



Insights of Medical Quality and Quality of Care

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DESCRIPTION

Medical quality measurements typically focus on structures or processes of care that have a demonstrated relationship to positive health outcomes and are under the control of the health care system. Technically, Agency for Health Research and Quality (AHRQ) defines a quality measure as a mechanism to assign a quantity to quality of care by comparison to a criterion. Health care quality measurement for children is the process of using a scientifically sound tool to assess the extent to which children are receiving quality health care in any of "Quality measures" can be used to evaluate a:

- Managed care organization (MCO).
- Health plan or program.
- Hospital.
- Health care practitioner.

To use quality measurement, there needs to be a responsible entity that:

- Can be identified.
- Is held accountable for its observed behavior.
- Has a reasonable degree of control over the aspect of care being evaluated.

The term "measurement" implies that the approach being used is:

- Rigorous.
- Systematic.
- Can be quantified.

The results of health quality measurements explain the level of activity observed (vaccination rate, parental referral satisfaction), but do not explain why that level is so. The results cannot indicate the factors that are responsible for the difference in measured quality levels. Established standard of care exists in several areas of health care and services. It is thus possible, in

these areas, to say that a rate is "high" or "low" or that a quality problem does or does not exist. However, no well-established standards exist about the appropriate number of emergency room visits for children with asthma. Because emergency room visits for such children theoretically can be eliminated with appropriate ambulatory care, lower rates are considered "better" than higher ones. However, there is no scientific basis for saying that a given rate is "too high" or "too low." Thus, a given rate may or may not indicate the presence of a quality problem. Quality improvement is the framework used to systematically improve care. Quality improvement aims to standardize processes and structures, reduce variability, achieve predictable results, and improve patient, medical system, and tissue results. Structure includes technology, culture, leadership, physical capital and more. The process includes knowledge capital (eg standard operational procedures) or human capital (eg education and training). Health providers gain insights and improve results through benchmarking quality indicators. Benchmarks can identify nursing best practices. Analyzing changes in quality indicators can identify research opportunities that enhance the expertise that will impact the development of future best practices. Similarly, quality measurement benchmarks can be used to closely track the progress of quality improvements. A quality measurement is a tool for making "good decisions" and is defined as a decision that is likely to give good results and is unlikely to produce negative results that are not expected or understood. Patients and their families use quality indicators to select the best clinicians. Health providers use quality metrics to assess their performance. Selections and choices based on sound quality measurements increase the likelihood of desirable health results. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes.

It is based on evidence based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services.

Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

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- Effective: providing evidence-based healthcare services to those who need them.
- Safe: avoiding harm to people for whom the care is intended; and
- People centred: providing care that responds to individual preferences, needs, and values. To realize the benefits of quality health care, health services must be:
- Timely: reducing waiting times and sometimes harmful delays.
- Equitable: providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socioeconomic status.
- Integrated: providing care that makes available the full range of health services throughout the life course.
- Efficient: maximizing the benefit of available resources and avoiding waste. Everyone is worth the proper care anywhere in

the community. This is the basic premise of primary health care. Primary Health Care (PHC) covers most of a person's health needs throughout life. This includes physical, mental and social well-being and is human-centric rather than illness-centric. PHC is a society-wide approach that includes health promotion, disease prevention, treatment, rehabilitation, and palliative care. The primary health care approach has three components:

- Meet people's health needs throughout their lives.
- Address broader health determinants through cross-sectoral policies and actions.
- Empower individuals, families, and communities to take responsibility for their health. By providing community care and community care, PHC addresses a wider range of issues, not only individual and family health needs, but also public health and defined group needs.