

Quality Improvement in Public Health Institutions

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Discussions on quality generally include the concept of outcomes, assuming that "good" outcomes prove satisfied quality of services. However it often happens that a patient can be highly satisfied with incorrect or inappropriate clinical care. A patient can adhere to a regime, which is not effective, or a patient can receive clinical care, which is "state-of-the-art", and be still dissatisfied with it. This shows that we are still in the infant stage of measurement and evaluation of quality in public health institutions.

Assessing and improving quality of health care was until recently, a low priority for both policy makers and technical agencies in developing countries. Previously the main emphasis was on decentralized client-oriented planning, community participation at grass root level, and quality centered services. Now the focus of health programmes has shifted from narrow demographically driven, agency-oriented programmes to individual need driven, client centered, broad reproductive health programmes.

The three- tiered vertical health care system of our country plays an essential role in providing health services to 70% of the population residing in rural areas. However, with the passage of time, the rural health services began to deteriorate due

to several reasons. As a result, majority of the population is forced to go for expensive private health care system.

Today public health system requires substantial and careful reconsideration of the human resource management that includes training, supervision, accountability, performance appraisal, and reward/appreciation for the commendable work performance for any health programme operating in public health institutions.

Definition of Quality in Public Health Services

In general the term quality means, the standard of something, and how good or bad it is in relation to other things of the same kind. The concept of quality in service industries like health care is much more difficult to define as today health care comprises a complex variety of activities and services even in the small set-up of general practice.

Quality in public health services is defined as "*an institution (s), offering wide range of services to meet the needs of those who need the services (s) most through their full participation, with least health risks, in the area of the vicinity of it, having integrated with desired set of elements, within limits and norms and goals set by the Federal state.*"

One should not forget that quality could refer to technical quality, to non-technical aspects of service delivery such as clients' waiting time

and staff's attitude and to programmatic elements such as policies, infrastructure, access, and management. Quality is same time contrasted with access.

What is Total Quality Management (TQM)?

TQM is an integrated approach to achieve and sustain high quality output by eliminating waste and accomplishing mission task through continuous improvement.

Elements of TQM:

- Quality planning
- Quality assurance
- a. Quality circles
- b. Quality control
- c. Quality surveillance

Application of TQM IN Health

The above elements in TQM will be applied step by step in public health institutions. It starts with identification of associated problems, designing processes and quality standard protocol for achieving high standards of excellence, marking the quality with quality control process and doing regular supervision as well as monitoring (both internal and external) under quality surveillance process so as to achieve desired objectives and set goals of Health For all.

Quality Circle (QC)

QC is a small voluntary group of people from the same work area who meet together on a regular basis for the purpose of identifying, selecting, ana-

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Fig.1 Structure of Quality Circle:

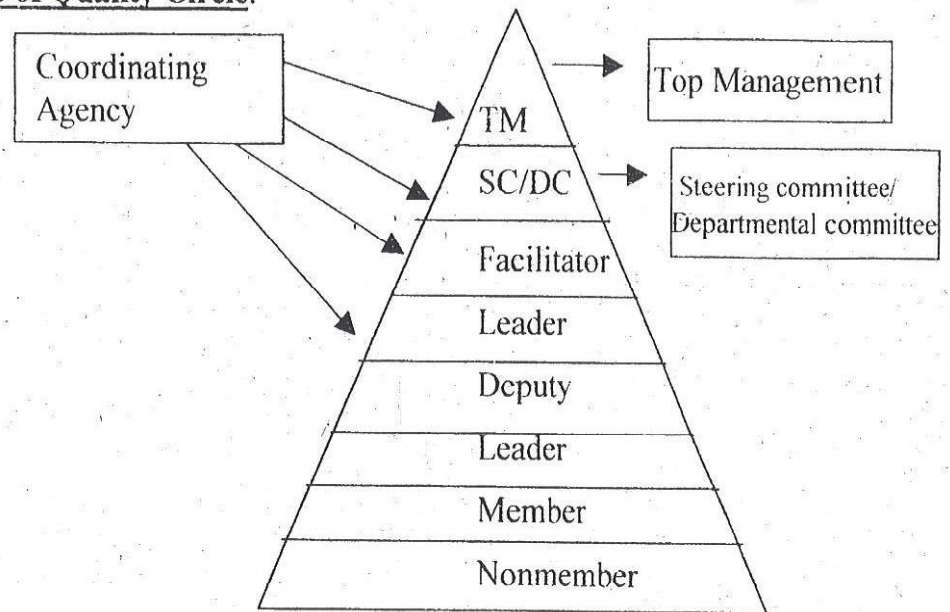
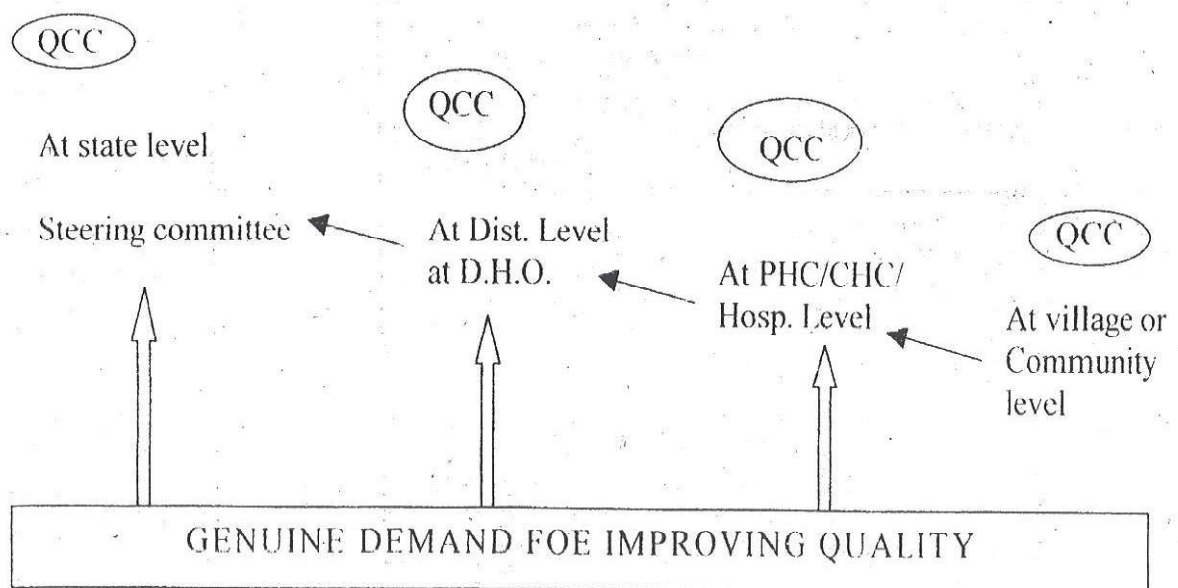


Fig.2 Structure of Quality Circle in Public health:



lyzing, and solving quality, productivity, cost reduction, safety, customer services and other work related problems in their work area, leading to the improvement in their work effectiveness and enrichment of their work life.

When we talk about Public Health institutions, we can form a small group of service providers (both male and female) who meet regularly under institutional head. They discuss their related tasks at all level of experience to identify obstacles, prioritize health problems, and put forward their solutions to resolve it by various techniques and other creativity through mutual cooperation. They also explore a way out for their self - development.

Structure of QC

It becomes essential for the participants to know the structure in the formation of QC (Fig. 1). A structure is a prerequisite for good performance. For any structure to be meaningful, it should first start with the top management's policies, which should be laid down and

linked to the organization's objectives and goals.

Structure of QC in Public Health

Looking at the administrative set up of public health in our country, the structure of QC at state levels could be best defined at four levels as shown in Fig. 2. Here we will take example of village level Quality Circle Committee (QCC).

This QCC is basically designed at village level to generate demand for health services among the residents of community. This is also being done to ensure that the services are made available and are within the reach of the community. It is beneficial in the matter of accreditation for the achievements. The grassroot level information would be very useful for the quality auditing or quality monitoring of the health services provided by the public health institutions in the special area.

Summary

Quality issues are integral to providing primary health care. The delivery of health care is a

complex process that involves a number of factors such as interpersonal skill, culture, technology and available resources. In general, quality is defined as customer satisfaction at competitive cost. As per John Guaspari, "Quality should not be positioned as the absence of problems as defined by us. It should be positioned as the presence of Value and satisfaction as defined by the customers/ clients."

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Suggested QCC at village levels

S.No.	Types of Individuals in QCC	Their Designation in relation to QCC	Total Number
1.	Village Panchayat Leader	Chairman	1
2.	NGO Representative	Secretary	1
3.	Male Health Worker	Members	1
4.	Female Health Worker	Members	1
5.	Male Community Representative	Member	1
6.	Female Community Representative	Member	1
7.	School Principal/ Teacher (Optional)	Member	1
8.	Yuvak Mandal Representative	Member	1
9.	Mahila mandal Representative	Member	1
10.	Trained/ Untrained Birth Attendant	Member	1
Total			11