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Quality Care Within The Hospital Management

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ABSTRACT

Within the health sector, the concept of quality is becoming increasingly important and being paid more attention by officials. Therefore, the quality standard was introduced in hospital practices thus requiring the establishment a Quality Management System (QMS) which provides quality as the responsibility of all the hospital staff (administrative, medical and paramedical) so as to be up to offer a service that responds to the concerns and needs of patients. The Quality in hospitals corresponds to the balance between hospital services and the needs and expectations of the patients according to medical knowledge and texts rigors. It incorporates an intrinsic component of safety and reliability of health care. All these specificities raised on quality imply that in the health sector, a development and implementation tooling must be naturally established. As a matter of fact, both standardization and certification are among the main tools of quality.

INTRODUCTION:

In recent decades, state hospitals in Tunisia, as in many Western countries, have been facing challenges not only those related to the rationalization of public spending, but also those related to the improvement of the quality owing to the growing obsession regarding the patient safety and the quality of care especially with the demystification of the judicial recourse of the "medical malpractice" cases (Ducale & al, 2000; Starsem, 2003; Husser, 2006; Bougmiza & al., 2011).

The quality issue not that new in the health care sector, but it is becoming increasingly important and attracts more attention of the responsible. Indeed and in the recent decades, hospitals had already developed their "quality services" and assigned teams in charge of the continuous improvement of quality (Stephan & al, 2003; Husser, 2006). Innovation, in this context, is essentially related to the pressure under which hospitals are expected to invest in this dimension including the importation of managerial methods adopted in the industrial sector such as the certification system and the quality management system (QMS).

The emergence of the «quality care» concept: Quality is generally defined by the International Organization for Standardization[2] as "the totality of characteristics of an entity

[2] International organization for standardization: http://www.iso.org/iso/home.htm

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that gives it the ability to satisfy dictated or implied needs." In other words, Quality depends on the product or service suitability to real, present and future needs of its users based on both the regulatory and market requirements (Baruch, 2010).

According to Nicolas Baumann Minder (1988), quality involves two branches: "The communication skills to better understand the needs and conscious or unconscious desires of the "other" and on the other hand the dedication of those who unfailingly apply the rigorous procedures and who resort to personal experience and take the initiative to find the right solutions for the indefinite and the unplanned."

The specificity of quality in the health care sector:

In the health sector, quality is defined as the balance between hospital services and the needs and expectations of the patient according to medical knowledge and texts rigors. Nevertheless, several characteristics of the health-care activities condition the concept of quality and the latter's continuous improvement in the hospital (El Gaied, 2010).

Within this very respect, it is worthy to note and specify the original feature of "the subject of work" that is at the heart of hospital care activities: the human being 'a complicated biological object and a weak vulnerable person due to the deterioration of his health' (Martin and Gadbois, 2004).

The care giving relationship is a particular form of service relationship that is based on the advice and support as defined by Cerf and Falzon (2005): "The advice is the activity of an agent who temporarily provides his skills to help the client to make decisions or take actions to implement these decisions".

Thus, in such a relationship, and beyond the inevitable inter-individual variability, patients needs and expectations are not necessarily well defined at the beginning but are certainly changing in such a care- giving relationship (the inherent evolution in the dynamic process of the disease) (and Lapeyrière Falzon 1998).

Moreover, quality within the hospital boundaries includes an intrinsic component of safety and reliability of care. This security issue has particularly emerged given the relatively recent attention being paid to the extent of "insecurity" in health care particularly following the publication of the report "error is human: building a safer health system" in the late 90s. Since then, a large media propaganda accompanied the findings of this report in addition to the broader issue of adverse events related to health care (Thomas & al., 2000). As a matter of fact, the care issue becomes doubly interesting owing to the legitimate and growing demands of patients for security, on the one hand and the considerable additional costs of the management of the malpractices related to health care, on the other (Nestrigue & al., 2011).
It is to be noted, however, that in certain situations, safety and quality (measured by the degree of customer's satisfaction) may lead to paradoxes and contradictions. For example, the case of nuclear medicine care ensuring safety may lead the patient to almost jailers measures.

The implementation of standardization and certification care systems:

All these characteristics raised on quality in the hospital imply that the health sector must naturally implement a development tooling. Indeed, standardization and certification are among the main tools of quality experienced by several countries and imported from the industrial sector to the healthcare sector. Moreover, beyond these two tools, quality hospital presupposes the establishment of a management program which aims at the realization of predetermined objectives, the implementation and consolidation of the organizational structure and more importantly the satisfaction of patients needs. According to the

proponents of the policies concerning the overall quality in the hospital, it is actually the beginning of a necessary redefinition of a new hospital management.

It should be noted that the attention being paid to evaluating the quality of the professional practices in the medical and subsequently the nursing fields relates to the "finding of significant variations in the production of medical-surgeries "following a series of studies conducted in the U.S. in the 70s (Kimberly, 1997; Husser 2006). Since then, the quality standards have been gradually applied in hospital practices requiring the establishment Quality Management Systems (QMS) that usually result in certification (Mambi-El-Sendegele, 2001).

The management of the 21st century inspired a new management equation. In this vein, the main principles of the Excellence model developed by the European Foundation for Quality Management represent a self-assessment repository. The directors should focus their strategies on the basis of this approach to compare themselves to others. It becomes evident that the intangible assets have become a source of competitive advantage. Besides human capital, these intangible assets may be provided through the branding of the hospital and its quality service, the good grip of administrative and the IT procedures, the adoption of a flexible organizational structure...etc.

Accordingly and within the context of producing a health quality service and orienting hospitals towards excellence, we introduce the ISO standard, which will be a common repository. To implement a QMS, the hospital must "demonstrate its ability to consistently provide a product that meets the customer needs and favourably responds to applicable regulatory requirements". The hospital should also aim to "increase customer satisfaction through the effective application of the system [...] "(cf. Standards NF EN ISO 9001 Fournier et al (2011)). The implementation of such a management system has gained ground since the 1990s leading to a renewal of production, direction and management practices (Ohno 1989, cited by Iazykoff, 2004). This new indicator allows comparing one hospital to another in terms of quality.

Certification, in turn, can be defined as a cognitive device being set i.e. it is for the partners to agree on certain conventions namely; the regularity of how to behave as a kind of common repository. The quality certification which was first concerned with the product, then with the industrial and organizational processes, has now been integrated into the management and the strategies of the company that operates in various sectors, including health care (Fournier et & 2011).

Returning to the issue of standardization, it is worthy to note that criticisms of reconciliations made between this type of quality management and Taylorist work organization; due to the use of formal procedures and controls such as regular audits (Iazykoff, 2004). Standardization implies the establishment of formalized procedures and processes which focus on the technical care, and also on the organization of care as well as the hospitality and communication procedures (HAS, 2012). This normalization of techniques, processes and organizations can play the guarantor of the removal of certain "routine errors" thus promoting the safety and the quality of care. Nevertheless, the notion of quality as a response to the needs of users is highly variable and difficult to "normalize", depending on the individuals or the entity that define it as well as the trades to which it belongs (Fournier & al. , 2011).

In addition, the implementation of these procedures is not highly respected given that they are generally perceived as anothor prescription (Campinos-Dubernet & Jougleux, 2003). This additional vertical prescription may in certain circumstances push to the transgressions and the operation of the illegal normal system.

Towards a global management quality of the hospital:

Within the boundaries of the public hospital, in particular, where power conflicts between administrators, managers, versus caregivers are often palpable, the accreditation procedures are often accused of depriving certain operators of their jobs (Mas, 2011). Indeed, Caregivers face a major challenge that focuses not only on their ability to provide patients with " normative " care that meets quality standards but also to ensure adequate care resources for other key activities in the hospital (Mas , 2011). Thus, the quality standard established by the directors - reflecting their managerial and economist logic - does not correspond to the business logic and the subjective representation of the caregiver and the patient's needs and may also compel the caregivers to follow procedures that do not take into account the feature of their activities, the know-how acquired through the practice of the activity. In fact, "good work" cannot be summarized in the indicator of quality and productivity. It also implies a feeling of being bias, authentic, helpful to the society and recognized by peers (Davezies 2006; Dejours & al. 1994).

In order to overcome these limitations and criticisms, quality should be seen as the concern of all the health care staff (medical, paramedical and administrative) in an effort to offer a service that corresponds to the promise and the commitment to patients. Additionally, in order to take advantage of the quality, it is necessary that the hospital bases its operation on an internal reference for self-evaluation. Thus, the quality issue has been extended and applied to everything the hospital has to do to reach a better investigation and internal organization (HAS, 2012; Husser, 2006 El Gaid, 2010).

Thus, beyond the quality standard, the "quality approach" is what allows to finalize the hospital investigations and to apply them correctly in applying the quality in terms of the organizational approach. Quality implies the idea of trajectory. The transgression path taken in a constructive and progressive direction is similar to a passage through the Common Economic Space. Indeed, the approach is a systematic form of the transition towards the achievement of objectives. A passage through a process that is creative, constructive and especially scalable. Thus, any form of approach is measured and qualified. This approach, however, is now perceived as a luxury but also a necessity and a requirement for the hospital. In this context, Petty (2004) argued that "if the quality can be one of the pillars of the strategy, it does not exist in our knowledge of companies focused on quality at the point of making a proper finality. In this sense, quality is considered as a means and not as an end in itself".

Consistency in an approach is the proof of its quality. Indeed, the quality approach should take into account the appropriate strategies and the patient liabilities and more importantly especially should strengthen the interference between its authors and actors. A quality approach that is well supported and determined deliberately defends and promotes the general interest to self-interest. These pressures are both carried out by public authorities, users, help patients associations and the media.

CONCLUSION

The quality management in the health sector has its own advantages:

- **Better organization:** quality is a modernization lever that largely influences the productive vision (quality of service) through an effective management of the strategies and the human resources.

- **Better radiation:** for a hospital to take advantage of a suitable quality approach, it must take into account both the explicit and implicit expectations of patients.

- Better financial management: quality generates significant cost savings given that the cost of quality is evidently lower than that of non-quality.

The hospital must make considerable efforts to establish a quality control process and must constantly invest so as to offer better quality care services.

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