Quality Improvement, Quality Control, And Delivery Of Quality Assurance

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I want to start this discussion with a background in nursing in the United Kingdom. In 1860 Florence Nightingale started the very first nursing school at St Thomas hospital, in London. Who can forget her contributions towards initiating sanitary reform within Indian army forces and later it was made into legislation THE ROYAL SANITARY COMMISSION of 1868-1869 which states that there should be compulsory sanitation in private housing. Just by discussing this example from the past, we learn that quality improvement and assurance existed, since that era.

Quality merely means ‘a high standard’. In health and social care its important to maintain the standard of whatever work we do which includes.

- • How we communicate with patients
- • Maintain their dignity and privacy
- • Self-centred approach to them
- • Built good relationship with the patient
- • Wherever possible safeguard adult or child (if necessary)
- • Keeping in mind ONE SIZE DOES NOT FIT ALL.
- • Treat all patient as an individual and discuss.
- • Keep them well informed about any clinical decision or investigation any health care worker is deciding to initiate.

Above are a few of the daily interaction-based actions mentioned. At every episode with the patient, it is very important to maintain those high standards of care provision.

All previous UK government administrations have adopted measures to increase the standard of service in the National Health Service (NHS), but numerous and varying programs have failed due to lack of implementation and diversion from other changes.

Efforts to improve the quality of care have been hindered by competing beliefs about how best to achieve improvements.

Discussion

If we are discussing Quality than we have to look into quality assurance and quality control as these terminologies sound similar, but definitions and purpose are different.

- Quality Assurance involves. process, proactive, staff function, prevent defects
- Quality Control involves, product, reactive, line function, find defects

Now I would like to shed some light on what is, Quality Assurance? According to Online

Merriam-webster/dictionary; Quality Assurance is defined as a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Who is involved in Quality Assurance

Quality Assurance does not rely on a specific health and social care organisation. As a matter of fact, it relies on a variety of different roles that fit and work. well together, in different settings such as the Primary care, Secondary care, the Quality Assurance Committee, and Social Workers and other Adult Care and Support (ACS) organisational colleagues, front-line staff support quality assurance by providing the Quality Assurance team with information on provider concerns, safeguards, and good practice reporting.

Quality Assurance within the NHS can be divided into three parts, Patient Safety, Patient Experience, and Clinical Effectiveness. The Quality Assurance Team make evaluations of distinctive facts and talent in each and every aspect of these domains to acquire assurance on the fantastic services provided by health and social care provider to the population of the county and, working in collaboration with colleagues inside the CCGs and across the Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT), to enhance and dramatically change the effectiveness of services.

Quality Assurance can be achieved by different models.

Although there are 4 recognised models of quality improvement in the health and social care sector, globally; FADE, PDSA, DMAIC (define-measure-analyze-improve-control), DMADV (define-measure, analyse-design-verify).

I choose PDSA and FADE models for Quality Improvement (QI).

The Model for Improvement (MFI) is the most widely implemented approach to QI in health care, and this is something you want to demonstrate your procedures. The MFI was established in 1996 by the Institute for Healthcare Improvement (IHI) and published in The Quality Guide: A Practical Approach to Organizational Performance Improvement (1996).

Improving the standard and protection of healthcare persists as a worldwide concern. In recent years, methods such as plan – do – study – act (PDSA) cycles, for improving quality (QI) are being used to try to enhance such improvements. The system is commonly used to improve healthcare, but there is little universal awareness about how the programme it is actually applied.

Let us discuss in detail

PDSA model

- • Plan
- • Do
- • Study
- • Act

Plan

Planning can be defined as, what outcomes of what we want to achieve. The practices should take into consideration the policies outlined by GOV. The UK such as the 2014 Care Act, as well as local needs and demographics such as age, ethnicity, gender, disability / ill health, prosperity within the community, and deprivation levels like housing, education, etc. Once the desired results are identified, the current provision is then measured against these results. Then its time to DO.

Do (Initiate)

It is the step when the transition happens, where new programs or procedures/protocols are initiated. Once all plans are laid out and all clinical and non-clinical staff understands what to do. Its time to…

Study

During the performance evaluation, data is being collected for comparison, which establishes at this step of PDSA whether we have achieved the projected goals and objectives and whether the service is performing to the standards we expect. Or it is against what was projected, at start

Act

When the data is assessed we could assess how accurately our intended goals and objectives have been accomplished by the modifications. Also, we can evaluate what else can be done to further optimize the method. We can now start making plans to act on those new strategies. To put this in clinical practice in primary, secondary, or social health care.

Another commonly used model to achieve high QI (quality improvement) is FADE

This is the model in graphic form, including a little more detail of what can be included in each step. As you can see there are many parts within each of the basic four steps. Start in the middle of the circle and move out in each phase to see the sequential flow of the FADE process.

The small details are less important than the 4-step cycle

Lest put cervical smear cancer screening as an example to discuss this model in detail

FADE model

Focus

Your practice is still looking into cervical smears.

Analyse (the problem to find root cause)

Repeating your root cause study shows a positive reduction in lost opportunities. Record-keeping is considerably improved. The patients identified as non-compliant or non-responders

mostly had their cervical cancer screening either booked or completed, but late.

Develop (methods of improvement)

The group considers two options: first to set up a reminder / call-back system for all patients who have not been present for the last 3 years or to start calling all patients who are due for screening to ask them if they want to have this done or not, so the practice will be left with a list of patients who want to have the procedure done. Despite the versatility of the patient group and the challenge of getting in, your practice decides to go ahead with the first option.

Execute

Your practice is going to post and share up-to-date information on cervical cancer screening to patients, advise clinicians, and provide patients with details as to why this move occurred.

Evaluate

Sit back and relax, At the next audit, your compliance should be 90%.

Continue the cycle until the goal is reached.

Conclusion

Quality improvement, quality control, and delivery of quality assurance are not easy-to-follow steps. Even if all phases of each model are followed there will be some errors, failures, and discrepancies. which may be due to red tape implemented by local CCGs (clinical commissioning governance) or politicians. It is very important to keep the inter-professional act of delivering Quality Assurance of services provided to the service user at its highest grade. All staff members should have the training how to deliver the expected results.

No matter whichever the Quality Improvement model is used. The National Health Service (NHS) in England needs a Quality Assurance policy which outlines the functions of agencies at different levels of funding for better treatment.

Regional policymakers, officials, and legislators must reduce the burden of regulation, assessment, and tracking performance to allow doctors and business leaders to push towards reform.in all sectors of health and social care.

I can safely state that over time; it is becoming harder to deliver top quality services to service providers as it is mostly affected by postcode. The more deprived postcode, the least level of quality improvement. It is all down to the government’s regeneration programmes in local counties which bring a huge change in people’s behaviours and in turn quality of life and health is also improved.it can be reflected on great service provided by primary, secondary and social health care