

Editorial

Health Care Quality - An Urgent Issue for Bangladesh

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Health care quality is a level of value provided by any health care resource, as determined by some measurement. It is an assessment of whether something is good enough and whether it is suitable for its purpose. The goal of health care is to provide medical resources of high quality to all who need them; that is, to ensure good quality of life, to cure illnesses when possible, to extend life expectancy, and so on. Researchers use a variety of quality measures to attempt to determine health care quality- medical diagnosis, risk assessment, preventive care, health indicator survey etc. A gap exists between the quality of care that is possible and the actual quality of care delivered to persons living in the U.S.

Medical errors are the third leading cause of death in the US, at about 440,000 deaths per year, only heart disease and cancer kill more Americans. Patient safety is a subject that traverses all medical specialties and affects every health-care professional. The attention to medical errors and adverse events as well as the resultant literature has grown exponentially over the past decade. A number of practicing physicians, however, remain unaware of the extent of the problem, the impact on patients, and the burden on the health-care system. Many also are unfamiliar with strategies to reduce the risk of harm. Diagnostic errors – defined as inaccurate or delayed diagnoses – account for an estimated 10% of patient deaths, hundreds of thousands of adverse events in hospitals each year and are a leading cause of paid medical malpractice claims a blue ribbon panel of the Institute of Medicine (IOM) said in its report.

A handful of analytic frameworks for quality assessment have guided measure development initiatives in the public and private sectors. One of the most influential is the framework put forth by the Institute of Medicine (IOM), which include the following six aims (domains) for the health care system- 1) Safe – avoiding injuries to patients from care that is intended to help them. 2) Effective –

avoiding overuse and misuse of care. 3) Patient-Centered – providing care that is unique to a patient's needs, 4) Timely – reducing wait times and harmful delays for patients and providers, 5) Efficient – avoiding waste of equipment, supplies, ideas and energy, and 6) Equitable – providing care that does not vary across intrinsic personal characteristics. Existing measures address some domains more extensively than others. The vast majority of measures address effectiveness and safety, a smaller number examine timeliness and patient centeredness and very few assess the efficiency or equity of care.

Significant initiatives to improve healthcare quality outcomes have been undertaken that include clinical practice guidelines, cost efficiency, critical pathways and risk management. Patients and families know quality care when they experience it. A nurse's response time, a doctor's bedside manner, the hospital's atmosphere—all of these things affect, how people feel about the quality of their healthcare? When hospitals talk about quality, it is generally in reference to very specific clinical data collected and analyzed over a period of time. Quality data show how well a department or institution achieves desired health outcomes for a particular procedure, often by tracking how closely clinical staff meet standards of care

Quality health care means doing the right thing, at the right time, in the right way, for the right person—and having the best possible results. When it comes to making major health care decisions—about health plans, doctors, treatments, hospitals and long-term care—how can you tell which choices offer quality health care and which do not? Change in emphasis in part focus on - What of care i.e. patient care given and who of care i.e. patient care giver. Concentrate on improving system & process, most of the time:- The how of care i.e., patient care process, The result of care' i.e., patient care outcome, the structure, the arrangement of parts of care system or elements that facilitate care, e.g. Resources, equipment, number of staff, qualification of staff, and the work place.

Process refer to the procedures, methods, means or sequence of steps for providing or delivering care, producing

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outcomes, The well known processes are clinical process and the care delivery process. Management is the sum of these activities to improve human and material resources toward achievement of stated goals, such as planning, organizing & staffing, directing, coordinating, and improving. Core quality improvement standards are-quality leadership, data collection for quality monitoring, Analysis of monitoring data, and quality improvement. For quality improvement we need the medical records, Information system, protocol & clinical guidelines, Teaching session, appraisal system, review / audit of mortality & morbidity, and existence of a quality department.

Root cause of 70% of sentinel events reported to the Joint Commission, USA are communication problems. The communications has to have the following domains- 1) Verbal & non-verbal, 2) Respectful, 3) Honest, 4) Mutually trusting, 5) Accepting, and 6) Empathetic. The communication process should be a) Interdisciplinary, b) Engage family, c) Care planning, d) Reporting/disclosing incidents, e) Medication safety, f) Critical to culture of safety, and g) Timely shared. Generally, the men were more affected by these medical errors than women. Although we predicted the other way, the rate of complications has shown higher in Type I Hospitals than in less developed, economically and technically, hospitals. Overall, central hospitals show a higher rate of medical error than smaller hospitals. Concerning the time period we are analyzing, there seems to be an increase of the PSI rates along the years. Comparing with the reference values, our rates appear to be very similar or even better than the American rates, published by the AHRQ.

Management is the sum of these activities to improve human and material resources toward achievement of stated goals- planning, organizing & staffing, directing, coordinating and improving. Approaches to quality management can be thought of are 1) Quality Control (QC), 2) Total Quality Management (TQM), 3) Quality Assurance (QA) and 4) Continuous Quality Improvement (CQI). Core Quality Improvement Standards include 1) Quality leadership, 2) Data collection for quality monitoring, 3) Analysis of monitoring data and 4) Quality improvement. To achieve these objectives, we need are medical records, information system, protocol & clinical guidelines, teaching sessions, appraisal system, review / audit of mortality & morbidity, and existence of a functioning quality department. The concept of total quality management (TQM) include to have a long term, not short term, profit oriented. Eliminate practices that undermine workers' self/mutual respect and motivation (production quotas, exclusionary expressions,

and favoritism/nepotism) and root out the 4 detriments (fear, jealousy, anger, revenge).

Bangladesh has long ways to go on quality issues in health care. MOHFW has started initiatives, but need to develop urgently a voluntary accreditation organization for quality assurance in health care services. Promoting and developing a culture of quality among health care professionals and workers will also be required.

Further reading-

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