DIFFERENT ASSISTANCE QUALITY SYSTEM IN HOSPITAL INDUSTRY

Arpana Katiyar

Research Scholar, Faculty of Commerce & Management, Rama University, Near Mandhana Railway Station Rama City Mandhana, Bithoor Road, Kanpur, Uttar Pradesh 209217

Abstract: Health care is very complex sector and delivery of service is the fragmented care. Quality can be a common paradigm to address the need of all groups in health care. Quality improvement is the process approach to the organization's operational challenges. The initiative to address the quality in health care has become a global phenomenon. A quality revolution for delivery of service with patient at the center and services around it is the demand of the time. This article comprehensively reviews the quality management in health care service and aims to sensitize the health care professionals towards achieving total quality. Hospital quality management means the process of managing the entire entailed hospital operation in a worthwhile fashion by applying the various hospital quality measures and standards, so that the hospital functions in a desirable condition. The Indian hospital system follows NABH Quality Standards, which provides guidelines to healthcare administrators and also facilitates the overall hospital functions to remain exceptional and patient-friendly. However, the hospital management has to control all the related activities prudently, by applying the appropriate hospital quality measures, with special attention to the key areas of organizational activities such as the process improvement, cost reduction, productivity & performance improvement, and throughput time.

Keywords: assistance, quality, hospital, industry, different, standards, healthcare, improvement.

Introduction

However, there are certain leadership principles and operational procedures that cut across the industry.

1. Develop a Quality Control Process

As mentioned earlier, the healthcare industry is susceptible. It deals with the lives of many people, and any small mistake can lead to regrettable consequences. Having said that, it is also important to consider the use of personal intuitions and common sense while treating or attending to patients. No healthcare worker should feel compelled to adhere to stringent rules that may compromise the life of patients.

Workers in the healthcare profession should have the liberty to establish processes that they deem life-saving to patients. Quality assurance is meant to protect both caregivers and patients. That's why employees should not perceive some rules and regulations as punitive but rather view them positively.

For instance, nurses might be required to ensure that all hospital wards' equipment is thoroughly cleaned. Sometimes test results might require to be cross-checked by doctors or senior technicians. In other words, you don't have to rely on the set standards – you can go beyond certain regulations to provide the best services.

An intensive care unit (ICU) within a hospital

2. Conduct Spot Check-Equipment Testing

Incorrect use of equipment can have adverse effects on the patients. Even medical practitioners with years of experience can still mishandle certain medical equipment. Some may have developed unsafe habits that can harm patients.

Holding unplanned equipment testing sessions can, therefore, help in ensuring there is compliance. Workers often do their level best to understand how to use various equipment, knowing that they can be caught off-guard at any time.
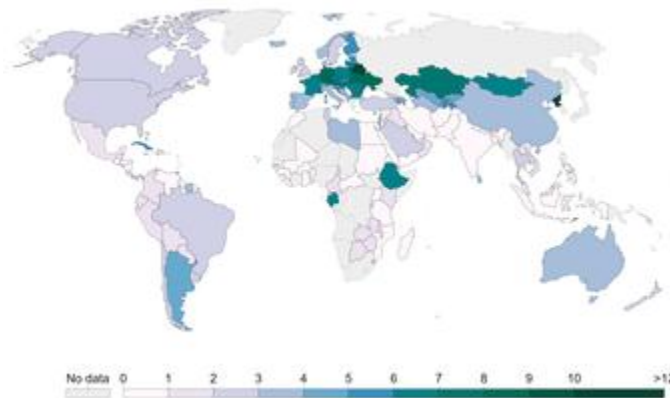
Hospital beds per 1000 people 2013.

An organization can perform tests on a limited number of employees and monitor how every employee is handling the equipment. This is also the time to note any deviation from the accepted standards of handling equipment.

Allow the employees to air their views about the use of different equipment. They should also air out common errors and help them with ways of correcting those particular errors.

If the facility cannot run tests on equipment handling, they can be asked to describe their experience in handling various equipment in the course of their duty.[1,2]

3. Maintain a Clean Working Environment

Besides various procedures on sterilization of surgical rooms and medical equipment, employees should be aware of the importance of having a clean working environment.

Most workplaces do have injury and illness programs, as stated by the law. However, a healthcare facility should go beyond the minimum safety requirements set by state laws.

The organization or healthcare facility should create a culture that promotes a safe and secure environment among its employees. It should come up with ways of discouraging employees from avoiding spilling and cluttering within their working spaces.

For example, the facility can create policies that reward those who maintain the highest standards of cleanliness and a form of punishment for those who blatantly clutter and violate rules on cleanliness and safety.

4. Stock Equipment Spare Parts

Most healthcare facilities rely on different types of medical equipment to function effectively. A good quality control program should have a list of all necessary equipment to operate optimally. All authorized employees should know where spare parts for different equipment are kept – and, if possible, be trained on how to replace them.

If equipment requires specialized handling or maintenance, employees should have contact numbers they can use in case of an emergency. The facility should also develop alternative protocols that guarantee patient safety if equipment breaks down or is under maintenance. It is even better if a facility has its own specialized technicians who can respond immediately if the equipment develops technical problems unexpectedly.

5. Educate and Train Managers

It is difficult to achieve quality control if there is no proper implementation strategy. It is the responsibility of the management to create these measures and introduce them to health workers. This will only be possible with great knowledge and skills at different levels of the quality assurance process.

For the past 5 years, price changes ranged from 3%-6%

◥ **Over the last two decades, prices for hospital care rose, on average, several percentage points faster than inflation generally.**

Therefore, it is important to invest in the training of managers in various skills such as communication, delegation, leadership, and coaching heavily. Management training is important for the healthcare system because it is the focal point when it comes to the implementation of quality control. Technology is changing, and it is important to offer managers and employee's adequate training on handling modern medical equipment.

Managers are the ones who determine if the employees will adhere to the set standards or not. As such, there should be a strong support to the management team – particularly in terms of regular training programs to impart knowledge and skills to managers at all levels of the organization. The facility should set aside funds dedicated to training as well as refresher training for all medical employees.[3,4]

Generally speaking, healthcare is one of the most sensitive industries, and that's why the importance of quality control cannot be ignored. There is a need for those concerned with QA to promote adherence in various hospitals and other healthcare facilities. Besides that, those who violate the set standards should be individually held accountable for their mistake.

Patients' lives depend on how the healthcare facilities adhere to the set rules and regulations in the medical industry. It is the responsibility of every healthcare institution's leadership to ensure that there is strict compliance to guarantee the safety of both patients and employees. There should be constant follow-up by the management to ensure that workers are following all set standards.

Discussion

Creating quality measures in health care is the practice of using data to assess hospital and health systems performance based on various quality standards. Quality standards are benchmarks that help healthcare organizations measure resource utilization to support improvement and collaborative efforts with objective, fact-based information. There are many types of quality measures that evaluate care for everything from inpatient facilities to imaging facilities to outpatient clinics to entire hospital systems.
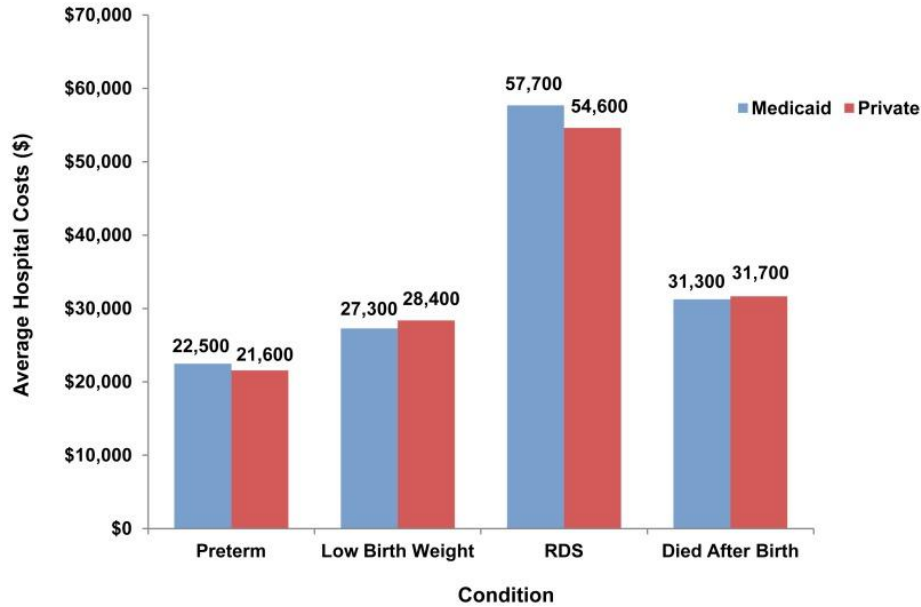
Quality measures can be established by a particular healthcare institution or they can can rely on measure specifications or accreditations developed by government agencies, private nonprofits as well as some for-profit companies. Once a healthcare organization sets its quality goals for patient care and other processes, it then develops strategies to meet or exceed those goals. Quality measures can include the organization's ability to provide effective, safe, timely, patient-focused and equitable care.[5,6]

While healthcare organizations may have quality measures specific to their institution, outcome measures are generally established by large third-party organizations, such the Centers for Medicare & Medicaid Services (CMS), the National Association for Healthcare Quality (NAHQ) or the National Quality Forum (NQF).

Healthcare institutions may decide to exceed mandated quality measures to not only benefit patients' quality of care and healthcare delivery, but to help with an institution's marketing and contracting efforts.

Because healthcare costs have risen dramatically in the past 50 years —outstripping general cost-of-living increases —payers like individuals, governments and health plans want verifiable quality measures that provide evidence that these increases are justified.
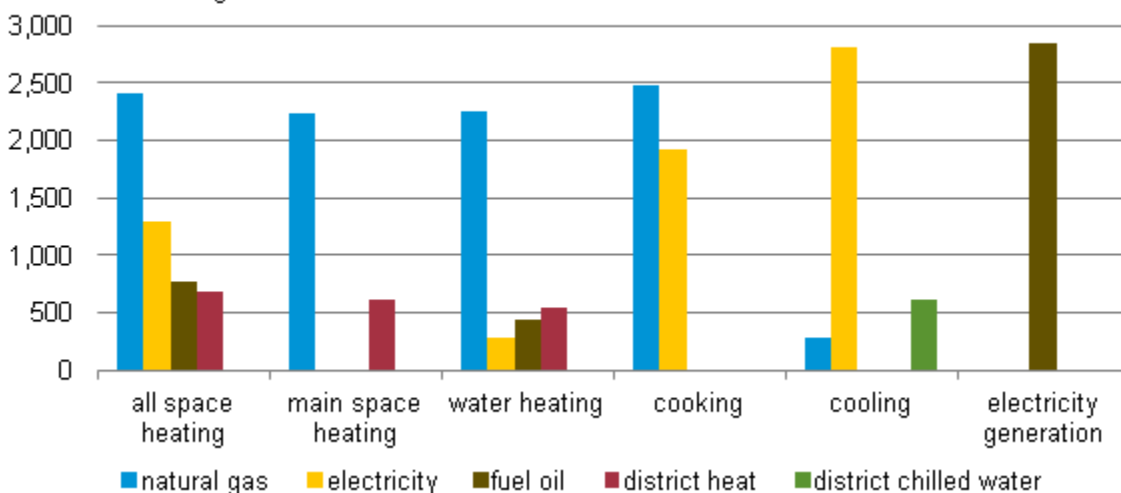
Measuring the quality of healthcare can:

➢ Guard against abuses and misuse of healthcare services

➢ Ensure patient safety

➢ Reveal areas where interventions might improve care

➢ Identify how and where performance improvements should be made

➢ Help patients make more informed choices about their health status and the care they receive

➢ Provide objective data for policy discussions about healthcare programs and investments

➢ Act as a test to see what healthcare processes, clinical practices and techniques work the best to drive constant improvements

➢ Keep healthcare providers, insurance plans and other stakeholders accountable for higher standards of care

➢ Shed light on inequalities in levels of service from different providers and different geographic regions[7,8]

Measuring quality means collecting and analyzing data. But an exponentially expanding volume of available health information makes data collection —let alone analysis —challenging. Additionally, the digitization of healthcare, accelerated by the deployment and adoption of electronic health records (EHRs), is now being exploited and augmented with technologies like mobile, social, cloud computing and analytics.

Because of the dramatic increase of available data sources, metrics and their complexity, healthcare organizations are looking to software to make it easier sift through this information. These organizations are looking for a better way to analyze their true costs, quality of the service, risk models and segmentation of their populations as well as improve relationships with the people they serve. Software tools specifically designed for the healthcare field can analyze and glean the relevant information from this ocean of data and help practitioners, researchers and caregivers discover, analyze and act on performance measurement information in innovative ways.

Some software packages incorporate artificial intelligence (AI) capabilities that fundamentally change the way humans and computers interact. With the "learning" abilities of AI, the software can accelerate work in clinical research, genomic studies, personalized medicine as well as assist with the transition to more person-centered care. These cognitive capabilities can significantly extend insight and knowledge by providing expert assistance in a clinician's or caregiver's workflow, which can help organizations dramatically change how and where care is delivered.

Results
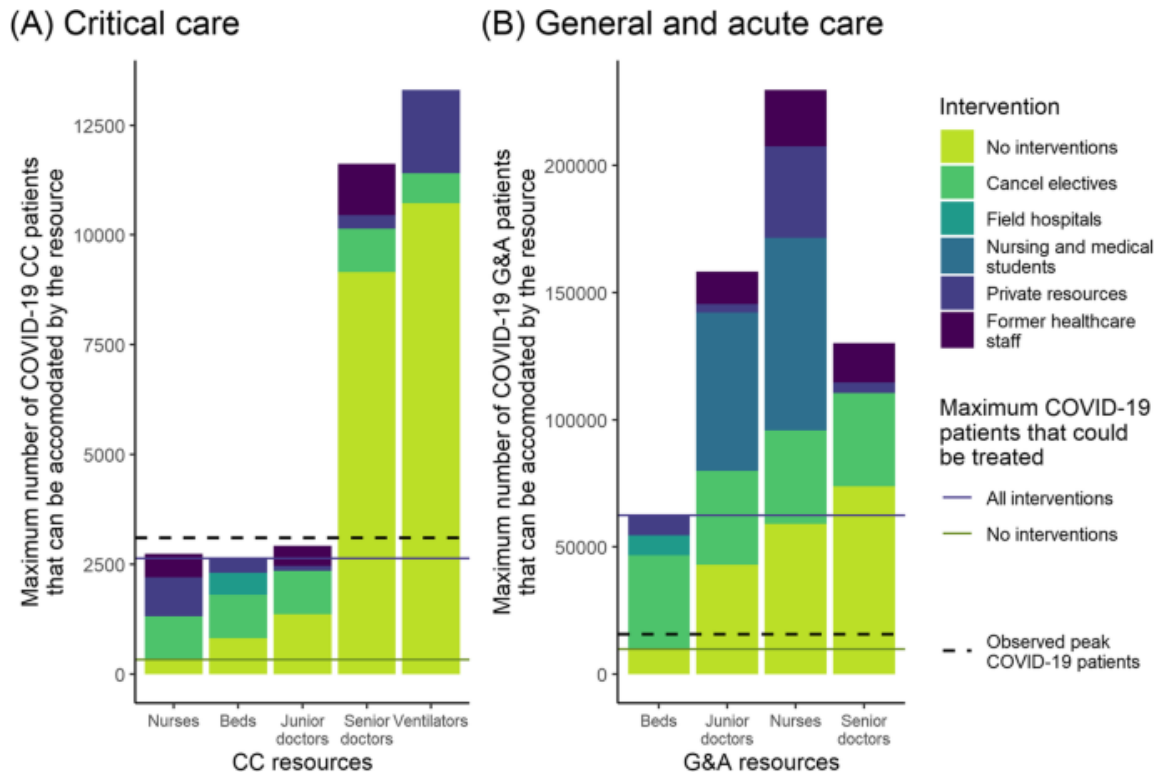
Structure measures: Structural measures are the health care provider's overall ability to provide high quality care: the institution's capacity, systems and processes. These measures may include whether the organization uses more modern electronic medical records and medication order entry systems. Measures could also include how many board-certified physicians are on staff or the ratio of providers to patients.

Process measures: Process measures are what the institution does to maintain or improve health. These measures can reflect both preventative measures or those already experiencing health issues. These measures should evaluate how the institution is meeting generally accepted standards of practice. Most health care quality measures in public reporting are process measures.[9,10]

Outcome Measures: Outcome measures reflect the impact the institution's patient interventions and how they improved the health of patients. Examples of outcome measures include rates for surgical mortality, patient readmission, surgical complications and hospital-acquired infections.

Though a focus on quality measures and quality assurance has the potential to help improve healthcare, some healthcare professionals 2 have warned that there's only limited evidence that many quality measures or performance measures result in improved health outcomes —including those tied to incentives by insurers or governments. Despite this limitation, quality measures and comparative quality ratings continue to increase in popularity because the measures are based on intermediate endpoints, such as risk-factor control or care processes that are vulnerable to gaming, over-testing and over-treatment. Instead, quality measures should be based on patient-centered outcomes with individualized approaches to clinical complexity.

The Health Catalyst website explains that quality management in health care is harder than in businesses where the metrics are more routine, such as the number of widgets made per hour or the sales revenue per quarter. In health care, different patients may have widely different problems, even in a specialty

such as OB-GYN or oncology. Solutions to patients' conditions have to be individually tailored, not mass-produced.

Despite this, health care quality is measurable, according to Tefen Management Consulting. It's the degree to which programs, policies, services and research produce good health care outcomes and lead to conditions in which people can stay healthy. The National Center for Biotechnology Information (NCBI) describes quality management in health care as a strategy or strategies that meet the needs of the industry's customers, the patients.[11,12]
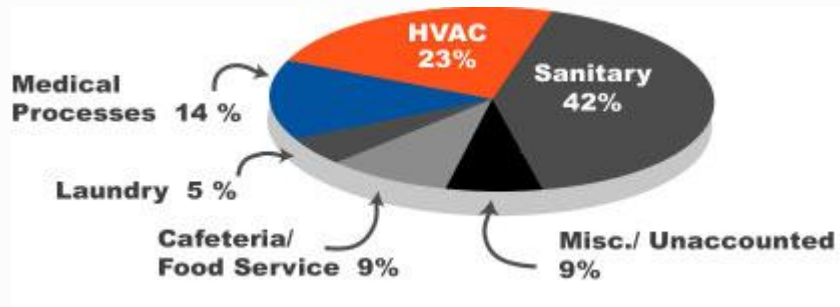
Obstacles to Quality Management

Every doctor, nurse or hospital administrator wants their treatment and patient interactions to be top quality, but it doesn't happen automatically. Whether you want quality control management in a hospital, a doctor's office or a walk-in clinic, Tefen identifies the same barriers that crop up again and again:

✓ The organization doesn't have a good policy for reporting errors. The reporting process is often time-consuming, and employees write off some mistakes as par for the course and not worth telling anyone about.[13,14]

✓ Lack of confidentiality makes staff reluctant to admit mistakes.

✓ Instead of looking for the root cause of a mistake and fixing it, organizations settle for punishing whoever screwed up. That makes staffers even less willing to report their errors.

✓ Modern medicine involves a lot of teamwork, collaboration and communication. Quality management often overlooks the ways different people or departments interact and the possible problems there.

✓ Trying to fix problems can create a big, complicated, burdensome set of new rules.

✓ An even bigger problem occurs when organizations wait until something goes wrong and then look for solutions. While it's necessary to look at mistakes and their causes after something bad happens, it's also essential to be proactive and fix weak spots before disaster strikes.[15]
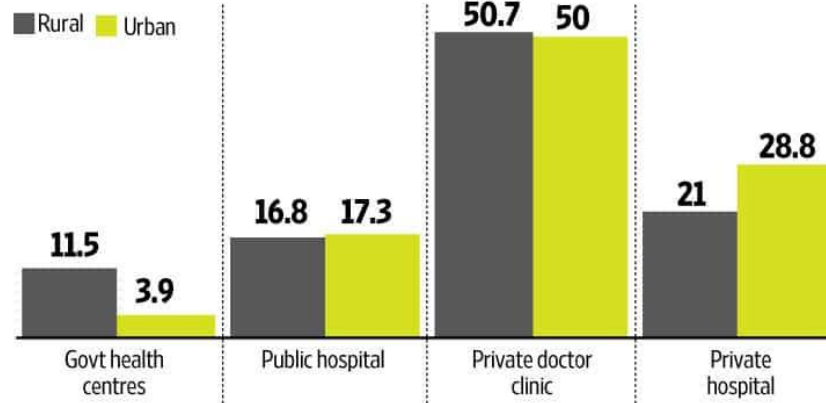
Conclusions

Six Important Standards

The Agency for Healthcare Research and Quality (AHRQ) says the role of a quality manager in a hospital or any other health care organization is most effective when they focus on six key issues:

PUBLIC APATHY

(Numbers are percentage distribution of spells of ailment treated)

■ Rural ■ Urban

	Govt health centres	Public hospital	Private doctor clinic	Private hospital
Rural	11.5	16.8	50.7	21
Urban	3.9	17.3	50	28.8

Source: NSSO report—Key indicators of social consumption in India: Health, January-June 2014

➢ Patient safety. Medical care should make patients healthier and not cause them harm.

➢ Effectiveness. Provide services that benefit the patient. Don't withhold services they need and don't push treatments that won't make a difference.

➢ Patient-centered care. The patient's preferences, needs and values should guide all clinical decisions.

➢ Timeliness. Delays can be harmful. Reducing those benefits the patients.

➢ Efficiency. Quality goes up if you don't waste equipment, supplies, energy or ideas.

➢ Equitable. Regardless of your patient's class, gender, ethnicity, or other personal characteristics, the quality of care should stay the same.

The effectiveness and safety of treatments are particularly important. Prioritizing quality management in these areas yields the best results.[16,17]

References

1. "Hospitals". World Health Organization. Retrieved 24 January 2018.

2. "India's 'production line' heart hospital". Bbcnews.com. 1 August 2010. Retrieved 13 October 2013.

3. Hall, Daniel (December 2008). "Altar and Table: A phenomenology of the surgeon-priest". Yale Journal of Biology and Medicine. **81** (4): 193–98. PMC 2605310. PMID 19099050. Although physicians were available in varying capacities in ancient Rome and Athens, the institution of a hospital dedicated to the care of the sick was a distinctly Christian innovation rooted in the monastic virtue and practise of hospitality. Arranged around the monastery were concentric rings of buildings in which the life and work of the monastic community was ordered. The outer ring of buildings served as a hostel in which travellers were received and boarded. The inner ring served as a place where the monastic community could care for the sick, the poor and the infirm. Monks were frequently familiar with the medicine available at that time, growing medicinal plants on the monastery grounds and applying remedies as indicated. As such, many of the practicing physicians of the Middle Ages were also clergy.

4. Lovoll, Odd (1998). A Portrait of Norwegian Americans Today. U of Minnesota Press. p. 192. ISBN 978-0-8166-2832-2.

5. Cassell's Latin Dictionary, revised by J. Marchant & J. Charles, 260th. thousand.

6. ^ "Our Background". District Hospital Leadership Forum. Archived from the original on 14 July 2014. Retrieved 10 July 2014.

7. Knox, Dennis. "District Hospitals' Important Mission". Payer's &−° Providers. Archived from the original on 14 July 2014. Retrieved 10 July 2014.

8. "Specialty Hospital Update" (PDF). National Public Radio. 2004. Retrieved 25 July 2020.

9. "Scope of Single Super Speciality Hospitals". Healthcare.siliconindia.com. India: Siliconindia.com. Retrieved 6 July 2020.

10. "Narayana Hrudayalaya Hospitals". Fastcompany.com. 7 February 2012. Archived from the original on 13 October 2013. Retrieved 13 October 2013.

11. "What's a Teaching Hospital?". Www.brennerchildrens.org. Retrieved 13 June 2020.

12. "Hospital beds per 1,000 people". Our World in Data. Retrieved 7 March 2020.

13. "The "virtual wards" supporting patients with covid-19 in the community". BMJ. 2020 (369): m2119. 5 June 2020. Retrieved 24 December 2020.

14. "Modern technology reduces hospital admissions". Building Better Healthcare. 2 December 2020. Retrieved 27 January 2021.

15. Legge, James (1965). A Record of Buddhistic Kingdoms: Being an Account by the Chinese Monk Fâ-Hien of his Travels in India and Ceylon (AD 399–414) in Search of the Buddhist Books of Discipline

16. Prof. Arjuna Aluvihare, "Rohal Kramaya Lovata Dhayadha Kale Sri Lankikayo" Vidhusara Science Magazine, November 1993.

17. The American Journal of Islamic Social Sciences 22:2 Mehmet Mahfuz Söylemez, the Gundeshapur School: Its History, Structure, and Functions, p. 3.