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Literature Review: Defining Quality of Care

The World Health Organization defines health care quality and provides a step-by-step process of building quality in a healthcare setting in its article published in 2006 (World Health Organization 4). WHO defines health care quality from six perspectives: effectiveness, efficiency, accessibility, acceptability (or patient-centeredness), equity, and safety of healthcare and healthcare systems. Effectiveness means that quality healthcare and healthcare systems must adhere to evidence-based practice and result in better healthcare outcomes for communities and individuals, based on need (World Health Organization 5). Quality healthcare is delivered efficiently in a way that optimizes resource application and waste elimination. Quality healthcare is one that is accessible, timely, geographically sensible, and offered in settings where resources and skills are suitable for medical needs.

WHO connotes that quality care must be patient-centered by taking into account the aspirations and preferences every service users as well as the cultures their communities (4). People have different cultures which determine their care continuum, so as a clinician, paying attention to cultural practices is paramount in ensuring quality care. Delivering a quality also takes into account the invariability of care value depending on personal characteristics, such as ethnicity, gender, race, socioeconomic status, and geographical location. The healthcare and healthcare systems also have to be safe for them to be considered of high quality. They equally have to protect patients' autonomy by minimizing risks and harm.

Theis et al. define the quality of care from the perspective of a patient (395). The researchers conducted a study in which they aimed to examine factors that influence how women in Medicaid select their healthcare plans and explore their thoughts on what they consider 'poor' and 'good' quality healthcare. Theis et al. used focus groups and quota sampling to collect information from Medicaid beneficiaries in Texas to ensure uniformity (397). In their results, Theis et al. established that most participants considered cost, respect, coverage, and attention when selecting their plans (403). Participants related quality of care to timeliness, positive health outcomes, and communication between care providers and patients. This research shows the significance patient-provider relationship and patient-centeredness when it comes to quality patient care. Therefore, according to Theis et al., a quality care delivery involves granting adequate respect and response to specific patient needs, values, and preferences, incorporating patients' values in decisions that touch on their health and providing patients with the support and education they need to facilitate their own care (396).

Campbell, Roland, and Buetow provide that there are two primary dimensions of care quality: effectiveness and accessibility (1613). The researchers, therefore, agree with the World Health Organization's research documenting six definitive components of care quality discussed above. Within the realms of effectiveness, Campell et al. accentuate the functionality of the clinical care that patients receive, and the inter-personal connection between patients and physicians (1615). To meet the required quality standard, healthcare systems, healthcare processes, and healthcare must be able to meet the needs of patients.

Measuring health care quality is significant because it tracks the performance of a health system and results in improved care. According to Morris and Bailey, there are many care quality measures which can be used to evaluate care across health care settings, from hospital

systems to imaging facilities to doctors' offices (2). Morris and Bailey note these care quality measures as the structure of the care setting, care outcome, the process of care, patient experience, healthcare professional, health plan, and the provider (3). The structure covers the characteristics of a healthcare setting, such as the availability of qualified personnel, policies, and facilities necessary for care delivery. For instance, the presence of a critical care expert in intensive care unit. The process of quality has to conform to routine clinical care practices seamlessly, increase chances that a patient is undergoing it survives, and provide adequate feedback on patients' experiences. Undoubtedly, these measures divulge critical evidence about the level to which care can be considered truly quality or patient-centered. According to Morris and Bailey, experts always rely on these measures as primary tests of quality in healthcare settings (7).

The Institute of Medicine's definition of care quality is the extent to which health care services for populations and individuals augment the probability of desired results of healthcare and are consistent with the present knowledge and practice (Institute of Medicine Staff, and Lohr 996). Therefore, this takes into account the interpersonal skills of practitioners, accessibility, presence and utilization resources, stands of care, and patient-centeredness. Nevertheless, to define care quality based on standards and expectations, it is important to ascribe measurements or domains of quality. Atkinson et al., basing their evidence on the Royal College of Physicians' practice, provide nine domains of care quality which include sustainability, technical performance, safety, equity, interpersonal relationships, effectiveness, efficiency, timeliness, and patient experience (537). Timeliness guards against waits and theoretically detrimental delays in the healthcare delivery by incorporating the disposition of care interventions to forestall and stop

illness. Quality healthcare and healthcare systems deliver not only proper care to a specific patient today but also to other people and patients in the future.

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