



EDITORIAL

Towards improving the quality of care in newborns

Hacia la mejora de la calidad de la atención en recién nacidos

All patients who arrive at or are admitted to the hospital or to any type of medical care facility should be provided with the best care possible given the resources available, independent of the level of care. When an attempt is made to carry out medical interventions in accordance with international standards, it is then very possible for patients to recover their health status without complications and with low morbidity and mortality, and also that they are satisfied with the care provided. However, in order for a medical care facility to offer good quality of care, different elements are required.

Taking into account the model of “structure-process-outcomes” proposed by Avedis Donabedian to achieve good health outcomes, it is necessary that there be sufficient and updated resources (examination rooms, medical equipment, laboratory facilities, X-rays, among others) and that the physicians have the ability to carry out accurate diagnoses as well as to prescribe appropriate treatments according to the patient’s condition.^{1,3}

A theoretical approach that has gained acceptance in recent decades, particularly in what refers to quality of care in the field of health, is that which is derived by dividing the quality of care into two dimensions: accessibility and effectiveness. In turn, effectiveness can be subdivided into both technical and interpersonal. In light of this focus, a health organization will provide quality when it facilitates access to services and has competent care in the area of diagnostics and therapeutics as well as treating patients with respect and due consideration. In this context, to determine the degree of quality of care provided in medical hospitals, for many years diverse methods for measuring quality of care have been implemented worldwide with two fundamental goals. The first consists in evaluating the quality of care to learn if the standards that determine good quality of care are met; the second is geared to identify failures in the service provided so as to propose modifications to improve care.

In general terms, within the methodology to measure quality of care, indicators are used that evaluate the components that characterize health care. From the clinical point of view, the most frequently measured indicators are morbidity and mortality that occur in medical hospitals. These are regarded as indicators of outcome, i.e., to determine overall the manner in which services are provided.

However, these types of indicators may not be appropriate in hospitals referred to as second- or third-level of care where patients who are treated have higher rates of mortality and morbidity with a tendency for serious illnesses or co-morbidities, particularly for those treated in a third-level care hospital. In this sense, the higher morbidity or mortality may be explained by the patient’s condition more than by the quality of care. However, this does not mean that the quality of care should not be evaluated but that these indicators do not entirely reflect the manner in which health services are provided and, for this reason, it is necessary to use another type of indicators.

There should also be indicators both for the hospital structure as well as for the technical/medical processes and as well for the complexity of patients who arrive for treatment in order to determine in each case those areas where it is necessary to implement actions to improve the quality of care.^{4,5}

In the present issue of *Boletín Médico del Hospital Infantil de México*, Perez-Cuevas et al. describe the process of care in newborns (NB) with necrotizing enterocolitis (NEC). These patients were seen in 61 hospitals affiliated with the program of “Medical Insurance for a New Generation.” The authors reviewed 262 medical records in which the components of the technical-medical processes when providing care to these children were analyzed, from preventive measures and methods to reaching a diagnosis through carrying out the therapeutic actions.⁶ Although a great variation was observed in each of the three aspects that were analyzed, the most important contribution of this study was that which

