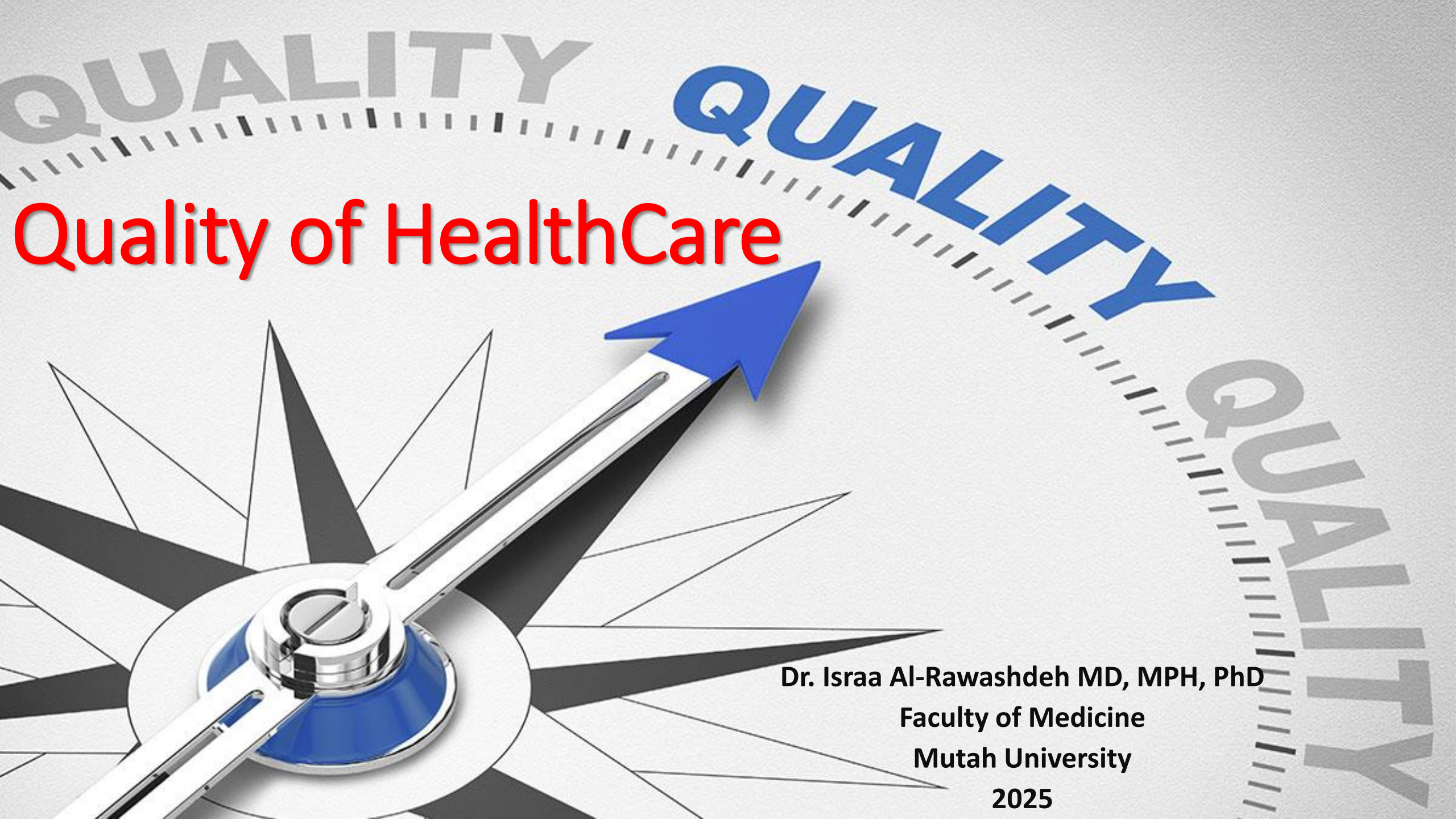
Quality of HealthCare



Dr. Israa Al-Rawashdeh MD, MPH, PhD
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2025

QUALITY

"We have two jobs: our job and the job of improving our job"

Donald Berwick

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.

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

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 لإتباع 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) ، والخطة التنفيذية لإصلاح القطاع الصحي (٢٠١٨-٢٠٢٢) ، وخطة تحفيز النمو الاقتصادي للوزارة ، إضافة إلى الخطط الوطنية الأخرى ذات العلاقة ، والخطة العالمية للتنمية المستدامة (٢٠٣٠) ، آخذة 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 المحدثة 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 بجودة 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**

الرؤية والرسالة وقيم وزارة الصحة

الرئيسية ◂ عن الوزارة ◂ الرؤية والرسالة وأهداف وزارة الصحة

رؤية ورسالة وقيم وزارة الصحة

الرؤية

"مجتمع معافى وآمن صحيا متمتع برعاية صحية شاملة ذات جودة عالية ".

الرسالة

" توفير منظومة صحية متطورة ومتكاملة تعزز صحة الفرد والمجتمع وتقدم الخدمات الصحية الوقائية والعلاجية والتأهيلية والتلطيفية الآمنة والشام

إطلاق استراتيجية وزارة الصحة للأعوام (2023-2025)

الرئيسية ◂ المركز الاعلامي ◂ الاخبار ◂ إطلاق استراتيجية وزارة الصحة للأعوام (2023-2025)

شارك

إطلاق استراتيجية وزارة الصحة للأعوام 2023-2025

تحت رعاية رئيس الوزراء الدكتور بشر الخصاونة أطلقت وزارة الصحة اليوم الأحد استراتيجيتها للأعوام (2023 - 2025)، والتي تقوم على توفير منظومة صحية متكاملة تعزز صحة الفرد والمجتمع وتقدم الخدمات الصحية الوقائية والعلاجية والتأهيلية والتلطيفية الآمنة بعدالة وجودة وكفاءة.

وقال وزير الصحة خلال افتتاحه لحفل الاطلاق مندوباً عن رئيس الوزراء بحضور عدد كبير من الوزراء والأعيان والنواب والمسؤولين الحكوميين والجهات المانحة والأهلية والمختصين والمهتمين بالشأن الصحي "إنّ استراتيجية الوزارة للأعوام 2023-2025 هي استراتيجية عصرية قابلة للتطبيق بمؤشرات مهمة قابلة للقياس تنعكس نتائجها على الأداء والتحسين في الخدمة الصحية المقدمة".

وأشار الهواري إلى أنه تم إعداد الاستراتيجية من خلال تظافر كافة الجهود داخل وزارة الصحة لتعكس الجدية في بلورة استراتيجية فاعلة وقابلة للتطبيق لبلوغ الأهداف المرجوة والمحددة لثلاث سنوات.

وأضاف الهواري أن هذه الاستراتيجية هي الأولى بعد جائحة كورونا، وتأتي ترجمة لالتزام الوزارة بتحقيق الرؤى الملكية السامية وتحديدا البرنامج التنفيذي لرؤية التحديث الاقتصادي، بالإضافة إلى مواءمتها مع خارطة تحديث القطاع العام، ومواكبتها لالتزاماتنا الصحية الدولية في تحسين جودة الخدمات الصحية بكافة مستوياتها في مستشفيات الوزارة ومراكزها الصحية.

وأوضح الهواري أن الاستراتيجية الجديدة تواكب المتغيرات التي يشهدها الأردن والعالم، من حيث تبعات جائحة كورونا، وآثار التغير المناخي والبيئي والتغير النوعي للمراضة والأمراض وعوامل اختطارها، والتغير في نهج التخطيط الصحي في العالم من حيث الاهتمام بتطوير الخدمات الصحية التأهيلية والتلطيفية والنفسية وعدم إغفال المسنين والأمهات والأطفال والأشخاص ذوي الإعاقة.

وعرضت مديرة مديرية إدارة المشاريع والتخطيط والتعاون الدولي في وزارة الصحة المهندسة هدى عبابنة لأبرز ملامح الخطة الاستراتيجية ومحاورها التي تتكون من ثمانية محاور

WHAT DOES QUALITY MEAN?

Ask yourself:

‘ A high quality health service would provide care that is…….’?

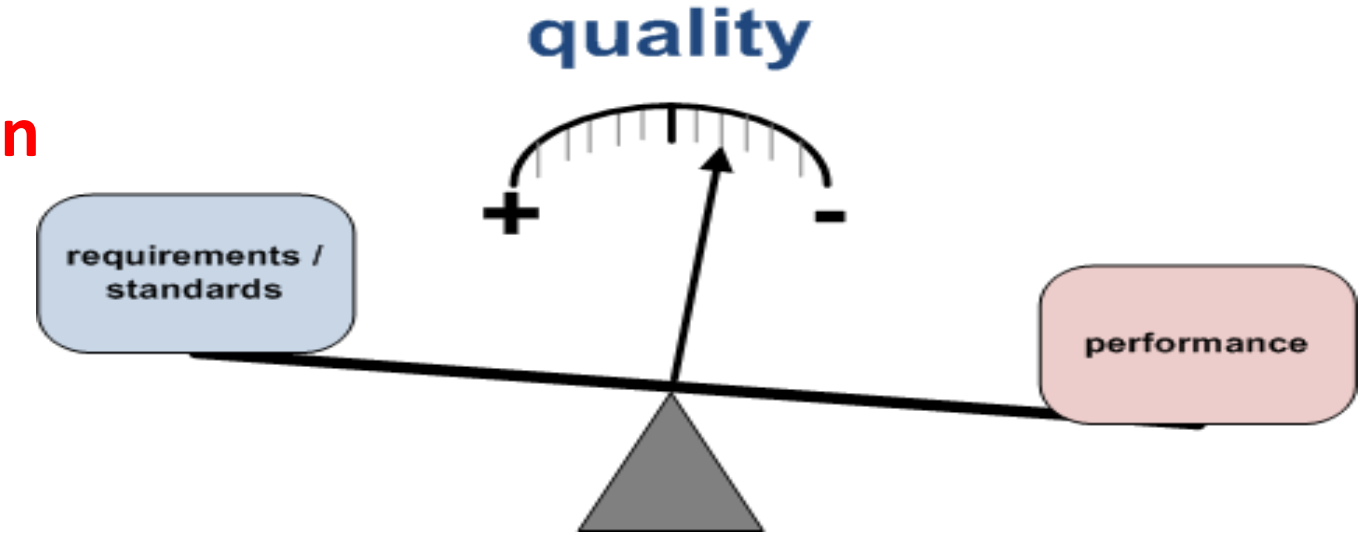
What does quality mean?

- “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 n

🔬 **Objective:**
Measurable standards (e.g., infection rates, wait times).
Compliance with clinical guidelines.

❤️ **Subjective:**
Patient satisfaction (e.g., empathy, communication).



The foundation of quality healthcare is doing the right thing at the right time in the right way for the right person and having the best results possible.

The 3 Aspects of Quality Care

➢1. Measurable Quality:

➢*Focuses on the Provider*

➢*Objective standards*

➢Care judged by actual **performance vs. standards** (e.g., Following infection control protocols)

- Required for **accreditation**
- Uses **quantitative data** (e.g., infection rates, wait times).

➢**Standards serve as guidelines for measurement**

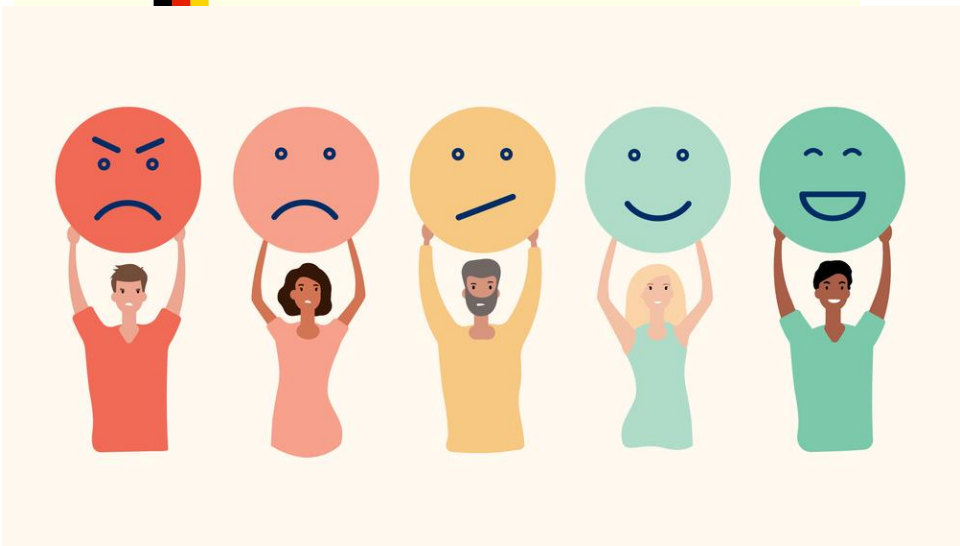
➢2. **Appreciative Quality:**

- • is the aspect of care which can be judged *by the experienced providers* **who rely not only on standards but on their personal judgments and experiences as well.** E.g. Peer reviews (e.g., tumor board decisions).
- Balances **protocols** with **circumstantial judgment**.

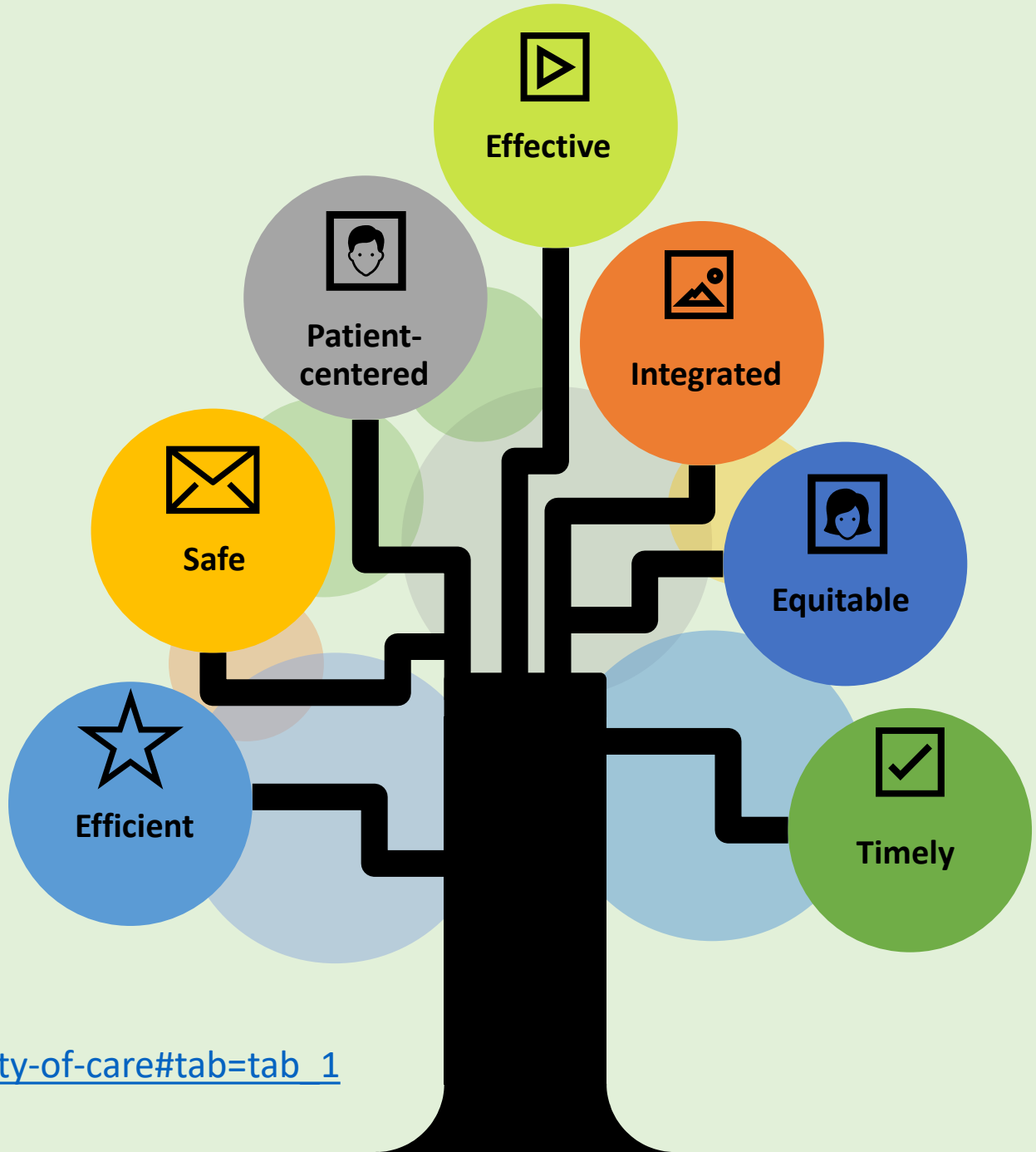
3. **Perceptive Quality:**

• Care perceived/judged **by the recipient of care (patients)**.

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



WHO: https://www.who.int/health-topics/quality-of-care#tab=tab_1

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?***"

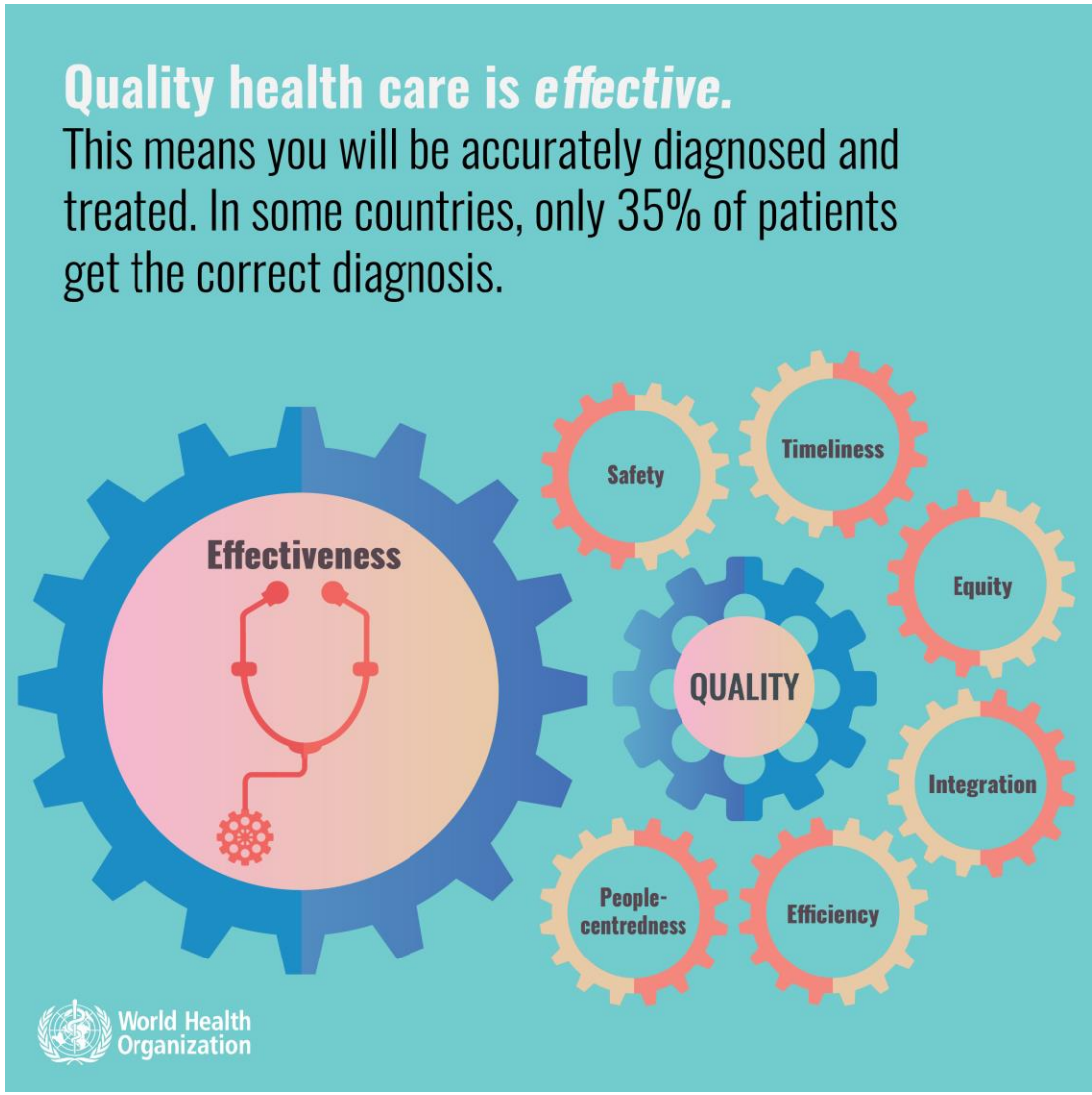
to

"***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. Respecting cultural/religious preferences (e.g., female providers for certain patients)
- Patient goal setting

Key Components of High Quality Health Care (cont.)

2. 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.

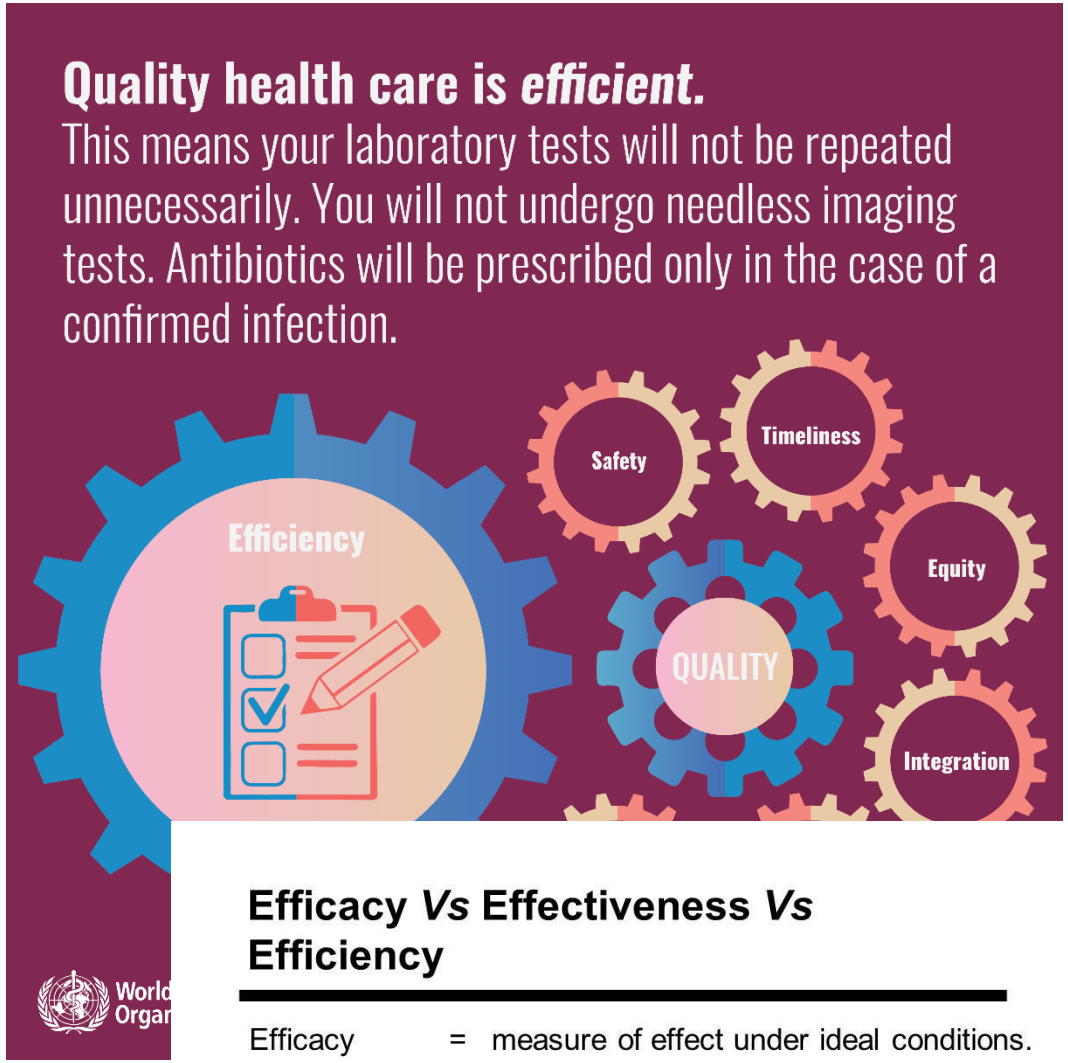
- Examples:
  - Preventing errors (e.g., wrong-site surgery)
  - Reducing healthcare-associated infections (HAIs)
  - Following WHO Surgical Safety Checklist
  - Hand hygiene compliance programs

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

- **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).
- Example: Eliminating unnecessary tests/treatments (e.g., repeat labs)

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

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*

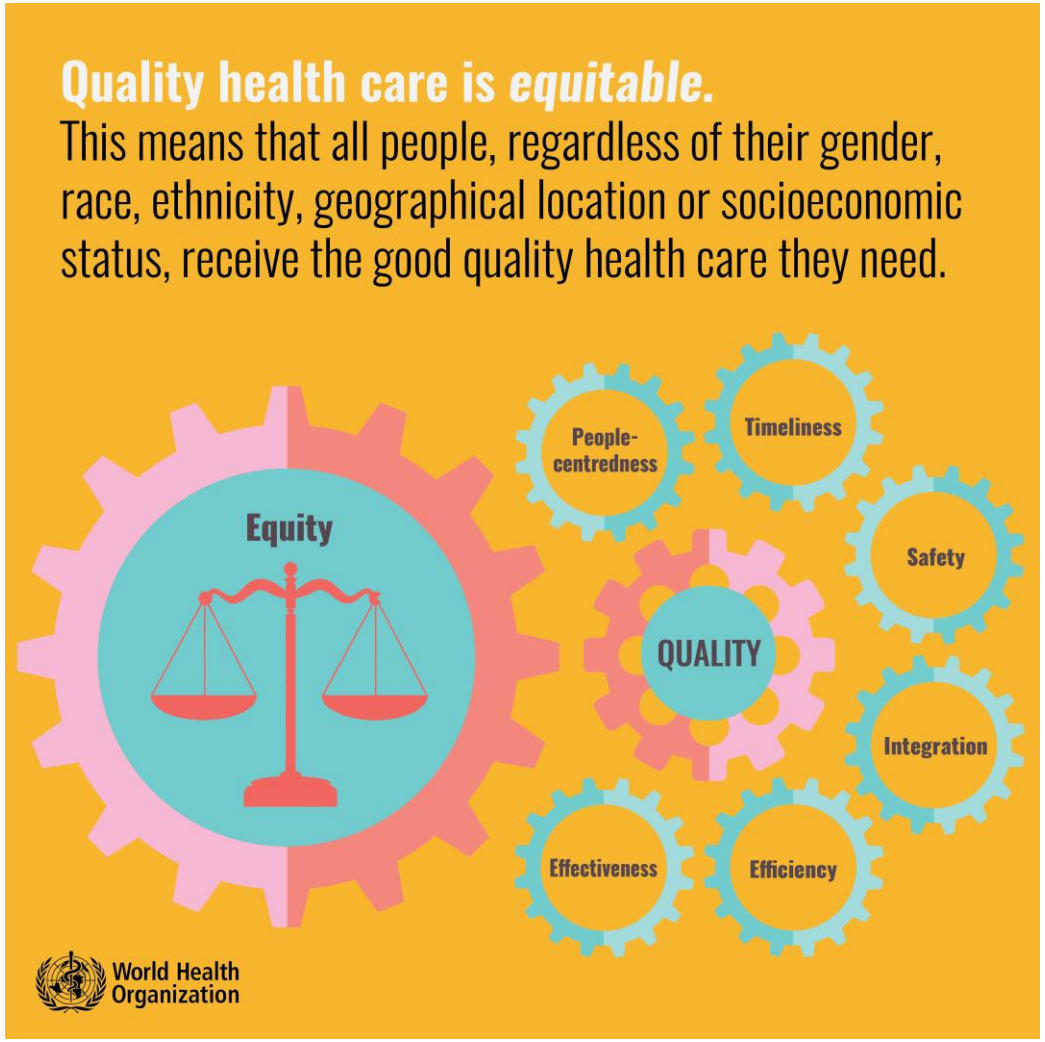


Efficacy *Vs* Effectiveness *Vs* Efficiency

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

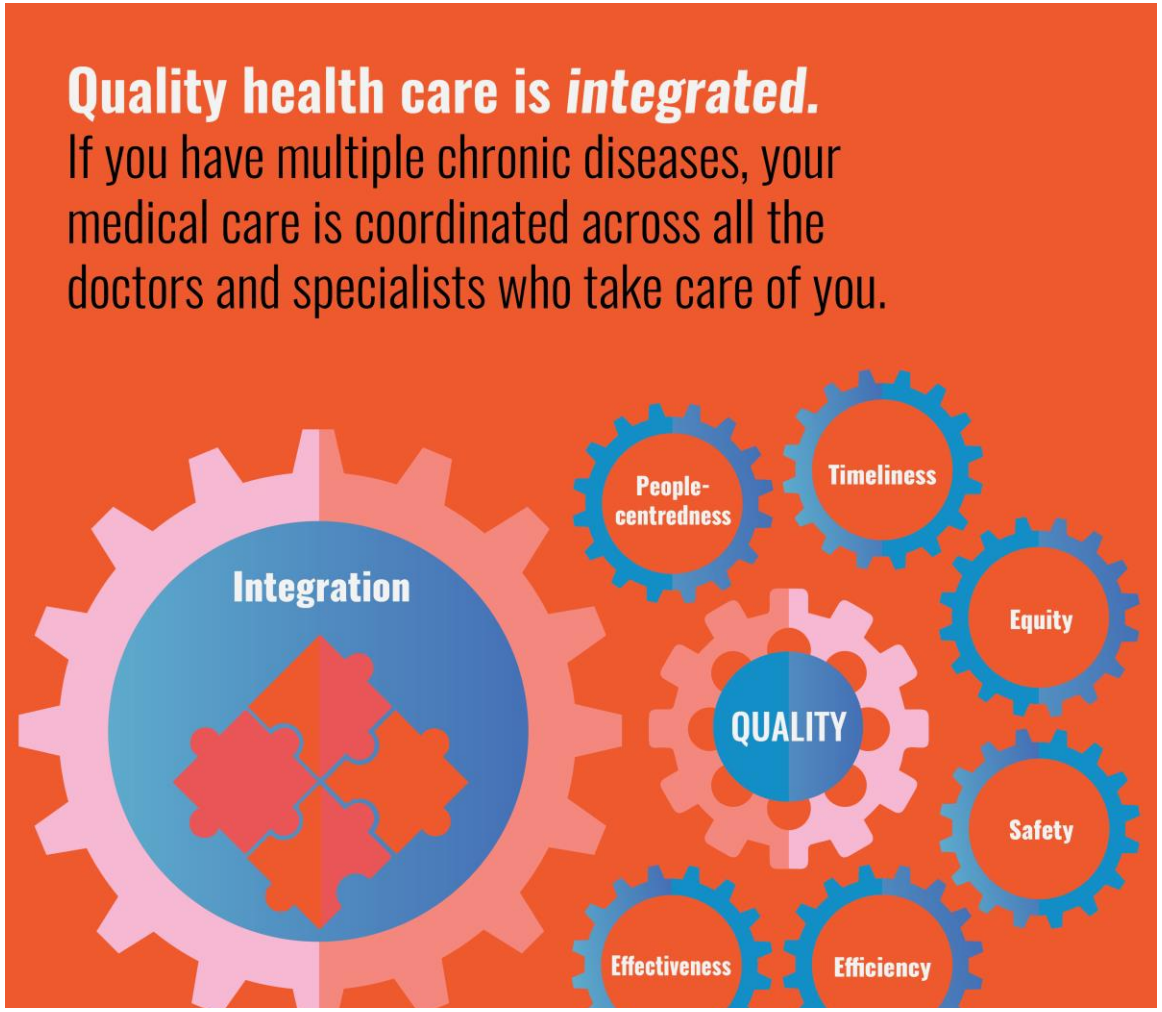
6. Equity: providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status.

- Examples:
  - Equal access regardless of gender, ethnicity, or socioeconomic status
  - Active outreach to marginalized groups
  - Universal health coverage (UHC) policies
  - Mobile clinics for rural populations



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 approach to monitor, analyze, and improve organizational performance to enhance care quality."*

Juran's triology: three basic processes:

quality planning, quality control, and quality improvement.

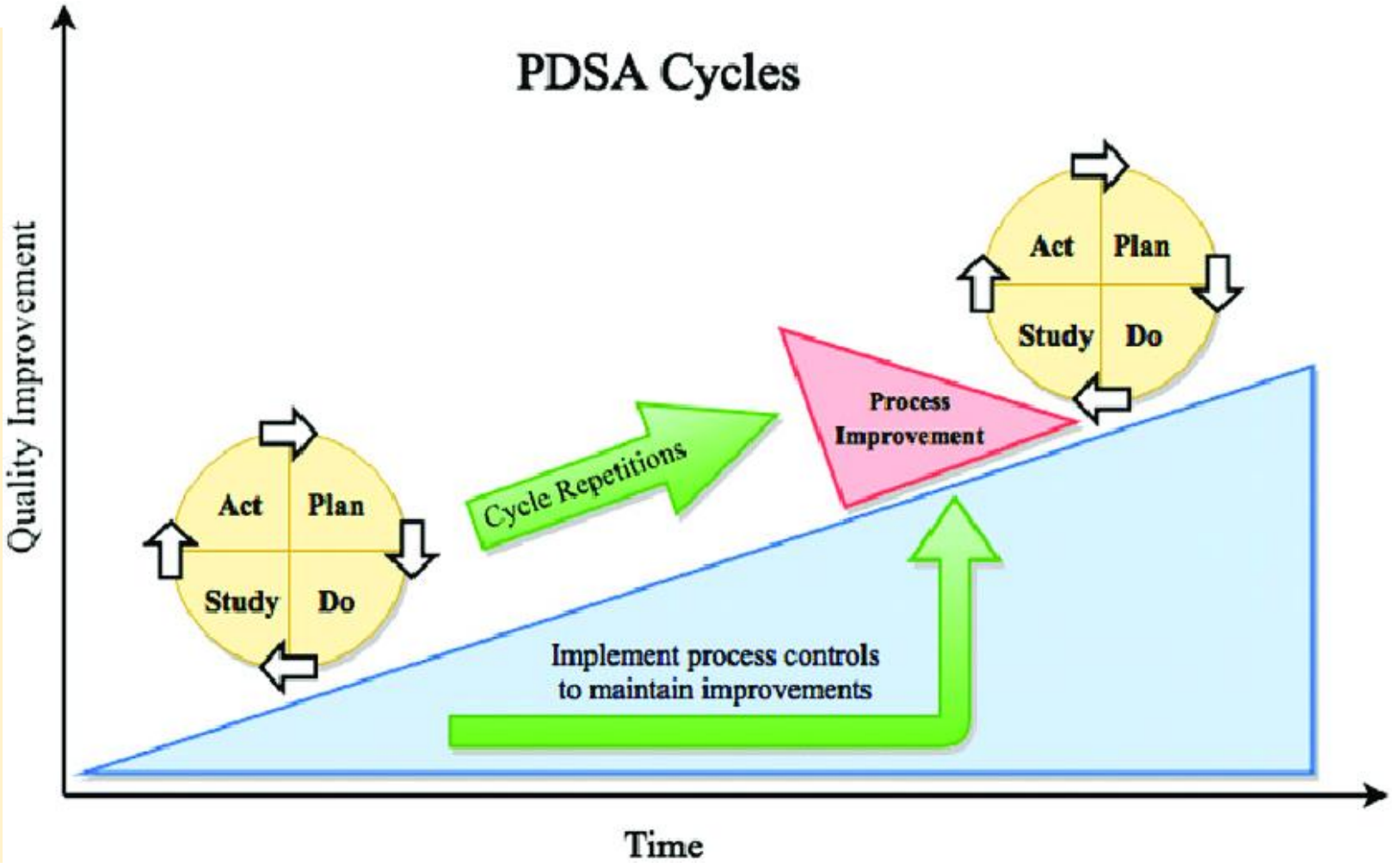
- **1. Quality Planning** Establish standards, protocols, and objectives **Example:** Creating a hospital-wide hand hygiene policy based on WHO guidelines
- **2. Quality Control** Identify gaps through data collection/audits **Example:** Monthly reviews of surgical site infection rates
- **3. Quality Improvement** do changes for better outcomes **Example:** Using PDSA cycles to reduce medication errors

Quality improvement

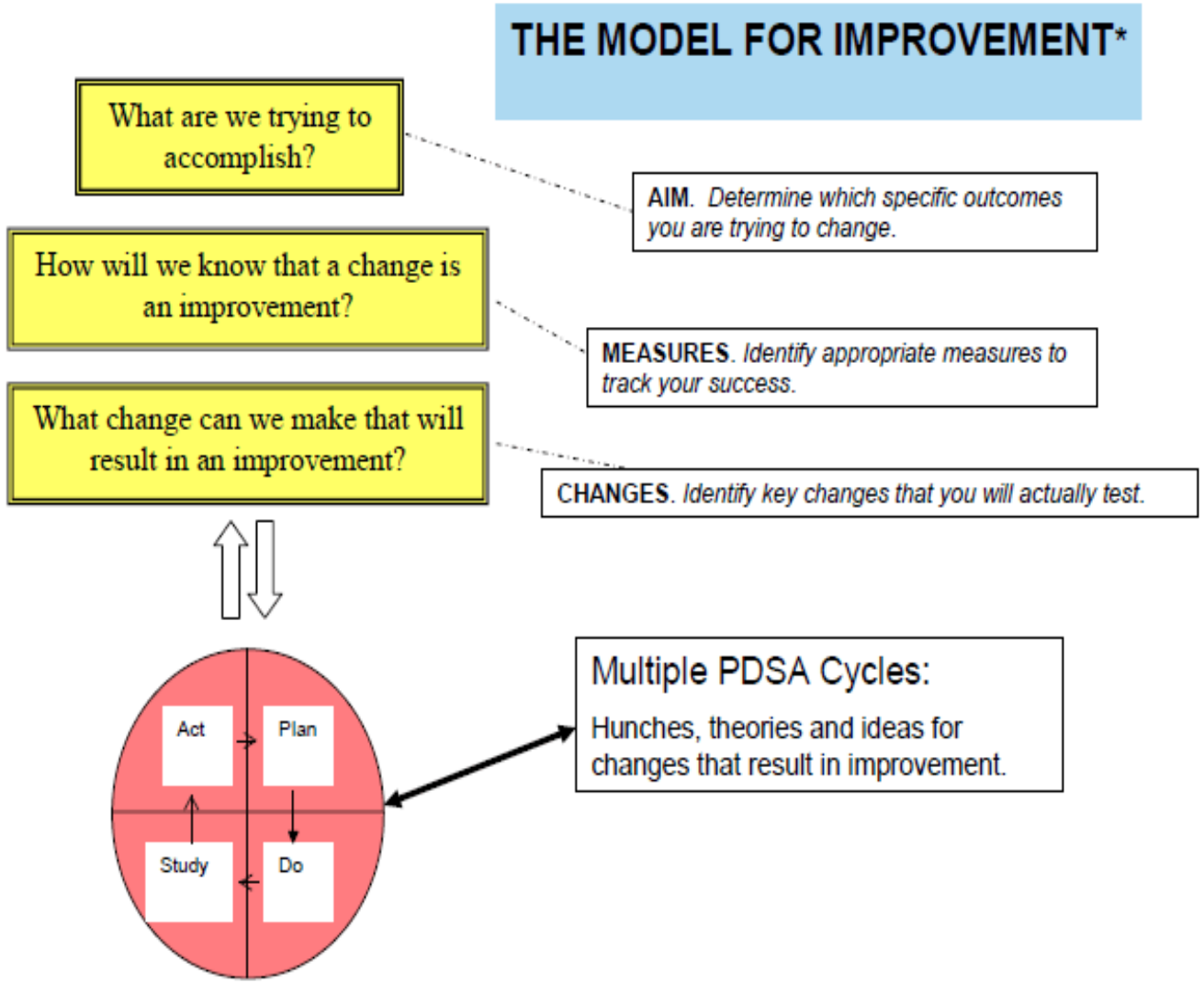
- Quality improvement focus is measuring change, consisting of ***"systematic and continuous actions that lead to measureable improvement in healthcare services and the health status of a targeted patient group."***
- It is important that healthcare organizations apply the principles of quality improvement in all aspects of clinical care.

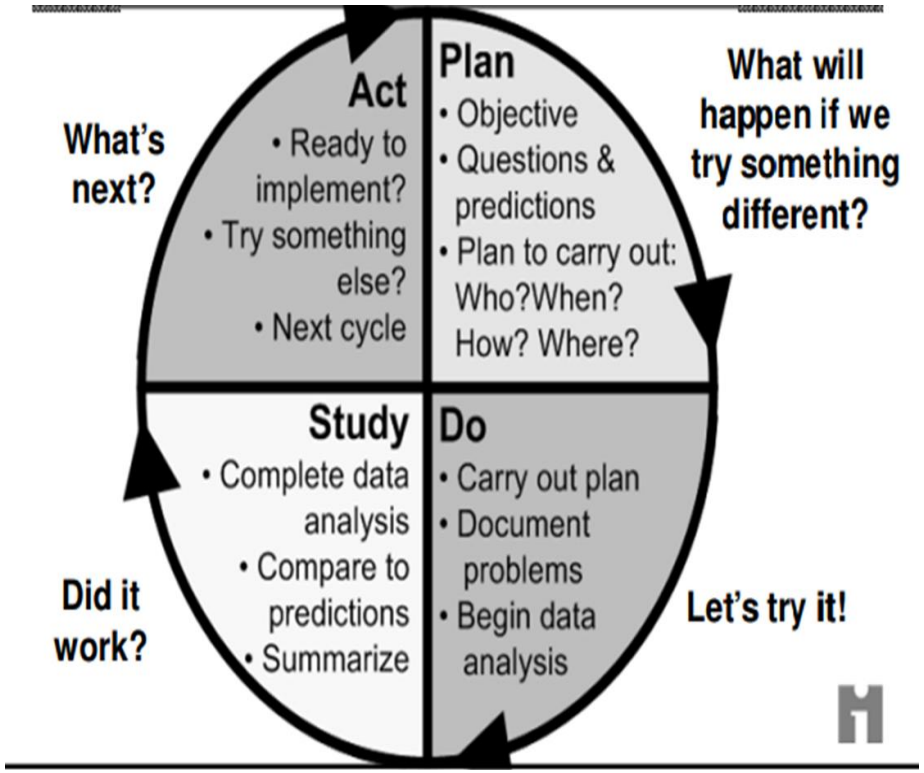
The quality improvement cycle: (PDSA) cycles

- 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. Deming (1982)
- Must be based on data and measurable
- Applies to all clinical and administrative processes
- Focuses on systems, not individuals



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





https://www.youtube.com/watch?v=szLduqP7u-k

The Model for Improvement

- **Three Core Questions:**
- **Aim:** *What are we trying to accomplish?*
  - "Improve cancer services“: poor statement
  - *Good:* "Reduce bowel cancer treatment delays to <15 weeks by 2026"
- **Measurement:** *How will we know it's better?*

Measures can be:

  - Readmission rates and outpatient appointment
  - Patient experience scores
  - Prescribing rates
  - Number of patients diagnosed, treated.
  - Treatment turnaround times TAT
- **Changes:** *What can we test?*
  - Look for Evidence from scientific literature and previous improvement programmes suggests that a small number of changes are most likely to result in improvement.
  - Example:
  - Booked admissions
  - Multidisciplinary team reviews

Example:

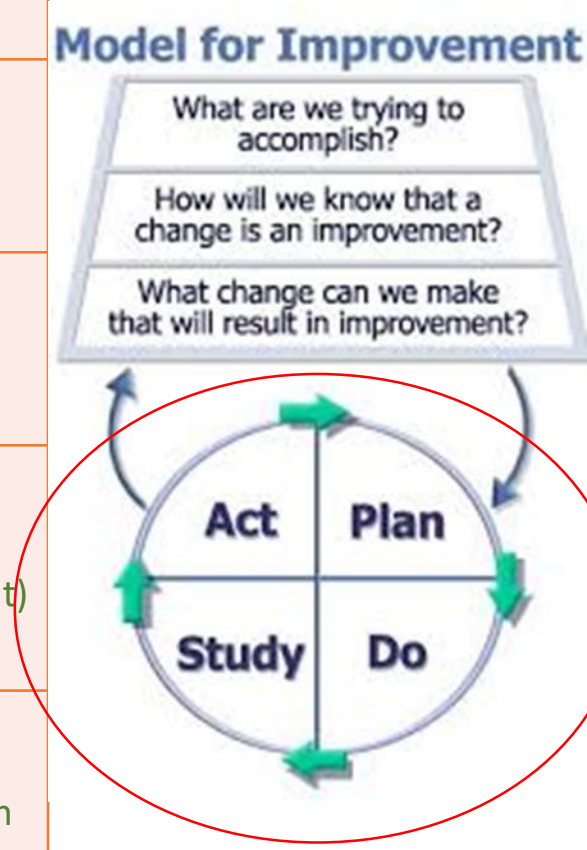
Readmissions:

$$\frac{\text{Total number of patients who unexpectedly returned to same facility for additional treatment for same condition}}{\text{Total number of patients who have been diagnosed with that same condition within a specified period of time}} = \text{Readmission Rate (\%)}$$

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

Now start the PDSA cycle.

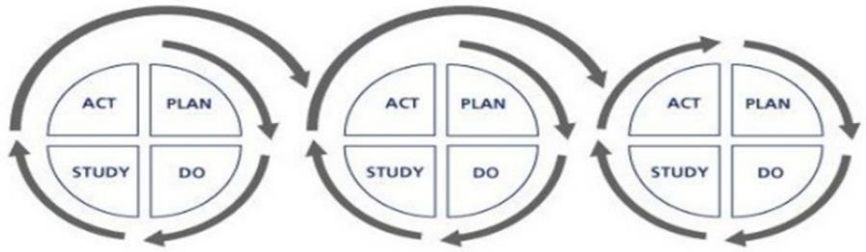
	Key Actions	Bowel Cancer Example	Diabetes Management Example
PLAN (Design)	• **Define problem** • **Set SMART goals** • **Predict outcomes**	Goal: Reduce diagnosis-to-treatment time to <15 weeks	Goal: Increase HbA1c testing compliance from 60% to 85% in 6 months
DO (Test)	• **Small-scale trial** • **Document process** • **Train staff**	Test new referral pathway with 2 GP practices	Implement automated reminder system for 50 patients
STUDY (Analyze)	• **Compare data to predictions** • **Identify barriers/successes**	Result: 75% met 15-week target (vs. 80% goal)	Result: 78% completed testing (18% improvement)
ACT (Decide)	• **Standardize effective changes** • **Revise failed attempts**	Make more pathway hospital-available + add weekend clinics	Expand reminders to all patients + add SMS option



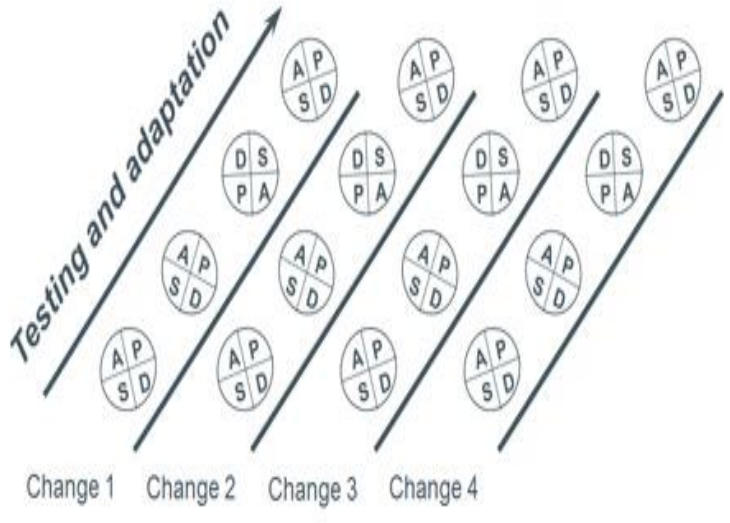
- There may be several PDSA cycles running sequentially, or simultaneously.
- **Sequential cycles:**
- One change tested at a time
- Each cycle builds on previous results
- Ideal for adjusting existing processes
- **Simultaneous cycles:**

For more complex, possibly involving several departments.

- Multiple changes tested at the same time.
- Requires coordination to track changes
- Addresses systemic blocks
- Faster than sequential cycles.
- Involve higher risks (high Uncertainty)



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



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.

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:

- Physical resources (facilities, equipment)
- Staff qualifications (board certifications, nurse-to-patient ratios)
- Organizational systems (EHR capabilities, accreditation status)

Does the ICU have 24/7 intensivist coverage?

Process…

- They can refer to anything that is done between health care professional and a patient *What we do for patients.*

Measures:

- Adherence to clinical guidelines (e.g., % of diabetics receiving annual eye exams)
- Care coordination activities
- Patient-provider interactions (shared decision making)

  Percentage of heart attack patients given beta-blockers within 24 hours
- 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. *What results we achieve*
- This includes intended outcomes, such as the relief of pain and unintended outcomes, such as complications.
- Clinical results (mortality rates, infection rates)
- Functional status, quality of life (mobility post-surgery)
- Patient-reported outcomes (pain reduction)

Outcomes depend on both care quality and patient factors

Patient Experience Measures…..

- Patient experience measures provide feedback on patients' experiences of their care. *How care feels*
- Communication (listening, clear explanations)
- Emotional support
- Care accessibility (e.g. when emergency care needed)

"% of patients who 'strongly agree' their doctor treated them with respect"

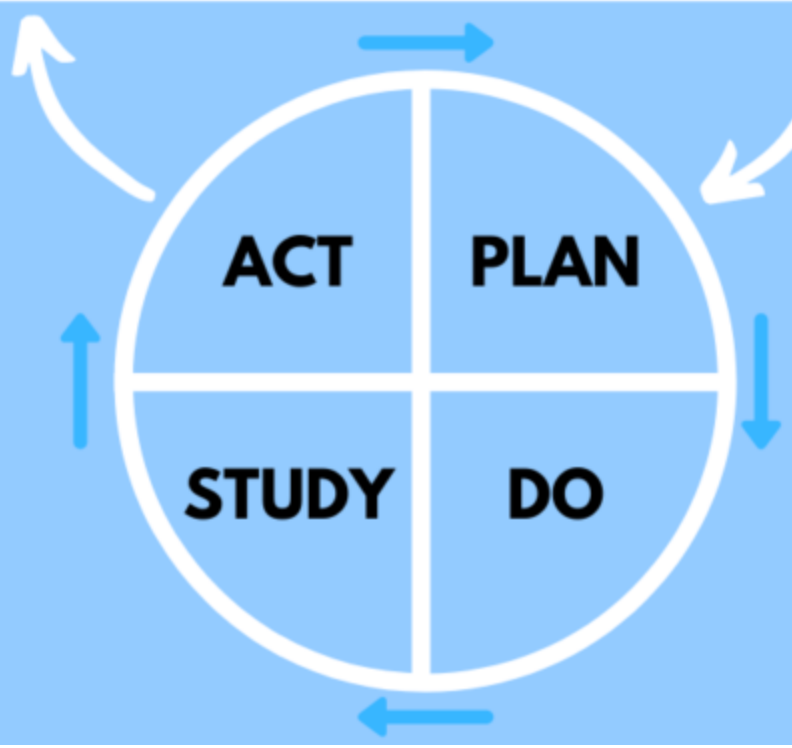
- Positive patient experiences have a relationship to clinical quality: Patients with better care experiences are often more engaged in their care, more committed to treatment plans, and more receptive to medical advice.

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

•THANK YOU