

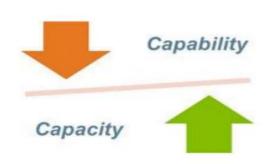


# **Efficacy**



produce the desired effect or outcome, as already shown, e.g., through scientific research (evidence-based) findings.

• The power of a procedure or treatment to improve health status.











Vaccine efficacy and effectiveness

Mediecen efficacy and effectiveness





## **Efficiency**



• The relationship between the outcomes (results of care) and the resources used to deliver care.











# **Prevention/Early Detection**





• The degree to which interventions, including the identification of risk factors, promote health and prevent disease.









## **Respect and Caring**

 The degree to which those providing services do so with sensitivity for the individual's needs, expectations, and individual differences.







• The degree to which the individual or a designee is involved in his or her own care and service decisions











# **Safety**



• The degree to which the healthcare intervention minimizes risks of adverse outcome for both patient and provider.





Voy Dimonsions



## Key dimensions of quality

key Dimensions	Explanation
Appropriateness	the care & services provided are <u>relevant</u> to individual's <u>needs</u> (correct, suitable & judged by peer), doing right thing in accordance to the purpose.
Availability	The healthcare service can be obtained in the face of financial, organizational, procedural, emotional & cultural to meet individual needs ( <u>accessible</u> )
Competency	The degree to which <u>adheres</u> of professional / organizational <u>standard</u> of care / practice (satisfaction / privilege), practioner's ability to produce health and satisfaction of customer.
Continuity	The <u>coordination</u> of needed healthcare services for patient among all healthcare providers <u>across</u> <u>organization/s <b>over time</b> (integration, communication)</u>



**Timeliness** 



Effectiveness	The degree to which the provided are achieved desired outcomes is reached +ve result of care delivery
<u>Efficacy</u>	The <u>capability</u> of the care to produce the desired outcomes, the power of procedure and ttt to improve health
<b>Efficiency</b>	The relationship between outcomes (results) and resources used (inputs) (cost effective
Prevention / Early Detection	Identification of risk factors / prevention of diseases (risk assessment)
Respect and Caring	he degree to which those providing services do with sensitivity for the individual's needs, expectations, differences and involve the individual in decision of care (patient centered
Safety	The degree to which the healthcare intervention minimizes risks of adverse outcome for both

environment is free from hazard or danger.

patient & provider / minimizes risks of organizational environment (risk reduction),

The degree to which the healthcare intervention at the most beneficial or necessary time.





3. Monitoring

**Basic concepts of quality** 

Quality should be defined by the recipient of care or service.

### Quality /performance management process:

planning, systemic and organization wide to the monitoring analysis improvement of organizational performance there by continuously improving the quality of patient care and services provided and likelihood of desired patient outcome.

Evaluation of patient outcome and effectiveness of diagnosis and treatment must be placed with in the context of appropriate use of available resources and level of care Always monitoring for adverse outcome

Observe risk issue as well as the expected positive outcome





### **Business sector**

Before employers concerned only about increasing cost of care but now they are also requiring proof that the quality of care received is the best possible of dollar spent and that adverse outcome are minimized Value:



framework that is utilized for quality management program of facility value depend on the result not input and always should defined by customer

Quality of care x outcome value=

(total cost of full cycle of care)







## Value-based healthcare:

healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.

### Value-Based Health Care Benefits

#### PATIENTS

Lower Costs & better outcomes

### PROVIDERS

Higher Patient
Satisfaction
Rates &
Better Care
Efficiencies

### PAYER'S

Stronger Cost Controls & Reduced Risks

### SUPPLIERS

Alignment of Prices with Patient Outcomes

### SOCIETY

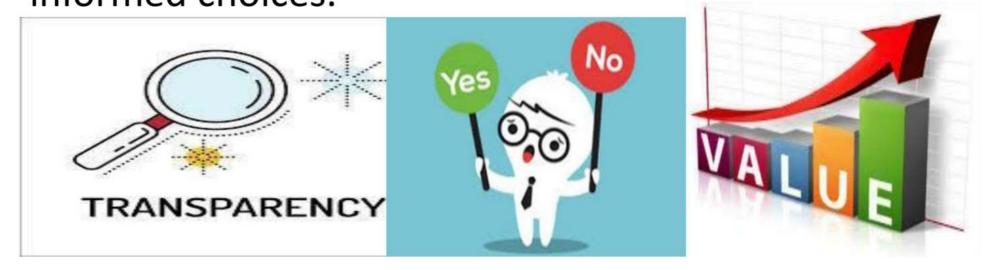
Reduced Healthcare Spending & Better Overall Health





Value = Quality + Outcome of care / Cost of care

The goal from a value-based healthcare system Is transparency enabling consumers to compare the quality and price of healthcare services and make informed choices.







## Transparency:

Enable customer to compare the quality and the price of healthcare service and make informed choice to provide the value everyone wants, all stakeholder must agree on compatible definitions and measure of value.

Frontline staff should be involved in the process (process owner)

Everyone in organization committed to and actively involved in continuous improvement of the quality of patient care



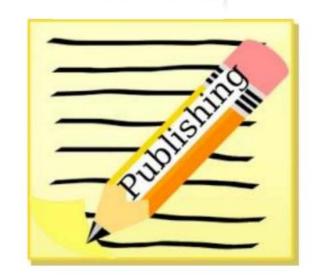




# Four cornerstones for value based healthcare improvement

- Develop interoperable health information technology (HIT): Sharing electronic health record information requires setting national HIT standards and a certification process.
- Measure and publish quality information.









# Four cornerstones for value based healthcare improvement

Measure and publish price information.



Promote quality and efficiency of care:
 offering pay-for-performance
 incentives to all providers.



### Cost of quality



Cost of good quality



Cost of poor quality



Prevention costs

**Appraisal** costs

Internal failure costs



External failure costs

### **Prevention Costs**

- Quality Planning
- Capability evaluations
- Quality improvement training and projects

### Appraisal Costs

- Incoming inspection
- In-process and final testing
- Product and process audits

### Internal Failure Costs

- Scrap -> rework ->shortages and delays in supplies
- Downtime -> capacity decrease
- Analysis work -> process improvements, product re-design or downgrading

### **External Failure Costs**

- Complaints
- Processing and analysis work
- Re-supply
- Compensation to the customer
- Sales Reductions
- Loss of sales to existing customers
- Bad quality reputation
- Loss of sales to new customers







## **Cost of poor quality**

•Any cost that would not have been expended if quality were perfect" Cost of scrap, rework, reordering replacement parts for defective items, missing items is cost of poor quality.

The total cost of quality is the cost of the effort to eliminate errors and defects, plus the cost of defects that remain. That is, when we spend money to prevent or remove a defect, we save money at the other end, when the customer gets a working product.

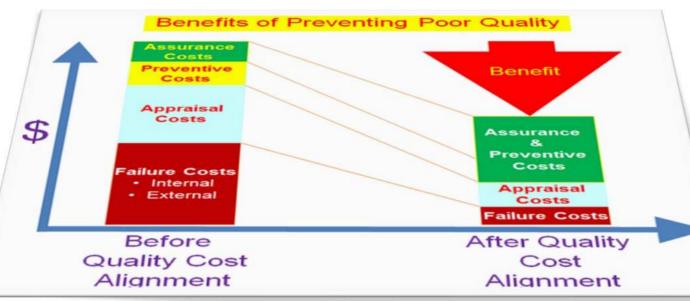






## **Cost of quality**

Poor quality:
Internal: customer
do not know about it(
rework, scrap)
rework; customer
know about it (
know about it (
warranty work, lost
business)



Conformance
Costs spent during the project to avoid failures or to ensure quality

Non-Conformance

costs spent during

and after the project

and after the project

because of failures

due to poor quality

Good quality:

Preventive

Create Q.system in

Create Q.system work,

org. as paper work,

training, equipment,

time to do.

Appraisal checklist, testing, checklist, inspection







## Integrated healthcare:

### Refer to

interprofessional healthcare is an approach characterized by high degree of collaboration and communication among healthcare professional (physician, nurses, insurers, nonclinical servers) in this environment they are tracking data and monitoring and analyzing it for any opportunities of improvement

all care giver will follow guideline and pathway.



Guideline
Systematic and
scientific way
scientific how to
lead to how and
diagnose and

pathway optimal sequencing and timing of and timing of intervention intervention for the patient





Healthcare quality frame work based upon TQM philosophy and continuous improvement.

## **TQM**

Is a broad management philosophy, espousing quality and leadership commitment that provides the energy and the rationale for implementation of the process of Continuous Quality Improvement (CQI) within the organization wide Quality Strategy (add value to all customers).







## DEFINITION OF TQM



- TQM is a management approach for an organization, centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction, and benefits to all members of the organization and to society
- TQM Definitions:
  - Focussing on customers satisfaction.
  - Provides best quality product at lowest possible price
  - Prevention of defects, target is zero defects







It is the involvement of the entire organization in a process of quality improvement to provide value.





All functions and all employees have to participate.











Focusing on meeting customer needs and organizational objectives.

Continuous improvement in all work, from high level strategic planning and decision-making, to detailed execution of work elements on the shop floor.

HIGH LEVEL







## **Key concepts of TQM**

- Continuous Quality Improvement (aim of TQM) reflecting in.
  - 1. Increase Customer Satisfaction.
  - 2. Increase Productivity.
  - 3. Increase Profits.
  - 4. Increase Market share.
  - 5. Decrease Costs.





# key concepts of TQM

- Top management leadership.
- Creating corporate framework for quality
- Transformation of corporate culture.
- Customer focus.
- Process focus.
- Collaborative approach to process improvement.
- Employee education and training.
- Learning by practice and teaching.
- Benchmarking.
- Quality measurement and statistics.
- · Recognition and reward.
- Management integration.





