



Unit 4: Is health care production the same as any other occupation ?



5. Quality of care in health



- ➔ Hello, my name is Thomas Poder. I work in Quebec at the Sherbrooke Teaching Hospital. Today, we will discuss quality of care. Quality of care is something we often hear about but it might have a different meaning for different people. What is quality of care? The most common and comprehensive definition is that of the WHO which clearly defined the term in the early 2000s. An approach to guarantee that all patients receive all diagnostic and therapeutic actions to best improve their health outcome given the existing state of medical science in a way that is cost-effective and low-risk offering the most satisfaction for procedures, results and human contact in the health system. This definition comprises several very important aspects. The first is appropriateness. Appropriate care is given to a patient in accordance with best practices. The patient must receive the right care at the right time. Then comes effectiveness. Care must be effective, i.e. have a good outcome. The third aspect, then, is safety. The WHO defines safety as the prevention of errors and adverse effects for patients i.e. the risks associated with health care. The final aspect of the definition is cost and efficiency. This definition is quite comprehensive but there are other, different ways to present quality of care. The Canadian Institute for Health Information states that in order to provide good quality care four criteria must be respected. The first is that care must measure up to health care evidence. As the WHO put it care must be based on the state of science with best practices from the latest scientific data. Care must also be patient-focused or rather patient-centered. We must really consider all impacts on patients including satisfaction quality of life and various health outcomes such as mortality pain and other impacts. The third criteria is patient safety and the final CIHI criteria is that care must be given at an appropriate time. We can see that the WHO and the CIHI do not place the same emphasis on costs even though costs are a very important factor. Health care spending accounts for 10% of GDP according to OECD data. We must also bear in mind that about 10% of patients will have a problem with safety when receiving health care and this 10% alone represents about 10% of overall health spending. There is a sort of triad of 10% – 10% of GDP, 10% of safety problems and 10% of health spending. Therefore, if 10% of the health care budget is directly linked to issues with quality of care or the lack thereof it is clear that implementing policies that aim to improve quality will have a direct impact on costs as well. Our current health care system is full of budgetary constraints so reducing costs would help mitigate these constraints. What's more, if we can reduce costs by improving quality, it is a win-win situation. Quality increases and costs decrease since poor quality has a price. Ultimately, we improve the care provided in terms of both quality and quantity as we see more patients. How can we improve the quality of health care? How can we improve the quality of health care? Let's consider the Donabedian model. The Donabedian model is fairly old – dating back to 1988 – but it is still relevant today. It divides quality of care into three components. The first component relates to the structure of the care which means the resources given to health care services and the skills of health professionals. The second component is the process which is all the ways in which health care and services are provided. The final component is the outcome of the care. Let's take a look at Canada, where I work. We have what is called an accreditation process. This process evaluates hospitals to see if they provide quality care. In Canada, accreditation mainly focuses on the process component of quality of care. It checks whether care is given in the right way at the right time in accordance with best-in-class national standards based on reliable evidence in light of the current state of medical science.



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- The process is the main component of accreditation in Canada but outcomes are also taken into account such as hospital-acquired infections, fall prevention and so on. However, one of the components of the Donabedian model is missing: the structure component is not included. As we saw, the structure component covers health care resources as well as the skills of health professionals. It would seem very important to invest in the skills of doctors and nurses as well as to increase their number in order to give patients more coordinated care which is not always the case now. There can be several health facilities involved such as hospitals or family medicine clinics which do not necessarily communicate patient information. If we then reduce the number of professionals in charge of patient follow-up quality of care will be directly affected. Another important point for quality of care is to not focus too much on caregivers i.e. to not point the finger at a certain person or position when medical errors happen. Instead, we must take a systemic approach i.e. act on the whole system to set up a culture of quality with processes that improve quality of care. In short, we must focus on processes and the way things are done, rather than targeting certain people. It has been proven that it is much more efficient to take a proactive approach to act on the system and how it works than a reactive approach to individual behavior. This does not mean we should not act on a case basis. There are still bad practices, and individuals still need reminders. Another way to improve quality of care is knowing how to properly measure it. There are many possible indicators but we must bear in mind that we have a lot of data available and that it is very important that we all use the same language and the same words when we discuss quality of care. For example, medical errors must mean the same thing for everyone. The final important point to improve quality of care is one we mentioned earlier: we must use reliable evidence meaning the most up-to-date information and the highest-quality data. This way, we base our actions in medical or nursing care on the most recent data from a scientific standpoint. What is important here is the role of health technology assessment bodies such as the French National Health Authority or the Quebec Institute for Excellence in Health and Social Services. These institutions produce systematic reports on very specific healthcare topics enabling us to see the current situation in that area. They also give recommendations on the use of certain technologies and the implementation of certain health care practices as well as what we can do to optimize current practices. This is the central element in quality of care: knowing what we do here, comparing it to what is done elsewhere and basing our actions on reliable data. Thank you.

