

The notion of quality

In the course of our perioperative work, we are all engaged in the pursuit of quality health care for those we serve. This is often framed in terms of assuring good clinical outcomes, lives saved, reductions in avoidable harm, optimizing 'QALYs' (quality adjusted life years) and for our bean counter colleagues, the efficiencies and effectiveness achieved; relative to each pound of public money invested in service provision.

The notion of quality is relative and sits in a spectrum; it is subject to interpretation, perception and further framed by assumption and presumption.

Quality is shaped by conceptual frameworks, definitions, measurement methods, analyses, and actions. As an ambition of care delivery it frames what we do and what we deliver. Historically, quality is one of the 'Great Ideas' found in the 'Great Books' of the Western world (Adler & Goman 1952). From the earliest contributions of Aristotle and Plato through the more recent works of Kant and others, the attributes of quality are discussed. Even in the earliest of these works, the question of quantification of quality was raised. If the idea of quality is one's reality, then experiences merely reflect the convention of language. Therefore, the written record of definitions of quality began centuries ago and continues today as philosophers, scientists, and others debate the meaning and implementation of that concept.

Clinicians, patients, families, and communities, as well as policy makers, advocacy groups, economists, researchers and educators all approach and define quality from a specific viewpoint, knowledge base, and value system. In the early 1970s, quality assurance models started to feature in the literature, developing to the identification of scientific knowledge and the qualification and clarification of professional and societal values regarding that knowledge. This became the basis for the development of standards and criteria that could be used to measure care and proposed actions for change/improvement (Lang & Werley 1980).

Since then, basic science, clinical management, and policy knowledge have increased dramatically. Yet the dissonance about what is known, what is applied, what is measured, and what is financially supported is as true today as it was years ago.

The concept of quality is not complicated, simply ask two questions; would I be comfortable with my mum (dad, husband, child, partner, relative, friend, sibling) receiving what we propose to do, or are doing? For me the 'mum test' is the litmus test of care. Notably if it is not good enough for my mum, then how can it possibly be good enough for the patients in my charge?

Professional societies, consumer groups, policy makers, educationists, researchers, and each of us as individuals will

come to the 'quality' space with a view point; and we will continue to turn the explosion of 'quality' knowledge into standards, criteria, guidelines, and policy.

In recent years several iterations of quality activities have evolved: quality assurance, quality assessment, evaluation research, the effectiveness initiative, outcomes research, continuous quality improvement, patient safety, and evidenced-based practice. Underlying each of these 'new' programs rests the basic notion of needing to define quality, measure it, and take action.

This issue showcases five pieces of work designed to enhance the quality of perioperative care provided; they are diverse and wide ranging in focus. I am appreciative of the endeavour of all our authors for their efforts in bringing their quality improvement activity to our attention via this Journal.

To close, so that you can progress to the works of our contributors, it is important to note that quality is a relative concept. So, some questions for reflection:

What is your benchmark or marker for quality in your environment of care?

What from a professional context/service delivery position keeps you awake at night? Are you prepared to challenge to improve?

Would you be happy with the standard of care provided in your service area today, for yourself or your loved one?

Finally a note to self: The standard of care that you choose to walk past, is the standard that you choose to accept; and implicitly, often unconsciously condone and promote! Delivering quality perioperative care is a journey, a marathon, never an end point.

Enjoy the excellent contributions of our authors.

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