



TOTAL QUALITY MANAGEMENT – A TREND TOWARDS HEALTHCARE SYSTEMS

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KEYWORDS :

INTRODUCTION

Total quality management is a concept that states every employee works towards the improvement of work culture, services, systems, processes and so on to ensure a continuing success of the organization. At the advent of NABH in the year 2006 this concept of TQM took a new shape and the healthcare organization wanted to ensure quality care on the basis of the NABH recommendations. At this stage, resilient efforts of the hospitals to improve their services was observed. All the health care institutions, either single or multi speciality hospitals started applying NABH standards in order to provide better service. This brought great transformation in Healthcare system. The present study aims to describe the nature of transformation in hospitals. Modern hospitals function as big industries with the huge workforce, sophisticated technologies, physicians with super specialties and patients anticipating highest satisfaction. In order to meet the demands of the public, the hospitals are run on commercial lines adopting all business practices and norms for efficient functioning. The hospitals are making efforts to ensure quality in all respects so that it is recognized as the best in world standard. The health care system is striving hard to establish a system as per the requirements of international quality standards by adapting to Total Quality Management. Total Quality Management is the process which is continuously influenced by the intrinsic (factors within the system) and extrinsic (environmental) factors. TQM refers to management methods used to enhance quality and productivity in organizations. It is a moving target which keeps on changing depending on various social, economic and environmental factors. For quality assurance all the units of human resource are as important as the science and technology applied in it.

Quality is something that cannot be presented or shown but is a result of concerted planned practices. A general definition of quality normally includes the following:

- achievement of a predetermined standard or target
- involvement of clients' requirement in determination of such a target or standard
- consideration of available resources financially and others in determination of such a target or standard
- Recognition that there is always room for improvement and that target and standards must be reviewed.

OBJECTIVES

The present research paper attempts to explain quality assurance in hospitals. The objectives of the study are:

1. To discuss the conceptual framework of Total Quality Management
2. To bring out the important dimensions of quality in hospitals
3. To explain the norms fixed by National Accreditation Board for Hospital and Healthcare Providers (NABH) to transform the quality of hospitals

Conceptual Framework of Total Quality Management

Late Dr.W.Edward Deming a pioneer in total quality management (TQM) taught that the most effective way to improve quality is to reduce variation in the process of making a product or providing a service. It has taken a long time to adopt Dr.Deming's idea in healthcare in other countries. As quality gurus are fond of saying "Quality improvement is a journey, not a destination". Critical paths for patient care should be developed with this same philosophy.

Hospitals provide the same type of service of service, but they do not all provide the same quality of service. No one knows this better than patients. The results of a nearest market research exercise initiated to ascertain the different factors which patients of health care identify as being necessary to provide error – free service quality with hospitals. To measure patient's satisfaction with hospitals, the internationally used market research technique called SERVQUAL is required to be used in order to measure patients' expectations before admission, record their perceptions after discharge from the hospitals and then to close the gap between them. This technique compares expectations with perceptions of services received across five broad dimensions of service quality, tangibility, reliability, responsiveness, assurance and empathy.

It is necessary to carryout consumer satisfaction in survey to know the improvements that occurred. The questionnaire is to be designed in such a way to elicit the view and opinions of the clients. The response will highlight a number of positive areas about the hospital especially in terms of the staff and therapeutic support they provide. The feedback will also reveal a number of areas where improvements were needed (for example medication, activities, privacy, reviews, social service issues and complaints). This survey results will help in obtaining user views and opinions can be integrated with the service design and delivery making the hospital a more user – friendly place. The health policy should address the issues that arise from healthcare costs, access and quality. It is necessary the health policy should have the provisions for research and analysis scope to methods to measure inefficiency in hospitals to facilitate more effective control of hospital costs.

Modern Hospitals function as big industries with the huge force, sophisticated technologies, physicians with super specialties and patients anticipating highest satisfaction in optimum cost. The hospitals are making efforts to ensure quality in all respects to achieve the competitive advantage globally. For assuring quality in health sector human resources are as important as the science and technology applied in hospitals.

Quality Dimensions

Quality Assurance activities may address one or more dimensions, such as technical competence, access to services, effectiveness, interpersonal services, efficiency, continuity, safety and amenities. These following dimensions of quality are as appropriate for clinical care as for management services that support service delivery.

1.TECHNICAL COMPETENCE

Technical competence refers to the skills, capability, and actual performance of health providers, managers, and support staff. For example, to provide technically competent service, a health worker must have the skills and knowledge (capability) to carry out specific tasks and to do so consistently and accurately (actual performance). Technical competence relates to how well providers execute practice guidelines and standards in terms of dependability, accuracy, reliability, and consistency. This dimension is relevant for both clinical and non-clinical services.

2.ACCESS TO SERVICES

Access means that health care services are unrestricted by geographic, economic, social, cultural, organizational, or linguistic barriers. Geographic access may be measured by modes of transportations, distance, travel time, and other physical barriers that could keep the

client from receiving care. Economic access refers to the affordability of products and services for clients. Social or cultural access relates to service acceptability within the context of the client's cultural values, beliefs, and attitudes. For example, family planning service may not be accepted if they are offered in a way that is inconsistent with the local culture. Organizational access refers to the extent to which service are conveniently organized for prospective clients, and encompasses issues such as clinic hours and appointment systems, waiting time, and the mode of service delivery. For example the lack of evening clinics may reduce organizational access for day laborers. Where travel is difficult, lack of home visit or village-based services may create an access problem. Linguistic access means that the services are available in the local language or a dialect in which the client is fluent.

3. EFFECTIVENESS

The quality of health services depends on the effectiveness of service delivery norms and clinical guidelines. Assessing the dimension of effectiveness answers the questions, "Does the procedure or treatment, when correctly applied, lead to the desired results?" and "Is the recommended treatment technologically appropriate for the setting in which it is delivered?" Effectiveness is an important dimension of quality at the central level, where norms and specifications are defined. Effectiveness issues should also be considered at the local level, where managers decide how to carry out norms and how to adapt them to local conditions. When selecting standards, relative risk should be considered. For example, more frequent use of cesarean section might be warranted in a population with many high-risk pregnancies, despite the associated risk. To determine this strategy's effectiveness, the procedure's potential harm must be compared with its potential net benefits.

4. INTERPERSONAL RELATIONS

The dimension of interpersonal relations refers to the interaction between providers and clients, managers and health care providers, and the community. Good interpersonal relations establish trust and credibility through demonstrations of respect, confidentiality, courtesy, responsiveness, and empathy. Effective listening and communication are also important. Sound interpersonal relations contribute to effective health counseling and to a positive rapport with patients. Inadequate interpersonal relations can reduce the effectiveness of a technically competent health service. Patients who are poorly treated may be less likely to heed the health care provider's recommendations, or may avoid seeking care.

5. EFFICIENCY

The efficiency of health services is an important dimension of quality because it affects product and service affordability and because health care resources are usually limited. Efficient services provide optimal rather than maximum care to the patient and community; they provide the greatest benefit within the resources available. Efficiency demands that necessary or appropriate care is provided. Poor care resulting from ineffective norms or incorrect delivery should be minimized or eliminated. In this way, quality can be improved while reducing costs. Harmful care, besides causing unnecessary risk and patient discomfort, is often expensive and time-consuming to correct. It would be misleading, however, to imply that quality improvements never require additional resources. But by analyzing efficiency, health program managers may select the most cost-effective intervention.

6. CONTINUITY

Continuity means that the client receives the complete range of health services that he or she needs, without interruption, cessation, or unnecessary repetition of diagnosis or treatment. Services must be offered on an ongoing basis. The client must have access to routine and preventive care provided by a health worker who knows his or her medical history. A client must also have access to timely referral for specialized services and to complete follow-up care. Continuity is sometimes achieved by ensuring that the client always sees the same primary care provider; in other situations, it is achieved by keeping accurate medical records so that a new provider knows the patient's history and can build upon and complement the diagnosis and treatment of previous providers. The absence of continuity can compromise effectiveness, decrease efficiency, and reduce the quality of interpersonal relations.

7. SAFETY

As a dimension of quality, safety means minimizing the risk of injury, infection, harmful side effects, or other dangers related to service delivery. Safety involves the provider as well as the patient. For

example, safety is an important dimension of quality for blood transfusions, especially since the advent of AIDS. Patient must be protected from infection, and health workers who handle blood and needles must be protected by safety procedures. Additional safety issues related to blood transfusion include maintaining aseptic conditions and using proper techniques for transfusing blood. While safety may seem most important when complex clinical services are provided, there are safety concerns in the provision of basic health services as well. For example, health center waiting rooms can put clients at risk of infection from other patient if risk-reducing measures are not taken. If a health worker does not provide proper instruction on the preparation of oral dehydration solution (ORS), a mother may administer to her child ORS containing a dangerously high concentration of salt.

8. AMENITIES

Amenities refer to the features of health services that do not directly relate to clinical effectiveness but may enhance the client's satisfaction and willingness to return to the facility for subsequent health care needs. Amenities are also important because they may affect the client's expectations about and confidence in other aspects of the service or product. Where cost recovery is a consideration, amenities may enhance the client's willingness to pay for services. Amenities relate to the physical appearance of facilities, personnel, and materials; as well as to comfort, cleanliness, and privacy. Other amenities may include features that make the wait more pleasant such as music, educational or recreational videos, and reading materials. While some amenities – clean, accessible restrooms; and privacy curtains in examination rooms – are considered luxuries in most LDC health care setting, they are nevertheless important for attracting and retaining clients and for ensuring continuity and coverage.

Norms of NABH for Transformation of Healthcare Institutions

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. The board while being supported by all stakeholders including industry, consumers, government, have full functional autonomy in its operation. A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards.

CONCLUSION

Healthcare system in India is not uniform all over the country. It is a dynamic one showing vast differences between rural and urban areas. The facilities and infrastructures of health institutions are at different levels depending on the economic status of the healthcare seekers. There were many drawbacks in the approach of health institutions that have to be rectified so that a quality can be assured to all citizens on the same way. In order to achieve this goal NABH is introduce. Proper understanding and application of these norms will transform the Healthcare institutions to a higher level that will be acknowledged internationally.

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