Quality of Patients Care in Hospital Setting: A Critical Analysis

Raj Sinha
Paras HMRI Hospital, Patna

Abstract

CQI is a constant and conscious effort to raise the standard of practice in all areas and process of the Hospital and sustain it forever. It helps stake holders, Patients, Hospital Staff, Health Insurance empanelment and other third parties by establishing high quality of patient care and safety which boost patient satisfaction level. Secondly, continuous learning, good working environment, leadership and above all ownership of clinical processes help healthcare staff to increase their knowledge of this vast industry. In brief, it provides an environment which assures safety of patients / clients, staff and the public within a framework of continuously improving quality of care. The purpose of CQI programs is to improve health care by identifying problems, implementing and monitoring corrective action and study its effectiveness.

Quality Assurance allocate adequate resources for assessing and improving the organization's governance, managerial, clinical, and support processes, by assigning personnel, as needed, to participate in Quality activities. It provides adequate time for personnel to participate in Quality improvement activities that create and maintain information systems and appropriate data management processes to support data collection, management, and analysis. To facilitate ongoing improvement in Quality, hospital staffs get training on regular basis in various methods of Quality improvement.

Keywords: Health, Quality Assurance, Patient care, Safety, Management

Introduction: NABH help any hospitals to deliver organizational goals of Medical Excellence by providing uniform patient treatment and care by using evidence based medicine and excellence in clinical outcomes.

According to WHO "The extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred."

- Safe: To deliver health care that minimizes risks and harm to patients which avoid preventable injuries and to reduce medical errors.

- Effective: Providing services based on scientific knowledge and evidence-based guidelines. To avoid underuse, overuse, and misuse of medicine.

- Timely: To reduce delays in providing and receiving health care that can be harmful.

- Efficient. To deliver health care in a manner that maximizes resource use and avoids waste.

- Equitable: To provide equal health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.

- <u>People-centered</u>: Providing care that takes into account the preferences and aspirations of patient service and the culture of their community.

Most hospital adopt an approach to Quality improvement that includes planning the process for improvement, setting priorities for improvement, assessing Quality systematically, implementing improvement activities based on assessment, and maintaining achieved improvements. There are various tools used for Quality Improvement in hospitals which are as follows:

- CQI : Continuous Quality Improvement – National Accreditation Board for Hospitals and Health Care Providers (NABH)
- FADE (Focus, Analyze, Develop, Execute & Evaluate)
- PDSA (Plan, Do, Study, Act)
- Six Sigma (Define, Measure, Analyze, Improve, Control)
- TQM: Total Quality Management.

It helps health care to ensure '**Quality Assurance**' system by proper Risk Management System Patient Care. QA is a range of activities: - Review, Evaluation, Surveillance, appraisal and monitoring which collectively comprise the intelligence gathering.

- Review: Process of critical reflection used by clinicians wishing to assess their own or peers performance
- Audit: Is the activity of review when conducted on a continuous and routine basis.
- Evaluation: Is one-off assessment of the impact of a service on indices of health
- Surveillance: Is routinely repeated evaluation
- Appraisal: Is ad-hoc data collection and analysis by management in relation to health care delivery
- Monitoring: Ongoing Performance
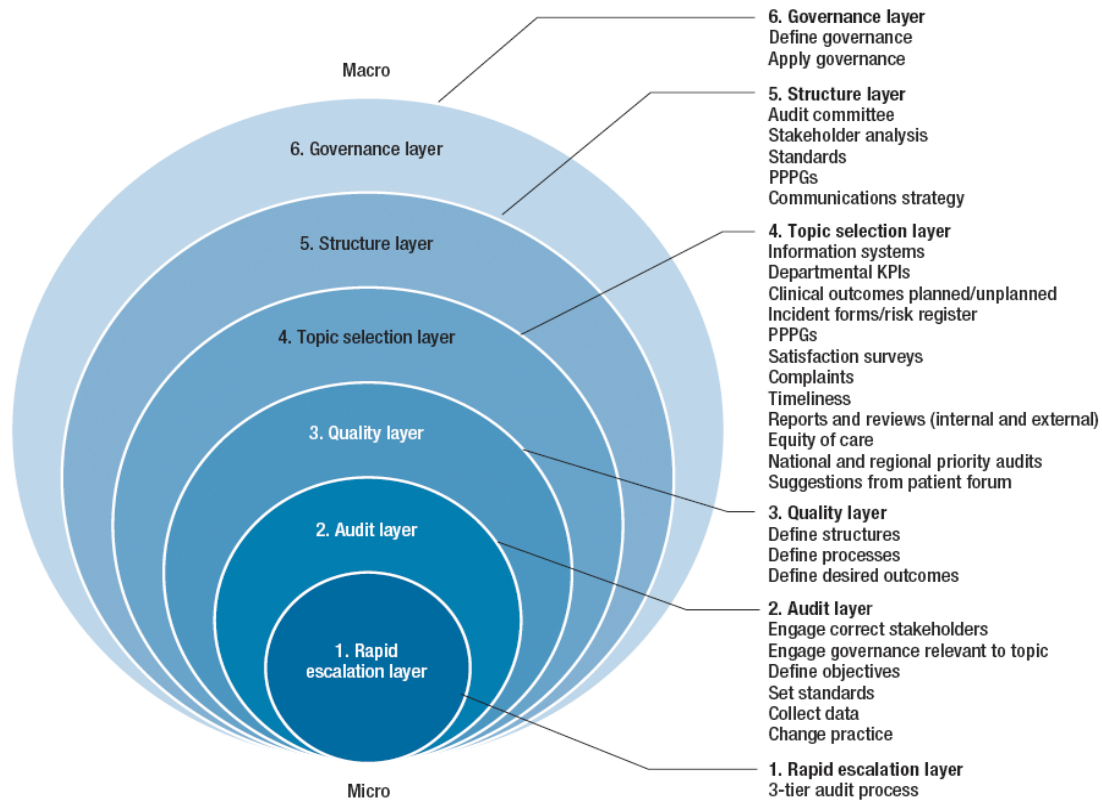
Fig 1.1: Quality Assurance in Hospital.

Model design ranges from a narrow focus on specific care interventions and adverse events to strategies for evaluating the full impact of care on patients and costs.
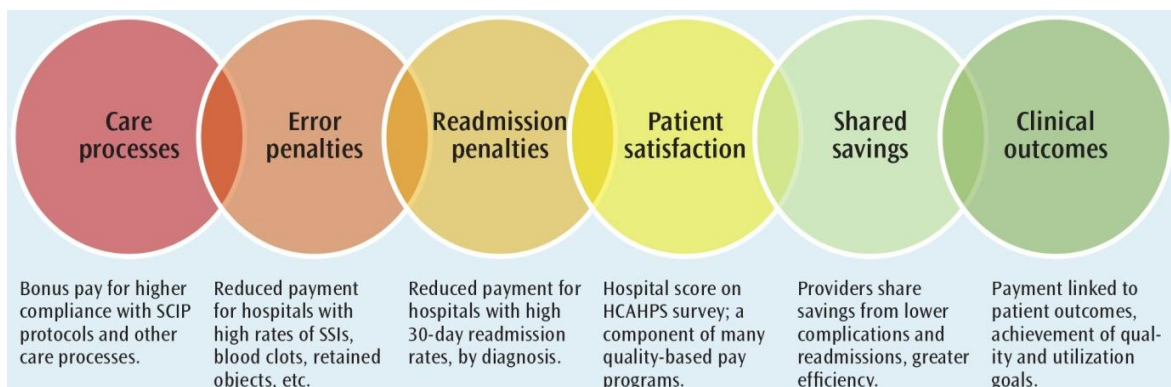
Fig 1.2: Different strategies for identifying and measuring Quality Care.

Objective of the Study

The main goal of Quality Assurance and Continuous Monitoring is on patient safety and quality of care and to promote the patient / client-centred organization and delivery of service by providing a framework for quality assurance and quality improvement. This article guide the hospital various departments for the Assessment, Re-assessment and surveillance program with the aim of Transparency, Leadership, Quality Improvement, Evidence-Based & Outcome focused results. Correctional facility uses a structured process to find areas in the

health care delivery system that need improvement, and that when such areas are found, staff develop and implement strategies for improvement.

Critical Analysis

Some of the ways to ensure the uniform patient quality care processes within the healthcare industry to measure, assess, and improve Quality are listed below:

- Continuous Quality Improvement
- Responsibility Of Management
- Facility Management & Safety
- Human Resource Management
- Information Management System

Continuous Quality Improvement

Types of Incident

- **Near Miss:** It is when an occurrence or combination of circumstances did not result in actual harm, loss or damage, but had the potential to cause loss or harm.
  - Eg: Patient fall, Medication Error
- **Adverse Event:** Is when an occurrence results in actual harm, loss or damage.
  - Eg: Patient identification Error, needle left inside Port-A-Cath
- **Sentinel Events:** When an unexpected incident, related to system or process deficiencies lead to death or major and enduring loss of function for a recipient of Healthcare Services then this type of events occur.
- **Incident Reporting:** It is the duty of all doctors, nurses and paramedics to report any incidence noticed during patient care. These incidents are always analysed for improvements. The prime objective is to ensure that the risks of the event / near miss occurring again are minimized by: Need to initiate short-term & long term remedial action and need for the development/change in a policy/procedure/protocol Training/retraining requirement of staff members.

Patient Feedback: It is the measurement (Quantitative & Qualitative) of satisfaction level of patients view & opinion of the care they have experienced in the hospital. These kinds of facility improve quality of hospital service on continuous manner. The patient feedback can be gathered in variety of ways such as surveys, audits, comments and complaints.

Responsibility of Management

Patient Safety Aspects: The organization will take care of Patients safety, their attendants, employees and organizational infrastructure through Safety Management Plan, which describe the policies and processes to minimize safety risks of patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information. This responsibility lies with Management / Medical Admin / Safety committee / Safety officer / GM Operations / Quality.

Risk management: Is the clinical and administrative activities to identify, evaluate, control and reduce the risk of injury. The hospital strives to ensure that accidents, incidents and near misses are identified, reported and action taken to provide the safety and security of all staffs, patients, visitors and other users of the hospital.

Ethics: The policy defines the **Code of Ethics** given by **Medical Council of India** to provide a medical governance framework for quality care & its periodic evaluation for Continuous improvement applicable to Hospital. Medical ethics is the discipline of evaluating the merits, risks, and social concerns of activities in the field of medicine. A group of personnel is

appointed by the hospital Management for governance of hospital policies & procedures. Ethics committee Agenda is Clinical trials - Status & Approvals. Responsibility lies with Medical Director / Clinical Research team / Medical superintendent / Higher Authority (As per the committee member list) .Key formats include:

- Ethics committee TOR (Available with Clinical research coordinator)
- Signage's
- Hospital forms / formats / Policies
- Estimate form

Legislations, Regulations & notifications: The Management (Unit Head / Medical Director / Medical Superintendent / Asst. Manager Administration / CSO) shall be aware of laws and regulations applicable and also knows its applicability to the hospital.

Facility Management & Safety

Disaster Management Plan: Aims to:

- Prepare to manage a disaster situation by temporarily enhancing operational capacity.
- Effectively treat the greatest no. of people through efficient & systematic triage.
- Efficient integration, use of available staff, equipment and thereby handling all additional tasks in orderly manner
- To treat patients based on the rules of individual medicine.
- To ensure that a disaster situation does not disrupt the management of hospital patients.
- To support the holding area by means of medical consultation, medicaments, infusions, dressing material and any other necessary medical equipment.

Fire Safety: A fire safety plan is useful tool as fire fighters can locate and avoid potential dangers such as hazardous material (hazmat) storage areas and flammable chemicals. To prevent the fire from outburst <u>Fire extinguishers</u> of appropriate sizes and types (ABC) are provided throughout the hospital in every floor of the hospital which indicates the exact location of the **fire exits.** The procedure for use of any fire extinguisher is:

PASS (P: - Pull Pin (from handles) **A**: - Aim at base of fire **S:** - Squeeze handles **S: -** Sweep nozzle or hose from side to side)

In *Emergency* Evacuation RACE procedure is followed:

RACE (R:- Rescue **A:-** Alarm **C:-** Contain **E:-** Extinguish/Evacuate)

Type	CLASS A Combustible materials (e.g. paper & wood)	CLASS B Flammable liquids (e.g. paint & petrol)	CLASS C Flammable gases (e.g. butane and methane)	CLASS D Flammable metals (e.g. lithium & potassium)	Electrical Electrical equipment (e.g. computers & generators)	CLASS F Deep fat fryers (e.g. chip pans)	Comments
Water	✔	✘	✘	✘	✘	✘	Do not use on liquid or electric fires
Foam	✔	✔	✘	✘	✘	✘	Not suited to domestic use
Dry Powder	✔	✔	✔	✔	✔	✘	Can be used safely up to 1000 volts
CO2	✘	✔	✘	✘	✔	✘	Safe on both high and low voltage
Wet Chemical	✔	✘	✘	✘	✘	✔	Use on extremely high temperatures

Table 1.1: Fire Extinguisher Type

Hospital Emergency Codes: Following are the different hospital codes, which are mainly used in premises to prevent panic among patients & visitors. The following codes are mostly understood by hospital medical and non medical staff.

Code	Situation
Red	Fire
Blue	Cardiac Arrest
Yellow	External disaster
Orange	Spill Management
Pink	Child/Patient Abduction
Violet	Patient/Attendant Violation
Black	Bomb Threat

Table 1.2: Hospital Emergency Code

Human Resource Management

Grievance Policy: Most hospital established a formal complaint and Grievance Redressal policy and process for employees, permitting them to have their complaints and grievances heard at various levels within hospital. The objective is to provide employees with clear guidelines and easily accessible mechanism for settlement of their individual Grievances.

Training and Development: Purpose is to enhance employees all permanent and contractual for their skills, improving knowledge and bringing about an overall improvement in their work performance. The underline training mode can be Class room training, Formal apprenticeship & mentoring programs, Guided self study, Onsite training / work station training, Professional conferences / seminars / CME's, etc.

Following Records are documented by Head – HR / management / Quality / Departmental Heads:

- Training Calendar
- Training Attendance sheet

- Training Evaluation Record
- Training Passport
- Training Feedback Sheet

Resignation Policy: To ensure smooth & timely clearance of resigned employees with the following resignation process:

- Receipt of Resignation Letter
- Acceptance of Resignation
- Clearance Process
- Experience letter

Records and documents:-Resignation letter, Exist Interview sheet, Experience letter & Clearance form are responsibility of HR / Management / Departmental Heads / Employees.

Appraisal: It is the process of Head HR / Management / Departmental Heads to evaluate the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, growth potential as well as to determine training needs. Appraisal form is submitted to the HR and after evaluation Increment letter is handed over to staff.

Information Management System

Medical record Documentation: The purpose is to ensure that the hospital maintain complete & accurate medical record for every patient to facilitates communication, coordination, continuity of care & treatment in a safe environment. This also prevents unauthorized changes in the patient file. This responsibility is of In-charge in MRD. Confidentiality and integrity of the record are maintained by strict password protection in HMIS Module, page numbering, authorized user and patient consent is must if information is used for research purpose.

Access to the medical record: Restricted to only those individuals who have a legitimate need to know for use in the normal course of business and who provide a valid ID badge and/or appropriate documentation to access the information. Records may be checked out by requestors from the following areas for patient purposes:- Research purposes , Medical Staff committees , MLC / Legal cases and Medical Audits

Colour Codification is used for different kinds of patient admitted for easy retrieval of documented file for certain retention period which are as below:

Colour	Cases	File Retention Period
Light Green	Normal	3 years
Red	MLC	Always. Excel Sheet should be maintained for further reference in future
Dark Blue	TPA	
Yellow	Death	

Table 1.3: Admitted patient file colour codification

Protection of Medical Records: By placing fire fighter equipment, mouse trap, PCI and at entry door "Restricted Area" should be posted.

Destruction Of Medical Record: In presence of authorized committee after notification in national newspaper.

Audit of Medical Records: An authorized MRD Audit Committee (MS / Head - Quality/ Nominated physicians) audit the Records on periodic basis, timeliness, legibility and

completeness. Audit Reports are shared with concerned & necessary corrective actions are taken to address gaps if any.

Audit Sample Size	Percentage
IPD Files (Normal)	5.00%
Surgery cases	5.00%
TPA	100%
Death & MLC cases	100.00%

Table 1.4: Audit Sample Size

Disciplinary Action is taken in form of termination or suspension from their job that violates the rules of MRD. Any change required is done in presence of MS in demographics of the patient admitted or seen in the IPD requires an **affidavit** on a stamp paper duly notarized and or supported by Identity proof (Passport, Voter card, pan card, etc). The person making a change should sign on the correction made along with signature of approval authority

Conclusion

Continuous quality improvement, or CQI, is a management philosophy that organizations use to reduce waste, increase efficiency, and increase satisfaction level of employees and patients. It is an ongoing process that evaluates how an organization works and ways to improve its processes. The three key Question asked during CQI process are:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we made that can result in an improvement?

The above Question can be addresses with the help of Plan-Do-Study-Act-Cycle.

In short, Continuous Quality monitoring system provides access to reliable and certified information on facilities, infrastructure and level of care. Some of the points which are discussed above in relation to CQI and QA are:

➢ Continuous Quality Improvement: Patient Identification, Sentinel Events, Incident Reporting, Patient Feedback, Clinical Audits, Patient Safety Programme, Validation & Analysis of Quality Indicators

➢ Responsibility Of Management: Patient Safety Aspect & Risk Management, Management of Affairs, Ethics, Legislations, Regulations & Notifications, Responsible for Governance:- Vision, Mission and Quality Policy

➢ Facility Management & Safety: Safety Manual Fire Safety, Condemnation Hospital, Emergency Codes, Disaster Management Plan Installation & Calibration, Breakdown Management & Preventive Maintenance

➢ Human Resource Management: Credentialing & Privilege Appraisal, Grievance Policy, Employee Health, Training & Development, HR Planning, Discipline, Safety Aspects, Resignation Policy & Personal Information

> Information Management System: Medical Record Documentation, Retention of Records, Review of Medical Records, Management of Data, Information Needs & Information Technology

Quality in the healthcare context is a collaborative effort that involves the patient, the independent physician, the patient's family, and the community as a whole. The care the patient needs when the patient needs it, in an affordable, safe and most effective manner.

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