What is Quality?

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What is quality improvement? >> What is quality?

This section of the website provides a brief insight into some of the concepts involved in quality and the history of quality improvement.

In this page, the question 'What is quality?' is addressed. After reading this, you may wish to read the next section which considers what is meant by the term quality improvement.

Introduction

Look up quality in the dictionary and you will find a range of meanings. Quality is the term we use to describe and assess an array of characteristics of a diverse range of physical goods and intangible services. According to Garvin (1988) there are five common definitions of, or approaches to, quality:

- Transcendent - quality can't be precisely defined, but we know it when we see it, or are aware of its absence when it is missing. This is not a particularly useful approach to quality if we hope to make an objective assessment of quality.

- Product- (or attribute-) based - differences in quality relate to differences in the quantity of some attribute. For example, the quality of a piece of jewellery may relate to the proportion of gold it contains, with 18 carat gold being better than nine carat gold.

- Manufacturing- (or process-) based - quality is measured by the degree to which a product or service conforms to its intended design or specification; quality arises from the process(es) used.

- Value-based - quality is defined by price. A quality product or service is one that provides desired performance at an acceptable cost.

- User- (or customer-) based - quality is the capacity to satisfy needs, wants and desires of the user(s). A product or service that doesn't fulfil user needs is unlikely to find any users. This is a context dependent, contingent approach to quality.

In the context of tangible products, Garvin (1991) listed eight criteria of quality - performance, features, reliability, conformance, durability, serviceability, aesthetics, and perceived quality. However, this is not sufficient for quality when related to services. To define quality of services, Evans & Lindsay (2005) described a different eight criteria - time, timeliness, completeness, courtesy, consistency, accessibility and convenience, accuracy, and responsiveness.

The contemporary view of quality places the user in a central role (Crosby, 1995). We need to understand the needs of the user if we are to successfully deliver services that will fulfil their needs. It is recognised that up to 85 per cent of quality issues are the result of systemic factors beyond the control of individual workers (Deming, 1994) hence the need to carefully review the processes involved. Another important idea is that all areas of an organisation contribute to the final quality of the services and products produced (Juran, 1988).

One of the first to define quality in health was Donabedian. He described quality in terms of structure, process, and outcome (Donabedian, 1966). Maxwell described six dimensions of quality - accessibility, equity, appropriateness, effectiveness, efficiency, and social acceptability (Maxwell, 1992).

In 1996, Ovretveit provided a description which appears to be the most encompassing. He described quality as having three elements - client quality, professional quality and management quality.

Benchmarking

"Benchmarking is a self-improvement tool for organisations. It allows them to compare themselves with others, to identify their comparative strengths and weaknesses, and learn how to improve. Benchmarking is a way of finding and adopting best practices." (Association of Commonwealth Universities, 2007)

However, in the public services all too often benchmarking seems to lack the learning element and so becomes performance management. "Measurement for improvement is not measurement for judgment." (Berwick, 1998).

Quality assurance

Quality assurance is a process to ensure that the quality of a product or a service meets a predetermined standard. The process of quality assurance compares the quality of a product or service with a minimum standard, often set by some external authority. The aim in quality assurance is to ensure that a product or service is fit for purpose (Cole, 1998).

Quality improvement

Quality improvement is concerned with continually raising the quality of a product or service. It is concerned with comparing the quality of the service that is about to be produced, with the quality of what has been produced in the past. Quality improvement is therefore primarily concerned with self or one's team, rather than external bodies (Inglis, 2005).

In summary, quality in public services is a concept that is difficult to clearly define but is essentially about improving the user's experience, along with efficient use of resources.

The next part of this section considers what is meant by the term quality improvement.

Different measures of quality require different methods

In our era of "assessment and accountability" in health services it is important to be able to assess quality. Much has been written about measuring quality and quality assessment,and there are some valuable and well known frameworks available for doing this. Quality frameworks tend to include a number of different dimensions. It is clear that the concept of quality must be multidimensional but it is surprisingly difficult to map the frameworks onto each other.
Maxwell[3] offers us an apparently comprehensive six dimensional framework (effectiveness, efficiency, equity, acceptability, appropriateness, and accessibility) which can be used to assess the quality of health services but, in Maxwell's framework, certain key and essential elements such as (Donabedian's) structure, processand outcome or attention to a more holistic approach to anticipatory health care offered to the individual are omitted. Consequently, a combined matrix of the two models described by Maxwell is used to develop a therapy quality assurance strategy. This is shown on the next page.
However, some would say: Neither Donabedian's nor Maxwell's model focuses unequivocally on the needs of patients, and each neglects how the whole organisation, rather than merely the professional, relates to the patient and contributes to improved healthcare outcomes.14 Toon's framework for conceptualising quality in the primary care setting in the UK is another alternative to consider.

WRIGHT'S MATRIX

DONABEDIAN'S APPROACH

MAXWELL'S DIMENSIONS	STRUCTURE	PROCESS	OUTCOME
ACCESS	Child friendly location (pushchair access)	Easy booking, sufficient appointments	Parent and child attend
EQUITY	Facilities for families with special needs. (physical/hearing problems) HP resources in range languages	Different appointment lengths available	Attendance – families feel they have been listened to
APPROPRIATE, RELEVANT TO NEED	Facilities for hearing testing (soundproofed?)	Programme reflects client group eg. Anaemia screening inner city area	Hearing problems detected
ACCEPTABILITY	Clinics at appropriate time eg. Not at same time as methadone clinic	Programme acceptable to parents – does not include unacceptable tests (HIV?)	Attendance
EFFICIENT	Skill mix of examiners	Programme does not include inefficient tests	Cost per annum identified problem
EFFECTIVE	Equipment in good working order eg. Calibrated instruments	Programme contains only effective tests	Children with developmental problems identified. Parents correctly reassured over concerns