

# PROPOSALS FOR THE IMPLEMENTATION OF THE INTEGRATED QUALITY MANAGEMENT AT HOSPITAL LEVEL REGARDING ELDERCARE

ELENA FERCALĂ

County Clinical Emergency Hospital of Braşov

**Abstract:** *The social protection systems also include adequate health care services and long term care, whose costs often exceed the financial means of the patient and those of his family. The demographic changes will trigger a series of threats pointed at the health care systems, given the fact that the number of the aged persons requiring these care services will increase during the next decades. A series of measures will have to be taken in order to counteract the negative effects of aging, at social and individual level. The more and more health care services awarded to the old people require the need for the implementation of a system that has to cover the needs and to ensure a high level of satisfaction of those receiving them.*

**Keywords:** *quality, integrated quality management, health care*

**Rezumat:** *Sistemele de protecție socială cuprind și serviciile adecvate de îngrijire medicală și îngrijire de lungă durată, al căror cost depășește adesea mijloacele financiare ale pacientului și ale familiei sale. Schimbările demografice vor antrena o serie de amenințări la adresa sistemelor de îngrijire, dat fiind faptul că numărul persoanelor vârstnice solicitante de îngrijiri se va mări substanțial în următoarele decenii. O serie de măsuri vor trebui luate pentru a contracara efectele negative ale îmbătrânirii, la nivel social și individual. Îngrijirile acordate persoanelor vârstnice, solicitate în număr din ce în ce mai mare, impun implementarea unui sistem care să acopere nevoile, dar să asigure și un grad de satisfacție crescut celor care le primesc.*

**Cuvinte cheie:** *calitate, management integrat al calității, îngrijire*

depend on somebody else's help in order to accomplish the daily activities.

The social protection mechanisms that aim at long term care access are relatively recent and have not been put into practice yet. The major priority consists in the implementation of the recently introduced policies for the creation of new structures aiming at the integrated and sustained health care services.

*Health care quality:*

Many European Union countries have quality norms regarding the health care services meant for the old people. The health care field for the old people functions in a decentralized manner in general; the local authorities dispose of a large liberty to elaborate the norms that must be put into practice. At hospital level, these are called "structural quality criteria"; for example, the personnel qualification. A permanent preoccupation must always exist in relation to the lack of personnel, its fluctuation and the increase of the working task. The demographic evolution will require trained and qualified personnel in this field. Control systems, adequate indicators and means of assessment are also needed.

*Financial viability.*

It is to be noticed the tendency for the increase of the formal health care services, as a result of the regression of those informal, brought about by the changes in society. Costs control mechanisms have not been established yet. The increase of costs results from the increase of the number of the old persons and of the costs per individual. Finding the equilibrium between access, quality and long term care viability is a major challenge for the system management.

Hospitals must offer comfort and safety. There should be no risks that may cause infections or traumatisms. In order to obtain a proper environment for the quality assurance, a plan with the following structure should be implemented:

## Objectives

1. Patient-centred care;
2. The increase of the level of satisfaction of the patient and of his family;
3. The increase of the competence and efficiency of the nursing personnel.

## Procedures

1. Authorized nursing personnel according to the

## INTRODUCTION

The organization and the financing of the health care services are considered objectives of national competence. There will be need for a series of adaptations, having in view the present day challenges. The strategic approaches refer to three aspects, mainly:

*Access to health care services and long term care:*

The need for long term care was considered a major social risk that should be covered by social protection. Long term care consists in assisting the persons incapable of living by themselves and who

- patients' needs (number, type of services);
2. The nursing activity will be developed according to an organized plan that will comprise: personnel chart, nurses' responsibilities according to their job description; way of communicating at professional and administrative level;
  3. A care plan for each patient in order to confer safety and efficacy to the health care services, which should include: recommendations of the attending physician, the care needs of the aged person (dependences), immediate and long term care objectives, informing the patient about the therapeutic conduct, nursing intervention, assessing the objectives of the care plan;
  4. Investments at staff level with a view to promote quality: sustained education courses, conferences, symposiums, personnel training;
  5. Information management: existence of the personal records of each patient, information protection and its support, recording the personal files properly;
  6. Control of infections: programme for the control of the nosocomial infections and of the accidental contaminations, reviewing the cleaning techniques, hygiene and asepsis;
  7. Providing a hygienic environment for the patients: use of the protection equipment, setting up the cleaning timetable; personal hygiene of the patients, proper removal of the dirty bedclothes, cutting and dangerous wastes – infectious and domestic wastes, corresponding measures in order to avoid contamination in the laundry service, ventilation system properly equipped with filters, debit and output;
  8. The care manager will make part of the Hospital Managing Committee and will be preoccupied by the management of the nursing activity.

### Monitoring the activity

This will be accomplished by the hospital top management in two directions:

- Health control;
- Quality surveillance.

The nursing activity analysis, the practice of the medical assistants is of large importance and will evidence the compliance or non-compliance of the nursing practice standards and the established criteria.

The assessment will observe the following objectives:

1. the capacity of collaborating with the patients with a view to prepare them for the care techniques;
2. choosing and preparing the materials;
3. observing the execution stages and periods of time;
4. observing the rules for treatment administration;
5. the correct manner of the accomplishment of the techniques;
6. the capacity of noticing accidents and drugs side effects and of intervening promptly;
7. the capacity of elaborating a care protocol;
8. the capacity of transmitting pertinent information to colleagues, to the patient's physician and to his family;

9. filling in the care file and the specific documents properly.

Surveillance aims at motivating the personnel, as well its training for performance activities. Among the surveillance procedures, the following will be used mainly:

- Direct observation;
- The dialogue with the medical staff or with the patients;
- Collection of information;
- Logistic and supply control, including the drugs supply;
- Sustained training of the medical staff in order to solve the current problems.

The assessment of the patients and their families' level of satisfaction will be made either by questionnaires and interviews, or by analyzing the complaints. The assessment of the technical resources is of large importance. Hospital equipments should function safely for the patient and for the persons manipulating them. Regarding the patients' safety, both the medical materials and those surgical will be supervised and included in the quality assurance programme.

The measures that should be taken by societies regarding the population aging are focused on society costs, indirectly feeding the myth according to which, the old people are generally dependent and represent a burden to society. There is also another perspective to approach this issue: "what old people bring to society and how good their life is".

### BIBLIOGRAPHY

1. Commission des communautés européennes. Soins de santé et soins pour les personnes âgées: soutenir les stratégies nationales visant degrés élevés de protection sociale. 2003
2. Opincaru C, Găleşescu EM. "Managementul calității serviciilor în unitățile sanitare". 2004
3. Ursoiu S. Management sanitar, Ed. de Vest Timișoara 2000.