Quality management in eye care

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Be it an eye hospital or multispeciality hospital or any other organization none can deny that 'Quality' is an integral part of the natural order of doing business.

Putting forth the simple question; *What is Quality?* The answers can be in many angles. Some say it is more related to the benefits, some say value for money, others for service and delivery. Everyone (not only customers) has his/her own opinions (s) and that is the biggest hurdle in delivering quality. As providers (individuals/institutions) we try to define quality based on our own perception and try to deliver "quality" services on the criteria, which we view to influence "High Quality". In fact the real quality is the other way round. Any organization that tries to incorporate "Quality" as an indispensable aspect of the delivering system should undergo a paradigm shift; Quality is what the customers value. It is "their" perception that matters in assuring quality and not "ours".

Customers view quality in two major dimensions. Theoretically these dimensions are called as Product Quality and Service Quality. Customers express satisfaction knowingly or unknowingly in these two dimensions. Explaining what these dimensions mean in the words of a layman: Product quality is "what a customer gets" and Service quality is "how a customer gets". The quality of the product that is being consumed is what is termed as product quality. The quality of service that accompanies the product is the Service quality.

In service industries like hospitals, they do deliver products, which are called as "Service". The so called product in a hospital can be what a patient comes to buy; obviously the medical care. This does not mean that medical care can be termed literally as a product but is more of a parallel drawn. This accompanied by what is called as other services are the two dimensions where patients rate quality knowingly or unknowingly. Moreover, the ratings are subjective to what is called as expectations. Quality vis-à-vis expectations stem from different factors like previous self and other's experiences, image and good will of the organization in the community, money the customer pays, economic status, education etc.

Thus quality as being rated on the so-called expectations enlightens the aspect that quality starts with the understanding of the customer expectations. In other words, quality starts with marketing.

Furthermore, on both these dimension patients have their own criteria on which quality is being rated. One major challenge faced while trying to deliver quality is the mismatch in the perception between the provider and the customer.

So any organization trying to manage quality needs to measure what are the criteria regarded by "their customers". The usage of the words "their customers" has more of a marketing overtone. It refers to which specific segment of the customers is an organization targeting to. Applying the same concept to quality management in hospital scenario, the perception of the patients regarding the criteria on which they rate the quality needs to be elucidated. These criteria differ from segment to segment of patients. The more clear the criteria are, the more focused can be the quality delivery and not in a sort of 'babe-in-woods' approach of delivering quality on what we (providers) feel is right. When the direction is not known, it is like being in a maze.

Relating specifically to quality management in eye care delivery systems (immaterial whether it is high or low volume), it is important to understand the two dimensions of quality in eye care delivery.

1. **Product quality:** Though eye care services are intangible, the visual outcome (the better visual acuity for the patients with no or low postoperative complications and infection rates) vis-à-vis quality of vision restored can be the 'product' that the patients expect. The patients rate the quality of visual outcome as a manifestation of clinical quality. However, this is not possible in all kinds of eye diseases but to a majority of them. The end product, that a patient looks for in an eye hospital, can range from good visual acuity, appropriate glass prescription, rehabilitation etc, depending on the eye problem of the patient.

2. **Service quality:** The other aspects accompanying the so-called 'Product" like waiting time, cleanliness, behavior

of the staff, clear information, supportive services etc to name a few is called as Service quality. In brief, all the " how-the -customer-gets" aspects are considered as criteria on which patients make their rating. It is a cliché to say that hospital's quality means only clinical quality. Today, patients are concerned more about the 'accompaniments' than just the medical care.

Keys to Quality Management

Understanding the dimensions of quality, it is also essential to understand a few broad keys for quality management. Though there are a lot of meticulous details to manage quality, these are but a few vital keys in managing quality.

Shared vision for quality

The initiative for any quality management programme is a good 'vision' for quality. The top management should be first convinced that quality has to form as a part of the system.

It is not just enough if the top management has a vision for quality. All the employees at all levels should possess this. It becomes the responsibility of the top management to communicate and reinforce continuously on the vision. The vision can even be reflected in the day-to-day decision-making. The whole team should be aligned towards the 'common vision'. A clearly defined vision should be a feeling that accompanies every employee while executing his or her job. A vision is like a lighthouse to take the right path and help in better decision-making.

A vision for quality in an eye hospital should essentially take into account the development of a patient-oriented system. Alignment of the staff should be towards delivering a patient-centered process. Vision should encompass both the product quality (good visual outcome, appropriate prescription, safe medication, less complications, less infection etc) and the service quality (behavior of the staff, clear information, cleanliness etc). Managing these aspects in a systematic and regular fashion helps in having a better 'Quality".

Quality teams

With the presence of the vision, it needs to be translated into a feasible action. When the top management fulfils the visionary role, it is the intentionally created quality teams (not groups) who fulfil the executive role. The team should comprise of representatives of the top management (Chief medical officer, Administrator, Nursing superintendent etc) and the appropriate staff. Depending on the needs, the qual-

ity teams may have process (diagnostic, surgical, admissions, discharge, patient flow etc) improvement teams, quality improvement teams (infection control, surgery complications review etc), quality circles (small teams in each department for continuous improvement) etc. Participation of all the staff is the major impetus for making quality happen.

Design for quality

Standards of performance of activity or activities for all prime jobs of clinical and nonclinical aspects need to be set. These standards of performances are the targets and form what is called as 'Design for quality'. Standardized clinical examination, surgical protocols, standards of cleanliness, standard of attitude of staff etc needs to be developed for each key result area (where patient expectations rise). For eg., a patient who has come for cataract surgery will expect good examination, uneventful post operative period, less complications, clear information, clean environment etc. similarly for every activity in an eye hospital, there will be key result areas and standards of performance need to be set for moving ahead. The whole structure, process and outcome need to be tuned to this design for quality. The costs associated with quality called the cost of 'providing quality' and 'not providing quality' can be measured only with this design for quality.

To keep up to the requirements of this design, training for all staff froms an important component while managing quality. "Quality staff" to provide quality service is the expected outcome of these trainings.

Continuous improvement

Quality is a never-ending story. Measuring, monitoring, controlling and reviewing processes and activities are the heartbeats of continuous quality improvement. Process improvement, technology up gradation, human resource development etc adds to the continuous journey. Quality can be never achieved in a day because 'quality is what the customer values" and what the customer values changes from time to time, period to period and person to person.

References

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