



LATVIJAS  
UNIVERSITATE  
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MF

Medicīnas  
fakultāte

# Economic, social, cultural and organizational aspects in healthcare

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# Why introduce quality assurance in healthcare

## Quality assurance options



# Topics to Be Covered

- Why introduce quality assurance in healthcare
- Quality assurance options
- Change of understanding
- Comprehensive Quality Management System in Healthcare
- Summary



**QUALITY** 



**Electronic Universal  
Testing Machine**



**High and Low Temperature  
Testing Machine**



**UV Accelerated  
Weathering Tester**



**Pressure Testing Machine**

# Definitions of Quality in Healthcare

**In practice .....**

= doing right things right the first time

= the right care for every person every time

= first NO harm



# Veselības aprūpes attīstības dinamikā:

## Most common aspects

time

complexity

intensity

## *Influencing factors*

science and technology

economy

politics

philosophy opinion

mode



# A background for national quality policies in health systems

- Health systems are not secure
- Unacceptable results of the application of theory and practice
- Inefficient use of technology
- Unacceptable losses due to quality problems
- Long waiting time
- Customer / patient dissatisfaction
- Unequal access to health care services
- Unacceptable costs to society

Charles D.Shaw, Isuf Kalo 2002,WHO A background for national quality policies in health systems



# The quality of health care from the point of view of different "players"

## From the patients' point of view

- Satisfying the patient's wishes



## From the point of view of professionals

- Satisfying the needs of the patient determined by the professional, using of the best clinical practice



## From the manager's point of view

- The most efficient use of resources





# Quality areas and improvement

## Framework for Quality: Six Key Areas of IOM Report

Six key areas of quality of healthcare are needed to be monitored. Healthcare should be:

*(Acronym: STEEEP)*

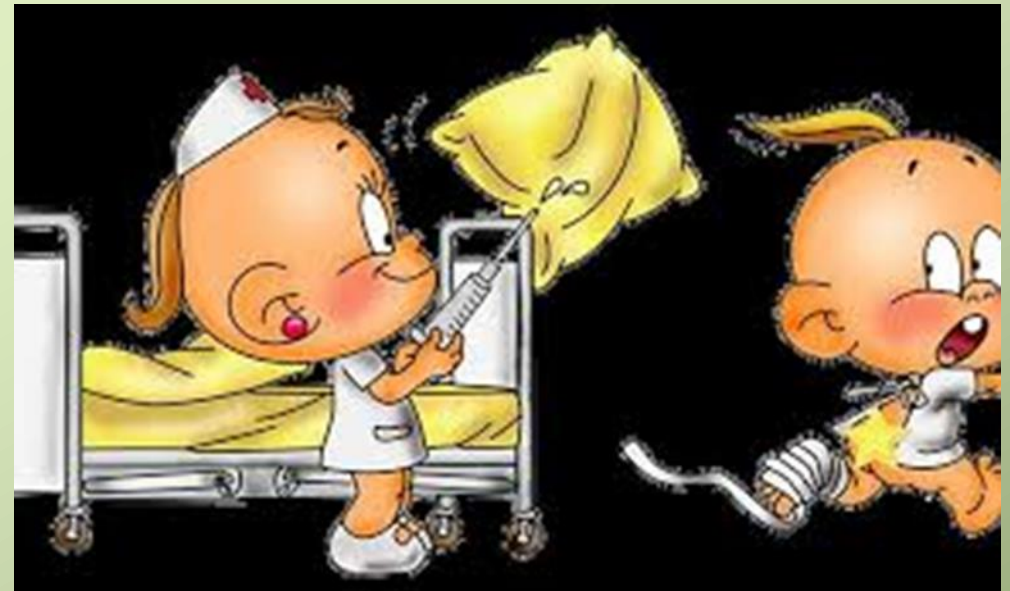
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered



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- Quality assessment makes no sense if it is not followed by improvement

“All improvements are changes, but not all changes are improvements! ”  
(J. Juran)



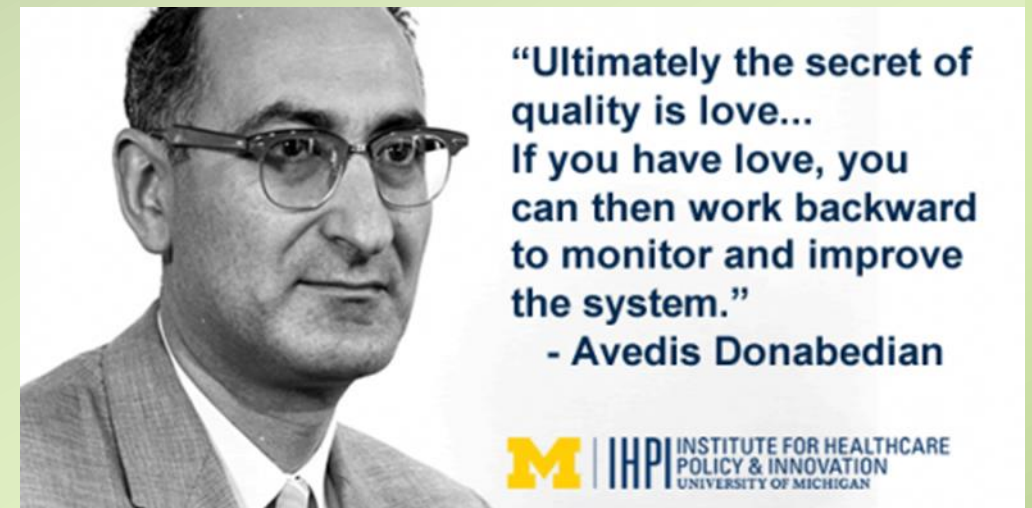
# Quality assurance

It consists of two continuous processes:

- Quality assessment
- Quality improvement

Quality cannot be improved without evaluation

Quality assessment makes no sense if it is not followed by improvement





Three dimensions:  
structures  
processes  
Quality of (treatment) outcomes

# Structures

processes

Quality of treatment outcomes





# Structural criteria WHAT DO WE HAVE?

## Medical institution

- Buildings, premises, equipment, devices

## In the health care system

- medical institutions
- medical staff





Structure

# Processes

Quality of the results

# Process criteria

## HOW DO WE DO IT?

- General rules of organization
- Allocation and delegation of responsibilities
- Managing all processes
- Availability of services, continuity
- Patient flows
- Treatment processes
- Clinical guidelines, algorithms, standards, etc.



# Principles of processes



A process describes the associated workflows that consist of many related procedures

- primary processes or main processes patient treatment
- support processes or secondary therapy control, process of taking medicines
- tertiary processes (logistics, IT, strategic planning, finance and control)



Structure  
Processes  
**Quality of (treatment)  
outcomes**



# Outcome criteria WHAT IS THE RESULT WHAT WE ACHIEVED?

## Medical institution

- Overall performance

## Results of medical activity

- Cure
- Improvement
- Complications
- Dead

## Patient satisfaction

- Care
- Comfort

12/11/2022



# An example of the medical outcomes

- 8863 patients over 18 years were treated in hospital for 2020 year
- 8279 were discharged with recovery or improvement
- 584 patients die
- patients aged over 60 years were 4993

Is it possible to analyze the outcomes in a high-quality way?

# An example of the medical outcomes<sup>2</sup>

623 patients were treated in the X intensive care unit during the year 2020

131 diet

78 discharged

Is it possible to analyze the outcomes in a high-quality way?



# Outcome criteria (continued) WHAT THE WE ACHIEVED?

- Health status of the population

Healthy life expectancy - In 2018, the healthy life expectancy in Latvia was 51.0 years for men and 53.7 years for women

Latvia has the lowest rates in the European Union, (with Sweden (73.7 years for men and Malta 73.4 years for women)

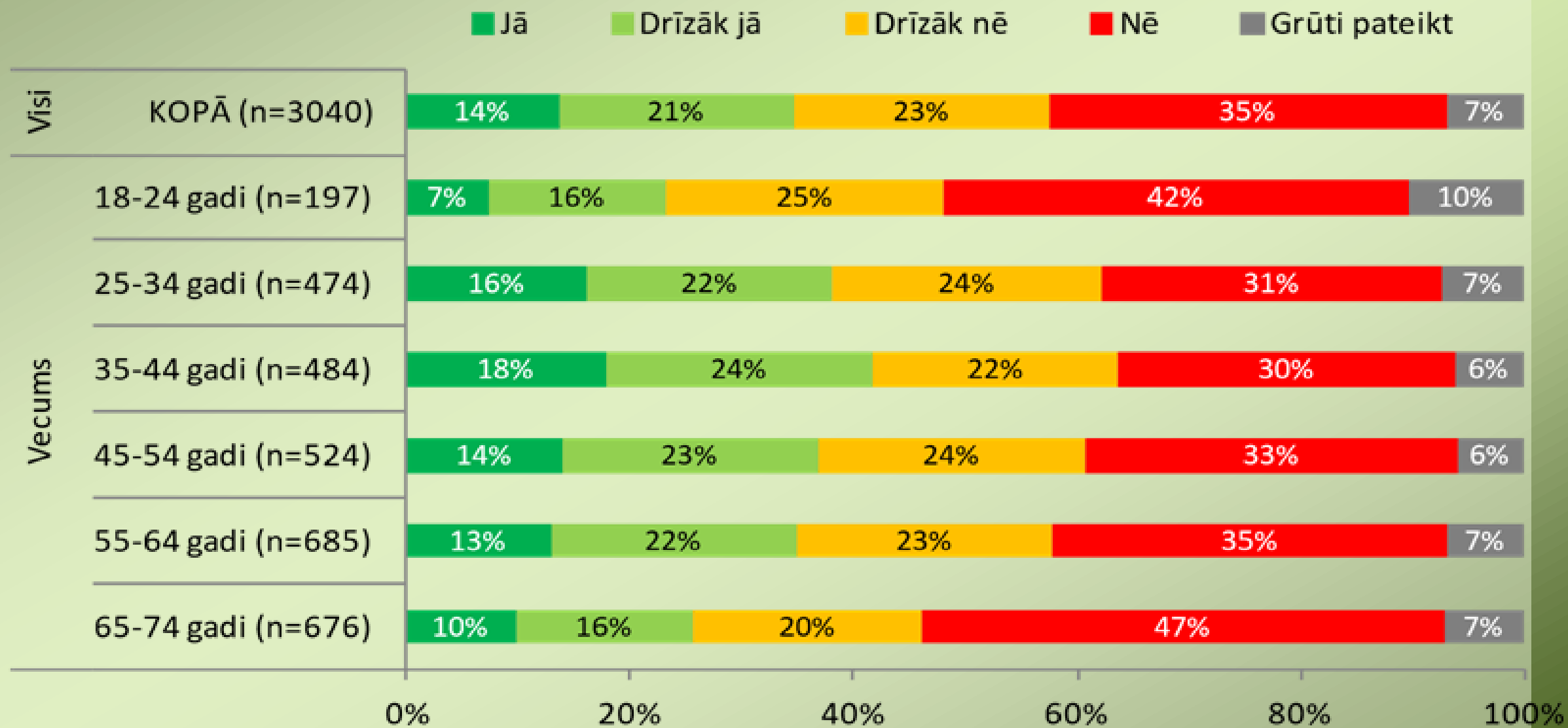
Latvia. Key statistical indicators 2020 | CSP

- Population satisfaction

Various surveys

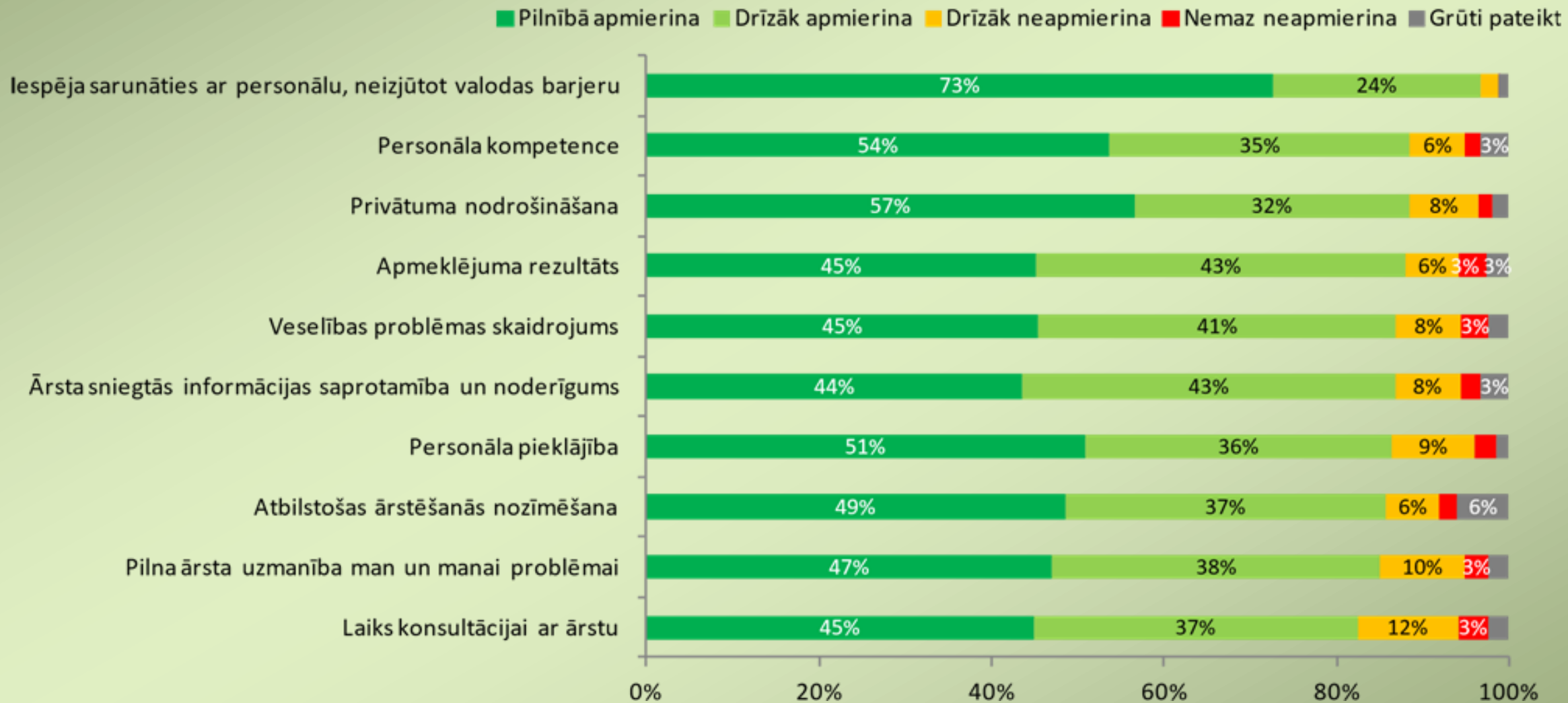
# Respondents' answers on whether they know how to find a state-paid service

pētījums par pacientu apmierinātību ar veselības aprūpes pakalpojumu kvalitāti nvd 2018



# Measurement of staff-patient communication aspects

Par pacientu apmierinātību ar veselības aprūpes pakalpojumu kvalitāti NVD 2018



# Comment

- The environment surrounding healthcare facilities has changed significantly in recent decades
- Government support has not increased, but patients' demands, and expectations have increased
- Healthcare institutions that want to survive in these conditions need to adapt to the new situation
- **Therefore** ..... The key principles of the strategy include patient orientation, efficiency and staffing
- Quality management helps
  - to improve patient treatment outcomes
  - the quality of treatment processes
  - the quality of management and organization,
  - the quality of the organizational culture, which is no less important



# Summary

## Indicators of quality criteria

### Results

- Clinical
- Management
- Patients



- Indicators

### Processes

- Clinical



- Guidelines

- General



- Quality system

### Resources

- Staff
- Equipment
- Premises



- Minimum requirements

# Mandatory Requirements

Cabinet Regulation No. 60 of 20 January 2009 (Protocol No. 6 § 26)

## **Regulations on Mandatory Requirements for Medical Institutions and Their Structural Units**

2. General requirements for medical institutions

3. A medical treatment institution, observing the requirements specified in the regulatory enactments regulating **the field of construction** and these Regulations:

3.1. is in a building designed or adapted in accordance with its operation;

3.2. ensures accessibility of the environment for persons with functional disorders

# Mandatory requirements for hospitals

94. An inpatient medical treatment institution shall have the following structural units:

- 94.1. **inpatient wards**, where the patient is provided with a bed and 24-hour care;
- 94.2. **admission section**;
- 94.3. structural units which perform medical activities without providing a bed;

Inpatient wards are listed separately

- 94.4. **structural units** which ensure the performance of functions **related to medical treatment activities**:
  - 94.4.1. disinfection and sterilization service;
  - 94.4.2. diagnostic, laboratory and patient functional capacity assessment structural units;
  - 94.4.3. pathology department with a morgue or premises for the storage of the dead;
- 94.5. administration;
- 94.6. economic and technical services





Awareness change:  
from patients to  
customers



# Different? Similar?

- **CUSTOMERS?**



- **PATIENTS?**



# External and internal clients

External clients are all recipients of services, as well as stakeholders in the services of healthcare institutions

- This definition include hospitals, private practitioners, health centers and other partners, as well as public / private health insurance, public administration and politicians

All employees of the institution who participate in the provision of services are considered internal customers

It is all staff who provide services to clients while they are in the hospital.

It is important that individual specialists alternate between service providers and recipients

- For example, an orthopedic surgeon is a client of a radiologist prior to surgery;
- he depends on the services of a radiologist

# External and internal clients

- Internal customers are all employees of the institution who participate in the provision of services

All staff providing services to clients/patients

- Individual professionals are alternately both providers and recipients of services

Orthopedic surgeon is a client of the radiologist before surgery depends on the radiologist's services

The physiotherapist depends on the quality of the surgery performed

- Only together can they ensure a good quality of outcome

# Changes and quality 1

## Quality from a Physician's Perspective

The first question that doctors and specialists in health care institutions often ask themselves are:



- what equipment the institution needs **first stage:** improving the quality of the structure)
- After purchasing this equipment, doctors and specialists consider what the hospital can do with this equipment **second stage:** improving the quality of the process
- Professionals are interested in the improvement of outcomes they can achieve with these new devices **Stage Three:** Outcome Quality from a Physician's Perspective)



# Changes and quality2

## The patient's expectations



- The first question asked by patient-centered healthcare providers should be
  - "What does **my patient** need / want?" In this case, the patient's expectations determine the main point of action the **first step:** validation of the quality of the outcome from the customer's point of view)
  - In the **second stage**, health care providers translate these desires into the required results from the point of view of specialists
  - The **third stage** focuses on the evaluation of the processes that deliver these results third stage: understanding the quality of the process
  - Finally, the resources required are assessed **last step:** identification of the necessary staff and equipment, ie the quality of the structure).



# Quality control

# The aim of quality control



The aim of quality control is to ensure the reliability of processes by making them as stable as possible and by implementing a feedback mechanism for self-regulation

- **development of quality requirements** for specific processes
- establishment of a **standardized procedure** for specific processes
- **performance evaluation** of specific processes
- **comparing** performance and demonstrating process variability
- **process regulation** in case of systematic deviation

Ārstniecības iestāžu visaptverošas kvalitātes vadības sistēmas metodika Daiga Behmane, Igors Trofimovs, Dzintars Putnis

# Deming cycle

## Plan

Problem phase: problem definition  
project and project team definition.

Measurement phase: defining the right  
measurement indicators, planning and  
implementing measurement, identifying  
causes

Therapy phase: definition of quality  
goals, development of alternative  
solutions, development of process  
application

## Action

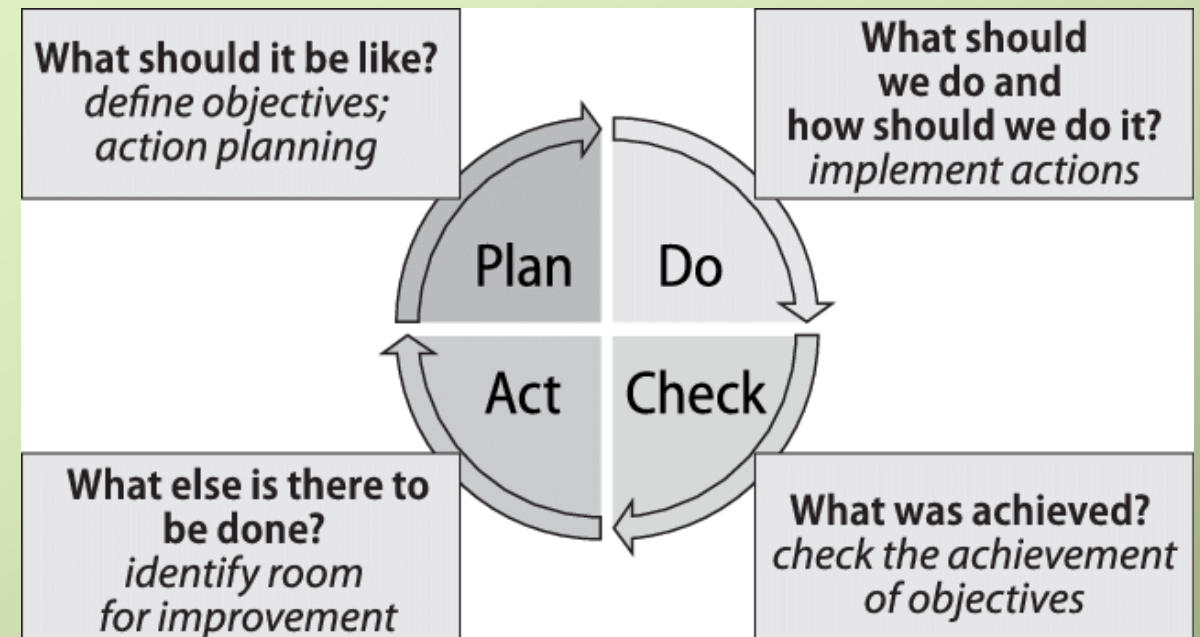
Support for readiness for change,  
implementation of the solution

**Verification** Measurement of achieved  
goals, establishment of monitoring  
system

**Action** Application of measurement  
knowledge

Supporting a culture of improvement.

Dissemination of changes elsewhere





# Comprehensive Quality Management System in Healthcare



This system describes the interaction of methods and tools for solving quality issues at different levels

- System **promotes active and continuous quality management**, as well as a focus on cross-sectoral processes and the functioning of teamwork
- **Patients** are basically considered customers
- Management **strategies focus on patients, processes, staff and efficiency**
- Quality management is **based on an interprofessional, cross-functional and inter-archaic approach**
- Its purpose is to **reorient the institution towards the actual task**
- Different **knowledge gains importance** by being seriously integrated into performance processes
- **Communication** and coordination are fundamental to success and achievement of goals
- The **role of key managers** is to provide a structure that allows performance processes to be interconnected and as smooth as possible

# Comprehensive Quality Management System in Healthcare

## Quality cannot be delegated

- The quality of services is inseparable from the work processes that take place in the background
- In order to increase internal quality, internal exchanges of services must also be identified and evaluated
- **This means that each employee is responsible for their work with the internal client and thus for the work of the healthcare institution as a whole**



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# Comprehensive Quality Management System in Healthcare

**5 risk areas** have been identified, 10 criteria have been identified in each area

Measurable :

- Management processes and responsibilities
- Employee competence
- A safe environment for patients and staff
- Clinical care of patients



Improving quality and safety

Ārstniecības iestāžu visaptverošas kvalitātes vadības sistēmas metodika Daiga Behmane, Igors Trofimovs, Dzintars Putnis

# Comprehensive Quality Management System in Healthcare



- "It can be said that the phenomenon is under control if, using past experience, we can at least predict, as far as possible, how this phenomenon may change in the future." (V. A. Shuhart.)
- "To understand a quality indicator, it is necessary to understand changes over time, not to compile data and deal with aggregate statistics." (V. A. Shuhart.)
- Improvement takes time and work. To determine whether lasting improvements have been made, hospitals need to monitor changes in patterns over time. There are various tools for quality development and improvement





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