QUALITY MANAGEMENT IN HEALTHCARE: CONCEPTS, PRINCIPLES AND STANDARDS

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Abstract. *The doctrinal concept of "quality" has been the subject of various scientific researches and has been studied by many legal theorists. International organizations, standards and legislation make it possible to combine the efforts of all countries in carrying out measures to ensure the quality and safety of food products and prevent common diseases associated with the problems under consideration. This article focuses on the first empirical study conducted during this research project, which is aimed at improving the value of quality of health services. The aim of this research is to analyse the process of quality management in healthcare. The World Health Organization, the Economic Cooperation and Development Organization and the International Bank for Reconstruction and Development, etc., in the publication "Providing quality health services: a prerequisite for universal health at the global level" note that: "the quality of health care is determined by the degree to which health services for individuals and population increase the likelihood of achieving desired health outcomes and reflect existing professional knowledge." Different methods were used to achieve the aim of the research, such as the content analysis of legislative acts on the quality assessment of services provided by medical organizations, literary and electronic resources. The quality management system in many countries of the world is a compulsory component of the healthcare system in general and of individual medical organizations in particular. To improve the quality of healthcare, medical organizations integrate the indices of the quality of healthcare services, general patient satisfaction and incentive pay system indicators. Having analysed the quality indices of healthcare systems in Turkey, Sweden, Denmark, France, Germany, Israel, Scotland, Switzerland, the Netherlands, the USA, Italy, China, Russia and the Republic of Moldova, one can distinguish a number of main criteria for the quality of healthcare, such as: patient satisfaction and safety, population health indicators, medical documentation and the lack of patient complaints.*

Keywords*:* management system, International Bank, international organizations.

Introduction. The doctrinal concept of "quality" has been the subject of various scientific researches and has been studied by many legal theorists. International organizations, standards and legislation make it possible to combine the efforts of all countries in carrying out measures to ensure the quality and safety of food products and prevent common diseases associated with the problems under consideration.

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Research methods. Different methods were used to achieve the aim of the research, such as the content analysis of legislative acts on the quality assessment of services provided by medical organizations, literary and electronic resources.

Approaches to quality management in healthcare. Many countries of the world are nowadays developing a strategy for the healthcare system [19], development and focus primarily on indicators of the quality of medical care [1] and, as a result, on improving patient satisfaction [21].

The International Quality Indicators Program (IQIP) enables the analysis of the healthcare quality [29].

The Quality Indicator Project began in the United States in 1985 to assist hospitals in identifying opportunities for improvement in patient care. Initiated by the Maryland Hospital Association to help its member hospitals, the Project quickly gained popularity. It now includes more than 500 health care organizations worldwide. Health care organizations outside of the United States have participated in the Quality Indicator Project since 1991. As global interest in the Project increased, the Maryland Hospital Association decided in 1997 to create a separate initiative to focus on the needs of international participants.

The International Quality Indicator Project (IQIP) offers health care organizations outside of the United States the ability to participate in the Quality Indicator Project, enhanced by the flexibility to customize the Project to meet their local requirements and independent needs [13].

Using the same rigorously-defined clinical and administrative indicators with field-demonstrated validity as the Quality Indicator Project, the IQIP allows hospitals, psychiatric care (behavioral health) facilities, long-term care facilities, and home health care agencies to measure themselves against both their own performance over time as well as an aggregate database. The motivating factor behind the IQIP is not the data, but discovering the “why” behind the data. To this end, the IQIP encompasses much more than data collection software and reports. The IQIP provides educational materials, conducts user groups and training sessions, shares case studies of other IQIP participants, and assists in participants’ benchmarking and networking activities [12].

The World Health Organization manages the "Clinics Assessment System" to improve their performance (PATH) [19; 26]. The World Health Organization (WHO) Regional Office for Europe launched in 2003 a project aiming to develop and disseminate a flexible and comprehensive tool for the assessment of hospital performance and referred to as the performance assessment tool for quality improvement in hospital (PATH). This project aims at supporting hospitals in assessing their performance, questioning their own results, and translating them into actions for improvement, by providing hospitals with tools for performance assessment and by enabling collegial support and networking among participating hospitals.

The development process of the PATH framework included reviews of the literature, workshops with international experts and a survey in 20 European countries. Thirty-one experts coming from fifteen different countries (western and central European countries, Australia, South Africa and North America) and representing most valuable experiences on hospital performance worldwide met in four workshops. These experts built the framework based on evidence gathered in background articles and on their own experience.

A conceptual model of performance was elaborated to identify dimensions and sub-dimensions of performance. Next, a list of 100 hospital performance indicators was identified through a review of the literature. Indicators were assessed against a series of criteria by the expert’s panel through a nominal group technique. Indicator selection was based on evidence

gathered through the previous review of the literature and on the survey carried out in 20 countries.

This process was iterative in the sense that even though agreement on the conceptual model preceded and guided indicator selection, analysis of the evidence on various performance indicators led to refinements on the conceptual model. Furthermore, even though the main process of indicator selection was one of progressive elimination starting from a comprehensive set to a parsimonious one limited to a range of 20-25 indictors, new indicators had to be sought and introduced throughout the process as new evidence was gathered. PATH has subsequently been pilot implemented in six countries: Belgium, Canada, Denmark, France, Slovakia and South Africa [12].

For this project, an international panel of experts agreed on the following definition of hospital performance.

"A satisfactory level of hospital performance is the maintenance of a state of functioning that corresponds to societal, patient and professional norms. High hospital performance should be based on professional competences in application of present knowledge, available technologies and resources; efficiency in the use of resources; minimal risk to the patient; responsiveness to the patient; optimal contribution to health outcomes. Within the health care environment, high hospital performance should further address the responsiveness to community needs and demands, the integration of services in the overall delivery system, and commitment to health promotion. High hospital performance should be assessed in relation to the availability of hospitals' services to all patients irrespective of physical, cultural, social, demographic and economic barriers" [19].

It highlights that performance is a multidimensional construct. Six dimensions of performance were identified: clinical effectiveness, efficiency, staff orientation, responsive governance, safety, patient centeredness. Safety and patient centeredness are two transversal perspectives that cut across all dimensions of performance (Fig. 1). For instance, patient safety (e.g. medication errors) is a safety perspective on clinical effectiveness and staff safety (e.g. occupational injuries) is a safety perspective on staff orientation. A specific conceptual model was designed for each dimension. Each model highlights sub-dimensions and how the dimension relates to other.

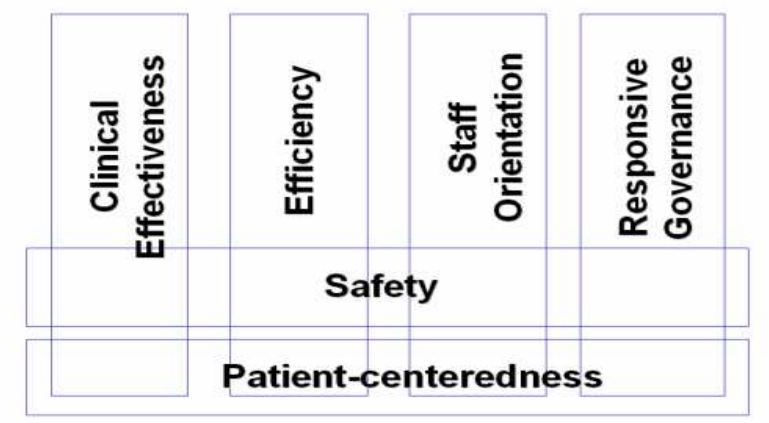


Figure 1. The PATH conceptual model

Sursa: [19]

The Health Information Institute is organized in Canada to benchmark the quality of healthcare [25].

The Canadian Institute for Health Information (CIHI) is responsible for the collection and reporting of health workforce information for 30 health professions in Canada – including dental hygienists. Their publications provide a pan-Canadian picture, and provincial/territorial breakdowns of various health professions in Canada. This information is pivotal for health system planning and decision making [20].

There are several databases of comparative information on medical institutions in the United States: "100 Leading Clinics" [1], "Best Clinics" (US News & World Report) and the federal governmental site Hospital Survey [10].

Truven Health Analytics is an IBM Watson Health company that offers healthcare data and analytics services. It provides information, analytic tools, benchmarks, research and services to a variety of healthcare institutions, including hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, biotech and medical device companies [22].

The comparative analysis of the healthcare quality in the UK is carried out as part of the (NHS) National Health System Program [17], as well as under the program (CHKS) "Leading Clinics" [9].

Israel has built one of the most efficient healthcare systems in the world. Israeli medicine is famous for its innovative technologies and techniques. It is included in the top-3 most attractive countries for medical tourists. Over the past 15 years, it has become possible to reduce mortality from cardiovascular diseases by 50% in this country.

The Department of General Medicine of the Israeli Ministry of Healthcare manages the quality of medical services in all hospitals in the country in public and private sectors. Medical institutions in Israel must obtain a license to carry out activities before they open and they must strictly comply with the quality and safety standards adopted at the legislative level during the process of work.

Specialists of the Ministry of Healthcare inspect clinics 2-3 times a year (the number of inspections is determined by the size of the hospital). Before opening a new branch, there are planned inspections and unplanned ones, organized due to some unforeseen circumstances. There are 35 areas of hospital activity which are inspected (such as management, security, infrastructure, infections) and this ISO is constantly expanding, for example, IT safety of clinics has recently been added to the checklist.

There is a checklist of indicators for each inspected area. The highest score is the standard that, according to the medical regulator, all clinics in Israel should strive for. At the same time, the parameters of control are not kept secret, all control lists are published on the website of the Ministry of Health. Thus, the institution has the opportunity to get ready for the inspection on the given points of assessment. The results of the inspection, including recommendations for the identified shortcomings elimination, are also published on the agency's website and are available to all interested persons.

The country health system uses ISO International Organization for Standardization quality certification, however, it serves more to evaluate logistic parameters rather than clinical ones. Therefore, since 2007, hospitals in Israel have started accreditation according to the JCI (Joint Commission International) standard [16], and since 2012 this procedure has become mandatory for obtaining a clinic license. It is still optional for existing hospitals, although more than 30 Israeli medical institutions have already confirmed compliance with JCI standards. That is to say that few remain without accreditation.

Any health care organization may apply for JCI accreditation if it meets the following requirements:

1. The organization is located outside of the United States and its territories.

2. The organization is currently operating as a health care provider in the country, is licensed to provide care and treatment (if required).
3. The organization provides services addressed by the current JCI accreditation standards.
4. The organization assumes, or is willing to assume, responsibility for improving the quality of its care and services.
5. The organization is open and in full operation, admitting and discharging a volume of patients that will permit the complete evaluation of the implementation and sustained compliance with all current JCI accreditation standards.
6. The organization meets the conditions described in the current Accreditation Participation Requirements (APRs) [16].

The main aim of accreditation is to reduce the risk of harm to the patient. But it is also a strategy that helps organize the proper operation of the clinics and increases the likelihood of achieving the desired results. It has advantages for both employees (clear workflows, clear share of responsibilities, expansion of powers, reduced terms for qualification) and management staff (effective tools for process management, consistent standards, routing procedures and risk reduction, international recognition of the provided services quality).

Accreditation of public hospitals is funded by the Israeli Ministry of Health. At the same time, international standards are adapted to the legislative base of the state.

According to Dr. Liveant-Taub Sigal, the director of the Department of General Medicine at the Israeli Ministry of Health, despite the high degree of responsibility and control "we cannot rely only on the results of inspections and accreditation. It is necessary to lead a constant work in these areas. " Therefore, when asked how to overcome the resistance of clinic specialists and make them like-minded, she answered that these changes require a lot of work "changing the culture of providing medical services is Sisyphus work. But the process is much more effective if the state puts this in priority. Medical staff in Israel is generally less open to changes. But if the clinic management understands these processes and believes in them, then the quality system will be implemented at all levels" [19].

The above-mentioned systems of comparative assessments allow the development of indicators of the medical organization performance and the formation of key indicators of the healthcare quality in order to achieve the sustainable development of the organization for a long period of time.

The quality management system in many countries of the world is a mandatory component of the health system in general, and individual medical organizations in particular. On the one hand, the main differences of quality management systems are in the feedback mechanism (patient and physician satisfaction study) and, on the other hand, in the mechanisms of organizational improvement of the quality management system. Medical organizations integrate quality of care, patient satisfaction and incentive pay indicators to improve patient care [7].

A quality management system (QMS) is a set of methods, processes and resources that are necessary for the overall management of the quality of services provided by a particular organization.

Having analyzed the quality indicators of healthcare systems in Turkey, Sweden, Denmark, France, Germany, Israel, Scotland, Switzerland, the Netherlands, the USA, Italy, China, Russia and the Republic of Moldova [3; 4; 5; 6; 14; 15; 18; 23; 24; 28], there can be distinguished a number of main criteria for the quality of medical care, such as:

1) patient satisfaction;
2) patient safety;

3) population health indicators;
4) preparation of medical documentation;
5) lack of patient complaints.

These indicators are included in the quality assessment control of the medical services by third parties, i.e. during accreditation. They do not reflect the performance indicators of the quality management system of medical services within the organization, although namely these indicators are the minimum licensing requirements for the quality of medical services (Fig. 2).

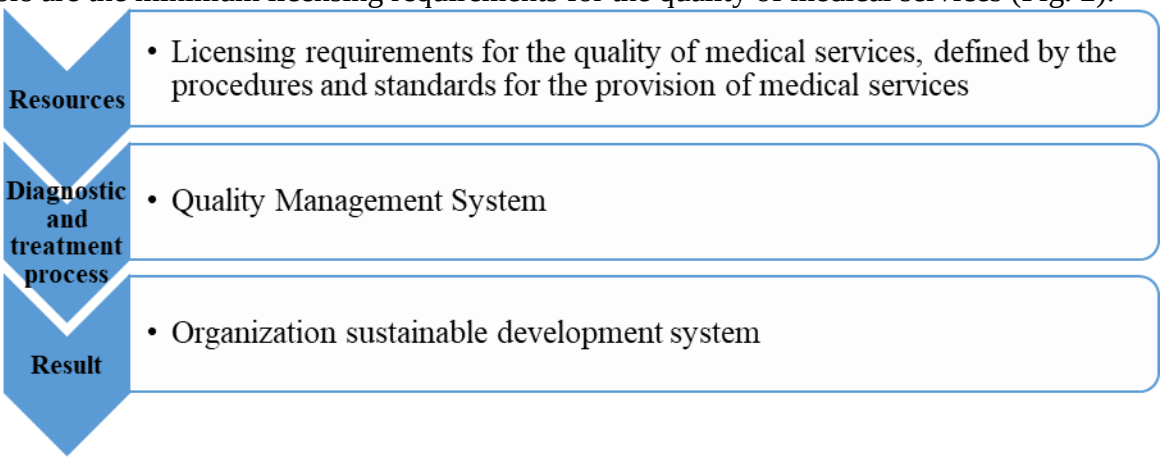


Figure 2. The main models of quality management in healthcare organizations
Sursa: [27]

Such system allows [27]:

- to create an organizational culture within the medical organization that contributes to the improvement of quality;
- to face adequately the changes in the external environment of the organization;
- to analyze possible risks;
- to clearly distribute the functions and responsibility for quality within the medical organization;
- to involve medical and auxiliary personnel in the implementation of the quality system concept;
- to review the organization's logistical base to improve the quality of medical services.

Conclusions. On the basis of all the above mentioned, it should be noted that the results of the quality management system implementation in the healthcare system will be:

1. Increase of the level of competence of the medical organization management.
2. Improvement of the medical and auxiliary personnel competence in the quality of medical services.
3. Improvement of the medical efficiency of the organization.
4. Improvement of the social efficiency of the organization.
5. Improvement of the cost-effectiveness of the organization.
6. Improvement of operational efficiency of the organization.
7. Improvement of organizational mechanisms for patient routing.
8. Increase of the efficiency of personnel management.

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