

APPLY QUALITY CONTROL

NTQF LEVEL -III

LEARNING GUIDE -62

UNIT OF COMPETENCE: -	APPLY QUALITY CONTROL
MODULE TITLE: -	APPLYING QUALITY CONTROL
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LO5: Complete documentation

Instruction Sheet	Learning Guide 61
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This learning guide is developed to provide you the necessary information

regarding the following content coverage and topics –

- Information on quality and Indicators of service
- Recorded service process and out come

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to –

- List Information on quality and other indicators of service performance .
- Record all service processes and outcomes

Learning Instructions

1.Read the information written in the “Information Sheets”.

2.If you earned a satisfactory evaluation proceed to next module. However, if your rating is unsatisfactory, see your teacher for further instructions.

3.Read the “Operation Sheet” and try to understand the procedures discussed.

4.Practice the steps or procedures as illustrated in the operation sheet. Go to your teacher if you need clarification or you want answers to your questions or you need assistance in understanding a particular step or procedure

5.Do the “LAP test” (if you are ready). Request your teacher to evaluate your performance and outputs.Your teacher will give you feedback and the evaluation will be either satisfactory or unsatisfactory.If unsatisfactory, your teacher shall advice you on additional work.But if satisfactory you can proceed to the next Learning Guide.

5.1.information on quality and Indicators of service

1. Definition of Indicator

An indicator, in the context of quality management, is an aspect of patient care measured to determine an organization's performance with regard to a particular element of care. An indicator may measure a particular structure, process or outcome. Quality of care indicators are usually derived from clinical guidelines, standard operating procedures and other manuals stating what types of services need to be provided to a patient/client/population with specific needs. Such guides provide the standard against which performance will be measured. These manuals could be developed by government bodies, professional associations, or any other authorized body.

Examples of clinical guidelines and manuals:

- Guideline for the management of severe and complicated malaria
- Guideline for the management of opportunistic infections and antiretroviral therapy for adults and adolescents in Ethiopia
- National Tuberculosis and Leprosy Control Program Manual
- Guideline for the Prevention of Mother to Child Transmission of HIV
- Procedure Manuals for Health Management Information System

2. Selecting health care quality indicators

Quality improvement is not expected to happen as a result of a single institution. It requires the participation of all relevant stakeholders so as to ensure, from the beginning, that measurement results will be accepted by different actors. Therefore, whenever possible it is advisable to use indicators which are widely used by different groups. But, if there is a need to develop new indicators, all relevant stakeholders need to be involved. This will guarantee acceptability of measures and help address the information needs of stakeholders with no additional cost to collect and report data. During selection of health care quality indicators, quality improvement teams need to consider characteristics of a good indicator. These characteristics are:

What are the characteristics of a good indicator?

- ★ Evidence of importance
- ★ Degree of control at the specific level of care
- ★ Measurability
- ★ Sensitivity
- ★ Specificity
- ★ Validity
- ★ Reliability
- ★ Understandability
- ★ Comparability

2.1. Evidence of

importance/Relevance/: indicators to be used as measures of health care quality need to have established scientific evidences showing its relationship with the outcome of interest.

2.2. Degree of control at the

specific level of care: indicators of health care quality need to measure aspects of care which is under the control of the primary actor in the improvement process. Selection of indicators on aspects of care which are out of control of the primary actor will lead to wastage of resources for data collection rather than initiation of an improvement process.

2.3. *Measurability:* refers to the practical feasibility of measuring the indicator with already available resources and expertise. It should be noted that resources (including health workers' time) to be used for measurement should be balanced with resources to implement improvement efforts.

Measurability of indicators is related to:

- availability and integrity of data to be used
- resources required to collect and analyze the data
- ethical issues related to data collection

2.4. *Sensitivity:* is the ability of an indicator to change with minimal change in the actual situation under measurement. It is a measure of an indicator to show audiences the minimum amount of change desired to be recognized.

2.5. *Specificity:* is the ability of an indicator not to change whenever there is no change in the situation under measurement. Measurement results of a specific indicator of health care quality increase or decrease only when there is change in performance of the health facility with regard to the specific

aspect of care.

2.6. *Understandability*: is the potential for measurement results to be clear for targeted audiences. Understandability of an indicator should always be examined by considering intended audiences.

2.7. *Comparability*: A good indicator needs to be comparable through time and across different health facilities. The use of standard indicators and avoiding frequent changes in indicator definitions help quality management teams compare their performance with other health facilities and through time to see the results of their improvement efforts.

Self check 15	Written test
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Directions: Answer all the questions listed below. Use the answer sheet provided in the next page

I-Essay: Explain briefly:

1. What are the characteristics of a good indicator?
2. Define the term indicator used to measure service performance?

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date:

I- Essay:

1. _____

2. _____

Information sheet 16	Record all service processes and outcomes
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5.2. Recorded service process and out come

5.2.1. Structural service:refer to the availability of required resources and the setup in which they are used to produce desired outcomes.Moreover, structural measures may also include the presence of networks between health facilities for referral system. Resources include human resources, material resources and technology.

5.2.1.1. Human resources:

- The availability of physicians, nurses, pharmacists, laboratory technicians, supportive staff
- The provision of appropriate trainings for the health workforce

5.2.1.2. Material resources

- Uninterrupted supply of drugs, laboratory reagents
- Presence of equipments
- Rooms, space, transportation and other resources required for care provision

5.2.1.3. Technology

- Type of diagnostic and therapeutic procedures being used as compared to current advances in the field

5.2.2. Process serviceare services related to the activities that are expected to be

accomplished in order to achieve desired outcomes of health care and how such activities are delivered to beneficiaries. These include:

- Appropriate investigation of patients
- Provision of appropriate treatment for patients
- Treatment of patients in a way meeting their expectations

5.2.3. Outcomes are services related to the desired effect of health care services on clients/patients/populations. It includes:

- Improvement in health conditions or reduced morbidity
- Decreased mortality
- Satisfaction of clients as a result of health care

Outcomes are dependent on different factors of which health care is only one of them. Other factors determining outcome measures include behaviors of patients, socioeconomic status of patients and the performance of other actors. For example, treatment of a patient infected with HIV using highly active antiretroviral therapy is expected to improve the quality of life of the patient. However, quality of life is affected by a number of factors of which the treatment is only one. The use of outcome indicators as a measure of quality thus faces a problem of attribution.

self check-16**MCQ,T. or F & MATCHING**

1. Setting minimum requirements for different levels of clinics is one of the activities expected from the regulatory body of the Ethiopian Ministry of Health. The purpose of this activity is to ensure that the population will receive health care of good quality. Under which approach of quality management can this activity be categorized?
- a. Standardization
 - b. Accreditation
 - c. Quality improvement
 - d. Quality Assurance
 - e. None

Answer the following questions by saying “True” if the sentence is correct and “False” if the sentence is wrong.

- 1) Using multiple approaches of quality management is more likely to be effective as compared to using a single approach
- 2) If an organization gets accredited from a recognized accreditation body, there is no need to implement other quality management activities.
- 3) Setting and agreeing on standards alone will not lead to quality unless there is a mechanism to motivate or force organizations to comply with standards.
- 4) Standardization could be considered as the first step in the process of accreditation.

Match the list under column “A” with column “B”

Column A

- ____ 6. Standardization
- ____ 7. Accreditation
- ____ 8. Quality management
- ____ 9. Quality improvement

Column B

- A. *The process of setting and agreeing standards*
- B. *Requires the presence of a recognized body to assess if organizations are meeting preset standards and certify quality ones*
- C. *An internal process of contineously studying and improving processes of care provision*
- D. *A set of different activities that organizations use to direct, control, and coordinate quality*

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

I- Enumeration:

1. _____
2. _____

3. _____

4. _____

5. _____
6. _____

7. _____

8. _____

References and Manuals

1. Claire capon (2000) **understanding organizational context**, Pearson education.
2. Elizabeth Chell. (2001) **Entrepreneurship: globalization, innovation and development**. homson learning.
3. **Trainer guide manual**, (Micro enterprise creation, small business management, business growthstrategies), 2002.