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Quality Improvement In Healthcare Sector

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Quality Improvement Steps:

Quality improvement in health care is a significant dimension for ensuring patients' trust and satisfaction in health services (Adler-Milstein & Jha, 2013). Therefore, any critical issue which crops up or is liable to arise in future needs to be addressed with efficiency and effectiveness. Steps in quality improvement are a means of identifying a clear-cut set of activities which are logically arranged in a specific order and which mandate a procedural flow. It is anticipated that with the identification of steps in ensuring quality improvement, patients will be accorded better care and treatment. Further, an explicit identification of quality improvement steps helps in finding out the critical issues which demand a proper follow-up and understanding as well as picking up select interventions to address these critical issues in a befitting manner (Mosadegard, 2013).

The main steps involved in quality improvement are: identification of the objective or main issue which pertains to quality improvement and which requires immediate redressal; securing all the necessary information for tackling the quality improvement issue; and implementing the interventions or changes meant to address the chief issue requiring quality improvement. These three steps constitute a quality improvement project as a whole which involve a sequence of processes with regular control processes and feedback mechanisms for ensuring smooth regulation of activities and processes.

Identification of the quality improvement objective implies identification of an issue which meets the criteria of frequency with which the issue recurs or poses a problem (high volume), seriousness of the issue (high risk), difficulty to manage the issue(problem-prone) and cost entailed in managing the issue or handling the long-term and short-term consequences of the issue (high cost). Information should be sourced using different means for facilitating the expression of the objective (Murdoch & Detsky, 2013). Such sources could be health statistics reports, performance monitoring systems, health surveys, patients' views, etc. These sources of information should help in identifying the magnitude and types of quality issues which merit immediate attention and redressal besides securing the opinions of the stakeholders involved in the quality improvement system.

Interventions or methods to effect changes for addressing quality improvement issue ought to be specific, innovative and relevant. Specifically, such quality improvement methods include problem-solving, re-engineering, re-designing, process intervention, and the like. These interventions are premised on the basic fundamental of quality improvement wherein the logical process is followed. PDSA, or Plan-Do-Study-Act is a scientific method which helps in planning the changes required to be made; testing and introducing the desired changes; studying the results of implementation of the intervention and acting upon or integrating and institutionalizing the intervention and change brought in its turn.

The bottom line is to set up a quality performance monitoring system such that indicators are identified for ensuring overall quality performance (Lillrank, 2015). Care should be taken to take informed consent of all the relevant stakeholders involved or affected by the intervention. Besides, it should be ensured that while the quality improvement processes are underway, the means of monitoring and managing quality control and processes are well in place. Finally, after the implementation of the intervention, the documentation and communication of the quality improvement project be done effectively.

Clinical Governance-Components

Clinical governance is a system which ensures that all the organizations functioning in the health system are made accountable for continuously improving the quality of their clinical services besides ensuring that quality standards for patient care shall be upheld in the best possible manner (Berg & Black, 2014). Furthermore, the health organizations must forge to build an environment where the pursuit to attaining excellence is respected all times. For achieving clinical governance, it is important that patients are properly treated and provided ample care. Further, for the success

of clinical governance, it is important that the staff is provided the desired autonomy to work efficiently and give its best in all ways. Finally, it is important that the staff should adopt the highest possible standards while performing its duties. The concept of clinical governance entails that there should be regular monitoring of operations and a system of evaluation is followed likewise. This would help is assessing the targets and the progress attained in meeting those targets. Being tied to quality, clinical governance gives significance to adoption of quality standards and all processes are adequately monitored and managed to assure quality standards. Finally, clinical governance gives significance to risk management by instituting systems which preempt potential hazards for the prevention of accidents, injuries and other adverse incidents. This is done to ensure that the effect of these risks is minimized and financial liability is appropriately managed (Gauld, Horsburg & Brown, 2011).

Broadly, clinical governance has been identified as imbibing certain components: having clear national standards; ensuring that mechanisms are in place for achieving the implementation of these national standards and ensuring that there is regular monitoring of the delivery of the national standards. Besides, there are other specific components of clinical governance such as ensuring clinical audit (individual and service), conducting national confidential inquiries pertaining to preoperative death, stillbirths and deaths in infancy and maternal deaths and suicides, subscribing evidence-based medicine, adoption of well-acclaimed local and national clinical standards, doing proper manpower planning, ensuring continuing professional development and lifelong learning, providing avenues of research and development, and ensuring that clinical care quality is well-integrated with organizational quality. Besides, the other components of clinical governance are managing clinical risk to self and the quality programs, instituting a proper mechanism of complaints' redressal, job planning and management of individual performance, performing critical appraisal and redressing and monitoring whistle-blowing activities.

Clinical governance requires peer review on a regular basis for ensuring that a culture of excellence is fostered within the system (Greenfield, Nugus, Fairweather, Milne & Debono, 2011). For the success of clinical governance, it is important four dimensions be taken care of. First, there should be a clear line of responsibility and accountability and adherence to the same should be given prominence. Second, a robust programme of quality improvement should be adopted wherein the activities entailed in quality improvement are clearly laid down. Third, there should be a clear specification of policies which help in managing risks. Finally, there should be institutionalized procedures for identification and remedy of poor performance. To sum up, clinical governance is an overarching framework for ensuring that all processes are

streamlined giving due accord to quality management across the length and breadth of the organization.

Challenges faced by hospitals and care systems

It is well-acknowledged that hospitals and health care systems function in a turbulent environment where internal and external challenges surface from time to time. While there is an ever-increasing concern for maintaining quality in the hospitals and health care systems, the methods deployed for attaining the quality standards are equally posing concern. It is only with the help of a sophisticated and well-trained manpower that challenges confronting the hospitals and health care systems be surmounted. Some of these challenges pertain to the following:

a. Shifting demographics of patients and the workforce: On the one hand, the nature and type of ailment is witnessing a major shift over the years, and on the other hand, there has been a marked shift in the profile of patients (Alessi & Rashbrook, 2016). Managing the diverse needs of the patients requires effort on the part of the hospital staff. In this regard, the workforce is also witnessing a marked change. Besides the personal profile of the workforce, the training and acculturation of the workforce is diverse and managing the same may be challenging for the hospitals.

b. There is an increased emphasis upon cost efficiency: For ensuring that wastage is minimized, hospitals make a shift towards attaining cost efficiency alongside maintenance of rigorous quality standards. This implies that there should be access to capital for making further investments in implementing quality improvisation changes and fostering a culture of innovation.

c. There is a transition towards value-based reimbursement: Hospitals and health care systems are becoming result-oriented and reimbursements are based on the outcomes. It is this incremental value which is a deciding factor in health care management.

d. Increased focus on population health management approaches: Instead of individual-centric, attempts are being made to effect a population health management drive (Epstein, Osborne, Elsworth, Beaton & Guillemin, 2013). Therefore, massive health programmes are being chalked out by the governments and the hospitals are required to act as stakeholders in eradication of major diseases.

e. Emphasis on cost and quality: Hospitals and health care systems are facing the challenge of ensuring data transparency. This is in line with the demand for cost reduction and improved quality in services. With large amount of data stored with the hospitals, management of such data and sharing it publicly becomes unwieldy.

f. Continuous advances in technology and increasing adoption speed: With increasing technological obsolescence, hospitals are finding it challenging to accommodate latest technology in their operations and processes. Therefore, having a robust R&D

culture is of paramount importance for sustained quality improvement in health services.

g. Importance of physician leadership, alignment and engagement: It is the vision of the physician coupled with engagement and dedication that overall quality standards may be attained in a health care setting. Therefore, the leadership potential of the physician assumes importance for the juniors to emulate. Such personality-centric issues arise in a typical scientific setting wherein the physician should be empathic and capable of motivating others during crises.

h. There are challenging variations in care: The meaning of "care" in hospitals and health care systems has changed over a period of time. For some ailments, nursing requires a tough stand whereas for others, a lenient and soft attitude is called for. Therefore, the management of such patients becomes a daunting task in itself.

i. There is a need for clinical integration and care coordination: A harmonious linkage between clinical integration and care coordination is required for ensuring patient satisfaction and proper treatment (Joynt, Gawande, Orav & Jha, 2013). For achieving this harmony, hospitals need to chalk out a suitable strategy which is institutionalized across its functions.

j. There is an increasing demand for patient and family engagement: Hospitals face the dilemma of engaging the immediate relatives and family members in treatment of ailments (Kulik, Ryan, Harper & George, 2014). On the one hand, the family members may act as facilitators in speeding the recovery process and on the other hand, family engagement may act as a deterrent for the smooth processing of different activities of the hospital staff.

Six Sigma-Importance/Tools

Maintaining quality in health care systems is important for satisfaction of all the stakeholders concerned. For ensuring that quality is better managed in a systemic way, different tools are used. One of these tools relates to Six Sigma which emphasizes upon waste reduction and improvement in quality processes across all the operations (Matthew, 2013). Six Sigma rests on the basic premise that costs are reduced and process performance is improved at the same time. Therefore, for organizations to gain competitive advantage, six sigma strategy and methodology is adopted across all the operations to achieve two aims: fasten the flow of materials and information through adequate processes and ensuring cost reduction; and improving the quality of the products by smooth flow of processes. The overall results of adoption of six sigma strategy and methodology are increased customer satisfaction and increased profits for the organizations.

Six Sigma helps in ensuring that the process output is improved based on the process inputs which may be controlled and uncontrolled (DelliFraine, Langabeer & Nembhard, 2010). There are four main aspects which need to be taken into account: first, there should be sound leadership to effect smooth integration and implementation of six sigma tools in an organization; second, there should be teamwork and espirit de corps across the organization where team cohesion is ensured and all conflict resolution measures are conceived in place; third, the stakeholders should be given due accord and their views are taken into consideration in decision-making processes; and fourth, project management-especially with regard to quality improvement, management, monitoring and control-should be properly executed.

Six Sigma is implemented with the help of different tools like project charter, maps, cause and effect matrix, capability analysis, gage R & R, failure modes and effects analysis, multi-vari studies, experiments and control plans and SPC. These tools are used while invoking the principles of DMAIC (Define, Measure, Analyze, Improve, Control) which helps in increasing the predictability and facilitates replication and repeatability for project improvement. Thus, DMAIC implies defining the problem, measuring the gap in actual quality status and the desired quality metric, analyzing the available data for determining the fundamental causes behind the problem, improving the process by implementing the solution for the problem identified and controlling the process, standardizing and documenting the same for ensuring a sustainable advantage in the long run.

A significant application of Six Sigma approach is in lean manufacturing where the process improvement is achieved by waste minimization and reduction of cycle time besides improving process flow (Fischman, 2010). Wastage could be of various kinds: overproduction (production is more than the requirement and quality achieved is inferior to the one desired); having extra inventory; defects; inefficiency in processes; prolonged waiting times for machines, operators, etc. The basic premise of lean manufacturing lies in securing efficiency in operations. The five tenets of lean manufacturing are: specifying value by specific product; identifying the value stream for each product; making value flow without interruptions; facilitating the customer to pull value from the product and pursuance of perfection across all the process operations. Lean tools are of many kinds: process mapping, work cell design, line balancing, videotaping, kaizen event, 5S; kanban, etc. Summing up, a lean Six Sigma process facilitates in quality improvement besides reduction of cost and improvement of delivery.

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