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### Quality issues in health care in changing scenario

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Quality is a much more complicated term than it appears. Dictionary definitions are usually inadequate in helping a quality professional understand the concept. There are a variety of perspectives that can be taken in defining quality (e.g., customer's perspective, specification-based perspective). A modern definition of quality derives from Juran's "fitness for intended use". This definition basically says that quality is "meeting or exceeding customer expectations". Deming states that the customer's definition of quality is the only one that matters. Various terms as Quality Assurance (QA), Quality Control (QC), Quality Management and Continuous Quality Improvement (CQI) are used while discussing quality issues in health care management. Transition in Indian Health Scenario, because of rapid increase in population, numbers one need to deal with are exceptionally high and whenever quantity goes up, quality is compromised. This taxes our health care resources, economic resources but economics is improving faster and literacy and awareness about health is better, therefore, there is quality improvement and awareness and demand for the same. Chronic Kidney Disease V (CKDV) and End Stage Renal Disease (ESRD), scenario in late seventies and in 2013, explains this transition clearly. Quality issues in health care management can be dealt with two step approach. First step is to make quality count or apply all measures to improve quality in health care: Evidence Based Medicine at bedside, medical decision & analysis, regulatory, statutory and practice guidelines by regulatory authorities & professional societies, ICH-GCP guidelines, health economics analysis, complete or holistic health care and Accreditation. Second step is Quality care assessment of services provided: Death audit & medical audit, survival analysis, quality of life assessment, QALYs, DALYs, users or patients' feedback and perception and external evaluation. And as follow up, apply, continuous quality improvement, (CQI) various instruments and scales are used for quality of life assessment, quality adjusted life years (QALYs), and disability adjusted life years (DALYs) for feedback and analysis. This is explained by nephrology perspective especially dialysis.

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### How long will we ignore mental health? A need to train front line health professionals in mental health

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Mental health morbidity is one of the leading causes of disability in the world. Despite the high disability associated with mental illnesses, they remain under-treated in both low to high income countries. The close interactive connection between physical and mental illness has been known for many years. One in four consultations with family doctor has significant mental health problems. A substantial proportion of patients admitted to general hospital wards suffer from either primary or co-morbid mental illness. Health professionals in general often fail to recognize mental illnesses due to their attitudes towards mental illness, their knowledge, training and experience of dealing with mental disorders, especially when they coexist with physical conditions. It is recommended that clinicians need to manage both mental and physical conditions giving them equal priority if they are to manage co-morbidity and reduce disability. Enhancing awareness and providing training and clinical tools to medical practitioners in the detection, assessment and treatment of mental illness has the potential to improve the management of these patients. A training package based on 15 minutes computerized clinical aid such as the Global Mental Health Assessment Tool (GMHAT/PC) could help provide accurate diagnosis and treatment of associated mental disorders in these patients. Such training has been successfully been provided in UK, India, Africa and Latin America.

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