Evaluation of Quality Improvement Program at Primary Health Care Centers in Baghdad City

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Abstract: *A descriptive "evaluation" study is conducted to determine the impact of quality improvement program upon staff nurses' performance at primary health care centers in Baghdad City from March 6th2017 to September 6th 2017. A purposive "nonprobability " sample of (5) model primary health centers, which are distributed in (3) primary health sectors according to their catchment map, is selected. The sample of the study is also included (100) consumers, (5) primary health care centers' managers and (30) quality team members. Data are collected through the use of the study questionnaires and the interview technique as means of data collection. The data collection lasts from April 1st 2017 to September 20th 2017. The results of the study indicate that The overall evaluation of the quality improvement of the primary health care services has indicated that it is fair and The outcome has major impact upon staff nurses' performance and the structure has an impact upon nurses' performance but the process has no impact upon nurses' performance.*

Keywords: Quality improvement program, Primary Health Care Centers

1. Introduction

The World Health Organization(WHO) meaning of value change quality improvement (QI) is a persistent process for deciding of mistakes, understanding the factors these leading to these mistake, testing, planning, and implementing of special interventions to correct of mistakes, studying the impact of the interventions, and planning another actions in response (**1**).

Quality improvement (QI) also achieved when meeting the needs and requirements for organization's clients through introduced of designed activities or processes in an organization. But the Institute of Medicine (IOM) defined quality as the degree in which the likelihood of desired health outcomes are increased and are consistent with current professional knowledge (**2**).

Quality improvement (QI) consists from special actions which lead to measurable improvement in health care services of targeted patient groups(4). International standardization organization (ISO 9000) : "Degree to which a set of strong interventions to improve requirements or Fitness for use(**3**).

A quality improvement approach refers to designed set of actions to increase the safety and quality of care through assessment, planning and rendering these designed actions(**4**). Countries worldwide are started to application the concept of quality into their primary health care due to many important of QI these are improved the quality of care , improved development of a service , to achieve of the desired outcomes through efficient and effective manner, meeting the needs and requirements of the customer(the(**5**). The result can be a balance of quality ,efficiency ,and profitability in its achievement of organizational goals When an organization implements an effective QI program. Quality Improvement (QI) interventions are very important for achieving the

improving the health and safety of patient experiences and outcomes, and reducing the cost per capita(**6**).

The efforts of quality improvement are strongly supported by health systems in the countries of the Eastern Mediterranean Region (9). In many developed and developing countries the quality improvement program has been introduced in their health systems (**7**). Quality improvement is implemented by teamwork, a focus on the client, systems and processes, and measuring of results. For quality to be effectively managed, individuals and groups in an organization should have a clear understanding of their roles and responsibilities relative to QI. Each staff member has a role in ensuring that QI objectives set by the organization are met. Ideally, all contributions are equally valued on the QI team.

Although the medical assistant may be supervised by the physician when providing patient care, the medical assistant's perspective and input within the context of the QI team are very important. Since individuals on the QI team work in fundamentally different ways when doing improvement work compared with actual patient-care delivery, it is important to formalize their roles within the committee. (**8**)

2. Methodology of the Study

Subjects: A descriptive study using evaluation approach is conducted on (5) managers of primary Health care centers ,(100) consumers from (5) primary Health care center (20) consumers from each Health center,(30) member of quality team (6)from each Health center from the period of 5th April 2017 through to 6th September 2017

Questionnaire: The organization structure data sheet, consisted of (20) items categorized as general information (gender, age)and information about building, rooms, drugs..etc.). The process sheet consisted of (47) items which include lists of duties and responsibilities of Quality team at

primary Health care centers. The Outcomes sheet consisted of (22)item related with demographic characteristics of consumers like (Age, gender ,education)and information related to Health education services during visits to primary Health care centers and information related to general satisfaction toward services in primary Health care centers .

Determination of reliability of the questionnaire is based on the Cronbach´s Alpha reliability (reliability coefficient 0.83), the instrument valid through panel of experts.

A statistical analysis was performed using the Microsoft office excel 2007 and SPSS package (version 16).

3. Results

Table 1: Mean of score on Items of Structure of primary health care centers

List	Criteria		F (%)	M.S	Sig.
1	Coverage area of population by Health Care Center services.	< 20,000	2 (40)	1.60	S
		> 20,000	3 (60)		
		Total	*5(100)*		
2	The distance between the health center and the nearest hospital.	< 10 Km	3 (60)	1.40	S
		> 10 Km	2 (40)		
		Total	*5(100)*		
3	The distance between the center and the health sector.	1 –3 Km	2 (40)	1.60	S
		4– 6 Km	3 (60)		
		Total	*5(100)*		
4	The health center has a written job description.	No	0 (0)	2.00	H.S
		Yes	5 (100)		
		Total	*5 (100)*		
5	The health center has written goals.	No	0 (0)	2.00	H.S
		Yes	5 (100)		
		Total	*5 (100)*		
6	The health center has a written business plan.	No	0 (0)	2.00	H.S
		Yes	5 (100)		
		Total	*5 (100)*		
7	The health center has written standards.	No	0 (0)	2.00	H.S
		Yes	5 (100)		
		Total	*5 (100)*		
8	Medical and laboratory supplies are provided at the health center.	No	4 (80)	1.20	N.S

F: Frequency, %: Percentage, M.S: Mean of scores, Sig.: Level of Significance, N.S:
Not significant (1-1.33), S: Significant (1.34-1.67), H.S: Highly significant (1.68-2)

Table (1) shows that the mean of scores on item of structure and Health care system of the primary Health care centers is highly significant on items 4-7, significant on items 1-3 and non-significant on item 8.

Table 2: Overall Evaluation of Availability of Services at the Primary Health Care Centers.

Evaluation	F	%
Low	4	13.8
Moderate	24	82.8
High	1	3.4
Total	*5*	*100*

F: Frequency, %: Percentage, Low= (47-62),
Moderate= (63-78), High= (79-94)
This table reveals that most of the primary health care centers services are moderately available (82.8%) while (13.8%) is low and (3.4%) is high.

Table 3: Distribution of Clients' Socio-demographic Characteristics at the Primary Health Care Centres

List	Characteristics		F	%
1	**Gender:**	Male	58	58
		Female	42	42
		Total	*100*	*100*
2	**Age Group:**	> 10 years	4	4
		10 – 19 years	8	8
		20 – 29 years	24	24
		30 – 39 years	25	25
		40 – 49 years	21	21
		50 – 59 years	9	9
		60 ≤ years	9	9
		Total	*100*	*100*
3	**Education:**	Do not read and write	24	24
		Read & write	22	22
		Primary school	23	23
		Secondary school	21	21
		Diploma	10	10
		College	0	0
		Total	*100*	*100*

F: frequency, %: Percentage
Table (3)indicates that most of the clients are male (58%),(30-39) years old (25%) and don't read and write (24%).

4. Conclusions

The study concludes that most of the primary Health care centers are located at highly populated areas so Health care services are adequately provided, laboratory supplies in critical level, absence of sonar device in most of primary Health care centers, and the study concludes that most beneficiaries from the services are male with the level of education is don't read and write.

Also, the study conclude that Laboratory supplies are in critical level at most of primary health care centers, Services which are provided at the primary health care centers are adequate for the half of the consumers who have visited the primary health care center ,The services provided at the primary health care centers in all sectors could be amending for all individuals population whatever difference with their demographical characteristics , Shortage of female staff nurses in most primary health care centers is reported, The overall evaluation of the quality improvement of the primary health care services has indicated that it is fair.

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