

EDITORIAL

Continuous Quality Improvement in Health Care is a Journey Not a Destination

Seval Akgun

Professor of Public Health & Medicine, Chief Quality Officer & Director, Employee & Environmental Health Departments, Baskent University Hospitals Network, Ankara, Turkey; President, Health Care Academician Society, Ankara, Turkey; Adjunct Professor, St. John International University, Italy

Published online on 27th December 2017

In today's highly competitive and changing world, planning for the future is necessary for survival and success and preparing for the future has become crucial. The healthcare industry is currently booming in all over the world and quality management is rapidly becoming an indispensable part of a comprehensive approach for the development of quality care. It gives care providers the competitive edge needed to meet consumers' increasing awareness of quality care delivery.¹

We need to consider the following reasons for pursuing quality in health care organizations.²

1. Requirement to define and meet patient needs and expectations
2. Increased demands for effective and appropriate care
3. A forum for measuring performance
4. Standardization and variance control
5. Necessity for cost saving measures
6. Benchmarking
7. Report cards on provider performance
8. Accreditation, certifications, and regulation
9. Need for improvements in care and services
10. Enhances positive competition
11. Desire for recognition and strive for excellence
12. Ethical considerations

Health care consumers are becoming increasingly aware of the different requirements, which a health care organization must meet in order to be considered a "quality" organ-

ization.³ They are also becoming interested in learning about the status of care provided by this organization judged by their peers or professional experts. Therefore, quality processes provide just the answers and the assurances that health consumers are asking for. Quality provides for a mechanism for an objective, unbiased peer review of a health organization. It provides the consumer a set of measures they can judge health care organization in comparison with similar organizations. Quality also provides the consumer a level of comfort insuring that this health care organization has been checked and is considered a quality organization since it has passed a rigorous set of evaluation processes.⁴ Therefore, meeting the needs and expectations of the customer is a requirement for quality and it is the reason why we must have quality in health care whether private or public.

Other reasons mentioned such as effectiveness, appropriateness, and efficiency are basic elements of a quality system and quality care. You cannot provide any care without regards to available resources. It is true that we all would like to provide, and receive, the best care there is, but it is prudent to do that within the limits of current resources.⁵ Actually, if this is not taken into consideration then quality is not achieved. Quality requires efficiency in the use of health care resources and effectiveness in the delivery of care and service.^{6,7}

Standards are the language for what we consider quality to be. They are statements of the quality of structures, processes and the desired outcomes for health care organizations. Standards are developed to be as quantifiable as possible. These standards follow the various functions and units health care organizations perform and possess. Several standards are developed and are updated annually by a group of experts that are related directly to the process of care and to the structure of services rendered by the health care organization. These standards are therefore developed to measure the performance of the health care organization in the aspects of care and services it claims to provide. Compliance to these standards is a proxy measure of the performance of such an organization. Standardization is an effective process of not only assessing performance but also to control and predict outcome. Controlling outcomes

Corresponding author:

Prof. Seval Akgün, MD, PhD, Professor of Public Health and Medicine, Chief Quality Officer and Director, Employee and Environmental Health Departments, Baskent University Hospitals Network, Ankara, Turkey
Email: sevalak2007@gmail.com



Access this Article Online

Scan this QR Code

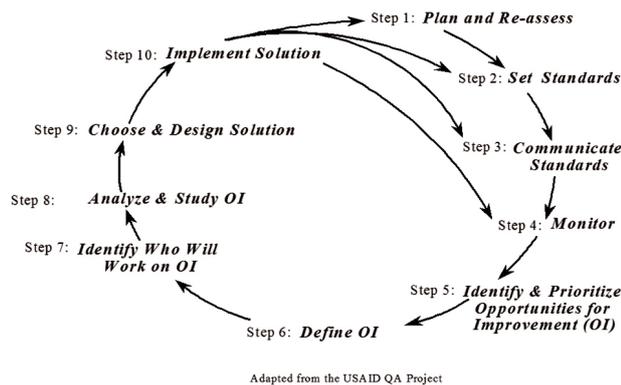


Figure 1. Quality Management Cycle

is important in order to effectively allocating resources and to effectively budgeting for programs. Standardization therefore is important to improve efficiency and effectiveness of an organization.

Benchmarking and report card capabilities are two of the reasons why health care organizations should seek quality assurance and improvement.⁸ These are also reasons why quality should be implemented in order for organizations to be compared with one another based on the findings of assessment activities. Benchmarking is a process of identifying the best process, activity or outcome and to find ways to study them and emulate them in one's own setting. Through quality assurance and improvement, health care organizations are encouraged to look for the best processes of other organizations in order to study these processes and learn about performing them so that they can be imported and implemented in that organization.⁹ Similarly one of the reasons for quality improvement is to list on the health care organization's report card (outcome measures) that they are a "quality" organization. A report card that does not have quality measures listed on it is not a complete and certainly not a credible report card. Therefore, organizations must seek, sustain and institutionalize quality in order to market their report card.¹⁰

According to the Quality Cycle shown above (**figure 1**), steps 5 through 10 emphasize quality improvement.² Improvements are based on the outcome of assessment and monitoring of compliance to certain standards. External customers respond positively to those organizations that demonstrate their experience in "closing the loop" from the identification and analyses of improvement opportunities to selection and implementation of actual improvements and then maintaining their sustainability. Therefore, quality will stimulate improvement efforts in health care organizations and will bring these organizations to a higher level of accountability.

One of the activities of quality is accreditation. Accreditation provides a mechanism for the comparison between health care organizations. Those organizations that have achieved accreditation especial the "commendation" or "excellent" status accreditation will have a positive image and will use that distinction to market their services

accordingly.¹⁻² Accreditation would therefore be used in such a condition as a tool for positive marketing and as a tool that enhances positive competition between different health care organizations. Receiving accreditation is equivalent to receiving the "seal of approval" on the quality of one's own organization. This recognition certificate is usually worthy of announcement and heavy marketing to promote it. It is both rewarding and beneficial to the organization and its employees. Attaining accreditation could also be used as the mechanism for rewarding individuals who have worked hard in order for the organization to achieve it. It is also a method of recognition among peer organizations and a proof of quality for that organization.

Competition could be based on price or could be based on non-price. Competition based on quality as exemplified by the attainment of accreditation is a form of non-price competition and is a form of positive competition. This type of competition is in contrast with the type of competition exhibited by and between political candidates where they each try to find weaknesses in each other performance or character to attack. Positive competition on the other hand encourages benchmarking and identifying the positive attributes of your competitor in order for you to achieve even a better level of these attributes in your organization. It is a process of continuous search for excellence and a mechanism for emulating that excellence in ones own systems. Quality in general facilitates this process and encourages it.¹⁻²

As noted above, quality is a desired entity by all health care providers. As number 12 suggests, it is the fabric of the very existence of the health care professions. Ethics dictate that one must provide the best and most appropriate care accessible to the patient. It is the basis of the humanistic aspect of the health care field. It is our duty as health care professionals and because of that we must provide quality care and service to fulfill this ethical code.¹⁻²

Within this context, the use of International Organization for standardization (ISO) quality systems, EFQM (European Foundation for Quality Management) model JCI (Joint Commission International) and many other accreditation and quality improvement systems are spreading within health care. They are all general management models that aim to ensure fact-based management at all levels in the organization. The idea is to reach evidence-based thinking at the level of every day practice of health care by obtaining feedback from customers (internal + external) through the use of process development techniques; by first, second and third party audits; and by measuring the clinical quality and efficiency of care with different indicators.¹

Conflict of Interest: None declared

Cite this article as: Akgun S. Continuous Quality Improvement in Health Care is a Journey not a Destination. Journal of Health Systems. 2017 Dec 27;2(2):1-3.

References

1. Seval Akgun, MD,PhD, Assaf-Al-Assaf MD,MPH,CQA, Health Care Accreditation Handbook, 3rd edition, Ankara, 2015
2. Al-Assaf, A F “Quality Improvement in Healthcare: An Overview”, Journal of the Royal Medical Services, 1(2):, 1994
3. Bennayan, J C; Kaminsky, F C “Another View on How to Measure Health Care Quality”, Quality Progress, 120-124, Feb. 1995
4. Berwick, D M “Sounding Board: Continuous improvement as an ideal in health care. N Engl J Med. 1989 Jan 5;320(1):53–6
5. Binns GS. The relationship among quality, cost, and market share in hospitals. Top Health Care Financ. 1991;18(2):21–32
6. Crosby PB. Quality Is Free: The Art of Making Quality Certain: How to Manage Quality - So That It Becomes A Source of Profit for Your Business. 1st edition. New York: McGraw-Hill; 1979. 309 p
7. “Crossing the Quality Chasm: A New Health System for the 21st Century”. IOM Report, 2001
8. Deming, W.E. (1986). Out of the Crisis. Cambridge, Mass: Massachusetts Institute of Technology
9. Donabedian, A “Assessment and Measurement of Quality Assurance in Health Care”, Milbank Memorial Quarterly, 1966
10. Sawatzky JE, MacDonald MM. Challenges to achieving quality care: efficiency, effectiveness and beneficence. Int Nurs Rev. 1994 Feb;41(1):27–31, 22
11. “Talking Quality”, AHRQ, 2003