

Quality Care: Need of the Hour

BAKUL PAREKH AND RHISHIKESH THAKRE

From Indian Academy of Pediatrics, Mumbai, India.

Correspondence to: Dr Bakul Parekh, National President, Indian Academy of Pediatrics, 2020.

bakulparekh55@gmail.com

Patient safety and healthcare quality are high priorities to us clinicians. Quality in healthcare is defined as being safe, effective, patient centered, timely, efficient and equitable [1]. Thus patient safety and health care quality are inter-related. There is a gap between “what we do” and “what we can do” and successful outcome depends mostly on a range of factors, not just the competence of an individual healthcare provider [2]. If we wish to improve our patient health care, improvement methods must focus on understanding the steps (process) and improving the structure of systems where we work. It is thus imperative that we clinicians and staff must be competent in quality improvement (QI) skills. QI is the science of improvement using system based approach.

QI - SCIENCE OF IMPROVEMENT

QI is an intentional, structured approach to problem-solving in clinical practice. The goal is to make changes that lead to improvement. There are several frameworks to achieve this goal. A point of care quality improvement (POCQI) module [3] developed in India simplifies it using four steps – (i) Identifying the problem; (ii) Analyzing the cause of the problem and collecting data to measure the performance; (iii) Identifying, testing and analyzing ideas for change using Plan-Do-Study-Act (PDSA) cycle; and (iv) Sustaining the change.

Quality improvement is about changing behaviors, approaches and systems within the given infrastructure without any additional resources. Every unit has unique answers to similar problems because every system is unique in the challenges that it faces using the same QI tools. We need to move from individual-led care to team-based care which fosters openness, collaboration, communication, feedback and learning from mistakes from all care providers. Motivation, teamwork, data and leadership are keys to success in QI projects. To the pediatrician, involvement in successful and sustained QI project can be a very rewarding experience. Unlike clinical research which seeks to discover new knowledge

in a prescribed population, QI science seeks to use and apply knowledge in real life scenarios. In short, QI is a common sense approach of planning your work and working your plan to find better ways of doing things in a consistent manner. It is all about closing the gap between actual practice and best known practice, be it clinical or operational [4].

QI AND PEDIATRIC CARE

QI science has the potential to improve coverage of evidence-based practices across the spectrum in pediatric care *viz* acute and chronic conditions (*eg.* asthma, epilepsy, diabetes, ADHD, gastroenteritis, sepsis, medication errors *etc.*), inpatient and outpatients, intensive care services (*eg.* effective central line care, decrease in nosocomial sepsis, improved hand hygiene, reducing use of antibiotics *etc.*), daily patient care (*eg.* triaging of OPD patients, reducing admission delays, reducing oxygen use, improving breast feeding rates, improve follow up rates *etc.*) across all sizes of hospitals [5-9]. This can led to strengthening of processes - adherence to guidelines, delivery of services in a consistent manner, reducing variations, decreasing delays, eliminating inefficient processes and improved outcomes - reduced patient costs, decreased hospital stay, improved survival and increased patient satisfaction. The standards for improving quality of maternal, newborn and adolescent care have been laid down by WHO [10,11]. There is need to have India specific indicators to monitor, compare and improve performance of practices across diverse settings which are of importance to patients, providers, payers and policy makers.

ROLE OF IAP: THE WAY FORWARD

Indian Academy of Pediatrics (IAP) is committed to develop nationwide standards for pediatric training and services. IAP advocates, supports and promotes the QI movement. The vision and mission is to identify a core set of pediatric quality indicators from five categories: prevention, acute care, chronic care, practice management

and patient safety in primary care. The benchmarking of structures, processes and outcomes, could reveal opportunities for improving newborn, child and adolescent care across India. By embracing QI, IAP with collaboration with professional bodies (NNF, FOGSI, IMA *etc*) and organizations (WHO, UNICEF *etc*) plans to build a cadre of QI Coaches, Champions and Mentors who in turn shall educate, stimulate and motivate QI uptake. A combination of web based module, workshop learning and project implementation will engage the learner and help facilitate practice the art and science of QI. IAP realizes the value of QI in pre-service education and would strive to create a framework and essential competencies for quality, safety and systems level thinking to guide and support our future pediatricians. We are aware that QI work is not easy and can be particularly challenging given some of the barriers that exist within the existing system. We have a responsibility to our children and families to ensure universal right to high quality care. Let us join hands and apply the science of improvement to our clinical care and have zero tolerance to risks, errors and harm.

Acknowledgement: Dr Ashok Deorari, QI Guru, for his exemplary leadership in Quality care.

REFERENCES

1. Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academies Press (US); 2001. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK222274/>. Accessed February 10, 2020.
2. Institute of Medicine (US) Committee on Data Standards for Patient Safety. Patient Safety: Achieving a New Standard for Care. (Aspden P, Corrigan JM, Wolcott J, Erickson SM, eds.). Washington (DC): National Academies Press (US); 2004. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK216086/>. Accessed February 10, 2020.
3. Point of Care Continuous Quality Improvement. Developed by WHO-SEARO, WHO Collaborating Center for Newborns (AIIMS) and ASSIST, supported by UNICEF, UNFPA, USAID and WHO CC SEA. Available from: <https://www.pocqi.org/>. Accessed February 10, 2020.
4. Shojania KG, Ranji SR, Shaw LK, Charo LN, Lai JC, Rushakoff RJ, *et al*. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 2: Diabetes Care). Rockville (MD): Agency for Healthcare Research and Quality; 2004.
5. Zaka N, Alexander EC, Manikam L, Norman ICF, Akhbari M, Moxon S, *et al*. Quality improvement initiatives for hospitalized small and sick newborns in low- and middle-income countries: A systematic review. *Implement Sci*. 2019;13:20.
6. Deorari A, Livesley N. Delivering quality healthcare in India: Beginning of improvement journey. *Indian Pediatr*. 2018;55:735-7.
7. Sarin E, Livesley N. Quality improvement approaches associated with quality of childbirth care practices in six Indian states. *Indian Pediatr*. 2018;55:789-92.
8. Sivanandan S, Sethi A, Joshi M, Thukral A, Sankar MJ, Deorari AK, *et al*. Gains from quality improvement initiatives – Experience from a tertiary-care institute in India. *Indian Pediatr*. 2018;55:809-17.
9. Schwartz SP, Rehder KJ. Quality improvement in pediatrics: Past, present, and future. *Pediatr Res*. 2017;81:156-61.
10. WHO: Standards for Improving Quality of Care for Maternal and Newborn Care in Health Facilities. Available from: https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/. Accessed February 10, 2020.
11. WHO: Standards for improving the quality of care for children and young adolescents in health facilities. Available from: https://www.who.int/maternal_child_adolescent/documents/quality-standards-child-adolescent/en/. Accessed February 10, 2020.