



# ‘Üçlü Amaç Çerçevesi’ nin kaliteyi iyileştirme ve hasta güvenliği için uygulanmasının önündeki engeller

## *Barriers associated with the implementation of ‘Triple Aim Framework’ on quality improvement and patient safety*

Abeer Ajaz<sup>1</sup>

Sajjan Iqbal Memon<sup>2</sup>

Rubab Jameel<sup>3</sup>

Hafsa Syed<sup>4</sup>

Kinza Amin<sup>5</sup>

<sup>1)</sup> Chiniot General Hospital, Department of Quality & Patient Safety, Karachi, Pakistan.

<sup>2)</sup> Chiniot General Hospital, Department of Quality & Patient Safety, Karachi, Pakistan.

<sup>3)</sup> Chiniot General Hospital, Department of Quality & Patient Safety, Karachi, Pakistan.

<sup>4)</sup> Core Health Care Group, Physiotherapist, Sydney, Australia.

<sup>5)</sup> The University of Lahore, Department of Mathematics, Lecturer, Punjab, Pakistan.

### İletişim adresi:

Sajjan Iqbal Memon

E-mail: sajjan.memon@yahoo.com

Geliş tarihi: 04/11/2024

Kabul tarihi: 17/11/2024

Yayın tarihi: 30/12/2024

**Alıntı Kodu:** Ajaz A. ‘Üçlü Amaç Çerçevesi’ nin kaliteyi iyileştirme ve hasta güvenliği için uygulanmasının önündeki engeller. *Turk Fam Phy* 2024; 15 (4): 189-192. Doi: 10.15511/tjtfp.24.00489.

This article is published online with [Open Access](#) and distributed under the terms of the Creative Commons Attribution Non-Commercial License 4.0 (CC BY-NC 4.0).



## Özet

Sağlık bakım maliyetlerini düşürmeyi, hasta deneyimini iyileştirmeyi ve toplum sağlığını geliştirmeyi amaçlayan Üçlü Amaç Çerçevesinin pratikte uygulaması farklı sağlık sistemlerinde engellerle karşılaşmaktadır. Editöre gönderilen bu mektup, Üçlü Amaç'ın kalite iyileştirme ve hasta güvenliği programlarında etkili bir şekilde uygulanmasını engelleyen çeşitli faktörleri kapsamaktadır. Ana engeller arasında kaynakların etkili bir şekilde yönetilmesindeki zorluklar, zayıf liderlik ve sağlık programlarının entegrasyon eksikliği yer alıyor. Ayrıca destekleyici bir çalışma ortamına duyulan ihtiyaç ve stresin sağlık çalışanları üzerindeki etkileri, bakım standardını etkileyen önemli unsurlar olarak vurgulanıyor. Tek bir hatanın olumsuz sonuçları olabileceği için hasta güvenliğinin Üçlü Amaç Çerçevesine dahil edilmesi zorunludur.

**Anahtar kelimeler:** Üçlü Amaç, kalitenin iyileştirilmesi, hasta güvenliği, sağlık sorunları, kaynak yönetimi

## Summary

The practical implementation of the Triple Aim Framework which seeks to lower healthcare costs, improve patient experience, and promote population health also encounters obstacles in different healthcare systems. This letter to the editor covers the various obstacles that prevent the Triple Aim from being applied effectively in quality improvement and patient safety programs. The main obstacles include the difficulties of effectively managing resources, poor leadership, and a lack of integration of healthcare programs. Furthermore, the need for a supportive work environment and the effects of stress on healthcare professionals are emphasized as crucial elements affecting the standard of care. Since an error can have negative consequences, it is imperative that patient safety be incorporated into the Triple Aim Framework.

**Anahtar kelimeler:** Triple Aim, quality improvement, patient safety, healthcare challenges, resource management

**Alıntı Kodu:** Ajaz A. 'Üçlü Amaç Çerçevesi'nin kaliteyi iyileştirme ve hasta güvenliği için uygulanmasının önündeki engeller. *Turk Fam Phy* 2024; 15 (4): 189-192. Doi: 10.15511/tjtfp.24.00489.

This article is published online with [Open Access](#) and distributed under the terms of the Creative Commons Attribution Non-Commercial License 4.0 (CC BY-NC 4.0).



## Dear Editor,

The Triple Aim Framework seeks to optimize health system performance through three interconnected objectives: improving population health, enhancing patient experience, and reducing per capita costs. However, its implementation faces several challenges, particularly in primary healthcare settings. Research by Oboler et al. demonstrates that many organizations struggle to implement the framework effectively, indicating significant operational challenges and the need for strategic planning to address potential trade-offs among the three aims.<sup>(1)</sup>

According to the *Institute for Healthcare Improvement*, misaligned incentives, fragmented care delivery, and financial constraints make Triple Aim Framework implementation difficult therefore, overcoming data limitations, cultural opposition, and institutional inequalities are necessary to improve population health, patient care experience, and costs in which IHI supports cooperation, leadership, and value-based efforts to tackle these challenges and boost sustainability.<sup>(2)</sup>

The complexity of implementation is compounded by healthcare organizations often addressing these aims independently rather than through an integrated approach, which can lead to conflicting outcomes.<sup>(3)</sup> This siloed approach undermines the framework's fundamental principle of simultaneous pursuit of all three aims.<sup>(4)</sup>

Moreover, the pursuit of the Triple Aim has revealed substantial gaps in research and practice,

particularly regarding the economic evaluation of healthcare interventions.<sup>(5)</sup> There is indeed a need to emphasize the necessity for comprehensive studies that identify effective implementation strategies.

The application of Triple Aim is regulated by Government, commercial, or mixed entities depending on the situation and the Government-led frameworks often have regulatory oversight and detailed policy implementation. Triple Aim programs require the oversight of an independent health improvement agency or a collaborative network. This body should be multidisciplinary and open to ensure resource distribution and local medical requirements.

In addition to these operational challenges, integrating patient safety within the Triple Aim framework presents another significant consideration.<sup>(6)</sup> Patient safety initiatives must align with the framework's goals to ensure that improvements in care quality do not inadvertently compromise safety standards.<sup>(7)</sup> Evidence has also suggested that a robust safety culture is essential for achieving sustainable quality improvements in healthcare settings.<sup>(8)</sup>

In terms to enhance patient safety and fostering improvement-oriented culture, Root Cause Analysis (RCA) is a key method for addressing adverse events in healthcare that helps in identifying root causes and contributing factors within systems, leading to targeted actions that enhance patient safety. RCA encourages proactive improvements, guiding healthcare teams to create solutions aimed at preventing future incidents and fostering a safer healthcare environment.<sup>(8)</sup>



Therefore, we recommend advancing Triple Aim efforts by establishing i) integrated leadership teams consisting of government, healthcare, and community representatives. ii) Implementation models that should account for regional healthcare requirements and resources. iii) Data-driven approaches to evaluate Triple Aim applications through advanced data analytics, enabling the simultaneous measurement of patient safety, population health, and cost-effectiveness iv) A supportive workplace to reduce stress among healthcare professionals is crucial, as provider well-being has a significant impact on patient safety.

In conclusion, while the Triple Aim framework offers a promising approach to healthcare improvement, its implementation requires careful consideration of the interplay between its components. Success necessitates commitment to integrated strategies that prioritize patient safety, provider well-being, and effective resource allocation.

**Funding:** None declared.

**Conflict of Interest:** The authors declare that they have no competing interests.

## References:

1. Obućina M, Harris N, Fitzgerald A, Chai A, Radford K, Ross A. et al. The application of triple aim framework in the context of primary healthcare: a systematic literature review. *Health Policy* 2018;122(8):900-7.
2. Triple Aim for populations. Institute for Healthcare Improvement, Cambridge (MA). Available from: <https://www.ihl.org/improvement-areas/improvement-area-triple-aim-and-population-health> on 12.09.2024.
3. Hinshaw P. Understanding the triple aim. *Nursing Management* 2011;42(2):18-9.
4. Triple Aim for populations. Ryan B, Brown J, Glazier R, & Hutchison B. Examining primary healthcare performance through a triple aim lens. *Healthcare Policy | Politiques De Santé* 2016;11(3):19-31.
5. Bodenheimer T. and Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *The Annals of Family Medicine* 2014;12(6):573-6.
6. Merry A, Shuker C, and Hamblin R. Patient safety and the triple aim. *Internal Medicine Journal* 2017;47(10):1103-6.
7. Sammer C, Lykens K, Singh K, Mains D, & Lackan N. What is patient safety culture? a review of the literature. *Journal of Nursing Scholarship* 2010;42(2):156-65.
8. Iqbal Memon S. and all. Does Root Cause Analysis improves patient safety? *Jour Turk Fam Phy* 2024;15(1):44-7.

**Ahntı Kodu:** Ajaz A. 'Üçlü Amaç Çerçevesi' nin kaliteyi iyileştirme ve hasta güvenliği için uygulanmasının önündeki engeller. *Turk Fam Phy* 2024; 15 (4): 189-192. Doi: 10.15511/tjtfp.24.00489.