**Chapter 6 Improving quality of care – answers**

Self assessment

Question 1 of 4

Answer C – which services are cost effective. Patients do not necessarily have clear ideas about the cost of services or their cost effectiveness

Question 2 of 4

Answer B. Number of cases screened is an example of process.

Examples of structure include buildings, number of staff and equipment available. An example of output is the number of cancers detected through the screening programme. An example of outcome is the number of lives saved

Question 3 of 4

29 Answer D

All of the other options are measures of process except for postoperative mortality rate which is an outcome measure.

Question 4 of 4

Answer D – cost effectiveness programmes. Although cost effectiveness is relevant to the efficient delivery of health care, clinical governance relates specifically to the quality of health care rather than its cost. However, cost effectiveness would become relevant should we need to choose between two interventions of the same clinical value but different costs.

Short answer questions

Question 1 of 7

Maxwell’s model: Effectiveness, acceptability, efficiency, accessibility, equity and relevance.

IOM ‘STEEEP’ framework:

* Safe: Avoiding harm to patients from the care that is intended to help them.
* Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
* Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
* Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
* Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
* Patient-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Question 2 of 7

Evaluation has been defined as a process that attempts to determine as systematically and objectively as possible the relevance, effectiveness and impact of activities in the light of their objectives.

Question 3 of 7

According to Donabedian, these are:

* Structure (buildings, staff, equipment)
* Process (all that is done to patients)
* Outputs (immediate results of medical interventions)
* Outcomes (gains in health status)

Question 4 of 7

We could use the structure, process, outcome and output model here.

* Structure – e.g. number of staff working in programme
* Process – e.g. number of clinics held
* Outputs – e.g. number of annual assessments performed
* Outcomes – e.g. changes in mortality rate Question 5 of 7

Examples might include:

* Tier 1: Mortality from falls; number of hip fractures;
* Tier 2: repeat falls within 30 days, or 6 months; Activities of daily Living assessment (ADL); #NOF surgery – mortality rate, complications,
* Tier 3: readmission within 30 days; re-operations; measure of pain or disability after a fall;

Question 6 of 7

Clinical governance refers to the framework through which NHS organisations and their staff are accountable for the quality of patient care. It covers the organisations, systems and processes for monitoring and improving services.

Question 7 of 7

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through the systematic review of that care against explicit criteria and standards, the implementation of change before reassessing the impact of those changes. It is therefore conceptualised as a cycle.