

Quality of  
service delivery  
systems and  
procedures

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# Challenges for the AT field

- Growing needs with less resources (financial, labour force, expertise)
- Increasing possibilities of technology
- Quality becomes even more important then before

# What is quality?

- Different perspectives:
  - legislative → system is good when the rules and regulations are followed
  - professional → system is good when it provides what I advice
  - organisation → system is good when budgets are not overspent and client are not dissatisfied
  - user perspective → system is good when my problem is solved of when I am treated with respect
- Different indicators: outcome, process, costs.....?
- Different levels: individual – organisation/service – system/legislation

# Starting point

- It makes no sense to develop one 'perfect' system; things can be organised in very many different ways
- In every approach quality is crucial
- Quality can be 'measured' in a generic way
- Doing this may strongly stimulate the field

# The 1992-1994 HEART study

- Description and analysis of existing systems in Europe
- Development of generic quality criteria that can be applied to any system in any situation

# Quality criteria from the HEART study

- Accessibility
- Competence
- Coordination
- Efficiency
- Flexibility
- User influence

# Example: Accessibility

- Access based on individual needs
- One 'door to knock on'
- Users should know where to go
- A clear and understandable process
- Information must be available, easily accessible
- Limits on waiting lists and waiting time
- User should have the right to appeal
- Reasonable financial contributions

# Example: competence

- Centres of excellence should work together
- Education about AT should be in basic education
- Continuing education is necessary
- User should be involved in education
- Prescription should not be based on a medical model



- An information provision infrastructure is essential
- Umbrella organisations should exchange information and expertise
- Good (process) protocols should be available
- Users should be educated to be a partner in the process
- A multidisciplinary approach is desirable

# Are these criteria still relevant?

- Survey among national contact persons AAATE
- Conclusion: Yes, these criteria do still apply and are very relevant

But: they are not really used

# What to do?

- Develop a set of quality criteria and methods to assess quality in different settings (an assessment tool)
- Evaluate your own services
- Obtain data and exchange and publish them → benchmarking
- Develop training modules for different stakeholders involved → a SIG on education? Or on quality assurance?