This paper is a review of quality assessment methods, which discusses what to assess, where the information comes from, the nature of the criteria and standards, the sampling of care, and the reliability and validity of the measurement scales. Future work is proposed. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited in over 205 publications since 1966.]

Avedis Donabedian
School of Public Health
University of Michigan
Ann Arbor, MI 48109

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"When a student at the Harvard School of Public Health, I wrote a paper on quality assessment for my teacher Franz Goldmann. Soon afterward, I became a rather junior participant in a research effort, led by Leonard Rosenfeld, to develop indicators of need and unmet need for medical care in the Boston area. A study of the quality of hospital care was one part of this program of studies. Though I was not, myself, involved in this, I heard a lot about the study, and must have become intrigued by the subject. I was, therefore, well primed when, some years later, I was asked, I believe at Rosenfeld's instigation, to review and evaluate the then rather limited literature on quality assessment.

"My contribution was to be only part of an ambitious project initiated by the Health Services Research Study Section of the US Public Health Service under the chairmanship of Kerr L. White. Almost the entire field of health services research was to be scrutinized, using for the purpose a series of 15 commissioned papers, each by an expert in some designated part. I did not see myself as an expert in quality assessment, and it became apparent at the planning meetings of the group of authors and administrators that few others did. I had been selected perhaps because no one else was available, and there was even some doubt as to whether or not the job could be done at all. I remember Richard Weinerman detailing the many pitfalls that I was about to face, and asking how I proposed to handle them. 'By not falling into them,' I said, throwing caution to the wind. Saved by laughter.

"The paper came at a critical juncture. Efforts to assess the quality of medical care were beginning to gather strength. In another few years, the federal government was to throw its full weight behind the enterprise. And yet, there was at the time no well-organized picture of what quality assessment meant. The paper supplied the much needed organizing framework for past and future studies of quality, and it provided the nomenclature that permitted intelligent discussion. Much of the current language of quality assessment has its roots in this paper, even though many who use the language are not aware of what a recent invention it is.

"With two major exceptions, the paper proved to have been conceptually comprehensive as well. At that time, quite by design, I took the relationship between good care and its outcomes as a given, and I excluded a consideration of monetary cost. I have since added these two components to a more comprehensive model.'\[1\]