

Philosophy for Action:

Power to Zero base.

Can healthcare in **developing countries** progress? We place our trust in the user friendly, system based, continuous improvement science, with its animating principles of objective quality, tested performance and broad based sharing of credit. This program is inspired by a progressivism that is founded on pragmatism: It is about personal accountability rather than complaining nothing will work here. It is about working on the system rather than merely working in it. It is about collectively thinking outside the box rather than individually trying harder

The Quality Revolution in Healthcare consists of two interdependent parts:

- a. The Accountability Revolution.
- b. The Improvement Revolution.

What has prevented the developing countries from joining the improvement revolution is the absence of the accountability revolution. The Accountability Revolution that occurred during the Quality Assurance era provided the research, professional structure, the institutions, the risk adjustment tools, the outcomes research methods, accreditation programs, the medical errors and practice variation studies. Its essence was captured by Donabedian model: structure > process > outcome. The economic and healthcare backwardness of developing countries permitted them only to focus on the structure with a negligible few ventured into clinical audit and ISO9000 systems and more recently JCI and QCI accreditations.

The remarkable Improvement revolution began in the mid 80's in the US. Building on the strong quality infrastructure it courageously incorporated concepts and tools from outside healthcare. Continuous Improvement with its focus on leadership, customer focus, system dependence, its collaborative, benchmarking and process improvement methodologies are the norm only in the west.

In a globalised world, what separates healthcare in the developed and developing parts is not merely resources, technologies or professionalism but economies of skill and systems for improvement. Developing countries cannot frog leap across this wide, deep and fundamental chasm. Healthcare progress is an attempt to build bridges across this systems divide, while crossing it.

Guiding Principles

Safety is patient's fundamental right. Healthcare quality, safety and Equity are a Global Agenda.

Evidence Based Quality is an important ingredient of Clinical Medicine and Education.

World Class Medical Practice requires Organizational Excellence and Inter-Organizational Excellence.

Performance is the property of the whole system. The voice of professionalism, the voice of the process and voice of the patient must be balanced.

Improvement is a Good - enough Science. It is part of work. A process of experiential learning in groups. Learning is a substrate for passion to improve.

Healthcare in developing countries are not laggards. Access to improvement knowledge is not enough. We need to work together. A national infrastructure that supports socialization of quality is a prerequisite.

A 'mixed model' of healthcare quality is a starting point for developing nations. Developing countries are not just resource poor but are also without a legacy of healthcare quality theory, systems and practice.

Institutions of improvement are needed to shape the structure, direction and pace of social change. Organizational development is not enough. Collaboration and professionalization of quality are important supra-structures.

Governments and markets are not the only agents of social change. Social action is required to reduce social opportunity loss. Equity, Quality and Safety are important and interrelated.

Healthcare Quality certification and credentialing are part of a process to create a national culture. Healthcare quality is an accountable profession.



Program Values

1. Passion for 'Medicine' and 'Quality'.
2. Value of life and health.
3. Joy of continual improvement.
4. Predisposition to change, experiment and learning.
5. Preference for Collaboration over Competition.
6. Fixing the system for all.

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