

# QUALITY MANAGEMENT OF CARE AND SERVICES PROVIDED BY HOSPITAL FOR THE ELDERLY

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**Abstract:** *Old age is, naturally, the age when the problem of receiving care is most acute. The need for ensuring dignified, high quality care for this age category is most evident and will become more striking in the near future, when statistics estimate that more than half of the country's population will be represented by seniors. Achieving and maintaining quality in health care requires a certain attitude towards work, a group of scientific activities, receptivity towards the practical activities, openness towards the needs of patients, the thorough knowledge of these needs in order to follow and even anticipate them. At the same time, it requires utmost continuous adaptability where the evolution of needs, flexibility and inventiveness are concerned, involving a creative spirit focused on transformation and development, in order to enable a unitary vision regarding the whole string of processes which are necessary for the accomplishment of the medical care with a high degree of satisfaction among patients, at the lowest price possible.*

**Keywords:** *quality management, senior, health services, care focused on the patient*

**Rezumat:** *Bătrâneşea este, firesc, vârsta la care se pune cel mai adesea problema îngrijirilor. Nevoia de a asigura îngrijiri demne, de calitate, pentru această categorie este absolut evidentă și va fi mai pregnantă în viitorul apropiat, atunci când statisticienii estimează că peste jumătate din populația țării va fi reprezentată de vârstnici. Realizarea și asigurarea calității în sănătate presupune atitudine față de muncă, un ansamblu de activități de abordare științifică a demersului, receptivitate față de activitățile practice, deschidere față de cerințele pacienților, cunoașterea riguroasă a acestor cerințe în vederea urmării și chiar a anticipării lor. De asemenea, presupune o înaltă adaptare din mers la evoluția nevoilor, flexibilitate, inventivitate, spirit creator pentru înnoire și modernizare, care să permită o viziune unitară asupra întregului șir de procese necesare în scopul obținerii unor îngrijiri medicale cu un înalt grad de satisfacție a pacienților, la cel mai scăzut preț posibil.*

**Cuvinte cheie:** *managementul calității, vârstnic, servicii de sănătate, îngrijiri centrate pe pacient*

of the health systems, in the introduction of the mechanisms of assigning resources and providing health services.

The increasing interest showed to the quality of the health services is largely due to the economic, professional and sociologic stakes and equally on those political, the modern health systems confront with. Within the context of restraining the financial resources and the control of health expenses, it is necessary to find the best services with the best costs and at the same time, to avoid the negative effects of these solutions.

Quality management in general and of the health services especially are relatively recent notions in the medical literature and practice. Therefore, methods and functions of the financial management have been taken over, as well as the planning, the organization, the personnel, the management and the coordination, the control, the evaluation and the sustained improvement. Specific to the quality management of the health services are: planning, control and improvement.

The fact that health is a collective social preoccupation brings about a larger transparency and a better information of a public whose financial participation, direct or indirect to the support of the health services is more and more increased. These pressures are as stronger as the political and social environment is democratic, the opposition is effective and the consumers' associations (clients, patients, ensured) are more influent. There where the services offer is developed in a competitive environment, quality becomes a discriminating element between the health services providers.

Hospitals Associations of Quebec define quality as an ensemble of characteristics we expect to have from a product, care or service. (ASSOCIATION des HOSPITAUX du QUEBEC, 1987). This perspective is characterised by the tendency towards the sustained improvement and refers to the excellence degree of the service or of the product.

This particular social context where the health services take place exercise a sensitive influence on the prevalent representations of quality. Providing health was seen as a necessity for all kinds of organizations. The implementation of the recent concepts should take into consideration the history of the medical care, always supported on the singular relation carer-cared person. Within this context, the beginning of a managerial and

## INTRODUCTION

Awarding quality care services is a preoccupation as old as medicine itself. In modern society, quality occupies a central place in the regulation

cultural revolution in the field of health should take place.

The introduction of the quality approaches in the medical units that provide medical and care services requires a profound change, initiated by the top management, which may or may not include physicians. However, this change should be implemented at all levels regarding the medical units that provide medical and care services, so that it could become efficient and effective. As a result, the entire personnel of a health unit should be involved, as well as all health professionals and the entire Romanian health system interested in accomplishing more efficacious medical services, with more reduced costs, without affecting the patients' safety and security.

All members of a medical unit that provides medical and care services are equal in terms of quality, irrespective of their position, tasks or duties regarding the quality of the medical services, and not only those who are working within quality assurance department (quality nuclei). Quality addresses all members of the organization and each of them.

How prepared are we to face the wave of needs, regarding these care services, including the palliative care services designed to the elderly? We do have laws but we lack the means. The Romanian hospitals are not ready for awarding specialized care services, the non-governmental foundations and the associations are weakly represented in this field and the private services are rare and expensive. It is a common practice that abroad, unspecialized nurses take care of the family old people. This model – to pay somebody to take care of our elderly – is actually functional in Romania? Maybe, it will be in future. The present is cynical. Who takes care of the elderly? The ancient saying, which says: "take care of your elderly as you wish to take care of you" does not mean much, today."

The origin of this situation is the indifference mentality towards the elderly, negligence, lack of consideration and disregard towards the old person. The nursing home or the caregiver does not represent solutions; each has its advantages and disadvantages. The old person, along with their problems should be integrated in society.

The quality is given by the individuals' perceptions regarding their social situations, within the context of the cultural values systems they are living in and by the dependence of their needs, standards and aspirations (OMS, 1998). Life quality in medicine means physical, social and psychical wellbeing, as well as the patients' capacity of accomplishing usual tasks in their every day life. When we talk about the quality of the medical services, the managers of the health system state that this is underfinanced. They have never made reference to the quality of the medical services offered, which should have been expressed by the degree of satisfaction of the citizen – the beneficiary of the medical services. Most of those who have accessed the medical services of the public system were rather displeased by the way they were treated. This is due not only to the under-financing of the system, but to the deficient management,

as well.

The wrong premise which represents the starting point of the health reform is not what the State believes it is best for the citizens, but what citizens believe it is best for them. Put in the practice of the services quality management, this principle sounds this way: to work always oriented towards the needs of the direct beneficiaries, in other words, any health reform should aim at their direct beneficiaries – the patients.

In 1990, Romania had an exclusively public health system, strongly centralized and supported financially by the State and coordinated by the Ministry of Health and by the county sanitary inspectorates. The medical services were provided to the population free of costs, but the serious long term under-financing of the system brought about a decrease of the quality of the medical services offered, as well as to the transfer of a part of these costs towards the population. The reduced quality of services and shortages in the system, as a result of a low budget required taking measures in order to improve the Romanian public medical assistance. The transfer from one model based on health insurances was believed by the decision makers at that moment as the optimum solution for many of the system's problems. The actual difficulties in providing medical assistance questioned even the justice of the decision of passing to the insurances model. Changing the system meant extra costs and a state of confusion among the medical staff. The new model also brought about a reduction of the population's access to the medical services through the occurrence of certain people who could not benefit from medical assistance (except for the emergency, minimal ones), as they did not have health insurance. The old citizens had a precarious health condition.

Health is considered as a component part of the individual's quality and we can say that health is at the same time an expression of the quality of the political, socio-economical and cultural life of the entire society.

Health is one of the fundamental rights of the human being; it is a universal value of the society, the biological existence of the individual, being completed by its social existence and by the environmental status.

"In a state, we cannot think of happiness unless it aims at the ensemble of the citizens and is not limited to a small number". (Aristotel)

Life quality is an ethical imperative of society and a responsibility of this one. Public health programmes reflect life quality, the improvement of health being given by the improvement of the entire quality of the bio-psycho-social society.

Along time, hospital had existed with a minimum of rationality and without a vision of its future on medium and long term. Hospital does not have a vision of the strategy that should be adopted, as well as the basic preoccupation is not efficient. In general, the hospital world suffers from an economic crises which lasts in time and differs from the rest of society and from other economic sectors. A "crises of trust" strengthened, which led to the disappearance of the absolute trust of the

ensemble of the society towards physicians and towards the medical care system. Hospital should evolve towards a larger adaptability and flexibility of teams, a better recognition of the role and importance of human resources. Quality is but the patients/clients' satisfaction, the congruence between their expectations and what they receive.

Health care management, the process through which the financial, human, time and material means are used in order to foresee and plan, to organize and manage, to coordinate and control the generation of efficient and efficacious health care services has certain characteristics.

A product, a service or care will be appreciated as being of good quality if it reunites more characteristics:

- To be technical performing;
- To answer the patients' needs;
- To assess the service offered and the patients' satisfaction.

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