3.0 Quality

Quality represents gap between producer's excellence and the customer satisfaction. Defining and measuring the quality of care in long term care facilities is a multidimensional and complex issue with several pitfalls, Berg, K. (2002). Measurement and control of quality and its improvement is quite difficult in service organisations compared to the manufacturing sector. Quality in the service sector is more than form, fit and function. Quality includes developing and implementing a good basis for a management system—a necessity in any industry or business. (Whitacre, T. 2005).

Quality as a concept has been with us for a very long time. However, its development as a formal management function is of recent origin. This is a developing discipline. It started as a reactive tool, which was inspection-oriented. But, as time progressed quality-related activities have broadened and are viewed today, a crucial strategic tool.

The concept of quality grew gradually through steady evolution. This "evolution" has occurred through the "era" of inspection, statistical quality control, quality assurance and
strategic quality management. Increasingly, quality has been linked with profitability, defined from the perspective of the customer and is included in the strategic planning process. Thus, business quality is also viewed as an aggressive competitive weapon.

3.1 Quality and Health Care

"Quality" is the big issue, which is currently fashionable in healthcare circles in several industrialised countries. According to Buetow (2000), the meaning of quality has remained elusive, leading to misunderstandings and hindering efforts to improve health care. In the United Kingdom the government's White paper on the National Health Service (NHS) (1997). Subsequent documents stress that "the new NHS will have quality at its heart" and that "high quality care should be a right for every patient". In Australia Health Ministers had agreed in principle that funding of $50 million would be provided for the Australian Council for Safety and Quality in Health Care (2000), to lead a five year national program of work to improve the safety and quality of care.

In the United States, a Presidential Advisory Commission (1997) on Consumer Protection and Quality in the Health Care Industry has recently called for a national effort to improve and sustain the quality of health care. Healthcare purchasers have
been demanding, adopting, or developing measures of healthcare performance, and in the United States several national organisations—such as the National Committee for Quality Assurance (NCQA), the Foundation for Accountability (FACCT) and the Joint Commission on Accreditation of Healthcare Organisations (JACHO), have been developing quality metrics. There has been an explosion in the development of performance indicators of variable provenance and quality. Developing, collecting, analysing, and feeding back performance data from healthcare organisations is now big business.

According to Wooldridge (2000), given the complexity of modern health care, it is extremely important to plan and manage so as to minimise the risk of mistakes occurring.

If performance indicators are instruments for measuring aspects of quality of care it is worth a moment to consider what is meant by quality. That quality is now given such prominence on the health policy agenda is surely a good thing, but unless it is defined and sensibly used, calls for quality improvement will become merely slogans or fashion statements. This is not an easy task. In United States the President's Advisory Commission for example, refers to ensuring appropriate use of
health services, correcting oversupply and undersupply of healthcare resources, and reducing healthcare errors. Notions of cost effectiveness or efficiency are absent. Surely, cost effectiveness must lie at the heart of quality. If health services are about maximising human health and welfare within the resources available, then if these resources are not used efficiently quality will be sub optimal. This involves both allocative efficiency investing in the types of interventions, which produce most benefits (valued by consumers) and technical efficiency applying these interventions in the most technically competent and least wasteful fashion. Under this broad concept of quality, care would have to be clinically effective and medically appropriate, clinicians would need to be competent, and errors minimised and the systems for delivering care run smoothly and efficiently. However, isolating these elements from their resource implications is not rational. For example, no one would suggest devoting all the resources to preventing just one more medical accident. There is some point at which investing more in one area of care generates such little benefit relative to the resources needed that it is not deemed worthwhile relative to the other beneficial uses to which they can be put. Simply increasing appropriateness and access or reducing errors, without reference to the cost of so doing, cannot optimise well-being.
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and therefore, cannot by themselves constitute quality. That it is not easy to use the cost effectiveness concept of quality does not make it less important.
3.2 Development of the Concept of Quality

Quality is a concept that has been with us for a very long time. However, it has developed as a formal management function recently, and this discipline is still evolving. In its early form, it tended to be reactive and inspection-oriented. Today however, quality-related activities have broadened and are viewed as crucial for strategic success. While quality now embraces very diverse functions and these days, commands the attention of the very top people in organisations.

The development of quality has occurred gradually through steady evolution. This "evolution" has occurred through the "eras" of inspection, statistical quality control, quality assurance and strategic quality management. Increasingly, quality has been linked with profitability, defined from the perspective of the customer and is included in the strategic planning process. So, business quality is also viewed as an aggressive competitive weapon.

3.2.1 Quality in Health Care

Quality in health care has also developed recently although consensus about standards of practice and care have been with us for a very long period of time. The Ministry of Health has conducted an evaluation of the various strategies and
programmes related to quality activities in the Ministry since the mid-1980s and the findings were discussed at this meeting. This will be helpful for to plan the agenda for quality in health for the country into the next millennium.

We have progressed from the perception that "quality is difficult to define" to a situation where "quality can and should be measured, and reported, for the benefit of the health care providers, patients and the public". One needs to understand and promote the concept of "public accountability in health care". Accountability is about the willingness of health care providers to share information about their performance with those who need to know or who have an interest in this information. Are the health care providers in our country ready for this? What information should be provided? How do we ensure the accuracy and validity of this information? How do we ensure that this information will be useful and will be understood by those who are interested in it?

3.2.2 The Measurement of Quality

Those who believe that they are ready to be compared with in an information-rich environment may be more ready for public disclosure than those who feel disadvantaged by doing so. Measurement and disclosure can be a difficult combination and
will not be constructive if misused. Information about performance may differentiate between the winners and losers.

What information should be made available? What information would be meaningful? Should we measure health promotion efforts, clinical outcomes, patient satisfaction, individual functional status, compliance to standards or some combination of these? Will those who are interested in this information be able to comprehend and use it?

The strength and credibility of any public disclosure programme depends on the quality of the data collected through the performance measurement process. Performance measurement in health care is new and still evolving. We need to organise a system and develop indicators that truly measure what was intended to be measured, and there is a need to evaluate these indicators to be sure that they meet these objectives. Issues of data integrity need to be addressed.

It is not clear whether there is a broad public interest in performance information in health care although a great deal has been expressed about it by certain quarters in the country. This is probably the start of the realisation that the basis for accountability is not as strong as we would like it to be.
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3.2.3 Translating Quality & Performance Measurement into Easily Understood Information for Decision-Making

(Decision-making - Between Performance Data and Easily Understood Information)

There is a big gap between performance data and information that is easily understood. While those in health care tend to question the ability of the lay public to understand health care performance data, there is a need to face that those in health care barely understand what health care performance data mean. It will be part of our responsibility and challenge to develop the data, interpret it into information that can be understood and used by those in health care as well as those interested in it.

3.2.4. The Principle of Accountability

Accountability is being emphasised not only because the public should have access to information about quality, but also because accountability may be required for licensing and accreditation purposes or because of requirements of the health care financing system. Accountability in health care should at the minimum help accomplish the following:

a. develop the documentation of the use of health care service
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b. identify the basis for critical actions taken
c. evaluate differences in outcomes
d. develop an information base that can help support decision-making

The practice of medicine, concerns about various medical treatments or procedures, variations in medical practice and concerns about the cost of health care have been frequently and widely discussed including in our local media. Consumers have frequently expressed their concerns about obtaining value for their investment in health care. We will need to accept that increasingly in the future, methods for assessment of quality, information on quality of care will be used to shape the market forces in health care and will be on the agenda in the new health financing system. However, a lot more needs to be done before this can really be in place.

In the drive to institutionalise quality as a way of life in the public sector, TQM has been given special emphasis. In doing so, public agencies are encouraged to be customer-oriented and conforming to identified standards of quality in their operations. The public sector is perceptively shifting to a more customer-driven focus. It has now become more proactive, more aware and more able to understand fully the philosophy of 'doing things right the first time and every time', by identifying
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standards of quality and conforming to them. (In the end, it is the user who helps to determine the products and service quality the organisation must deliver).

Some advocates say that creating a work environment of high quality is even more important than improving productivity and it is incorporated in TQM. Rather by improving the quality of work life, the productivity would rise as well. Indeed, studies seem to show that improving the quality of work has led to:

- decreased absenteeism and turnover
- greater job satisfaction
- greater commitment in the organisation and its goals