

# Defining and measuring quality in health care organizations

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According to the Institute for Health care Improvement (2011), measurement is a fundamental ingredient when analyzing and executing change particularly in healthcare organizations. Indeed, measures as explicated by the Institute for Healthcare Improvement (2011) " Tells a team whether the change they are making actually lead to improvement" (para. 1). This paper defines quality for Brookwood Medical Center, describes quality related measures that are currently being monitored within the organization, data collection process for this measure, and how this information is communicated to or among the staff. Strengths and weaknesses related to how quality is defined, measured, and monitored within the organization are also covered in this paper.

Definition of quality and quality related measures

Quality in Brookwood Medical Center is defined in terms of well structured and designed care practices, ability to recruit and maintain well trained employees, realization and putting into practice sound management practices, ability of the management to build a constructive and encouraging working environment, and fiscal health that initiates the attainment of quality practices. The kind of quality related measures currently being monitored in Brookwood Medical Center include balancing and outcome measures. In terms of balancing measures, the organization is investigating whether implemented strategies aimed at reducing patients waiting times are leading to other issues such as increased medical errors. Outcome measures according to the Institute for Healthcare Improvement (2011) looks at " how the system impacts the values of patients, their health and

wellbeing" (para. 4). For instance, Brookwood Medical Centre monitors the number of days to the next available appointment.

Data collection process and how information is communicated

Data collection for both balancing and outcome measures in Brookwood Medical Center is conducted through a sampling procedure. For balancing measures relating to whether reducing patients waiting times is leading to other health issues such as increased incidences of medical errors, four data collection are conducted on a monthly basis. A sample size of thirty patients per data collection is used. The number of patients re-admitted due to issues relating to medical errors is then determined. This information is communicated to the staff during weekly team meetings.

Weakness and strength of measures

One of the weaknesses relating to how quality is defined is the fact that differences in measurements may occur due to chance and risk factors (Mant, 2001). For instance, there may be underlying factors such as predisposition to specific illnesses that may contribute to variations when it comes to defining and monitoring quality in terms of the rate of incidences of medical errors. In terms of strengths, measuring and monitoring quality measures offers a reflection of all health care processes (Knox and Aspy, 2011). In other words, monitoring quality does not only lead to improvements in measurable healthcare facets, but also in areas that cannot be measured.

In conclusion, it is important to measure and monitor quality within healthcare organization in order to effect change. It is only through monitoring quality that the management of healthcare organizations can

identify whether quality improvements have been achieved. Once information relating to quality issues is collected, it is imperative that this communication is communicated to the staff, for instance, during weekly team or departmental meetings. Quality measurements may vary from one organization to the other due to risk factors that the patients in each of the organization are predisposed to and also as a result of chance. Monitoring quality subsequently leads to improvements in other areas of healthcare that cannot be measured.

#### References

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