

Quality Control

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Controlling

- Fifth and final step of the management process.
- Performance is measured against predetermined standards.
- Action is taken to correct discrepancies between these standards and actual performance.

Quality Control

- Activities that evaluate, monitor, or regulate services rendered to consumers.
- Although the organization must be realistic about the economics of rendering services, if nursing is to strive for excellence, then developed quality control criteria should be pushed to optimal levels rather than minimally acceptable levels.

Health Care Quality

- The Institute of Medicine (1994) defines health care quality as the degree to which services for individuals and populations increase the likelihood of desired health care outcomes and are consistent with current professional knowledge.

Three Steps of the Quality Control Process

- ▶ The criterion or standard is determined.
- ▶ Information is collected to determine whether the standard has been met.
- ▶ Educational or corrective action is taken if the criterion has not been met.

Steps of the Quality Control Process

- ▶ Establish control criteria
- ▶ Identify the information relevant to the criteria.
- ▶ Determine ways to collect the information.
- ▶ Collect and analyze the information.
- ▶ Compare collected information with the established criteria.
- ▶ Make a judgment about quality.
- ▶ Provide information and, if necessary, take corrective action regarding findings to appropriate sources.
- ▶ Re-evaluation

Quality Gap

- The difference in performance between top-performing health care organizations and the national average is called the *quality gap* (National Committee for Quality Assurance [NCQA], 2004).

Benchmarking

- ▶ The process of measuring products, practices, or services against best-performing organizations.
- ▶ Organizations can determine how and why their organization differs from these exemplars and then use the exemplars as role models for standard development and performance improvement.

Standards

- ▶ Predetermined level of excellence that serves as a guide for practice.
- ▶ Must be objective, measurable, and achievable.
- ▶ No one set of standards fits all organizations.
- ▶ **Organizational standards** outline levels of acceptable practice within the institution. e.g. policy and procedures manual.
- ▶ American Medical Association has played a critical role in developing standards for the medical profession.

Clinical Practice Guidelines

- ▶ Provide diagnosis-based step-by-step interventions for providers to follow in an effort to promote quality care.
- ▶ Also called **standardized clinical guidelines**.
- ▶ Should reflect ***evidence-based practice (EBP)***; that is, they should be based on cutting-edge research and best practices.

Standards of Practice

1. Assessment
2. Diagnosis
3. Outcomes identification
4. Planning
5. Implementation
6. Evaluation

► **Standards of Professional Performance**

7. Quality of practice

8. Education

9. Professional practice evaluation

10. Collegiality

11. COLLABORATION (with the patient, family, and others)

12. Ethics

13. Research

14. Resource utilization

15. Leadership

Audits as a Quality Control Tool

- ▶ An **audit** is a systematic and official examination of a record, process, structure, environment, or account to evaluate performance.
- ▶ **Retrospective audits** are performed after the patient receives the service.
- ▶ **Concurrent audits** are performed while the patient is receiving the service.
- ▶ **Prospective audits** attempt to identify how future performance will be affected by current interventions.

Audits Frequently Used in Quality Control

- Structure
- Process
- Outcome

Quality Control

- ***Structure audits*** assume that a relationship exists between quality care and appropriate structure.
- ***Process audits*** are used to measure the process of care or how the care was carried out and assume that a relationship exists between the process used by the nurse and the quality of care provided.

Quality Control

- ▶ **Outcomes** are defined as the end result of care, or how the patient's health status changed as a result of the intervention.
- ▶ While outcomes are an important measure of quality care, it is dangerous to use them as the only criterion for quality measurement.

Quality Assurance vs Quality Improvement

- **Quality assurance models** seek to ensure that quality currently exists, whereas **quality improvement models** assume that the process is ongoing and that quality can always be improved.

Total Quality Management

- ▶ Also referred to as continuous quality improvement (CQI).
- ▶ Developed by Dr. W. Edward Deming.
- ▶ Based on the premise that the individual is the focal element on which production and service depend.
- ▶ Focus is on doing the right things, the right way, the first time, and problem-prevention planning, not inspective and reactive problem solving.

Total Quality Management Principles

1. Create a constancy of purpose for the improvement of products and service.
2. Adopt a philosophy of continual improvement.
3. Focus on improving processes, not on inspection of product.
4. End the practice of awarding business on price alone; instead, minimize total cost by working with a single supplier.

Total Quality Management Principles

5. Improve constantly every process for planning, production, and service.
6. Institute job training and retraining.
7. Develop the leadership in the organization.
8. Drive out fear by encouraging employees to participate actively in the process.
9. Foster interdepartmental cooperation and break down barriers between departments.
10. Eliminate slogans, exhortations, and targets for the workforce.

Total Quality Management Principles

11. Focus on quality and not just quantity.
12. Promote teamwork rather than individual accomplishments.
13. Educate/train employees to maximize personal development.
14. Charge all employees with carrying out the total quality management package.

HCAC National Quality & Safety Goals 2010, Jordan

- Goal One: Identify Patients Correctly
- Goal Two: Improve the Safety of High Alert Medication
- Goal Three: Ensure Correct-Site, Correct-Procedure and Correct-Patient
- Goal Four: Ensure Compliance with Hand Hygiene Best Practice
- Goal Five: All Medical Record Entries must be Timed, Dated and Signed