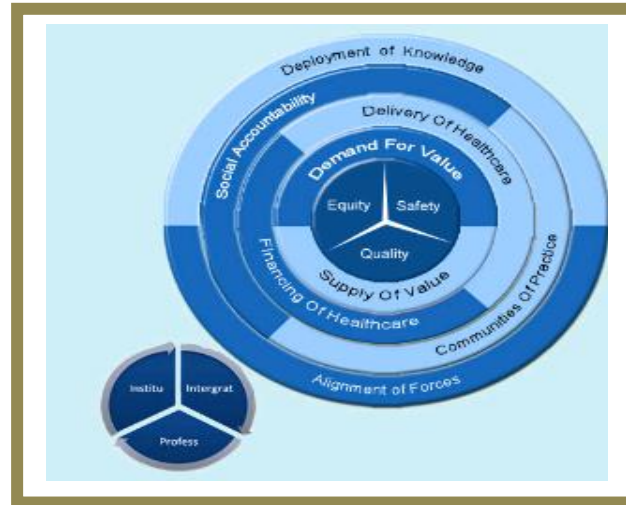


Healthcare Quality for Developing Countries.

-----Arguments for a better healthcare system.-----

LEVEL: Beginner to Advanced.

PREREQUISITES: None



COURSE CONTENT:

This course is an invitation to the knowledge base of healthcare quality, for someone who has had little or no exposure to improvement science. We first discuss the big picture, then the individual parts, how the parts fit together and finally how they relate to the big picture. The thread that binds the curriculum together is Edward Deming's theory of profound knowledge: systems thinking, statistical thinking, epistemology and psychology.

Making the economic case for quality.

Module 1: Defining and Understanding value in Healthcare. Its demand and its supply. The analysis of quality and value. The aims of improvement: Quality, Safety and Equity and their interrelationship.

Module 2: The Healthcare Production Process and the Healthcare Product.. Platforms for progress: a. The models of organized healthcare delivery. b. The methods of healthcare financing. Fee- for- service Vs Prospective Payment.

Making the clinical case for quality.

Module 3: Epidemiology of Quality. Poor quality as Public Health issue. Measurement theory.: judgment, improvement and research. The statistical development of quality in healthcare. Outcome Vs Process. Process mapping and Statistical process control. Clinical Practice Improvement.

Module 4: Engagement for improvement: Patient centeredness and ethics of caring. Professionalism and the principle of beneficence. Systems thinking in healthcare. Chain of Effects: Microsystems to Macrosystems. The triple aim. Patient and family engagement. Nature of clinical freedom and accountability.

Making the intellectual case for quality.

Module5: Improvement Thinking: epistemological development of quality in healthcare. Appreciating uncertainty and complexity in healthcare. The logical structure of improvement: abduction. Learning from practice. Role of experience and the doing –learning gap. The new model of clinical practice: innovation as routine practice. Design vs Discovery.

Module 6: Improvement Theory: the basis of improvement. Epidemiology and Epistemology of Improvement. QA Vs QI. QI Vs Research. The ethics of improvement. Is improvement research? Integralization of care. Evidence based medicine vs goal based medicine. Efficacy vs effectiveness.

Making the business case for quality.

Module 7: Leadership for Quality. Managing change and Innovation.. Strategy Deployment: Process management. Cost of poor quality. Strategic quality planning. Organizational Excellence. TOC. lean sigma. Design thinking and improvement thinking.

Module8: Knowledge for Improvement. The history of healthcare progress: Quality to Improvement. Theory of profound Knowledge and The model for Improvement. The Change concept. Teamwork and psychology for Healthcare improvement.

Making the scientific case for Quality.

Module 9: Improvement Research: the Evaluation of Improvement. Improvement study design. The format of Improvement Studies: Publishing Quality.

Module 10: Improvement as a science: is improvement science. Understanding scientific progress. Integrating Improvement science in the clinical curriculum.

Making the technological case for quality:

Module 12: Analytics for improvement: quality of data and the quality of inference. Integrating administrative and clinical data. Transactional databases to analytical databases. Patient centered technology. Case mix and risk adjustment.

Module 13: Work flow for improvement. Clinical integration and continuity of care.

Making the social case for quality.

Module 11: Accountability in healthcare. Systems of measurement and public reporting of performance. P4P. International experience. Quality in Healthcare Policy. Accreditation and the Institutionalization of accountability. Equity and access as system accountability.

Module12: Capabilities for Improvement: “being and Doing” and the varieties of improvement experience, ability vs capability, Systemic empowerment and the distribution of opportunities. Building collaborative and participatory resources. Revisiting structure. Institutions vs collaboration. The OCS model. Human centered design and system building skills. Developing communities of practice. Theories and methods for building collaboration and social movements. Barriers to improvement.
