

Unit 5 individual project 2



**ASSIGN
BUSTER**

QUALITY HEALTH CARE Quality has always been central in all discussions related to health care, in which both governmental ity and the public have a part. Though there have been attempts to update the quality of health care in tandem with the developments and inventions in medical field, the hue and cry for upgrading the system never ceases. Despite the measures the apprehension still exists that the quality of health care falls below the patients' requirements. Quality is too difficult a term for an easy definition and it appears that everyone has a unique view of the concept. Quality can be defined in relation to both technical excellence and humane approach. " By technical quality care we mean that the patient receives only the procedure tests, or services for which the desired health outcomes exceed the health risks by a sufficiently wide margin; and that each of these procedures or services is performed in a technically excellent manner. The second component of quality care is that all patients wish to be treated in a humane and culturally appropriate manner and be invited to participate fully in deciding about their therapy." (Robert H. Brook et al). In short quality in health care is fundamentally based on the two above-mentioned factors. " Getting quality health care can help you stay healthy and recover faster when you become sick. However, we know that often people do not get high quality care. A 2004 study of 12 large US communities found that just over half (54. 9%) of people were receiving the care they needed." (AHRQ Homepage:). Everywhere, people looking for health care confront the problem that there is no uniform standard to measure quality. Thus it has become imperative to measure quality of care offered by healthcare service providers. Therefore, with a view to help patients choose the right treatment most suited to their personal needs, more and more public and private

groups are developing and using quality measures based on the principles of right health plan, the right doctor, the right treatment, the right hospital, the best long term facility. Thus it can be seen that quality measures make available the necessary information which patients can assimilate to help them take a right decision about their treatment.

In order to ascertain quality there are certain available parameters such as process measure, outcome measures and structural measures. In order to determine which one of these is the best, a deeper and wider study is called for. Each satisfies certain requirements while failing to address something important. Hence there cannot be an absolutely right choice. Therefore we can only compare and ascertain which of them provides the most satisfactory results. Considering all the practical sides, outcome measure seems to be the most appropriate. Process measure is more sensitive than both outcome and structural measures in ensuring quality in differential uses of proven medical cares among hospitals. Process measure is easy to interpret as in the case of administering aspirin in acute myocardial infarction that is a direct measure of quality care. On the other hand, the mortality from myocardial infarction in hospital specific cases is an indirect measure for quality. While considering outcome measures in comparison with process measure one can find an eye opening fact; “ a process measure is only of value if it is assumed to have a link to outcome” (Mant, 1996, p. 244). The advantage of outcome measure is that it can mirror all aspects of the process of care in which both technical expertise and operator skill have a unique place. There is no need to exaggerate the point that process measure cannot come up with such a measure on quality. Because it does not deal with the distinction between ‘ how one does something’ and ‘ what <https://assignbuster.com/unit-5-individual-project-2/>

one does'. The process measure can be satisfactorily employed in the context where the technical skill is comparatively insignificant but outcome measures can monitor both technical and non-technical situations. Another factor that goes in favor of outcome measure is that it can readily use available data on diagnosis and other particulars routinely recorded in the hospital are also handy for measuring quality. The third verity for quality measure is structural measure; it obviously falls short to satisfy the requirement of getting a full length idea on the quality care maintained in hospitals owing to its undue stress on structural aspects like the smooth functioning of hospital equipments, academic excellence of doctors and nurses etc. Quality cannot be judged basing solely on the above-mentioned factors. Hence the outcome measure appears the best choice over aforesaid measures in monitoring and ensuring quality in health care.

CITATION

Lohr, K, Brook, R. H, Kamberg, C. Use of Medical Care in RAND Health Insurance

Experiments: Diagnosis and Service Specific Analysis in a Randomized Controlled Trial. SinSingle seater W/o Armngle seater W/o ArmMedical Care, 1986; 24: 82

Homepage: Agency Healthcare Research and Quality: Guide to Healthcare Quality, You Deserve Quality Healthcare. Cited Sep 29, 2006 from Mant, J Hicks NR, Assessing Quality of Care:

What are the implications of the potential lack of sensitivity of outcome measures to difference in quality? J Eval Clin 1996. 2: 244