

Making Quality Our Way of Life

THE STANDARD OF HEALTHCARE

What do we know about the quality of healthcare in general? That poor care grabs everyone's attention. There has been enough research done the world over for us to conclude that adverse events occur not infrequently and that medical errors happen in the most developed healthcare systems. In the United States, up to 98,000 patients die annually as a result of medical errors¹. In Australia, 16.6% of hospital admissions are associated with adverse events². We also know that up to 50% of these incidents are potentially preventable.

THE BALL IN OUR COURT

For generations, the prime directive for us all has been *primum non nocere* or "firstly, do no harm". While this is still true today, the interplay of ever-developing technology, sub-specialization and complex delivery systems evident in our hospitals and clinics produces conditions that are inherently vulnerable to errors. And even though the Singapore Court of Appeal has encouragingly (from the healthcare professional's point of view) taken the stand that healthcare standards should best be decided by practitioners themselves, we need to get our house in order.

CHANGE IN ATTITUDE

We all recognize that there is the inevitability of medical error since humans are involved in the processes of delivering that care. Yet, when an error occurs there is an "instinctive" response of finding some individuals to blame for the error and to take punitive actions against them. This needs to change. There are certainly situations where negligence or incompetence are the main causes for poor patient outcomes, and in such instances, a disciplinary approach would be appropriate. However, the vast majority of medical errors do not arise because of major lapses by single

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individuals involved in the care of a particular patient. Instead, these errors are often due to deficiencies in the healthcare delivery system. Moving away from a “blame and shame” culture allows critical areas to be recognized and appropriate action to be taken.

ENSURING QUALITY IMPROVEMENT

Besides a culture change, appropriate systems must be set in place to reduce the likelihood of error and of the patient consequences that might result if it does occur. To this end, the Ministry of Health has been trying to facilitate quality improvement through initiatives such as the Quality Indicator Project and the planned national system for non-punitive reporting of serious adverse events. However, to be able to make significant in-roads, we need every healthcare professional to play his part – from the top echelons of leadership to every employee on the ground. This is the basis for quality taking root and flourishing, even in healthcare.

EQUIPPING HEALTHCARE PROFESSIONALS

Equipping healthcare professionals with the necessary skills and knowledge is an integral component in our pursuit for better healthcare. There needs to be training in the quality tools to allow for processes to be evaluated and improved upon. In this respect, there is much to learn from the others who have gone on before us in the quest for quality and safety in healthcare. The 2nd Asia-Pacific Forum (APF) on Quality in Healthcare will be held here in Singapore from 11 to 13 September 2002 and provides an excellent opportunity for mutual learning and sharing. The Forum is jointly organized by the Ministry of Health, the National Healthcare Group, SingHealth and the Singapore Medical Association, in conjunction with the British Medical Journal Publishing Group and Institute for Healthcare Improvement.

This is the first time that a forum of this scale is being held in Singapore. This collaborative effort takes a significantly different approach from the usual scientific conference as it focuses very much on teaching and stimulating

discussion. In fact, one day of the 3-day forum is set aside for mini-courses to allow for a substantial amount of learning through active participation. Quality can be somewhat nebulous. However, the scale of the forum allows a broad spectrum of themes to be covered (see sidebar on page 8). This not only ensures that there is a diversity of topics covered, but also something for everybody – from the novice who wants to find out something more about quality improvement to the expert practitioner who is championing for better healthcare.

QUALITY IS OUR WAY OF LIFE

In the end, we need to realise that quality must be approached from a

positive angle. The way to achieve this is to focus on achieving good care, as we continually adapt our practice to the demands of an increasingly complex healthcare environment. As healthcare professionals, we owe it to our patients to actively engage in the pursuit of quality healthcare and make quality our way of life. ■

Clinical Quality Branch Ministry of Health

References:

1. *To Err Is Human: Building a Safer Health System.* Linda T Kohn, Janet M Corrigan, and Molla S Donaldson, Editors; Committee on Quality of Health Care in America, Institute of Medicine.
2. *The Quality in Australian Health Care Study.* Wilson RM, Runciman WB, Gibberd RW, et al. *Med J Austral* 1995; 163:458-71.

2ND ASIA PACIFIC FORUM ON QUALITY IMPROVEMENT IN HEALTHCARE 11 - 13 (Wed - Fri) September 2002 Raffles City Convention Centre, Singapore

Themes

THEME 1: IMPROVING PATIENT SAFETY

- Creating a culture of safety
- Ensuring safe environments
- Learning from mistakes – anonymised reporting
- Ensuring safety of the workforce
- Whistle blowing

THEME 2: LEADERSHIP FOR IMPROVEMENT

- Leading from the front – the roles of management in quality
- Quality in a market environment
- Transforming organizations
- Building effective teams
- Promoting collaboration among professionals

THEME 3: MEASURING QUALITY AND BENCHMARKING FOR CHANGE

- Public reporting of data
- Audit and quality
- When to measure & when not to measure
- Tools for measurement of quality

THEME 4: EDUCATION AND TRAINING FOR IMPROVEMENT

- Quality improvement through education and training
- Generating enthusiasm among healthcare professionals
- Essential components of training for quality
- Learning from and with patients

THEME 5: IMPROVING HEALTH SYSTEMS

- Third party accreditation as a quality tool
- Involving patients/consumers in every part of health care
- Quality improvement in family medicine

THEME 6: IMPROVING THE CARE OF PATIENTS WITH CHRONIC DISEASE

- Redesigning systems for caring for those with chronic disease
- Self management by patients
- Evidence based care of those with chronic illness
- Shared care of those with chronic illness
- Disease management

THEME 7: THE EVIDENCE FOR QUALITY IMPROVEMENT

- Clinical improvement and evidence based health care
- The scientific basis for quality improvement
- Evidence based medicine, guidelines, and technology assessment as components of high quality care

REGISTRATION:

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