

Managing quality in health and social care essay examples

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As a care worker, quality control in a care setting is working towards achieving excellence in services given to patients. This should be the goal of every care worker as the populace has the right to eminent health care. In addition, the health care team has the obligation of holding themselves accountable to the care services that they offer to the public. The quality assurance procedures give account on the measurement of the care services (Donald & Douglas, 2000). The quality assurances have to be clear on the meaning of quality as a reliable and valid method is used in evaluating the care services that are provided. The discussion in the paper will dwell on the management and control of quality assurance in health and social care.

The health and social care fields the accountability and evaluation of the practices should operate within given parameters. This is measured in terms of access, outcome, and cost benefit of the care delivery system. According to Johannes and Hans (2000), the access is the ease or availability of obtaining and getting the care that a patient requires. The outcome gives the measurable change in the illness or health status of the patient which is the final result of care that the patient was given by the care worker. The cost benefits involve the expenditure of time, money, and efforts used in giving the care to the patient. In addition, the relationship that the costs bear in comparison to the actual benefits of the patient is involved in the cost benefit (Nancy, 1995).

The quality assurance implementation needs the development of a procedure that is based on acceptable standards of care and norms in the health and social care profession in terms of behavior. Mihaela (2002) notes, the members of health and social care profession are the ones who establish the norms. These have to be experts in the health and social care of detailed patient's populations. The criteria of the illness or patient should be centered and based on the patient. This should be expressed in positive terms on what a patient is expected to do because of the direct result of care that was advanced. An example can be in the care of an aged person who is a patient. The patient who has night incontinence should be kept dry through the night because of the program of the individualized bladder. Another example can be of a patient who is bedridden. Such a patient should be kept in a position that he can maintain the joint motion. According to Vergil, Debora and Herbet (2001), this should be as a result of the program hat involves daily motion exercise.

The program of quality assurance needs the development of outcome criteria that act as a first step in the management of care (Judith, 1990). The criteria are used as a guideline against the actual practice. This can later be used in the evaluation process. The evaluation process is conducted y review committees that should be composed of practitioners in the care that is being evaluated. In this phase, there are two reviews that can be involved, namely; concurrent and retrospective review. The concurrent review measures the patient care as it is still in progress (Gloria & Antonette, 2002). The documentation of the care caliber that is delivered is taken through a

patients review in terms of examination, chart, observation, and interview of the patient under care. The concurrent review has the advantage of providing for opportunities of improvement in the patient care as the process is in progress.

On the other hand, the retrospective review takes into account the actual documentation of outcomes. This is done against the valued and desired outcomes in the care of the patient. The data for the documentation of the actual outcomes is delivered from the medical records of the population of the given patients. Christopher (2003) says this is after the patients have already been discharged from the care. The review methods of concurrent and retrospective are significant in the improvement of the patient care. This helps to give quality care for patients who come for the services being offered. The reviews help in correcting the deficiency in case any is detected during the review of the care process. In addition, the difference in the illness or health status of the patient can be corrected involving what essentially is and what ought to be the case. This process of evaluation that is thorough is what helps in improving the quality of care. Moreover, the evaluation results are used in the patient care improvement, and this is the quintessence of the quality assurance.

The programs advanced are committed in improving care for patients. This can be accomplished by various methods as the definitive goal is to realize the highest quality of care for the community and individual persons. Carolyn and Paula (1996) notes, the measures used help in promoting care, and preventing diseases in patients. The improvement of the care needs

monitoring and evaluation of the care so as to have efficient and effective care in the society. The quality of care should be monitored, improved, and measured. This should involve the tools of improving and measuring quality of care, and policy makers should emphasize this aspect (Vivien, Euan & Julie, 2010). The methods need invariable reassessments and modifications. This should be in the recurrent development of novel strategies and refining of the old ways. Objective, credible, and non political reporting and surveillance of the quality of the social and health care should be articulated vigorously and explicitly applied so that changes can take place (Don, Vincent, Michael & Constantine, 2003).

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