

## COMPARISON OF COMPONENTS FOR THE MEASUREMENT (AND IMPROVEMENT) OF HEALTH CARE QUALITY

<b>VHA (1992)</b>		<b>IOM (2001)</b>	<b>IOM “RULES”</b>
<b>Needed</b>	Doing the ‘right thing’; appropriate care for the right patient at the right time. Includes a measure of access to care	<i><b>Equitable</b></i> -- providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.	The health system should anticipate patient needs rather than simply reacting to events.
<b>Competent</b>	Doing the “thing right”; care delivered in accordance with standards.	?	Clinical decisions should be evidence-based, that is, patients should receive care based on the best scientific evidence.
<b>Caring</b>	Measured from the perspective of the patient-customer; as a service profession, the ultimate judgment about quality comes from the one “cared about as well as cared for”	<i><b>Patient-centered</b></i> -- providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.	<p>Care should be based on continuous healing relationships. The health care system should be responsive at all times, and access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.</p> <p>Care should be customized based on patient needs and values. The system of care should be designed to meet the most common types of needs, but have the capability to respond to individual patient choices and preferences.</p> <p>Control should reside with the patient. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them.</p> <p>Knowledge and information should be shared with the patient. Patients should have unfettered access to their own medical information and to clinical knowledge.</p> <p>The health system should make information available to patients and their families that allows them to make informed decisions when selecting a health plan, hospital, or clinical practice, or when choosing among alternative treatments.</p>

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<b>Cost-effective.</b>	Use of resources sparingly to accomplish desired outcomes without waste or duplication.	<i>Effective</i> -- providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under-use and overuse, respectively). <i>Efficient</i> -- avoiding waste, including waste of equipment, supplies, ideas, and energy.	The health system should not waste resources or patient time.
<b>Timely</b>	Care delivered at the right time to get the right outcome (e.g., thrombolytic therapy) or to meet patient expectations (e.g., pain relief)	<i>Timely</i> -- reducing waits and sometimes harmful delays for both those who receive and those who give care.	
<b>Minimize Risk</b>	Care processes that protect patients, caregivers and community from harm.	<i>Safe</i> -- avoiding injuries to patients from the care that is intended to help them.	The care system should be safe. Patients should not have to worry about injury.
<b>Achieve Achievable Benefits</b>	The possible is accomplished	?	
<b>Other</b>	?	?	There should be more cooperation among clinicians to ensure an appropriate exchange of information and coordination of care