

Quality of HealthCare



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QUALITY

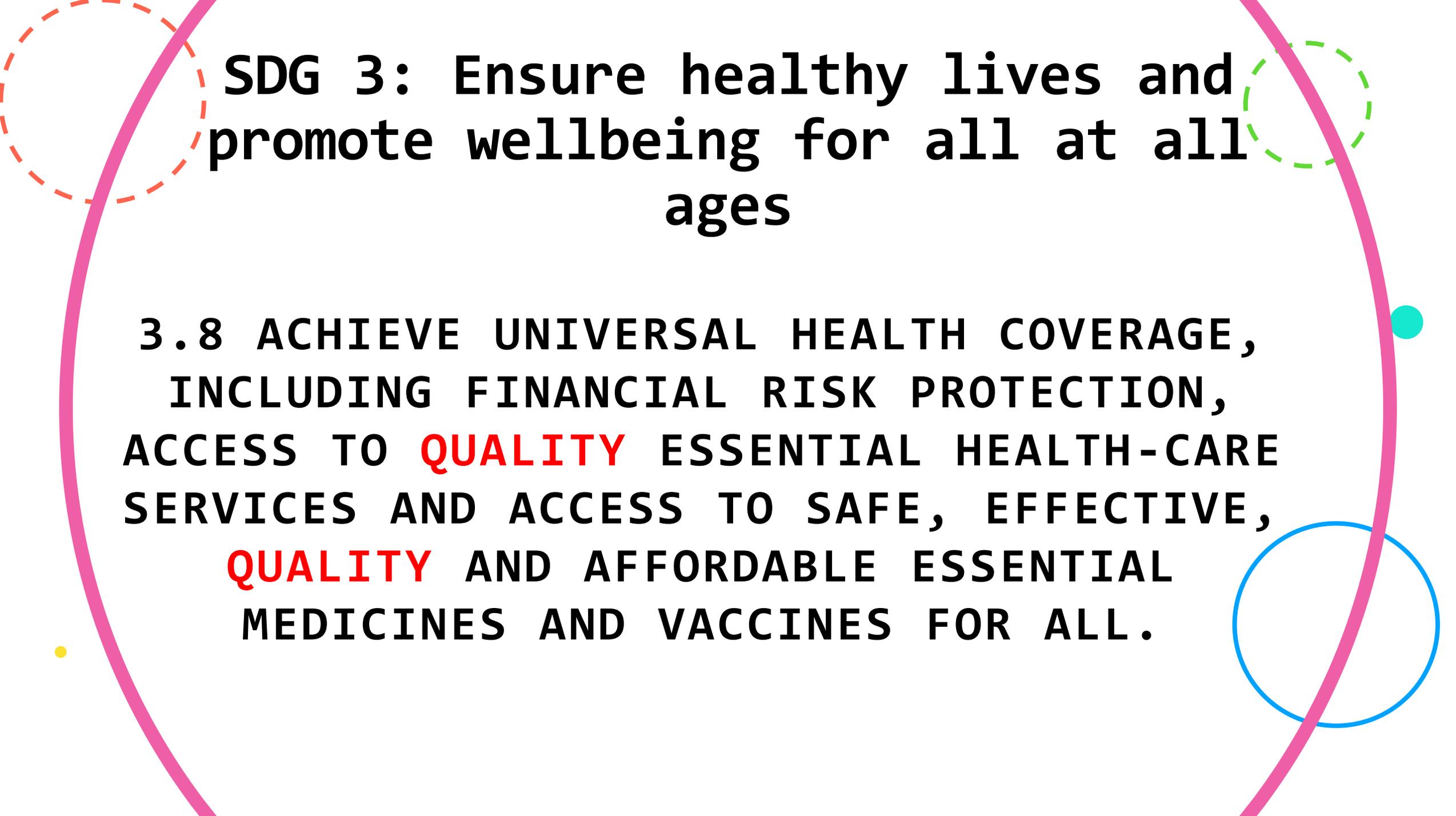
*“We have two jobs:
our job and the job
of improving our
job”*

Donald Berwick



- Quality of care is a key component of the right to health.





**SDG 3: Ensure healthy lives and
promote wellbeing for all at all
ages**

**3.8 ACHIEVE UNIVERSAL HEALTH COVERAGE,
INCLUDING FINANCIAL RISK PROTECTION,
ACCESS TO **QUALITY** ESSENTIAL HEALTH-CARE
SERVICES AND ACCESS TO SAFE, EFFECTIVE,
QUALITY AND AFFORDABLE ESSENTIAL
MEDICINES AND VACCINES FOR ALL.**

ملخص إستراتيجية وزارة الصحة للأعوام ٢٠١٨-٢٠٢٢

تلبيةً لتوجيهات جلالة الملك عبد الله الثاني المعظم في رفع معيشة المواطن وتحسين نوعية الحياة وتحقيق العيش الكريم له ، واستمراراً لإلتحاق النهج المنظم والمبني على أفضل الممارسات العالمية ، قامت الوزارة بإعداد خطتها الإستراتيجية للخمس سنوات القادمة (٢٠١٨-٢٠٢٢) ، وبالاعتماد على ما جاء في الخطط الوطنية لا سيما رؤية الأردن (٢٠٢٥) ، والخططة التنفيذية لإصلاح القطاع الصحي (٢٠١٨-٢٠٢٢) ، وخططة تحفيز النمو الاقتصادي للوزارة ، إضافة إلى الخطط الوطنية الأخرى ذات العلاقة ، والخططة العالمية للتنمية المستدامة (٢٠٣٠) ، أخذة بعين الاعتبار نتائج تقييم الإستراتيجية السابقة وما تحقق منها وما لم يتحقق والدروس المستفادة منها .

وقد أبقت الوزارة على رؤيتها ورسالتها لهذه الإستراتيجية في نسختها المحدثه وهما كما يلي :

الرؤية : "مجتمع صحي معافى من خلال نظام صحي متكامل يعمل بعدالة وكفاءة وجودة عالية وريادية على مستوى المنطقة".

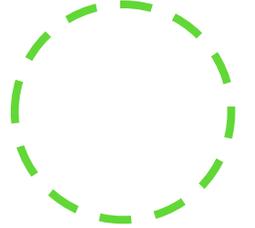
الرسالة : "تقديم الخدمات الصحية الوقائية والعلاجية والقيام بالدور التنظيمي والرقابي على الخدمات المرتبطة بصحة وسلامة المواطن بعدالة وجودة عالية وبالاستخدام الأمثل للموارد وبالشراكة الفعالة مع الجهات ذات العلاقة ضمن سياسة صحية شاملة".

جاءت هذه الإستراتيجية لتعمل على معالجة ومواجهة القضايا الرئيسية التي تواجه الوزارة للمرحلة المقبلة وهي : تعزيز الرعاية الصحية الأولية ، جودة الخدمات في كافة مرافق الوزارة ، ضبط وترشيد الإنفاق ، إدارة المعرفة وتكنولوجيا المعلومات ، إدارة الموارد البشرية ، التغطية الصحية الشاملة ، الحوكمة وتطبيق اللامركزية في القطاع الصحي والوزارة ، وذلك ضمن سبع محاور تتناسب مع هذه القضايا والأهداف الإستراتيجية .

تبنت الوزارة الأهداف الإستراتيجية للأعوام ٢٠١٨-٢٠٢٢ :

١. توفير خدمات الرعاية الصحية جودة وعدالة
٢. زيادة كفاءة إدارة الموارد البشرية
٣. زيادة نسبة شمول المواطنين بالتغطية الصحية الشاملة
٤. زيادة كفاءة وفاعلية إدارة البنية التحتية
٥. زيادة كفاءة وفاعلية الإدارة المعرفية المبنية على التحول الرقمي والتكنولوجيا
٦. زيادة كفاءة وفاعلية إدارة الموارد المالية
٧. تعظيم الحوكمة والدور الرقابي للوزارة وتطبيق اللامركزية

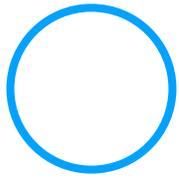




WHAT DOES QUALITY MEAN?

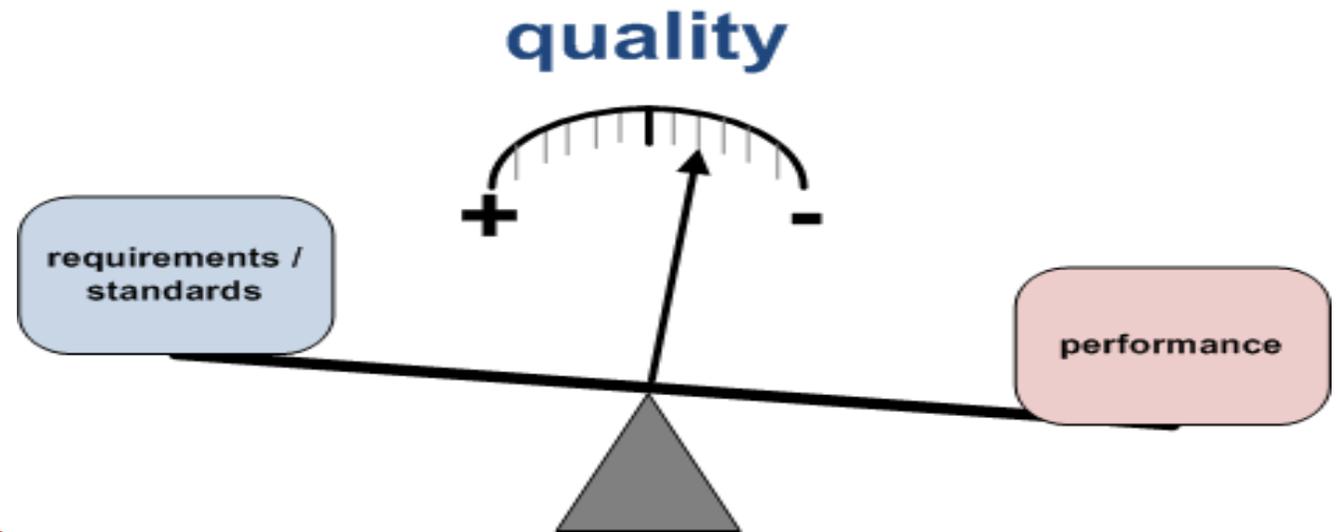
Ask yourself:

' A high quality health service would provide care that is.....'?



What does quality mean?

- “Fitness for purpose” (Juran, 1964).
- “Meeting the needs of customers” !!
- “Quality is meeting and exceeding the customer’s needs and expectations and then continuing to improve.” W. Edwards Deming



It is both objective and subjective in nature

How Good Is It & How to Improve It?

The 3 Aspects of Quality Care

➤ 1. Measurable Quality:

- is the aspect of care which can be judged **by the provider** through comparative measures between the actual performance versus the standard one.
- can be defined objectively as compliance with, or adherence to standards.
- Such as protocols or practice guidelines
- Basis for licensure or accreditation
- **Standards serve as guidelines for measurement**



➤ 2. Appreciative Quality:

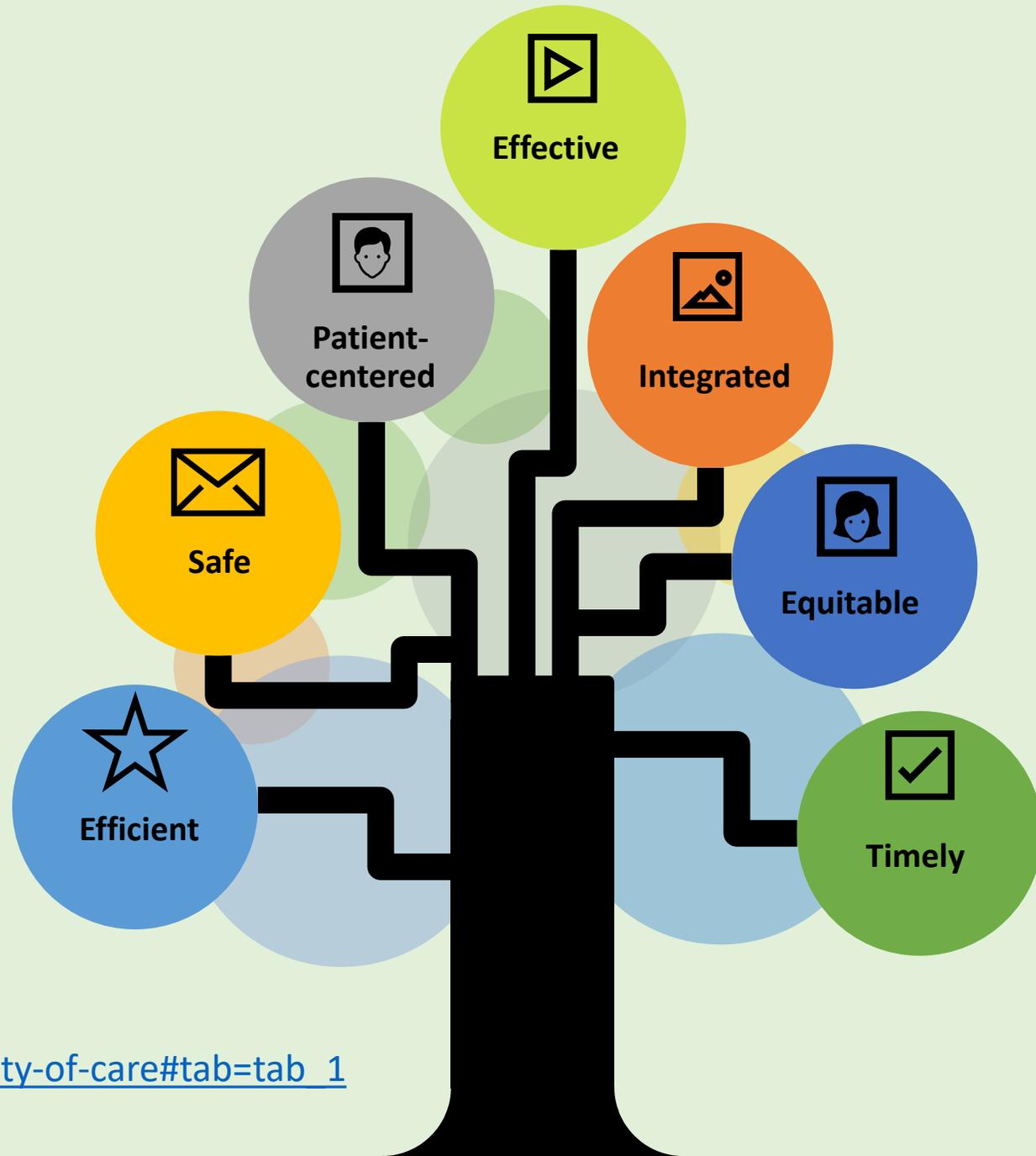
- is the aspect of care which can be judged *by the experienced practitioners who rely not only on standards but on their personal judgments and experiences as well*. E.g. Peer review/ Accreditation bodies.

➤ 3. Perceptive Quality:

- is the aspect of care which is perceived/judged **by the recipient of care**. Quality perceived by the patient is based on the degree of care expressed by health care providers more than **on the physical environment and technical competence**. The last two are essential to prevent dissatisfaction but do not necessarily lead to patient satisfaction.



Key Components of High Quality Health Care



Key Components of High Quality Health Care

1. Patient centered care:

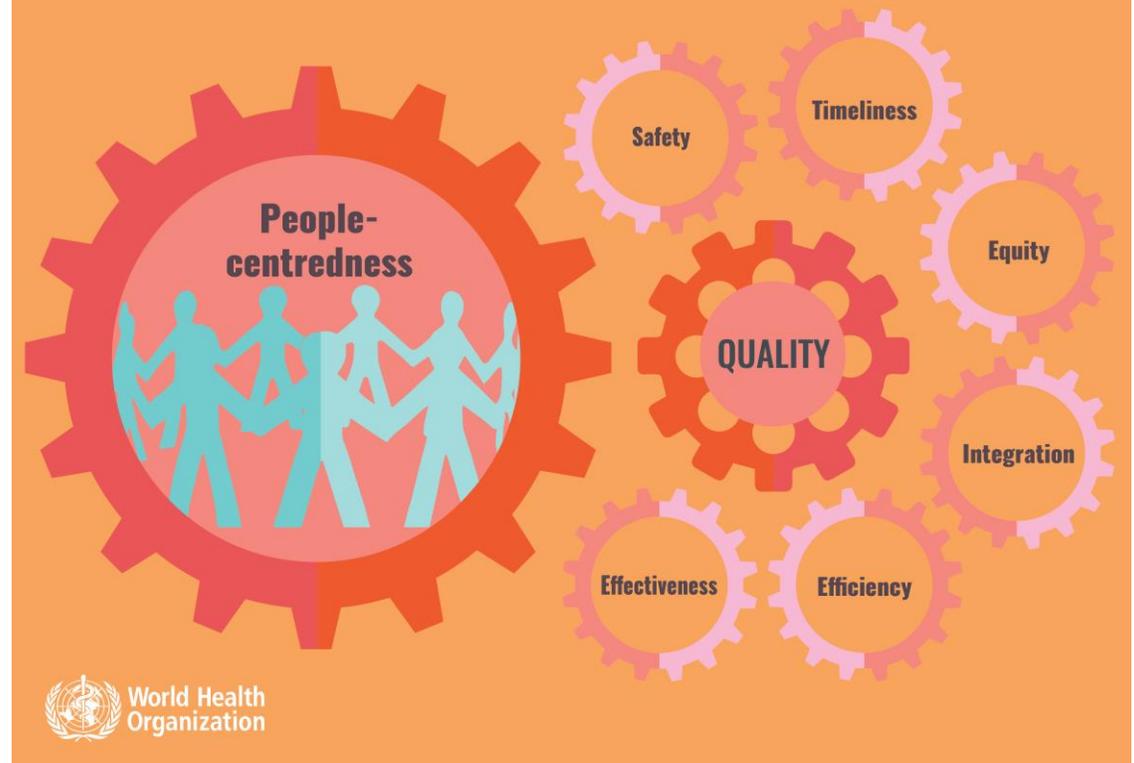
Providing care that responds to individual preferences, needs and values.

Move from
“What’s the matter?”
to
“What matters to you?”

- The patient is not the problem
- “Minimally Disruptive Medicine” (Victor Montori)
- Having conversations with the patient, understanding patients (not just their diseases) and their lives
- Patient goal setting

Quality health care is people-centred.

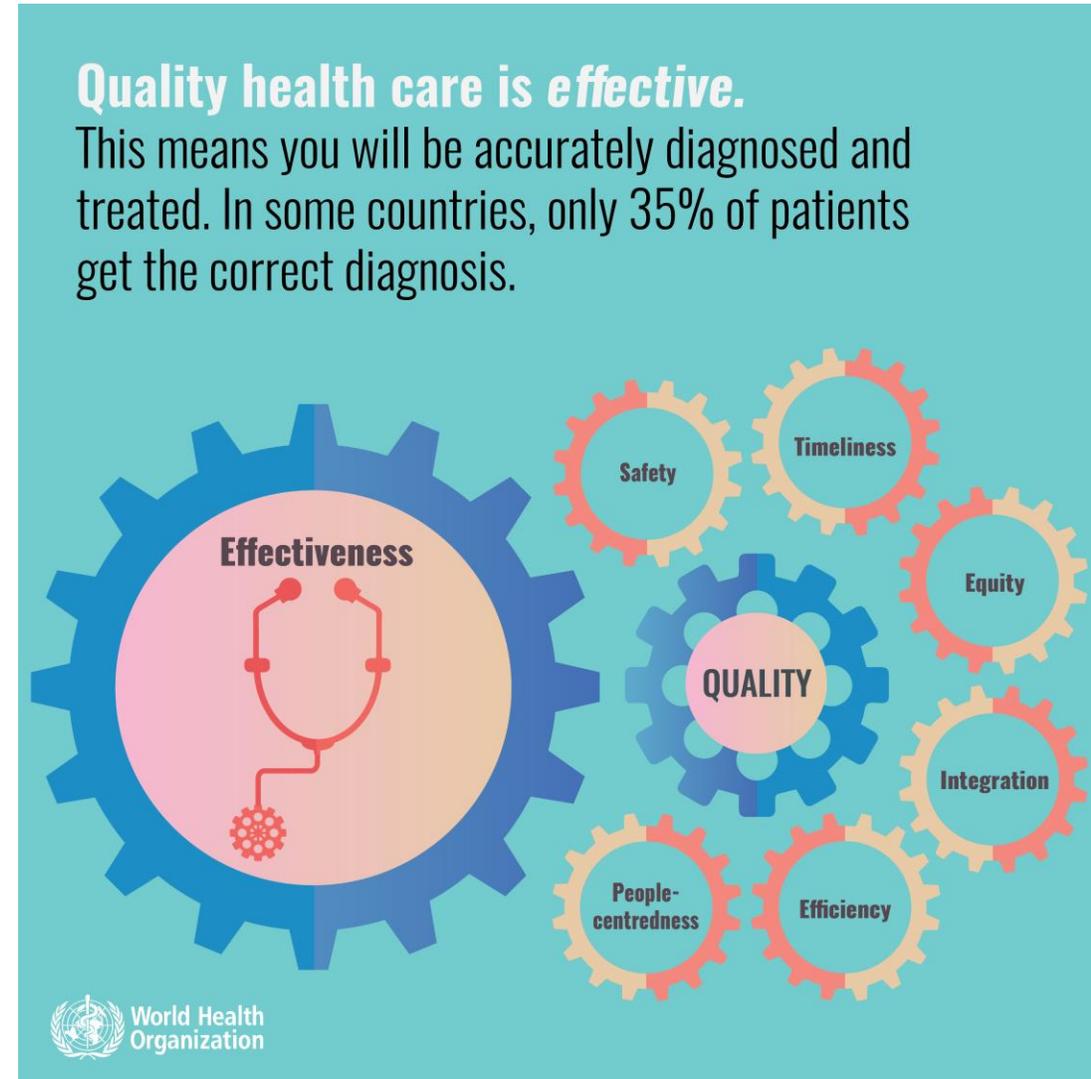
This means that decisions about your care are tailored to your needs and preferences and you are treated with respect and compassion.



Key Components of High Quality Health Care (cont.)

2. Efficacy: The potential capacity or the capability of care to produce the *desired outcomes*.

3. Effectiveness – providing evidence-based healthcare services to those who need them (**% of goals achieved**).



Key Components of High Quality Health Care (cont.)

3. Safety: The degree to which the risk of an intervention and risk in the care environment are minimized for patients, visitors, and staff.

Quality health care is *safe*.

This means the care you receive does not harm you. Around the world, nearly 14% of patients are harmed from the health care they receive during their hospital stay.



4. **Timeliness:** • The degree to which care is provided to the individual at the most beneficial or necessary time (minimize delays).

Quality health care is *timely*.

This means you can see your doctor when you need to, without waiting too long. In some countries, 74% of patients have to wait between 60 and 120 minutes to be seen by a doctor.



- **5. Efficiency:**

- The optimum utilization of *resources* to produce the desired outcomes (maximizing the quality of health care delivered or unit of health benefit achieved for a given unit of health care resources used).

Can it work?	Efficacy
Does it work in reality?	Effectiveness
Is it worth doing compared to other things we could do with the same money?	Cost-effectiveness = Efficiency

Quality health care is *efficient*.
 This means your laboratory tests will not be repeated unnecessarily. You will not undergo needless imaging tests. Antibiotics will be prescribed only in the case of a confirmed infection.

Efficiency Vs Effectiveness Vs Efficiency

Efficacy = measure of effect under ideal conditions.
 Effectiveness = effect under 'real life' conditions.

Efficacy does not imply effectiveness

Efficiency = relationship between costs & benefits.

Effectiveness does not imply efficiency

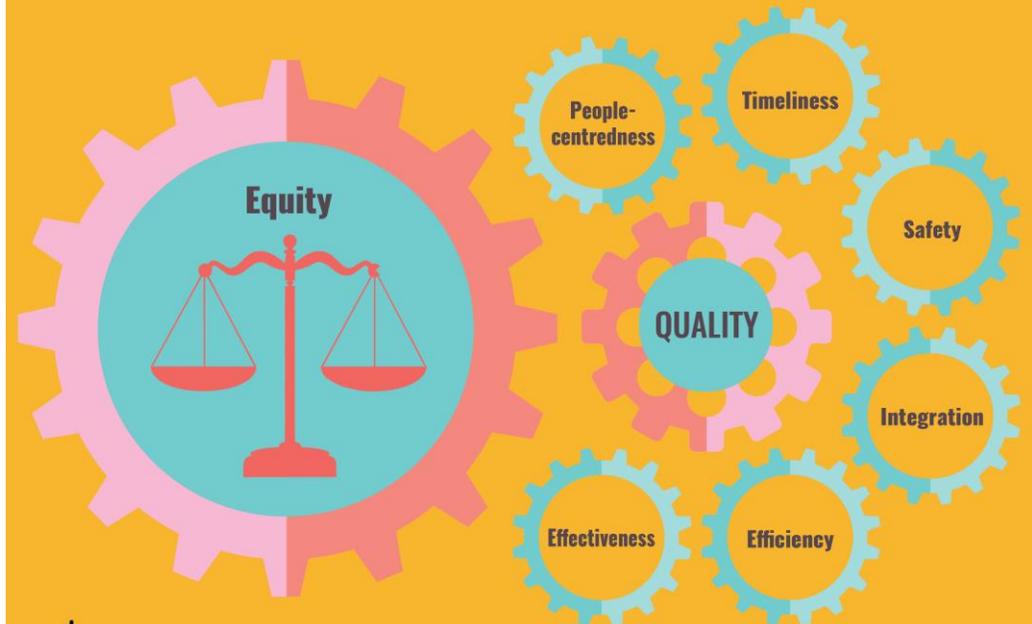


6. Equity: providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status.

At the same time, care with sensitivity for the individuals' needs, expectations, and differences (Respect and caring)

Quality health care is equitable.

This means that all people, regardless of their gender, race, ethnicity, geographical location or socioeconomic status, receive the good quality health care they need.



Key Components of High Quality Health Care (cont.)

7. Integrated: providing care that makes available the full range of health services throughout the life course



It is not possible to maximize all key components of quality healthcare services!

Quality Management



- Definition: “A planned, systematic, and organization-wide approach to monitor, analyze, and improve the organizational performance; thereby continually improving the quality of care and services provided””

Juran’s trilogy: Managing for quality consists of three basic quality-oriented processes: quality planning, quality control, and quality improvement.

Quality Management (QM) aim to develop and maintain programs to keep it at an acceptable level (**quality planning** and **control**) and to make improvements when the opportunity arises or the care does not meet standards (**quality improvement**).

Quality improvement

- Quality improvement focus is measuring change, consisting of “systematic and continuous actions that lead to measureable improvement in healthcare services and the health status of a targeted patient group.”
- It is used when planning any improvement or change to work processes
- It is important that healthcare organizations apply the principles of quality improvement in all aspects of clinical care.

(PDSA) cycles and the model for improvement

- One of the most widely used models is the Plan-Do-Study-Act (PDSA) Cycle, a systematic series of steps for the continual improvement of a product, service, or process.
- The model for improvement provides a framework for developing, testing and implementing *changes* leading to improvement.

All improvement requires change, but not all change will result in an improvement

The scientific approach Deming (1982)



- PDCA cycle!

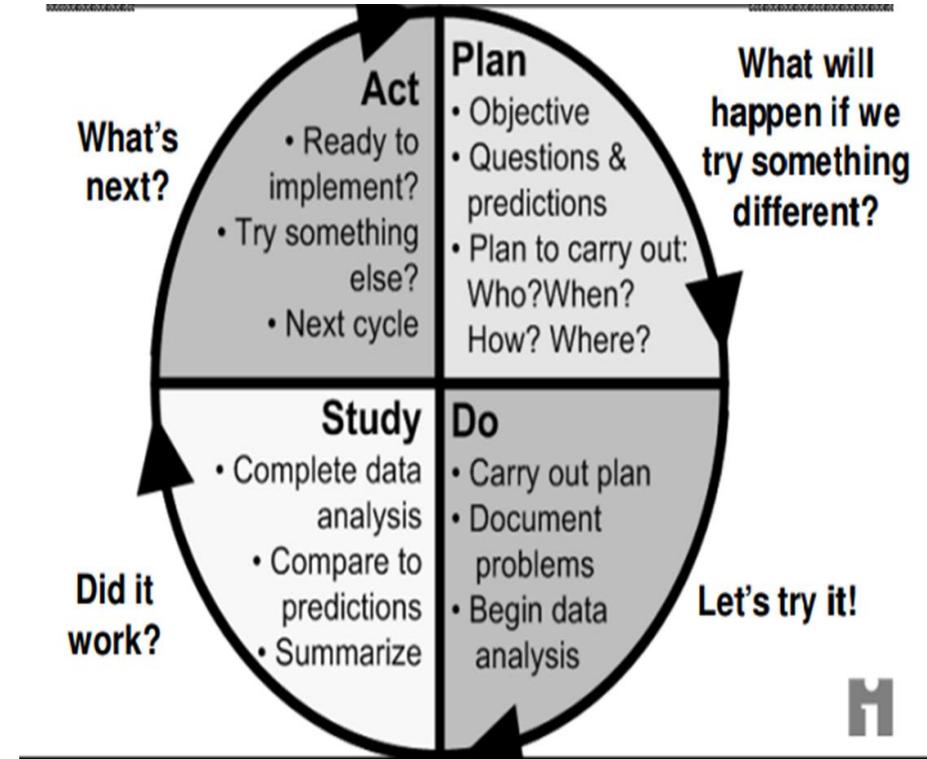
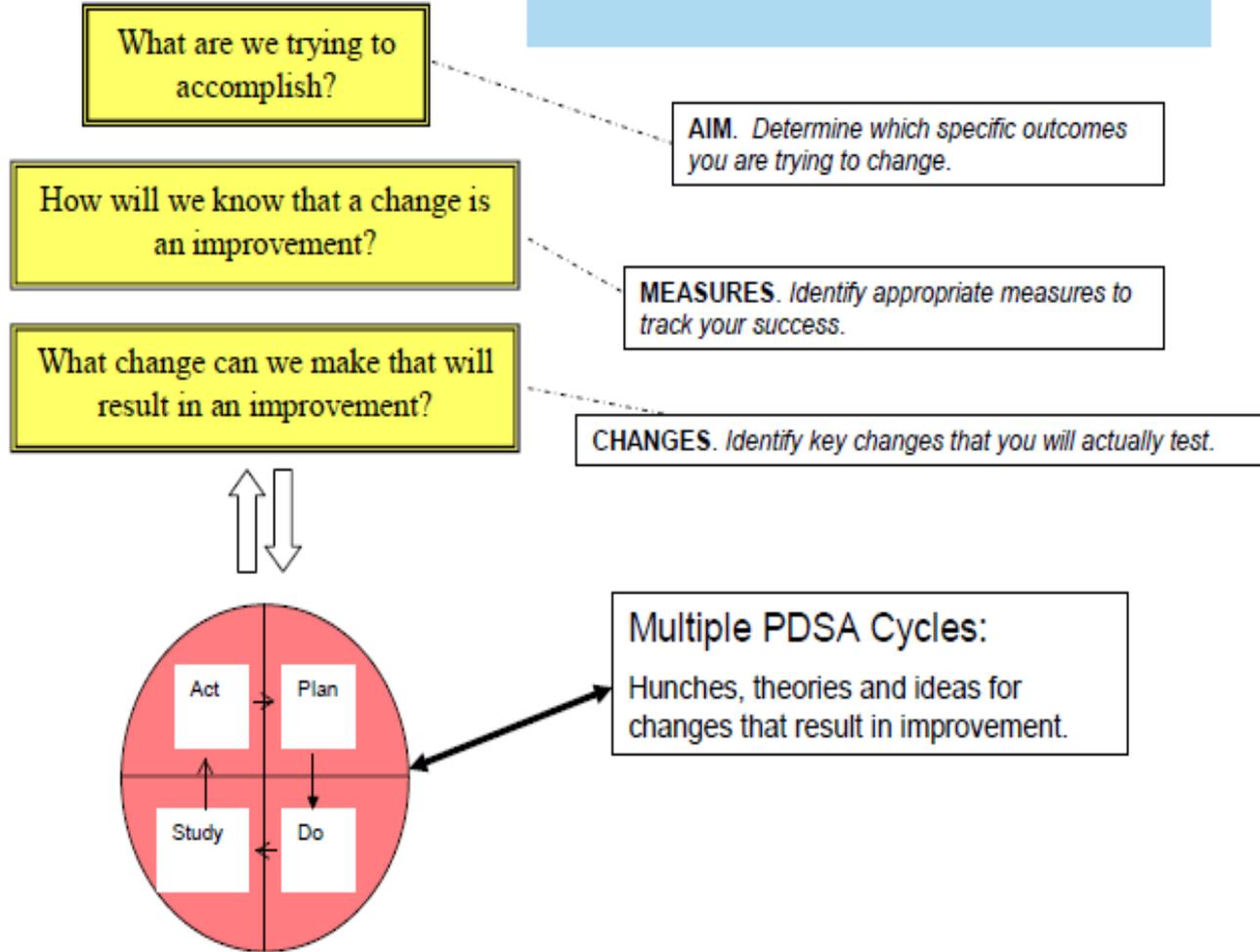
Plan the approach to a quality problem, identify all customers, and all personnel involved in the service.

Do the change and collect data on the result

Study the results, on a group basis, examine whether changes are working, and any delays present.

Act to incorporate the new methods or revise them if they do not.

THE MODEL FOR IMPROVEMENT*



EXAMPLE:

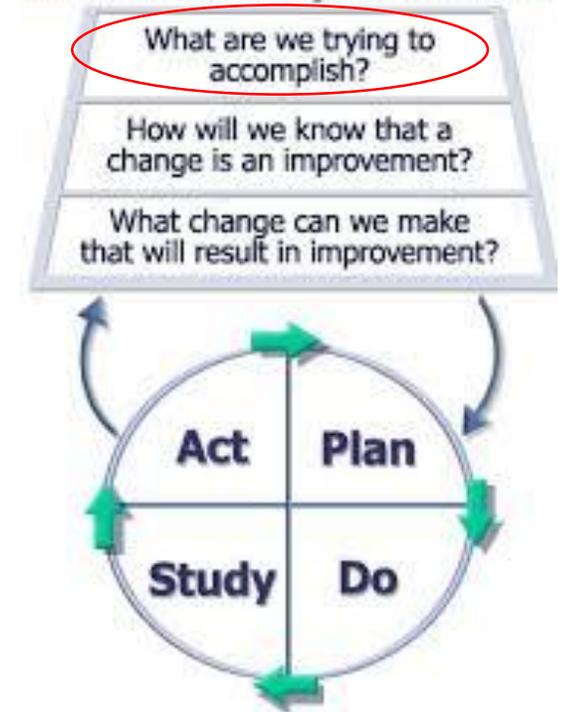
1. What are we trying to accomplish?

- We will improve cancer services! Poor statement.....

An example of an aims statement from cancer services:

- To improve access, speed of diagnosis, speed of starting treatment and patient care for people who are suspected of having bowel cancer. This will be achieved by January 2026
- Introducing booked admissions and appointments.
- Target: more than 95% of patients
- Reducing the time from GP referral to first definitive treatment to less than 15 weeks
- Ensuring that over 80% of patients are discussed by the multidisciplinary team

Model for Improvement



2. How do we know if the change is an improvement?

- There is a need to measure outcomes.
- If change is made, (measure whether the change has led to sustainable improvement).
- Data are needed. How can we obtain this data? Is it available in existing information systems, or will we need to collect this manually?
- Measure the baseline – how is the process or system performing before the change is made?
- Measure regularly during testing – what is the impact immediately, and what is the impact over a period of time?
- Continue to measure after the improvement is implemented, to ensure that the change is sustained.

Model for Improvement



Measures might include:

- Reduction in admissions and readmissions
- Reduction in outpatient appointments
- Reduction in prescribing
- Number of patients treated/diagnosed
- Patient experience
- Waiting days between interventions
- Turnaround times
- Staff morale.

Example:

Readmissions:

**Total number of patients who unexpectedly
returned to same facility for additional
treatment for same condition**

= Readmission Rate (%)

**Total number of patients
who have been diagnosed**

with that same condition within a specified period of time

- When patients must return again and again, it may be the result of misdiagnosis or poor treatment planning.

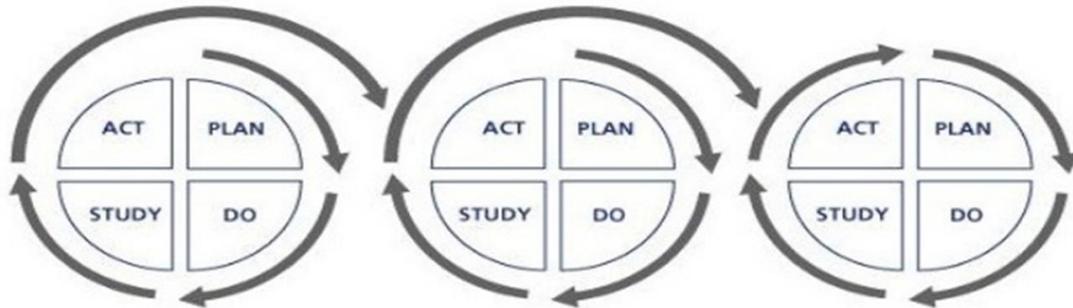
3. What changes can we make that will result in improvement?

- Evidence from scientific literature and previous improvement programmes suggests that a small number of changes are most likely to result in improvement.

Model for Improvement

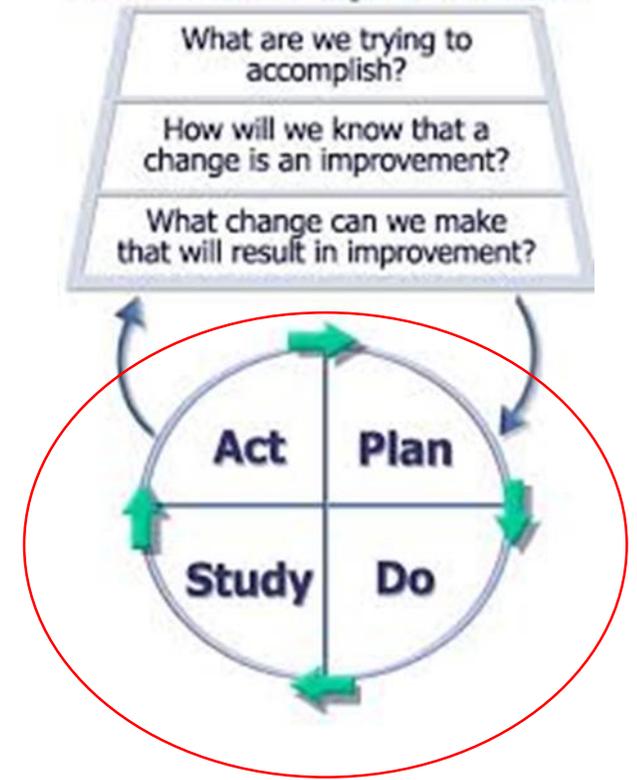


- Now start the PDSA cycle.
- There may be several PDSA cycles running sequentially, or simultaneously.
- Sequential cycles are common when the results suggest a different approach is needed.

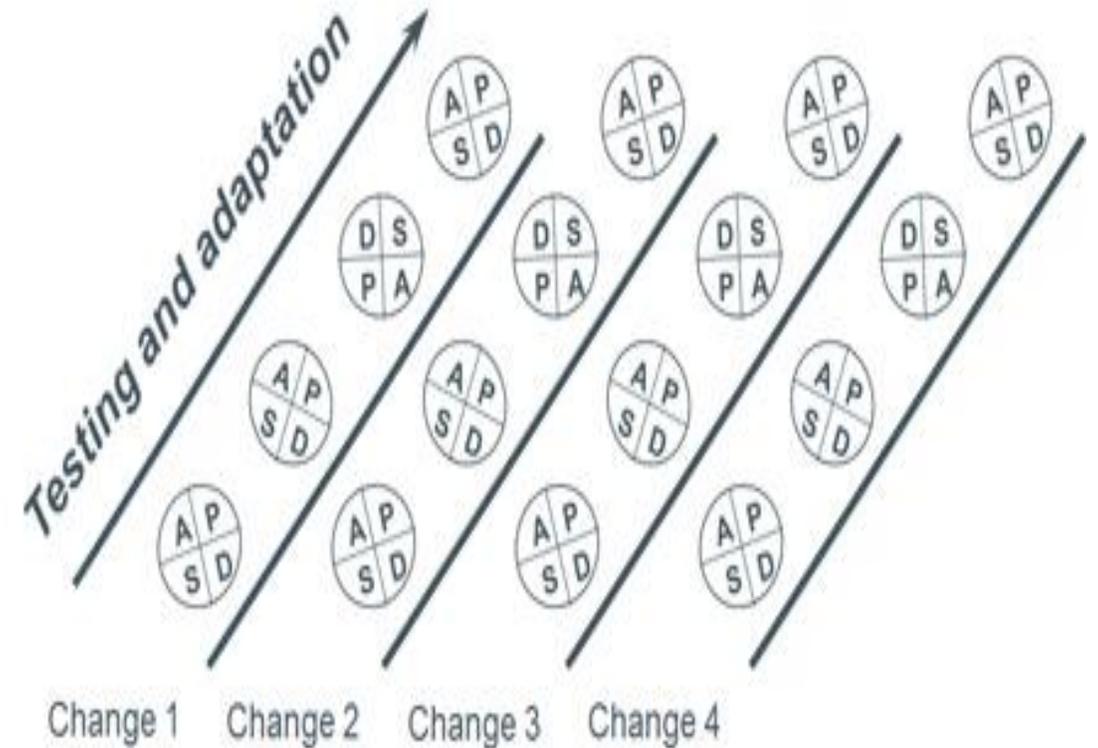


It is possible that there may be several PDSA cycles running sequentially. Cycles are repeated as needed until the desired goal is achieved.

Model for Improvement



- Simultaneous cycles may occur when the changes are more complex, possibly involving several departments.
- Coordination function is needed It to identify any interactions between simultaneous cycles. a change in method in one cycle may change the impact of another somewhere else.



Types of Quality of Care Measures

- There are multiple approaches to measuring different aspects of quality.

Four ways:

- 1. Examining the structure of the setting in which care is provided,
- 2. Measuring the actual process of care,
- 3. Assessing the outcomes of care.
- 4. Patient Experience Measures.

IHI MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can be made that will result in an improvement?



STRUCTURE MEASURES

assess the static resources needed to improve processes and outcomes



ex. access to equipment, portable machines, & other necessary spaces



PROCESS MEASURES

give an indication of the parts and steps that you hypothesized would lead to improved outcomes



ex. number of times a fascia iliaca nerve block procedure is performed



OUTCOME MEASURES

assess system performance by measuring the result of healthcare to patients or the community



ex. delirium in patients with hip fractures

BALANCE MEASURES

reflect the potential unintended consequences that arise from a QI initiative



ex. reported adverse events related to nerve block or delay in patient consult and admission to hospital

Structure.....

- Refers to the characteristics of the setting in which care takes place.
- Structure measures evaluate the infrastructure of health care settings.
- Structure measures provide essential information about a provider's ability and/or capacity to provide high-quality care, BUT they **cannot** measure the actual quality of the care received or whether the care improved patients' health.

Measures of the setting used might include characteristics of:

- Physicians and hospitals (e.g., a physician's specialty or the ownership of a hospital);
- Personnel, staffing; and/or
- Policies related to care delivery

Process...

- They can refer to anything that is done between health care professional and a patient (such as providing information, emotional support, involving patients in decisions in a way that is consistent with their preferences, etc.)
- Process measures are used to determine the extent to which providers consistently give patients specific services that are consistent with recommended guidelines for care.
- Process measures give providers clear feedback to improve their performance.

Outcomes....

- Outcomes refer to a patient's health status or change in health status (e.g., an improvement in symptoms) resulting from the medical care received.
- This includes intended outcomes, such as the relief of pain and unintended outcomes, such as complications.
- Outcome measures evaluate patients' health as a result of the care they have received.
- They also assess whether or not the goals of care have been accomplished.
- Outcome measures frequently include measures of survival (mortality), incidence of disease (morbidity), and health-related quality of life issues.

Patient Experience Measures.....

- Patient experience measures provide feedback on patients' experiences of their care.
- These measures assess the clarity and accessibility of information that doctors provide, whether doctors tell patients about test results, how quickly patients are able to get appointments for urgently needed care.
- Positive patient experiences have a relationship to clinical quality: Patients with better care experiences are often more engaged in their care, more committed to treatment plans, and more receptive to medical advice.

• THANK YOU