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Health care management: which quality?

Quality of care is one of the most frequently quoted principles of health policy, and it is currently high up on the agenda of policy-makers at national, European and international levels (EC, 2016; OECD, 2017; WHO, 2018; WHO/OECD/World Bank, 2018). At the national level, addressing the issue of healthcare quality may be motivated by various reasons – ranging from a general commitment to high-quality healthcare provision as a public good or the renewed focus on patient outcomes in the context of popular value-based healthcare ideas to the identification of specific healthcare quality problems. In addition, despite the vast literature base and the universal acknowledgement of its importance in health systems, there is no common understanding of the term “quality of care”, and there is disagreement about what it encompasses. The definition of quality often differs across contexts, disciplinary paradigms and levels of analysis. Yet, as prescribed by the seminal work of Avedis Donabedian (1980), assessing and improving quality predicates an understanding of what it entails. Therefore, the aim of this paper is to provide clarity about the definition of quality and its relation to health system performance. Early definitions of healthcare quality were shaped almost exclusively by health professionals and health service researchers. However, there has been increasing recognition that the preferences and views of patients, the public and other key players are highly relevant as well (Legido-Quigley et al., 2008). We would like to summarize some of the most influential definitions of healthcare quality from different contexts, starting with the definition of Donabedian (1980) and ending with the definition provided by WHO’s handbook for national quality policy and strategy (WHO, 2018). The definition of quality by the Council of Europe published seven years after the IOM’s definition as part of the Council’s recommendations on quality improvement systems for EU Member States, is the first to explicitly include considerations about the aspect

of patient safety. It argues that quality of care is not only “the degree to which the treatment dispensed increases the patient’s chances of achieving the desired results”, which basically repeats the IOM definition, but it goes on to specify that high-quality care also “diminishes the chances of undesirable results” (The Council of Europe, 1997). In the same document the Council of Europe also explicitly defines a range of dimensions of quality of care – but, surprisingly, does not include safety among them.

Speaker Biography

Quirino Piacevoli completed master in health economics at the Boccioni University, Milan, Italy. He has done master in health economics at the national academy of medicine, bologna, Italy. He is a member of national health care agency, Italy (director, prof. elio guzzanti). he is author of numerous publications at both a national and international level in anaesthesia / intensive care and health economics. He is director of department of anaesthesia and intensive at san filippo neri hospital, Rome, Italy. He did his schooling in s.d.a. Boccioni school of health care management: education course in management for department directors, Milan, Italy. He had done his senior research fellow, faculty of economics and commerce, catholic university of Milan, Italy. He is director of master course in economics and health care management, hospital medical school of Rome (s.m.o.r.r.l) Italy. he is professor at the school of specialisation in anaesthesia and intensive care. he is faculty of medicine, cosenza university, Italy. He is professor at the school of specialisation in anaesthesia and intensive care, faculty of medicine, campus biomedico, rome, Italy. He is chairman, Italian society of intravenous anaesthesia, Rome, Italy & chairman, society of clinical risk management & co chair, master in health economics of the national academy of medicine, bologna, Italy. he is member of commission for emergencies, public health agency, labium region, Italy. He is consultant for public prosecutor of the Italian republic as an expert in health economics, Rome, Italy. He is member of scientific committees for numerous national and international scientific journals (Cochrane collaboration). He is chairman, ethics committee for lazium regional authority, Rome, Italy. He is board member of quality and safety commission, world federation of society of anaesthesia. Member, national commission for clinical risk, italian ministry of health, Rome, Italy. He is president world of scientific society of anaesthesia tiva- tci.

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