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REVIEW ARTICLE

CLINICAL QUALITY MANAGEMENT OF HEALTH CARE SECTOR IN UNITED ARAB EMIRATES

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ABSTRACT

Clinical Quality management of health care sector is one of the index of the development of a country. It is an indication of the efficiency of the health care of a country having upcoming relevance in the present era. The clinical quality management includes all the processes in the management of the healthcare and it is legally compulsory in some countries. The hospitals in developed countries are complying the Clinical Quality Management efficiently and effectively. The clinical quality management is compulsory by law in United Arab Emirates and all the hospitals in this country are complying the process of all the facets of the Clinical Quality Management.

INTRODUCTION

Clinical quality management is one of the recent development in the Health Care Service Sector which contribute for the providence of best service in this sector. Health quality has a number of dimensions and which is subjective in nature different from people involved in providing and receiving healthcare products and services. Clinical quality management includes all the related process such as clinical quality assessment, utilisation management, risk management, maintenance of proper clinical records etc. The clinical quality management is very important in the efficient running of hospitals and it is legally compulsory also in developed nations like UAE.

Importance of Study: Clinical Quality Management of hospitals is important in a hospital legally for Joint Commission of International Accreditation (JCIA) and welfare of the patients. The hospitals are responsible for safeguarding both the record and its informational content against loss, defacement, and tampering and from use by unauthorized individuals; strict adherence to the following procedures shall be enforced. It is the responsibility of the HIM Professional to ensure competence in the practice of Health Information.

Management: more specifically to plan, implement, supervise and evaluate a health care information system in accordance with applicable legal, accrediting and regulatory agency requirements.

Objectives of the Study

- To analyse the Clinical Quality Management of Hospitals in United Arab Emirates.

METHODOLOGY OF STUDY

The data used for this study is both primary and secondary. The primary data are collected by using the methods like observation, interview. and secondary data are collected from various journals, books and various published records. In order to process and to analyse the data the researcher would proposes to use some statistical methods and techniques like measures of central tendency (Mean, Median, Mode etc), correlation, regression etc and other data representation tables, charts and diagrams.

Review of Literature

The Clinical Quality Management Program

- The purpose of the Clinical Quality Management Program is to continuously and objectively assess key

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aspects of individual and institutional performance with the intent to improve the health care and services provided to beneficiaries and others.

- Treatment facility/dental activity (DENTAC) commanders will establish and resource a CQMP that coincides with any programs, as appropriate, and meets the unique needs of the organization. When developing the facility-level CQMP, consideration must be given to all accreditation and regulatory requirements. A comprehensive program requires integration of these criteria that offer evidence of the quality, cost, availability, and appropriateness of care and services being provided beneficiaries of all ages. Critical to the success of the CQMP is the active involvement and participation of all staff members.
- Clinical quality management will be integrated into the organization's vision and mission statements and guiding principles. Such integration affords leadership an opportunity to develop an effective strategic plan of action for the delivery and continuous improvement of quality care.
- Maintain a single written plan that includes all departments/services/functions and will define how each of its established Clinical Quality Management processes activities will be implemented. When devising such a plan, various CQM models are available including the Find-Plan-Do-Study-Act/Plan-Do-Check-Act (that is, US/PDCA) framework.
- Improving individual and organizational performance necessitates the use of various techniques, tools, and methodologies within a structured framework to measure and ultimately enhance the quality and cost efficiency of healthcare delivery. While all healthcare personnel are stakeholders in this process, an executive leadership committed to quality is crucial to linking organizational strategic priorities. efforts, thereby optimizing the impact of improvement activities on organizational performance as a whole.

Processes and functions requiring measurement: Effective PI requires the measurement, evaluation, and comparison over time of a variety of patient-focused functions, organizational functions, and other activities. Standards addressing these activities are found in various TJC comprehensive accreditation manuals including those for hospitals, ambulatory care, behavioral health, home care, long-term care, laboratory services, and others. The facility's review mechanisms designed to systematically measure and continuously evaluate these activities must be collaborative and multidisciplinary.

Performance improvement data sources and analyses: Successful Performance Improvement will be based on effective use of both clinical and administrative data from a variety of sources. In coordination with the various departments, determine which data are appropriate to consider for the purpose of organizational improvement.

Patient rights and responsibilities

- The health care beneficiary is the central focus of all CQM activities. This focus recognizes the patient as a partner, optimizes patient rights within the health care system, and capitalizes on the value of consumer feedback to effectively improve the processes of care.

- Implementation of patient rights as defined current TJC standards, and the Health Insurance Portability and Accountability Act of 1996 is an important component of the Clinical Quality Management Practices. These rights include but are not limited to
 - Information disclosure and access and amendment rights.
 - Choice of providers and health plans.
 - Access to emergency services (military or civilian).
 - Participation in treatment decisions.
 - Respect and nondiscrimination.
 - Confidentiality of patient-specific health information.
 - Complaints and appeals.

All health care personnel share in the professional responsibility of ensuring that beneficiaries understand not only their rights but also their responsibility to participate in their own health care decisions. Patients will be provided information as to their rights as beneficiaries of the health system, according to local policy. Written and verbal beneficiary perceptions of care and services, both positive and negative, will be incorporated into CQMP processes as appropriate.

Confidentiality of quality assurance documents and records: Testimony about, any records or findings, recommendations, evaluations, opinions, or actions taken as part of a QA program except in limited situations.

Data Analysis- Clinical Quality Management: The researcher collected sufficient data related to this study regarding the maintenance of the clinical records of the patients visited there in the pediatric department and found that 98% cases the hospital is correctly maintain the proper records. Regarding the maintenance of the patient medical needs records the hospitals are maintaining the proper records at the suitable places at the right time and right form.

Findings

- The hospitals are well organized health service provided in the government and private sector.
- The hospitals are having well planned Health Information Management Department existing in these organisation.
- The hospitals are keeping all the medical records and other information as per JCIA, USA.
- The hospitals are having different departments and each department having their own set up to keep the records in a full fledged manner.
- The hospitals are possessing a paperless hospital administration information system.
- The employees requires more training in order to improve quality of the information system.
- The quality of the data depends up on the server capacity and speed of internet etc. and it might affect quality of data.
- The data distribution and retrieval is a difficult task and will affect the quality of the data.
- Data maintenance requires expert trained personnel to manage data, facing qualified personnel in this HIM.

Suggestions

- In order to improve the quality of staff and to avoid monotonous work, job rotation should be effectively implemented.

- In order to avoid the erroneous maintenance of records and all, the personnel should be provided more training.
- The capacity of the server and the internet speed should be enhanced to improve the quality of data.
- Stand alone systems should be effectively implemented to improve the quality of data.

Limitations of the Study: The method of study adopted for this thesis is sample survey, therefore the study is faced with the disadvantages of the sampling and it is one of the important limitation of sample survey that it may not possible to ensure the representativeness of the sample. This study is based on the primary and secondary sources of data. The secondary data had limitations as the available data may not be accurate as desired, not up to date. The method of data collection is by observation, interview and questionnaire. These methods of data collection had also some limitations. The topic selected for study of Clinical Quality Management is involved with other disciplines as psychology, sociology, and other disciplines in social sciences. As this is a Social Science, involving human beings the results may vary from one study to another as one person is entirely different from another or one social group is entirely different from another. Therefore the generalization is limited, because of the dynamic nature of the subject.

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