE (Organizational Dynamics)
- SEVEN-STEPS PROBLEM-SOLVING (Analog. Devices)
- SEVEN-STEPS QI PROCESS (Qualtec)
- ROADMAP (UMMC)
- URC QUALITY ASSURANCE CYCLE
- IBERIAN PROGRAM INTEGRATED MODEL
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MODELING THE RELATIONSHIP OF THE DIFFERENT TYPES OF QUALITY COSTS

SOME FAILURE COSTS IN A CENTRAL ASIAN COUNTRY (National survey of quality of paediatric care conducted by WHO, 2006)

• 81% of unnecessary treatment in hospital.

• 90% of unnecessary IV injections.

• 64% of over dosage of drugs.

• Diarrhea treated with 4-13 medicines.
MODELING THE RELATIONSHIP OF THE DIFFERENT TYPES OF QUALITY COSTS

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