

Theoretical health care quality management basics

Terminology

- **Management - organization**
- **Market**
- **Marketing - a special approach to the management of the production and sale of goods and services in a market economy (to produce what the buyer is required)**
- **Medical service is merchandise**

Patient thinking algorithm

- - **Market relations**
- - **Pay (retribution) for the product**
- - **Increased requirements for quality of the goods**

Specific features of medical goods **(merchandise)**

- **1. intangibility;**
- **2. inseparability from producer;**
- **3. the impossibility to prepare for the future;**
- **4. no possibility of return;**
- **5. not consistent quality**

- *Terms of monopoly the public health system. Quality generally was reduced to the selective results of the medical records of patients, which completed the treatment*

The beginning of market relations in health care:

- **"The position of the new economic mechanism in public health 23 / 06.1989g."**
- **The introduction of additional sources of funding (economic agreements, paid services)**

- **28.06.1991g. The Law «On health insurance of citizens of the RSFSR»**
- **2.06.1993g. The law «On amendments and additions to the law on health insurance of citizens of the RSFSR»**
- **The law «On Mandatory Medical Insurance in the Russian Federation» (№326 FZ of 29.11.10, entered into force on 01.01.11)**

Characteristic features of the mandatory health insurance

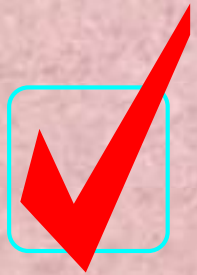
- 1. Universal, mass character;**
- 2. Guaranteed free minimum insured services;**
- 3. State guarantee the rights of the insured;**
- 4. Obligation to pay policyholders of insurance premiums;**
- 5. Creating the conditions to ensure the availability and quality of care;**
- 6. The stability of the financial system of CHI.**

The rights of citizens in the health insurance system

- 1. Free receipt of the entire territory of the Russia health care in medical organizations participating in the CHI system when the insured event;**
- 2. Free choice of health insurance company by submitting an application;**
- 3. Replacing the health insurance company once a year, not later than November 1, or more frequently when changing residence;**
- 4. The choice of medical organization within the territorial CHI program;**

The rights of citizens in the health insurance system

- 5. Choosing a doctor, by a declaration addressed to the head of the medical organization;**
- 6. Getting away from territorial fund health insurance, health insurance organizations and medical organizations of reliable information on the types, quality and conditions of the provision of medical care;**
- 7. Reimbursement of health insurance organizations and medical organization for damage caused due to non-performance or improper performance of its obligations on the provision of medical care;**
- 8. Protection of personal data in the field of CHI**
- 9. Protecting the rights and legitimate interests in CHI.**



- Quality - a set of properties and characteristics of the service that determine its ability to satisfy stated or implied requirements
- (ISO 8402 international and national standard GOST-15467)



- **Quality of medical care - characteristic reflecting the adequacy of medical technology selected to achieve the goals and abundance of professional standards**



The concept of care quality

**the quality of care is the degree
of conformity of the results of
the best projected**

- *WHO defines quality assurance program objectives as follows:*
- *«With its help every patient should receive a set of diagnostic and therapeutic support, which would lead to this patient for optimal health results. What matters is the level of medical science, age, illness, concomitant secondary diagnosis, response to treatment selection and other related factors.*
- *to achieve the result the minimum funds should be involved;*
- *the risk of further injury or disability as a result of the treatment should be minimal;*
- *the patient should receive maximum satisfaction from the process of care;*
- *the maximum should be the interaction with the patient's health care system, as well as the results obtained».*



High-quality medical care may not always be effective !!!



Quality can be considered as one of the factors affecting the efficiency.

Attempts to find an optimal list of "quality indicators" are doomed to failure without a comparison with the special standards.

Quality of care standard:

- 1. The optimal set of examination diagnostic methods;**
- 2. The optimum set of treatment procedures;**
- 3. The criteria to be achieved.**

*In order to provide quality health care should be created all the necessary conditions, so the focus should be on the **provision and management** of the quality health care.*



Conditions for the implementation of health care quality management model

- **1. Willingness of staff:**
- **A) Most employees know quality management model and evaluation criteria system;**
- **Б) most of the staff is ready for self-government;**
- **B) a high level of professional training**



Conditions for the implementation of health care quality management model

- **2. Administration willingness:**
- **A) administration knows how to manage quality;**
- **Б) quality management - the main purpose of the administration;**
- **B) the independence of the administration in making decisions on quality issues**



Conditions for the implementation of health care quality management model

- **3. The organization of medical-diagnostic process should be prepared:**
 - **A) Developed standards of care;**
 - **Б) Determine the quality indicators of the diagnostic and treatment process;**
 - **В) There are quality specialists in every department;**
 - **Г) High initial clinical effectiveness and cost-effectiveness of diagnostic and treatment process**



Conditions for the implementation of health care quality management model

- **4. Готовность материально-технической базы:**
 - **а) Оснащенность современным диагностическим оборудованием;**
 - **б) Наличие АСУ основным потоком медицинской документации;**
 - **в) Наличие высокотехнологичных методов лечения**

- *To ensure quality is to create all necessary conditions for high-quality medical care.*
(Yury Komarov, AV Korotkov, 1996).
- *Quality management includes assessing the quality assurance and quality control.*

«Measure all the measurable and do everything
to measure not measurable» Galileo Galilei

**You can effectively
manage only those
that can be reliably
measured**

4 features high-quality medical services:

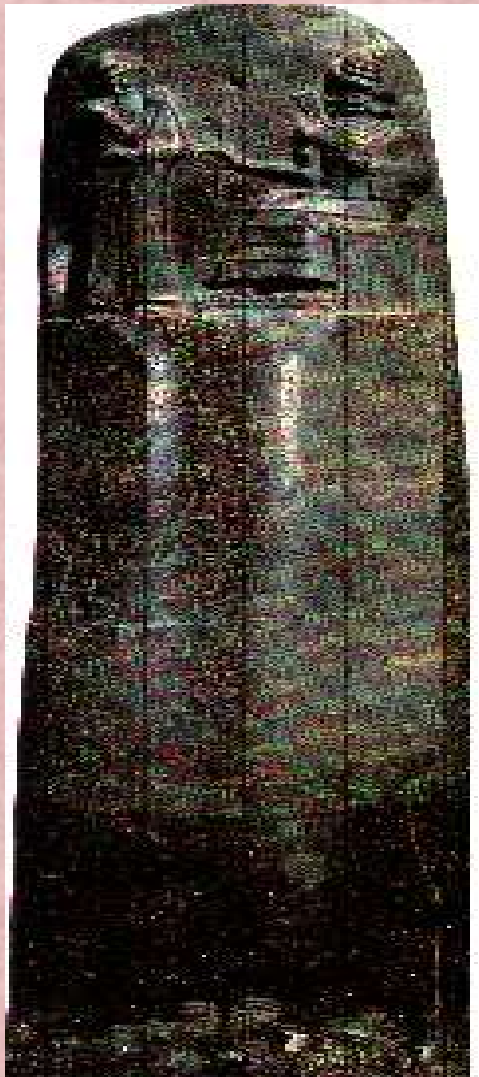
- **Safety**
- **Adequacy**
- **scientific, technical and professional level**
- **economy and efficiency**

- ***SAFETY***: *intervention should not lead to more serious consequences*
- ***ADEQVACY*** : *if providing medical services corresponds to the patient's needs .*
- ***SCIENTIFIC, TECHNICAL AND PROFESSIONAL LEVEL*** : *the level of material and technical, scientific, technological, human and resource support of medical activities.*
- ***ECONOMICALLY***: *with a limited amount of financial resources spent on health care, medical assistance should be provided so that the financial costs were implemented optimally.*

the problem of quality care evaluation (history)

- **Terms of care: the prototype of medical standards (of ancient manuscripts)**
- **"While healthy emperors physicians in good health. The death of the patient - the death of a doctor"
"(China)**
- **100 year of our era. Mandatory state exams in the specialty (China)**
- **1760. New York. Surgical intervention after licensing.1850г.**
- **England. State medical training standards.**
- **50-ies of XIX century. (USA). The Joint Commission for checking the hospitals. (R.Fetter, Y. Tompson)**
- **70s. Quality of care Concept, quality of care criteria**

Law Code of Hammurabi (1792 BC)



- «**Paragraph 218**» . If a physician make a large incision with the operating knife, and kill him, or open a tumor with the operating knife, and cut out the eye, his hands shall be cut off.
- 219. If a physician make a large incision in the slave of a freed man, and kill him, he shall replace the slave with another slave.
- 220. If he had opened a tumor with the operating knife, and put out his eye, he shall pay half his value.

the problem of quality care evaluation (Russian history)

- **1968. Note the need to develop reliable criteria for assessing the quality and efficiency of physicians and health care facilities (I.D.Bogatyreva)**
- **1968. General requirements for evaluating the system of health care facilities, the development of standards (B.A.Sadvokasova)**
- **28.06.1991. The Law «About health insurance of citizens of the RSFSR»**
- **24.10.1996g. Decree №363 / 77 MoH and Federal Compulsory Medical Insurance Fund “About control improving the quality of care to the Russian Federation population”**

Features of modern health care

- **The trend toward worsening health status;**
- **Not balanced system of funding;**
- **The system of state guarantees;**
- **Primary Health Care Priority;**
- **Quality of care problem;**
- **Formation of non-governmental health sector.**

Quality of health care management

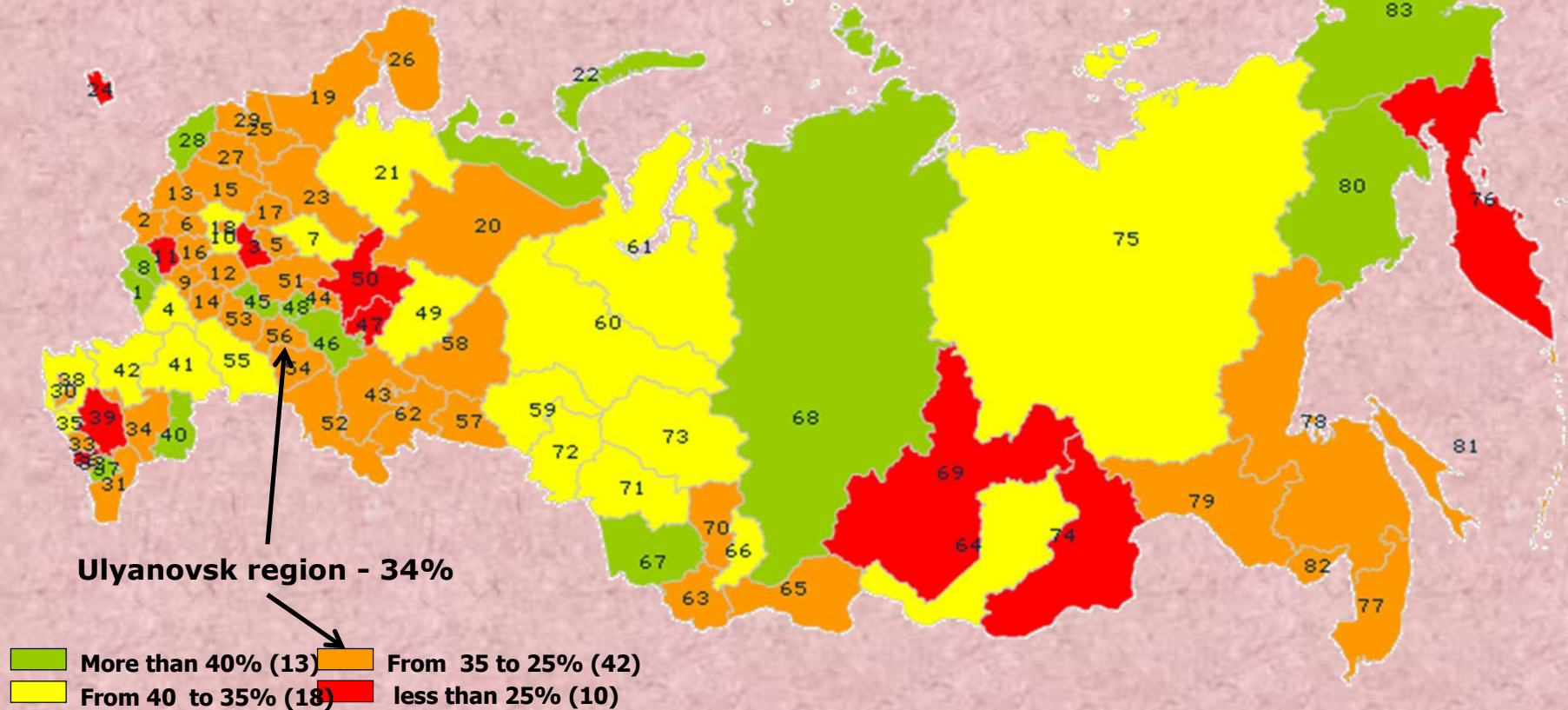
- «63.6% of recorded violations in health facilities is low availability and quality of care»

Stadchenko N.A.

Medical Bulletin №4-5,

February 17, 2014

Satisfaction of the population by quality of care



The main reasons for dissatisfaction with medical care

- Queues to the doctor clinic
- The disadvantage of the recording system to the doctor in the clinic
- The complexity of the recording to the narrow specialists

The total number of respondents - 2394 person

Data. Russian Public Opinion Research Center, October 2015

- The proportion of the population, which discontentedly rendered with medical aid - 65%

**The most appropriate to ensure
the quality of care is this
methodological scheme**

A.Doabedian.

Three approaches group for quality of
care:

- 1. Structural (Resource)**
- 2. Procedure (Technology)**
- 3. Result (based on efficiency)**

**Structural criteria – this is
prerequisites criterion–**

**potential available resources of
medical subject to carry out
its medical assistance goals**

- **In Russia, examination of structural indicators are produced by departments that deal with licensing and accreditation (The Federal Service on Surveillance in Healthcare).**

In assessing the **structure** are taken into account indicators:

Material and technical base

(building, logistical and engineering software)

- Medical equipment;
- 2. General purpose machinery (economic and organizational)
- 3. Personnel
 - Resourcing:
 - Medication and dressings (bandaging);
 - Medical instruments;
 - Soft inventory, etc.

- **The purpose of indicators structure examination is the comprehensive assessment of readiness medical institutions to conduct relevant activities.**

**Order of the RF Ministry of Health
№286 from 19.12.1994**

**From January 1995 to engage in
medical practice allowed a person
who received a medical degree and a
special rank (qualifications) of the
Russian Federation with a degree
and professional certificate. To
engage in certain activities
established by the Ministry of Health
of the Russian Federation - the
license.**

- **Graduate Certificate – a document confirming the existence of an adequate level of theoretical knowledge, practical skills and abilities necessary for independent medical activity.**

Indicators of resource provision is estimated by comparing

- the list of resources fund (according to the norms), reserves needed to provide medical care**
- the actual nomenclature of medical equipment,**
- medicines and other resources.**

The medical facility two aspects of technologies should be analyzed:

- 1. medical technology**
- 2. organizational technology**

Actually medical **technology** - a technology of the medical process.

Organizational (management)

technology - a technology associated with the organization of therapeutic and diagnostic process and management of the medical institution.

To assess the effectiveness, we
use:

- **Absolute indicators of effectiveness**
- **Relative indicators – indicators of efficiency (the ratio of production costs and achieved results)**

Groups of effectiveness indicators:

- 1. Medical (depends on lifestyle, ecology, economy, etc.);**
- 2. Economic**
 - Macro - economic loss prevented;**
 - The effectiveness of investment programs;**
 - The effectiveness of health care financing;**
 - The effectiveness of using funds.**
- 3. Social**
 - Microsocial (satisfaction with the quality of care);**
 - Macrosocial (mortality, fertility, life expectancy, etc.)**

Stages of implementation health care quality management system

- 1. Formation and adoption at the general meeting the quality management policy;
- 2. The second stage - the stage of the standardized control:
 - Development of standards for diagnostic and treatment process;
 - Development of quality examination cards;
- 3. Ensuring the quality of care stage:
 - - The introduction of quality indicators and monitoring processes;
 - - training personnel in quality management;
 - - correction of the quality policy;
- 4. Step of continuous quality improvement:
 - - a quarterly analysis;
 - - patient questionnaire;
 - - financial incentives;
 - - Staff training in the quality management

Quality indicators of the diagnostic and treatment process in hospital

- **The average hospital stay (days)**
- **The frequency of long hospitalizations (> 30 days)%**
- **Turnover beds (persons)**
- **The average hospital stay before surgery (day)**
- **The average hospital stay after surgery (day)**
- **Surgical activity (%)**
- **The overall incidence of hospital-acquired infections (in%)**
- **The frequency of nosocomial infections after surgery (%)**
- **The frequency of unscheduled returns to the operating room (%)**
- **The frequency of unplanned early regospitalizatsy (%)**
- **Transfer rate to other health facilities (%)**
- **Positive treatment outcome (%)**
- **Negative (non-fatal) treatment outcome (%)**
- **Hospital Activity (%)**
- **Postoperative mortality (%)**
- **The discrepancy between the pre- and intraoperative diagnosis (%)**
- **Complete patient satisfaction quality diagnostic and treatment process (%)**
- **The desire to be treated again in the same health facility (%)**

Quality management of diagnostic and treatment process. Policy Principles.

- **1. Continuous improvement of quality treatment and diagnostic process, taking into account the needs of patients;**
- **2. Involving all staff in the quality management of the diagnostic and treatment process;**
- **3. The gradual transition from the mass inspection surveillance to self-control and self-management quality;**
- **4. The leading role of the system approach in the management of quality diagnostic and treatment process;**
- **5. The measurement and statistical analysis the real indicators of the diagnostic and treatment process quality ;**
- **6. Broad support of the achievements in the field of quality by the leadership and providing guaranteed high-quality patient care**