

# FEMALE PATIENT SAFETY- EXPRESSION OF THE QUALITY MANAGEMENT OF THE HEALTH SERVICES IN AN OBSTETRICS- GYNECOLOGY PRIVATE MEDICAL PRACTICE

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**Keywords:** prenatal counseling, parent and child care, ways of communication

**Abstract:** The reorganization of the medical care system for mother and child should be focused on the increase of the safety level of the female patients, on the quality of the medical services provided by an obstetrics and gynecology practice, on finding the right ways for doctor-patient communication and involvement of the pregnant women in promoting their own health care.

**Cuvinte chei:** consultație prenatală, îngrijire mamă și copil, căi de comunicare

**Rezumat:** Reorganizarea sistemului de îngrijiri medicale pentru mamă și copil trebuie să fie centrată pe creșterea nivelului siguranței pacientelor în calitatea serviciilor medicale oferite de un cabinet de obstetrică-ginecologie, pe găsirea unor căi de comunicare medic-pacient și implicarea gravidelor în promovarea propriei lor îngrijiri.

## INTRODUCTION

The starting point in making this research is the analysis and knowledge of the facts regarding the safety of health care services and the fact that affordability, availability, communication, interpersonal care and the conditions are very important indicators for assessing the quality of medical care services.

The novelty of the theme comes from the decisive role that these components play in the reorganization of medical care system for mother and child.

Globalization involves increasing the performance standards such as:

- Reduction of research and development time and costs
- Improve the quality of medical services with emphasis on female patients safety
- The reorganization of health services, standardization of skills in public and private institutions.

All these changes should take place within the context of an organizational culture. Changing the social climate in which people work and live, means not to compel people to change themselves.

The problem identified as a result of the analysis of the health indicators: the growth of the negative indicators (maternal mortality and infant mortality).

## THE AIM OF THE STUDY

The purpose of this study is to improve the quality of medical care services provided in the obstetrics – gynecology private practice in the City of Alba Iulia, County of Alba. In this regard I have set forth to assess the satisfaction and safety of 120 women who were monitored during pregnancy by a private management of pregnancy and the relationship between it and safety, accessibility, waiting time, availability, conditions, communication, interpersonal care, time spent with the physician/nurse.

The hypothesis from which we started was that the level of satisfaction and safety largely depends on the 7 areas:

- Accessibility
- Waiting time
- Availability
- Conditions
- Communication
- Interpersonal care
- Time spent with the physician/ medical staff

## MATERIAL AND METHODS

- Development of questionnaires and their implementation
- Development of interview guideline for focus groups
- Making focus groups
- Assessment and interpretation of results

The questionnaire comprised 15 questions and was developed together with specialists in public health. The internal pre-testing of the questionnaire was used.

The implementation of the questionnaire was carried out individually using the self-entry technique for more guarantees of anonymity and a greater degree of sincerity.

In addition to the information we obtained from the questionnaire, we aimed to obtain more information by using the focus-group technique.

The actual assessment was performed in two stages:

1. The interpretation of the 120 questionnaires
2. The assessment of the "face-to-face" discussions by forming 10 focus groups with women participating in an earlier stage.

We pursued if the women taking part in the study know their rights and if they know that they can expect from a health professional to be, for example, friendly.

The questionnaire and interview guide also include questions about finding a way of communication (e.g.: programming, directory assistance) with the practitioner and the availability of medical professionals to provide information and advice by phone, given that public health services do not have such services. This is one of the reasons why women more often address to private health services.

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Various explanations regarding tests and procedures to be performed, what the pregnant woman should expect from pregnancy, childbirth and after that, and on how to take care of the newborn at home, will be surveyed and discussed in focus groups.

I will try to demolish the myth of a group norm, namely that "one should not put too many questions to the physicians". This is why we decided in the private practice to run also health promotion activities and to promote health education.

**RESULTS AND DISCUSSIONS**

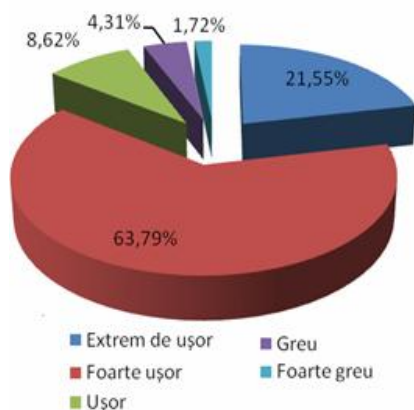
The questionnaire no. 1 consisting of 15 questions, was applied to the private obstetrics and gynecology practice and we present below the interpretation of the answers to main questions which are important for the safety of the female patients.

**Table no. 1. Was it easy to me to find a way to schedule an appointment for a prenatal consultation with the obstetrics and gynecology practice?**

Answer versions	Number of answers	Rate of the total valid answers	Rate form the total questionnaires received
Extremely easy	25	21.55%	20.83%
Very easy	74	63.79%	61.67%
Easy	10	8.62%	8.33%
Difficult	5	4.31%	4.17%
Very difficult	2	1.72%	1.67%
Total valid answers	116		96.67%
Total invalid answers to this question	4	100.00%	3.33%
Total questionnaires received	120		100.00%

The options of the female respondents show that the majority (90.83%) easily obtained an appointment for prenatal consultation, the possibility of obtaining an appointment in private practice is facilitated by the telephone access, by the existence of a fax, the possibility of scheduling by email, as compared to the public system where the possibility of making a telephone schedule can not be taken into consideration, where are available a limited number of visits per day, per month, per medical specialist in obstetrics and gynecology of the ambulatory clinic of Alba Iulia.

**Figure no. 1. Accessibility of the medical practice**

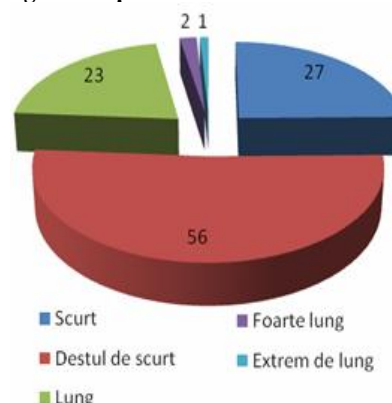


**Table no. 2. The time I had to wait to be consulted by the medical specialist seemed to be:**

Answer versions	Number of answers	Rate of the total valid answers	Rate form of the total questionnaires received
Short	27	24.77%	22.50%
Pretty short	56	51.38%	46.67%
Long	23	21.10%	19.17%
Very long	2	1.83%	1.67%
Extremely long	1	0.92%	0.83%
Total valid answers	109		90.83%
Total invalid answers to this question	11	100.00%	9.17%
Total questionnaires received	120		100.00%

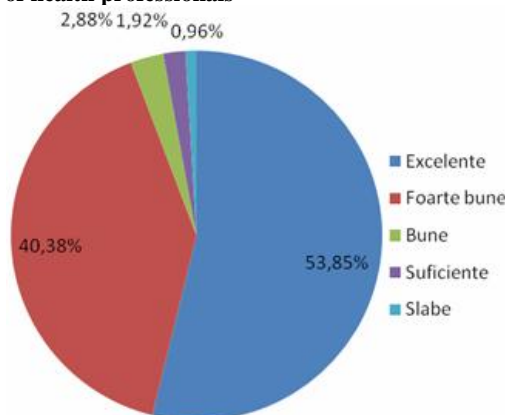
As waiting time is one component of the quality management of medical services, we find that about one third of the female respondents are dissatisfied, believing that they waited too long to be consulted, though pregnant women have priority.

**Figure no. 2. Distribution of cases according to the time spent waiting for the prenatal consultation**



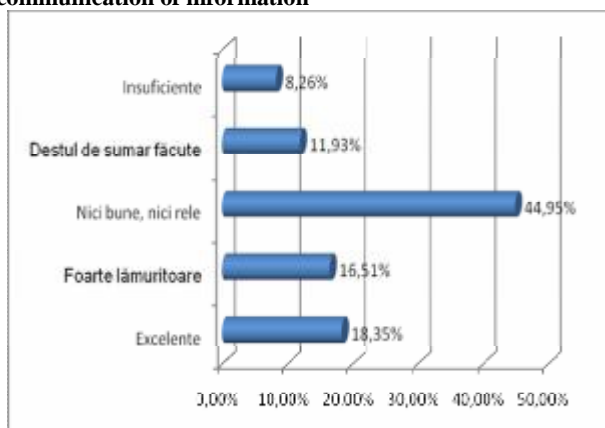
Regarding the practical skills of physician and other health professionals, the percentage of 53.85% which assessed them as "excellent" results in the fact that pregnant women feel safe, "she is in good hands."

**Figure no. 3. Distribution of cases according to the practical skills of health professionals**



The female respondents' options on the explanations received in connection with tests and procedures to be performed during pregnancy, lead us to the conclusion that greater efforts are required from medical staff for better communication of specific information "to be understood by all."

Figure no. 4. Distribution of cases according to the communication of information



Thus, there have been assessed the need to implement some programs (e.g. *distribution of leaflets*) to make aware on the importance of prenatal care for mothers, as a safety and prevention measure.

Table no. 3. The technical facilities of the private obstetrics - gynecology practice were:

Answer versions	Number of answers	Rate of the total valid answers	Rate form the total questionnaires received
Excellent	73	62.39%	60.83%
Very satisfactorily	29	24.79%	24.17%
Neither satisfactorily nor unsatisfactorily	8	6.84%	6.67%
In some extent satisfactorily	6	5.13%	5.00%
Unsatisfactorily	1	0.85%	0.83%
Total valid answers	117		97.50%
Total invalid answers to this question	3	100.00%	2.50%
Total questionnaires received	120		100.00%

The level of the technical endowments in the medical practice has met female respondents expectations in a rate of 87.18% and that is why we may conclude that the presence of 4D echograph, a state-of-the-art equipment, increases the trust of pregnant women that the pregnancy progresses without apparent risks.

Figure nr. 5. Distribution of the cases according to the technical endowment of the medical practice



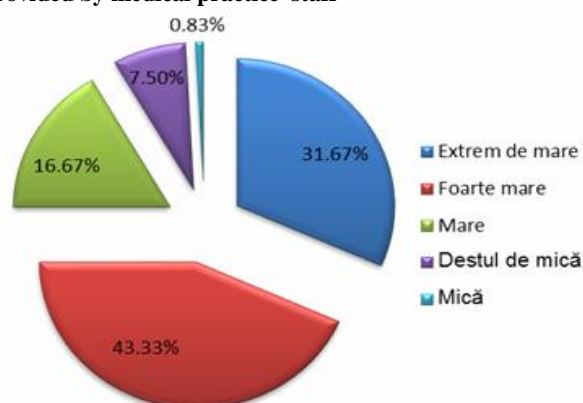
Table no. 4. Friendship and respect received from health professionals were:

Answer versions	Number of answers	Rate of the total valid answers	Rate form the total questionnaires received
Very satisfactorily	59	50.00%	49.17%
Satisfactorily	39	33.05%	32.50%
In some extent satisfactorily	10	8.47%	8.33%
Neither satisfactorily nor unsatisfactorily	9	7.63%	7.50%
Unsatisfactorily	1	0.85%	0.83%
Total valid answers	118	100.00%	98.33%
Total invalid answers to this question	2		1.67%
Total questionnaires received	120		100.00%

Friendship and respect shown by health professionals met female respondents' expectations (50% very satisfied).

During the prenatal consultations usually the obstetrician must act with great delicacy in order to prepare physically and mentally the pregnant women for the birth. Thus, 43.33% of all women surveyed felt that they have been given great care.

Figure no. 6. Distribution of cases according to the care provided by medical practice staff



## PUBLIC HEALTH AND MANAGEMENT

**Table no. 5. Information on how to take care of newborn at home :**

Answer versions	Number of answers	Rate of the total valid answers	Rate form the total questionnaires received
Excellent	20	17.86%	16.67%
Very explanatory	40	35.71%	33.33%
Neither good, nor bad	50	44.64%	41.67%
Pretty summary	2	1.79%	1.67%
Insufficient	0	0.00%	0.00%
Total valid answers	112	100.00%	93.33%
Total invalid answers to this question	8		6.67%
Total questionnaire s received	120		100.00%

Responses to this question led us to the conclusion that almost half of all women need a "mother school" - to ensure a proper education needed by the newborn.

### CONCLUSIONS

Resulting from the interpretation of the results of Questionnaire no. 1, in conjunction with those results obtained during the group interview and the results obtained from monitoring the activities of medical service providers (private medical practice team), using the observation method, we can conclude that:

- the services provided by the private medical practice are safe both for the team (physician, registered nurse, nurse) as the *safety culture* is observed, and for the female patient and her family.
- the medical team strives to maintain the safety of its female patients and their families at a high level, always trying to reduce female patients' discomfort
- the confidence in the private medical practice confidentiality is high.
- the safety of the female patients interviewed is closely related to: accessibility, availability, communication, interpersonal care and conditions which are very important indicators in the assessment of the quality of medical care service.
- finding ways of communicating between the physician and the female patient is very important for the safety of health care provided by the private medical practice
- involvement of pregnant women in promoting their own care (mother school, active involvement in education of the mother and family for the pregnancy progress under optimal conditions)
- the need for acquiring knowledge through health education and / or by mobilization of the community. The preventive services must exist along with the healing services (the knowledge and timely detection of risk factors for pregnancy).
- the state-of-the-art technical endowment, efficient in terms of cost, locally available, should be accepted (medical practice equipment allowing morphological scans for early detection of possible fetal malformations)

#### *Proposals:*

To increase the safety of the services provided by the

private medical practice, and not only of them, as a strategic approach to public health in connection with mother and child, I propose a "*Letter to Mom*", which describes the main stages of pregnancy and puerperium period, the pace and need of prenatal checks.

For the beginning, in order to understand the need for regular visits to the gynecologist during pregnancy, I present some information on prenatal consultation:

Prenatal consultation represents a major element in reducing maternal and fetal risk and identification of a pregnancy with a high obstetrical risk.

Prenatal Consultation includes the following steps: primary - avoiding illness, secondary-diagnosis and treatment as early and correct as possible, tertiary - to avoid complications and aggravation of illnesses.

The aim of prenatal consultation: functional check of maternal organs, which will be overstressed by pregnancy, pregnancy monitoring and detection of risk factors to prevent obstetric complications, mental and physical preparation for childbirth.

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