

Quality in Allied Health Care: Is there a place for guidelines?

Saravana Kumar



Aims of this research

- Identify key elements underpinning allied health service quality from key stakeholders perspective
 - **Patients**
 - **Providers**
 - **Funders**
- Perception towards guidelines as a tool in assisting quality care and its place in allied health



What is Quality?

- **Considered since the 60's**
- **Multi-dimensional concept**
- **Constructs of quality depend on individual stakeholder's perspectives**

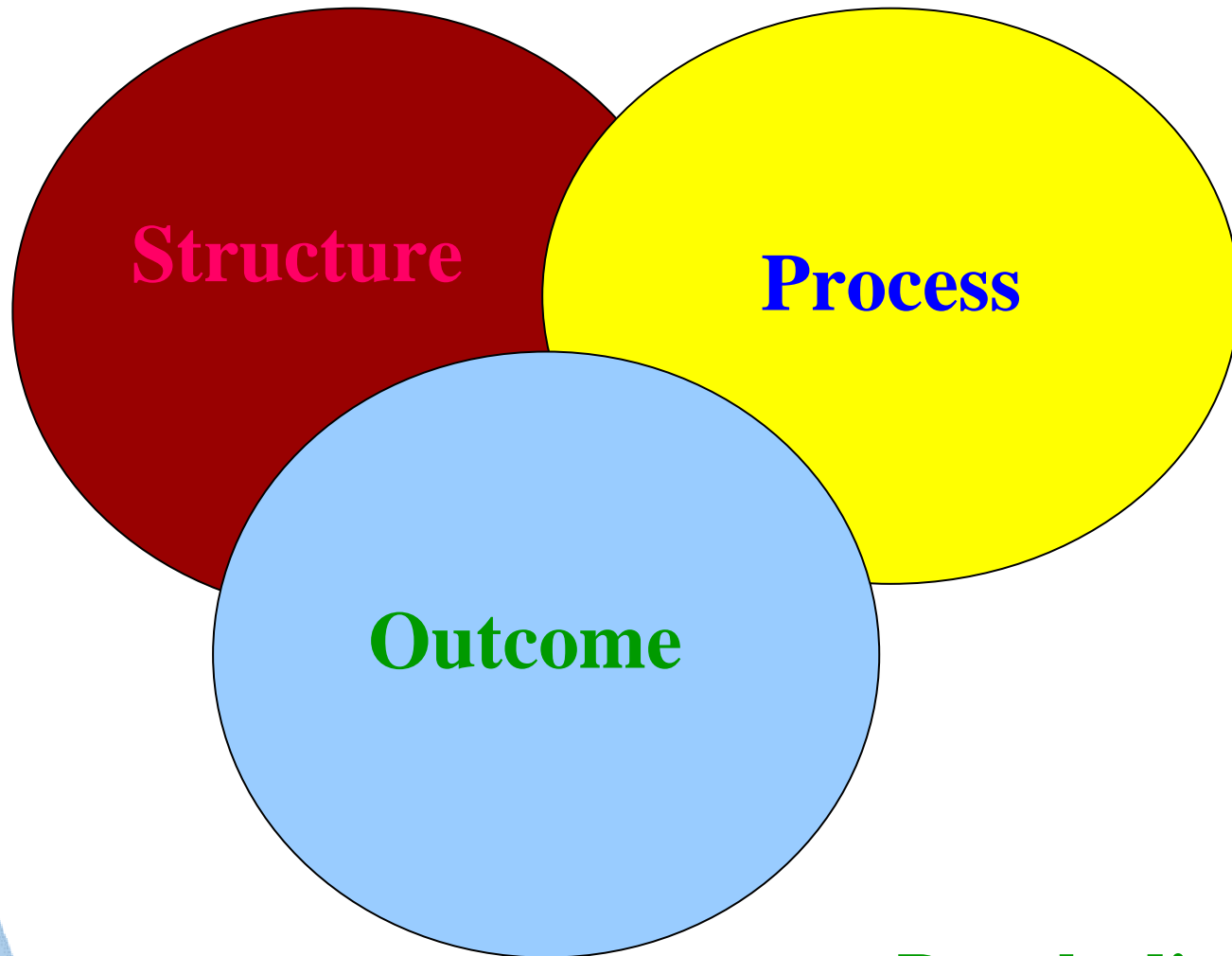


What are guidelines?

- **Guidelines are**
 - **Tools to assist clinical decision making**
 - **Tools to improve health care**
 - **Integral to quality improvement strategies**
- **Guidelines (& quality movement) in Allied Health is in its infancy**



Dimensions of Quality



Donabedian 1966

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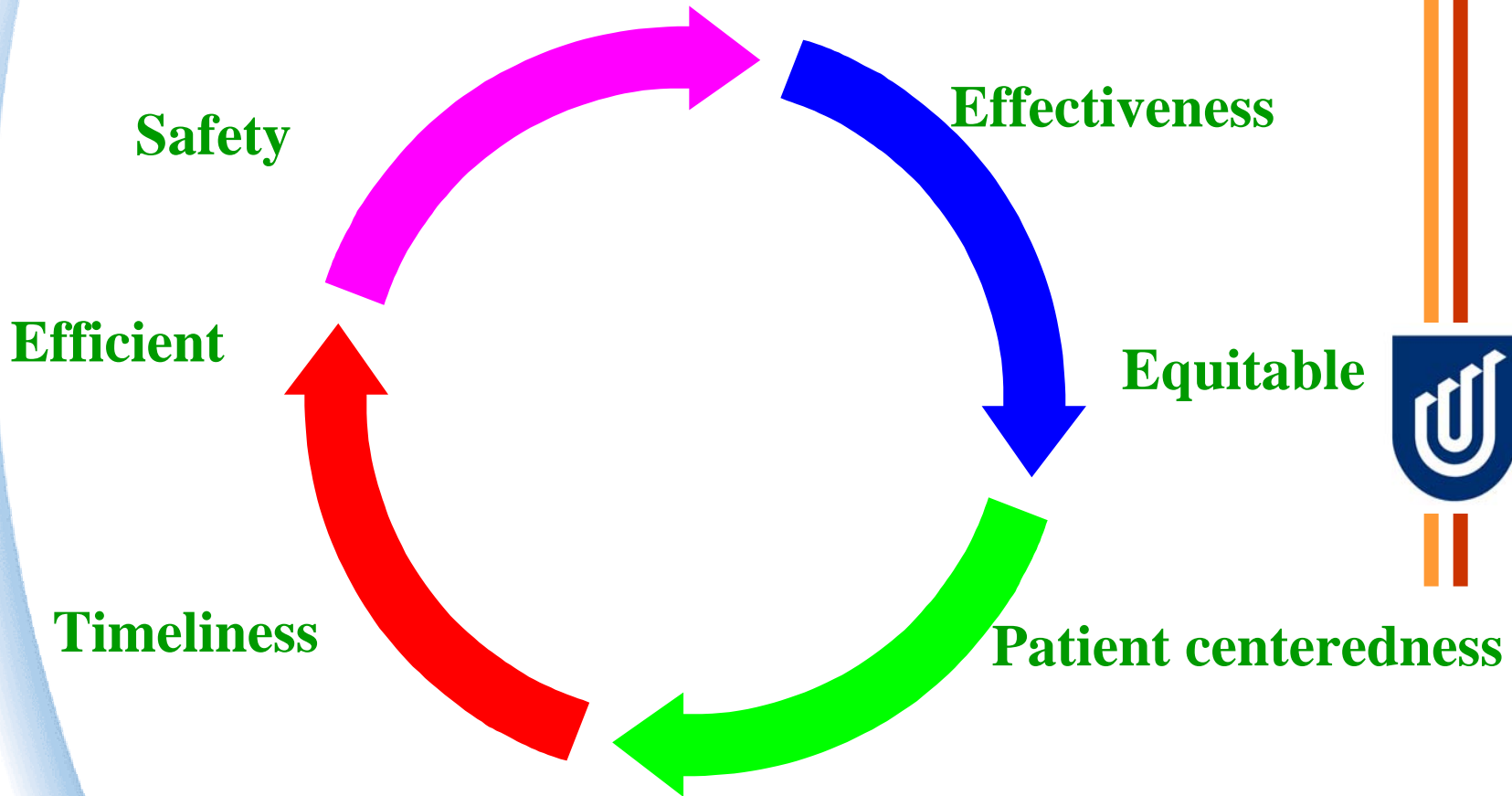
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Components of Health Care Quality

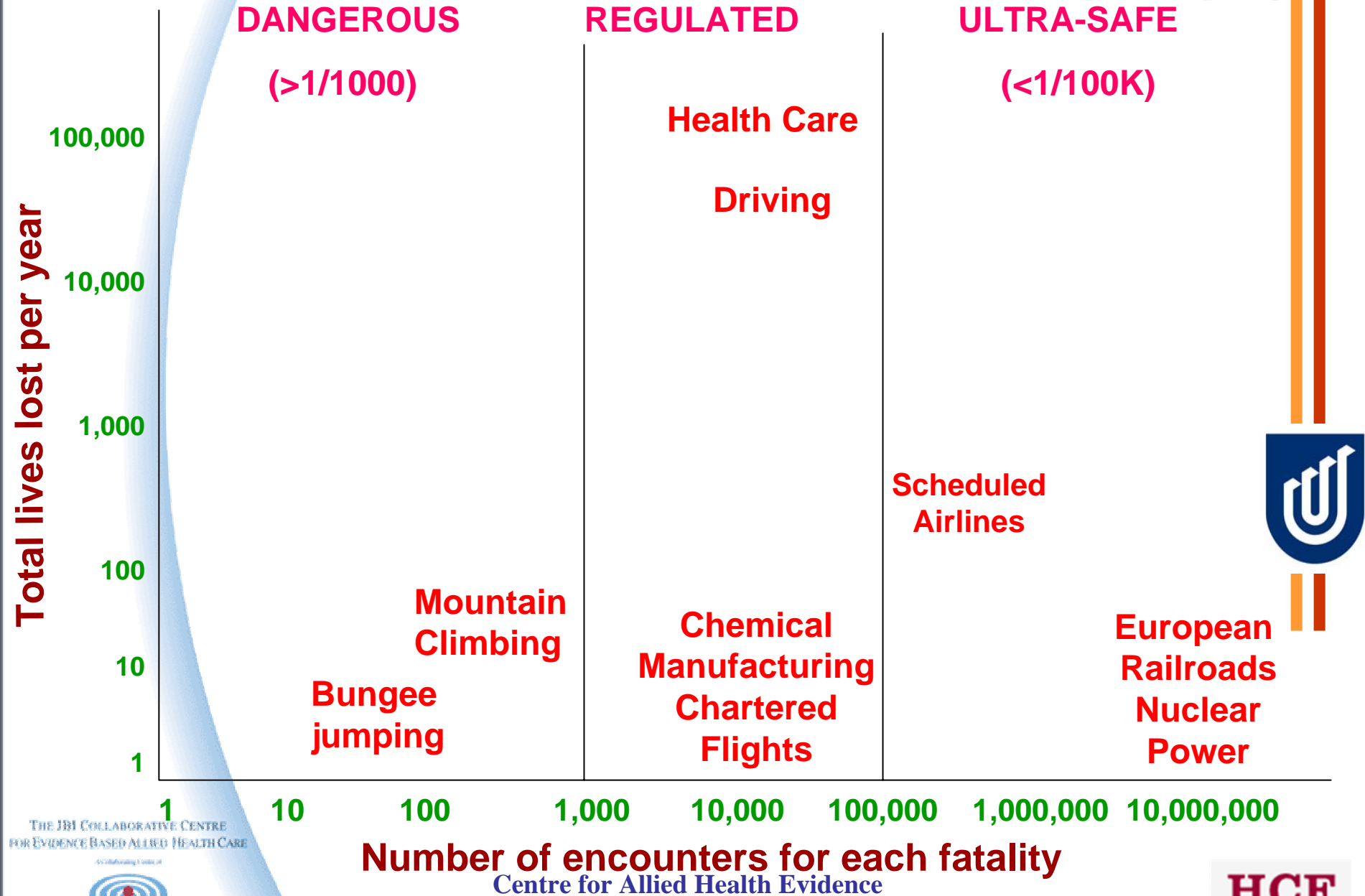


The question!!!!

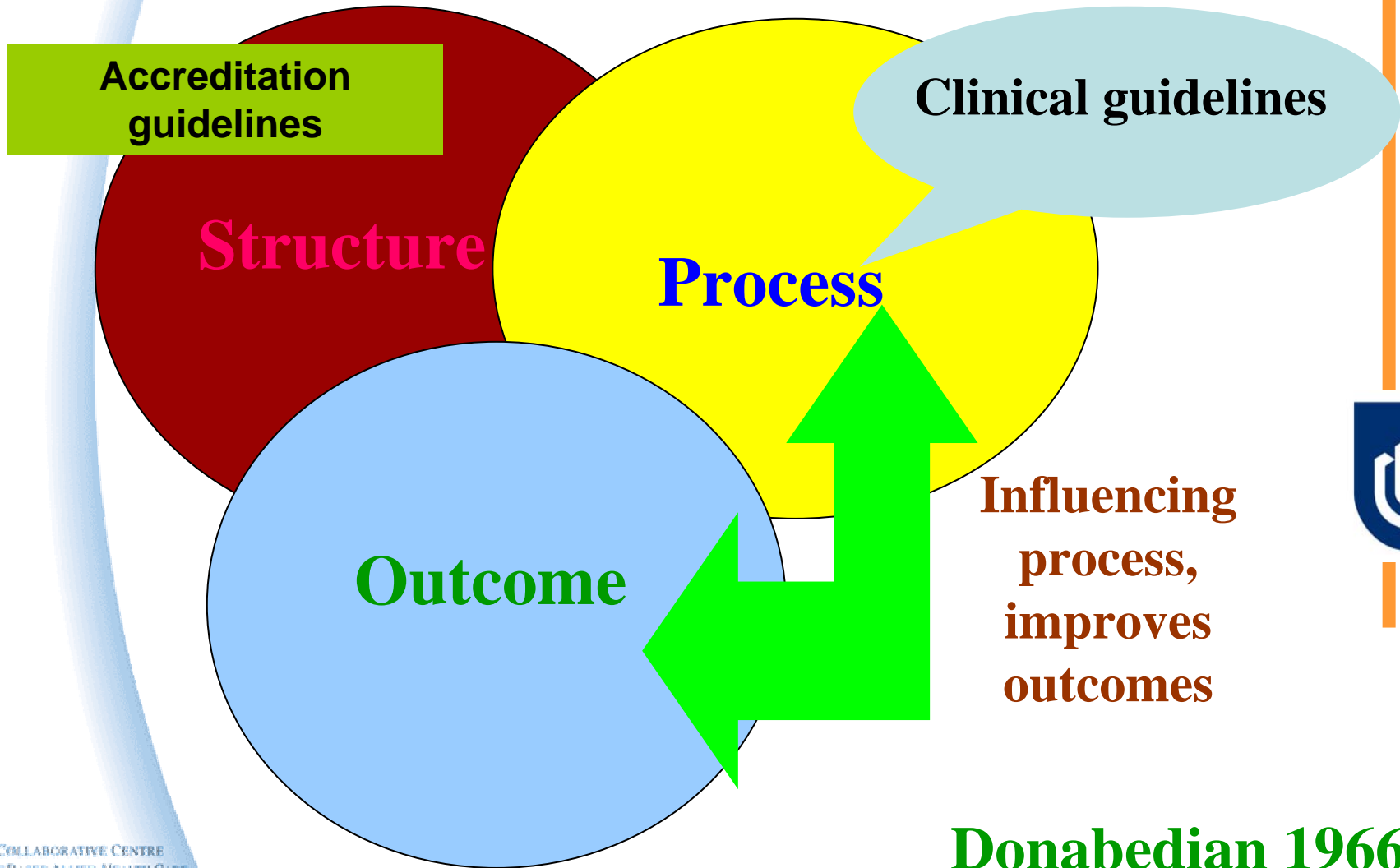
- **Is all health care, quality health care?**



How Hazardous is Health Care? (Leape)



Quality monitoring



Accreditation guidelines

Structure

Process

Clinical guidelines

Outcome

Influencing process, improves outcomes

Donabedian 1966

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Methodology

- **Grounded theory methodology of qualitative research paradigm**
- **Semi-structured interviews with**
 - **Patients (n=75)**
 - **Physiotherapists (n=20)**
 - **Funders (n=15)**
- **Interviews were tape recorded, later transcribed and key themes identified**



Key findings

- **Patients believed**
 - All health care should be quality care
 - Physiotherapists should provide up-to-date, best treatment
- **Physiotherapists believed**
 - They provide quality care
 - Guidelines helped to provide quality care
- **Funders believed**
 - Treatment not based on best evidence should not be funded

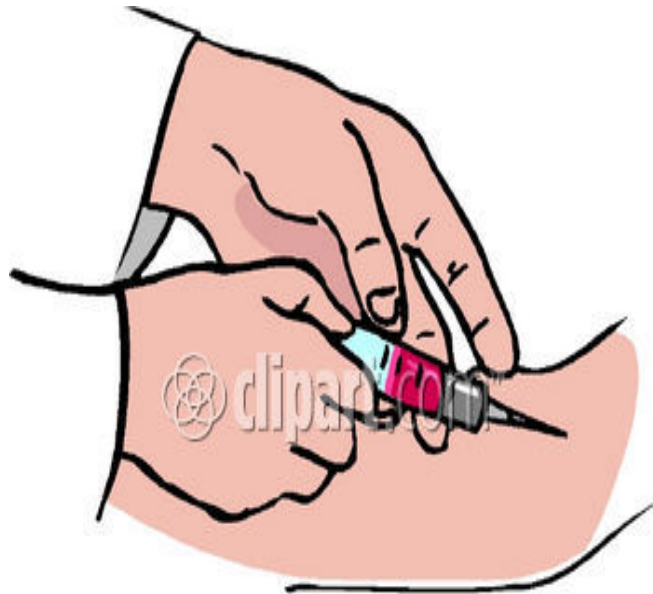


Barriers to uptake

- **Key barrier to uptake**
 - **Medical vs. allied health model**



Medical vs. allied health model



Other barriers to uptake

- **Lack of proper diagnostic indicators within the profession**
- **Impractical at times**
 - **Not clinically reflective**
- **Not applicable to all patients (heterogenous population)**
- **Reduced therapist-patient interaction, which in itself was part of care**
- **Loss of revenue**



Conclusion

- **While all stakeholders believed guidelines improved quality of care, concerns were raised**
 - **regarding issues of applicability in allied health care setting**
 - **costing issues**
 - **specific model for allied health**



Acknowledgment

- **Assoc. Prof. Karen Grimmer,
School of Health Sciences,
University of South Australia**
- **Mr. Shaun Larkin, HCF Australia**

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