

# QUALITY MEASURES

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Measurement is a key principle of quality improvement. Although many changes take place in health care, without measurement it is impossible to determine whether those changes actually result in improved quality. Measurement of improvement requires different methods from those used in research, being concerned more with testing of how best to effectively introduce and replicate best practice rather than determining for the first time what best practice should be. Quality measures are tools that help to quantify the characteristics of high-quality health care and may measure the healthcare process, its outcomes, the patient's experience or the organisational structures or systems that support care delivery. Quality may be measured in terms of structure, process and outcomes. Structural measures outline the characteristics of the health system that affect the system's ability to meet the healthcare needs of individual patients or a population. Structural measures usually refer to the availability of material, infrastructural or human resources, e.g. the number of surgeons per 100 000 population or the number of staffed operating theatre sessions in a hospital. Structural measures are especially useful in evaluating and improving equity of access to health care. They may include measurement of the availability in a healthcare setting of policies or procedures needed to deliver high-quality care, such as standards for the frequency and nature of clinical observation of postoperative patients. Process measures assess what the healthcare provider did for the patient and how well it was done. The term process is used to refer to the implementation of procedures and practices by staff when planning, prescribing, delivering and evaluating care. Each surgical patient's journey is a composite of multiple processes, such as preoperative assessment, hospital admission and undergoing an operation, among others. Measurement for improvement most commonly involves tracking processes at the same site over time in an attempt to reduce inappropriate variation. Process improvement measures should be associated with better outcomes of care and, ideally, should be important from a patient's perspective. An example of a clinical process measure might be the starting times of operating lists. Consistently starting the operating day on time reduces delays for patients awaiting surgery and has a number of associated possible benefits, such as shorter fasting times preoperatively and a greater ability to plan the theatre day. Sometimes process measures are used as a management tools. In this example, starting theatres on time might be part of a wider improvement plan that aims to reduce underutilisation of staffed theatre time. Outcome measures describe the effects of care on the health status of patients and populations - they are specific, observable and measurable changes that represent the achievement of an outcome of a quality improvement initiative. Clinical outcome measures refer specifically to outcomes of healthcare interventions, whether they are to do with diagnosis, treatment or care received by service users. Ideally, they should be outcomes that are important to patients rather than to the healthcare provider (PROM: patient-reported outcome measure), and there should be evidence that they reflect the quality of the interventions and their effect. Outcome measures are what are commonly used in clinical audit when outcomes achieved are compared with evidence-based standards of clinical care. An important principle of healthcare improvement is patient-centred co-design, a process by which healthcare providers work in

partnership with the people receiving care to identify and prioritise desirable outcomes. Such outcomes may include factors experienced by people accessing care, such as: - /uni25CF the speed of their access to reliable health advice; /uni25CF the effectiveness of their treatment delivered by trusted professionals; /uni25CF the continuity of their care and its smooth transitions; /uni25CF the involvement of, and support for, their family and car - ers; /uni25CF the availability of clear, comprehensible information and support for self-care; - /uni25CF their involvement in decisions and the respect for their preferences; /uni25CF the emotional support, empathy and respect provided; /uni25CF the attention paid to their physical and environmental needs. The collection and interpretation of reliable data are of fundamental importance to any quality improvement exercise ( Table 15.4 ).

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