

---

**POSTER ABSTRACT****Implementation of quality improvement strategies for better patient care.**16<sup>th</sup> International Conference on Integrated Care, Barcelona 23-25 May 2016Marxengel Asinas-Tan<sup>1</sup>, Josephine Leonardo<sup>2</sup>, Eduardo Aldana<sup>2</sup>, William Christian Reboton<sup>2</sup>, Jose Antonio Libunao<sup>2</sup>

1: Jurong Health Service Ltd, Singapore;

2: Novaliches District Hospital, Philippines.

---

In the recent decade, Quality has become an important policy issue in the Philippine health care setting. Current data suggests thousands of people suffering from complications following medical errors and hospital inaccuracies each year despite having well-qualified medical professionals tending to their conditions. Its impact has become more apparent in hospitals, and the push for continuous quality improvement has become evident following amendments in hospital accreditation standards as well as other accrediting bodies.

Yet, quality improvement is one of the most challenging aspects to delve into particularly in regard to enhancing patient care. Several barriers are often encountered involving different technical, structural and cultural facets. Advancement of knowledge and skills of individuals are important elements, but not enough to achieve sustainable changes. This research focused on the determination of these hindrances as well as on the identification of solutions towards better rendering of hospital services in an attempt to improve health care quality amongst its target citizenry.

The first phase involved administering patient/caregiver satisfaction surveys concerning both inpatient and outpatient clinical services and facilities, as well as allied in-hospital and outreach community services. Comments and suggestions were likewise invited on how to better service patients in the future. The participation rate was excellent, with 94% of patients agreeing to accomplish the questionnaire. Results reflected an overall satisfaction rate of 61%, with criticisms suggesting poor integration as a plausible reason preventing continuity and efficiency in the transition between levels of care.

Three points stood out: first off, an imbalance of focus between different aspects of patient care was noted, vastly centering on the acute medical rather than holistic approach to health care, and also concentrating more on the clinical with less regard on the psychosocial component. There was likewise mention of little or no engagement of caregivers in the course of patient care, leading to eventual disruption of rehabilitation and delay or retardation of recovery. In addition, lack of solidarity and teamwork was cited across different specialties and services, which resulted in disorganized work processes and protocols as well as inconsistencies in healthcare practices and delivery.

The second phase involved designing and executing an interplay of methodologies to target different issues previously identified. It is now recognized that a combination of different strategies must be employed in order to achieve a sustainable, long-term effect that could create a significant impact in both care processes and patient outcome. Educational outreach activities were conducted to facilitate link up and enhance continuity of health services; the most notable of which was the conference held on quality improvement, dwelling on topics that include development of better care processes and healthcare organization workflows ("5S" for Hospitals). Staff focused group discussions and health education meetings were likewise initiated, with memorandums and hospitals orders drafted to include agendas for quality improvement being incorporated during staff meetings. In addition, team-building activities outside of the workplace were instigated to foster cohesiveness and camaraderie among medical and nonmedical staff in an effort to improve communication and promote positive interactions.

Furthermore, public health forums were initiated to help empower both patient and caregiver, and assist in facilitating restorative or palliative care. Lectures and discussions on how to better manage their illness and address dilemmas in homecare, as well as information on how to avoid or minimize caregiver fatigue were tackled. Distribution and posting of educational materials were likewise done. Social workers extended their services beyond financial aid evaluation towards counseling and patient assistance/coordination with other out-of-hospital healthcare facilities that help in the recuperation process. Neighborhood priests, pastors and imams were likewise engaged to cater to the spiritual needs of dying patients and their families.

At the upper management level, the organization has coordinated with the Local Health Care Sector to engage local midwives and Barangay (Town) health care workers in managing sick patients in their respective regions. Parallelization and synchronization of workflows with other tertiary hospitals were likewise attempted to enhance patient access to better facilities or highly specialized care, but were unsuccessful due to diverse practices and various other political factors.

Phase three involved conduct of post-intervention audit and feedback to determine success of strategies employed. A 24% increase in overall satisfaction across different sectors of service was noted (85% satisfaction rate), with comments including smoother transition from acute to post-acute services, increased responsiveness to the psychosocial needs of the patients leading to clearer understanding about patient condition as well as more extensive involvement in care planning, and greater awareness and broader access to other avenues of care and health services.

---

**Keywords:** quality improvement in health care; educational outreach; quality improvement strategies; patient satisfaction survey

---