

Improvement Cymru Academy Toolkit Guide



Six Domains of Quality

Introduction

The six domains of quality are an operational framework for quality improvement set out by the Institute of Medicine (2001). Quality is defined as meeting everyone's healthcare needs consistently every time and all the time. The six domains of healthcare quality are commonly referred to using the acronym STEEEP:

Safety – avoiding harm to services users and staff

Timely – providing care within an appropriate timescale to avoid harmful delays

Effective – providing services or treatments that benefit patients based on scientific evidence and refrain from providing treatments and services that do not benefit patients

Efficient – avoiding any waste that does not add value to the patient or the desired outcome e.g. staffing, money, supplies, time

Equitable – providing care that does not vary in quality because of personal characteristics

Patient-Centred – providing care that is respectful and responsive to patient's values and needs

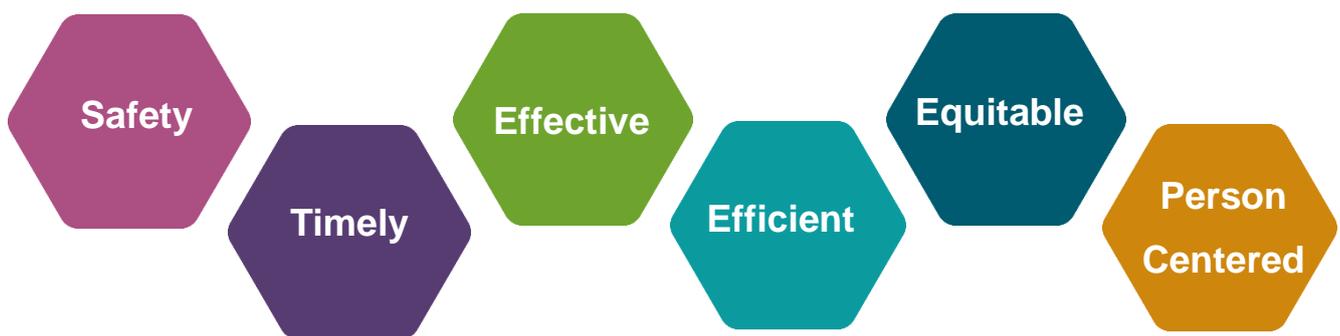


Illustration: Improvement Cymru (2022)

Rationale

The six domains of quality serve as an operational framework for quality improvement. By focussing on each of the domains, healthcare organisations can

improve the quality of services, reduce errors, and provide the same efficient and effective service around Wales that puts the person at the centre. The domains of quality enable healthcare providers to think about how their decisions will improve quality in healthcare, how their decisions will improve the experience of people who use health services and how to sustain improvements that are made.

Background

The six domains of quality were released in a report titled '*Crossing the Quality Chasm: A New Health Care System for the 21st Century*' by the Institute of Medicine (IOM) in 2001. This was in response to a book published called '*To Err is Human*' (Donaldson, Corrigan and Kohn, 2000). The book raised attention to the high volume of patient's deaths from medical errors compared to other causes such as road accidents and breast cancer where there were fewer fatalities. The IOM offered a five-step approach for building a stronger healthcare system in response to this book. The first step of the report listed six aims for improvement for areas where the IOM thought healthcare falls below the level it should be achieving. It has since been adopted by healthcare providers and organisations around the world.

The Welsh Government has published legislation for healthcare quality '*the Health and Social Care (Quality and Engagement) (Wales) Act 2020*'. The six domains are incorporated into this legislation which describe what good healthcare is. The legislation also draws upon six enablers that support and check quality: leadership, workforce, culture, information, learning, improvement and research, and whole-systems perspective. Collectively the six domains and five enablers are known as the quality standards. It is also recognised that some organisations use an additional step within the six domains of sustainability to form STEEEPS, this can be helpful for the organisation and is considered an important element, although this toolkit focuses on the 6 domains as in STEEEP.

When to use the six domains

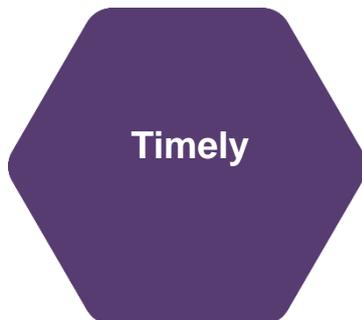
The six domains of quality can be applied to any area of work in every setting of an organisation. When you are providing a service, you should continuously go through

each of the six domains and ask does your service meet the requirements of each the domains. The six domains can also be applied to non-clinical work such as working in administrative roles, hotel services, catering services etc. The six domains could also serve as a communication tool that you can use to develop patient feedback to help patients assess the quality of care, they have received.

How to use the six domains



As healthcare providers you must take all the necessary steps to prevent harm towards patients and staff. Patients must be able to trust that healthcare providers will provide them with safe, high-quality care. Safety means avoiding harm to patients from the services that are meant to help them, while ensuring staff safety. You should ask yourself is the service or care I'm providing safe?



Timeliness refers to patients receiving healthcare within a reasonable timescale. Being timely reduces waits and harmful delays for those who receive services which helps to facilitate safe care. For example, if there are delays in diagnosing a serious illness due to long waiting times for diagnostic tests, this could lead to poorer outcomes for patients. You should ask yourself is the service you're providing for service user within an appropriate timescale?



Effective

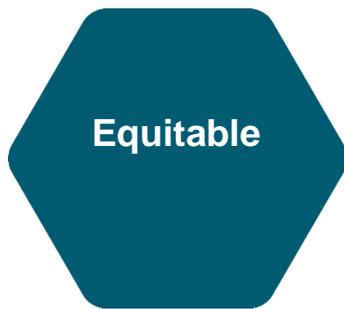
Effective services refer to how well your healthcare service or treatment achieve its intended purpose. Services and treatments are based on scientific knowledge and individualised for patients. They are only given to those who could benefit, and services are not offered unnecessarily. You should ask yourself are you providing an effective service based on the most recent scientific research and current guidance for those who need it?



Efficient

Efficiency refers to how well an organisation or service uses resources to produce the desired output. This could be staffing levels, finance, services provided, processes, equipment used etc.

Being efficient avoids waste of equipment, supplies, ideas, and energy. Are the steps that you take in your process adding value? Adding value means that the resource (e.g. staff, time, finance, supplies) you are utilising is needed to achieve your end goal. Ask yourself does having two members of staff to do a task that requires one staff member add value? Ask yourself are you and your team being as efficient as possible? Do you need to follow every step in a process or are there steps that can be eliminated?



Equitable healthcare services mean that no-one receives better or worse care than another. The World Health Organisation (WHO) defines equity as 'the absence of systemic differences between groups of individuals within a population based on socially determined characteristics.' This includes personal characteristics such as gender, ethnicity, geographic location, or socio-economic status. Ask yourselves, are you providing the same services to everyone you are in contact with? Does the service you provide vary from the same service provided in another health board or trust?



Person-centred care is an approach to healthcare that emphasises the importance of the patient's perspective. Healthcare providers should respect and respond to an individual's preferences, needs, and values, and ensures that the person's values guide all clinical decisions. Ask yourself do you put the person at the centre of the services you deliver?

Falling below standards

If the services, you provide fall below requirements of even just one of the domains then you need to do some work to improve your services. In most circumstances you may find that the domains are interconnected and if you are below expectations in one domain you are highly likely to fall below expectations in another domain.

What next?

Start applying the six domains to your own work and working environment and ask questions about the services you are providing. Are they safe? Are they timely? Are they equitable? Are they efficient? Are they effective? Are they person-centred? If they are not, then start a quality improvement project to investigate why they fall below standards and then test your change ideas to make improvements.

Helpful tips

To start, it is helpful to review services and treatments in your area and ask yourself and other members of the team and patients if you meet the six domains of quality. It is helpful to gather some baseline data to understand the current status of your services so you can understand how far you are from achieving your goal.

Additional resources

<https://phw.nhs.wales/services-and-teams/improvement-cymru/improvement-cymru-academy/> or email us at improvementcymruacademy@wales.nhs.uk to find out about the improvement courses we offer.

Further reading

Donaldson, M.S., Corrigan, J.M., Kohn, L.T. (2000). *To Err is Human*. National Academy Press. UK.

Institute of Medicine. (2001). *Crossing the quality chasm: A new healthcare system for the 21st century*. Washington, DC: National Academy Press

The Health Foundation (2021). *Quality improvement made simple*. 3rd edn. Available at: <https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf> (Accessed 21 Jun 2023)

The King's Fund (2017). *Making the case for quality improvement: lessons for NHS boards and leaders*. Available at: <https://www.kingsfund.org.uk/publications/making-case-quality-improvement> (Accessed 21 Jun 2023)

Welsh Government (2023). *The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023: The Health and Social (Quality and Engagement) (Wales) Act 2023*. Available at: <https://www.gov.wales/sites/default/files/consultations/2022->

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(Accessed 26 Jun 2023)

World Health Organisation (No date). *Health Equity*. Available at:

https://www.who.int/health-topics/health-equity#tab=tab_1 (Accessed 26 Jun 2023)