Quality Management

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BIQG
Bundesinstitut für Qualität
im Gesundheitswesen

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Contents

1 Introduction

The Gesundheit Österreich GmbH has been asked to support the partly EU-financed project "Enhancing the administrative capacity of the Latvian Health Economics Association and the partner to participate in decision-making in healthcare and development of innovative service" carried out by the Latvian Health Economic Association by holding a lecture on Quality Management in Health Care Organizations for the project kick-off-event and introducing participants to the Austrian Quality Platform, which is being used for a survey on quality structure in Austrian hospitals and rehabilitations clinics. The workshop was held in November 2012 in Riga. This document is based on the presentation and should provide support for the development of guidelines for implementation of Total Quality Management System for health care organizations in Latvia and hereby fulfil the requirements within Article 1.1.1.1. in the agreement.

2 Definition of quality

Definition of quality
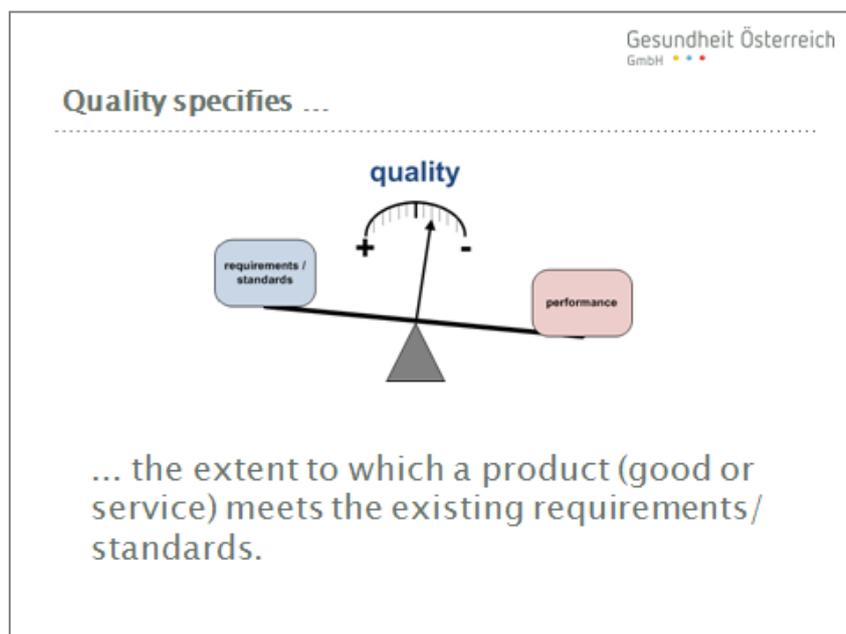
Origin: Latin quālitās *of what sort[1]*

= *"the standard of something as measured against other things of a similar kind; the degree of excellence of something"[1]*
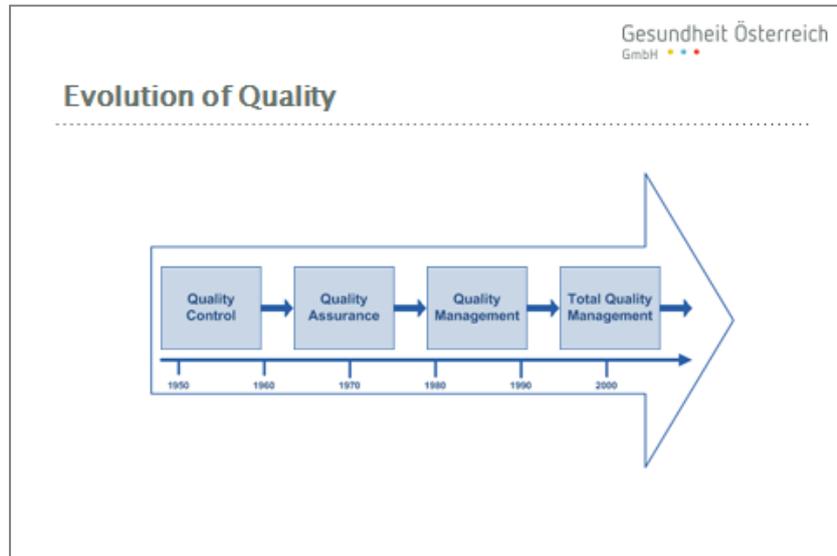
Informal: quality = good quality

Individual judgment of quality depends on various aspects, e.g. experience, education, environment

[1]www.oxforddictionaries.com

"Quality" is a very commonly used word. We talk about quality handwork, quality food or a quality product. Most of the time when we use the word *quality* we mean *good quality*. Even though in latin – the origins of the word – "qualitas" means "of what kind, of such a kind". In the online Oxford Diccionaries (Howitt 1986; www.oxforddictionaries.com) "quality" is is defined as "the standard of something as measured against other things of a similar kind; the degree of excellence of something". There are various scientists and organizations which provide their own definition of quality. Summarized it can be said, that...

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Quality specifies ...

quality

requirements / standards

performance

... the extent to which a product (good or service) meets the existing requirements/standards.

3 Evolution of quality

The history of quality goes back a very long way and is as old as production itself. At the beginning of the 19th century due the division of labour (Taylorism) products got produced and delivered to the customer without a systematic inspection of the product. So the error rate was very high. This is when *quality control* arose. Specialists were hired to inspect products produced regarding their correctness. At this time the focus was not yet on reducing costs and improving quality. Over time, more sophisticated quality controls were being introduced and moved into the production process so faulty components could be detected at an earlier stage and therefore could be removed from the production process.

Later statistical methods came into use for the *quality control* and *quality assurance* of the products. For this a quality control chart was being used so when a faulty product was identified, it was possible to intervene on time so a error-free end product was produced.

In the 1950s Deming[1] and Juran[2], two of the most influential people regarding quality development, emigrated from the United States to Japan to implement the concept of *quality manage-ment* in order to increase production. According to their idea a quality system is based on the continuous improvement process. Only in the 1980s this management philosophy called *Kaizen* returned from Japan to Europe and the United States (see also chapter 5.7).

For a long time quality work was seen as a task of a specialized department in an organization. Only at the beginning of the 1980s the concept of total quality management, in which all employees in a company are responsible for the quality, was getting integrated in the Western companies. (Koch 2011, 185–186)

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[1] W. E. Deming (1900–1993) American physicist and statistician
[2] J.M.Juran (1904 – 2008) Romanian-American industrial engineer

4 Total Quality Management

Helms defines *Total Quality Management* (TQM) as a "directing (managing) the whole (total) production process to produce an excellent (quality) product or service" (Helms 2006, 735). One of the most fundamental idea of TQM is that everyone in an organization takes part in order to achieve long-term success through customer satisfaction by using management elements like process standardization, routine management and continuous quality improvement. Positive results should not only effect every member of an organization but also society itself. (WHO 2003, 87).

Within healthcare Øvretveit (2000) describes three dimensons of quality (Øvretveit 2000, 75).

1. *Patient quality:* whether patients receive the service they expect
2. *Professional quality:* whether the performance, according to the judgment of the profession-als, meet the needs of patients and whether personnel choose and perform the necessary processes correctly
3. *Management quality:* efficient and effective use of resources to ensure patient expectations, without being wasteful and within the regulatory framework

Another way to define TQM is by its components. The components also helps to evaluate to what extent an organization has implemented Total Quality Management. Øvretveit points out following main components (Øvretveit 2000, 76):

5 Quality Management Systems in health care organizations

5.1 International Organization for Standardization – ISO

In 1946 65 delegates from 25 countries met in London at the Institute of Civil Engineers to discuss International Standardization. In order *"to facilitate the international coordination and unification of industrial standards"* the decision was made to establish a new international organization. In February 1947 the *International Organization for Standardization* (ISO) was founded with 67 technical committees.

Today the ISO is a network of national standards institutes from more than 160 countries, each one representing various national standards organizations. The ISO is a non-governmental organization and is based in Genevia, Switzerland.

The *International Organization for Standardization* develops with technical experts from all over the world and in consensus with their members International Standards and publishes them. Through providing specifications for products, services and good practice businesses and industries should become more efficient and effective. By now over 19 000 International Standards have been published covering almost every aspects of technology and manufacturing (www.iso.org).

The aim of the ISO International Standards is to make *"that products and services are safe, reliable and of good quality. For business, they are strategic tools that reduce costs by minimizing waste and errors and increasing productivity. They help companies to access new markets, level the playing field for developing countries and facilitate free and fair global trade."* (www.iso.org)

The ISO 9000 family is a set of International Standards which focuses on fundamental areas of a quality management system. The International Standards should help that a product or a service meets the customers' expectations. There are many different standards in the ISO 9000 family:

» ISO 9001:2008 – defines requirements of a quality management system
» ISO 9000:2005 – describes basic concepts and language
» ISO 9004:2009 – focuses on how to improve a quality management system
» ISO 19011:2011 – sets out guidance on internal and external audits of quality management systems.

One of the most recognized International Standard is the ISO 9001:2008. This standard defines the criteria for a quality management system and is the base for a certification. The standard can be applied in any organization, regardless of its size or area of activity. Over one million organizations in over 170 countries have implemented this standard (www.iso.org).

In 2012 a new European Standard DIN EN 15224:2012 for requirements on quality management systems in health care services was published. This standard is based on EN ISO 9001:2008 but includes additional specifications for health care organizations (www.named.din.de).

ISO Model of a process-based quality management system

Source: www.iso.org
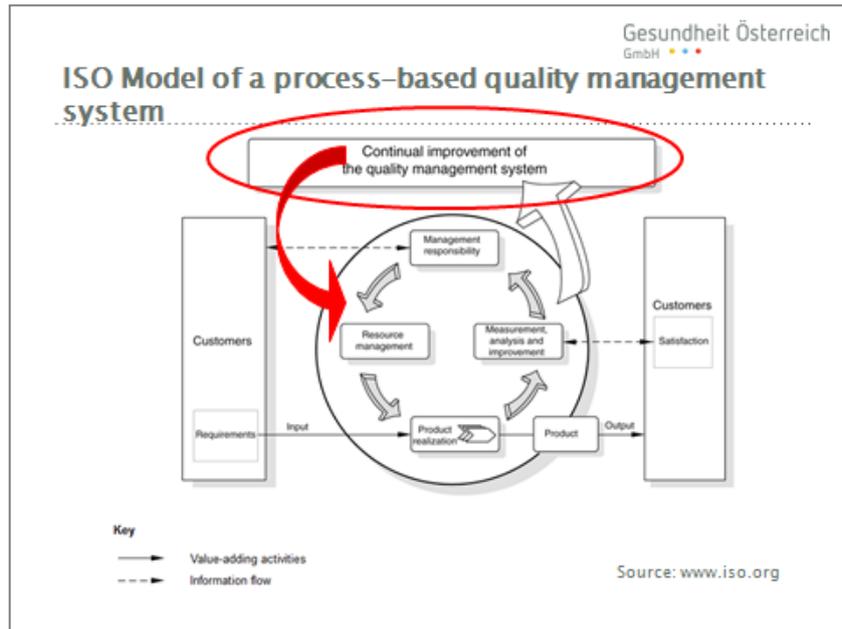
The quality management model of the ISO 9000:2008 supports a process based management approach so a quality management system can be developed, implemented and continuously improved. By meeting customers' requirements customers' satisfaction should increase.

All activities of an organization which transform inputs into outputs are considered as processes. Often the output of one process can be the input of the next process. The model also shows that one hand customers play a very important role when it comes to defining requirements of the inputs and on the other when it comes to defining the outputs (www.iso.org).

The ISO Standard is based on eight quality management principles. These principles are following (www.iso.org):

"Principle 1 – Customer focus: Organizations depend on their customers and therefore should understand current and future customer needs, should meet customer requirements and strive to exceed customer expectations.

Principle 2 – Leadership: Leaders establish unity of purpose and the direction of an organization. They should create and maintain the internal environment in which people can become fully involved in achieving the organization's objectives.

Principle 3 – Involvement of people: People at all levels are the essence of an organization and their full involvement enables their abilities to be used for the organization's benefit.

Principle 4 – Process approach: A desired result is achieved more efficiently when activities and related resources are managed as a process.

Principle 5 – System approach to management: Identifying, understanding and managing interrelated processes as a system contributes to the organization's effectiveness and efficiency in achieving its objectives.

Principle 6 – Continual improvement: Continual improvement of the organization's overall performance should be a permanent objective of the organization.

Principle 7 – Factual approach to decision making: Effective decisions are based on the analysis of data and information.

Principle 8 – Mutually beneficial supplier relationships: An organization and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value."

Although a certification is not a requirement organizations often want to get certified to ISO's management system standards .The *International Organization for Standardization* does not certify a organisation or issue a ISO certificate. There are registered insitutions, external accreditation bodies, which are qualified to carry out the certification. The issued certificate, which is valid for three years, proves that an organization is in conformity to the standard. The certification procedure consists of following steps:

Sometimes the two terms "certification" and "accreditation" are being used wrongly in an synonymous way, which can cause confusions. Following definition explains the difference of the terms:

5.2 European Foundation for Quality Management – EFQM

The *European Foundation for Quality Management* is a non-profit-organization based in Brussels, Belgium. The organization was founded in 1989 by 14 European organizations, e.g. British Telecommunications plc, Bull C. Olivetti & C. SpA, Fiat Auto SpA, KLM, Nestle and Volkswagen. The founding members created with support of the European Commission the *EFQM Excellence Model*, a management framework. It was launched in 1991 and it is based on eight *Fundamental Concepts of Excellence.* Basically they describe the characteristic of an excellent organizational culture. These principles are (www.efqm.org):

» Adding Value for Customers
» Creating a Sustainable Future
» Developing Organisational Capability
» Harnessing Creativity & Innovation
» Leading with Vision, Inspiration & Integrity
» Managing with Agility
» Succeeding through the Talent of People
» Sustaining Outstanding Results

The aim of the organization itself is to support other organizations to implement the EFQM Excellence Model by providing training and assessment tools. They also organize a yearly EFQM Excellence Award to recognize organizations with an outstanding performance (www.efqm.org).

European Foundation for Quality Management – EFQM

Detailed information in a separate presentation!

Source: http://www.efqm.org
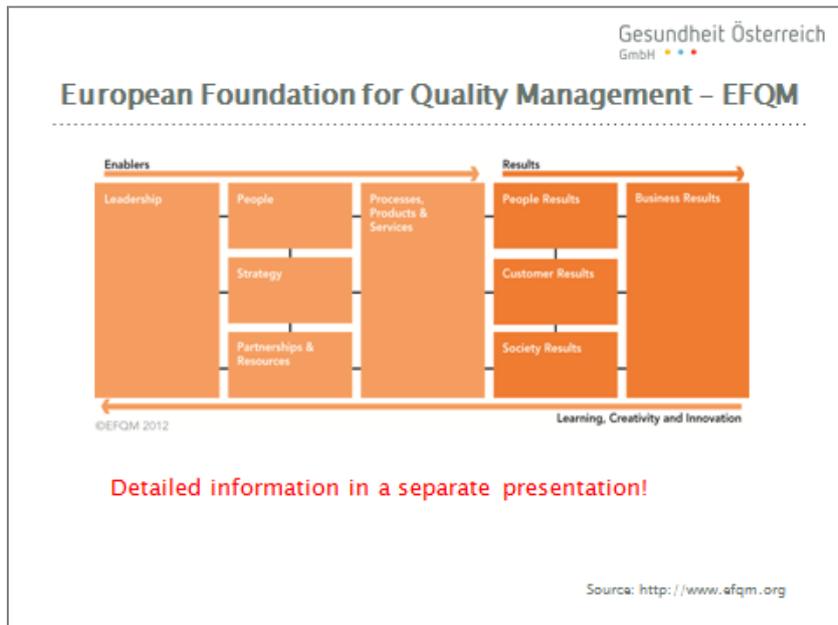
The *EFQM Excellence Model* is a framework based on the following nine criteria (www.efqm.org):

Enablers
1. Leadership
2. People
3. Policy and strategy
4. Partnerships and resources
5. Processes

Results
6. People results
7. Customer results
8. Society results
9. Key performance results

The five "Enablers" criteria show what an organization does and how it does it, the four "Results" criteria show what an organization accomplishes. The model also shows how these nine criteria are connected with each other. The arrows in the graph demonstrate that the EFQM Excellence Model is a dynamic system. Learning, creativity and innovation support the constant improvement of the "Enablers" and therefore also lead to improve the "Results.

The EFQM awards and recognition programmes have been developed in order to recognize organizations on their way to business excellence (www.efqm.org):

» *Committed to Excellence:* it is based on a self-assessment to identify, prioritize and implement improvement projects, which are validated by an external assessor.

» *Recognized for Excellence:* After a full assessment the organization receives a feedback, a plan for improvement, and acknowledgement for obtained results.

» *EFQM Excellence Award:* Comparison of one organization against another based on extensive assessment by an assessor team.

5.3 Joint Commission International – JCI

Joint Commission International – JCI

Joint Commission on Accreditation of Healthcare Organizations – JCAHO
- » Founded in 1951, based in Oakbrook Terrace, Illinois, US
- » Independent, not-for-profit organization
- » Define quality standards specially tailored for health care facilities
- » Focuses on safety quality of medical services, patient and employee satisfaction
- » All processes are assessed (from patient registration, examination, treatment up to the transfer and discharge of a patient)
- » Accredits and certifies more than 19,000 health care organizations and programs in the United States
- » The whole organization, not just individual departments are being evaluated

Source: www.jointcommissioninternational.org
www.jointcommission.org

The *Joint Commission International* is the international branch of *The Joint Commission on Accreditation of Healthcare Organization* (JCAHO). The later of the two organizations looks back on a long history and is today a very well recognized accreditation institution for health care organization in the US. It got established in 1951 by several American medical and hospital associations and it is based in Illinois, the United States. The aim of the independent, non-profit-organization is to *"continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value"* (www.jointcommission.org).

The standard-setting institute JCAHO evaluates and accredits over 20 000 health care organizations and programms in the United States, e.g. hospitals, home care organizations, nursing home, ambulatory care providers and clinical laboratories. The *Joint Commission's Gold Seal of Approval™* issued for an organization confirms that certain quality standards are being met.

There is also a special "*Disease-Specific Care certification*" for organizations that offer disease-specific and chronic health care and a advanced level of certification for certain diseases, e. g. chronic kidney disease or chronic kidney disease (www.jointcommission.org).

Source: www.jointcommissioninternational.org
www.jointcommission.org

The *Joint Commission International* (JCI) got established in the year 1994 by *The Joint Commission on Accreditation of Healthcare Organization* and brings their aims and goals onto an international level. The mission of the JCI is to *"continuously improve the safety and quality of care in the international community through the provision of education and consultation services and international accreditation and certification" (www.jointcommissioninternational.org).* JCI has a presence in over 90 countries all over the world.

Together with international health care organizations, governments and advocates JCI promotes standards of care and provides solutions so outstanding performance can be accomplished. JCI supports organizations through accreditation, education and advisory services. Together with *The Joint Commission on Accreditation of Healthcare Organization* and the *Joint Commission International* the *World Health Organization* (WHO) established the *Collaborating Centre for Patient Safety Solutions.*

An Accreditation from JCI shows that the organization is committed to excellence in patient care and safety. (www.jointcommissioninternational.org). JCI offers different accreditation or certification programms, focusing on different specific patient population or settings. Programms include ambulatory and clinical laboratory, home care, hospital, long term care, medical transport, primary care centres. Clinical Care Program Certification (CCPC) promotes "*excellence in the integration and coordination of care for treatment of a specific disease*". Organization can get certified in 15 areas, e. g. heart failure, chronic obstructive pulmonary disease (COPD), diabetes mellitus (Types 1 and 2) and chronic kidney disease (Stages I to IV).

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5.4 The Cooperation for Transparency und Quality in Healthcare – KTQ

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The Cooperation for Transparency und Quality in Healthcare – KTQ

» Initiated in 1997 by the German federal chamber of physicians (BAeK) and the federal associations of various health insurance funds, later joined by the hospital federation and the nursing council

» Is an organization which offers quality management certification for health care organizations

» Mission is to strengthen transparency in the performance of hospitals through providing comprehensible information to all concerned, including patients (quality report)

» KTQ analyzes and reviews medical, nursing and administrative processes

» → Certifies health care organizations

Source: www.ktq.de

The *Cooperation for Transparency and Quality in Health Care* (KTQ) is a German provider for a voluntary quality certification for health care organizations, e. g. hospitals, rehabilitations clinics, physician's practices and nursing homes. The cooperation was initiated in 1997, the KTQ shareholders include, amongst others, the German Medical Association, the Federal Associations of Health Insurance Fund, the German Hospital Federation and the German Nursing Council (www.ktq.de).

The KTQ method is designed for the specific requirements of health care organizations and is primarily applied in German speaking countries. The aim of a KTQ-certification is to optimize processes within the patient care system. There are six categories, which are being queried during a certification in order to draw a picture about the quality of the processes. These categories are:

» Patient orientation
» Employee orientation
» Safety
» Communication and information
» Leadership
» Quality management

The Cooperation for Transparency und Quality in Healthcare – KTQ

» 1. Self-assessment
Self-assessment of the organization based on the KTQ catalog
→ Describes the present situation, identifies room for improvement and establishes inter-departmental communication structures

» 2. External assessment (site visits)
External assessments on site though qualified KTQ visitors

» 3. Quality report and issue of certificate
Score higher than 55% in external assessment
→ issue of a KTQ certificate (valid 3 years)

Source: www.ktq.de

The voluntary certifcation process contains 3 steps:

» Self assessment
» External assessment
» Quality report and issuing of certificate

Self assessment as the first step involves the self-evaluation of the quality management system in the organization. The assessment is based on the *KTQ Manual*, which includes questions of the previous mentioned six categories. Through this process, the organization is making its own strengths but also areas of improvement transparent.

The *external assessment* is voluntary. For an organization to undergo an external assessment it first has to apply at a KTQ certification authority. The assessment is carried out by experienced *KTQ Visitors*, which are especially trained in the KTQ processes and also have extensive knowledge in quality management. A visitor team that visits an organization, always comprises experts in this type of organization, e.g. in a hospital the team includes a medical, nursing and an economic visitor. In the external assessment the visitors review the information given in the self-assessment report.

After a successful external assessment the organization publishes its quality report and receives a certificate, which is valid for three years (www.ktq.de).

5.5 Overview and rough comparison of the Quality Management systems

	ISO 9001 – International Organization for Standardization	EFQM – European Foundation for Quality Management	JCI – Joint Commission International	KTQ – The Cooperation for Transparency und Quality in Healthcare
Origin	Industry	Industry	Healthcare	Healthcare
Specific to healthcare	No, but since 2012 new standard DIN EN 15224:2012– requirements on QMS in health care services	No	Yes	Yes
Use	Worldwide	Europe wide	Worldwide	German speaking countries
Audit/ Assessment	Internal and external Audit	Self assessment (external assessment only within the scope of participation in the EFQM Excellence Award)	Self assessment and external assessment	Self assessment and external assessment
Disease–specific certification programs	No	No	Yes	No
Certification procedures – certificate	Yes	No	Yes	yes
Certification/ Accreditation cycle	3 years	–	3 years	3 years
Financial costs	Yes	No	Yes	No

5.6 Benefits and disadvantages of a (certified) QMS

Quality management systems, such as ISO Standards or EFQM, have advantages but also have disadvantages. The follwing slides give an example :

5.7 Implementation of a quality management system

Independent of what kind of quality management system an organization wants to implement, certain basic points support a successful realization:

» Clear decision and support of the management Board
» Appointment of a quality manager and a project team
» Providing specific quality management training and education
» Providing sufficient resources (time!)
» Creating a project plan with timelines, milestones and measures
» Informing, involving and motivating all employees
» ...

On the other hand certain factors may risk a successful implementation of a quality management system. Some of them are:

» Resistance and a lack of support of the management Board
» Insufficient resources for the project team and quality manager
» Lack of inclusion of employees
» Resistance among employees, it can be caused through e.g., worries about high bureaucracy or staff reduction
» ...

6 Continuous Quality Improvement
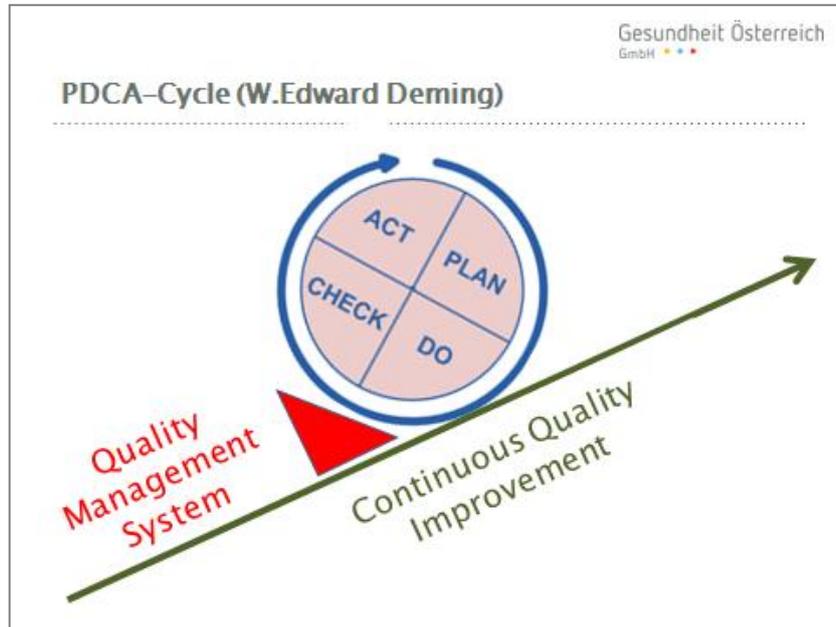

Continuous Quality Improvement is a key element of every quality management system. It is based on the Japanese philosophy *Kaizen* , which can be translated as "good change" (Kai = change, zen = good). Kaizen stands for "continuous improvement", meaning an ongoing effort to identify and to abolish causes of mistakes and problems in order to improve quality and efficiency in an organization. It is a little *step by step approach* to make improvements rather then one spectacular innovation, but by moving forward in this way big results can be achieved. In an organization everyone, not just a selected group of people, is responsible to insure that the work is being done in the most efficient way.

The philosophy of Kaizen got introduced by W. Edwards Deming[3], who supported the Japanese industry to rebuild Japan after the second world war, by giving advise how to improve quality. He recommended business leaders and engineers to concentrate on processes in an organization rather than result and to involve everyone at every stage of the process to improve deficiencies.

In the Japanese culture Kaizen is a philosophy and the foundation of their business ethnicity. Only in the late 1970s and early 1980s US and other Western companies also started to take on the concept of continuous qualtiy improvement in their business management (Helms 2006, 132).

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[3] W. E. Deming (1900–1993) American physicist and statistician

PDCA-Cycle (W.Edward Deming)

Walter A. Shewhart developed a continuous cycle of Continuous Quality Improvement. W. Edwards Deming, a disciple of Shewhart, popularized "Shewhart cycle", so it is also often referred to as the "*Deming cycle*".

The cycle includes the four steps Plan – Do – Check – Act (PDCA) (Helms 2006, 727ff).

Plan	Opportunities for improvement are being identified and the change operationally planned
Do	The planned change is getting tested in a small-scale study/test
Check	The results of the study/test are being analyzed
Act	If the results of the tested change were positive it will get implemented on a greater scale. If the results are negative a new change needs to be planned (start from the beginning of the cycle)

When the positive result is being implemented as a standard in an organization, it does not mean that improvement initiative comes to an end. With the changing of circumstances or implementing new techniques the standardized work, product or service is once again subject to further improvement. In this regard the Deming Cycle is an ongoing and never-ending process.

The effects of Continous Quality Improvement can be numerous. Some of them are mentioned below:

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## Some effects of Continuous Quality Improvement

» Detects resources and synergies

» Optimizes workflows /processes and systems

» Improves the product / service and customer satisfaction

» Optimizes the use of resources

» Supports skills, creativity and commitment of the employees

» Improves team work and corporate culture

» BUT can also increase the "pressure to perform" for employees

7 The Austrian Quality Platform

The objective the Quality Platform was to establish a regular nationwide quality reporting system in Austrian hospitals and in inpatient rehabilitation facilities.
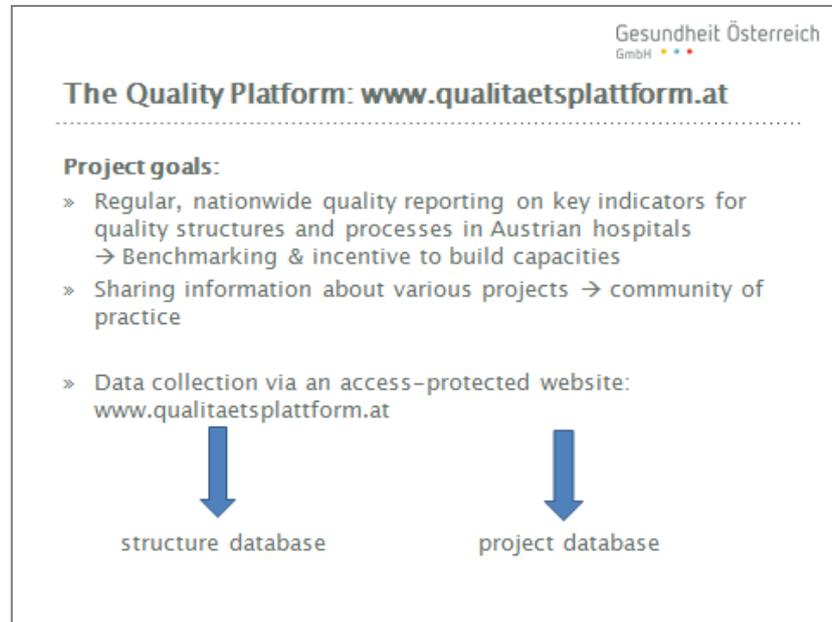
The relevant data is getting collected though the access-protected website www.qualitaetsplattform.at.

The Quality Platform consists of two databases, a structure and a project database.

»   The **structure database** is used for regular reporting of certain indicators on quality structures and processes in Austrian hospitals and rehabilitation clinics

»   The **project database** is a platform for the users of the website to disseminate and share information about their quality practice projects in their organizations

The Quality Platform is a non-public website, only registered participants can login.

Development of „The Quality Platform"

» **Since 2004**: project www.qbe.at – no report published

» **2008, 2009**: Evaluation and revision of the previous
questionnaire (→How should the report be designed, What
kind of information should be in it?)
→ Interviews, questionnaire survey, evaluation workshops,
expert panels
Goal: questionnaire about **projects, structures and
instruments of quality work and**

» **2010**: Completing the questionnaire, programming the new
website and launching the new quality platform at a national
quality conference

The idea to set up a system for a standardized quality reporting in Austria is not so young. In 2004 the first attempt to establish a regular quality reporting system was made. The project was called www.qbe.at but only had limited success. A report never got published.

In 2008 the *Gesundheit Österreich GmbH* was commissioned by the *Federal Health Agency* to evaluate the "old" website and to provide preparatory work for establishing a new and better website for quality reporting.

In the years 2008 and 2009 the questionnaire of the database was evaluated and reviewed using expert interviews, questionnaires and evaluations workshops. This step was also very important to collect information from field experts about how the future report should be designed and what kind of information should be included.

After the evaluation a new questionnaire, based on the old one, was designed in working groups and workshops. The overall goal was that the questionnaire should be practical, simple and reduced to the essential questions regarding projects, structures and instruments of quality work.

In the year 2010 the completed questionnaire was technically programmed and the assignment of rights for future users for the access-protected website decided.

After a pre-test of the website further amendments were made and in October 2010 the website www.qualitaetsplattform.at was officially launched.

7.1 Detailed Information – structure questionnaire

The questionnaire of the structure database contains of four main themes:

» General description of the health organization
» Strategic and structural embedment of quality work
» Quality management models
» Questions to various questions regarding the quality work within the organization, e.g. patient and staff surveys or complaint management.

After hospitals and rehabilitation clinics have filled out the online questionnaire, the data gets anonymised, summarized and published in an Austria-wide report. The report does not allow any conclusions about individual institutions but the institution itself can publish its own data in a separate report.

The objective of the report is to provide a continuous view on quality developments in the Austrian health care institutions.

The questionnaire for the structure database contains over 60 questions. The following two slides show the main headings:

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Indicators – structure database

» Structural embedment of quality work
» Mission statement
» Quality strategy
» Quality Assurance Commission (staffing, internal regulations)
» Coordination of quality work (organisation, staffing, qualification)
» Quality management models (ISO, EFQM, CJ)
» Quality work
  o Processes/Standards
  o Admission/Discharge procedures
  o Operative management
  o Patient-orientation
    ▪ Rights of patients (information, trainings)
    ▪ Patient satisfaction survey (topics of questionnaire, intervals, results)

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Indicators – structure database

  o Employee-orientation
    ▪ Employee satisfaction survey (topics of questionnaire, intervals, results)
    ▪ Structured staff appraisal
    ▪ Advanced training (documentation, coordination)
    ▪ Workplace health promotion
  o Suggestions and complaints (survey method, handling, analysing, employee suggestion system)
  o External quality-projects
  o Patient Safety and Risk Management (instruments, reporting systems organisation, staffing, qualification)
  o Continuous Quality Improvement

Most of the collected and summarized data in the report is shown in graphics.
Below there are two examples.
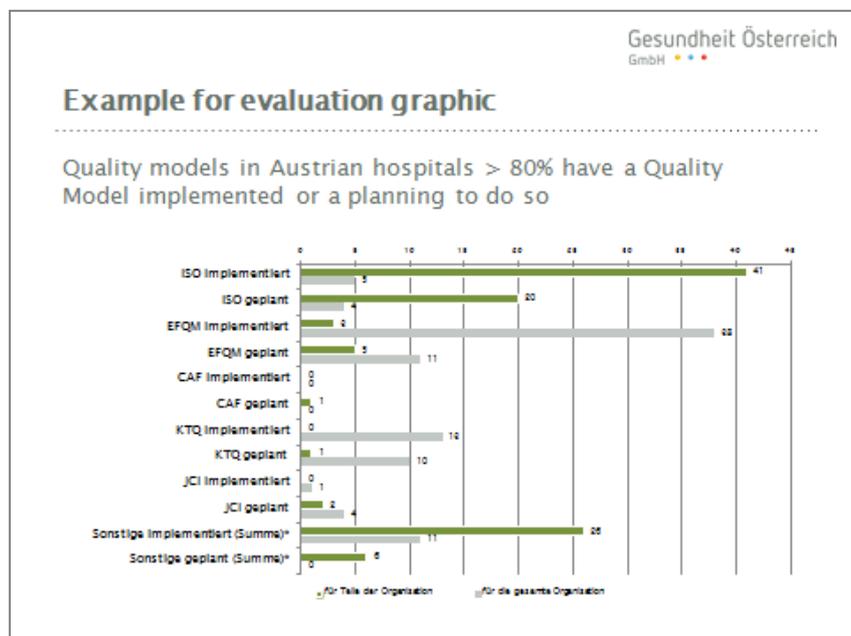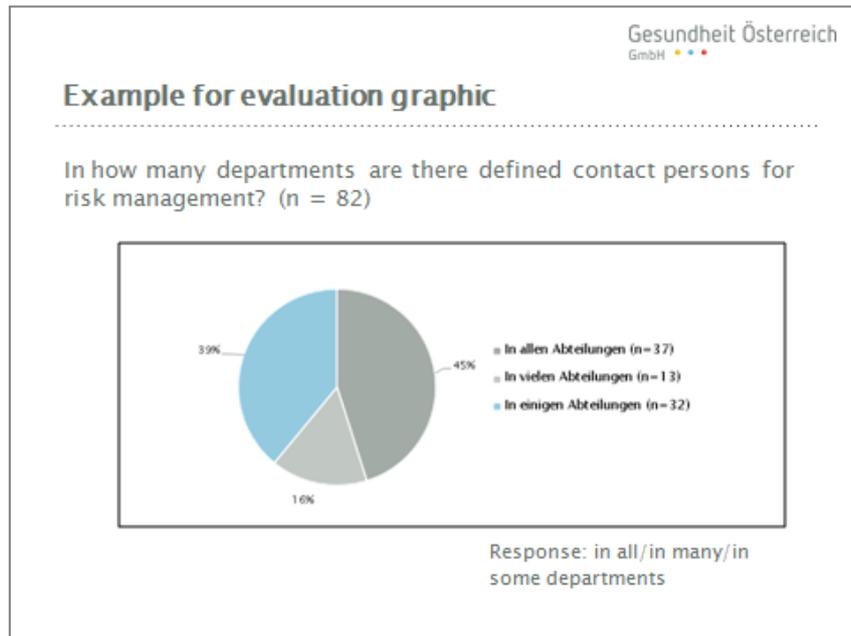
7.2 Detailed Information – project questionnaire

The Quality Platform also consists of a project database, where registered users are able to publish quality projects which are being implemented in their organizations.

In contrast to the structural database the information given on projects it is available to all registered participants of the platform. Through this the institutions get the opportunity to exchange information and the change to learn from each other.

At this time, over 400 projects have been recorded by the participants on the platform. It creates a vivid picture of the quality work done in Austrian health institutions.

7.3 Benefits of the Quality Platform

The Quality Platform offers participants various benefits, which are listed below.

So far, two national quality reports were published and are available through the Website of the Gesundheit Österreich GmbH, www.goeg.at.

» Report on quality systems in Austrian hospitals (German)
http://www.goeg.at/de/BerichtDetail/Qualitaetssysteme-in-Krankenanstalten-2011.html

» Report on quality systems in Austrians rehabilitation clinics (German)
http://www.goeg.at/de/BerichtDetail/Qualitaetssysteme-in-stationaeren-Rehabilitationseinrichtungen-2012.html

8 Other Austrian initiatives

Nationwide uniform survey on patient satisfaction across sectors

Earlier patient satisfaction questionnaires in Austria have focused mainly on experiences within a health sector. The objective of this project was to develop a nationwide standardized patient questionnaire to measure quality of care within and between all healthcare sectors in Austria. The inter-sectoral, national survey delivers new and interesting data to highlight specific problems between and within different sectors in the health system. A report which contains the nationwide results was published in August 2011 (in German: http://www.goeg.at/en/BerichtDetail.html)

Austrian Inpatient Quality Indicators – A-IQI

The objective of the Austrian *Inpatient Quality Indicators Project* (A-IQI) is to standardize outcome measure in Austrian hospitals based on routine data, e. g. death frequencies, intensive frequencies, complications, surgical techniques or supply and process indicators. (www.bmg.gv.at)

The model of A-IQI is based on analyzing statistical anomalies. In the first step the hospital tries to find out why there is discrepancy to the targeted outcome. If it is not possible to find the cause of the statistical anomalies a peer-review takes place. In this procedure external peer reviewers (specially trained primary physicians) analyze with the team, which is responsible for quality improvement in the respective hospital, the possible causes of the statistical anomalies. Based on this analysis quality improvement measures are being developed.

 A-IQI is an initiative of the Federal Agency of Health which is currently being implemented; a report has not been published yet.

9 Implementation of a nationwide Quality Management System

In many countries, governments are concerned about the quality of care which is provided to the people. Reforms to improve the quality are very high on national agendas (Black/Gruen 2005, 12). There are various theories and models which offer theoretical support for the successful development and implementation of strategies or programms, like the implementation of a nationwide quality management system. Following two of these models are being introduced.

9.1 Public Health Action Cycle

The Public Health Action Cycle was derived from the political science Policy Cycle and transferred to public health projects and processes (Rosenbrock/Hartung 2011). The cycle is applicable as an individual action program for implementing a health-related measure or project. But it can also be used for enforcing health interventions, programs and policies at the micro, meso and macro levels. For example, on a national health policy (macro level), it provokes questions like:

» What is the problem (hazards and diseases) which should and can be addressed by health policy?
» What are the formulated objectives? Which stakeholders and instruments are needed to achieve them?
» How can the application of intervention tools be ensured?
» What health-related and other effects can be identified by health policy?

The Public Health Action Cycle breaks down intervention in four phases:

1. **Problem Assessment:** identifying and defining the problem
2. **Policy Development:** formulating a suitable strategy or action to solve the problem
3. **Implementation:** carrying out the defined actions
4. **Evaluation:** reviewing the effects achieved

When the identified problem is solved, the cycle starts all over again with identifying a new problem.
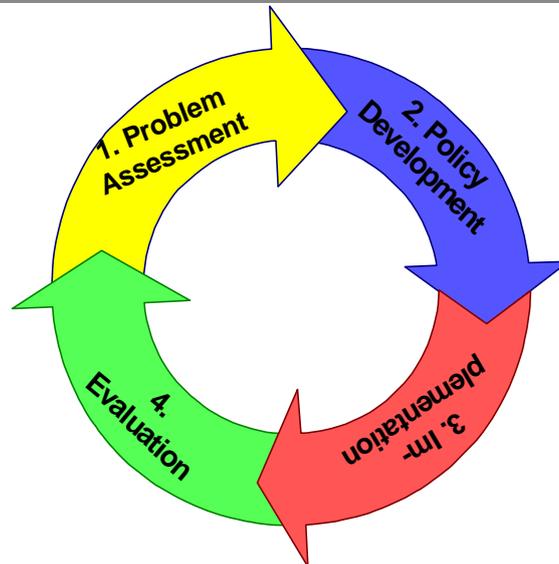
The Public Health Action Cycle represents an ideal type of implementing health-related interventions. But it is very important to note, that the often very crucial question or phase of setting a topic on the agenda must take place before the first step of the Public Health Action Cycle is being done. Moreover, the phases of the Public Health Action Cycle do not necessarily correspond chronologically successive with the phases of the policy process. Also, interests and power constellations can influence the selection of a health problem and the attribution of causes.

9.2 Capacity Building

"Capacity building" is a term used in many different fields, organizations and individuals. It generally addresses specialized management issues, like organization management or integration of a program, depending on the interest of the capacity builders (Howitt 1986, 9). Therefore there are many different existing definitions. For example, Robert Hawking defines capacity building at an institutional level (Howitt 1986, 11): *"Capacity building is a concept that encompasses a broad range of activities that are aimed to increasing the ability of citizens and their governments to produce more responsive and efficient public goods and services. At its core capacity building is concerned with the selection and development of instructional arrangements, both political and administrative."*

The *United Nations Development Programme* (UNDP) (www.undp.org) supports capacity development and has designed a *Capacity Measure Framework* (see illustration below). In this model the availability of resources, e.g. human or financial and capacities build the fundamental input. The output is represented by four "levers of change", which create the core is-sues/responses for capacity building. These are:

» Institutional arrangements, e.g. processes, definition of roles and responsibility or a coordination system → organizational development of required organizations, roles
» Leadership, e.g. defined vision or communication standards → policy and community development
» Knowledge. e.g. knowledge sharing and gaining management → Development of the required human resources
» Accountability, e.g. audit, stakeholder feedback or participatory planning approach → development of monitoring system

The outcome stands for the change in institutional performance, stability and adaptability, which have an impact on national development goals.

UNDP Capacity Measure Framework (adapted)
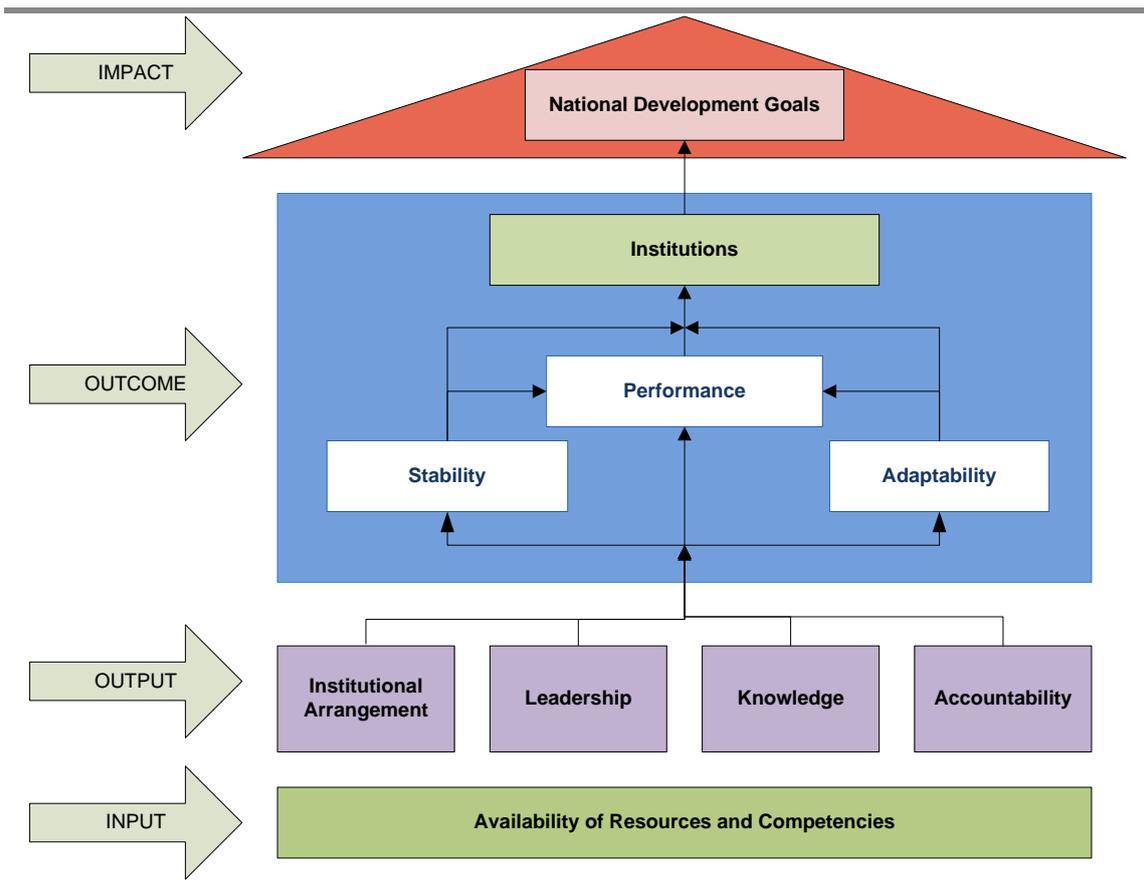
9.3 Commitment and Participation

There are various ways to promote and encourage quality work in health care organizations and support the commitment and participation of people. Encouragement for improving quality can be set on various levels e.g., personal, organizational, regional or national level. According to the authors Black and Gruen there are six different categories to improve quality (Black/Gruen 2005, 222–231):

» Education
» Feedback of information
» Incentives
» Administrative structures and processes
» Regulation
» Legislation

Education: Here the authors mean interventions, which aim to educate health care providers to make quality improvements. Often this measure is set as the initial response to inadequate quality. There are different approaches, one of the most common include the issuing of guidelines.

Feedback of information: By making performances of health care providers transparent it can raise the awareness to implement necessary changes and improvements. There is a distinction between active and passive information, depending on whether only information is provided, or the information is also complemented with additional activities. Collecting and providing quantitative data is traditionally used as an incentive for quality improvement.

Incentives: Here Black and Gruen distinguish between financial and sociological behaviour incentives. Regarding this distinction the cost compensation for certain services attributed to financial incentives and the respect of colleagues as a sociological behaviour incentive. Usually, people tend to react to behaviour sociological incentives because normally the opinion their own peer is of great value. Incentives can be positive or negative, depending on whether they reward good quality or punish poor quality. It has been proven that people react more on positive incentives.

Administrative structures and processes: Uncoordinated services between various health care providers (e.g. community nursing service, hospital) often cause inadequate quality of care. The re-organization of workflows and processes provide a huge potential for improvements.

Regulation: External regulations can be imposed through contracts, accreditations, certifications, licensing or inspections. It is recommended that external regulations should only be imposed only when it is necessary, since it is usually associated with high financial cost. Also, this approach could cause resistance within an organization, which would be counter-productive.

Legislation: Legislative arrangements may also serve to promote and secure quality. But it is unclear whether the fear of consequences of a wrongful conduct contributes to quality improve-

ment or supports a "defensive" behaviour of the health service providers in order to avoid risks. In this case this could reduce the quality of care for patients.

In most countries, a number of different approaches are being used. In this regard it is important to make sure that the activities complement each other.

10 References

Black, Nick; Gruen, Reinhold (2005): Understanding health services. Hg. v. N. R. "Black, Rosalind, London School of Hygiene & Tropical Medicine", Open University Press, Berkshire

Helms, Marilyn M. (2006): Encyclopedia of management – edited by Marilyn M. Helms. 5th Edition. Aufl.

Howitt, Arnold M. (1986): Perspectives on Management Capacity Building State University of New York Press, Albany, USA

Koch, Susanne (2011): Total Quality Management. In: Einführung in das Management von Geschäftsprozessen Six Sigma, Kaizen und TQM. Hg. v. S. Koch. Springer Berlin Heidelberg, 185–220

Øvretveit, John (2000): Total quality management in European healthcare. In: International Journal of Health Care Quality Assurance 13/2, 74–80

WHO (2003): Quality and accreditation in health care services. A global review. World Health Organization, Geneva

www.bmg.gv.at Bundesweit einheitliche Ergebnisqualitätsmessung aus Routinedaten (Austrian Inpatient Quality Indicators – A–IQI) [Online]. http://bmg.gv.at/home/Schwerpunkte/Gesundheitssystem_Qualitaetssicherung/Ergebnisqualitaetsmessung/ [Zugriff am 28. 02.2013]

www.efqm.org. European Foundation for Quality Management [Zugriff am 16. 01. 2013]

www.iso.org. International Organization for Standardization [Zugriff am 9. 01. 2013]

www.jointcommission.org. The Joint Commission [Zugriff am 18. 01. 2013]

www.jointcommissioninternational.org. Joint Commission International [Zugriff am 18. 01. 2013]

www.ktq.de. Kooperation für Transparenz und Qualität im Gesundheitswesen [Zugriff am 21. 01. 2013]

www.named.din.de DIN EN 15224 Dienstleistungen in der Gesundheitsversorgung – Qualitätsmanagementsysteme – Anforderungen nach EN ISO 9001:2008; Deutsche Fassung EN 15224:2012 [Online]. Deutsches Institut für Normung [Zugriff am 9.Jänner 2013]

www.oxforddictionaries.com. Oxford University Press [Zugriff am 12. 02. 2013]

www.undp.org. United Nations Development Programme. http://www.undp.org/content/undp/en/home/ourwork/capacitybuilding/overview/ [Zugriff am 14. 03.2013]