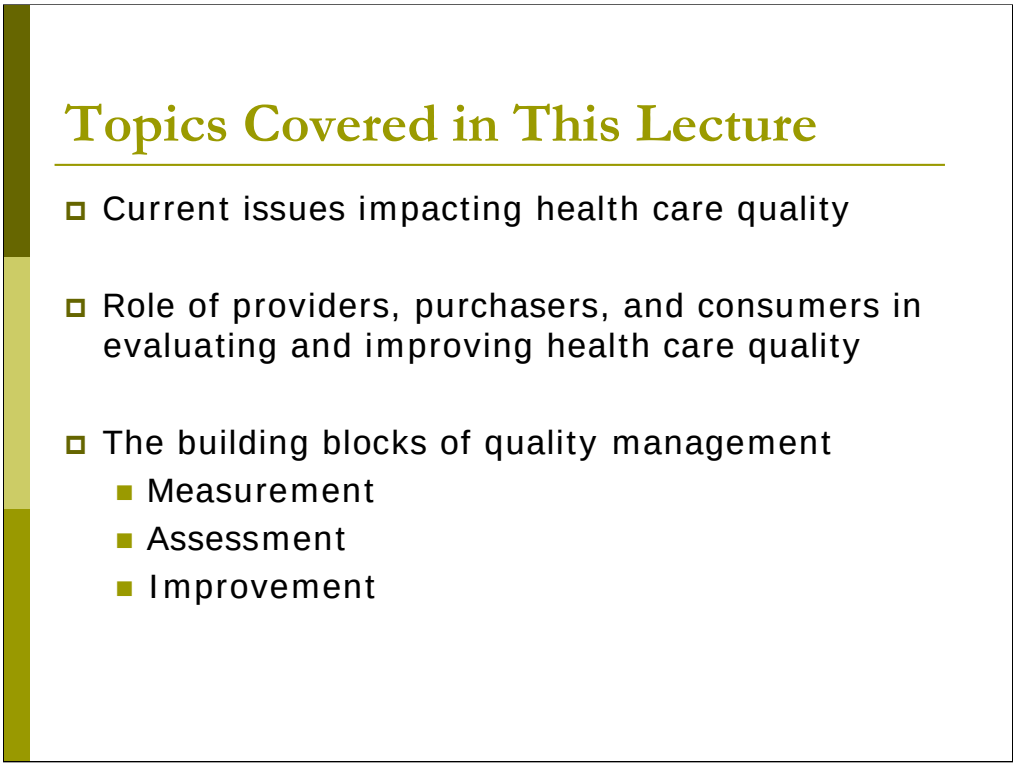
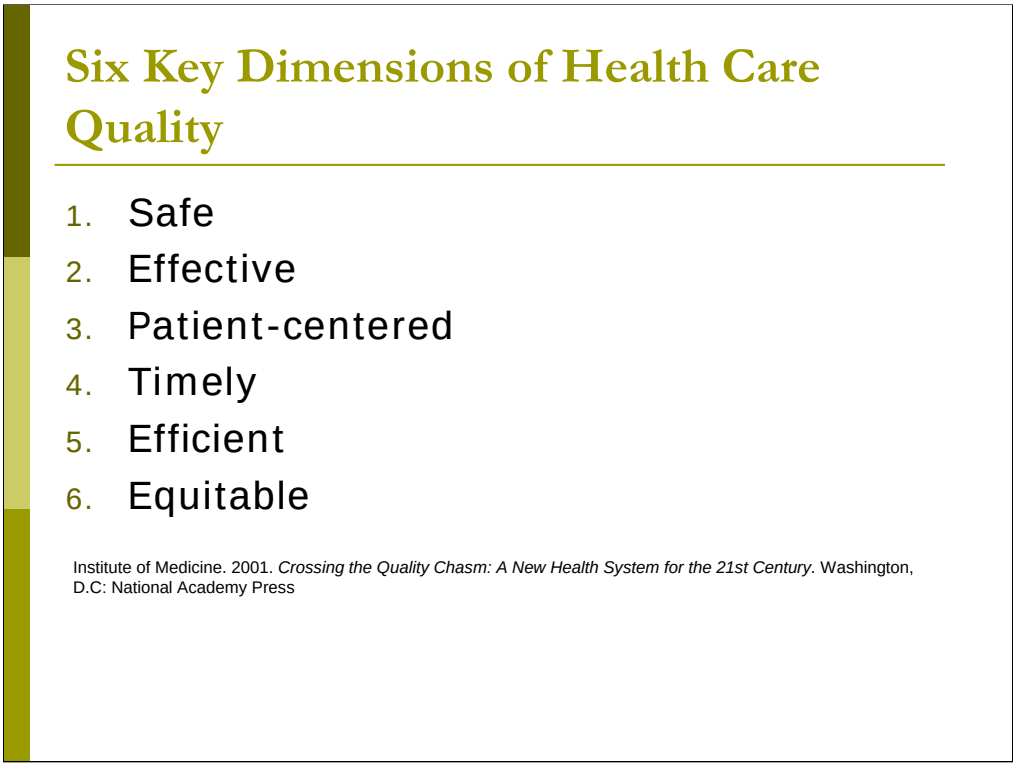
Quality Management in Health Care

BIG PICTURE AND BUILDING BLOCKS



The quality of health care services is an increasing important topic for American consumers and the issues impacting quality are constantly changing. In this lecture I'll cover some of these topics and discuss the role of three important stakeholders in health care quality: providers, purchasers, and consumers.

Health care quality management can sometimes seem confusing, however this is mostly because of the terminology. Quality management is actually quite simple. The basic building blocks are: performance measurement, performance assessment and performance improvement. I'll be sharing with you an example of how these building blocks are used to improve processes.



The Institute of Medicine (IOM) further refined their definition of health care quality in their 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century.* The IOM's the Committee on Quality of Health Care in America identified six key dimensions of health care quality:

•*Health care should be Safe* – unintended patient injuries should be avoided.

•*Health care should be Effective* – based on scientific knowledge, service should be provided to all who could benefit. Services should not be provided to people who are not likely to benefit. We should avoid under use of services as well as overuse.

•*Health care should be Patient-centered* – this means providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

•*Health care should be Timely* – we should reduce waits and sometimes harmful delays for those who receive care.

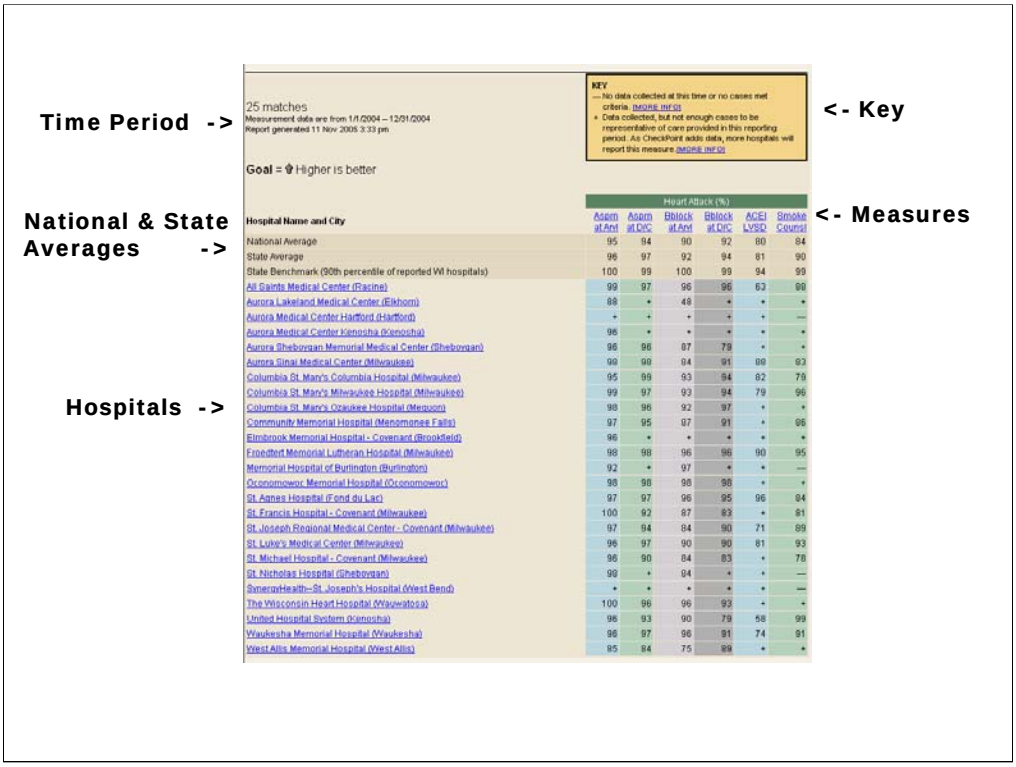
•*Health care should be Efficient* – we should avoid waste, including waste of equipment, supplies, ideas, and energy.

•*And lastly, health care should be Equitable* – this means that health care should not vary in quality because of a patient's personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

In the report, the Committee recommended several changes that are needed to realize substantial improvements in the health care system.

How best to define and measure health care quality and what constitutes an acceptable level of quality remains a somewhat elusive concept. However, most everyone agrees that the quality of health care services could be improved. Think about your most recent health care encounter. What aspects of the care or service were you pleased with? What could have been done better?

Big Picture and Building Blocks



This is a comparative report showing all the hospitals in the south-eastern part of Wisconsin. The performance measures shown on this report relate to how the hospitals are managing patients with a heart attack (or acute myocardial infarction). The time period for the results is the calendar year 2004.

You see the measures listed across the top, in the far right columns. These are abbreviated so they may be a bit hard to read. Let me describe each measure:

•Aspirin at arrival – Percent of heart attack patients that receive an aspirin within 24 hours before or after arriving at the hospital

•Aspirin at discharge – Percent of heart attack patients that are prescribed an aspirin when they are discharged from the hospital

•Beta-blocker at arrival – Percent of heart attack patients that receive a beta blocker medication within 24 hours of arrival at the hospital

•Beta-blocker at discharge – Percent of heart attack patients that are prescribed a beta-blocker medication when they are discharged from the hospital

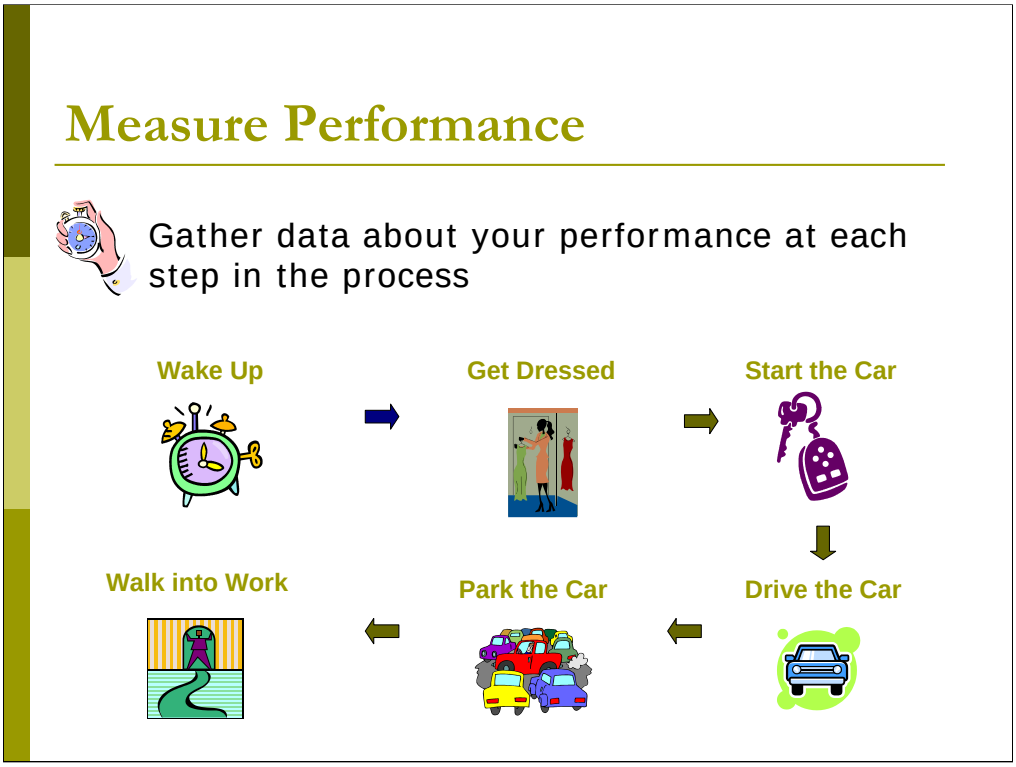
•ACE Inhibitor for Left Ventricular Systolic Dysfunction (LVSD) – Percent of heart attack patients with low heart function that are prescribed an ACE inhibitor medication when they are discharged from the hospital

•Smoking Cessation Counseling – Percent of heart attack patients with a current or recent history of smoking cigarettes, who are given smoking cessation counseling during their hospital stay.

The “key” explains what you are seeing in the report. Some of the hospitals did not have a sufficient number of cases to make their data meaningful (denoted by the “+”). A few hospitals didn’t report data during the period (denoted by the “-”)

Similar reports can be created comparing all hospitals in Wisconsin for these heart attack measures and also for measures related to care provided to patients with heart failure and also pneumonia.

(To expand on this discussion, ask how audience would interpret this report, e.g. What hospital appears to provide very good care for heart attack patients? What hospital would you suggest that people having a heart attack should avoid? Do you think the average consumer would be able to interpret this report? What makes the report easy to understand? What makes it hard to understand?)



The data you are going to gather are called “performance measures.” Some examples of data you might gather include:

•The time between when the alarm first rings and when you actually get out of bed

•The average time you spend in the shower

•How much time is spent looking for items you need, e.g. keys, wallet, cell phone, etc.

•What the average travel time is for the different routes you might take to work

You continue collecting for the performance measures until you feel you have enough information to make an informed decision about how the process now works.