EDITORIAL

Clinical Performance Improvement in Obstetrics and Gynecology: RTCOG

There is little doubt but that a managed care organization can have an impact on the quality of care and service, the strength and ability to overcome illness The questions which need the answers are; where did we start, where are we at now, how did we get there, what did we achieve. In Thailand, the variety of accreditation and certification program, described quality improvement initiatives, are recently launched and intervened: ISO9002 (International Organization for Standardization), Hospital Accreditation (HA), Quality Assurance (QA), and so on. Nevertheless, a common misperception persists: many people view health care quality as being determined exclusively by the provider. It is not. Providers increasingly must rely on support from the systems in which they operate in order to deliver excellent care and service. Clinical quality improvement (CQI) stresses outcomes and results. CQI addresses the actual medical needs of the clients (diagnosis, treatment and prevention) by the parameters of the effectiveness and appropriateness, as the cost-effectiveness.

The main different between clinical effectiveness and clinical appropriateness, the clinical effectiveness usually requests, "How good are the results?" Whereas, the clinical appropriateness demands, "What should be done is done?", and "What should not be done is not done?", at the balance of the cost and efficiency. In 1991, the Royal Thai College of Obstetricians and Gynecologists (RTCOG) states the management guideline in Obstetrics and Gynecology, second revision in 1996, which is the board standard practices either in and out patient services. In the year 2001, the optimal range of practice guideline, and options will be established from expert consensus. All types are the performance policy that describes the manner in which a investigation/treatment plan should be executed: doing it in the right way and doing it in the right thing. Common guidelines in the problem, disease, and laboratory orientations will be delivered.

Although one can improve something without measuring, the modern quality improvement requires measurement before and after improvement efforts. The audit cycle is a key component of performance improvement, include define the standards and criteria, collect the data on existing performance, analyze against the standards and criteria, and manage for change. Communication of quality improvement information is also a critical component of the functions; newsletter, technical bulletin, cross-functional training, presentation of the knowledge database. Now, the RTCOG Internet web page is available, hit at the address of www.rtcog.or.th.

There have some basic recommendations on how to make more use of measurement in performance improvement effort. First, the indicators, either medical or socioeconomic indicator should be carefully scrutinized, sharpened and prioritized. The numbers of measurements have to limit, only one that are important to clients and providers. Second, the data collection and analysis, electronic operational database, will make the process of the measuring quality easy enough and the timeframe short enough that repeated measurement for comparison,

baseline and post-intervention measures. Third, it is not wise and worth in trying to have the measurements serve accountability and research purposes at the same time. Finally, leading performance improvement is more difficult. The managing and balancing between knowledge and operational database is critical for performance improvement. A networking framework includes not only all kind of system warehouse, but also the linking of information systems and data within them.

The most important in performance improvement is the clarification of the various terms. These terms may become more and more unclear to those who are not trained in their use. At present, we all use the same words to mean many different things. Each word has several meanings, depending on such things as when, how, and in what context it is used. While this works in everyday conversation, it still leads to misunderstandings. Some term look nice but no meaningful, for example the term of quality assurance is an oxymoronic word because the quality will never actually quarantined. In order to avoid confusion, everybody everywhere must agree on what definition we will give to each word. If each word has only one agreed-upon definition, then at least in quality systems, confusion should be reduced to a minimum. It is the lack of this knowledge about these agreed-upon definitions that makes these systems difficult to read or intimidating.

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