MINAT UTAMA
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PERKEMBANGAN STRUKTUR-PROSES-OUTCOME DARI MASA DONABEDIAN HINGGA MASA KINI

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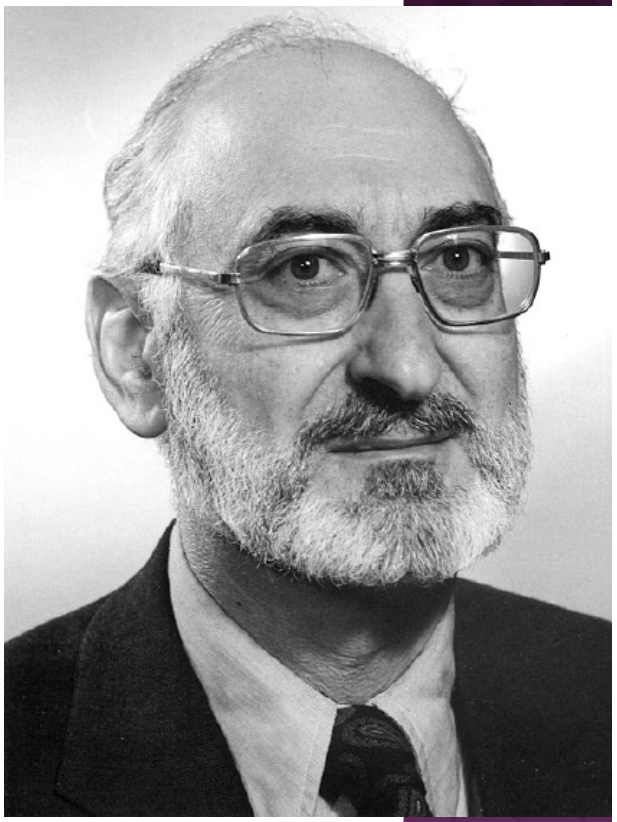
STRUKTUR PRESENTASI

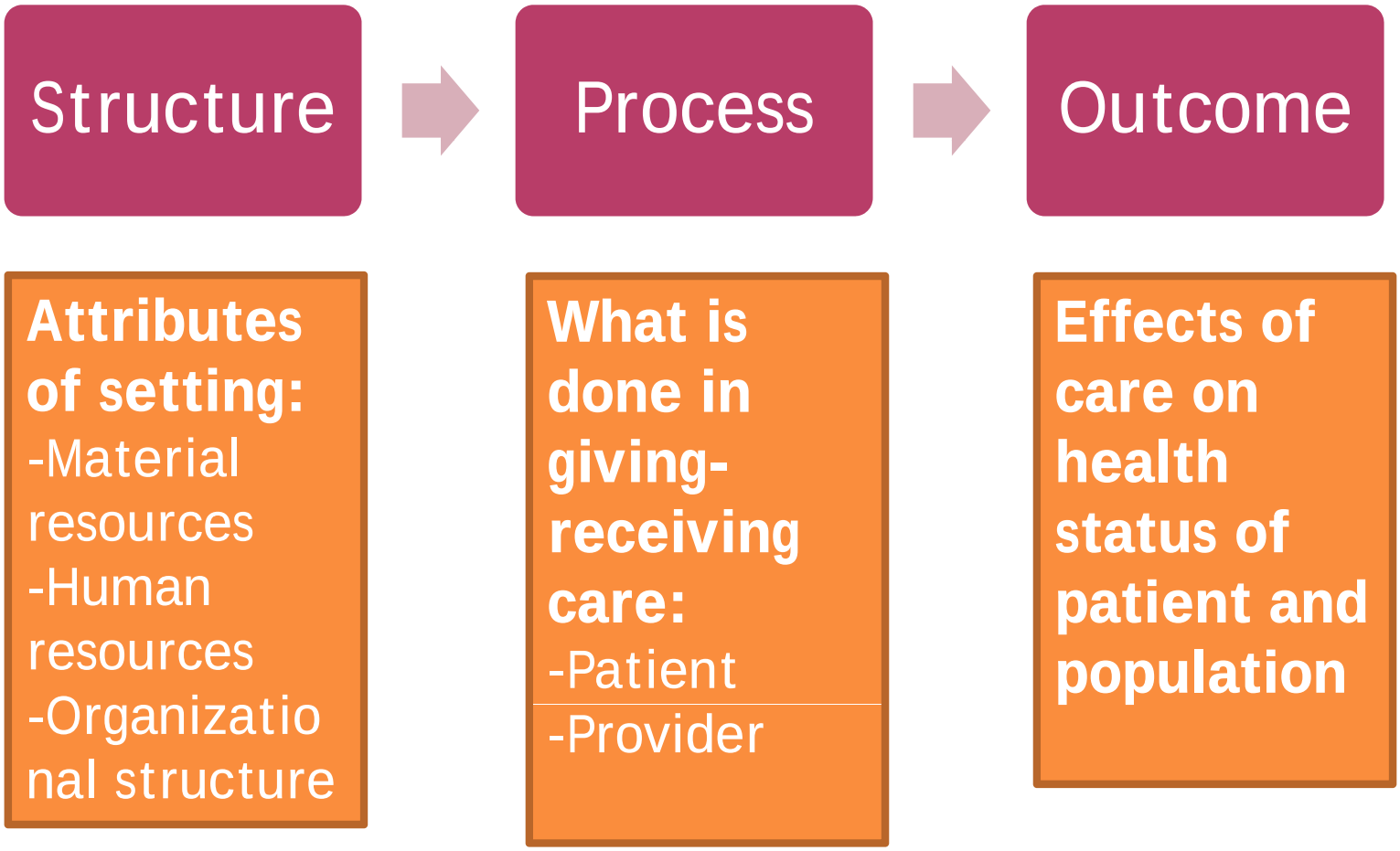
- Konsep Donabedian
- Aplikasi konsep Donabedian
- Isu spesifik: peningkatan mutu dan outcome rumah sakit
- Masa depan..

PROF AVEDIS DONABEDIAN MD, MPH: 1919-2000

- **1966** Evaluasi mutu pelayanan: structure-process-outcome
- Karya: 16 buku, >100 artikel
- Penghargaan:
  - Current content citation classics
  - Avedis Donabedian Foundation di Spanyol dan Argentina
  - Donabedian Library di Itali dan Israel
- **2000** Berita duka di berbagai jurnal internasional terkemuka



KONSEP DONABEDIAN (DONABEDIAN, 1966)



PEMIKIRAN DASAR

- Quality sebagai bagian dari value for money, bukan karena memahami mutu (Interview with Donabedian)
- Apa yang diharapkan pasien (industrial model) dan apa yang terbaik bagi pasien (health care model)
- Konsekuensinya pada pendekatan mutu: birokrasi organisasi vs birokrasi profesi
- Ketidakmampuan profesi untuk ‘put the house in order’ menyebabkan pihak lain lebih ingin ‘mengatur’ dalam upaya quality assurance

- Industrial model in health service delivery: adoption of some, enthusiasm in some sectors and disillusionment in others due to methods not properly applied and resources not adequate
- Quality: moving from identifying outliers to a more epidemiological approach of studying patterns of care, variations of care, adopting more educational and research oriented policy

- 2 characters in the industrial model: consumer-centered approach and the style of management
- ‘We are trained and motivated to train the patients’
- What patient desires (industrial model) and what is best for the patient (healthcare model)
- Industry: highly bureaucratic and authoritarian vs less hierarchical, more consultative, more power at the lower level, directorate providing support (professional bureaucracy)

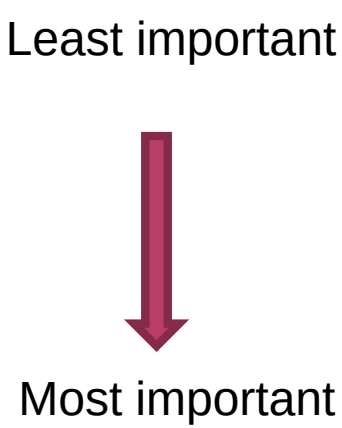
- Audit: what we do in fact changes practice and that change in practice results in improved health and patient satisfaction
- Danger of audit on a large scale: lose sights of its spirit, purpose and objectives as a device for bringing real change, real improvement
- Reporting of audit activities vs reporting of the change
- Inability of the professionals to put the house in order resulting in others becoming more directive in quality assurance

- Founder of quality assessment

The problem stems from a bit of myopia mixed with ignorance. It's easy to train people to use a certain vocabulary—for instance, calling people "customers" to whom we offer "products"—but this doesn't really change the culture or the awareness of the clinicians. Our clinicians should be able to spot weaknesses and bring them to the attention of the people who can fix them, but that doesn't happen. There's lip service to quality and, goodness knows, propaganda, but real commitment is in short supply.

PEMIKIRAN DASAR

- Mengapa dokter tertarik mutu?
  - Ketertarikan lembaga eksternal
  - Melindungi diri dari kritikan sejawat
  - Pasien meminta mutu yang lebih baik
  - Keinginan untuk do well dimata kolega
  - Kewajiban moral



- Quality ‘tidak’ diajarkan di FK, hanya lip service
- Quality sebagai bagian dari profesionalisme

- CQI through more human and participative approach rather than quality control and inspection
- EFQM adopting Donabedian: people, process and outcomes

As Donabedian received the Baxter American Foundation Health Services Research Prize in 1986, he stated: "In all my work I have tried to embody the passionate conviction that the world of ideas and the world of action are not separate, as some would have us think, but inseparable parts of each other. Ideas, in particular, are the truly potent forces that shape the tangible world".

SEVEN PILLARS OF DONABEDIAN

- Efficacy
- Efficiency
- Optimality
- Acceptability
- Legitimacy
- Equity
- Cost

"*Parameter:* An objective, definable, and measurable characteristic of the patient himself or of the process or outcome of his care. Each parameter has a scale of possible values—for example, age in years; a drug given or not given, or the dosage; final outcome, death or life."

"*Norm:* A statistical description of the central tendency of the observed values of a selected parameter, along with a measure of the variability of the values, taken from an adequate sample of corresponding studies . . ."

"*Standard:* The *desired* achievable (rather than the *observed*) performance or value with regard to a given parameter."

APLIKASI S-P-O

- Deskriptif: Mendeskripsikan frekuensi komponen S-P-O untuk unit analisis tertentu

- Analitik: Menganalisis determinan S-P yang paling mempengaruhi O untuk unit analisis tertentu

DESKRIPTIF: TINGKAT PELAYANAN DIABETES

Structure	Process	Outcome
Apakah fasilitas dan SDMnya memenuhi untuk memberikan edukasi dan pengobatan bagi pasien diabetes?	Apakah program edukasi memberikan pembelajaran bagi pasien?	Apakah berhasil membantu pasien mengendalikan kadar gula dan meningkatkan ~~Quality of Life?~~

THE QUALITY OF THE SERVICE: FAMILY PLANNING

INPUT

Policy/Political support

Resources allocated (man, money, facilities)

Program management/ structure

PROCESS

Information given to patient

Diagnosis

Treatment

Interpersonal relations

Continuity mechanisms

OUTCOME

Discomfort

Disability

Disease

Death

Dissatisfaction

DESKRIPTIF: IMPLEMENTASI STRATEGI PATIENT SAFETY DI RS DI EROPA (SUNOL ET AL, 2008)

Structure	Process	Outcome
Patient safety strategies (74.6%-98.7%): -Aims and mission include PS -Designated responsibilities -Recording reporting	Patient safety mechanisms (39.8-91.9%): -Std and limited drugs -System for reporting-analysing adverse events -Protocol for wrong patient-site surgery -E prescription	Patient safety outcome based on hospital audit (25.0-96.1%): -rumahsakit -pelayanan

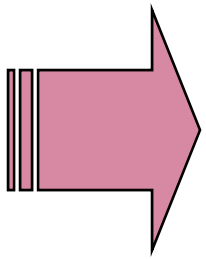
ANALITIK:

- Fokus pada benchmarking hospital outcome
- Berbagai upaya hospital performance assessment (10 tahun terakhir)
- 11 projek yang direview (projek nasional dan PATH) di berbagai negara
- Variasi hospital performance indicators:
  - Dimensi, jumlah indikator, pengembangan indikator
  - Partisipasi, jumlah institusi, pengumpulan data
  - Public disclosure, mekanisme dan waktu feedback
  - Anggaran
- Indonesia: indikator klinis, indikator kinerja, SPM

QUALITY FRAMEWORK

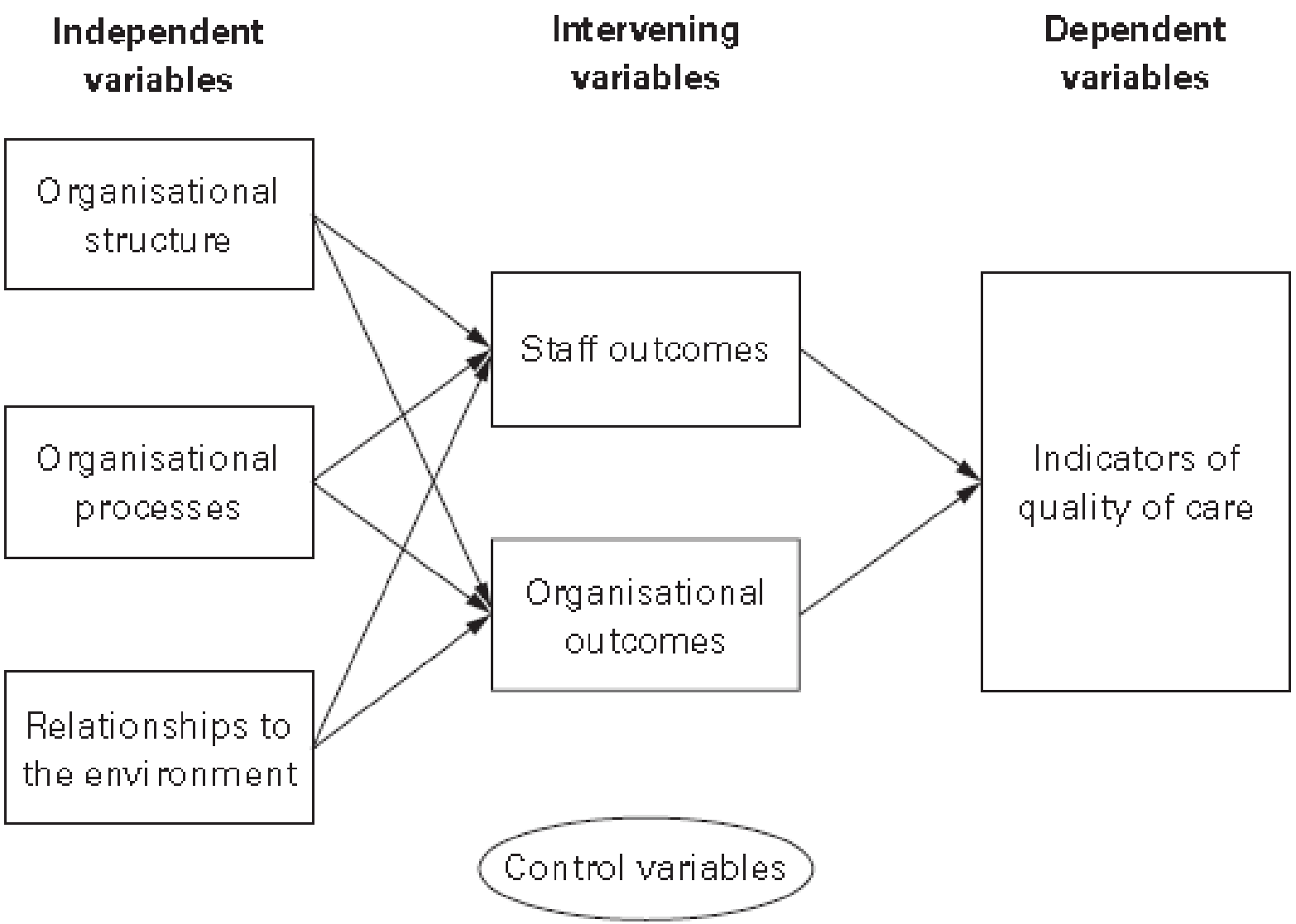
UPAYA PENINGKATAN MUTU:
Quality assurance
TQM-GKM
Akreditasi sarana/pelayanan
Dll.

REGULASI EKSTERNAL
-Perijinan: tenaga dan sarana
-Sertifikasi: ISO
-Akreditasi RS & medik dasar



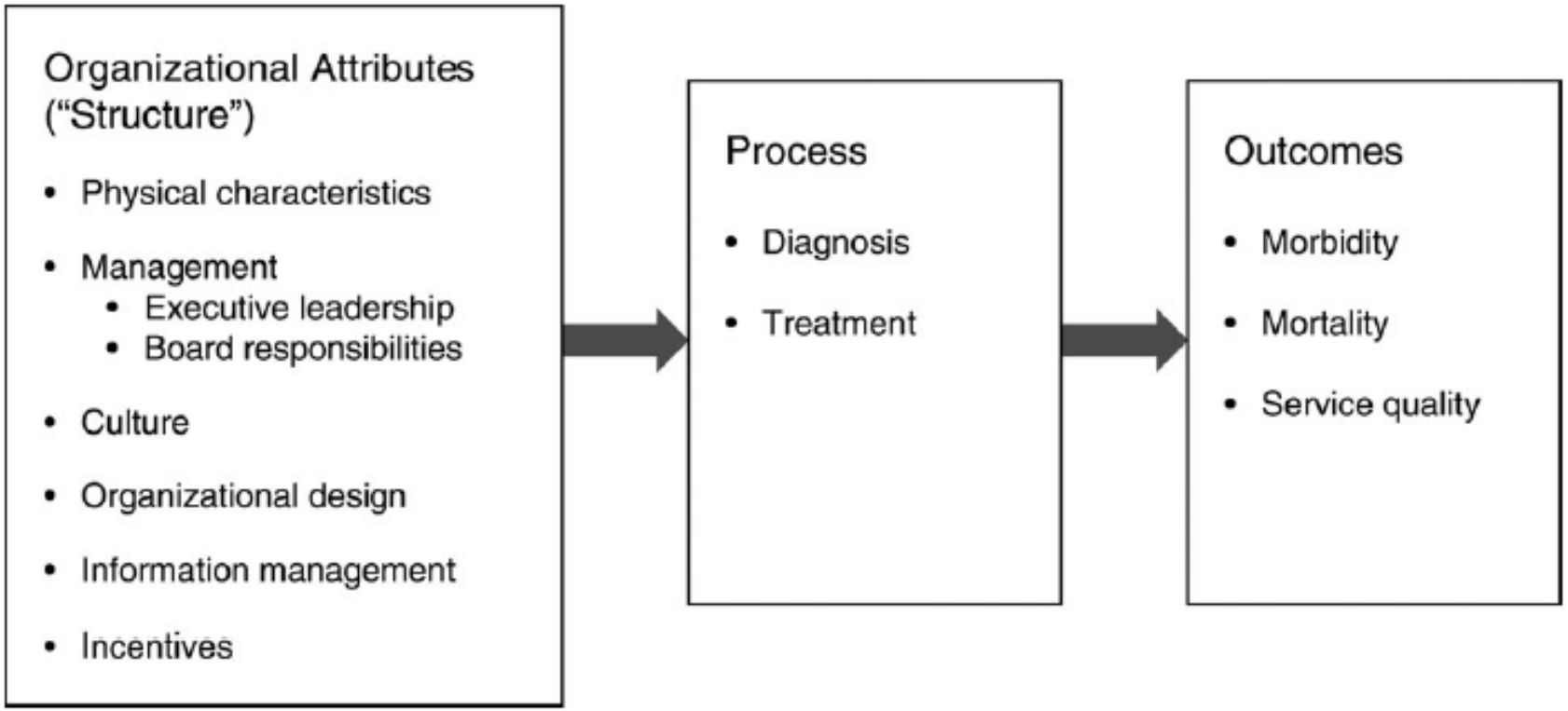
Aksesibilitas
Kompetensi
Akseptabilitas
Safety
Interpersonal
Respect-caring
Timeliness

HOSPITAL ORGANIZATION - QUALITY OF CARE (WEST, 2001)



ANALITIK: QUALITY MANAGEMENT AND HOSPITAL OUTCOME

- Glickman et al, (2007)



Impact of quality strategies on hospital outputs

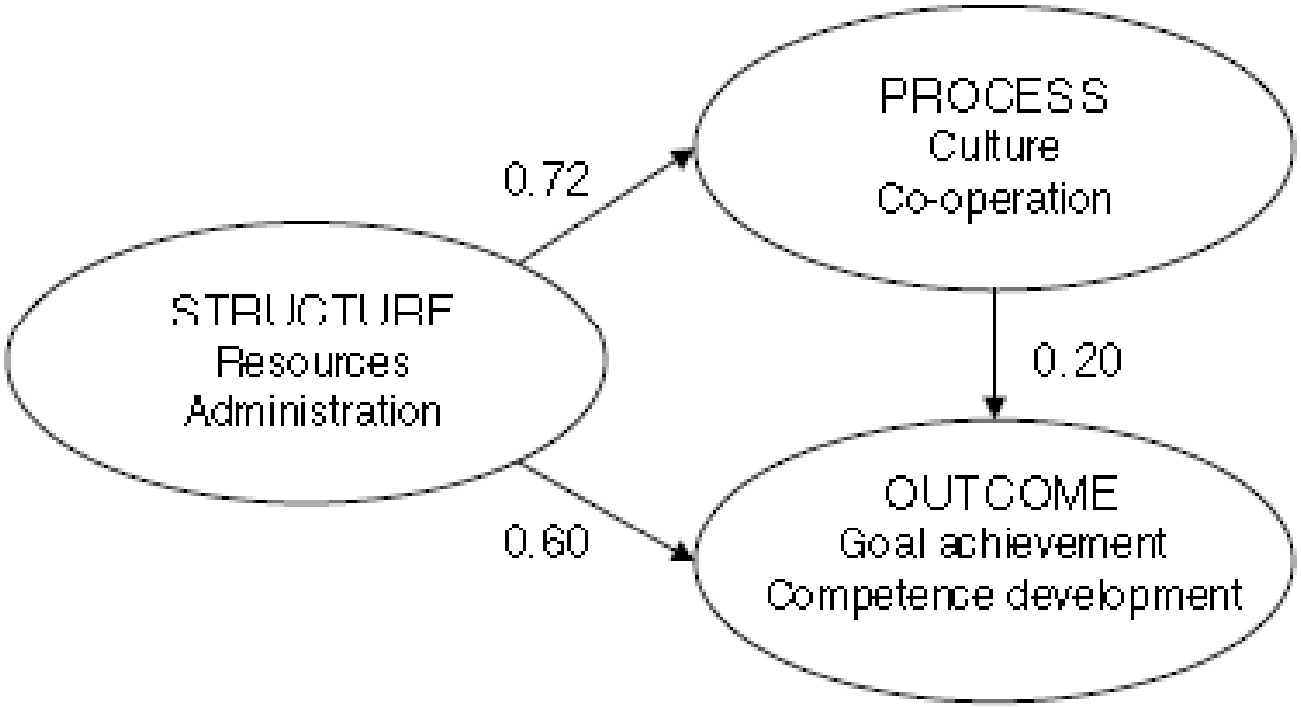
R Suñol,[1] P Vallejo,[1] A Thompson,[2] M J M H Lombarts,[3] C D Shaw,[4] N Klazinga[3,4]

Is patient-centredness in European hospitals related to existing quality improvement strategies? Analysis of a cross-sectional survey (MARQuIS study)

O Groene,[1] M J M H Lombarts,[2] N Klazinga,[2] J Alonso,[3] A Thompson,[3] R Suñol[1]

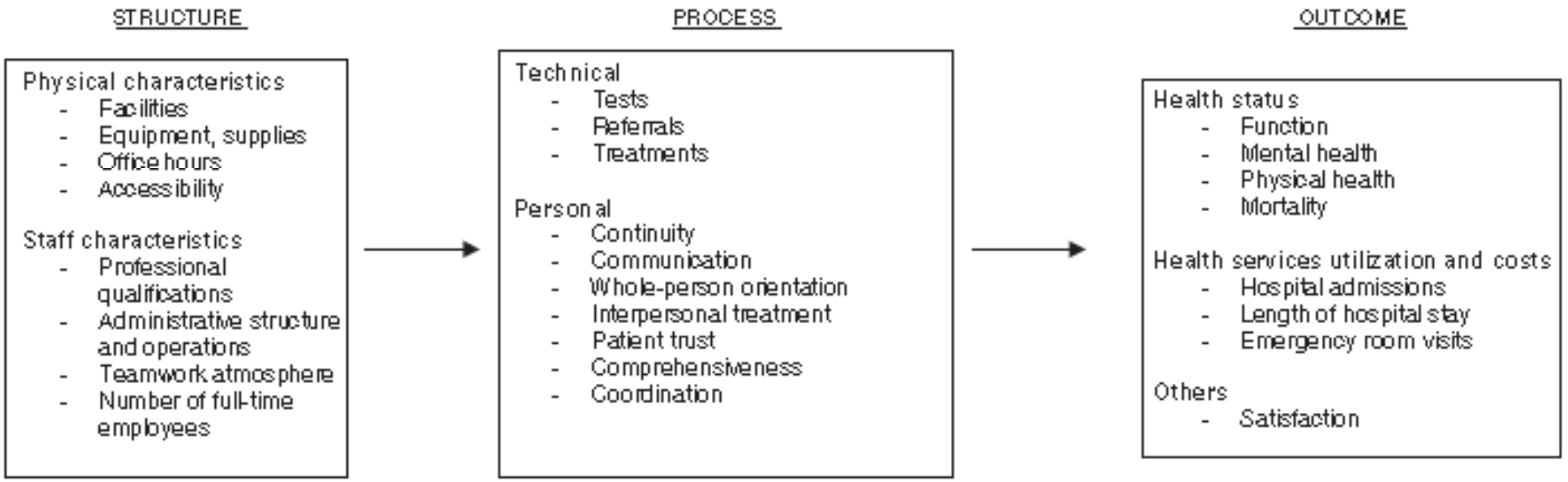
QUALITY SYSTEMS (S-P-O) AT DEPARTMENT LEVEL IN SWEDEN (KUNKEL, ET AL, 2007)

- Lebih banyak waktu untuk QI, akan meningkatkan dukungan dari kolega dan evaluasi outcome



EFFECTS OF QUALITY ON OUTCOMES IN PRIMARY CARE (1950-2008)

- Semakin tinggi mutu aspek personal dalam pelayanan primer (misalnya kontinuitas pelayanan, komunikasi) semakin rendah tingkat hospitalisasi, kunjungan ke IGD dan biaya pelayanan



HEALTH CARE ACCREDITATION RESEARCH: SYSTEMATIC REVIEW (GREENFIELD & WAITHBAITE, 2008)

- **Q: What is the relationships between accreditation and organizational-clinical performance?**
- Positive-consistent findings on promoting change and professional development
- Inconsistent findings on: professions' attitudes to accreditation, organizational impact, financial impact, quality measures and program assessment
- Not enough evidence: consumer views or patient satisfaction, public disclosure and surveyor issues

20 YEARS OF RESEARCH: 1964-1984

continue as if monetary cost were still of no concern. We are obligated, it seems to me, to devise and test strategies of care that achieve the greatest improvements in health at lowest cost. Having such strategies at hand, we would be better able to resist the pressure to accept lower levels of quality because we cannot afford the cost. And if not, we would at least be able to show a truer picture of the losses and gains.

done in the past to the determinants of clinically relevant behaviors in the health-care system, and to the means of bringing about desired changes in behavior. The truest concepts of

ORGANIZATION OF QUALITY AND QUALITY SYSTEM IMPLEMENTATION

(KUNKEL *ET AL*, 2009)

HOSPITAL ORGANIZATIONAL CHARACTERISTICS (S-P) AND QUALITY (HEARLD ET AL, 2008)

- Hubungan yang banyak dieksplorasi adalah S-P dan S-O
- Secara keseluruhan lebih banyak yang menunjukkan korelasi yang positif dan bermakna di tingkat rs
- Pada tingkat rs, lebih banyak studi yang menunjukkan hubungan positif antara SP dan SO dibanding P-O
- Pada tingkat unit, didominasi oleh hubungan positif P-O yang bermaka

PENUTUP: WHAT IS THE SECRET OF QUALITY?

- It is love – You have to love your patient, your profession, your God. If you have love, you can then work backward to monitor and improve the system.
- If we are truly committed to quality, any reasonable method will work. If we are not, the most elegantly constructed of mechanisms will fail (Donabedian, 1996)

KE DEPAN..

- Manajer rumah sakit atau lembaga pelayanan lain:
  - menetapkan strategi QI
  - melaksanakannya secara konsisten
  - menggunakan pendekatan organisasi untuk mendukung profesional
- Penelitian mengenai S-P-O:
  - strategi peningkatan mutu dengan outcome rumah sakit di Indonesia
  - strategi QI mana yang cost-effective untuk menghasilkan hospital outcome tertentu