

Correspondence

Current models of "quality" – an introduction for anaesthetists

To the Editor:

I read with great interest the paper by Drs. Eagle and Davies.¹ At this time, the accreditation process used by the Canadian Council on Health Facilities Accreditation (CCHFA) is focused on quality assurance – a very static measurement. I believe this has been useful for the 1980's to encourage hospital personnel to consider "structure" within the facility and "process" relating to methods of accomplishment, as factors affecting patient care and outcomes.

However, we are moving forward with the concept of quality management which is supportive of the philosophy of "continuous quality improvement" (CQI), a dynamic management tool. By coincidence, my copy of the "Survey on Continuous Quality Improvement in Health Care"² arrived on my desk on the same day as the CJA. This survey was carried out by the CCHFA and the Department of Health Administration at the University of Toronto. It was sent to 1,347 health care facilities to assess whether the facility had adopted a CQI philosophy. It asked specific questions related to the problems encountered and the training of personnel, et cetera. For the purposes of the study, quality improvement was defined as:

A management philosophy and system which involves Boards of Directors, managers, health professionals, and other employees, in the continuous improvement of work processes and the outcomes of patient care. CQI involves the application of statistical methods and group process tools to reduce waste, duplication and unnecessary complexity in work. The goals of CQI is to meet or exceed the needs and expectations of patients, professionals, suppliers and the community.

Of the acute care hospitals responding to a questionnaire, about 55% indicated that they had adopted the philosophy of continuous quality improvement. It should be emphasized that this concept is different from the existing quality assurance and has been discussed in the paper.

The point of this letter is to note that the CCHFA is actively leading these changes. Not only will the CQI philosophy be introduced but there will be a clearer focus on the patient care process, both within the standards and the survey process. The intent is to develop the stand-

ards for acute care large hospitals for testing in 1994, with full implementation in 1995.

The standards being developed³ will focus on the patient and family as they move through an episode of care. Secondly they will focus on the roles, responsibilities and competency levels of all the health care providers. Thirdly, the standards will require an infrastructure to support the caregivers in the provision of quality care. These three major foci will be overlaid by the philosophy of CQI.

In my view, these new standards will provide a better measure of how well hospitals carry out their mission. Previous standards have tended to focus on the documentation and other static features of hospital organization. I hope that with the development of new standards, the accreditation surveyors will be able to see structures in place to ensure a continuous improvement in patient care and outcomes.

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REFERENCES

- 1 Eagle CJ, Davies JM. Current models of "quality" – an introduction for anaesthetists. *Can J Anaesth* 1993, 40: 851–62.
- 2 Canadian Council on Health Facilities Accreditation. Survey on Continuous Quality Improvement in Health Care, June, 1993.
- 3 Canadian Council on Health Facilities Accreditation. The Accreditation Standard. Vol. 1, No. 1, August, 1993.

REPLY

Dr. Sellery's comments about continuous quality improvement and the changing standards of the Canadian Council on Health Facilities Accreditation (CCHFA) are timely. We had hoped to discuss the "draft" CCHFA accreditation document in our paper¹ but this section was removed during the peer review process. Now that the CCHFA "draft" standards have been widely circulated, we would agree with Dr. Sellery that it is important for anaesthetists to be aware not only of these changes, but also the general direction taken by the CCHFA. We thank Dr. Sellery for his comments.

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