HEALTH SYSTEM QUALITY MANAGEMENT IN ROMANIA

In the opinion of Juran [3], the quality management includes three main processes: quality planning, quality control and quality improvement. These three processes, named “the quality trilogy”, are interdependent.

In Olaru’s concept [4], there are defined seven functions of the quality management: planning, organization, coordination, personnel training, control, ensuring and improving quality.

In essence, the contents of these activities are presented as follows:

- **Planning** resides in the assembly of processes that help to determine the main objectives of the organization in the field of quality, and also the resources and means necessary to complete them. All these are based on the knowledge of the necessities of the clients, in order to satisfy them frequently, targeting permanently to overtake their expectations;
- **Organization** resides in determining the managerial structures, affecting the resources as in the application of the systems and methods that would permit the completion of the proposed quality;
- **Coordination** resides in the assembly of processes that harmonize the decisions and actions of the company and of its subsystems, regarding quality, in order to complete the defined objectives, within the system previously defined;
- The function of **personnel training** mobilizes the human resources by motivations for quality, by adopting a style that allows the stimulation of personal initiative in order to solve the problems that occur at the workplace;
- **Control** refers to the assembly of supervision activities of all on the development of processes and the evaluation of the results in the quality domain, reported to the objectives and standards pre-established, in order to eliminate the deficiencies;
- **Ensuring the quality** resides in an assembly of preventive measures that target systematically ensuring the correctness and efficiency of all activities, in order to guarantee the completion of the results at the desired quality level;

Quality improvement refers to the activities developed in each of the stages of the tract of the product/service, in order to ensure a better satisfaction of the needs of the clients, in efficiency conditions.

All the institutions of the human society exist in order to provide people with products or services. The reason of creating these products or services is to be “proper for use”. This phrase is the basic meaning of the word quality.

Garvin [1] proposes the following 8 dimensions of quality: performance, characteristics, reliability, conformity, durability, easiness of separation, aesthetics and perceptible quality.

According to Standard ISO 8402/1995 [2], quality represents the assembly of characteristics of an entity that grants it the aptitude to satisfy the explicit and implicit necessities.

During the late decades the concept of quality transformed profoundly; the quality is not only a value in itself, it is not something absolute, but depends on the following requirements:
- external to the organization (of the clients);
- internal to the organization (the ones from the specifications).

During the latest years, the systems for the quality growth and management developed quickly; first it was a quest to control the quality by means of an approach oriented towards inspection, followed by the one that was named quality through processes control.

Within these two approaches, the instruments of problem solving, as the seven classical instruments and the methods of statistical analysis proved to be very useful. From using the simple inspections, it passed to the quality control, then to quality ensuring, stage when it started to stress the importance of building the quality of the moment of designing, of “upstream”.

The quality of care is a dynamic concept with many dimensions. Its dimensions depend both on the perspective of the person that answers the question, and the social, organizational and environmental context.

The definition of health care quality is based on unique values within the culture (both professional culture, and ethnic culture) and on the context of a situation. It is impossible to define the quality of care without taking into account the values that are behind the individual, the social and professional context.

The dimensions of the care quality are:
- Accessibility of care – the easiness with which the patients are able to obtain the care they need, when they need;
- Specificity of care – the degree up to which it is ensured that correct care, given by the current state of the activity;
- Continuity of care – the degree up to which the care required by the patients is coordinated among the practitioners and organizations, in time;
- Efficiency of care – the degree up to which care is approached in the correct manner, without errors, according to the current state of the activity;
- Effectiveness of care - the degree up to which a service has the potential to satisfy the needs for which it is used;
- Efficiency of care - the degree up to which the received care has the desired effect with minimum effort, expenses or waste of resources;
- Orientation towards patient - the degree up to which the patients (and their families) are involved in the process of decision-making regarding the problems connected to their health and the degree in which they are satisfied by the received care;
- Safety of the care environment - the degree up to which the environment presents no hazard or danger;
- Schedule of care - the degree up to which care is provided to patients when it is necessary.

Ensuring the quality is imposed because the health care – as in all human activities – is characterized by diversity, but may be of good quality or poor quality. To this diversity it is added the increment of the quality and quantity of the available resources necessary to produce health care. The personnel categories are more numerous and varied, the material resources are more elaborated and more abundant, and the hierarchy of the Healthcare services is more obvious. Ensuring the quality is necessary in order to modify the actions in the desired sense.

The particular arguments/justifications for ensuring the quality may be grouped in three large categories:

1. Ethical considerations: The OMS Constitution enunciated the principle according to which anybody has the right to the best possible health;

2. Security considerations: the health care activities have a high amount bet, as it involves the life of the patient, that explains the constant care to guarantee a least a minimal quality of the public healthcare institutions, of equipment and personnel. The national authorities started, usually, by taking measures to ensure the quality from security reasons, measures that are accepted by all the parts involved, more voluntarily. One of the oldest rules of the medical deontology is *primum non nocere*, meaning „first of all, do not harm”;
3. **Profitableness considerations:** two evolutions in the medical domain, namely to know the increase of the efficiency and costs, are in themselves able to attract attention upon the quality of the Healthcare activities. The profitableness sometimes seems to oppose the scientific and technical quality, while the care for a maximal quality may lead to diminishing the profitableness. The decision makers often insist on profitableness, while the personnel and the consumers stress on the scientific and technical quality.

Anyway, it is remarkable the growing tendency to determine the optimal quality of care – opposed to the term of maximal quality and the tendency to provide care with maximum quality in conditions of increasing the profitableness.

The definition of the American Medical Institute (Lohr, 1990): ”the quality of healthcare is the degree at which the healthcare services, individual or public, increase the probability of obtaining the desired results in health and are consequent to the present professional knowledge.”

The quality of the medical services does not mean only the quality of the medical activity in itself, but the resultant of the quality of the decision-making process in the health care unit, of the quality of the medical act and of the connected medical services (treatment, anaesthesia, sterilization, laboratory, x-rays) and of the quality of the paramedical services (accommodation conditions).

For the application of the quality management in evaluating the medical care services it is necessary, at the level of the organization, the clear formulation of the quality policy on medium and long-term, according to the general policy of the respective health care unit.

This provision sustains the principle of the autonomy of the health care units, a fact that is encouraged by the system of social and health care insurances;

- defining clearly the responsibility in the field of quality;
- using techniques for solving concretely the problems;
- training the entire personnel in the domain of quality (especially in the new system of healthcare insurance);
- involving the entire personnel in decision-making (each of them knows better than the manager the problems that are specific to his/her workplace);
- promoting the team spirit;
- ensuring an open, cooperating climate.

The efficiency of applying the present principles is proven by a series of companies and institutions from developed states. An eloquent example for the area of medical services his Great Britain, the quality in the process
of buying medical services by the insurance companies. This evidenced the fact that, in order to contract medical services of good quality, it is necessary to convene the quality norms of services and the norms for controlling the completion of the provided quality level. The quality aspect constituted the most important contractual clause.

Creating and developing a quality management within the Healthcare system in Romania is a complex and long-term process, that requires theoretical and practical knowledge formulated and implemented so that to take into account the mentality and the specific of our country.

**Bibliography**

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