

3- Elements of quality: Quality Model and Domains.

- 1 Stakeholder involvement.**
- 2. Situational analysis.**
- 3. Confirmation of health goals.**
- 4. Quality goals.**
- 5. Choosing interventions for quality.**
- 6. Implementation process.**
- 7. Monitoring progress.**

1. Stakeholder involvement:

Include political and community leaders, service users and their advocates, health-care delivery organizations regulatory bodies, and representative bodies for health workers.

2. Situational analysis:

The situational analysis might include the following:

- ☐ Current structures and systems within the ministry of health relating to quality improvement.
- ☐ Current policies in health and across sectors .
- ☐ Current health goals and priorities.
- ☐ Current performance of the health system.
- ☐ Current quality interventions.

3. Confirmation of health goals:

- ☐ Reducing mortality
- ☐ Reducing morbidity
- ☐ Reducing health inequalities

- ☐ Improving outcomes
- ☐ Making health care safe.

4. Development of quality goals:

The questioning process in relation to the health goal will be to ask the following:

- ☐ What are the deficiencies in effectiveness?
- ☐ What are the deficiencies in efficiency?
- ☐ What are the deficiencies in accessibility?
- ☐ What are the deficiencies in acceptability?
- ☐ What are the deficiencies in equity?
- ☐ What are the deficiencies in safety?

5. Choosing interventions for quality:

This element moves attention from the “what” to the “how”. It calls for judgments to be made about interventions, and agreement to be reached about the process of implementation.

6. Implementation process:

The strategy will have identified a framework for implementation and covered key issues such as leadership and accountability, time scales and milestones, and the monitoring of progress.

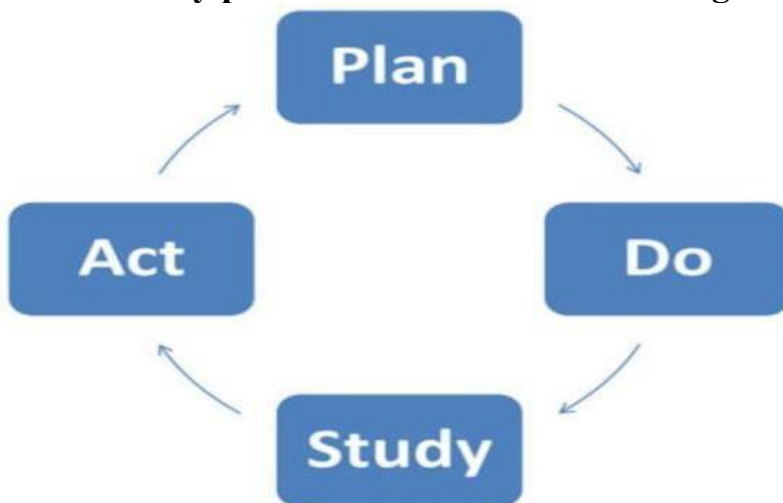
7. Monitoring progress:

- ☐ **Benefits:**

- ❖ It will be important to make early decisions about how the strategy and its selected interventions might be modified to achieve better results.
- ❖ Giving proper account to stakeholders for that investment can only be done with information about changing outcomes.
- ❖ Will be helped by being able to point both to progress and achievements.
- ❖ The delivery of the quality goals to which they have subscribed.

Identify and Utilize Quality Model

- **Plan:** how you plan to accomplish your goals.
- **Do:** implement procedures for reaching goals.
- **Study:** use data to determine effectiveness.
- **Act:** modify procedures as needed to reach goals more effectively



The six domains of quality interventions:

1. Leadership.
2. Information.
3. Patient and population engagement.
4. Regulation and standards.
5. Organizational capacity.

6. Models of care.

1- Leadership:

- ☐ Fundamental, strong leadership and support for quality
- ☐ Needs to come from national and community leaders.
- ☐ Strategic interventions may be needed to build commitment and leadership capacity, and to strengthen accountability.

2. Information:

- ☐ Fundamental. Apply consistently across the whole system. Complex and resource-intensive.

3. Patient and population engagement:

- ☐ Individuals and communities play many roles within health systems.
- ☐ ☐ Communities and service users will want to be involved in arrangements of the health system.

4- Regulation and standards:

- ☐ The more efficient means of facilitating higher compliance with evidence.
- ☐ The use of regulation and standards seeks to change performance through the application of externally developed measures.
- ☐ The challenge to policy-makers is to find the right balance between internal and external drivers for improvement.

5. Organizational capacity:

- ☐ A health-service-provider organization is in the government sector, the private sector, or is part of a nongovernmental organization.
- ☐ Ability to develop systems to support quality improvement such as audit and peer-review.
- ☐ Ability to build an organizational culture which values quality.

6. Models of care:

□ Reflects currently understood best practice. The development of models of care is differentiated from organizational capacity because when health systems focus on models of care to improve quality.

□ A new model of care may need to integrate the contributions of primary, specialized, and social care organizations.

□ The development of new models of care usually involves high levels of stakeholder involvement (including service users and communities), an appraisal of evidence, the development of protocols and guidelines, and a process to redesign the delivery of care. □ □ □ □