



## Quality in the Health Sector-Issues and Perspectives

M. Sadoune<sup>1</sup>, A. Chaouch<sup>1</sup>, Z.Sadoune<sup>2</sup> and M.Aouane<sup>1</sup><sup>1</sup>Laboratory of Biotechnology, Quality and Environment.<sup>2</sup>Laboratory of Energy and Material BP, 133 Faculty of Sciences, Ibn Tofail University, Kenitra, Morocco.

### ARTICLE INFO

#### Article history:

Received: 25 April 2018;

Received in revised form:

16 June 2018;

Accepted: 26 June 2018;

#### Keywords

Management,

Quality,

Health,

Participatory approach.

### ABSTRACT

The quality management in the health sector is a key issue ; he advocates a participatory approach. The latter is based on e highlighting of art features and complexity of health facilities and their management. A Benchmarking study has been conducted with the objective of highlighting quality measurement instruments for the evaluation of professional practices, as well as the value of certification and the cost of non-quality.

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### 1. Introduction

*"In the old days, our problem was to access care. Now it's clear, we demand quality services. " (1)*

The world of health has for several years been experiencing a crisis that is at the same time economic, cultural, ethical and organizational. Hospital reforms follow one another in an attempt to control costs, quality, equity and safety of care. Although significant progress has been made in terms of quality management and risk management, the results are not consistent across institutions and the dynamics of improvement actions are still evolving too often according to the pace of external solicitations.

The quality management advocates a participatory approach. Because quality is not decreed in high places: it must be integrated every day into the practice of professionals in the field, those who realize the product or service, which is the core business.

### 2. Qualitative specificities of health institutions

#### 2.1 Special features of the health sector

##### 2.1.1 Complexity of health facilities

The complexity of health facilities is characterized by :

- Many processes, can not be standardized and rapidly changing .
- Multiple trades and constantly evolving .
- The quality of products (results of care delivered) difficult to apprehend for professionals and patients .
- A symmetrical asymmetry of information characterizes the relations between the different actors of the sector (carer/patient, establishment / planning authority, manager / medical team) which is not without effect on the distribution of decision-making powers.
- The establishment, as a producer of care, and particularly the public hospital, is not master of its missions. He responds to a public order.

However, health facilities are not the only complex structures both in their processes and in the distribution of powers. There are other more complex sectors of activity such as civil aviation, aerospace.

##### 2.1.2 Different types of customers"

By limiting ourselves to external clients, we can list, without being exhaustive, hospitalized patients, external consultants, relatives of patients, external health professionals who refer patients and who follow them up. These different types of customers Have very different expectations. (2)

##### 2.1.3 The role of professionals

Each actor, especially the doctors, has independence in his choice of intervention. This independence implies the existence of a specific responsibility provided for in the ethical and legal framework.

### 2.2 Instruments for measuring quality

#### 2.2.1 Indicators

Quality indicators should be simple, relevant, reproducible and reliable (1,3 ).

They measure a result concerning quality. Several types of results can be measured :

- Faults and malfunctions ;
- The problem-solving approach makes it possible to limit or eliminate it ;
- Respect for the process : percent compliance of a step in a process ;
- Process performance The indicator can measure, for example, the percentage of patients' recovery.

#### 2.2.2 The surveys of patient satisfaction

These patient satisfaction surveys can provide quality measures. In order for these surveys to have any meaning for the steering of the approach, it is necessary that the measurements are representative of the statistical population studied and reproducible. ; for example surveys conducted on a given day or over a given period. (5)

#### 2.2.3 The evaluation of professional practices

Methods of evaluation of professional practices make it possible to measure the conformity of practices with accepted references, to note gaps, to analyze their causes and to set up corrective actions.(6)

These measurement methods are particularly adapted to care practices.

The activity of health institutions covers multiple areas and disciplines that are a source of risk for patients, staff and visitors to health facilities. In order to promote comprehensive risk management in healthcare facilities, it is necessary to carry out various actions, especially concerning the risks related to care, but also the technical and environmental risks.

In the field of health, risk management is the implementation of a management policy to ensure the safety of property and hospitalized people as well as staff, to anticipate media or internal crises. Risk management must therefore be a concern for health care institutions marked by (2, 7, 9):

- The growing and legitimate demands of users safety, quality of care and information ;
- A high sensitivity of opinion to health risks, relayed by the media ;
- The stakes of the responsibility of the acts of the health professionals ;
- The regulatory requirements are increasingly important ;
- The fact that insurers take into account the setting up of an adequate system for calculating the insurance premium.

We therefore note that risk management concerns the safety of people, but also :

- The financial security and sustainability of the institution ;
- The preservation of the image and reputation of the institution ;
- The legal certainty : provide evidence that prevention and risk management measures have been put in place.

Safety is therefore an important component in the implementation of a continuous quality improvement approach.

### 3. The cost of non quality

" *Quality is expensive, but there is something more expensive than quality : his absence* " Said P. Jocou

Faced with the budgetary constraint of the institutions and the increasing demands of the patients for the quality of the care, because of the evolution of their standard of living and their knowledge, the relation between cost and quality has been analyzed through the concept of cost of obtaining quality (COQ). It is the sum of additional expenses incurred to correct and prevent malfunctions.

The cost of obtaining quality makes it possible to take into account the notion of investment in quality. (2)

The elements of the cost of obtaining quality are divided into two components :

The investment cost in quality (CIQ) and the cost of non quality (CNQ).

**Table 1. Quality investment cost components.**

Dimension	Prevention	Evaluation
Definition	Prevent errors and integrate quality in the process	Error detection activity
Example	Staff training	Audit method

**Table 2. Components of the cost of non-quality.**

Dimension	Internal failure	External failure
Definition	Internal error detected before that the service is not delivered	Error that is discovered by the patient and who touches him directly
Example	Costs related to overtime	Costs of nosocomial infection, rehospitalization

## 4. Interest of certification in health facilities

### 4.1 Definition of certification

Certification is an evaluation procedure external to a health facility, carried out by professionals from outside the institution, evaluating its overall functioning and practices (5)

### 4.2 Objectives of certification

It has six mains objectives :

- To promote the improvement of the quality and safety of care delivered by health institutions ;
- To assess the ability of the institution to continuously improve the quality of care and the overall care of the patient ;
- The publication of results that has an incentive effect for health facilities and the formulation of explicit recommendations ;
- The involvement of professionals at all stages of the quality process ;
- External recognition of the quality of care in health facilities ;
- Improving public confidence.

### 4.3 Scope and limits of certification

The certification process applies to all health facilities, public and private, and potentially military health facilities. It applies to activities of the health facility that directly or indirectly participate in the care of the patient and therefore concerns, simultaneously, all structures.

### 4.4 Founding principles of certification

- **The central place of the patient:** It is a question of appreciating the capacity of the establishment to be organized according to the needs and the waitings of the patient. This assessment should take into account the patient's observations and satisfaction levels. The set of references and stages of the procedure is centered on the assessment of the care of the patient throughout his career in the institution.

- **The involvement of professionals practicing in the health facility:** quality improvement is the result of internal approaches, conducted by health professionals. The participation of all professionals is essential to change management.

- **Continuous improvement of the quality of care** relies on the existence of a recognized quality management system. It is achieved through the systematic improvement of processes, the reduction of malfunctions and the commitment of staff. It concerns all aspects of quality, including efficiency and effectiveness. It pays particular attention to the results obtained and integrates the evaluation of professional practices. It is a pragmatic approach that proceeds through successive improvements objectified by measures.

- **Improving the safety of care:** Safety is a major dimension of quality of care and is one of the main expectations of patients for the health system. While scientific and technical progress is increasing daily the arsenal of diagnostic and therapeutic means, at the same time and paradoxically, they reduce the ability of the healthcare production system to guarantee the safety of patients. In order to respond to this, the establishment of a risk management system is based on several elements, including compliance with safety regulations, but also on good practices and the establishment of a system of evaluation and evaluation. improvement, based on the identification of risks and the implementation of preventive action.

- **A sustainable approach:** Achieving sustainable results in terms of quality requires a commitment from the health

facility in the long term. Certification, through its iterative nature, encourages the implementation of sustainable quality improvement initiatives. To promote this commitment over time, the HAS makes recommendations and ensures follow-up.

- **An evolutionary approach:** certification takes into account the expectations of the environment.

The certification process of a health facility takes place in several stages :

- Entry into the certification procedure

The establishment is committed after having implemented a quality policy for some time.

- Self evaluation

Self-assessment is an important step in the certification process. On this occasion, all the professionals of the establishment makes its own evaluation.

- Certification visit

The visiting experts are professionals from the various professions of health in exercise.

The role of the experts is to appreciate the dynamics of continuous improvement of the quality and the commitment of the establishment in the safety of the patient, in all these aspects. The general objectives are declined in the knowledge of the establishment (activity ...), the validation of the self-evaluation carried out by the establishment, the observation of the organization of the establishment through visits and meetings, either by staff of the establishment, either by the patients.

- Expert report

A report is compiled by the visiting experts at the end of the visit based on the results of the self-assessment and the information collected during the visit.

- Communication of the results of the certification

### **Conclusions**

Currently nobody can oppose the current quality that exists in the health sector. While the implementation of compulsory certification is the main driver in health facilities,

other factors also play an important role in explaining this dynamic. :

- The changing attitudes and pushing consumerism

Patients are becoming much more demanding and caring for the quality of care than the past, more critical, more aware of their rights, more knowledgeable, more educated. Today doctors and health facilities must accept competition and evaluation, they must listen to users. As a result of these developments, consumerism has made its way to the hospital ;

- The obligation to control health expenses

A well-conducted and efficient quality approach reduces the costs of non-quality and therefore controls health expenditure ;

- The increasing role of quality of care in the press.

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