

- d) coordinating the five processes,
- e) creating of optimum circumstances in which people work,
- f) adjustment of health care delivery towards demand and
- g) improving the motivation of people to do their work even better.

Many of these activities are already performed in various ways in different departments within hospitals. However, the drawing together of all the various parts under a common direction is the primary need.

It is far more than just a cost containment exercise. The outcome of the quality assurance system is quality of care, defined as “the extent of conformity between the actual care and the criteria set up for this care”.

The ten commonest terms used in quality assurance are as follows:

1. Accreditation:  
The process by which an agency or organization evaluates and recognizes a programme of study or an institution as meeting predetermined standards.
2. Assessment:  
The thorough study of a known or suspected problem in quality care, designed to define causes and necessary action to correct the problem.
3. Criteria:  
Professionally developed statements of optimal health care structure, process, or outcome.
4. Monitoring:  
The ongoing measurements of a variety of indicators of health care quality to identify potential problems.
5. Outcome:  
A change in the current and future health status of the patient that can be attributed to antecedent health care.
6. Policy:  
A chosen course of action significantly affecting large numbers of people.
7. Process:  
The various diagnostic procedures applied the therapeutic regimens installed and the types of followup or other practices undertaken on behalf of the patient.
8. Programme:  
An organized response to eliminate or reduce one or more problems where the response includes one or more objectives, performance of one or more activities, and expenditures of resources.
9. Standard:  
The expression of the range of acceptable variation from a norm or criterion.

#### 10. Structure:

The characteristics of the providers of care, of the tools and resources at their disposal, and of the physical and organizational settings in which they work.

### Implementation

Implementing quality assurance is the acceptance of a systematic choice making process and continuous evaluation of its outcomes. It should emphasize: voluntary participation, with supportive management resulting in a team rather than an individual pattern of care.

All hospital activities are included and all staff (not only medical) are involved. It should build upon and develop those departmental systems already in existence.

Therefore there is a circle of activities needed going from planning, to executing, evaluating and finally restarting again in a continuous circle of improving care.

### 12.14 Motion in opposition to guide on good pharmacy practice in Europe

(CP 94/132 Final)

Statement concerning the text published by the Pharmaceutical Group of the EU (CP 94/43).

Adopted at the CP Plenary held in Lisbon, 25-26 November 1994, by the CP and the Organisations associated with the CP: UEMS, UEMO, PWG, AEMH, FEMS, CIO, WMA.

The CP, and the associated organisations, meeting in Lisbon on 25 November 1994, considered the text published by the Pharmaceutical Group of the European Union entitled “Good Pharmacy Practice in Europe” (CP 94/43).

The meeting noted the numerous objections which have been expressed to the document by all the CP national delegations and all the Associated Organisations. The meeting further expressed its agreement in the name of all participating bodies that the underlying philosophy of the document is unacceptable as it attributes to the pharmacists in Europe professional responsibility for matters beyond their sphere of competence, including matters which can only be under the responsibility of the patient’s physician.

While noting the positive benefit of a good cooperation between physician and pharmacist in the interests of the patient and agreement with accepted national practice, the CP finds the PGEU document to be in conflict with these interests.

The CP and the Associated Organisations, therefore, hereby express disagreement with the document in question and resolve to bring it to the attention of the Pharmaceutical Group of the European Union and all other relevant sectors to which the PGEU document may have been transmitted.