

Quality Assurance: the concept

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ARAVIND EYE CARE SYSTEM

Objective

- To gain a broad perspective of
- the concept of Quality



- This old man, who used to live **alone** in a remote village in Kenya was blind due to cataract for 5 years. His wife died 10 years ago. His two sons lived with their wives separately. They had little time for this old man. He had a few chicken and a small farm for his living.

- **He learnt to live with disability!!!**

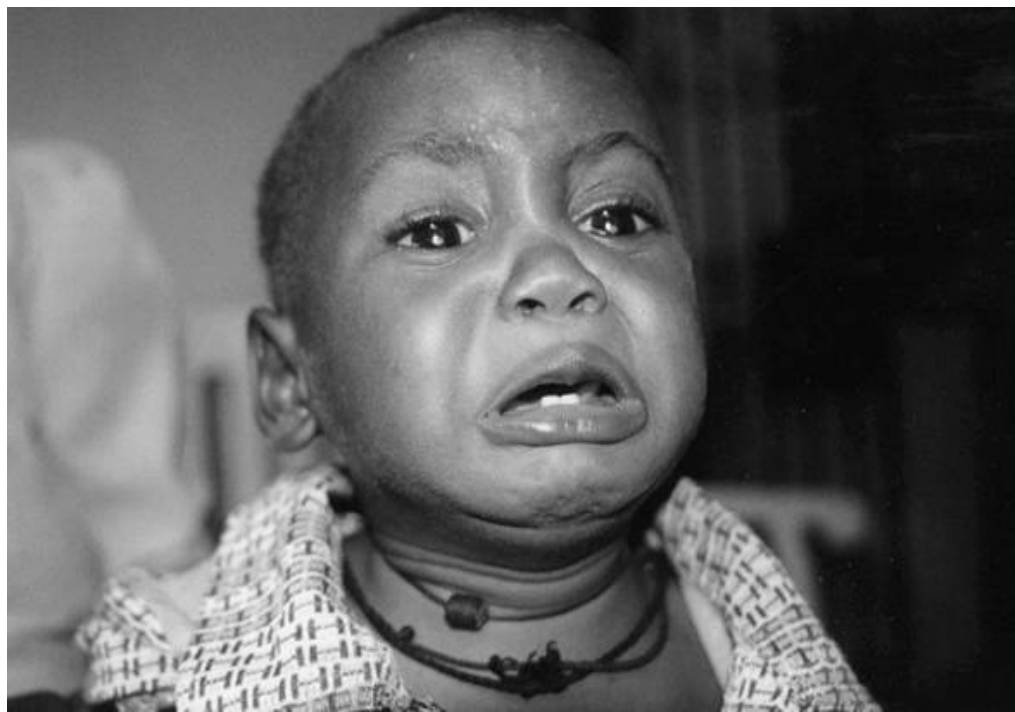
- An year ago, this old man was operated for cataract, with IOL implantation (at no cost) by Kwale Eye Centre, Kenya through its community outreach.

He could see and his sons were happy!!!



He was no more alone and he was extremely happy that he married the 18 year old girl next door, after he regained his vision !!!





- The local witch in Malindi, Kenya agreed to take chicken (as the parents did not have money) to offer a talisman around the child's neck (as a treatment for congenital cataract).
- Recently, the child was operated by a paediatric ophthalmologist in Mombassa resulting in regained vision.
- **The child's parents regretted the delay. Nevertheless, they were happy!!!**





- In India, Kandasamy, aged 50 became irreversibly blind due to small pox at the age 30. With the rehabilitation training received from SIGHTSAVERS-ARAVIND programme and a bank loan, he now runs a small shop selling groceries & sweets. Through this enterprise he earns a profit of Rs.40-50/day to give him economic security and makes a major contribution to his family's wellbeing.
- **Kandasamy and his family members are very happy!!!**



The common thing that
made all of them
HAPPY(SATISFIED)

QUALITY Eye Care Intervention



What is Quality?



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Definitions

- Quality is working according to specifications
- Quality is providing effective services with a minimum of unnecessary use of resources
- Quality is to satisfy customers



There are no absolute quality standards and neither will there be one. It is relative to time and environment

● Why do we care for quality?

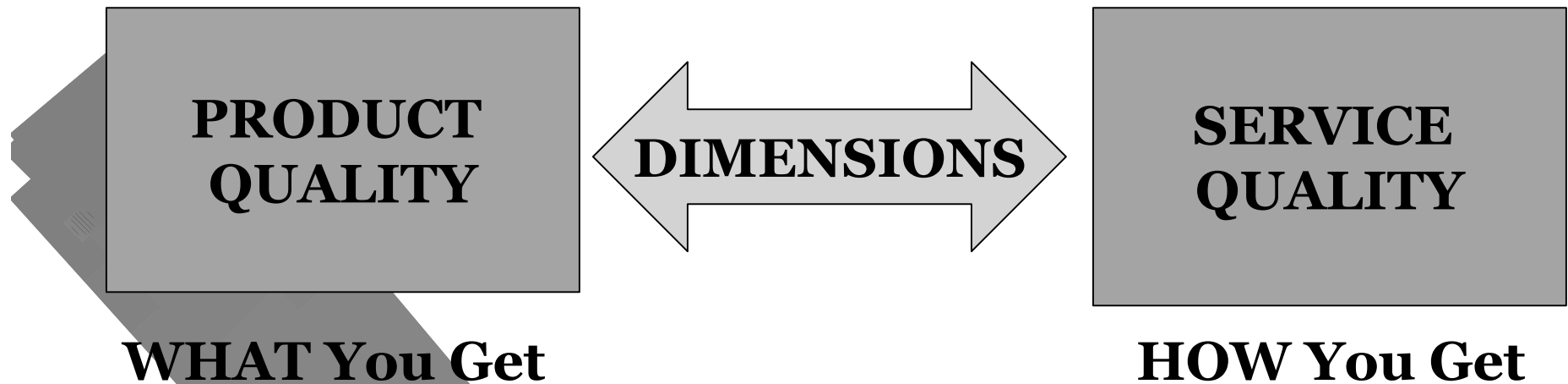
In the years to come “Quality” will be the most significant factor influencing patient’s choice

... But who judges quality?



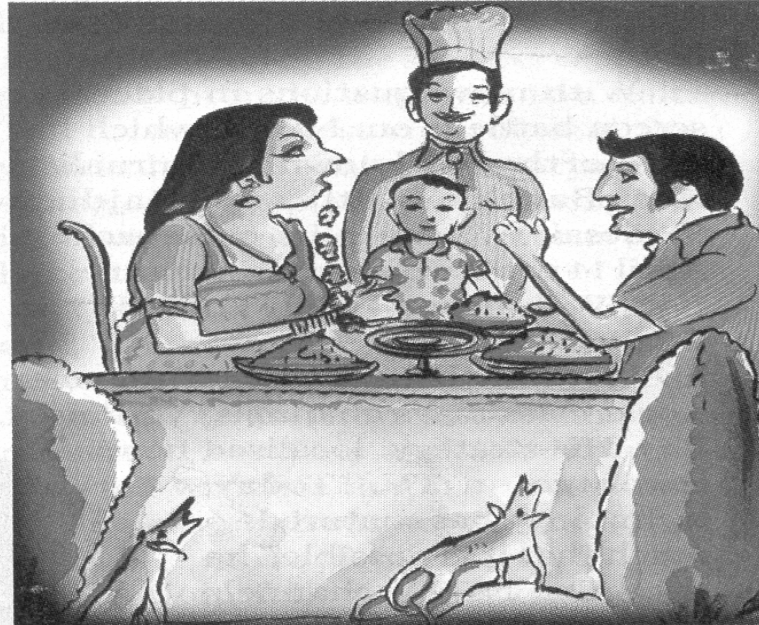
Ultimately

Quality is what the Customer (Patients) Values



Food and perks

An outdoor restaurant in the Dwarka area does not serve food alone—something extra is on the menu. Patrons at the eatery found that after placing the order, the bearer



Product

Service

would promptly return to the table balancing two trays. One tray carried the ordered fare while the second bore a mosquito coil. The bearer explained the second tray away: “This food is for the mosquitoes, not for you.”

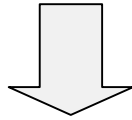
And he would be back again, this time to stand guard at the table. “I am here to see that stray dogs don’t come to disturb you while you relish your food,” he explained. Height of customer care!



ARAVI

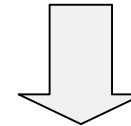
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Clinical Process

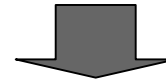
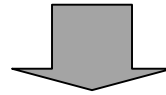


Product:
Good Surgical Outcomes
Appropriate Glass Prescription
Rehabilitation

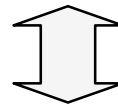
Culture & Delivery Systems



Service:
Cleanliness
Staff Behaviour
Clear Information



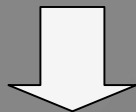
Patient's Overall Experience



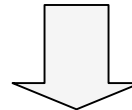
< Expectations

= Expectations

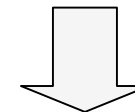
> Expectations



Dissatisfied Patient



Satisfied Patient



Delighted Patient



Illustration from Aravind Eye Hospital, Madurai



ARAVINDEYECARESYSTEM

Quality Systems

- A surgeon in Aravind performs more than 2000 cataract surgeries a year which is 6 times the Indian average
- The surgeons are good, but it is the system that ensures the high productivity



Aravind Hospitals perform 150,000 cataract operations in a year - more than the whole NHS, UK

- Mark Tully (BBC Reporter)



Clinical Quality



A R A V I N D E Y E C A R E S Y S T E M

Ensuring Clinical Quality

Standardizing
the Clinical and
Administrative Procedures



How is Clinical Quality Measured?



Quality Monitoring at Aravind

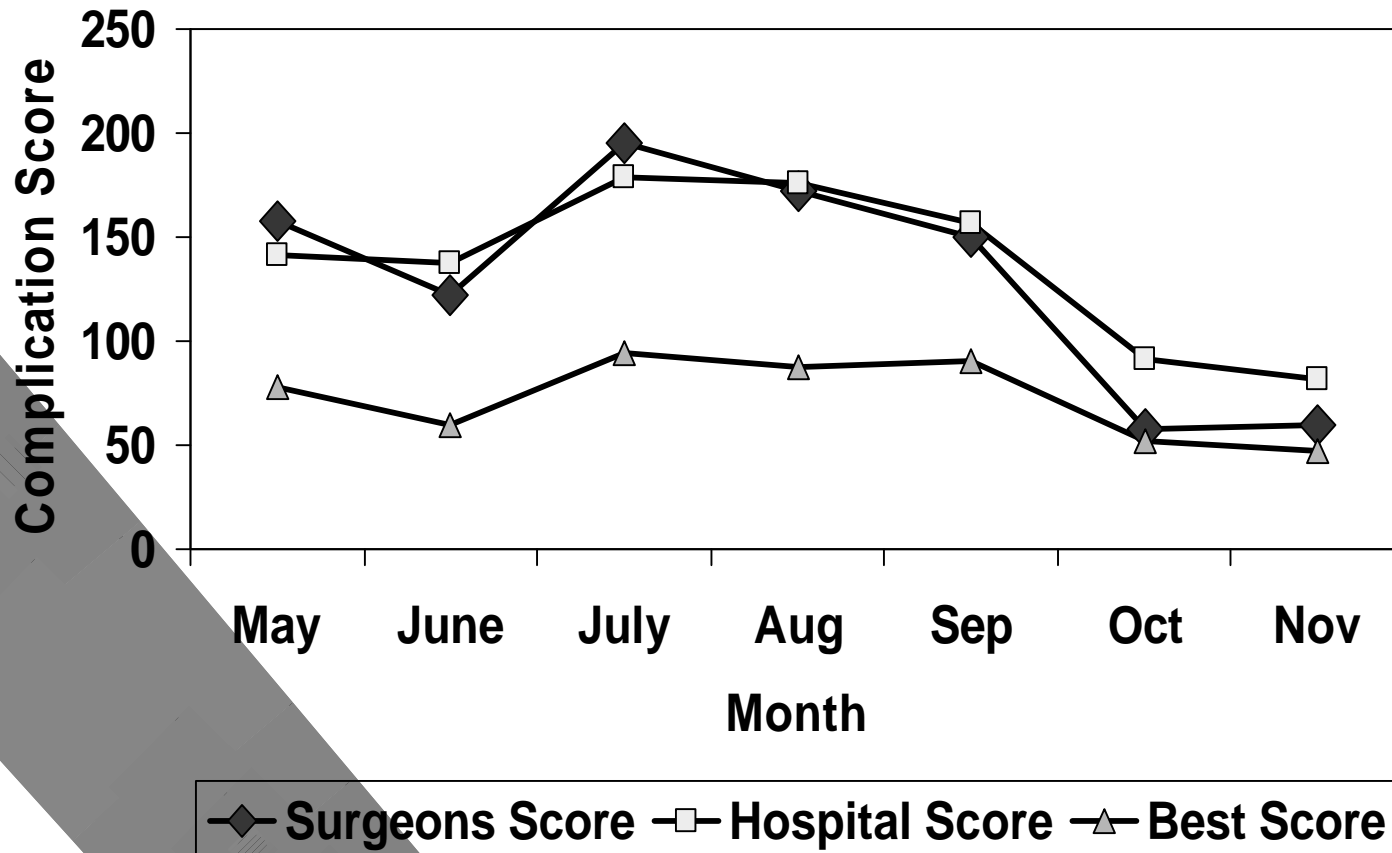
- **Monitoring of Complications & Outcomes**
- **Morbidity meetings**
- **Audits (Medical & Non-Medical)**
- **Measurement of visual Outcomes**
- **Patient satisfaction surveys**

Cataract Surgeries - Aravind Eye Care System		
Year	Surgeries	Infection (Rate)
2000	145,235	84 (0.05%)
2001	140,538	81 (0.05%)
2002	154,198	97 (0.06%)
2003	202,066	38(0.05%)
2004	227,435	41 (0.04%)
2005	266,151	33 (0.02%)



Monitoring Complications

Complication score over a time period



Follow up Rate

- -On the same day
- -With in the week
- -Within the month
- -Compliance to the treatment



Clinical Quality Improvement

- Standardization of protocols
- Appropriate technology
- Good quality equipment & instruments
- Training of human resources
- Monitoring clinical outcomes/complications/Follow up rate



Patient Satisfaction



Which is the best way to know whether patients are satisfied or not?

Choose the Best:

- Increased Workload
 - Reputation
 - Instincts
 - Measuring



Patient Satisfaction

- Complaint and Suggestion Books
(probably 1 in 10 patients with complaints write)
- Verbal Complaints and Suggestions
(only when there is an opportunity)
- Proactive Talks
(time consuming, information loss, understand the natural context)
- ‘Walking Around’
(can all issues be understood in ‘limited time’?)
- Satisfaction Survey Questionnaires
 - Best to get quantitative data
 - Standardized question & answers
 - Repeatability
 - Large samples can be covered



Survey Questionnaires

- Where do we get one?
- Can we use an already existing questionnaire for our patients?
- Does the same factors influence satisfaction of our patients?
- Can it be developed based on what we (I) think will influence satisfaction?



How Aravind Developed It ?



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Methods

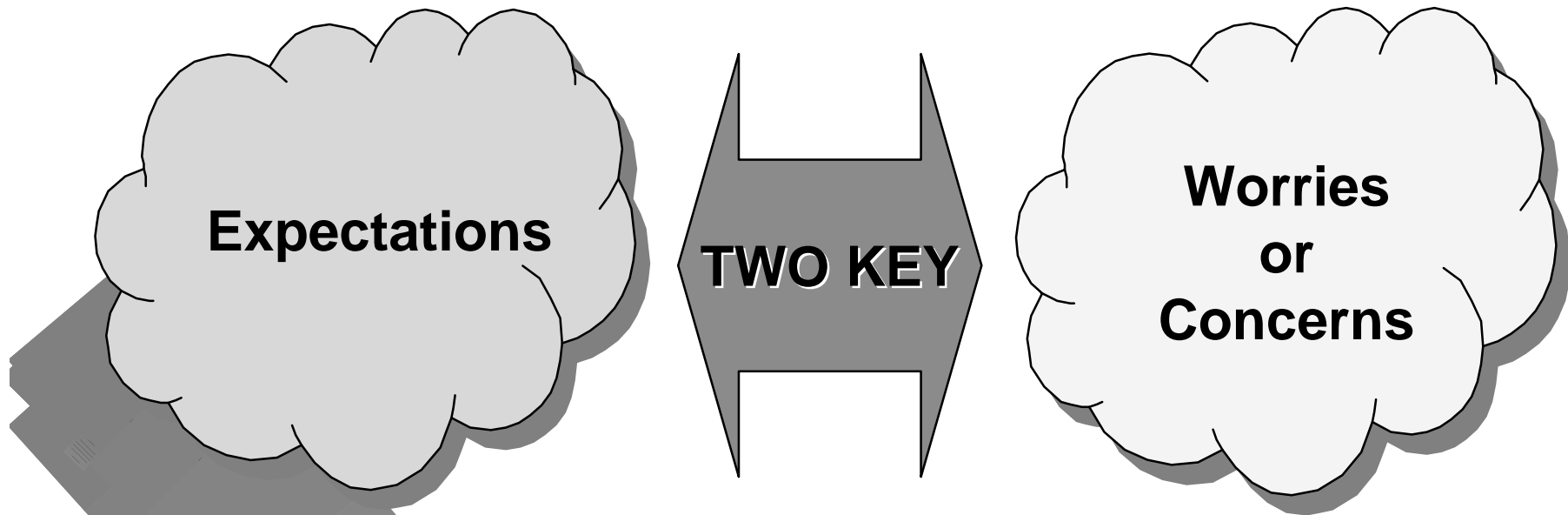
- Scrutinized complaints and suggestion from books (One year)
- Grouped and regrouped them as 10 broad categories:

- Medical Care
- Charges
- Clear Information
- Staff Behaviour
- Supportive Services

- Nursing Care
- Cleanliness
- Waiting Time
- Physical Facilities
- Responsiveness To Complaints

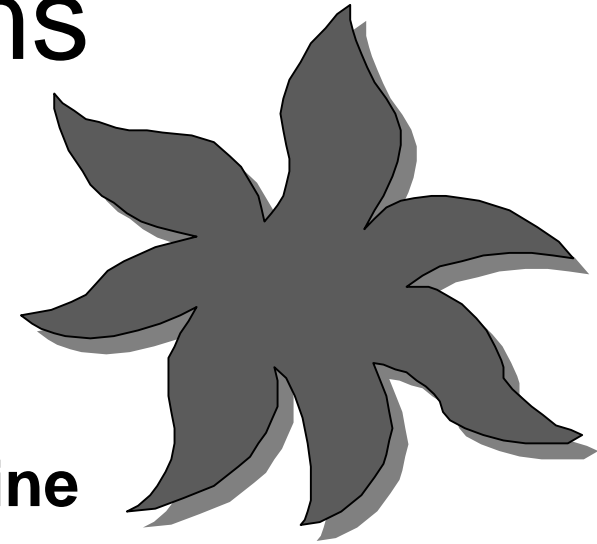


Patients and staff were asked to free list:



Expectations

- Less waiting time
- Good medical care
- Excellent hospitality
- Credible assurance
- Affordable charges
- Courteous behaviour
- Perfect coordination of activities
- Personal attention



- Discipline
- Cleanliness
- Pleasant atmosphere
- Accountability & responsibility of staff
- Clear and good information
- Good nursing care
- Good cooperation of staff



Worries or Concerns

- More waiting time
- Poor treatment
- Rumours
- Corruption
- Fear about outcomes
- Exorbitant charges
- Cleanliness & infection
- Partiality in medical care
- Availability of specialist
- Language barriers
- Fear to communicate to the doctors
- Emergency situations
- Fear of surgery



Patients-Providers Perception

FACTORS	RANKING			PARTICIPANTS	
	Free Patients	Res. Doctors	Med.	Non-Med	
Medical Care	1	2 3	1	1	
Cleanliness	2	5 4	5	9	
Nursing Care	3	3 3	3	2	
Clear Information	4	8 4	4	8	
Behaviour of Staff	5	4 2	7	5	
Physical Facilities	6	11 4	10	11	
Charges	7	6 4	11	6	
Waiting time	8	9 3	8	7	
Supportive Services	9	12 5	12	12	
Responsiveness	10	7 2	9	10	
Image and Integrity of the Hospital	11	10 1	6	3	
Personal Attention & Care	12	1 2	2	4	



Patient's expectations are important than provider's expectations

An Example...



Factors	Dissatisfied(%)
Medical Care	10 %
Nursing Care	12%
Behaviour of Staff	8%
Food Services	67%
Clear Information	9%



Problem Solving...

**Cut down
Prices...**

**Catering
staff need to
be more
Polite**

**This is a Hospital
and not a Hotel..**

**Change
the Menu..**

**We should run
the catering
ourselves...**

**We can't satisfy
each and every
need..**



Real Reason Could Be...

If only the food
was served **HOT**
on **CLEAN**
plates...



**Involve patients to
understand the problem
better and develop
solutions**



Core Principles of Quality Assurance in Healthy Care

- **Focus on the client**: services should be designed so as to meet the needs and expectations of clients and communities
- **Focus on systems and processes**: providers must understand the service delivery system and its key service processes in order to improve them
- **Focus on measurement**: data are needed to analyze processes, identify problems, and measure performance
- **Focus on teamwork**: quality is best achieved through a team approach to problem solving and quality improvement.



In Summary

- Quality in hospitals means managing both “clinical” and “non-clinical” aspects
- Move from cure to prevention
- Quality improvement is never ending and is continuous
- In the years to come “Quality” will be the most significant factor influencing patient’s choice
- Monitoring can bring out the shortcomings in:
 - Instrumentation & Technology
 - Supplies & Procedure
 - Surgeon’s skill & Outcome of Surgery
 - “Service” Quality
- Quality is an “ATTITUDE”



Quality is

- **Doing the right thing the first time...**
- **...and every time**



Thank you



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