SUMMER TRAINING PROJECT

ON

Application of Tele-health in practice, upgrading of knowledge and communication

of physicians with colleagues and patients in Delhi-NCR

BY:

Narma Bhattacharya

UNDER GUIDANCE OF:

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Acknowledgement

I humbly owe the completion of this Summer Internship work to the almighty and family whose love and blessings has been with me in every walk of life.

We would like to extend our sincere gratitude to my faculty **mentors for giving me this opportunity, Mrs.Sujata Verma** (Faculty IIHMR University, Jaipur) and **Dr.Sandeep Narula (**Associate Dean SPM, IIHMR University Jaipur) and for guiding to learn and develop this piece of work with their keen interest and vision to accomplish the task .

With a warm heart I'd thank **Dr.Yatin Talwar(CEO, GBH American Hospital, Udaipur**), for providing insights and guiding through the journey for its successful accomplishment.

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Narma Bhattacharya

CONTENT

ABSTRACT

Telemedicine is the practice of medicinal services utilizing sound, video, and information interchanges to remotely access and manage healthcare. It has helped to create more convenient access to medical services for providing a caring hand to far off patients even in isolated communities. The view of experts who are embracing or who are not receiving telemedicine with its advantages and challenges, and their ability to utilize it. Uses of Telehealth in today's time include the work of redesigning information, consultation, communication, education and correspondence of doctors with other care providers and patients. During this phase of global pandemic the role of adapting to this 'new normal' has become need of the hour. There are significant points of interest and only handful of deficiencies that Telehealth brings to the table. Majorly Telehealth helps to improve patiient-care by enhancing the speed and precision of correspondence and outcome by ensuring proper treatment, while also sparing doctors and patients' time and cash. Some other pros are decreased holding up records, handy nature, minimising emergency visits and hospitalizations, tending to the shortage of doctors, expanding access to authorities, and empowering advantageous separation training. These are the numerous advantages of Telehealth which surpass its drawbacks. With this study, by recording responses through questionnaire and interactions have been adapted to understand doctors who were utilizing or may later on use of Telehealth. Obstructions to the utilization of telehealth was found to be worries about IT support and information security, absence of open information on tele-health's presence, establishment and related upkeep costs for utilizing fundamental hardware in the private sectors.

Introduction

Telemedicine is the utilization of clinical information traded starting with one site then onto the next by means of electronic to improve patient's communication status of wellbeing.[i] The World Health Organization (WHO) characterizes telemedicine as "the conveyance of social insurance administrations, where separation is a factor, by all human services experts utilizing information and communication innovations for the trading of substantial information for finding, treatment and avoidance of infection what's more, wounds, research and evaluation, and for the proceeding with instruction of social insurance suppliers, all in light of a legitimate concern for propelling wellbeing of people and their networks."[ii] The Institute of Medicine (IoM) characterizes tele-health as "the utilization of electronic information and communications innovations to give and bolster social insurance when separation distance is more."[iii]

Huge number of patients having sicknesses will be adapting the interest of internet for far off observing arrangements. As the COVID-19 pandemic has constrained the clinics to triage the patients, there will be a developing selection of far off observing answers for guarantee the wellbeing of patients with interminable conditions. Besides, patients with interminable conditions and geriatric people are progressively vulnerable to the crown infection disease. Along these lines, parental figures will lean toward far off checking of these patients to dodge presentation and improve persistent personal satisfaction, enlarging the computerized wellbeing market development.

Simultaneously, innovative advances are coming that make an altruistic union with the change produced by the often overseen care development. Telemedicine, for instance, is currently sent in an assortment of settings and despite the fact that there are a number of difficulties related with this innovation; its utilization seems to can possibly gives various answers for the foreseen issues of managing care. While telemedicine may not drive future changes, it will probably cooperatively affect the tradition of managing care. While obviously business has penetrated the practice of medication, maybe a business point of view can help the circumstance by concentrating on the items of common sense of telemedicine as a suitable technique for medicinal services conveyance. The matter of medicinal services is experiencing a significant redesign and a large number of the members are putting forth attempts not to become losses.

Review of Literature

The application of tele-health in doctor training, practicing, discussion, and correspondence with their patients and associate. It additionally helped to resolve many issues, for example, utilization of videoconferencing, Web innovation with distant access to Electronic Health Records (EHRs), just as doctors' responses towards utilization of telehealth advancements, the correlation of e-figuring out learning methods (study hall based or vis-à-vis), the effect of Telehealth on learning through the web, and the facilitators and hindrances to the utilization of Telehealth advances.

Studies uncovered that in-person counsels are desirable over videoconferencing in light of the fact that face-to-face communication feels more comfortable analytically and social (Delainey, 2004)[iv]. For instance, one must be mindful that because of postponement, stopping for others to get done with talking is important. Additionally, doctors discovered that talking over the Internet required more social aptitudes than were normal from a ongoing eye to eye discussion. Different obstacles included: helpless video quality, which may not permit master doctors to pass judgment fair and square at which students draw in or add to meetings, helpless sound quality, which may not transmit discourse obviously or discard portions of words, and sound slack, which may prompt members at numerous locales talking at the same time.[v]

Furthermore, young professionals who are entering the clinical manpower may discover Telehealth as an appealing novel space since it permits to not just exclusively keep up and update their information, yet to arrange and speak with their companions all the more without any problem.[vi]

the progression of broadcast communications advancements has highly improved, encouraged, and shifted the very idea of the conveyance of care in both urban and provincial zones alike. Not just has Telehealth upgraded correspondence between citizenry (from clinician, to patients along with their families), however it carries likewise changed the speed at which these connections can happen, while all the while lessening the related expenses.[vii]

Bagayoko and partners (2014) accept that the preparation of social insurance experts ought to incorporate Information and Communication Technologies (ICT) and Telehealth in the educational program. It becomes essential then that future specialists, attendants, maternity

specialists and clinical collaborators acclimate themselves with these propelling advancements before they graduate and join the workforce, particularly in far off territories[viii]

A few boundaries exist, for example, the absence of information and assets for applying this innovation, framework, mechanical insufficiencies and boundaries, protection from embracing new innovation, being uninformed of the benefits of utilizing Telehealth, and an absence of up close and personal cooperations, as well as feeling awkward conveying through Telehealth; these can be overwhelmed with instruction and time. The genuine key to progress lies in the execution of solid innovation that is anything but difficult to use, paying little heed to one's monetary standing, area, or open acknowledgment, acknowledgment, and request, with the point of giving the most ideal medicinal services. The updating of doctors' information offers them the chance to leave their segregation in provincial territories and gives them great correspondence conditions to pass on their requirements with different specialists, so as to give the most exact and speediest determination and treatment for their patients by means of Telehealth's applications in their day by day life practice.[ix]

Study Rationale

The healthcare industry scenario of India is rapidly reshaping with the promise of increased health spending, added with the digi-transformation infused by the ongoing COVID-19 pandemic. Healthcare industry comprises of hospitals, public health, medical devices, tele-health, pharmaceutical industry, medical tourism, health insurance, clinical trials etc. Global insights into digital health market of healthcare industry estimate a CAGR of 28.5% by 2026, as the adoption of digital transformation. While CAGR in tele-healthcare segment is estimated at 26.2%

Expanding number of COVID-19 cases over the globe have prompted inconveniences of lockdowns and severe social removing measures by legislatures of the world. The profoundly infectious nature of the infection has driven the guardians to utilize computerized wellbeing advancements, for example, tele-health to effectively treat patients. With doctors resorting to internet and mobile device based healthcare services to counsel and monitor patients in fear of cross-infection and community transmission. This has driven upon to push the market development. As an expanding number of patients go to advanced wellbeing advances,

organizations are extending their abilities to manage the abrupt increment in understanding volume. This will build the and drive the market development. As growth in the number of internet users has increased 4.4 folds from 2015 in 2020. The paradigm importance lies to understand the demand and supply ends in the sphere of care providers and givers by examining the Perceived Usefulness (PU) and Perceived Ease of Use (PEU) of Information and Communication Technology (ICT) in the form of Telehealth, and how it meets the needs of physicians and their patients.

Study Objectives

I.To audit the literature so as to explore the favorable circumstances and inconveniences of utilizing Telehealth as a methods for improving doctor information, meeting, and practice

II. Examine the Perceived Usefulness (PU) and Perceived Ease of Use (PEU) of Information and Communication Technology (ICT) as Telehealth, and how it addresses the issues of doctors and their patients

III. Determine how Telehealth encourages usage

IV. Learning, meeting and consultation and practice taken of supplanting vis-à-vis getting the hang of, rehearsing and talking with online strategies

V. Determine what boundaries there are to receiving new techniques just as what continues as before paying little mind to the methods for data conveyance

VI. Analyze how Continuing Medical Education(CME) ,separation getting the hang of, counseling, and practice impacts doctors and their fulfillment and execution in their practices

VII.Consider the positive and negative parts of utilizing Telehealth,(results of study instrument will tell this) and decide potential methods of improving the proficiency and viability of this important asset in teaching, counseling, and imparting it's focal points and inconveniences

Research Methodology

The procedure of examination depended on Taylor-Powell (2003) as follows: Get to know the information, center the examination, sort the information, distinguish examples and association (inside and between classes), understanding – uniting everything. These straightforward yet viable advances empowered the researcher to center the systematic procedure and draw explicit information from the assembled information.

Sample size: 165

Sample Area: Delhi and NCR region

Sample Population: Doctors, consultant, specialists

Time Period 21 Days

Data Collection Tool: Google form

Data Analysis: Using MS-EXCEL

Research findings

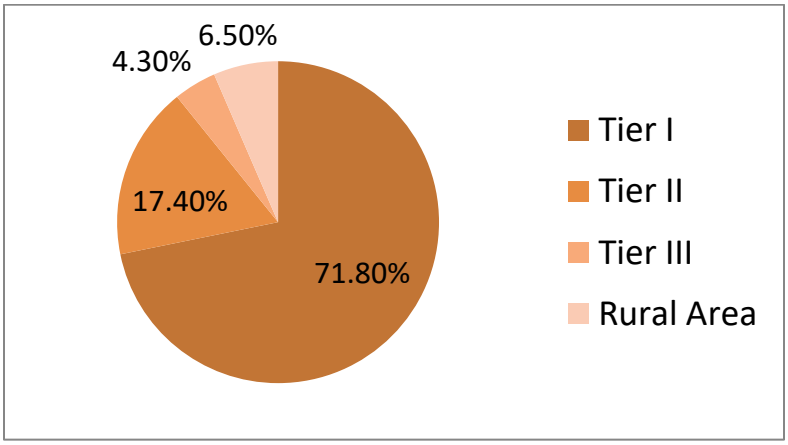
Some responses taken from our medical pandemic warriors define Telehealth as " digital meetup of healthcare provider with the one who needs it", "The future of medicine and a boon at the present scenario", "Remote assessment and management of patients" ,"best tool in pandemic" etc.

The responses recorded from various medical specialities such as ophthalmology, gynaecology, ophthalmology, neurology, gynaecology etc have given a current insight into the play of ongoing tele-health facilities. Where 55.6% doctors have 5 years; 24.4% with 6-10 years of experience as practising doctors.

PART-I

With 51% responses from female and 49% male respondents, the age bracket of RMPs has been seen to be 25 to-62 years of age.

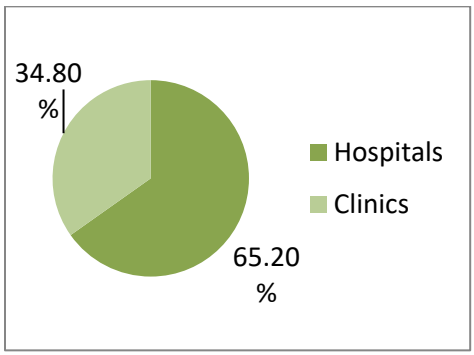
Type of places where Delhi-NCR based respondents practise mostly to



As tele-health consultation is based in one place and can be used to any other states as well different segments of geographical divisions can be covered for for consultations and follow ups.

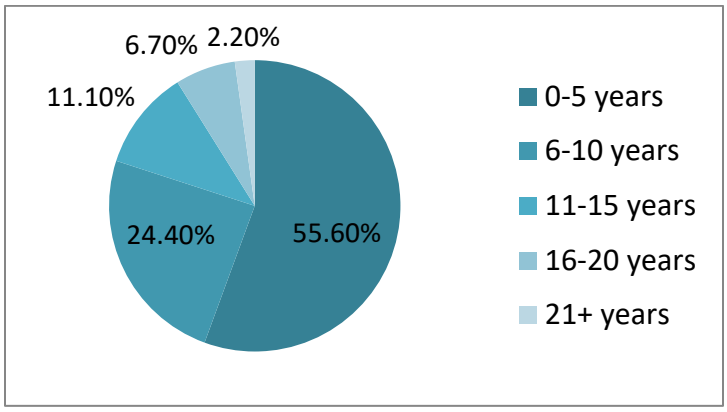
Out of which 71.8% of respondents have recorded practising in tier 1 and metropolitan cities in India, 17.4% in tier-II cities and 6.5% in rural areas.

Set-up respondents are currently based in

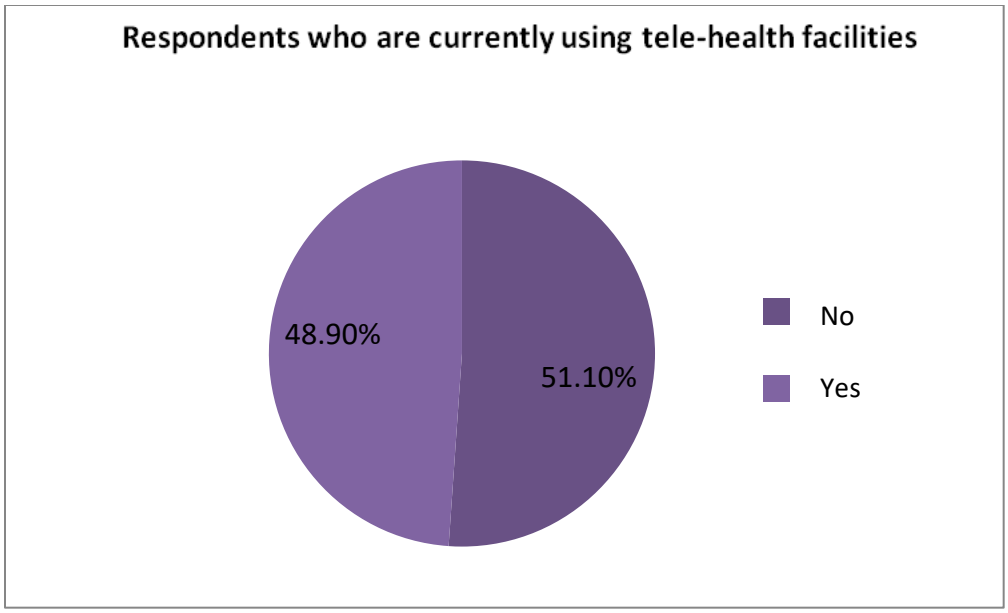


66.7% respondents responded as currently practising medicine in hospital settings and rest 33.3% in clinical setups. Here the utilisation of currently available Telehealth resources could bridge the demand supply gap for healthcare services. With currently 1:1700 doctor-patient ratio, specially in between rural and urban population and lack of skilled manpower, high out-of-pocket expenditure and decreased ease of access due to geographical or cross-transmission barrier.

Number of years completed in practising medicine



55.6% of respondent RMPs have completed 0-5 yrs of practise. 24.4% have 6-10 years of practise and 11.1% have 11-15 yrs of active years after state or national practise licensing.



Out of all responses, 51.1% respondents agreed upon using tele-health currently under the pandemic situation to see patients for follow-ups and consultation.

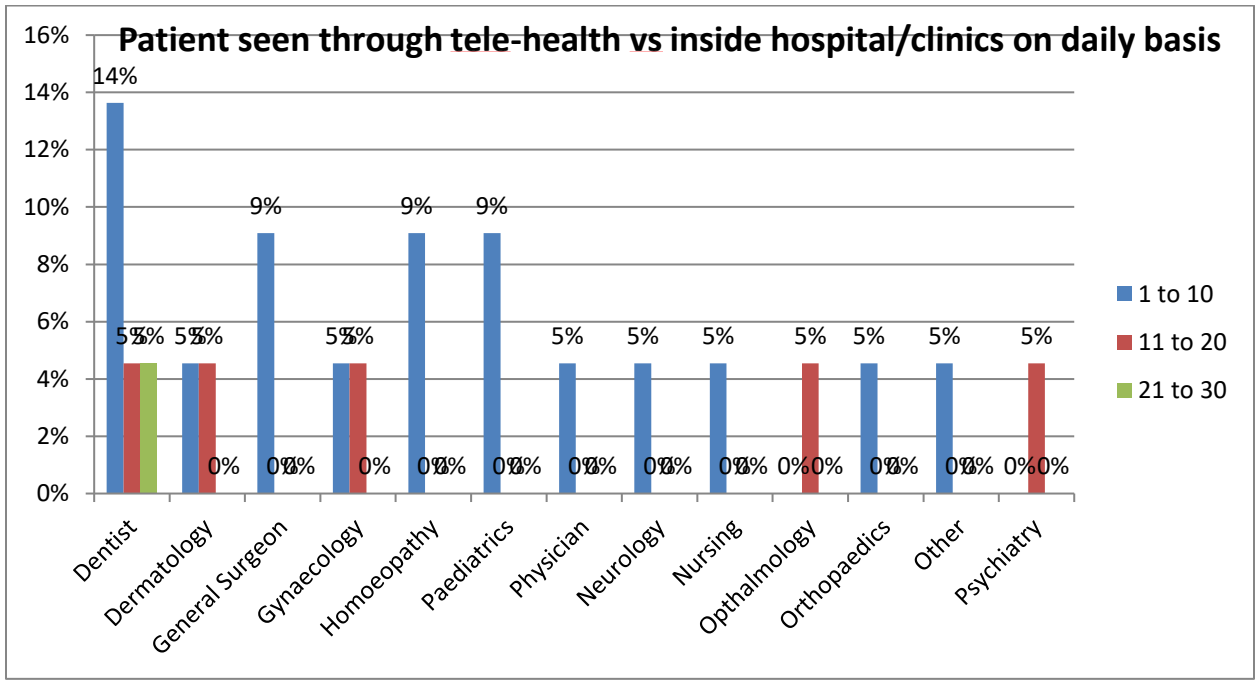
PART-II

Various methods of using Tele-health

Functions	%
Remote Patient Monitoring	43.5%
Store and forward image/information	60.9%
Real time video/audio conferencing	60.9%
mHealth	34.8%
Text and email advice	30.45%

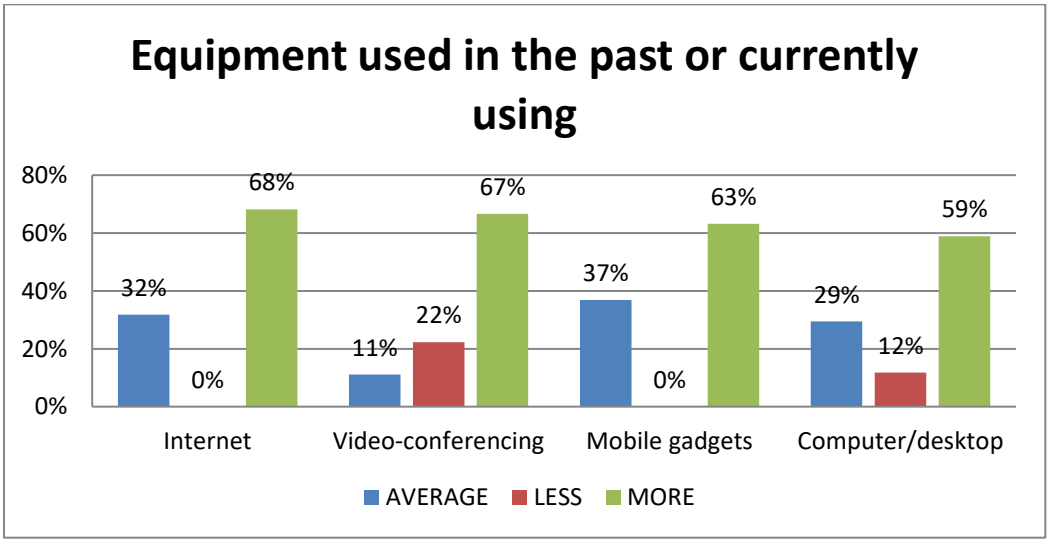
Remote patient monitoring, store and forward images, real time video calls are 3 functions of telehealth whish are used as combination thus it is highly useful and user friendly.

Respondents answered mostly doing real time video/audio conferencing and image transactions for method for using tele-health. Remote patient monitoring for various conditions by follow-ups and consultation through audio, video, texts, e-mail means. With new guidelines released on 3oth March 2020 keeping in mind the kind of ease of access and availability of resources.



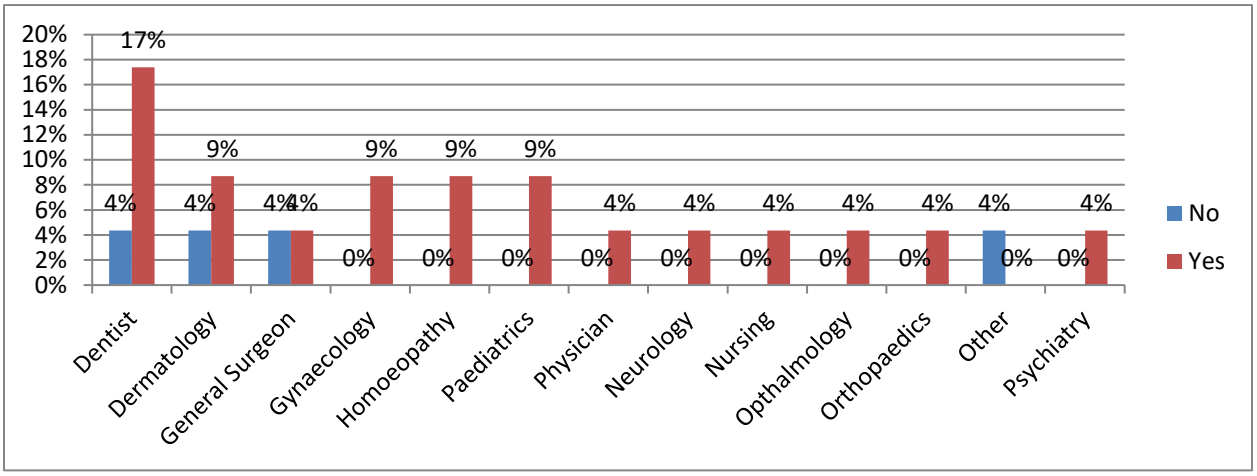
Since the visit Based on current COVID-19 pandemic scenario RMPs who are seeing patients over tele-health supportive methods in comparison to number of patients seen within vicinity of clinic or hospital.

PART-III



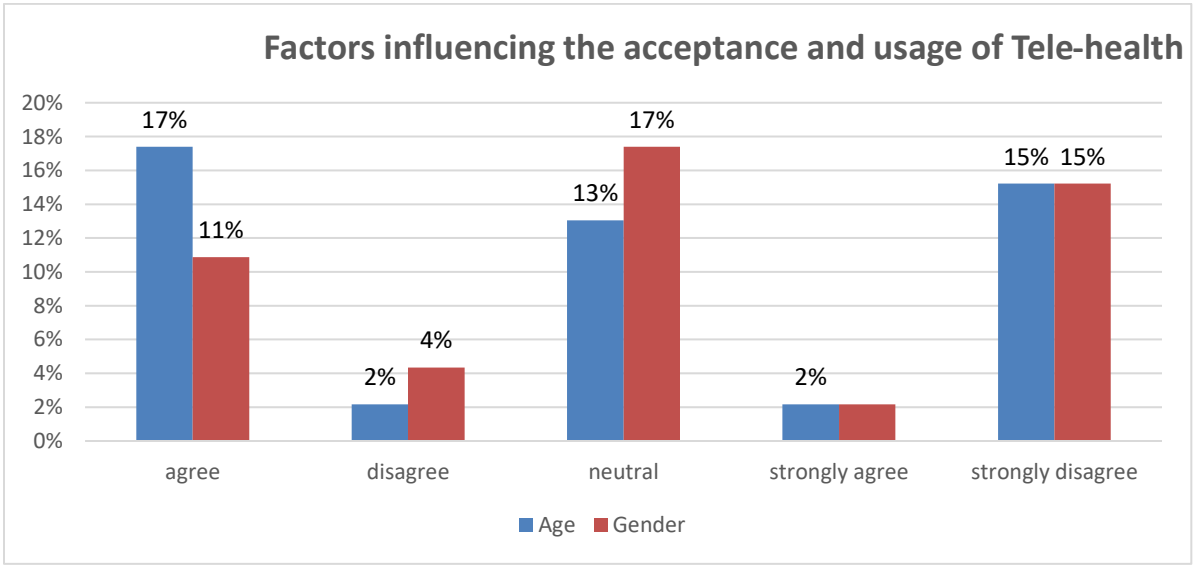
Internet and video conferencing are being mostly used for the purpose of patient monitoring and follows ups to minimise travel cost and time for infected or co-morbid people facing some diseases. Mostly desktop devices and gadgets are being used with 59% and 63% respectively.

Ever enrolled in any CME(Continuing Medical Education class)

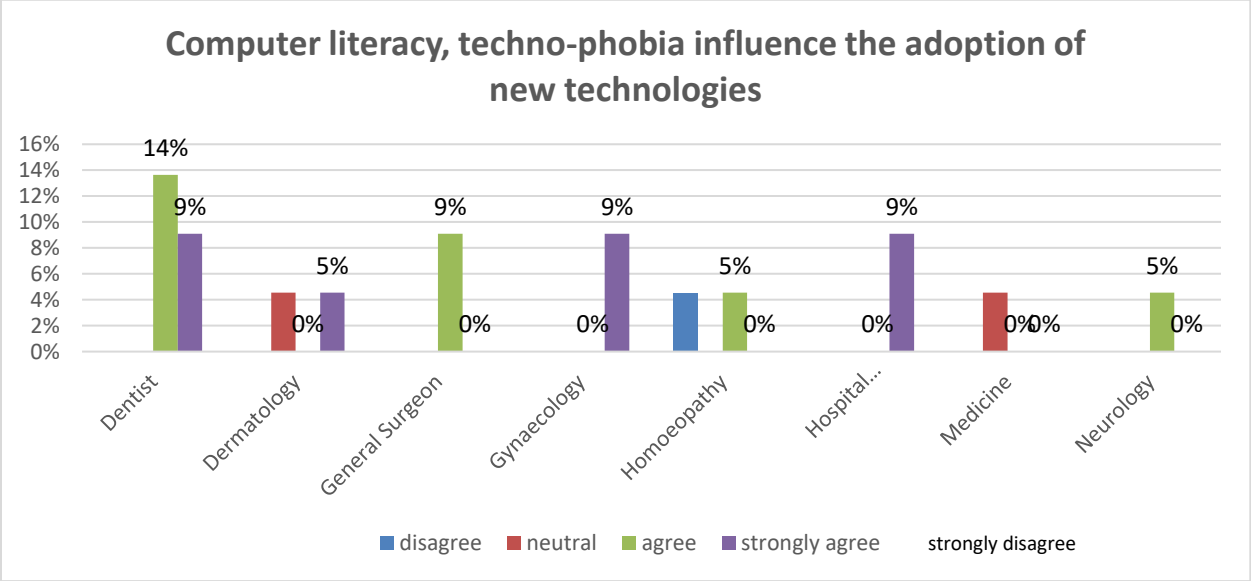


Telehealth has also been facilitated through internet mediums to further improve the patient satisfaction and response for prescribed treatments and care giving framework. This has been determined to facilitate learning, consultation, practising with online platforms and resources which Continuous Medical Education (CME) can provide. MoHFW has released training modules in tele-health for all RMPs.

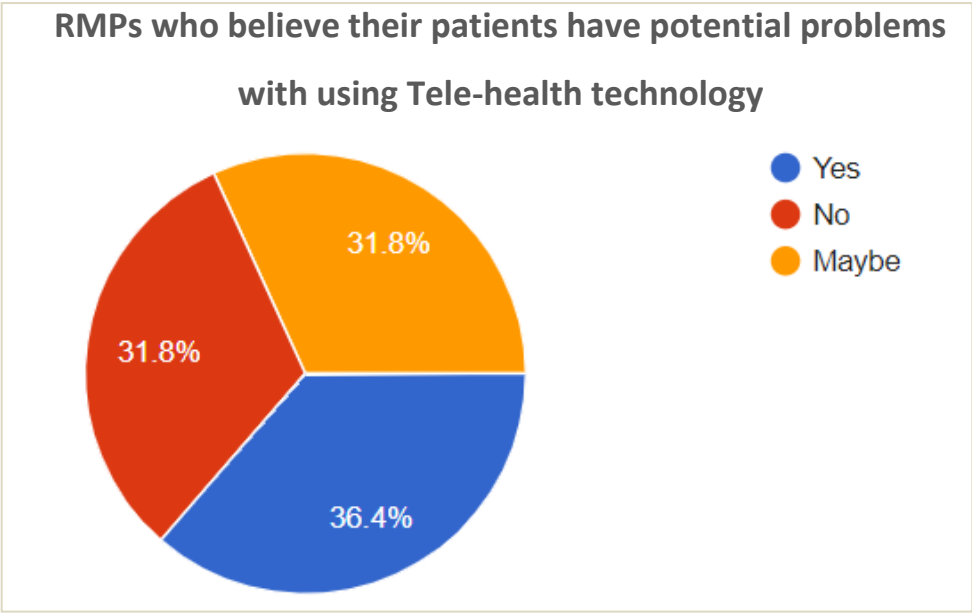
PART-IV



On being asked “Whether you believe factors like age or gender iof an RMP influences the acceptance of using tele-health into daily practising ” recorded 17% neutral response for gender as a factor while 17% agreed age for being the factor. Gender and age has been 15% strongly disagreed upon.

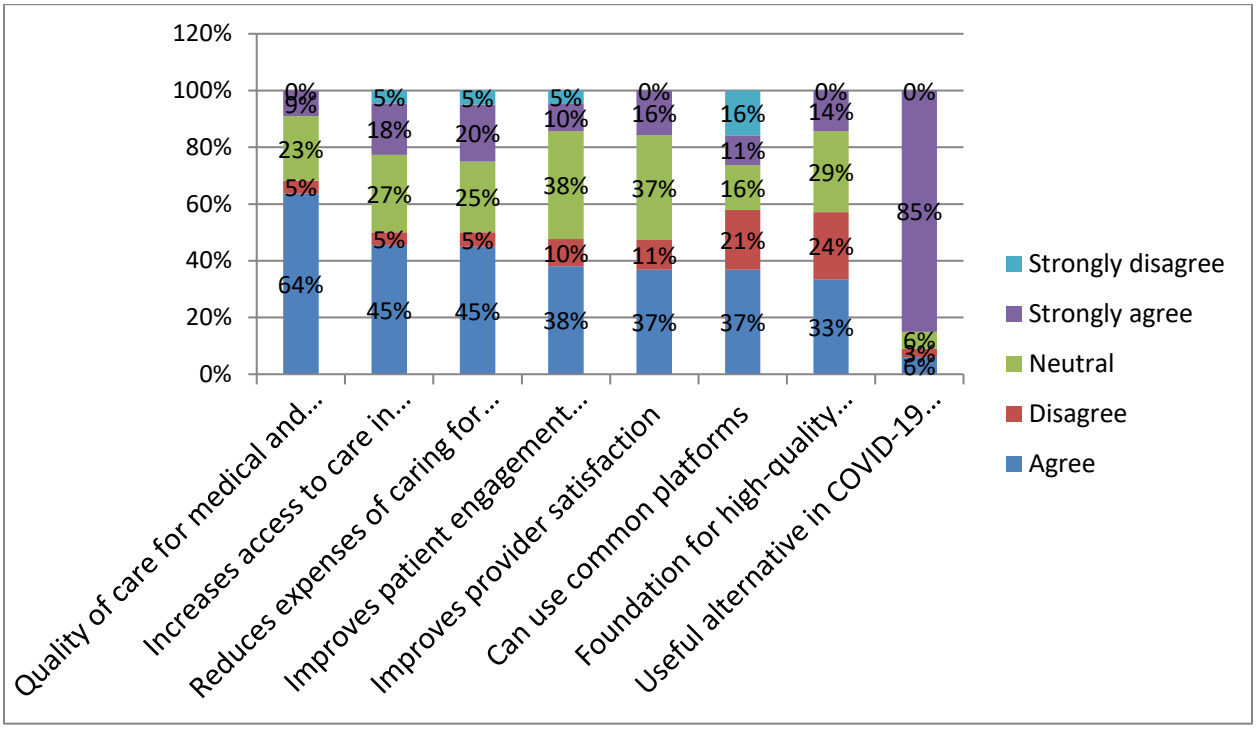


To understand the perceived barrier in utility of tele-health on greater scale amongst RMPs which shows whether techno-phobia is a factor to influence the adaptability of new technologies in healthcare for moving towards more gadget and data driven phase of health care services



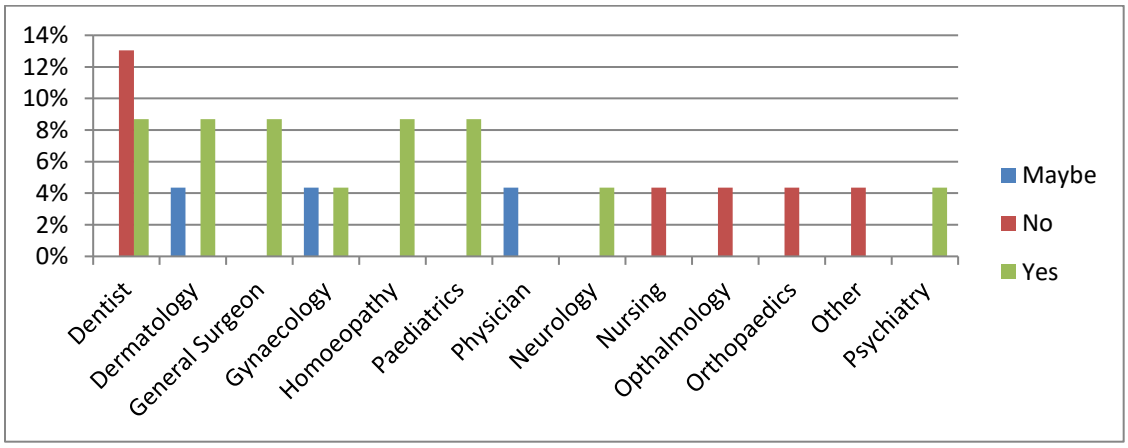
Perceived barrier on the patient care side where RMPs believe that 31.6% patients might have or don't have any apparent barrier in currently in use electronic devices. While 36% RMPs agree to the statement.

Potential advantages realised in the usage of tele-health

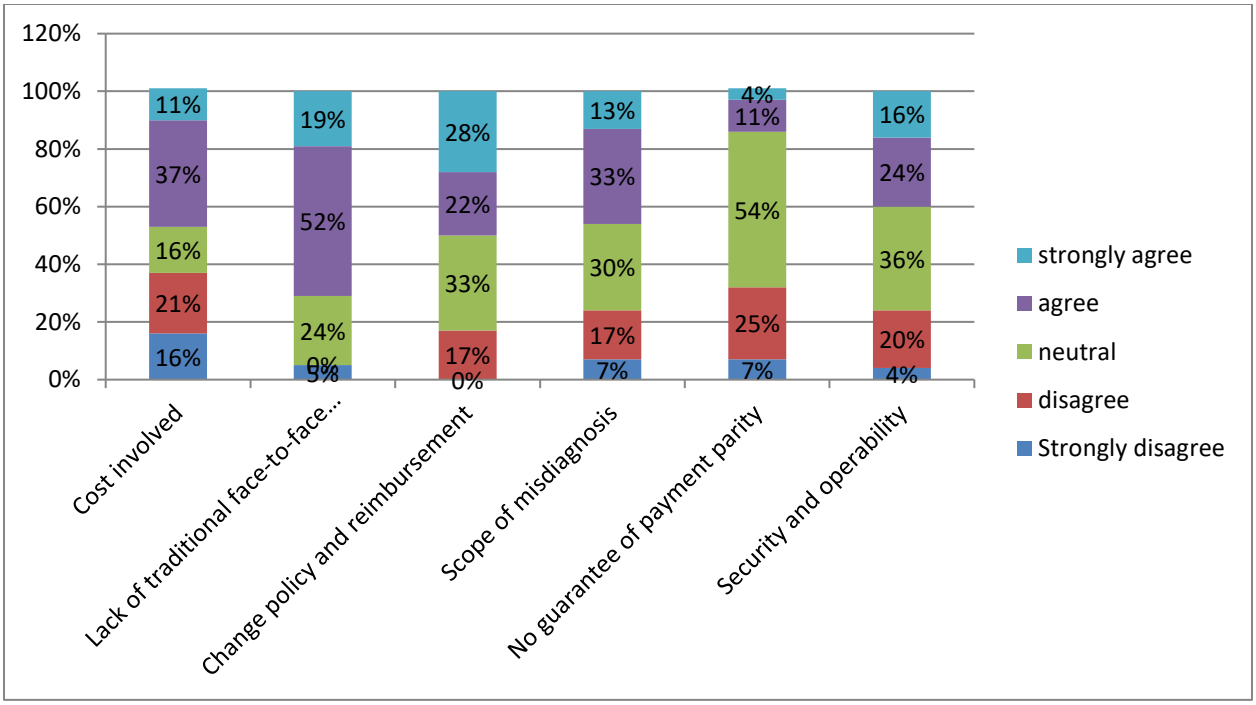


Perceived advantageous aspects of using tele-health in opinion of RMPs have been categorised as shown tells quality of care to be improved by 64% of responses

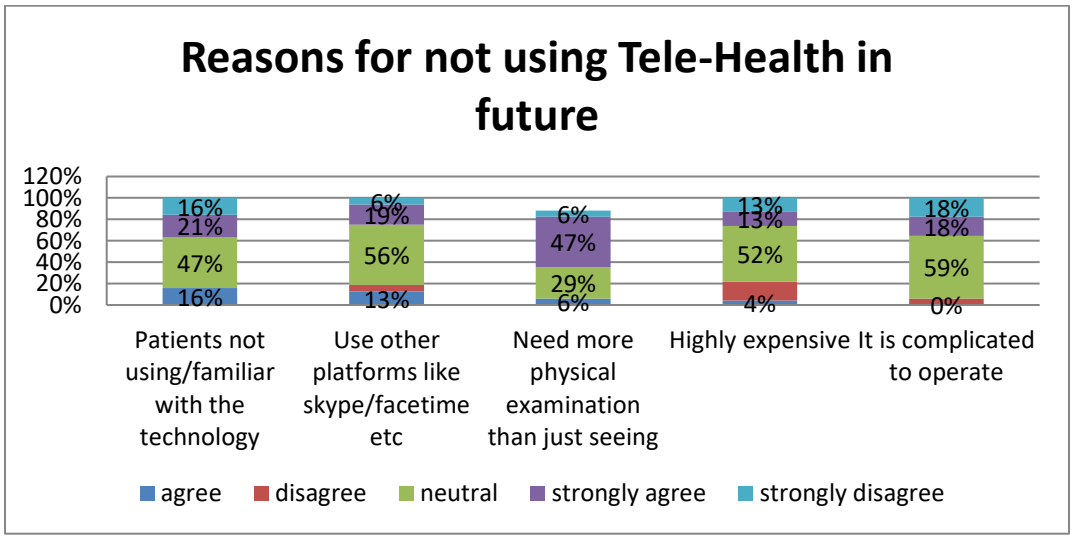
Concern about privacy while using tele-health



The usage of tele-health is packed withbelief that the privacy is an integral issue for patient and practioner data. Mostly 8% of specialists say they agree to the concern of privacy.



The perceived disadvantages to use tele-health as means of providing and receiving care which are acting as potential barriers in making use of it in current times.Where 54% responses have been recorded for inability to determine guarantee of payment procedure in turn of providing services.



Perceived reason for not taking account of tele-health in future in non user RMPs , and 59% responded it is complicated to operate. 56% responded that they're already using platforms like skype and facetime.

LIMITATIONS

- The study is based on a time bound frame, thus it can change over time
- The sampling method used is simple random sampling
- It is based on perception and perceived average usage behaviour

CHALLENGES

- Doctor apprehensions in adapting new technologies
- Increasing adoptability and encouraging usage among doctors and nurses
- Overcoming cyberchondria

CONCLUSION

While it is clear the healthcare industry is in the middle of probably the best change in its history from a business perspective, it isn't clear yet how the business will in the near future. One thing we can develop from a general point of view is that innovation and tele-health adaption surely can possibly relieve the developing torments and give a few answers for the significant difficulties confronting the current scenario. Regardless of whether innovation will drive these progressions isn't the main concern, it is significant means by which the innovation can help encourage the changes and how deterrents can be evacuated in the organization of the innovation.

PART-II

REPORT ON

IMPROVING GLOBAL HEALTH: FOCUSING ON QUALITY AND SAFETY

HARVARDX: PH555X

By:

Narma Bhattacharya

Mba(Healyh And Hopital Management)

2019-2021

IMPROVING GLOBAL HEALTH: FOCUSING ON QUALITY AND SAFETY

HARVARDX: PH555X

SYLLABUS | PH555x | IMPROVING GLOBAL HEALTH: FOCUSING ON QUALITY AND SAFETY

Faculty Lead: Ashish Jha, Harvard T.H. Chan School of Public Health

Course Description

This course will offer an insight to the developing field of worldwide human services quality. In the course of recent decades there has been an expanding acknowledgment that with the goal for medicinal services to improve populace wellbeing, it must be sheltered, viable, and dependably conveyed. Regardless of this acknowledgment, the nature of care that the world's residents get isn't as acceptable as could reasonably be expected and ought to be. The human cost of low quality medicinal services is generous. The latest information propose that low quality medicinal services is likely one of the top reasons for horribleness and mortality on the planet. While there are various activities to improve human services quality in the United States, wide proof from other high-pay nations and rising proof from low and center pay nations propose that a worldwide center is required.

Learning Objectives

The course provides with fulfilling of the following objectives given below

• To understand the importance of focusing on quality in healthcare

• To provide framework for better understanding quality

• To develop approaches to develop quality measurements

• Introduce importance of technology in quality improvement

• To introduce knowledge and tool for understanding safety and quality

Course Outline

Lesson 1: Burden	Lesson 5: IT and Data
Lesson 2: Measurement	Lesson 6: Management
Lesson 3: Standards	Lesson 7: Patients
Lesson 4:Improvement	• Lesson 8: Public Systems

LEARNING METHODOLOGY:-

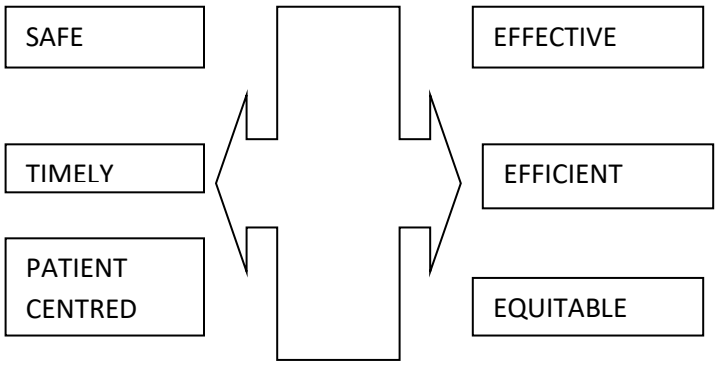
Lectures/ Videos/ Readings

INTRODUCTION

When we talk about enhancing quality of healthcare services, it cannot go offhand without laying focus on the patient safety. While safe and effective measures are drawn to implement safety

strategies, clear policies, data management to drive every healthcare professionals to improve the care delivery. Patient safety has emerged beyond the surface, as complex healthcare services and system has raised the cases of patient harm, risks and errors. A well developed framework considers the expanding unpredictability in social insurance settings that makes people increasingly inclined to errors. In the poorly performing healthcare system 43 million people are injured annually around the globe that happens in hospitals only. Thus we must care about quality as because of this life and deaths are reliant. For instance, a patient in emergency may get an off-base medicine as a result of a misunderstanding that happens because of comparative bundling. For this situation, the medicine goes through various degrees of care beginning with the specialist in the ward, at that point to the drug store for apportioning lastly to the attendant who directs an inappropriate prescription to the patient. Had there been safe guarding set ups at the various levels, this blunder could have been immediately recognized and amended.

Therefore, this course has helped to understand that the specializing in the system that permits harm to occur is that the beginning of improvement and this will only occur in an open and transparent environment where a security culture prevails. This is often called a culture where a high level of importance is placed on safety beliefs, values and attitudes and shared by the general public within the workplace. The Institute of Medicine(IOM)defines quality as having 6 aims which are as follows



Healthcare cannot be improved if care is unsafe and problematic for the patients who come to access these services.

I.CAUSES OF BURDEN AND HARM

Preventability

i. Making the Right Thing the Standard
ii. Executing Care Bundles
iii. Hand Hygiene Visual Cues and Reminders
iv. Urging Everyone to Speak Up
v. Authority Involvement
vi. Estimating Harm Rate Over Time

II. MEASUREMENTS

- **Variations in public-private healthcare facility**

Jishnu Das at world bank in this section of the chapter mentions clearly about the stark differences of healthcare services which span across the magnitude of Indian subcontinent. He lists 3 factors which are the reason of patients being misdiagnosed in LMICs are-

i. Doctors do not put enough efforts
ii. Doctors lack the medical knowledge
iii. They're paid for doing something which is not correct.

So much that only 5% of the times a patient in India is diagnosed correctly. The main Medicinal services being a state subject, the human services results have stayed disparate dependent on the nature of the state organization.

- **Geographical Variation**- Here's something common across the south and north. And what's common across the South and the North is that 75% of the health workforce has no medical training whatsoever. No formal medical training whatsoever. As even their qualified doctors are not necessarily all that knowledge.

- **Resource Allocation**- *"So it's not just resources, but its resources with accountability."* He mentions that quality and quality is rewarded in price are same statements. Mentioning that we should talk more about resources with accountability and not just resources.
- **Overuse and Underuse-** One is there is massive overtreatment. Second, we create some of that by creating policies that link payment to treatment. And so we get a massive amount of treatment, because physicians are trying to increase their salaries.
- **Surveillance-** we find a set of small, few things that doctors do in every interaction that predicts, or is correlated, or associated with better quality care. If we can, then perhaps we can monitor those interactions. He suggested for us as consumers in general to just note down-- *how many minutes did the doctor spend with you?(Consultation time) How many questions did he ask? How many exams did he do?*

GLOBAL METRICS

NEIK KLAZINGA

- **INDICATORS OF FOCUS**

OECD is trying to measure what is the relative contribution of the health care services, and trying to distinguish that from all the other factors Their goal is to establish what is

the relative contribution of the functioning of the health care system as the collective of health care services to the health of the population.

- FUTURE OF HCQI-

Across countries when we look at their performance, we look at improvements in performance over time. Especially when you collect trend data over 20 years--and try to link the trend data to the health system characteristics, and when you link it to the policy interventions, it becomes a quite convincing story. That these improvements in quality of care don't come by themselves. It has to do with how we organize your system, and how the individual components in the system are actually linked.

III.STANDARDS

LEGAL SYSTEMS AND REGULATION AND AC

In this section Allen Kachalia talks about several accreditation and standards for keeping regulations in mind.

Three ways that the law helps assure that we have high quality or safe care in this country. They're set by respective countries themselves, or sometimes they're set by them working with the relevant kind of professional body, working with them to figure out what the standard which are-

i. The first is regulation, the federal government sets minimum standards for which a practitioner must meet, or a hospital must meet, if it wants to operate.
ii. The liability system malpractice, that's a system of accountability and we could talk more about that in a second.

iii. When it actually creates financial incentives, or penalties, for hospitals and physicians and other providers, with regard to how they behave and what they do, e.g. - ACA.

- **Staffing ratios-** In many medical clinics, staff assignments are for a specific move on a particular patient consideration unit. The most disaggregated level of information would be that of the individual patient: the quantity of long periods of nursing care gave to every patient. Nonetheless, clinics don't record the measure of care every patient gets in light of the fact that medical clinics are not repaid explicitly for the measure of nursing care conveyed to every patient.

DEFENSIVE MEDICINE

Medical practices intended to deflect the scope of malpractice. In defensive medication, reactions are embraced fundamentally to maintain a strategic distance from risk as opposed to profit the patient. Specialists may arrange tests, methods, or visits, or keep away from high-chance patients or techniques principally to diminish their introduction to misbehavior obligation. Defensive medication is one of the least desired impacts of the ascent in medical case., it expands the expense of human services and may open patients to pointless dangers.

IV. SYSTEM ISSUES

Maureen’s narration in this section talks about an experience that opened her perspective to quality which were-

- One is in our professional education, we're taught how to care, how to fix things. We're not taught how to improve. At IHI, we were trying to get improvement built into the curricula for medical schools, nursing schools, health care administration programs.
- Second problem is we work in broken systems. In our educational processes, we're taught to be heroes. We need to build improvement capability, the science of improvement, into every curriculum, into every professional program

Building will
"*You need to build will, you need new ideas, and you need great execution skills.*"
"If you look at average scores, you might think you're OK, but if you look at best performance and worst performance, that variance gives you such will to change because you want to close that gap. You know where you stand relative to the best."

- PDSA Cycle-

  PDSA, or Plan-Do-Study-Act, is an iterative, four-phase critical thinking model utilized for improving a procedure or completing change. When utilizing the PDSA cycle, it's critical to incorporate inner and outside clients; they can give input about what works and what doesn't. The client characterizes quality, so it would bode well to likewise include them in the process when fitting or attainable, to build acknowledgment of the final product. In applying PDSA, pose yourself three inquiries:

  i. What are we attempting to achieve?

  ii. By what method will we realize that a change is an improvement?

  iii. What changes would we be able to make that will bring about an improvement?

- Electronic health data trade (HIE)- It is improving the quality and productivity of healthcare by permitting healthcare suppliers to access and offer patient clinical data by means of PC.
- Health Information Technology- Health data innovation incorporates different advances that length from basic graphing, to further developed choice help and coordination with clinical innovation.
- Health Information Exchange(HIE) and Electronic Health Record(EHR) - The interest for electronic health data trade among care experts is developing alongside across the nation endeavors to improve the quality, wellbeing, and proficiency of health care conveyance. EHRs are the following stage in the proceeded with progress of healthcare that can fortify the connection among patients and clinicians. The information, and the idealness and

accessibility of it, will empower suppliers to settle on better choices and give better consideration.

For instance, the EHR can improve tolerant consideration by:

i. Lessening the frequency of clinical blunder by improving the precision and lucidity of clinical records.

ii. Making the health data accessible, lessening duplication of tests, decreasing postponements in treatment, and patients all around educated to take better choices.

iii. Diminishing clinical mistake by improving the precision and clearness of clinical records.

ROLE OF MANAGEMENT

It has been seen that in studying, when a high performance organization is really well managed.

and they have a great performance.

Really tangible measurement the implementation of this basic processes could do to organizational performance. Economists and management scholars have always been with the belief that management do matter for firm organization. To really understand the role of management for the overall economy, and for the average organization-

i. One is traditionally; we have not been able to quantify what the impact is of management on organizational performance.

ii. Second is that much of the evidence, much of the work has been done on high performing organizations. And so it leaves the question of what about the typical organization.

- **ROLE OF MIDDLE LEVEL MANAGERS-**

"As the percentage of managers with a clinical degree increases, there is a strong positive correlation with high management scores"

Because middle managers are not too far from the ground zero real events. They are naturally supposed to have a good sense of what is happening. They have responsibilities which they are not too far off. They are at the level at which could get that type of measurement consistently, across countries and across organizations. And now, in these past few years, organizations are finally extending, making that as now next step.

Actionable items

A survey done Rafaella Sadun said that, usually shows that when middle managers, on a scale from one to 10, what do you think about the quality of your organization from a managerial perspective. It is also to be seen how they address their weakness 80% of believed that they are above an eight.

- **IMPORTANCE OF PATIENT CENTERED CARE**

The main importance of patient centered care and patient experience are because they are key components of quality of care. The IOM defined patient-centered care as the care that is respectful and responsive to the patient needs, and perspectives, and values, and

ensuring that patient values guide all clinical decisions. Improving patient experience affects morbidity, mortality, patient adherence and compliance.

- **Measuring Patient Experience**

Basically, patients can compare two or more hospitals and to make a decision where to have their care. It also enable patient to make a decision where they want to have their care, based on their perception.

i) When we are focusing and putting efforts in improving patient experience, we actually improve quality of care. And this is important in terms of the priority. The primary determinants of patient experience are the interaction between you and me-- the patient and the clinicians.

ii) In order to improve quality of care, you don't need a lot of resources. ultimately, what you need to do is focus on that physician patient interaction.

- **Ambulatory care**

In the outpatient setting, other survey than the HCAHPS in hospitals and the outpatient clinics use different vendors that are using different surveys. So a valid tool in terms we can act

It argues that the thing that's really driving patient experience is that interaction between the clinician, often the physician and the nurse, and the patient.

i) The main determinants of patient experience were related, based on the age caps, to the first one were the attentiveness of clinicians to the patient needs.

ii) The second one was to the attentiveness of and concerns, related to the concerns of the patient and the engagement of the patient in the decision-making

- **PROCESS IMPROVEMENT PART 1**

In different levels in your management level, and then mid management level, and then clinicians, a mix method of a quantitative and qualitative can use the survey that we spoke of or any other survey that are really specific to organization, but also have a qualitative assessment to do interviews, focus groups with clinicians, but also with the patients. It's all about the patients and the family.

iii) Patient and Family Advisory Council (PFAC), that would really help to get information in real-time for the patients and what's important to them. And in the process of improvement to get their feedback and reaction-- to have them in the same room while you make sufficient decision in your organization.

iv) Increase the awareness towards patient experience. When there's a a gap between the fact that everybody speaks about them today about patient centered care, patient experience, and how much is important

v) Incorporate patient centered care as part of your mission statement. I think many organizations that really succeeded in incorporating patient center care put the patients and care as part of their mission statement.

vi) Establish a structure intervention to improve patient experience. Several organizations are really trying to improve patient experience, but they are using different initiatives, which are not structured-- and structured in a way that it's a teamwork usually that involves different care providers like nurses, physician, social workers.

vii) We are missing today structured intervention. They are part of the training and the culture know of clinicians, especially physician and nurses training regarding communication skills and how to be attentive to the patient, but they think we need more than that. We need to establish a structure intervention.

viii) The admission assessment, the nurse will identify and respond to the patient needs, concern, expectation, and engage the patient in the process and then document and share all this information with the staff. Then we have a set of activities in the intermediate-- between the admission phase and the discharge phase.

ix) And at the discharge, today, most of the clinician doesn't ask the patient about his perception about the care he received, how he felt, what he thought about the care

that he received. And this is a very important component. So part of the structure intervention is to really identify what the patients think about us and to respond to them.

x) A formal training of nurses and physicians comes with the main things that why patient-centered care and why patient experience is important. And to speak in their DNA and the language of the physicians to manage their resistance, we have always had resistance

xi) Spending a lot of time coaching while they are working to see how they interact with the patient. When they come and share how they felt with the patient, in terms of communication. The different tools that we already train them to use

xii) We have the External levels- policy regulations reimbursements. The externals that really support the hospital level, which support the units, which support the patient

xiii) The second is the micro-system, the kind of a clinician interaction, the clinic. The bedside, around the bedside, organization, institution and increasing the sphere likewise

IMPORTANCE OF QUALITY IN GLOBAL HEALTH

In the US and OECD countries has been the focus, the topic, potentially with efficiency, much of research, policy action over the last several decades. And yet, in low-income countries until very recently as long as we can get people to the health system, job done. That, if we can get utilization levels up, coverage up to high amounts, numbers like 90%, getting women into facility delivery, getting kids immunized. Millennium Development Goals(MDG) were the last generation of health goals that most countries in the world signed up to - we've made great progress. But it's instructive to look at where we've made the progress.

Usually in such conditions that have been easy to treat, where coverage of an immunization, a vaccine, or maybe a simple water intervention has been what it took to save that child. As the epidemiology of diseases gets more complicated, as kids get sicker, and as adults and others come into the picture because we're now pursuing a new set of goals, quality of care is really going to rise in importance.

CONCLUSION

The course holistically has been very insightful to understand the gaps and ways to amend them which will help in the strengthening of our health systems globally by basic adaption of quality and technology steps, which necessarily are not cost intensive.

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