

**COURSE DATA****Data Subject**

<b>Code</b>	36316
<b>Name</b>	Quality of Health Care
<b>Cycle</b>	Grade
<b>ECTS Credits</b>	4.5
<b>Academic year</b>	2024 - 2025

**Study (s)**

<b>Degree</b>	<b>Center</b>	<b>Acad. year</b>	<b>Period</b>
1204 - Degree in Medicine	Faculty of Medicine and Odontology	3	Second term

**Subject-matter**

<b>Degree</b>	<b>Subject-matter</b>	<b>Character</b>
1204 - Degree in Medicine	18 - Optional subjects	Optional

**Coordination**

<b>Name</b>	<b>Department</b>
SOLER ROS, JUAN JOSE	260 - Medicine

**SUMMARY**

In this subject the student will learn the foundations of the healthcare quality and the measurement systems of the health care production to interpret the indicators of the health services.

Likewise, the student will learn the application of techniques of healthcare quality improvement for the development of individual capacity and for the design of action plans in the work of the healthcare services.

**PREVIOUS KNOWLEDGE****Relationship to other subjects of the same degree**

There are no specified enrollment restrictions with other subjects of the curriculum.



### Other requirements

It is advisable to have passed the first three years of the program in the Medicine Degree.

### 1204 - Degree in Medicine

- Students must be able to apply their knowledge to their work or vocation in a professional manner and have acquired the competences required for the preparation and defence of arguments and for problem solving in their field of study.
- Students must have the ability to gather and interpret relevant data (usually in their field of study) to make judgements that take relevant social, scientific or ethical issues into consideration.
- Recognise health determinants in population, such as genetic ones, dependent on sex, lifestyle, demographic, environmental, social, economic, psychological and cultural.
- Obtain and use epidemiological data and evaluate tendencies and risks influencing health decision-making.
- Understand the importance and the limitations of scientific thinking in the study, prevention and management of diseases.
- Organizar y planificar adecuadamente la carga de trabajo y el tiempo en las actividades profesionales.
- Capacidad para trabajar en equipo y para relacionarse con otras personas del mismo o distinto ámbito profesional.
- Criticism and self-criticism skills.
- Capacity for communicating with professional circles from other domains.
- Acknowledge diversity and multiculturality.
- Consideration of ethics as a fundamental value in the professional practise.
- Working capacity to function in an international context.

The student, once the subject is finished, must be able to know and analyze:

- The general concepts of healthcare quality and healthcare planning, as well as the related information systems.
- The most relevant topics in healthcare quality both in the field of primary healthcare and specialized healthcare.
- Student introduction into the clinical safety and adverse effects linked with the health care.



## DESCRIPTION OF CONTENTS

### 1. Block I. GENERAL CONCEPTS ABOUT QUALITY

UNIT 1: Introduction to the management of quality of care. Historical evolution of quality. Evaluation and improvement of assistance. Differential of the assistance field with respect to the services sector. Assistance according to each health system.

UNIT 2: Health planning. Concept and methods. Need, supply, demand and use of health services. Strategic, tactical and operational planning. Qualitative techniques in health planning. Consensus Conference. Delphi method. Nominal Group Technique. Quantitative techniques in health planning. Construction and use of indicators in the health field. Characteristics of a good indicator.

UNIT 3: Health Management Information Systems. Importance of quality in health management. Hospital Morbidity Survey. Minimum Basic Data Set (MBDS). Its utilities. Applications to the clinic. Applications to quality management.

UNIT 4: Indicators of health services. Indicators of the hospital-population relationship: Hospital attendance. Indicators of activity and quality of care. Management of hospitalization. Patient classification systems. Diagnosis Related Groups (DRGs).

### 2. Block II. THE QUALITY OF ASSISTANCE

UNIT 5: Opportunities for improvement. Basic methodology of search for assistance problems. Identification technique and prioritization of assistance problems.

UNIT 6: Clinical monitoring. The medical audit. Procedures to obtain processes under control.

UNIT 7: Apparent or perceived quality. Data collection methodology. Participation of the patient in clinical decisions. The internal and external client.

UNIT 8: Methods of user participation in the Quality Management Programs. Active participation and participation requested by the system. Satisfaction surveys, expectations surveys and report type surveys. Phases of construction of a survey. Pilotage. Validation methods.

UNIT 9: Analysis of leadership in health services. Organizational climate. Concept and measuring. Satisfaction of internal customers. Measuring and prevention of burnt-out. Analysis of health organizations with the model of the European Foundation for Quality Management.

UNIT 10: Patients rights and responsibilities. Informed consent. Anticipated wills. Confidentiality. Professional secrecy. Conscientious objection.

### 3. Block II. THE QUALITY OF ASSISTANCE (Continuation)

UNIT 11: Variability of medical practice. Clinical normalization tools: Clinical practice guidelines, clinical pathways, protocols and assessment. Evidence-based medicine. Result-based medicine.

UNIT 12: Analysis and evaluation: Models. Accreditation of institutions. Re-certification of professionals: Continuous Professional Development. ISO Standards, JCAHO Accreditation. European Model of Excellence (EFQM).

UNIT 13: Internal and external communication. Corporate quality. Health marketing. Benchmarking.

UNIT 14: Legal framework for the regulation of quality of care. Institutions involved at state and regional level. Agencies. Approach to legal responsibility.

UNIT 15: Primary Care. Differences with specialized attention. The concept of care longitudinality.



Problems and attention to chronic patients. Evaluation of quality in programs for chronic patients and their innovation.

UNIT 16: Specialized care. Differential evaluation of services.

UNIT 17: New forms of assistance. Domiciliary hospitalization. Day hospital. Surgery without admission. E-health.

UNIT 18: Evaluation of clinical documentation. Clinical reports and clinical records. Analysis in computerized environments.

#### 4. Block III. CLINICAL SAFETY AND ADVERSE EFFECTS

UNIT 19: Clinical Safety of Patients. Clinical safety: An essential dimension of quality of care. What does the error consist of? Epidemiology and individual study of adverse effects. Medical errors. Medication errors. Use of the notification systems for adverse effects (SiNASP, SENSAR and SINEA).

UNIT 20. Clinical Safety of the Patient. Risk management.

#### 5. Practical teaching: Seminars

Dimensions of Quality. Operational definition Unit 1

Clinical indicators: Attributes. Case studies Unit 2

Problem solving, Q C story Unit 5

Medical audit Topic 6

Satisfaction of the external/internal client Unit 7

Informed consent Unit 10

Clinical normalization: Protocols. GPC. Clinical routes Unit 11

Clinical processes. Management by processes Unit 12

Analysis causes Root, spine of ISIKAWA. LONDON Method Topic 19

Safety in the healthcare environment Unit 20

Proposal and design of a healthcare quality plan in a clinical service SUMMARY OF THE COURSE

### WORKLOAD

ACTIVITY	Hours	% To be attended
Seminars	26,00	100
Theory classes	19,00	100
Attendance at events and external activities	5,50	0
Development of group work	8,00	0
Development of individual work	8,00	0
Study and independent work	8,00	0
Readings supplementary material	8,00	0
Preparation of evaluation activities	8,00	0
Preparing lectures	8,00	0
Preparation of practical classes and problem	8,00	0



Resolution of online questionnaires	6,00	0
<b>TOTAL</b>	<b>112,50</b>	

## TEACHING METHODOLOGY

In the **theoretical lessons**, the teacher will expose, through master class, the most important concepts and contents in a structured way, to obtain the knowledge and skills that the students must acquire. The students' participation will be encouraged. The teaching materials used by the professor will be available, if he considers it appropriate, through the electronic resource Aula Virtual.

Classroom practices: **seminars**. In reduced groups, the professor will set specialized topics in depth, cases studies, bibliography management, current topics... the group work and the oral presentation will be encouraged. It could be understood as "cooperative learning".

The gender perspective, the respect for diversity, and the sustainable development goals (SDGs) will be incorporated into teaching, whenever possible.

## EVALUATION

**Theoretical assessment:** it represents the 50% of the final mark. It will be made through a written test with 4 possible answers and only one correct. Each three wrong answers will neutralize the score of one right answer. The questions will have as the main objective to assess the acquisition of theoretical knowledge and they will be about the content of the theoretical program structured in 20 units.

**Practical assessment:** it represents the 50% of the final mark. It will be made through a written test with 5 possible answers and only one correct. Each three wrong answers will neutralize the score of one right answer. The questions will be about the contents taught in the seminars. The attendance to a minimum of an 80% of the seminars is a requisite to sit for the written practical test.

Attendance at practical activities is mandatory. The student is considered to meet this requirement if he or she has attended a minimum of 80% of these activities and has adequately justified the impossibility of attending the remaining sessions due to the occurrence of a cause of force majeure. It will be essential to comply with this requirement to pass the subject.

The final assessment will be the addition of the marks of both tests, theoretical and practical, but in order to pass the subject, the assessment of each part must be compulsory superior to 2,5 points over 5 (or 5 over 10).

Students are reminded of the importance of carrying out evaluation surveys on all the teaching staff of the degree subjects.

In order to access to an advance on the call of this subject, it is a requirement that the student has coursed all his/her practices.



## REFERENCES

### Basic

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- Bañon, R. y Carrillo, E. (coord.) (1997): La Nueva Administración Pública. Ed. Alianza, Madrid.
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- Charles Vincent, René Amalberti. Seguridad del Paciente. Estrategias para una asistencia sanitaria más segura. Sociedad Española de Calidad Asistencial, 2016
- Consejería de Salud de Andalucía (Patrocinador) (2001): Guía de Diseño y Mejora de Procesos asistenciales (Calidad por Sistema). Ed. Consejería de Salud, Sevilla DíazdeSantos,2008.
- Donabedian, A. (1984): La calidad de la atención médica (Definición y métodos de evaluación). Ed. La Prensa Mexicana, México.
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- Juran, J.M. (1990): Jurán y la planificación para la calidad. Ed. Díaz de Santos, Madrid.
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- Recomendaciones para la buena práctica en la implantación del ciclo de mejora en calidad asistencial. Guía para profesionales sanitarios. Monografía. Ministerio de Economía y Competitividad, 2013
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- Varo, J. Gestión estratégica de la calidad en los servicios sanitarios. Un modelo de gestión hospitalaria. Madrid: Díaz de Santos, 1993



- RECURSOS e-Salut:  
ClinicalKey Student Medicina, Odontologia y Enfermería  
[<https://uv-es.libguides.com/RecursosSalut>]  
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#### Additional

- Se harán recomendaciones oportunamente en cada lección.