Quality Improvement In Healthcare Institutions

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Quality

Quality in healthcare is the degree to which a healthcare institution provides its healthcare service for populations and individuals by increasing the likelihood of the desired health results, and they are consistent with current professional skills and knowledge despite the proven and common outcomes of the healthcare industry, quality improvement, and safety implementation lag in this sector. Improving the safety of the patients and the quality of care they need requires a clear comprehension of the leadership, system design and function, teamwork, the motivation of the worker, and statistical/ scientific assessments of whether the changes in the institution are heading to improvement (Kohn et al., 2000; Provost and Murray, 2011). Therefore this paper will focus on quality improvement in healthcare institutions, its benefit, and the application to improve service provided to patients.

Therefore, in healthcare institutions, there are analytical frameworks for quality assessment that guide the measure development initiative in the health sector. The most influential is the framework that is put forward by the Institution of Medicine (IOM), which includes the following aims in the healthcare system (Kohn et al., 2000):

- Safe: Avoiding harm to the patient.
- Effective: The services that are given to patients should be based on professional scientific knowledge.
- Patient-centered: The care given to the patient should be respectful and responsive to the personal preferences, values, and needs of the patient, and the patient's values should guide all clinical care decisions.
- Timely: The duration of care should be minimized by reducing the patient's waiting time, which may cause more harm to his health.
- Efficient: The element of wastage should be avoided that including waste of supplies, equipment, energy, and ideas.
- Equitable: The quality of the services or care provided should not be based on the personal properties of gender, location, ethnicity, and socioeconomic status.

This IOM framework aims to assist in guiding the health care institution to provide equal quality care to the patient regardless of their personalities (Kohn et al., 2000).

Benefits Of Healthcare Quality

The benefits of the health care quality are distinguished based on its ability to meet the needs of the patient and the healthcare institution. That is social, patient health, and business benefits (James, 1993).

Social benefits

Improve mutual understanding and respect between healthcare organizations and patients.
Promote participation of the community in the health issues that create awareness in case there is an outbreak of certain illness in the community and how to manage it.
Quality healthcare improves healthcare for the patient and families and their responsibilities to health.
Improve trust of the community to the health institution (James, 1993).

Patient health benefits

Quality health care can provide patient satisfaction that increases the number of patients seeking treatment in health centers.
It improves the continuity of care by providing correct measures for the prevention and management of chronic disease in patients.
In many cases, quality care reduces hospitalization and ED patients and lowers the cost of treatment for the patients.
Quality healthcare increases population based on monitoring and planning, hence improving the quality of life of the patients and families.
Well, plan healthcare institutions reduce the wastage of resources and time. It reduces the waiting time for the patient to get treated (James, 1993; Calligaro et al., 2000).

Business benefits

Quality healthcare incorporates different perspectives, strategies, and ideas into a common decision-making process for the progress of the health organization.
It assists the organization in moving forward to meet the legal and regulatory guidelines for better service provision to their patients. This reduces barriers that lower the progress of the organization.
Quality healthcare services increase the market share of the health organization by improving the efficiency of the healthcare services it provides to its patients. It increases the revenue generated by the organization.
Information or records of the patient are safely and correctly kept for future reference and analysis.
Quality healthcare improves the utilization of the organization’s resources and reduces wastage, thus

facilitating effective operation (James, 1993; Scoville and Little, 2015).

Compare The Principles Of Quality Assurance And Quality Improvement.

Quality assurance is the effort of the healthcare organization to find and overcome the issues with quality. It provides confidence that the quality issues will be fulfilled. The confidence given by quality assurance is normally two-fold: internal to the management of the organization and external to the customer of the organization. Quality assurance directs the performance and behavior of the institution and practitioners toward appropriate and acceptable results and expenditures. For example, the customary approach to hospital quality assurance consists a team of an individual or an individual that are concerned about a certain aspect of a procedure or treatment. They use previous information to improve the performance of the health organization as a whole (James, 1993).

Quality improvement is also called total quality management; it is another way of improving quality that is introduced in healthcare. Quality improvement combines scientific methodology and management philosophy to improve the operation of the organization. It uses statistical process controls to collect previous information about the performance of the health organization, analyze it, and take appropriate action to improve the quality of the organization's operations. Therefore, a clear strategy has been developed for quality improvement that is followed to provide quality services (Provost and Murray, 2011; Scoville and Little, 2015).

Quality improvement differs from quality assurance because it's based on data, facts, and specifications rather than on standards. Hence, quality improvement is a method of quality management by facts that offer physicians data without blame. It stimulates learning and curiosity by making it educational rather than punitive. It normally has the objective of progressive improvement of the healthcare process, which will improve results rather than improving results alone, as it happens in quality assurance. Quality improvement always deals with the process; it normally focuses on the whole group, not the statistical tail that leads to a philosophy of quality of the best possible, as opposed to quality assurance, which is good enough. The effective way of improving the quality of the service given by the health sector is to improve failures before they occur by establishing quality in the processes rather than adding it at the end. Quality at the end is analogs that rely on terminal inspection to improve produced products as they appear on an assembly line (James, 1993; Provost and Murray, 2011).

Comparison Of Quality Improvement And Quality Assurance

	Quality Assurance	Quality improvement
Objective	outcome	Process and outcome
Based on	Standard, threshold	Specification, data
focus	Statistical tail	Entire group
philosophy	Good enough	Best possible
effect	judgmental	Education

Quality Improvement Processes And Methods

Quality improvement methods are used to improve the quality of the service provided by the healthcare organization. They include clinical in-service training, improvement collaboration, COPE, accreditation, SBM_R, and supervision (James, 1993; Scoville and Little, 2015).

SBM-R (Standard based management and recognition)

It is a standardization approach that attempts to bridge the gap between the practice evidence in low and middle-income nations. The main goal of this method is to identify the desired results and the process that will lead to those results. The first stage of this approach is to train the supervisors and the team on the content of the standards and the quality improvement process. The approach facilitator then takes the baseline assessment and works with a set team, normally at the health facilities. Then, the obstacles that hinder the implementation of the standards will be analyzed. The intervention that corrects the issues must be all the factors that affect performance. These will involve things like available resources, providers' skills and knowledge, and the motivation of the health worker. In the next stages of the process, external and internal supervisors monitor and measure staff progress to recognize the progress made. The SBM-R method recognizes the role of all the workers and supervisors and finds a way to mobilize the community for health (James, 1993).

Accreditation

It is a risk reduction strategy; It works by employing standards and evaluating adherence to them. Every organization normally chooses its way to attain accreditation standards. The processes are the method of quality improvement. As this strategy requires regular review, thus it encourages a culture

of continuous quality improvement. The strength of the accreditation approach is its emphasis on the healthcare system. Therefore, accreditors observe all the healthcare processes, materials, and workers that are involved in the organization and evaluate them against consensus standards. It promotes new working relationships across a section of the healthcare system, which improves performance quality (James, 1993).

Collaboration improvement

It is the strategy of improving quality that is based on the relationship within the healthcare organization. The organization encourages the formation of a team that promotes learning from peers and tests different paths to improve the common indicator. The strategy supports analysis of the healthcare processes by collecting data and deriving care based on the results being studied. A collaborative approach can address managerial and clinical topics like waiting time and recordkeeping (Provost and Murray, 2011; James, 1993).

Supervision

It is a strategy for quality improvement by developing appropriate constraints to monitor healthcare processes. It gives management the duty to supervise the processes in the healthcare organization. Each processor department is headed by a qualified expert who coordinates all the activities in the section. Therefore, the manager led all activities in his department to improve the quality of the products that were provided. Management has the role to train their junior worker and supervise their performance to improve the quality of services they provide to their customer (Harrold et al., 1999).

Clinical in-service training

It is a strategy that is employed by healthcare organizations to improve the skills and knowledge of their worker by training them so that they can improve the quality of healthcare they provide to patients. Uniformed workers are trained, or further education is provided to all workers to improve their performance; this improves the quality of the service they give patients, but the strategy can change large issues like employee motivation and poor working environment (Harrold et al., 1999).

Plan Do Study Act (PDSA)

It is a healthcare improvement model or strategy for improving the quality of services that are provided to patients. It’s a simple strategy but a very powerful tool for accelerating quality service improvement. In this strategy, the team of workers is set and develops objectives and measures to determine if the change can lead to improvement. The next stage is to test the change to the real work setting. It is shorthand to test changes that include planning, trying, observing the outcomes,

and acting on the findings. Thus, its scientific strategy is used in action-oriented learning (Provost and Murray, 2011).

Steps in the PDSA cycle

Plan: This step includes planning for the observation or test and collection of data.
Do: A test is done in this step but on a small scale.
Study: Analysis of the data collected and the study of the outcomes are done.
Act: Ccorrect action is taken in this step based on the finding that was learned from the test.
An example of the PDSA model can be done at the hospital check deck where the patient is asked to fill a survey form on how they are satisfied with the services they receive in the hospital. All the information collected is then analyzed, and corrective action is taken to improve the quality of hospital performance (Provost and Murray, 2011).

Using Data To Make A Decision

Healthcare quality in health organizations is achieved by collecting information from the patients who visit that health center and asking if they are satisfied with the service they receive. Therefore, the data collected will be used to analyze the performance of that health center. In the case of improving the quality of performance, one of the quality improvement strategies should be applied to improve the quality of healthcare. However, there are several characteristics of healthcare data that make them unique. The particular healthcare data is as follows (Provost and Murray, 2011):

Most of the data is in multiple places: the data are gotten from different sources of systems, such as HR or EMR software, which are used in different departments like pharmacy or radiology. This makes the data come in a different format. Therefore, aggregating the data into a single centralized system is not easy (Provost and Murray, 2011).

Healthcare data is structured and unstructured because they come from different platforms that may differ in format. This makes it difficult to document these data. There is an element of inconsistent or variable healthcare data. A group of clinicians may define patient differences that lead to variation in the data collected in a healthcare organization (Provost and Murray, 2011).

Quality Improvement Tools

Check sheet: It is a structure preparation form for analyzing and collecting data.
Control charts: Graphs are used to study how the process changes over a stipulated time.
Histogram: A graph that shows the frequency distribution of the occurring data.
Pareto chart: This is a bar graph that is used to represent factors that are more significant (Provost and Murray, 2011).

Nursing Role In Healthcare Quality

Staffing: Nurses ensure that the health center is adequately covered with nursing staff for relevant specialties and cadres.
Provision of therapeutic wards that are socially, physically, and psychologically conducive to the patients.
The nurse provides good interpersonal communication with patients and provides quality nursing care.
Leadership role: Nurse leaders should have a different leadership style that is used to provide high productivity and optimal performance from subordinates.
A delegation of responsibility: Nurse leaders should assign responsibility to subordinates by considering their skills, knowledge, and attitudes (Brady et al., 2013; Kohn et al., 2000).

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