

Essence and features of estimation of medical care quality to the population. Forming of quality standards of different types of medical care.

Lecture 3

The management efficiency of establishment's activity of health care services at the present stage of development of the system of health care services is defined not only by indicators of their work volume, but also quality of the rendered medical care. Therefore the quality of medical care is considered a criterion of system of health care services activity from the separate MPE to the MPH of Ukraine.

Quality standards

NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

Quality standards

Quality standards cover a broad range of topics (healthcare, social care and public health) and are relevant to a variety of different audiences, which will vary across the topics. Audiences will include commissioners of health, public health and social care; staff working in primary care and local authorities; social care provider organisations; public health staff; people working in hospitals; people working in the community and the users of services and their carers

Main principles of the medical care quality for population

Quality – complex of characteristics of the object, that satisfy in some level specific needs of the subject.

Quality – complex of characteristics, signs of products, services, jobs, labour, that stipulates their possibility to satisfy needs and requests of people, corresponds with their roles and demands.

Quality is defined as responsiveness of products, jobs, services to standards, demands, agreements, contracts, needs and requests of consumers. Is distinguished quality of products jobs labour

Can Quality of Care be Defined?

"Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge“.

This definition has been widely accepted and has proven to be a robust and useful reference in the formulation of practical approaches to quality assessment and improvement (Blumenthal, 1996).

Quality of medical care

complex of characteristics which confirm correspondence of the secured medical care to patient (population) requirements, to its expectations, modern level of medical science and technology.

Quality of medical care is process of interaction of the doctor and the patient, based on qualification of the doctor, ability to reduce risk of diseases progress at the patient and occurrence of new pathological process, optimal use of medical resources and to provide satisfaction of the patient with the medical care.

Quality of medical care

The whole spectrum of properties described the process of care referred quality of medical care (QMC)

According to the procedure control, quality of medical care is property of the process of securing medical care that characterizes the state of following its essential characteristics:

- selection and implementation of medical technologies;
- the risk of progression of the disease, which is in the patient and the risk of new pathological

To measure the accuracy of fulfillment by doctor of medical technology of treatment it should be compared his actions with norms (standards of diagnosis, treatment and prevention, rehabilitation standards).

Quality of medical services

is multicomponent concept including following components:

- effectiveness – correlation rate between actual influence of service or the program within the limits of current system and maximum action with which this service or the program can provide in perfect conditions,
- efficiency – correlation rate between actual influence of service or the program and its costs,
- adequacy – correlation rate of actual service to requirements of the population,

Quality of medical services

- satisfaction of consumers and suppliers of medical care – degree of satisfaction of consumers of medical care to its final result, and suppliers of medical care – working conditions),
- availability – possibility of reception by the consumer of the care necessary for it during corresponding time both in a certain place and in a sufficient volume at optimum expenses. This parameter is bound to concept «adequacy of service» and can be included to it,
- continuity – treatment of the patient with

Quality assessment

-definition of an actual degree of quality of goods or service.

In health care services it is necessary to secure or control quality:

- medical establishments;
- experts (quality of medical workers is defined by system of medical education, attestation and certification of experts, creation of economic stimulus of highly qualifying and qualitative work).

At carrying out of expert assessments the primary registration medical documentation (*outpatient card, medical history, child development history, etc.*) is analyzed.

As **object** of examination can act and work of separate health services of the MPE and work of all health service as a whole in a certain territory.

The **subject** of examination is the doctor who has high level of a professional knowledge.

Opinions of experts gather by group or individual interrogation, interview, an analytical expert assessment, an inquiry or questioning (oral or written, eye or correspondence).

At individual interrogation high demands are made to the expert.

The group examination is used for decision of complicated questions.

The expert assessment

– is a statistical method, and in its use adheres to classical principles of a statistical research. The technology of expert process, irrespective of an examination kind, unique, also has the following sequence:

- Making the expert contract.
- Formulation of expert problems.
- Definition of members of expert group.
- Forming of expert sample.
- Assignment to experts the additional information.
- Meta-analyze (if necessary).

The quality monitoring system

The quality monitoring system includes series of steps of control:

The first step of the control – the chief of the structural division of the out-patient department or the hospital estimates quality of the medical care given by the separate doctor to patients which have finished treatment in the out-patient department (not less than 30% of patients) and in a hospital (all patients).

The second step of the control

– the head physician assistant from medical work of the MPE, responsible for the out-patient department or the hospital work, using basic registration documents, spend the daily expert assessment not less than 10% of patients treated in the out-patient department, and not less than 20% of persons which have finished treatment in the hospital.

- ***The third step of the control*** – the expert commission of the MPE estimates quality of work of divisions monthly.
- ***The fourth step of the control*** – the expert commission of the city department (administration) of health care (or at TMU) value quality of every MPE activity quarterly.
- ***The fifth step of the control*** – the expert commission of the regional department (administration) of health care value TMU and regional MPE activity quarterly.

Types of approaches to quality control

It is expedient to distinguish 3 types of approaches to quality control in health care services:

- carrying out of expert assessments (processing of quality standards of treatment, calculation level of treatment quality (LTQ), MFR, integrated effectiveness rate);
- accreditation;
- licensing.

Standard of treatment quality (STQ)

Standard of treatment quality (STQ) is a list of optimal and necessary at some disease laboratory-instrumental examinations, basic medical measures, reviews of sick patients by other experts that should be made at their treatment and thus reach criteria of recover. STQ is developed for the medical establishment, for the doctor and it is developed for everyone MPE.

Proceeding from modern requirements, in our country are developed "Temporary sectoral unified standards for medical technologies of the medical-diagnostic process in the hospital care for adult population in Ukraine".

According to principles of the organization of the public health services, accepted by the World medical assembly (in 1983), quality check, cost and an order of securing medicinal services should be based in a greater degree on local or regional standards, but in that case it will be a self-rating.

The purpose of working out and introduction of **the State unified standards** of medical technologies of the stationary care consists in maintenance to the patient of the guaranteed level of medical care.

For a basis of its formation it is offered to accept concrete diagnoses. Standards of medical technologies are the list of medical-diagnostic procedures guaranteed to the patient and level of demands to their quality and treatment outcome.

Quality standards establish demands to quality of treatment (on finished cases) in an out-patient department and hospital, and also to quality of a dispensary observation.

The quality standard for each clinical-statistical group contains minimum necessary volume of medical and diagnostic procedures and manipulations which each patient should receive, and also concrete demands to which should correspond condition of the patient which has finished treatment

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritized set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers the diagnosis and management of acute coronary syndromes (including myocardial infarction) in adults aged 18

Quality standard

Quality standard is developed:

- for every stationary medical-statistical group (SMSG), which is at the same time group's unit of mutual settlements at medical insurance;
- for every nosology form with consideration seriously level of concomitant diseases (at treatment in polyclinic).

This establishes clear demands that consumers can show to suppliers.

System of quality control foresees assessment of final results at all levels of securing medical care:

Nosology form	Examinations	Examined by specialists	Main treatment measures	Criteria of recovery
Acute bronchitis	CBC; UA; Lungs roentgenography; phlegm analyzes on T.B.; on microbe flora and sensitivity to antibiotics; Spirogram	Otolaryngologist	Althaea officinalis; Bromhexine; Sulfonamides Bronchial spasmolytic (Aminophylline) Physiotherapy, inductometry on chest; Inhalation with herbals, potassium	Decreasing of intoxication and cough; Normalization of physical condition

The level of treatment quality

Quality of treatment work of patient is assessment by the level of treatment quality (LTQ) – index that give assessment of the medical-treatment process with consideration of result and define achieved level of quality standard of treatment.

Analyzing LTQ of several patients it is possible to define quality level of treatment work of some physician.