



UNIVERSITY OF
KWAZULU-NATALTM
INYUVESI
YAKWAZULU-NATALI

Quality Management in Healthcare



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UKZN INSPIRING GREATNESS

What is quality?

- **Quality** must be understood before it can be managed
- *Noun and adjective*
- *The Oxford English Dictionary* defined quality as:
 - The standard of something as measured against other things of a similar kind;
 - the degree of excellence of something.
- Adjective- Excellent

What is quality?

- ISO 9001- Quality is defined as “the degree to which a set of inherent characteristics fulfills requirements”.
- It is both objective and subjective in nature.

► 5 Approaches of defining *Quality* (D. Garvin 1986)

Jimena M. Calfa

TRANSCENDENT

Scholars in Philosophy

Quality is an "innate excellence" that cannot be defined precisely, but it is intuitively understood, you know what it is

Quality it's a simple, unanalyzable property that we learn to recognize only through experience

PRODUCT-BASED

Scholars in Economy

Quality is a precise and measurable variable found in the components and attributes of a product

Quality reflects the presence or absence of such measurable and *desired* product attributes

Higher *quality* = more attributes → higher costs → expensive goods

USER-BASED

Scholars in Economic,
Marketing &
Operation Management

Individual consumers have different wants or needs, and those goods that best satisfy their preferences have the highest *quality* for them

"Fitness for use" (J.M. Juran)

MANUFACTURING BASED

"Conformance to requirements" (P. Crosby)

"Do things right the first time" (P. Crosby)

Preventing defects (less expensive than repair/rework) → costs reduction
improvements in *quality*

A product that deviates from specifications is likely to be poorly made and unreliable, providing less satisfaction (poor *quality*) than one that is properly constructed (high *quality*)

VALUE-BASED

Scholars in Operation
Management

Define *quality* in terms of *costs & prices*: "A *quality* product is one that provides performance at an acceptable *price* or conformance at an acceptable *cost*"

This approach is becoming the more prevalent



<http://onquality.blogspot.com>

The Dimensions of Quality (Garvin. 1988)

Dimension	Meaning and example
Performance	Primary product characteristics, such as brightness of the picture
Features	Secondary characteristics (i.e. added features), such as remote control
Conformance	Meeting specifications or industry standards, workmanship
Reliability	Consistence performance over time, average time for the product/unit to fail
Durability	Useful life, includes repair
service	Resolution of problems and complaints, ease of repair
Response	Human-to-human interface, such as courtesy of the dealer
Aesthetics	Sensory characteristics, such as exterior finish
reputation	Past performance and other intangibles, such as being ranked first/best

Definition of quality (WHO)

- *Quality is the level of attainment of health systems' intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.*

WHO's dimensions of quality for Healthcare



Quality in Healthcare

- Quality Digest: “Quality is meeting the customer's needs in a way that exceeds the customer's expectations”.
- The Community Health Accreditation Program - quality as *“the degree to which consumers progress toward a desired outcome*
- National Association of Quality Assurance Professionals - quality as *“the level of excellence produced and documented in the process of patient care, based on the best knowledge available and achievable at a particular facility.”*

NHS England- Quality of care

- The single common definition of quality which encompasses three equally important parts:
 - Care that is clinically effective— not just in the eyes of clinicians but in the eyes of patients themselves;
 - Care that is safe; and,
 - Care that provides as positive an experience for patients as possible

Definition of quality of care

- Doing the right things (what)
- To the right people (to whom)
- At the right time (when)
- And doing things right first time

Definition of quality

Carrying out interventions correctly according to pre-established standards and procedures, with an aim of satisfying the customers of the health system and maximizing results without generating health risks or unnecessary costs.

Institute for Healthcare Improvement (IHI):

- Quality is turning into outcomes management, and involves minimizing unnecessary variation so that outcomes become more predictable and certain.

Institute of Medicine

- “Quality of Care” is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

IOM's Six Aims for Improving Health Care Quality

Aim	Description
1. Safe care	Avoiding injuries to patients
2. Effective care	Providing care based in scientific knowledge
3. Patient-centered care	Providing respectful and responsive care that ensure that patients values guide clinical decisions
4. Timely care	Reducing waits for both recipients and providers of care
5. Efficient care	Avoiding waste
6. Equitable care	Ensuring that the quality of care does not vary because characteristics such as gender, ethnicity, socioeconomic status, or geographic location.

10 Dimensions of Healthcare Quality

- Availability & Appropriateness
- Accessibility & Affordability
- Equity & Equality
- Technical Competence & Skills
- Timeliness & Continuity
- Safety
- Respect & Caring (I.P. relations)
- Efficiency
- Effectiveness & Efficacy
- Amenities

3 Perspectives of Healthcare Quality

- Healthcare staff (service providers)
- Health Manager (administration)
- Clients (external & internal)



The Patient / Client



Research done shows that patients/clients want services that are with:

- **Timeliness, continuity, respect and care;**
- **Safety**, positive result (**effective**) and **affordable**;
- Provision of adequate information about their condition and treatment; and privacy (**confidentiality**);
- Provision of all the drugs they need (**availability**);
- Within physical reach and given in a language they can understand (**accessibility**);
- All and equal services with justice (**equity & equality**).

The Health Care Manager



The health care manager sees quality care as:

- Managing efficiently the available resources of the health facility (**efficiency**).
- Staff achieving set targets & are disciplined (**effectiveness & management**)
- Health staff being regularly supported and supervised (**I.P. relations, safety, equity & equality**).
- Having adequate and competent staff to provide care (**tech. competence & skills**)
- Providing enough resources for work (**availability** of inputs and **amenities**)

The Health Staff / Provider



The health provider can provide quality care if present:

- Adequate knowledge and skills (**Tech. Comp.**)
- Enough resources- staff, drugs, supplies, equipment and transport etc (**Admin support & efficiency**)
- Safe and clean workplace (**safety & amenities**)
- Opportunity to regularly improve himself/herself (**CME**)
- Is well paid and rewarded for good work (**motivation**)
- Well support & cooperation (**I.P. relations**)
- Same advantages & benefits as other staff of similar grade & category (**equity & equality**)

Availability & Appropriateness



- **The availability of a needed test, procedure, treatment or service to the patient in his needs.**
- **The degree to which the care / intervention provided is relevant and appropriate to the patient's clinical needs, given according to the current state of knowledge.**

Access & Affordability



- Everyone should have access to quality health care. Access refers to the **ability of the individuals, to obtain health services.**
- Some of the factors that can affect access are:
 - a) Distance:** e.g. If the access to quality health care may becomes a problem due to far distance.
 - b) Financial:** e.g. where people cannot afford the services.
 - c) Culture, beliefs and values**

Equity & Equality



- Quality services should be provided **to all** people who need them in a similar & equal way.
- Quality services should be available in all parts of the country, in villages, towns and cities **without difference** regarding race, gender, age, religion, nationality, sects, political issues, affordability, physical appearance or any other group, etc.

Technical competence & Skills



- Technical competence as an indicator of quality assurance implies that we should have adequate knowledge and skills to carry out our functions in order to provide quality services.
- With respect to what we cannot do, we are expected to refer them to other centers or personnel who are more competent to handle it.
- Our practice should also be followed by-
Standard Treatment Guideline.



Timeless & Continuity



- The degree to which the needed test, procedure, treatment, service, or healthcare intervention is provided to the patient, **at the most beneficial or necessary time, and is coordinated** among service providers and organizations.
- Continuity means that the client gets the **full range** of needed health services, and that when the case is beyond us, we **refer** them to the right level.



Safety & Reliability



- The safety of the patient and staff. The degree to which the risk of an intervention and the **risks** in the care environment **are reduced** for the patient and others, including the healthcare provider.
- Safety means that when providing health services, we **reduce** to the barest minimum injuries, infections, **harmful adverse effects and other dangers** to clients and to staff.



Respect and Caring (Interpersonal Relations)



- The degree to which the patient or a designee is involved in his/her own care decisions and to which those providing services do so with sensitivity and respect for the patient's expectations and differences.
- It refers to the relationship among all stakeholders
We should show respect to our clients; feel for our patients; not be rude with them; not disclose information we get from them to irrelevant people.
- This all will bring about good relations and trust.
Clients consider good interpersonal relationship as an important component of quality of care.

Efficiency



- The efficiency with which services are provided. The relationship between the **outcomes** (results of care) and the **resources** used to deliver patient care.
- Efficiency is the provision of high quality care at the lowest possible cost. We are expected to make the **best use of resources** and avoid waste of our scarce resources.

Effectiveness and Efficacy



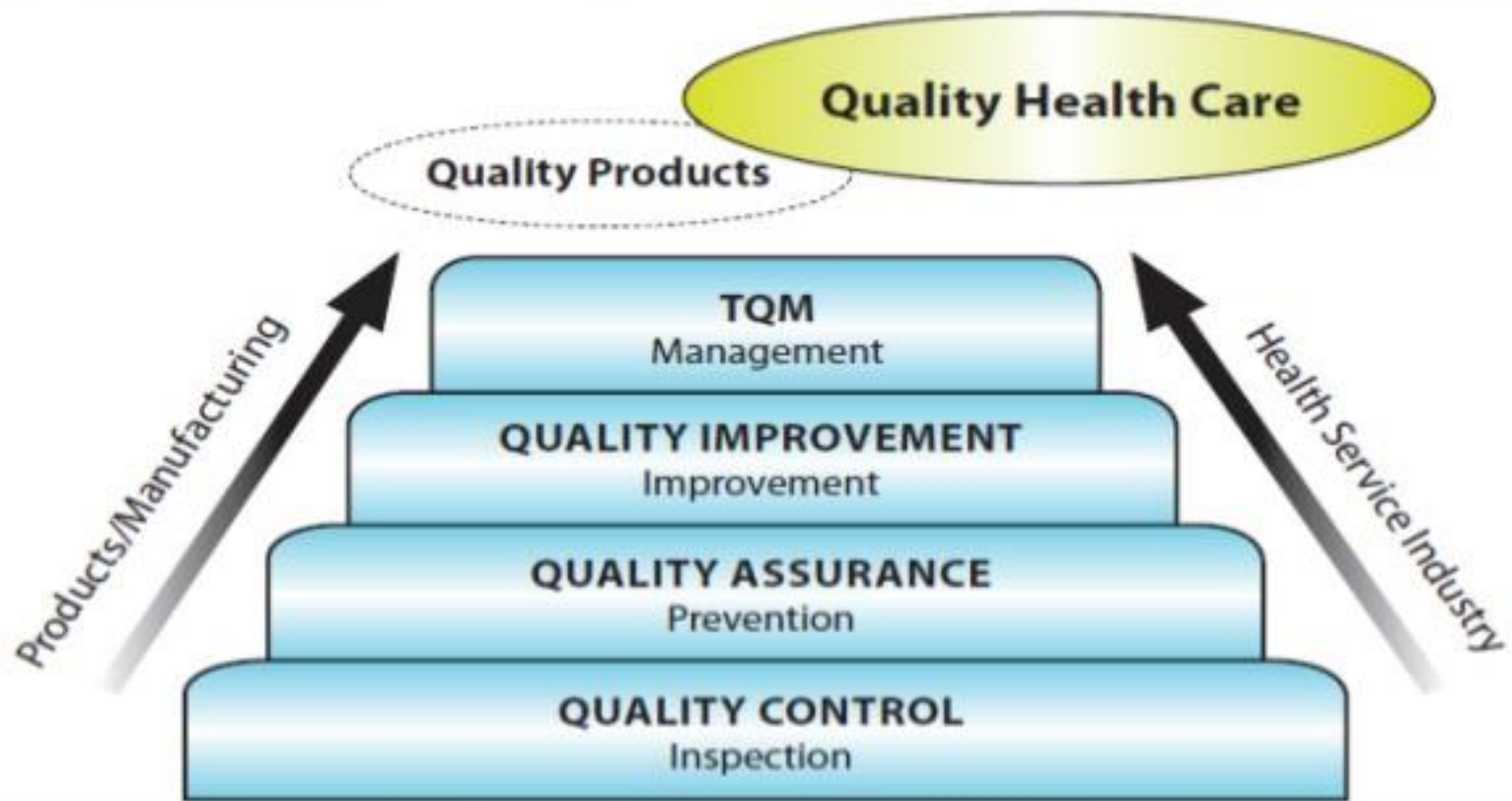
- The degree to which the care/intervention is provided in the correct manner, given the current state of knowledge, in order to achieve the **desired/projected outcomes**.
- Type of care that produces positive change in the patient's health or his/her quality of life. The uses of treatments & procedures that are known to be effective with **best possible efficacy** in relation to the patient's condition.

Amenities



- These are **indirect features** that can be provided by our health facilities to make life comfortable and pleasant for clients. They **contribute** to clients' satisfaction and make clients willing to use our services. For example, cleanliness, comfortable seats & beds, television sets, media, educational materials & videos, indication signs, best possible general facilities and physical environment etc. in the healthcare entity.

Improving Quality of Health Care

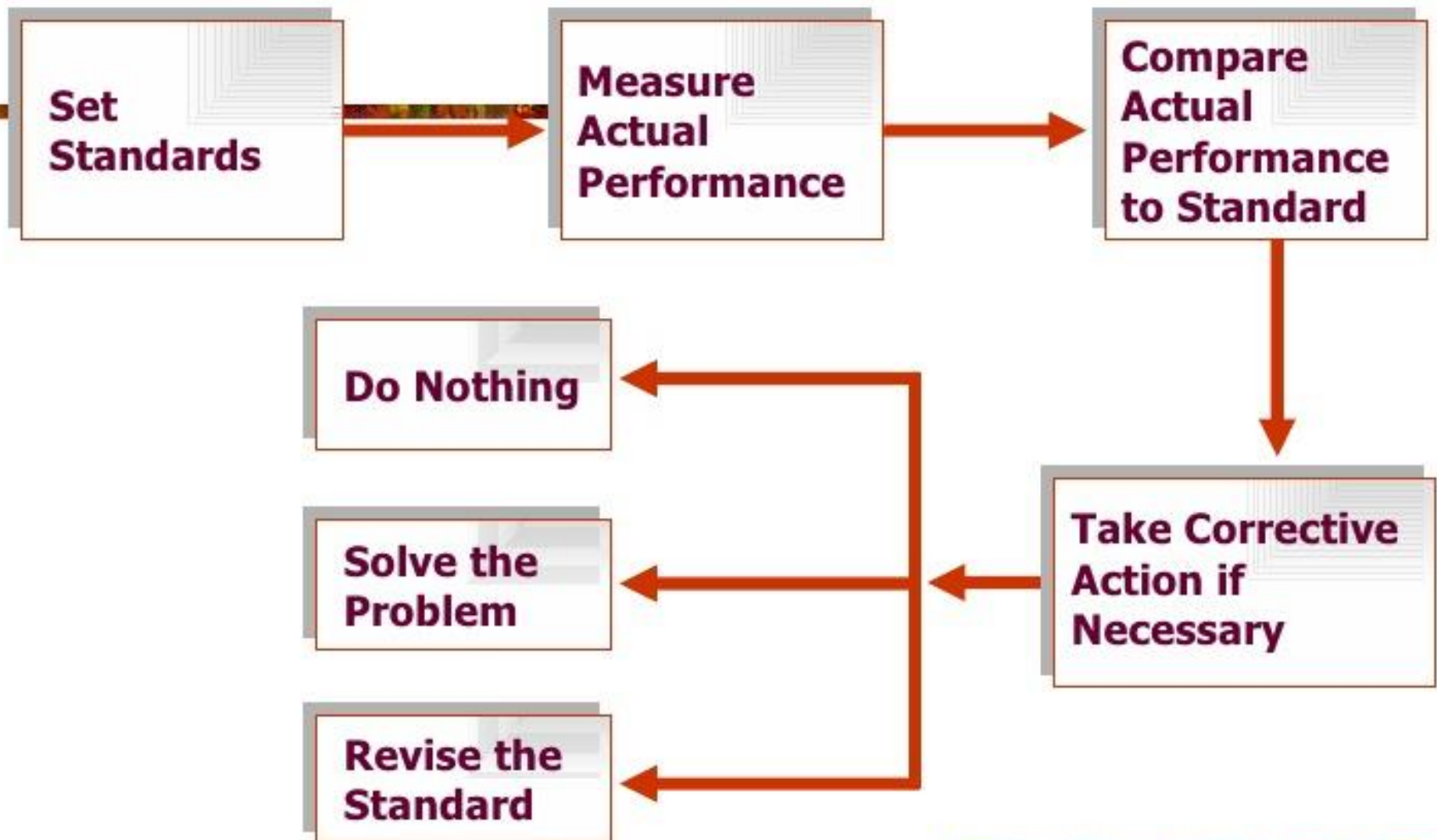


Evolution in Quality Thinking in Industry and in the Health Service

Quality Control

- Quality control (QC) is a procedure or set of procedures intended to ensure that a manufactured product or performed service adheres to a defined set of quality criteria or meets the requirements of the client or customer.

Steps in the Control Process



Quality Assurance

- **Donabedian:** all the arrangements and activities that are meant to safeguard, maintain, and promote the quality of care.
- **Drs. Ruelas and Frenk:** a systematic process for closing the gap between actual performance and the desirable outcomes
- **Dr. Heather Palmer:** process of measuring quality, analyzing the deficiencies discovered, and taking action to improve performance followed by measuring quality again to determine whether improvement has been achieved.
-

Quality Assurance

- quality assurance is that set of activities that are carried out to set standards and to monitor and improve performance so that the care provided is as effective and as safe as possible

Quality Assurance

- Quality assurance is a process to ensure that the quality of a product or a service meets a predetermined standard.
- The process of quality assurance compares the quality of a product or service with a minimum standard, often set by some external authority.
- The aim in quality assurance is to ensure that a product or service is fit for purpose

The Four Tenets of Quality Assurance

- ♦ Quality Assurance is oriented toward meeting the needs and expectations of the patient and the community.
- ♦ Quality assurance focuses on systems and processes.
- ♦ Quality assurance uses data to analyze service delivery processes.
- ♦ Quality assurance encourages a team approach to problem solving and quality improvement.

QAP's Quality Assurance Process

1. Planning for quality assurance
2. Developing guidelines and setting standards
3. Communicating standards and specifications
4. Monitoring quality
5. Identifying problems and selecting opportunities for improvement
6. Defining the problem operationally
7. Choosing a team
8. Analyzing and studying the problem to identify its root causes
9. Developing solutions and actions for improvement
10. Implementing and evaluating quality improvement efforts

QA vs. QC

- | | |
|---|--|
| <ul style="list-style-type: none">• Quality Assurance makes sure that we are doing the right things, the right Way.• QA focuses on building in quality and hence preventing defects.• QA deals with process.• QA is for entire life cycle.• QA is preventive process. | <ul style="list-style-type: none">• Quality Control makes sure the results of what we've done are what we expected .• QC focuses on testing for quality and hence detecting defects.• QC deals with product.• QC is for testing part in SDLC.• QC is corrective process. |
|---|--|

Quality Improvement (QI)

- A planned, systematic approach to monitoring, analysis and improvement of performance to achieve optimal patient outcomes and patient experience
- Quality improvement is therefore primarily concerned with self or one's team, rather than external bodies (Inglis, 2005)

Quality Improvement

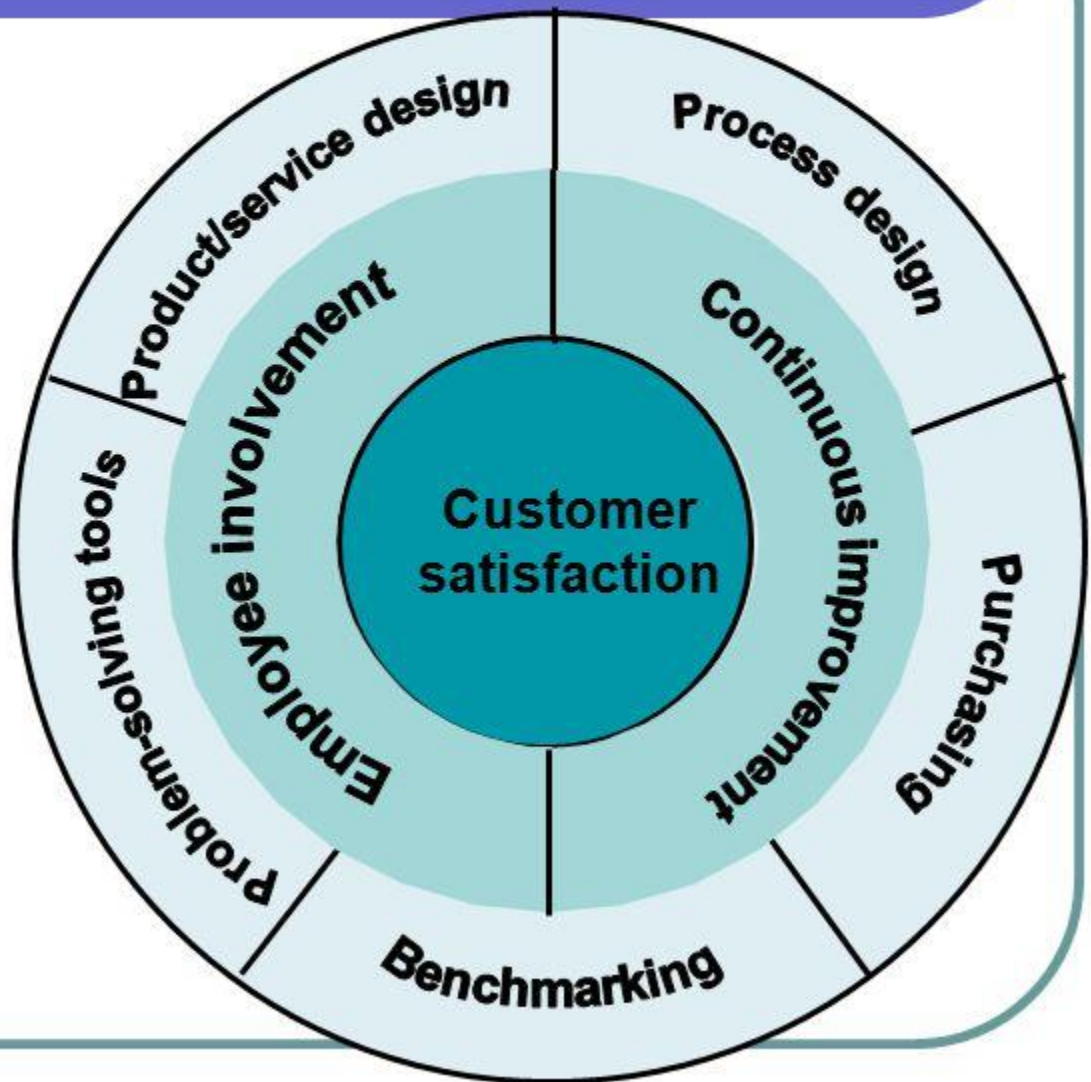
- QI work as systems and processes
- Focus on patients
- Focus on being part of the team
- Focus on use of the data

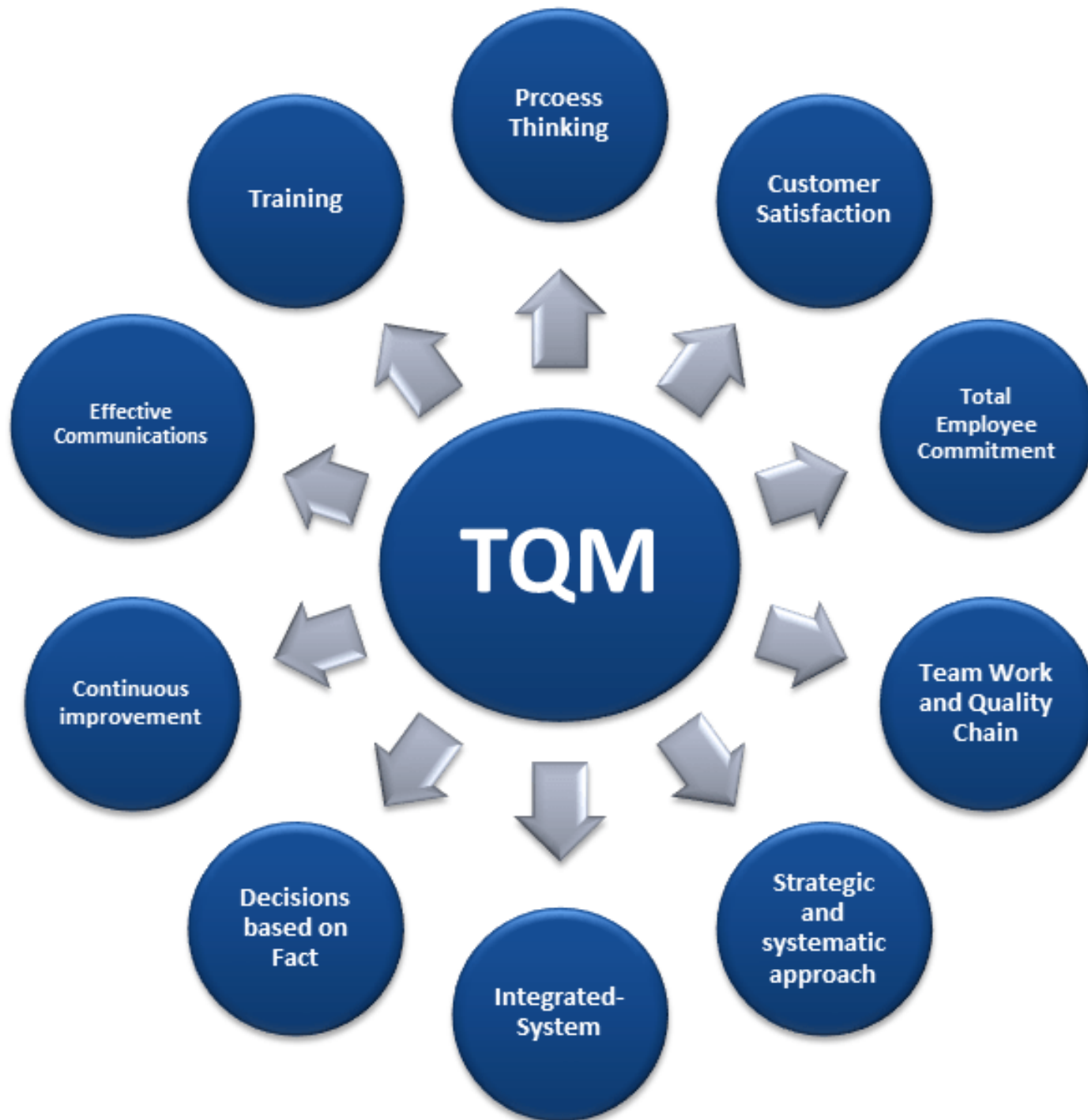
Total Quality Management

- a management approach to long-term success through customer satisfaction.
- In a TQM effort, all members of an organization participate in improving processes, products, services, and the culture in which they work
- It uses strategy, data, and effective communications to integrate the quality discipline into the culture and activities of the organization

TQM Wheel

TQM emphasizes three main principles: customer satisfaction, employee involvement, and continuous improvement.





Quality Assurance

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Accreditation

- **Accreditation** is a process of review that **healthcare** organizations participate in to demonstrate the ability to meet predetermined criteria and standards of **accreditation** established by a professional **accrediting** agency.

Accreditation

- A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.”

What does accreditation mean?

- **Accreditation** is an external, independent review of a **health care** delivery organization against nationally-accepted standards and its own policies, procedures, processes and outcomes.

Accreditation

- Many countries have adopted external accreditation of health services as a vehicle for disseminating national standards and for public accountability
- In Australia, Canada and the United States these programmes were begun by voluntary collaboration of clinical associations (especially medical) and hospital administrators as a means of organizational development.
- driven by reimbursement schemes, central control, and an emphasis on primary care, health networks and community-based services.

International healthcare accreditation organisations

- ISQua is the umbrella organization responsible for accrediting the [Joint Commission International accreditation scheme in the USA and Accreditation Canada International, as well as accreditation organizations in the United Kingdom and Australia.](#)^[5]
- Australia: Australian Council on Healthcare Standards International (ACHSI)^[1]
- Canada: Accreditation Canada International (ACI)^[2]
- France: HAS (Haute Autorité de Santé)^[3]
- India: [National Accreditation Board for Hospitals & Healthcare Providers \(NABH\)](#)^[4]
- New Zealand: Quality Health New Zealand (QHNZ); QHNZ quality standards are based on those used in Australia and Canada. QHNZ is accredited by the international umbrella organization, the International Society for Quality in Healthcare (ISQua).
- United Kingdom: QHA Trent Accreditation
- UKAF [United Kingdom Accreditation Forum](#) is responsible for [accrediting accreditation schemes in the United Kingdom.](#)
- United States: [Joint Commission International \(JCI\)](#)

Policy on Quality in Healthcare in South Africa (1997)

- **The National Policy on Quality in Health Care provides a way to improve the quality of care in both the public and private sectors**
- There are four main targets of intervention, namely:
 - Health professionals;
 - Patients;
 - The community; and
 - The health service delivery system

Health Professionals

- Continuous Professional Education
- Outreach educational programmes
- Structured encounter forms
- Feedback

Patients

- Understanding patients perceptions and concerns is key to improving quality

Communities

- Partnerships with community structures such as non-governmental organisations (NGOs) and community-based organisations (CBOs) are important for mobilising community action and advocacy around health issues.
- Representative structures like clinic committees and hospital boards help to facilitate community participation in local decision-making on health issues of concern to the local community.

Health System

- District Quality Assurance Managers
- Quality monitoring procedures
 - Complaints Mechanism
 - Patient satisfaction surveys
 - Office of standards compliance
 - Provincial Health Establishments Inspection teams
 - Clinical audits
 - Facility quality teams
 - Supervisory visits

Office of Health Standards Compliance

- National Health Amendment Act- Chapter 10 establishes Office of Health standards compliance
- The objects of the Office are to protect and promote the health and safety of users of health services by—
 - (a) monitoring and enforcing compliance by health establishments with norms and standards prescribed by the Minister in relation to the national health system; and
 - (b) ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.

National Core Standards

- The Office of Standards Compliance developed the National Core Standards for Health Establishments in South Africa, which will assist in setting the benchmark of quality care against which delivery of services can be monitored.

National Core Standards

- The main purpose of the National Core Standards is to:
- Develop a common definition of quality care which should be found in all health establishments in South Africa,
- as a guide to the public and to managers and staff at all levels;
 - Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised; and
 - Provide for the national certification of compliance of health establishments with mandatory standards.

Domains for NCS



Domains and sub-domains

Domain 1. Patient Rights:

- 1.1 Respect and dignity
- 1.2 Information to patients
- 1.3 Physical access
- 1.4 Continuity of care
- 1.5 Reducing delays in care
- 1.6 Emergency care
- 1.7 Access to package of services
- 1.8 Complaints management

Domain 2. Patient Safety - Clinical governance & Clinical Care:

- | | |
|--|--------------------------------------|
| 2.1 Patient care | 2.4 Clinical risk |
| 2.2 Clinical management for improved health outcomes | 2.5 Adverse events |
| 2.3 Clinical leadership | 2.6 Infection prevention and control |

Domain 3. Clinical Support Services:

- | | |
|--------------------------------------|--------------------------------|
| 3.1 Pharmaceutical services | 3.4 Health technology services |
| 3.2 Diagnostic services | 3.5 Sterilisation services |
| 3.3 Therapeutic and support services | 3.6 Mortuary services |
| | 3.7 Efficiency management |

Domains and sub-domains

Domain 4. Public Health:

- | | |
|--|---------------------------|
| 4.1 Population based service planning and delivery | 4.3 Disaster preparedness |
| 4.2 Health promotion and disease prevention | 4.4 Environmental control |

Domain 5. Leadership & Corporate Governance:

- | | |
|----------------------------------|---|
| 5.1 Oversight and accountability | 5.4 Quality improvement |
| 5.2 Strategic management | 5.5 Effective leadership |
| 5.3 Risk management | 5.6 Communications and public relations |

Domains and sub-domains

Domain 6. Operational Management:

- 6.1 Human resource management & development
- 6.2 Employee wellness
- 6.3 Financial resource management
- 6.4 Supply chain management

- 6.5 Transport and fleet management
- 6.6 Information management
- 6.7 Medical records

Domain 7. Facilities & Infrastructure:

- 7.1 Buildings and grounds
- 7.2 Machinery and utilities
- 7.3 Safety and security
- 7.4 Hygiene and cleanliness

- 7.5 Waste management
- 7.6 Linen and laundry
- 7.7 Food services

Core priority areas

Patient Rights:

1. Values and attitudes
2. Waiting times
3. Cleanliness

Patient Safety, Clinical Governance & Care:

4. Patient safety
5. Infection prevention and control

Clinical Support Services:

6. Availability of medicines and supplies

Regulation 67: Norms and Standards Regulations Applicable to Different Categories of Health Establishments

Definitions, Purpose and Application

1. Definitions
2. Scope and application
3. Purpose of regulations

User Rights

4. User information
5. Access to care

Clinical Governance and Clinical Care

6. User Health records and management
7. Clinical management
8. Infection prevention and control programmes
9. Waste management

Clinical Support Services

10. Judge and value
11. Assess major decisions
12. Provide info for planning

Facilities and Infrastructure

13. Management of buildings and grounds
14. Engineering services
15. Transport management
16. Security services

Governance and Human Resources

18. Governance
19. Human resources management
20. Occupational health and safety

General provisions

21. Adverse events
22. Waiting time
23. Short title and commencement

Fast tracking Ideal Clinic- Operation Phakisa



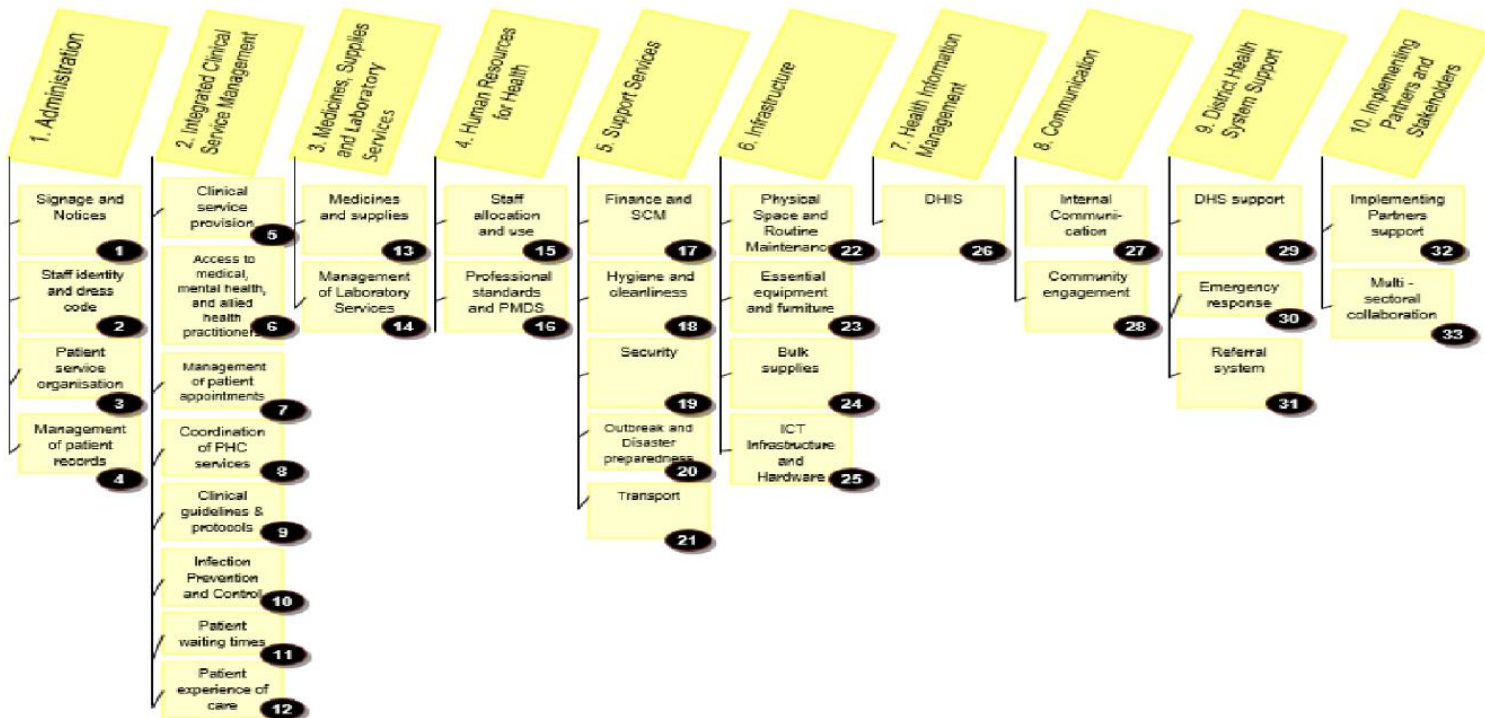
Ideal Clinic

- **Range** of services
- Provision of good **quality integrated health services** to the community
- A clinic with good **infrastructure**
- Adequate **staff**
- Adequate **medicine** and supplies
- Good **administrative processes** and adequate bulk supplies
- Use applicable clinical **policies, protocols, guidelines** as well as partner and stakeholder support

Ideal Clinic Framework

Version 1.0

10 components and 33 sub-components



What is an Ideal Hospital? (1)

An 'Ideal Hospital' is a hospital with:

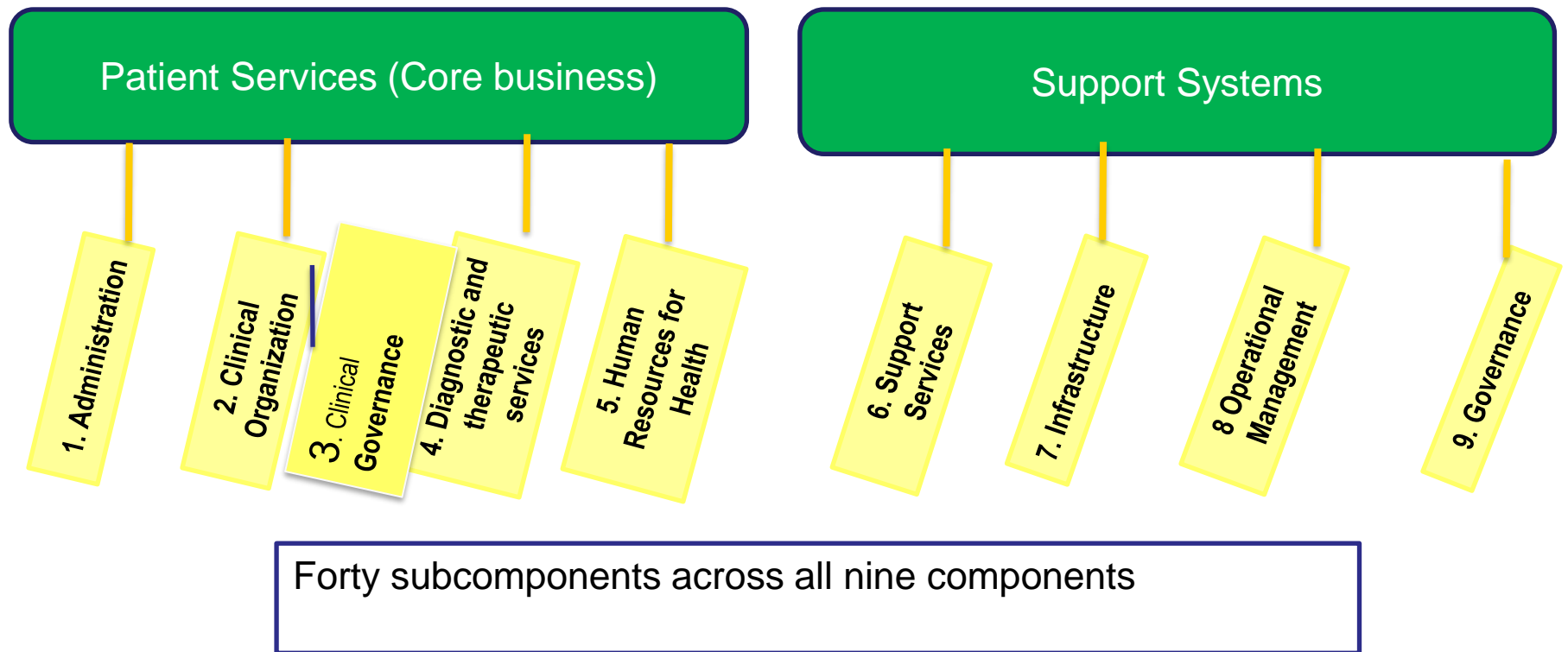
- Good infrastructure (i.e. physical condition and spaces, health technology, information and communication technology, adequate bulk supplies, and an appropriately managed and maintained motor vehicle fleet),
- Efficient patient administrative processes,
- Adequate and appropriately managed staff,

What is an Ideal Hospital? (2)

- Provides evidence based clinical, therapeutic and diagnostic services consistent with the defined Package of services
- Uses patient experiences, communication and information for continuously improving quality of clinical care, optimisation of hospital processes, finance, system and risks mitigation and management
- Complies with highest standards of corporate governance and is accountable to the community, internal and external stakeholders.

Ideal Hospital Realisation and Maintenance Framework (IHRM-F)

Eight components- addressing core business and support systems

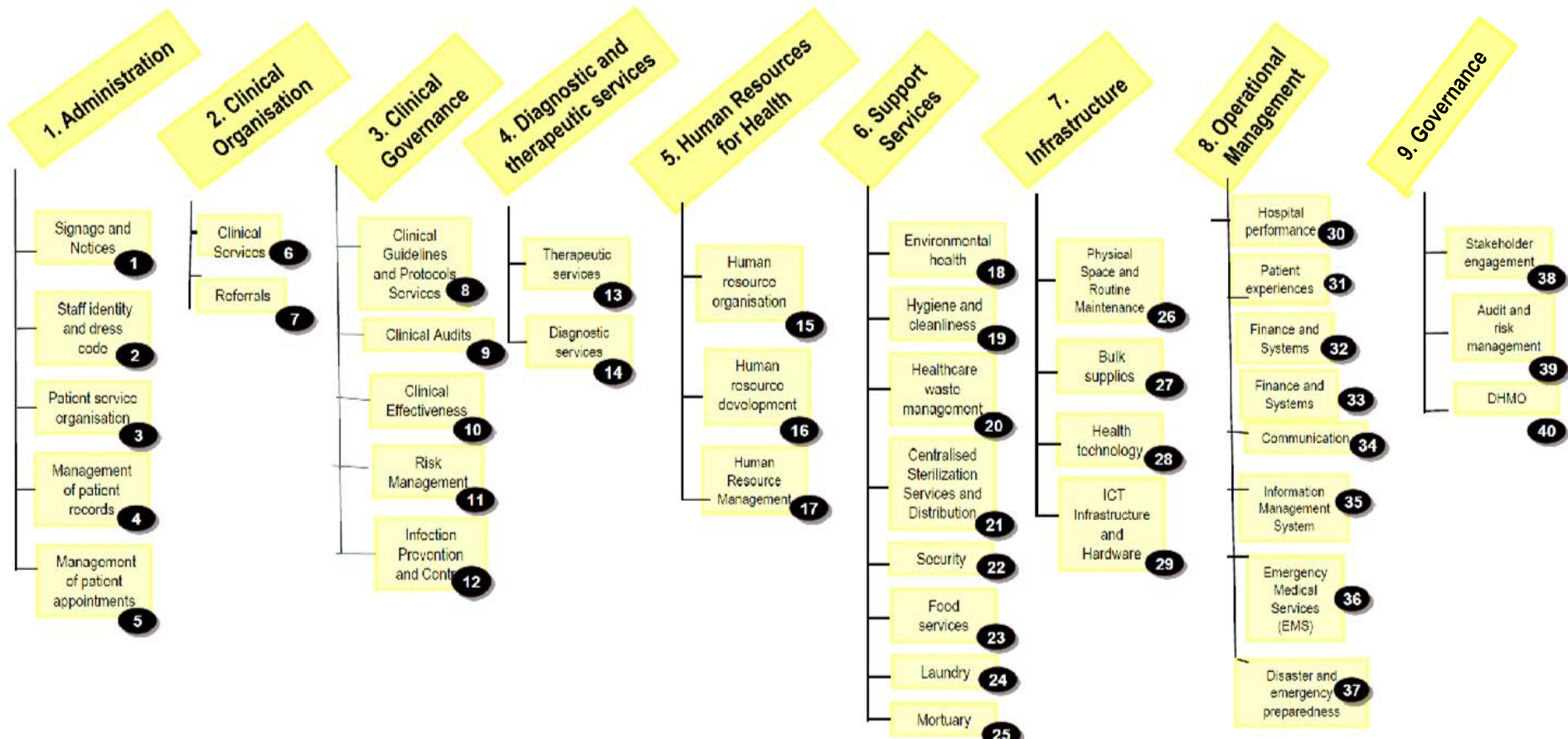


Ideal Hospital Components

Components and 40 Subcomponents and 305 Elements

- Administration
- Clinical Services
- Clinical Governance
- Diagnostic and therapeutic services
- Human Resources for Health
- Support Services
- Infrastructure
- Operational Management
- Governance

Hospital Framework- Components and



Resources



Introduction to
understanding
“lean thinking” in
healthcare

Dr. Luke Feeney



Lean Thinking Module 1.1

Joel Cutcher-Gershenfeld
*Senior Research Scientist, MIT Sloan School of Management and
Executive Director, MIT Engineering Systems Learning Center*

Presentation for:
ESD.60 – Lean/Six Sigma Systems
MIT Leaders for Manufacturing Program (LFM)
Summer 2004

Six Sigma Process Improvement Methodology

Presented by Content Expert:
Beth Lanham, RN, BSN, MBA
Director, Six Sigma
Froedtert Hospital, Milwaukee, WI

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Resources

Easy Guide to Clinical Practice Improvement

GUIDE FOR HEALTHCARE PROFESSIONALS

QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) Strategies to Optimize your Practice

Primer

Provided By:

The National Learning Consortium (NLC)

U. S. Department of Health and Human Services

Health Resources and Services Administration

Resources

- Aqeel Ahmed Khan, TQM Coordinator / Specialist of Quality in Healthcare Management