Quality Assurance in Health Care System with special references to Hospitals in Gurgaon Haryana.

Prasita Nair* & Dr. Deepak Agrawal**

*Ph.D (Management) Head of clinical Operations, Epoch Elder Care Gurgaon.

**Guide prof Malwanchal university Indore

INTRODUCTION

Modern hospitals function as big industries with the huge workforce, sophisticated technologies, physicians with super specialties and patients anticipating highest satisfaction. In order to meet the demands of the public, the hospitals are run on commercial lines adopting all business practices and norms for efficient functioning. The hospitals are making efforts to ensure quality in all respects so that it is recognized as the best in world standard. The health care system is striving hard to establish a system as per the requirements of international quality standards by adapting to Total Quality Management. Total Quality Management is the process which is continuously influenced by the intrinsic (factors within the system) and extrinsic (environmental) factors. TQM refers to management methods used to enhance quality and productivity in organizations. It is a moving target which keeps on changing depending on various social, economic and environmental factors. For quality assurance all the units of human resource are as important as the science and technology applied in it.

Quality is something that cannot be presented or shown but is a result of concerted planned practices. With the increase in demand for better services from the service users, quality has become a core issue for the health system. The service providers should be determined and dedicate themselves in providing the best care to meet the needs and expectations of the service users within the available resources. This would further strengthen the health services in terms of reliability, efficiency, equity, cost-effective results and thereby achieving consumer satisfaction which would ultimately determine the quality of health services.

Service providers, often referred as "the bridge to quality", should provide professionally patient centered care by employing evidence based practices to ensure safety, reliability, efficiency and proper utilization of products, services and informatics. Continuous efforts of health providers will further lead to improve the quality of services and thereby be able to achieve clinical excellence. Majority of the service users are satisfied with the current services provided by the health facilities. But health providers should ensure quality services on a continuous basis by considering all the dimensions of quality which will have direct or indirect impact on the quality of services. It is also important to know that QA is a continuous process which has a beginning but no end.

A general definition of quality normally includes the following:

- achievement of a predetermined standard or target
- involvement of clients" requirement in determination of such a target orstandard
- consideration of available resources financially and others in determination of such a target or standard
- recognition that there is always room for improvement and that targetand standards must be reviewed.

Quality refers to ensuring standards regarding the input, processes and outcome that the health care delivery system must meet for its population in order to achieve optimum health gains.

BENEFITS OF QUALITY CARE IN HEALTH DELIVERY SYSTEM

The main benefits of improving the quality of health services in hospitals are patients" satisfaction and staff satisfaction. More patients will be availing services which will ultimately develop the reputation of the service provider forhigh quality services and enable them to improve further. Thus it benefits the:

- 1. Community
- 2. Patients
- 3. Institution
- 4. Staff

QUALITY ASSURANCE IN HEALTH CARE SYSTEM

Quality Assurance promotes confidence, improves communications and allows clearer understanding of community needs and expectations. It emphasizes systematic and planned approach to assessing, monitoring and improving the quality of health services on a continuous basis. Quality Assurance is oriented towards meeting the needs and expectations of not only the patient but also the community. The main elements of quality assurance include the following.

- 1. Quality Assurance focuses on the work, activities, and processes ofhealth care delivery.
- 2. Quality Assurance employs the use of data to analyze how theinstitutions are working and delivering health services.
- 3. Quality Assurance involves a multi-disciplinary team approach toproblem solving and quality improvement.

PRINCIPLES OF QUALITY ASSURANCE

There are four basic principles on which Quality Assurance operates

1. Client Focus

Services should be designed so as to meet the needs and expectations of clients and community.

2. Understanding Work as Processes and Systems

Providers must understand the service system and its key service processes in order to improve them.

3. Testing Changes and Emphasizing the Use of Data

Changes are tested in order to determine whether they yield the required improvement. Data are used to analyze processes, identify problems, and to determine whether the changes have resulted in improvement.

4. Teamwork

Improvement is achieved through the team approach to identifying problem, solving and quality improvement.

NEED FOR FOCUSING ON QUALITY CARE

A report of WHO (2006) on Quality of Care –A process for making Strategic choices in Health System explains that a wealth of knowledge and experience in enhancing the quality of health care has accumulated globally over many decades. In spite of this wealth of experience, there are problem frequently faced by policy-makers at country level in both high - and low - middle-income countries. The major problem of these countries is to know which quality strategies to be complemented by and integrated with existing strategic initiatives. This would have the greatest impact on the outcomes delivered by their health systems. This guide promotes a focus on quality in health systems, and provides decision makers and planners with an opportunity to make informed strategic choices to advance quality improvement.

There are two main factors for promoting quality in health systems. Firstly, even health systems are well developed and resourced there is clear evidence that quality remains a serious concern, with expected outcomes not predictably achieved and with wide variations in standards of health-care delivery within and between health-care systems. Secondly, in health systems particularly in developing countries need to optimize resource use and expand population coverage, the process of improvement and scaling up needs to be based on sound local strategies for quality so that the best possible results are achieved from new investment.

PATIENT CARE

It has been recognized now that the information system provides an excellent tool for the management of the patient record and the routine monitoring of the patient data by pre-defined decision criteria.

1.1 NEED FOR THE STUDY

Healthcare needs are increasing day by day. Health industry is globally estimated as a 3 trillion dollar industry. Types of cases are also recorded in the ascending order. Parallelly technological advancements in health industry has multiplied. Hence medical equipments have become highly modernized with higher investment costs. Health Insurance Schemes both in public and private sector are developing incrementally.

Epidemiological through break, climate changes, urbanization, changing life styles and environmental degradation and other factors like changing occupational diversities forced health sector to make the patient treatments more affordable, feasible, qualitative and more cost – effective so more complex treatments are possible compared to the past.

1.2 NEED FOR THE STUDY

Healthcare needs are increasing day by day. Health industry is globally estimated as a 3 trillion dollar industry. Types of cases are also recorded in the ascending order. Parallelly technological advancements in health industry has multiplied. Hence medical equipments have become highly modernized with higher investment costs. Health Insurance Schemes both in public and private sector are developing incrementally.

Epidemiological through break, climate changes, urbanization, changing life styles and environmental degradation and other factors like changing occupational diversities forced health sector to make the patient treatments more affordable, feasible, qualitative and more cost – effective so more complex treatments are possible compared to the past.

RESEARCH METHODOLOGY

The methodology adopted in this study is presented in this chapter. The theoretical perspectives discussed in the first chapter, the conceptual frameworkin the second chapter, the review of relevant literature in the third chapter, the objectives and hypotheses developed in the this chapter form the basis for the formulation of the research methodology adopted in this investigation. The major purpose of this investigation is to capture the quality assurance, overall quality assurance and management systems of the hospitals in Gurgaon Haryana.

Research techniques:

The researcher has presented and interpreted the collected data supported by quantitative techniques.

STATEMENT: A study to assess the Quality assurance in Health Care System with special references to Hospitals in Gurgaon Haryana.

OBJECTIVES OF THE STUDY

- 1. To study the reasons for patients choosing specific hospitals for treatment.
- 2. To study various Quality Assurance factors and the overall Quality Assurance delivered in the chosen hospitals in Gurgaon Haryana.
- 3. To study the relationship between various Quality Assurance factors and the overall Quality Assurance in the health delivery system in the chosenhospitals in Gurgaon Haryana.
- 4. To conclude certain findings and suggestion based on the objectives formulated.

INSTRUMENTATION

For the purpose of studying the objectives and testing the hypotheses, a questionnaire (see Appendix - I) was used as an instrument to collect the data. The questionnaire has three parts: the first part measures the background information, the second part the reasons patients use to choose hospitals for treatment and the third part, the overall quality assurance and management systems factors.

HIGHLIGHTS/ OUTCOME OF THE THESIS:

Interpersonal service is the highest quality assurance preferred by patients followed by quality assurance and management system followed by hospital pricing and physical facilities.

Among Interpersonal Services, overall reception facilities are good in corporate, private and semiprivate hospital.

Follow up and mentoring of patients are expected to give still more attention in hospitals. Doctor – Patient relations are highly preferred in all hospitals irrespective of the categories, due to training doctor interference, patients feel that the experienced consultants have to visit them frequently.

The patients expect knowledgeable, skilled and matured staff even in non clinical areas. Level of emotions concerning service was very mentioned in selected standardized hospital followed by private and semiprivate hospitals.

Most of the educated patients irrespective of category of hospitals expressed their opinion that well trained staff with good interpersonal skills should be incharge of help desks and be responsible for giving the necessary information and directions to the patients, documenting them and following up on complaints for further investigations.

private and semiprivate hospital has higher interpersonal and has more cost –effectiveness of health service followed by others. Physical facilities are more in good and comfortable. Infrastructural facilities and patient bed ratios are sufficiently maintained in private and corporate hospitals as compared to others government hospital in Gurgaon Haryana.

Quality assurance does not differ across the age of the patients visiting the hospitals.

Support services is the strongest predictor of overall quality assurance and management systems followed by overall communication and information services, clinical services and interpersonal services. Better amenities although not directly related to clinical effectiveness but enhances patients" satisfaction and willingness to pay for services.

Support services in corporate, private hospitals are good comparing with medical college hospitals and other Government hospital. But the cost of radiology and imaging services are more in corporate and private hospitals comparing with government hospitals where the cost is free or subsidized. Hence most of the patients for radiology and imaging services are going outside to private units as referred and directed by the doctors of these private and corporate hospitals in Gurgaon Haryana. In order to maintain better patient care pricing for diagnostic and imaging services are to be minimized in private and corporate hospitals. The quality of laundry facilities is good in private than in government units.

Although inventory of Blood bank systems are well supported by stakeholders in government and semi government units, the clinical and lab management systems have to be very well improved from the existing level.

In the overall hospital environment in Gurgaon Haryana the role of healthcare managers should be made more effective in addressing issues on resource allocation, staffing patterns, management practices in minimizing the time of admission and discharge.

Technology application in communication and medical functioning systems are well maintained in corporate and private hospitals but the risk

reducing measures are not met upto the satisfaction of the medical and administrative personnel due to excess flow of inpatients in government system.

Review systems, to maintain consistent quality assurance systems must be paid more attention in hospitals through periodic audit and sound self renewal exercises and meetings. Implementation of feedback through patient care committees are done fairly in private hospitals but feedback system needs enrichment in whole hospital environment in Gurgaon Haryana.

Hypothesis is more supported by cost effectiveness of health services. Pricing of medical services, supported by effective insurance implementation through proper TPAs and insurance agencies is highly preferred in corporate & private due to its high pricing. Cost effectiveness of health service is highly preferred for quality assurance subsidies for selective segments like senior citizens, employees, shareholders families, physically challenges, defense categories etc., are expected by community. This facility is mostly available with government/ Insurance hospitals. Prescription of affordable medicines is expected in most of the respondents.

Hypothesis is also supported by physical facilities and environment next to cost factors. All corporate, private and private medical college hospitals are good in cleanliness and pleasant environment. Adequate facilities in patient rooms, wards, right and comfortable beds along with good work management practices add more brand value according to the study.

Turnover among health professionals are quite high in private/ corporate hospitals due to inadequate policies in wage & salary systems. Internal communication systems relating to quality assurance have to be executed on continuous basis to avoid communication gaps in implementing the objectives through action plans in Quality Assurance System.

Conducting periodic client satisfaction surveys, managing health management information system in certain areas like patient data, complaint system, documentation on critical adverse events, OPD attendance are to be maintained with suitable software support.

Effective HRD practices must be given high priority in Coimbatore based hospitals which may include role analysis, training and development, and performance counseling.

Tests of "between – subject" effects inferred that the clinical services is one of the influencing factors in determining Quality Assurance System irrespective of categories in specific areas. Careful and good medical processes along with the brand value of doctors add more dimensions to Quality Assurance of Gurgaon Haryana hospitals. Few doctors irrespective of hospital categories are very well received by the patients due to their success rate and reputation.

International Journal of Arts, Humanities and Management Studies

Multiple regression analysis reveals that although support services is the strongest predictor of overall Quality Assurance system this is followed by overall communication and information services, regardless of the many changes. It has been observed through analysis that healthcare delivery system in both private and government hospitals will continue to be enormously "information – intensive process" and has become "knowledge – exchange business". As complexity goes up in hospitals we are in a position to apply improved strategies and technologies for managing medical records and overall healthcare information. Hence information strategies and their deployment are essential for Quality Assurance process. Well planned medical and patient data acquisition and computerized decision support system in hospitals will transform the service quality and turnaround time of the patients directly and indirectly.

REFRENCES

- i. Ann Mohidre, E etal. A randomized trial of Quality Assurance in nursing Homes. Medical Care, June 1988, Vol:26.No.6
- ii. Arasli Ahmadeva, 1998 Collaboration in Reproductive health sector, free press.
- iii. Areday etal. Self assessment of health centres of a public health service through the European model of TQM. International journal of health qualityassurance, 12(2):54-58.
- iv. Babakus, E and Mangold, W.G (1992), "An empirical assessment of the SERVQUAL scale to hospital investigation. Health ServicesResearch, Vol.26 No.6, pp767-80
- v. Bendell K, Kelly J, Merry T. Quality measuring and monitoring. London: Century Business, 1993.
- vi. Castle, NG, Brown, J. etc., (2005) "Review of literature on survey instrument used to collect data on hospital patients perceptions of care, Health Service Research, Vol: 40, No: 6 pp-1996 2017.
- vii. Cynthia A Basulta, 2010 Healthcare associated infections in Hospitals GAO. Publications.
- viii. Donabedian, A (1980). "The definition of quality and approaches to its assessment, explorations in quality assessment and monitoring. Vol: 1, Ann Arbor MI: Health Administration press.
- ix. Escovitz GH, Burkett GL etal., The effects of mandatory quality assurance, a review of hospital medical and processes. Med care 1978; 16 -94.
- x. Escovitz GH, Burkett, GL et al The effects of mandatory quality assurance, a review of hospital medical audio processes. Med Care 1978: 16: 94.
- xi. Firsh Cozans J, Mowbray D. Leadership and the Quality of care. Quality in healthcare 2001, 10: 13-17.
- xii. Green and Tull 200", Market Research, Irwai publishers

International Journal of Arts, Humanities and Management Studies

- xiii. Grim Shaw , Jet.al. Systematic reviews of the effectiveness of quality improvement strategies and programmer. Quality and safety in healthcare, 2003, 12: 298 -303.
- xiv. Hare RL, Barnoow.S.Medical care appraisals and quality assurance in the office practice of Internal medicine. San Francisco: American Society of Internal Medicine. 1973.
- xv. World Health Report (2000). Health Systems: Improving Performance, Geneva: WHO.

WEBSITE

i. Agency for Healthcare Research and Quality AHRQ (2006). Patient safety indicators overview, available at www.qualityindicators.ahrg.gov/psi_overview.htm.

