

## QUALITY IN HEALTH SERVICES MANAGEMENT

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### Abstract

The service sector plays an increasingly large modern market economies. By being unable to provide customers a tangible product in the hands of service providers makes the situation more difficult. Their success depends on customer satisfaction, which expect a certain benefit for the money paid, on quality, on mutual trust and many other attributes. What is very interesting is that they may differ from client to client, and there is no guarantee satisfaction to all customers, even if the service provided is the same. This shows the complex nature of services and efforts on service providers would have to be made permanent in order to attract more customers.

This paper addresses the issues of continuous quality improvement of health services as an important part of the services sector. Until recently, these services in Romania although under strict control of the state, had a large number of patients who are given very little attention, which is why quality improvement acesoraa was compulsory. Opening and changing economic environment, increasing customer demands, forced hospitals that serve as a nodal point between these services and their applicants to adopt modern management methods and techniques to become competitive and to give patients the quality service expected.

Modern society has always sought to provide the means to ensure good health closer to the needs of modern man. These have become more complex and more expensive and naturally requires financial resources increasingly mari. Este why, every time, all the failures alleging lack of money and resources in general. Is it true? Sometimes yes, often, no! The truth is that human and material resources are not used in an optimal way. The answer lies mainly in quality management. We will see what should be done in this regard.

**Keywords:** TQM, health services, customer orientation, patient satisfaction, continuous improvement

**Classification JEL:** I10, I18, M19.

## 1. INTRODUCTION

Rapid changes in social and economic environment, rapidly evolving medical technologies lead to changes in perception of quality of care. Thus, the quality of health services in general and quality of care, especially in the current economic climate acquires new dimensions, which should boost confidence and lead to improved performance. Modern society has always sought to provide the means necessary to ensure a healthy condition as close to actual needs and objectives. These have become more complex and more expensive requesting allocation of resources increasingly important, which most often are not sufficient or missing. But are used in an optimal way scarce resources ?

Opening and changing economic environment, increasing customer demands to the conditions in hospitals, hub between these services and their applicants, they force them to adopt modern management methods and techniques to become competitive and provide better quality. Therefore, the solution lies mainly in quality management [6].

## 2. QUALITY DIMENSIONS IN MEDICAL ACT

The dimensions of quality and its parameters are useful tools in defining and analyzing problems and results in healthcare and its degree of achievement of the standards.

Some of the most important dimensions of quality [3] of care are:

- Safety - potential risk of medical intervention should be avoided or minimized both the patient and the service providers;
- Professional competence - consisting of knowledge, skills, capacity, performance providers of such services from managers and support staff to contributing to the proper performance of the service provided;
- Acceptability - services provided to meet the expectations of customers, suppliers, and those who provide financing;
- Effectiveness - services, interventions or actions of all kinds to determine the desired results;
- Relevance - services to meet the needs of patients and meet the standards set out above;
- Efficiency - desired results, cost optimization and resource efficiency;

- Accessibility - the patient can get the desired service at the right place at the right time according to the needs felt. This means no restrictions in terms of: geographical, economic, social, cultural, organizational or language barriers;
- continuity - the ability to provide continually and in a coordinated services. Lack of continuity may compromise the effectiveness and efficiency, while reducing the importance of interpersonal relationships;
- Interpersonal relationships - refers to the relationship between doctors and patients, managers and physicians, management team and the community;
- Patient satisfaction - refers to the extent that there are changes for the better health of patients leading to meet their expectations [2];
- Collaboration patient - is the degree to which the patient accepts and applies care plan agreed with the attending physician [2].

Focusing on improving medical acts prevention and health surveillance throughout life is the way to performance and competitiveness in the sector.

### **3. THE UNIQUENESS OF HEALTH SERVICES**

The service sector plays an increasingly important role in modern market economies. By being unable to provide a tangible product in the hands of customers it is for manufacturers / suppliers look more difficult. Their success depends on customer satisfaction, based on the value received for the money paid, based on quality, mutual trust and many other attributes. What is very interesting is that they can be different from one client to another and no one can guarantee satisfaction to all customers, even if the service provided is the same. This shows the complex nature of health services and efforts that their suppliers have to make permanent to satisfy as many customers.

Health services have a unique character [1]. By their very nature, they differ from all other services because here the client's life is at stake. Another important aspect is that they do not come here for pleasure, but only needed when you happen to be. Whatever stress medical community might put emphasis on preventive measures, given that most applicants are far from preventive health care awareness. In most cases, it is the State's responsibility to take care of its citizens as well as the providers of these services they offer "free".

This is achieved through a national network of hospitals [4]. They are the focal point between patient and provider. This is the place that hosts human resources needed to provide life and health insurance to their customers. This is where you seek refuge when you go through hard times. Then this place is an institution in which the patient, after being treated, to go home in better shape. So, naturally, want it or not, hospitals are an important part of our lives. No one can boast that does not need the services of these institutions.

### **4. HEALTH RESOURCES MANAGEMENT OPTIMIZATION**

Until very recently, medical services in Romania were a state monopoly. People have been waiting for the state to provide better medical services, which is not happened. With the change of political system of government appeared hope that privatization could lead to better care [2]. With the change of government in 1989, and now, especially after November 1996, the government relaxed regulations on market entry for private providers of health services. Many new clinics with relatively high rates occurred in cities that usually are nothing but a group of medical personalities offering private consultations. But what is still missing is the existence of private hospitals. They do not have enough facilities to domestic and treat patients. The result is that the patient is sent back to the same government hospital. Although there were several changes in the health sector, there is still much to do. Hospitals are organized on the same old model directly under the guidance of the Ministry of Health. Local departments of health services, though it is said to be an autonomous body, independent, in reality they are all under the direct control of the Ministry in Bucharest. Powers are not decentralized. Most directors hospital, although following a competition, are referred to as relative weight of political connections while administrative capacities / management are still questioned.

In a changing economic environment, particularly when necessary changeover from the state to a market economy system, much of the blame, sometimes unfairly criticized by lack of resources. Every time is blamed lack of money, lack of everything is blamed on lack of money! It's true? Well, money is the basis of providing a better infrastructure, especially its equipment, but seldom has the same importance to system management. A good system for quality, not only needs money [4]. What is needed for quality are both good resources and efforts to match. Resource scarcity quality materials is offset by good training for doctors. We tried to ask what quality can still get what we have ?

The answer is simple and easy. Times have become complex. Man is subjected to more stress in difficult situations and is more prone to become ill. Hospitals are about the same number of quite a number of good years. They should respond to the increasing number of patients with the same infrastructure, without being capable of this especially if you talk about quality. Their administration lacks specialists to manage them properly. In most cases they are managed unprofessional adeseri by trial. So human and material resources are not optimally used.

Therefore, no response - output may not be as.

We can solve this problem? The answer is yes. The easiest way would be to pump more money, more resources, better infrastructure. But this is not possible due to lack of funds. The most effective way is to bring art and science of management in hospital management. Abroad the last 30-40 years, there is already a well established system of hospital management, management that proved extremely useful in the Catholic Church or the army. What exactly is hospital management? In simpler words, the application of the principles of management of the health care provider at the planning stage in their everyday. A clear indication of the success of the hospital management is the renaming of customer and mostly patient smile on his face when he left the hospital.

What is the basis of good management of the hospital [1]?

-A qualified team of specialists first, headed by a director, who has postgraduate qualifications in management (medical studies, with Masters in Business Administration is a very good combination). After clearly defining the mission hospital planning both short and long term is a necessity. Good planning is the beginning of a proper management.

The function of managing requires leadership from the director and the spirit of team work in perfect harmony between people interact, communicate and work together to provide a quality service. Outlook must be the most dynamic function among other management functions and provides a practical form of efforts that give rise to a particular service. Control comes naturally after the service has been performed. This function ensures that provides services to the standards set, resources are employed as rationally etc. Most often control is seen as a negative process, which is used to punish the guilty. In fact, the main purpose is not as punishment, but should be an ongoing process of correction of errors present them avoid future ones.

Applying hospital management methods and principles discussed above are required to have better institutions, which could serve people better [4]. But it serves a purpose this improvement? Not. Furthermore, by opening the closed economic system, there have been many private hospitals and others will follow due to increased customer demand and profits in the sector attractive. This will lead to competition among medical services providers. As in other sectors and this competition should be allowed because it helps customers get better care. Once the number stabilizes, competition will not be based on price, but quality. Those who give better quality will survive, and the rest will be forced to close. So the solution is clear: Someone has to provide quality services. But it is easier said than done. Quality simply does not happen. It must be created and managed at each stage to the need for quality in general.

## 5. TQM IMPORTANCE IN HEALTH

Quality management has been discussed by many experts in the world. In this regard, efforts Juran [5], Deming, Crosby etc. They are well known. Although none of them used the term TQM, it represents the true spirit of their work. Coming from different disciplines, P. Crosby because of his obsession for quality, chose to quality consultant, it has been left to the manufacturing department. Under careful supervision in each department by which the past has been verified product quality from the customer's perspective which it is addressed. Thus was born the concept of internal customer. This meant that each department has a customer organization and so on. This chain of relationship provided in step fiare best quality products and services. TQM has become very popular lately [5], starting from different industries in the various nations of the world. The biggest success stories come from the USA and Japan. There TQM has proven to be very effective, especially in service industries such as hotels and banking. Gradually, its use has spread in health care to hospital management.

What is meant by TQM? It is a philosophy to get better and better results continuously through total quality management. This is possible by accepting orientation towards quality in a comprehensive way by every person in the organization. The concept of internal customer is very important for the success of TQM, especially in a hospital. If TQM must be placed in a hospital, the first thing that should be clear is that TQM is not a program or a policy of induction as only a strictly defined period. The terms are however only for certain activities, but TQM must operate continuously and globally. TQM management takes the form of a philosophy whose existence must be perpetual.

Before the introduction of TQM in a hospital should be a clear evaluation of the existing hospital characteristics, including strengths and weaknesses. Defining a mission statement or a statement of operational philosophy, in close consultation with the middle management of hospitals, it is the next step.

After generating a high enough interest administrative TQM appropriated senior management of the hospital, the hospital is presented middle management and will be taken the necessary amendments to reflect their views. A small group of physicians, administrators and nurses is trained and promoted to participate in various conferences, workshops etc. TQM lectures made by those skilled in the art. This group, after a time becomes trained in the application of TQM and thus acts as a catalyst for change in the entire hospital. Management in turn form a joint committee to supervise staff. This multidisciplinary committee, is of major importance with the

responsibility to plan and coordinate the implementation of TQM in the entire hospital.

The committee may also be designated as a Quality Council. The task of driving the council returns a senior director, responsible for liaising and coordinating all issues TQM within the institution. Quality Board approves TQM budget that includes money spent training in-house, freeing resources for teams, rewards and recognition, etc.

The first thing to do to introduce TQM in a hospital after deciding on the organization as discussed above, is to develop an action plan. This action plan takes the form of a vision of quality development, training and quality assessment.

Developing a vision for hospital quality and quality objectives relating to realize this vision is considered an essential starting point of the action plan [1]. Vision as an organization is the dream of what might be. Vision quality should be shaped after close consultation with and within all divisions and departments of the hospital. This normally includes five core values:

- commitment to excellence and continuous improvement;
- involving employees in their own development;
- creating an environment of continuous learning;
- full satisfaction and to anticipate customer needs;
- connection to the community and create a sense of public responsibility.

The next step includes the approval of the Board, followed by an implementation plan, which includes developing and tracking key performance indicators such as results, customer satisfaction and clinical measures for achieving the vision. These performance measures are transposed in the objectives and work plans in the budget. Finally, the vision is implemented throughout the hospital by departments according to their own vision, which is consistent with the overall institutional vision. In turn, departmental vision is still held down to individual employees through objectives, work plans based on budget.

The second aspect of the Action Plan is a detailed training plan for the implementation of TQM. It states that staff are trained and the type and level of training to be covered and by whom. Training is provided usually by line managers who have been trained as facilitators.

The curriculum of training programs can be divided into three parts:

1. Training Basic training TQM
2. Preparation.
3. Advanced Training

Basic training is provided in plain language and understandable by everybody in the hospital. It requires special care to prevent technical jargon to slip at this level. The goal should be that everyone understand the basics and need TQM. Advanced training includes additional training, quality training in training circles.

The next step in the action plan is to study quality assessment of threats and opportunities. This could greatly influence the degree to which changes should be made in the current approach to quality. Usually, evaluation is done in four ways: by market and patient satisfaction, cost of poor quality, quality culture and ultimately, the quality of services currently provided.

The real work of implementing TQM is achieved through individual and team projects. All projects should have three major goals: patient satisfaction, improve productivity and reduce costs. Each project submitted is assessed on its merits and is nominated, if obtained a minimum score required on a point system scale. These projects are reviewed by a sub-committee of the board quality.

Quality improvement teams evaluate different activities throughout the hospital that are actually chronic problems, multi-departmental and involves a lot of complaints, either from staff or patients [4]. Teams to improve quality have contact with various problems, such as delays in the arrival of medical records in clinics, routine administration of drugs to patients to reduce the number of visitors in a room, reducing the rates of medical records fraud, reducing delays in discussion, availability of clean linen in the wards, reducing the cost of photocopying of documents etc. Each team follows a standard procedure, as it was decided in advance. Teams, performing well will generate progress in attitude, organization, knowledge, cultural patterns and results. Once teams begin to work, quality councils should set deadlines to ensure that the teams will complete tasks on time, resources are released, if necessary, and carried out.

## **6. CONCLUSIONS**

Every organization needs a quality assurance process to ensure that the systems that shape organizational culture and way of work, such as reward systems and performance evaluation, recognition etc. They are fully consistent with total quality management (TQM). The same applies to the hospital. The hospital management system management through an integrated view of quality throughout the organization structure creates accountability for results, for a long-term quality. Systems aligned this way forever changed the way action TQM approach.

The future for a hospital that incorporates TQM signifies a new organization with new capabilities, newer

structures, new services and a new level of results. For senior management this means to conduct systematic activity towards future goals and this helps leaders have a clear vision and sustainable, toward a future whose key elements include a focus on customer needs through actions aimed at management improvement continue.

## **BIBLIOGRAPHY**

- [1] **Badea E, Bărbuță D.** – Managementul spitalului, Ed. Public H Press, București, 2006
- [2] **Ciurea A. V., Ciubotaru V., Avram E.** - *Dezvoltarea managementului în organizațiile sănătății*, Ed. Universitară, București, 2007
- [3] **Dogaru M.M.** - *Managementul calității*, Ed. Universitară, București, 2016
- [4] **Enăchescu D, Marcu M.Gr.** – *Sănătate publică și management sanitar*, Colecția ALL MEDICAL, Ed. ALL, București
- [5] **Juran J.M.&Grinn F.M.** - *Quality Control Handbook (3rd.ed.)*, McGraw Hill, New York, 1974
- [6] **Militaru C, Drăguț B, Zafir A.** – *Management prin calitate*, Ediția aIIa, Ed. Universitară, București, 2014.