

## QUALITY IN HEALTH CARE– DEFINITIONS AND MEASUREMENTS

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ISSN 0350-364X

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DOI: 10.5457/367

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**Received:**

09.10.2015.

**Accepted:**

04.05.2016.

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**Competing interests:**

The authors declare no competing interests.

**Introduction:** quality is an important part of our lives. Everywhere in the world people are looking for quality products and services. In most countries quality health care is a human right. If quality of health care services improves, productivity increases, costs decrease and better services would be available for patients - clients. All of these factors do improve organizational performance and provide a long - term working relationships for providers and recipients of health care products and services.

**Methods:** a detailed literature review of differing sources was conducted including: studies, books, monographies and peer – reviewed journals, with the goal of achieving the better understanding of today’s modern challenge in definitions and measurements of quality in health care.

**Discussion:** quality in health care can be defined and measured. It may be defined on the basis of specifications from health care organization’s (provider’s side) and based on the expectations from the patients – clients (service recipients) side. Quality is dynamic and it is derived from the concept of continuous improvement. Quality is free and it is a primary source of the cost reduction. It often is connected to the concept of „doing the right things in the (correct) right way“. It is estimated that in the United States of America the poor quality causes 40 percent of the cost of people and assets in the health care service industry. Quality is closely connected with the results (outcomes). It is the responsibility of all sides (stakeholders) involved. Measurements in health care do produce solid statistically based measured information of critical processes, which, in turn, will enable the organization to undertake solid health care quality improvements.

**Conclusion:** quality in health care has a rather complex nature. The pluralistic evaluation approach showed that quality health care service has different meanings for patients - clients, health care providers, managers, policy makers, socio-political-cultural stakeholders and payers. Those dimensions of health care quality, which are important to all interest groups involved in the health care delivery, ought to be the priority for managers and practitioners. If the patients are to be ultimately satisfied, they need to perform well on the above mentioned dimensions.

**Key words:** health care, quality, measurements, pluralistic evaluation

**INTRODUCTION**

Quality represents the essential part of our existence. Everywhere in the world people are looking for quality products and services. In most countries, quality health care represents a human right (1). If quality of health care services improves, productivity increases, costs decrease and better services would be available for patients - clients (2). Quality has subjective nature, intangible characteristics and it is difficult to define. Especially, it is difficult to define and measure quality of fragmented and complex health care services. There are many definitions of quality in health care. American National Association of Quality Assurance Professionals described quality, as „levels of excellence“ produced and documented

in the process of patient care, based on the best knowledge available and achievable at the particular facility (3). Armenian scientist Donabedian defined health care quality as „the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk“ (4). It is not apparent that a universal definition of quality is forthcoming. Even, in the absence of a formal definition, a patient or provider can certainly identify its absence - substandard care or less - than optimal results (5).

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quality of health care services improves, productivity increases, costs decrease and better services would be available for patients - clients (2). Quality has subjective nature, intangible characteristics and it is difficult to define. Especially, it is difficult to define and measure quality of fragmented and complex health care services. There are many definitions of quality in health care. American National Association of Quality Assurance Professionals described quality, as „levels of excellence” produced and documented in the process of patient care, based on the best knowledge available and achievable at the particular facility (3). Armenian scientist Donabedian defined health care quality as „the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk” (4). It is not apparent that a universal definition of quality is forthcoming. Even, in the absence of a formal definition, a patient or provider can certainly identify its absence - substandard care or less - than optimal results (5).

## METHODS

A detailed literature review of differing sources was conducted including: studies, books, monographies and peer - reviewed journals, with the goal of ultimately achieving the better understanding of today's modern challenges in definitions and measurements of quality in health care. An evaluation of multitude of resources (i.e. pluralistic evaluation) does not depend on consensus, but rather explores various perspectives.

## DISCUSSION

Quality in health care can be defined and measured. It may be defined on the basis of specifications from health care organization's (providers side) and based on the expectations from the patients - clients' (service recipients) side (6,7,8). Quality is a dynamic process and it is derived from the concept of continuous improvement. Quality is free and it is a primary source of cost reduction. It is connected to the concept of „doing the right things in the (correct) right way”. It is estimated that in the United States of America the poor quality causes 40 percent of the cost of people and assets in the health care service industry (9,10,11). Quality is closely connected with the results (outcomes). It is the responsibility of all sides (stakeholders) involved. Measurements in health care do produce, solid statistically based, measured information of critical processes, which, in turn, will enable the organization to undertake solid health care quality improvements (12,13,14,15).

The quality of care is made explicit by written standards, which direct the way the service is to be provided and the results that ought to be achieved from the service. Quality is defined by various standards. A standard is a written value statement of rules, conditions, and actions in a patient, staff member, or the system that are sanctioned by an appropriate authority (16,17).

There are four components to every standard: 1) standard is written; 2) standards define a set of rules, actions, or results; 3) standards are written for consumers, staff members and systems and 4) standards must be approved by an authority (18,19).

The U.S. Joint Commission outlined factors, which determine patients' care quality. They are listed as follows: Appropriateness, Availability, Continuity, Effectiveness, Efficacy, Efficiency, Respect, Caring, Safety, and Timeliness.

Traditionally, quality assurance has been focusing on finding problems and fixing them. It was based on the old adage „if it isn't broke don't fix it”. Today, this old saying is being replaced with a new, quality improvement one, „even if it isn't broke, it can still be improved” (20,21,22).

Quality improvement is defined as follows: the process of attaining a new level of performance or quality, which is superior to any previous level of quality and the attainment of a new level of quality, which is superior to any previous level of quality.

Performance can escape out of hand if it is not managed properly. Managing performance successfully requires mechanisms to define and revise standards and to inform those affected by the standards about them. Performance management is a system composed of an orderly series of programs designed to define, measure and improve organizational performance. Performance management requires the judicious deployment of fiscal, human and material resources (23, 24, 25).

## CONCLUSION

Quality health care has by its virtue always been of a fairly complex nature. The pluralistic evaluation approach showed that quality health care service has different meanings for patients - clients, health care providers, managers, policy makers, socio-political-cultural stakeholders and payers. Those dimensions of health care quality, which are important to all interest groups involved in the health care delivery, ought to be the priority for managers, practitioners and decision makers. If the patients are to be ultimately satisfied, they need to perform well on the above mentioned dimensions.

Modern science, especially, a very fragmented and complex medical science encouraged health care service providers to regularly monitor health care quality and accordingly, initiate continuous quality improvement programs to maintain high levels of patients' satisfaction. These discoveries have important implications for policy (decision) makers. Their support, in terms of providing necessary resources and establishing supportive rules and regulations is critical.

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