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Overview of the quality assurance movement in health care

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This chapter aims to describe the origin and current status of quality assurance (QA) in health care and to provide a background of similar developments in other industries, which have provided a major impetus for QA initiatives in health care. The interest in quality and safety in the health care sector has rapidly risen over the past decade. Without important lessons learnt from other industries, the interest and obtained improvements would have been far less fast. Knowledge on basic principles and challenges faced by other industries like the airline, car, and nuclear energy industry, that drove quality improvement projects, is of major relevance to understand the evolutions taking place in health care. To fully appreciate the QA movement, and design or implement quality improvement projects, its basic principles need to be understood. This chapter aims to give insights in basic principles underlying QA, and to discuss historical lessons that have been learnt from other industries. Furthermore, it discusses how to implement and assure a sustainable QA program.

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Introduction

QA in health care – Where do we come from?

Quality improvement in medical practise has been sought ever since Hippocrates' school changed the way people looked at illnesses. Hippocrates was the first to describe and diagnose diseases in a systematic way and is generally referred to as the 'Father of Western Medicine' [1]. Ever since his

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ancient work, the medical world has gone through a series of changes that every time had significant impact on the way medicine was practised. Ultimately, this led to the culture of evidence-based medicine we live in nowadays, in which the medical world, supported by numerous other fields such as biochemistry, information technology, pharmacology, and medical technology, tries to find the optimal care for each individual patient [2]. All the efforts from these stakeholders in health care aim to achieve an identical goal: to ensure the highest quality of care for each patient, without losing societal aspects such as cost control, and accessibility of care, out of sight. Thereby, it becomes clear that quality is deeply embedded in the health care system. The risk of the ongoing evolution of medical practise initiated by all the involved sectors is that the patient focus is easily lost, and replaced by a focus on diagnostics and therapeutics. This is enhanced by continuous rapid technical developments. Thus, comprehensive QA is of paramount importance to achieve and guarantee excellent service for each patient with each provider.

QA in health care – Where do we stand?

Until recently, quality of care was hard to describe, measure, or report. A landmark in the quality movement in health care has been the publication of the Institute of Medicine's (IoM) report 'To err is human: building a safer health system' in 1999 [3]. Since the publication of this report, QA in health care has steadily become a top priority for health care providers. It was shown that up to 98,000 deaths per year occurred in the United States (US) because of medical errors, thereby being among the top 10 causes of deaths. Emphasising on medical errors, either human or systematic, an abundant amount of protocols, projects, and legislation have been studied and implemented since the IoM publication. Since then, specific outcome measures have been proposed as quality indicators for provided care. For example, the hospital standardised mortality ratio has been in use in England and The Netherlands since 1999 [4]. In the US, the Health Care Financing Administration (HCFA) has developed a set of quality indicators to assess the quality of care delivered to Medicare beneficiaries [5]. Many other institutions have made their own set of quality indicators. It has led to an huge number of quality initiatives and thereby, to a complete new field in health care research. A couple of months after the first report, the IoM released a second report, 'Crossing the quality chasm' [6]. Herein it was proposed that the necessary changes should be translated into six dimensions of health care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity [7].

All these six domains are a direct reflection of top priorities in other sectors, such as the airline industry, oil and gas industry, nuclear power industry, and car industry [8,9]. These industries have thus been used as exemplars for quality improvements in health care. Although obvious differences between those industries and the health care sector exist, ongoing lessons can be learnt from them. With help from the extensive experience in other sectors, the health care sector has taken a big step forward in the quality of care since the reports of the Institute of Medicine. Both safety and patient-centred care have been at the core of these developments. To fully appreciate the QA movement, and design or implement quality improvement projects, its basic principles need to be understood. This chapter will be far from a complete overview of all aspects concerned with QA in health care and other industries. It aims to give insights in basic principles underlying QA, and to discuss historical lessons that have been learnt from other industries. Furthermore, it discusses how to implement and assure a sustainable QA program.

Quality and safety

When talking about quality, one of the first things that comes to mind is safety, which has been the core driver in many industries for quality improvement projects. Some of these industries are now regarded as very safe, amongst others because of a change in culture from solely aimed at economic profit to a system which embed and embrace safety protocols and challenges itself (Fig. 1). Besides safety, customer-service has been a top priority since decades in various industries, especially in the airline industry. As a bad reputation in customer-service directly influences the financial status of airline companies, many action plans have taken place to ensure a client-centred approach. Customer-service in health care may be translated to patient-centeredness. Since several years, patient

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