



Quality and Performance in health care

Part of the HeaRT training package for health journalists,
John Lister Summer 2012

How to define quality?

- . 'Quality' is a word widely used but varyingly explained: it may commonly be used in the context of hospital care to relate to:
 - **Delays and waiting times** for treatment, whether urgent (emergency) or elective
 - **Clinical outcomes** of treatment (measured in various ways from crude mortality statistics, levels of hospital acquired infection, or rates of readmission to hospital for related health problems)
 - **Attentiveness of staff** (although these are affected by factors including staffing levels, skill mix of staff, staff training, management regime, etc)

More measures of quality

- **Patient centredness of care**: preventing avoidable discomfort, embarrassment, etc
- **Levels of personal comfort** on the ward (quality and choices of food, adequate creature comforts, affordable access to personalised entertainment, telephones, etc.
- **“Patient satisfaction”** – surveys completed after treatment
- **Level of complaints** by patients and their relatives/carers over their treatment
- **Responsiveness** to complaints
- **Patterns of complaints** (unresolved systems failure)

In health and social care, “quality” can relate to:

- **Professional competence** (failures of social care assessment or response; misdiagnosis in primary care leading to lack of specialist treatment, botched operations or medical errors, etc)
- **Access times** (e.g. see family doctor within X hours of seeking appointment)
- Availability and quality of “**Out of hours**” services and home visits by family doctors, etc
- **Proactiveness of systems** (eg community mental health linked with crisis response, adequate resources for home support for frail elderly).

“Performance”

Can also be measured in varying ways –

- **cost-saving “economy”** (value for money, efficiency)
- “productivity” (meeting targets in relation to resources used)
- or from a wider view of **effectiveness** in delivering health outcomes.

Private and public healthcare viewpoints on quality differ

- Is 'quality' seen as
 - one way to sell a more expensive product or system of care (better meals, swifter treatment, etc),
 - or a way of judging the outcome and patient experience from a treatment that is delivered in a publicly-funded system?
- Are health services being delivered to meet **health needs (public sector)** or to satisfy balance sheets and shareholders (**private sector**), and how therefore should 'performance' be measured?

How is quality assessed and regulated in health care? (UK)

- Care Quality Commission (CQC)
- Medicines and Healthcare products Regulatory Agency (MHRA)
- Professional bodies (GMC, HPC, NMC etc)
- “Quality Accounts” produced by NHS providers
- Local Involvement Networks (and other patient groups)
- Complaints procedures
- Parliamentary scrutiny (Health select committee)
- National Audit Office, etc
- NONE of these makes any connection with the issue of **quality improvement**. All are **RETROSPECTIVE**.

Who is blamed for failures in quality and performance?

- Failures (poor quality of care/neglect of elderly patients in hospital, or clients with learning disabilities) easily blamed on behaviour of **front line staff, individuals**
- Individual actions and performance **do matter**: breaches of professional standards and codes should be dealt with
- But some systems allow (or in some cases almost compel) poor treatment – notably **chronic under-staffing**; inadequate skill mix; inadequate training; bullying or incompetent management; dependence upon temporary staff
- Repeated and prolonged failures indicate **SYSTEM failure**
- **Flawed system** will **replicate problems** again and again

Improving quality

- Many of the initiatives to improve quality in health care are derived from quality drives in engineering and the airline industry – so focused on **safety**, and **systems**
- Patient care is delivered by a complex **system** involving a range of differently-skilled staff
- Within each system are distinct **processes**, such as:
 - The process of being referred for and attending outpatient care
 - Being admitted to hospital and receiving an operation
 - Assessment and delivery of community health services

Service improvement focuses on improving systems

- **“Process mapping”**: identify weaknesses, bottlenecks that cause delays, duplication of effort, etc
- Improvement projects (**Plan/Do/Study/Act (PDSA) cycles**) which identify problems, intervene to change them and assess the results
- **“Lean” systems approach**, which centres on avoiding waste, simplifying systems, and maximising added value of skilled staff (freeing up nurses to nurse, etc).
- Each of these approaches originated in engineering production: Lean was popularised by Toyota.
- Healthcare is more complex: **WHY?**

Example of service improvement in health (UK)

- The “Productive Ward” project
- NOTE: the focus is on **improving patient care**, adding value to work of professionals
- **NOT** a drive to make cost savings
- **OR** a move to cut workforce
- Cost efficiencies may be a by-product of working more effectively, but are not the main aim
- Staff should be redeployed to work more productively elsewhere in the system



Improving performance = eliminating work that does not add value, such as:

- Checking for and fixing mistakes
- Any form of queue
- Requesting unnecessary tests
- Waiting for 'stuff' to arrive
- Unnecessary movement of staff
- Unnecessary transport of patients
- Doing things just for the sake of it



Alternative approaches

- Work of **Don Berwick** and **IHI**
- **IHI Open School**: international resource offering **FREE** online training to students and professionals
- (UK-based) **NHS Institute for Innovation and Improvement** (Productive Ward project, work on integrating service improvement into health professional training, and education on Lean approach in health care)

Lessons for journalists

- TRY to look beyond the lazy response of simply blaming front line staff for quality failures
- ASK challenging questions of the senior management:
 - Have **systems been redesigned** to ensure problem **cannot recur**?
 - What initiatives are being taken for **service improvement**?
 - Are **staffing levels** adequate?
 - Is the service dependent upon **temporary staff**?
 - Have issues of behaviour been identified and addressed by **training of staff involved**?
 - Are the **managers** involved covered by any **professional code of conduct**? If so, is action being taken over their lapses?
- Also ask those who are supposed to commission and monitor services to explain their **failures to identify problems**