THE ISSUE

Improving the quality of health care in districts and hospitals is something everyone, in management at least, is, or should be, striving for. No one will deny the need to look at this as a priority, and quality of care is listed as a pillar in the development of the district health system. Many programmes have been introduced in an effort to improve the quality of health care at all levels. However, these have often been externally driven processes which do not provide an understanding of quality and the process of improving quality. It is essential that there is an understanding of this within districts and hospitals so that management teams and units within these structures can be fully involved with any quality improvement process, and, more importantly, initiate their own quality improvement activities.

DEFINITION

What is quality? The dictionary defines quality as “degree of goodness or worth”. It is about meeting standards, conforming to requirements, or performing at acceptable levels. Another way to describe quality is that it is “doing the right thing right”.

In terms of health care, quality improvement is a process of developing and improving quality, through making necessary changes to health care systems (clinics, hospitals, programmes) in such a way that a different level of performance is reached and better results are achieved, i.e. it is not simply about doing new things or doing old things differently, but rather about doing things that actually bring about changes in the system as it operates at present.

PHILOSOPHY OF QUALITY IMPROVEMENT (QI)

Most health care teams are already busy with quality issues in some ways, but by quality improvement we imply a systematic, structured and focussed attempt to develop quality of health care through identifying areas of difficulty and making adjustments to deal with these. Put another way, quality improvement seeks to identify the gaps between the services currently provided on the one hand and what is expected, needed or desired on the other hand, and then to find ways to reduce the gaps.

Underlying this definition is an understanding of elements of quality improvement:
1. The delivery of health services should be focussed on the needs and expectations of the community (patients, clients, customers)
2. Health care workers must understand the system they work in, in order to improve it.
3 Any changes need to be tested in order to assess whether they bring about improvements. This means that information needs to be collected and reviewed in order to assess whether quality is improving.

4 Quality improvement is a team effort. It can only be achieved by health care teams working together to solve problems and bring about necessary changes.

Improvement implies better outcomes and reduced costs of health care delivery. It looks at how activities can be changed so that people function better, without necessarily any increase in resources. The challenge in resource poor situations particularly is to strive for excellence within the context of lack of resources, rather than to accept poor quality as an inevitable result.

The process of quality improvement looks at both what is done (i.e. the content of care) as well as how it is done (the process of care).

THE QI PROCESS

There are many processes for quality improvement. The following steps are suggested as a useful and reliable process for QI in the district health context, for managers, leaders, or any health workers wishing to improve the quality of care in their particular domains.

![Quality cycle diagram]
1. Identify the issue

What is the problem? What needs to be improved? There are always many things that need to be improved, but it is helpful to choose one particular issue to focus on, at least initially. Success breeds success — if you improve the quality of care in one area you will be encouraged to continue and work towards further improvement.

It is useful to start with something manageable, and particularly something within the scope of the unit you are working in. Tackling something too big may lead to discouragement.

For example, the issue identified may be the problem of patient waiting times in the clinic or the hospital OPD.

2. Form a team

It has already been noted that teamwork is essential for quality improvement, because many people are involved and work interdependently in health care delivery, because problems are more easily analysed and tackled by a group. A team needs to be formed to deal with the particular issue identified — though sometimes the team is already formed and decided together on the issue to be tackled. Even then the team needs to see if others need to be included. Different issues will involve different people — all the stakeholders in the issue should be involved.

A danger is to make the team too big — very big teams do not function well and to include people who are too busy really to get involved. A way to deal with this is to have a core team, which does most of the thinking and planning and implementing, and a consultative group which can give support, direction and influence as needed.

In looking at patient waiting time, in the OPD, one would probably involve the PHC nurses and doctors who work in OPD, the outpatient clerks, the pharmacy staff, possibly representative from lab and x-ray departments, etc. The broader consultative group could include the nursing services manager, the clinical manager, the administrator, etc. It would be helpful to include patient representatives in the broader group as well.

3. Understand the problem

The next step is to look at the problem more detail

This firstly involves collecting information, or data, about the problem. Information about the problem allows the team to be sure the problem exists and there is a need for improvement, to measure the present practice for later comparison, and to assist with the identification of the elements which are in need of change.

It secondly requires analysing the problem in order to establish issue such as:

- who is involved

  where, when and why the problem occurs

- what happens as a result of the problem

Various tools can be used to seek to understand the process clearly and identify where the main difficulties are, in order to establish where changes are needed. These include flow charts, cause-and-effect diagrams, brainstorming, etc, and require teamwork to be effective. It essentially is a process of reflecting on current practice, or ways of doing things, in order to understand them better.
By the end of this step the team should be aware of what changes are needed.

In our example, one may collect information on actual waiting times in every part of the OPD, from the time a patient enters the hospital until they leave. Analysing this may then show that the biggest hold-ups are at the clerks' office and waiting for laboratory results, or due to doctors not being available at certain key times in OPD.

Plan changes

On the basis of the analysis, the team can now plan changes that need to be made. Sometimes where a lot of changes are needed it is helpful to prioritise one or two to start with, in order to be more focussed.

This step includes deciding how the changes will be made, who will be responsible, and when they will occur. It is essential to get agreement from the team on these changes, otherwise nothing will be achieved. It also will require selling the changes to other colleagues who are in the unit or section.

In our example, it may be decided that two clerks are needed for the early morning rush when there are too many patients, that one doctor should be in OPD first thing in the morning and do his ward rounds later, and that more side-room tests (e.g. glucose and haemoglobin estimations) should be done rather than laboratory tests. The front desk clerks, the senior OPD doctor and the clinicians will take responsibility respectively.

Implement changes

The changes now need to be implemented, and time needs to be given for them to take effect. The team should agree on the time frame.

At the same time monitoring needs to happen. Information needs to be collected to ensure the changes are bringing about improvements – if they do not, they are a waste of time and energy. This involves either a continuous monitoring exercise, or a repeat data collection process at an agreed upon point in time.

6. Review changes

The process needs to be reflected upon and reviewed by the team. This is in order to see:

- If the changes were in fact implemented
- If the changes did lead to improvement in the problem
- Whether further changes are needed

7. Repeat the cycle

On the basis of this review, the team can decide to

- Continue with the same changes
- Implement new changes
  - Choose another issue to address.
- Form a new team
Whichever is decided, it involves entering a new cycle of quality improvement. This is called continuous QI and allows the quality to continue improving all the time, rather than just reaching a certain level and stopping there. This can be referred to as a quality spiral.
STANDARDS

As part of the definition of quality, the issue of standards was seen to be an essential ingredient. During the process of QI, the team needs to develop a set of standards against which the current practice can be measured, and so that any changes made can be in the direction of these. These standards may be internal or external or a combination. That is, the team can together develop its own set of standards based on the local situation and the needs of the health service. Alternatively, it can decide to adopt a readymade set of standards derived from the literature (books, articles, etc), or from documents put out by the Department of Health (such as the Primary Health Care Package: Norms and Standards); these often provide a very useful and appropriate set of standards to use. Often it is most useful to take the external standards and then to adapt and apply these to the local situation in order to develop an appropriate set of standards that everyone in the team can agree to.

CONCLUSION

It is only by doing quality improvement that one can learn. Do not be afraid of mistakes – give it a try. And share your experiences with others.

Written by:
Ian Couper (Wits) and Jannie Hugo (Medunsu)

Please feel free to contact us:
Professor Ian Couper. Chair of Rural health. University of the Witwatersrand
Tel. 011 7172602 Fax 011 7172558
e-mail: couperidr@medicine.wits.ac.za
Professor Jannie Hugo. Department of Family Medicine. Medunsu
Tel. 012 5214314 Fax 012 5214172
e-mail: jh38@mweb.co.za

The authors are willing to advise and assist health care teams wishing to be involved in quality improvement. There are also a number of resources on quality improvement available from the Quality Assurance Project. Go to www.qaproject.org or write to Quality Assurance Project, Center for Human Services, 7200 Wisconsin Ave., Suite 600, Bethesda, MD 20814, USA.
QUALITY IMPROVEMENT

People Caring for People

In the district hospital people work in teams.

Quality improvement (QI) is a way in which people in teams work together to improve the care of other people.

QI is a way to enjoy working together, caring for each other, with the aim to care better for patients.

QI is about better outcomes for patients.

People caring for People

Quality improvement is a way to care for the patient not only for his or her problems, but also to improve health through promotion of health. Your hospital as a patient needs constant improvement of health and care.

We considered to put this chapter at the beginning of the guidebook or even to build the whole guidebook on a quality assurance framework. The point is that managing quality and improving quality is a way of management. In a way this chapter links to all the previous chapters. The cycle approach throughout the guidebook conveys our belief in the importance of an ongoing process of revision, reflection and adaptation. The link is particularly strong with the previous chapter on priorities and problem solving. What this chapter attempts to add is a way to improve without necessarily focusing on a problem; to improve as a way of working, a way of managing.

Firstly, this chapter tells how Quality Improvement (QI) fits into the bigger picture of management of the district hospital. Secondly, it discusses some principles of quality improvement and, thirdly, lastly gives a practical approach to QI in the hospital.

What is Quality?

Quality assurance is an approach that includes defining quality, measuring quality and improving quality. The dictionary defines quality as “degree of goodness or worth”. It is getting the best possible results with the available resources. Cooking a meal is a useful analogy. Using the same ingredients, one kitchen will make a much better meal than another. The QI process discussed here should help you in the district hospital to continuously improve the care of patients using the available resources.

All of management is aimed at improving quality of service and care. It is something that the whole hospital is involved in all the time. On the other hand, QI is something special, something everyone can do with a smile.

QI is related to problem solving and uses problem-solving methods (see chapter 5),
but it can be more than problem solving. It is doing better in what you are already
doing well. Private companies maintain competitiveness by continuously improving
what is good in their product. We suggest that you do QI to address problems, but also
do QI in those things you are already doing well in the hospital.

Most of the management work is functional, administrative, dictated by head office
and vital. QI projects can be more of a choice. This makes use of the individuality
and creativity of your staff and any member of the team can make a significant
contribution.

There are National and Provincial policies on Quality in Health Care. Make sure you
have these policies and build them into all aspects of management of the hospital.
These policies require each hospital to have a quality improvement programme.

This next ‘picture’ is a presentation of the National Policy on Quality in Health Care
for South Africa. Policy has two broad mutually inclusive approaches towards
meeting the aims of the policy, i.e. creating the right environment, and building
capacity. To be able to create a conducive environment the hand of the consumer
must be strengthened (e.g. through the Patients' Rights Charter), errors should be
reduced (your risk identification & management section is relevant here), and more.
To build capacity organisations should be adapted towards changing and engaging
health workers.
Quality and Equity

QI needs to be seen in perspective with equity. Equity looks at the disparities between the best and the worst situation. An example is the health care of the poorest and the richest people. We cannot maintain quality for some people at the cost of other people. The manager must be able to focus on quality but balance it with equity. Work for good quality, then stand back and look at equity. Ask yourself what the quality of your service means to the most neglected, poorest people in the district. That may guide you towards the next point of QI improvement.

Resource Documents for QI

For QI projects, use the following Resource Documents together:

District Hospital Service Package for South Africa. A set of norms and standards.
2. Service Assessment Tool for the district hospital norms and standards.


The first one sets out the norms and standards required for services in the district hospital, the second one provides an assessment tool for the services, and the third is a guide telling how to implement the norms and standards.

These resource documents will enable the management to implement QI projects.

Additional hospital documents are important for QI projects, namely strategic plans, mission and vision statements, personal work plans and operational plans. QI projects must address issues in these hospital documents.

**Principles of QI**

There are many approaches to QI. Those described here are applicable in the district hospital situation where resources, especially time and people, are limited. Giving attention to these principles will make QI work more meaningful and sustainable.

These principles are described in more detail in Resource Document 3. Implementation Guide: District Hospital Service Package.

**Principles of Quality Improvement in District Hospitals**

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**Focus on the Patient**

The purpose of a district hospital is to care for people who are unwell. The clients are patients and community members. The primary focus of quality improvement is on the client and how he or she experiences the care in the hospital. This is always the point of reference of QI.
Quality is improved by Teamwork

Quality is the result of teamwork. Teamwork is central to a successful district hospital and the golden thread running through this manual. Teamwork is depended on leadership. In the QI team leadership should ensure positive direction and optimum participation. Someone said that a leader only has to do 3 things. The first is to paint the big picture and the direction to the team, the last thing is to thank the people and the middle thing is to bear the pain of the organisation.

QI teams are seldom formed according to the usual hierarchies. You can put together a QI team with a leader who is not the manager or even a senior member of staff. Roles in the team can also vary. Put a team together specifically for the situation and include people who enjoy working together and can function with synergy and be productive.

Understand processes

A process is the way in which something happens. A good manager is someone who is aware of processes, can understand them and can use them. In QI the most amazing and refreshing processes happen. Have respect for existing processes and do not change things if existing processes can be adopted and strengthened.

Make best use of information

Making use of the best available information is important in QI projects. Use the same information systems described in Section 3. Add new data where necessary.

Communicate, Celebrate and Continue

QI gives management the opportunity to communicate good things to the clients, staff and the community. Make use of QI projects in quarterly and annual reviews as these afford the opportunity to celebrate not only the launch of a new project, but also the success of teams achieving QI. To continue with good practice is a particular challenge for management and QI gives that substance.

Start small

This is one of the most useful aspects of QI. Identify a small aspect of any hospital task and do a QI project about that. A large project takes lots of energy from many people and has a high risk of failure, while the positive effect of a small successful project often delivers far beyond the energy it takes.

Seek Solutions

In QI, the manager can focus on solutions rather than problems. Problems will always be present but a solution often lies in a surprisingly different place from the problem. Spend more energy on looking for a solution than dissecting the problem. "Dream
Success, Success, Success

Success breeds success. We need to make maximum use of success in the often challenging circumstances of the district hospital. It is part of the attitude of good managers to seek out success, encourage it and build on it. QI is an opportunity to do just that.
QUALITY IMPROVEMENT CYCLE

Working with the QI cycle is an easy and structured way to do a QI project.

The cycle can be entered at any of the steps but usually starts with a topic to improve something. The arrow going both ways between the topic and the team means that the team refines the topic and then reviews the composition of the team.

1. **Choose the Topic**
   The topic can relate to any section, function or process in the hospital. It is often chosen because of a problem or a complaint. It can also be initiated by a team that wants to improve quality of care and then decides on a topic.

   From Perinatal Mortality Meeting statistics, it is shown, for example, that babies are dying from asphyxia, and something needs to be done. The maternity team meets and decides to do a QI cycle. They identify neonatal resuscitation as a topic that can be improved. After the QI team has been chosen, they discuss the topic, decide to start small and identify the resuscitation equipment as their focus. The topic needs further definition and description, and they may decide "To ensure that the necessary resuscitation equipment is available and functioning at all times in the labour ward."

   A topic must be specific, relevant and something that can be addressed by the local team.

2. **Forming the Team**
Teamwork is essential for QI. A team needs to be formed to deal with the issue identified — though sometimes the team is already formed and decide together on the issue to be tackled. Even then the team needs to see if others should be included. All the stakeholders should be involved. It is important to include patient representatives in the broader group where possible.

A danger is to make the team too big — very big teams do not function well and sometimes include people who are too busy to really get involved. A way to deal with this is to have a core team, which does most of the thinking and planning and implementing, and a consultative group, which can give support, direction and influence as needed.

In the project for resuscitation equipment in the labour ward, someone from the nursing staff, medical staff and stores must be involved.

Team functioning is important and roles in the team need to be defined. QI is a good opportunity to develop teamwork skills in the hospital.

3. Set Standards
The next step is to agree on the standards to be set. This is an important discussion and needs to be informed fully about existing standards and what is described in the evidence based literature.

Here Document 1: District Hospital Service Package for South Africa. A set of norms and standards can be used. In the Resuscitation Equipment QI project, a list of equipment will be agreed on in keeping with national standards and what can be acquired for the local situation.

Linked to standards there are criteria, levels and time-lines.
- The criteria are the specific issues. In this example: The list of equipment.
- The standards are the measurements relating to the criteria. In this example: The equipment is up-to-date, available and functioning.
- The level indicates the standard to be met. In this example: That 100% of the equipment is available and functional 100% of time.
- Time-lines: This the time which the team gives itself to meet standards and levels. In this example: 90% equipment is available 90% of time after 2 months and 100% equipment is available 100% of time after 4 months.

The team will have to do some reading to set standards adequately.

4. Measure Present Practice

In this step the criteria are measured. Data collection can be taken from Document 2: “Service Assessment Tool for the district hospital norms and standards.”

Specific data collection forms can be designed. In the Resuscitation of Neonates project a list can be made of the equipment with a column of availability and a column for functioning. The form can then be filled in at specific times of the day in the delivery rooms. Involve several members of the team in the data collection. Do not expect those who work there to do this on top of their existing work.

The result is then presented in a meaningful way e.g. Tables, graphs and pictures.
5. **Reflect on Present Practice**

The team now discuss the results of the survey in terms of the standards and levels that were set. They reflect on the difference between the standard and the present practice. The tools referred to in Section 5 Problem Solving can be used here.

This is an important step for team functioning and understanding.

6. **Plan and Implement Change**

Now the team is ready to decide on an improvement plan. Solution thinking and problem solving skills are used to decide on a simple feasible plan to be implemented. Specific steps, roles, responsible people and time-lines are chosen. It is essential to get agreement from the team on these changes, otherwise nothing will be achieved. It will also require selling the changes to other colleagues who are in the unit or section. With the Neonatal Resuscitation Equipment project the plan may include getting equipment form the stores, maintenance and regular checking of equipment or ordering new equipment.

7. **Measure Present (New) Practice**

After implementation, the same measurements are done as before. The results are reviewed in terms of the previous results and the set standards. The team will then see to what extent the plan was successful and where it can be improved further.

1. **Continue the Cycle into a Spiral**

The QI cycle is continued according to the results and the team’s satisfaction. New, higher standards and levels can be set, or a new related topic can be identified. In the Neonatal Resuscitation Equipment project, the next step may be to improve the skills of those who do the resuscitation. This new topic may require new team members - e.g. people who can do the training.

Whatever is decided, it involves entering a new cycle of quality improvement. This is called continuous QI and allows the quality to continue improving all the time, rather than just reaching a certain level and stopping there. This can be referred to as a quality spiral.
How to start with QI in your hospital

1. Make sure the management team gains experience of QI by being part of different QI teams. Do not expect to be the team leader.

2. Read the Documents 1, 2 and 3 referred to above.

3. Choose a team and a topic together. Choose these for the maximum chance of success. Start with an enthusiastic team and decide on a small project.

4. First let the team discuss the theory of the QI cycle and QI principles. Give each team member a copy of this section and Document 3: “Implementation Guide: District Hospital Service Package. A guide using the National Norms and Standards for District Hospitals for the Assessment and Improvement of Service Delivery”. Allocate each QI cycle step to a team member at the first meeting. This will help the team to have a common understanding of QI, apply it to their
situation and learn from each other. This step will take less time as teams become more acquainted with QI, but do not skip this step. We learn more with time and your team may develop a better system and new principles.

5. Now the team is ready to formalise its composition and the roles of different team members.

6. A specific plan of action is then made according to the steps of the QI cycle.

7. Try to work towards an end point with each QI project, including a final communication and celebration. Ensure that a plan is made for the maintenance of the quality gained and that it is built into the routine functioning of the hospital.

8. Some form of healthy competition between teams can be useful. Teams can communicate and celebrate together and boast a little bit about their success!

And the quality cycle continues and becomes a quality spiral. Upwards