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QUALITY MANAGEMENT IN POLAND'S HEALTHCARE STRUCTURE

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Abstract

Providing medical services is a special activity in medicine as it occurs in a particular market – which the medical sector is – and possesses an exceptional goal, that being the preservation of human life. The specificity of this sector results from the fact that it compels correct and disciplined procedures since mistakes, or lack of competence by medical personnel are not allowed where rescuing human life is concerned. Legal regulation advances appropriate standards which should ensure proper service levels for the widest group of patients. In practice, these regulations help in identifying patient expectations and make possible efficient implementation of said standards. An example of such quality standards mechanisms is the ISO as developed by the International Organization for Standardization. Accreditation requirements are also developed by the Center for Monitoring Healthcare Quality (unofficial translation). The intention of the article is to define the meaning of healthcare quality and its management thereof from the perspective of current regulations and predominant trends in Poland'smedical service market. Additionally, examined are the normalization of quality standards of Poland's healthcare and the directions of efforts by healthcare institutions.

Keywords: *healthcare quality, medical service sector, quality management.*

1 INTRODUCTION

The reforms introduced into Poland's healthcare system since 1989, the dynamic development of medical technology and the increase of new health risks, all give rise to a reconsideration of the concept of healthcare quality and its growth in significance. Providing medical services is a very specific medical activity i.e. it occurs in a particularly restricted market and reflects a noble undertaking as in maintaining human life. The specificity of this market results from the demands of appropriate and structured functioning since there is little or no margin of error, or lack of competence when saving human life by medical personnel.

The meaning of the concept "medical service quality" may vary from patient to patient:

- for some it may simply signify access to healthcare or helpful personnel at medical facilities;

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- for others, it may indicate efficient and complex care guided by the highest international medical standards. Thus, contemporary lawful regulation introduces specific standards which should ensure appropriate levels of service for the broadest patient group.

These regulations enable identification of patient expectations and efficient initiation of standards. An example of such a mechanism of quality standards is the International Organization for Standardization (ISO). Another may be the accreditation requirements as set out by the Center for Monitoring Healthcare Quality (unofficial translation) - a unit of Poland's Ministry of Health – whose mandate includes:

- motivating and supporting initiatives for improving medical service quality,
- factors assessment which influences health benefit levels, and
- indicator assessment reflecting service levels of healthcare providers.

The article's focus is to approximate the significance of quality in the healthcare sector and its quality management, as seen from the perspective of existing regulations and emerging trends in the medical service market. Furthermore, the issues facing standardization in the area of Poland's healthcare, and its inclinations, which may be undertaken by medical facilities with the intent of quality improvement of rendered services and improving patient safety.

2 MEDICAL MARKET SERVICES

Initially, it seems reasonable to establish the limits of the medical service market. This is a market where there is an exchange between service providers (medical entities) and service receivers (patients) (Buzowska, 2008, p. 204). The definition of "patient" is given in the Directive of the European Parliament and Council of March 9, 2011 (Article 3, Position h), regarding the application of patient rights in foreign healthcare (Buzek & Gyori, 2011) to wit, every individual who requests or receives healthcare in a member state.

In addition, in accordance with Poland's Dziennik Ustaw (Poland's Legislative Journal) of April 15, 2011, in Article 2 Item 10, regarding healthcare activity (Dz. U. of 2016, Position 1638) as it pertains to healthcare services, it should be understood as every service or procedure applied for maintaining, saving, restoring or improving health and other medical actions resulting from the process of treatment or separate applicable regulations regarding said procedure. These services possess certain features which differentiate them from other services provided by commercial entities (Izycka-Raczka, 2000, pp. 9-11). These features may include:

- regulations concerning the professional qualification of medical personnel (Sztembis, 1997),
- laws pertaining to choice of therapy (therapeutic technology choice) – a doctor has the autonomy to decide the course and mode of therapy,
- restrictions on patient autonomy in certain cases where a patient is incapable of deciding on therapeutic methods and these choices are made by a doctor(s) or emergency personnel,
- the complexity of delivering medical services e.g. acquiring medical equipment, instrumentation and performing various services,
- the shift of certain groups of patient powers to doctors who undertake decisions e.g. methods of therapy to be used, and
- the influence of a patient's mentality or attitude on the course of an illness.

Regarding factors shaping the medical service market, the following may be included:

- the specificity of managing medical services as it is involved in a nonmaterial realm – health is neither material nor tangible,
- the relatively short "shelf-life" of given services – they cannot be stored "for later" as can be seen in medical facilities readiness to accept patients day or night (Filip, 2000),
- the variability of services rendered – the medical service may vary depending on the qualifications of medical personnel and the time period of doing the service e.g. administering various pharmaceuticals for similar conditions,
- the absence of mechanisms for legal resale of pharmaceutical products,
- the specificity of given information – patients entrust their lives to doctors since they do not

possess the satisfactory medical knowledge, whereas doctors do possess competence for diagnosing a particular malady, and
- the uncertainty and risk associated with a given existing condition and the consequences which may appear when administering a particular therapy.

3 THE CONCEPT OF HEALTH QUALITY

The idea of health quality, as it pertains to Poland, has been under consideration since 1989 and has undergone frequent modification. The issue of care quality during the previous period was strictly limited to determining whether or not malpractice was committed. Healthy quality currently is seen comprehensively in managing healthcare services and has become an element of competition among health care facilities (Balmas, 2011, pp. 257-274). Quality in healthcare is complex and multidimensional which makes it difficult to define explicitly (Szczepanska, 1996, p.99). "Quality" in and of itself as it pertains to healthcare, is currently understood as:

- collective characteristics and performance of services deciding the capacity to satisfy confirmed and anticipated needs (Opolska, Szemborska, 1997, p. 45),
- ability to fulfilling patient expectation and need (Opolski, 1998, p. 27), and
- satisfying functional and nonfunctional needs (Fras, 2000, p. 21).

In the eyes of the World Health Organization (WHO), health service quality is care which answers to established criteria and currently reflects medical knowledge within the realm of present resources to assure patients maximal health gain and minimal health loss risk (Opolski, Dykowska, Mozdzonek, 2005, pp. 36-42). The same organization defines health care quality as: "The degree to which health services encompass individuals and populations increase the probability of reaching treatment expectations and indicates conformity with current and professional knowledge".

4 THE LAW AND SERVICE QUALITY

The issue of medical service quality is governed by European Union (EU), Poland's and WHO regulations. Laws govern how to perform medical service benefits as well as other areas outside medical activity e.g. quality management.

To the fundamental legal acts of the EU which regulate the issues pertaining to quality management and safety of medical service belong:

1. the recommendations of the EU Council (2009/C151/01) pertaining to ensuring patient safety including prevention and control of infections associated with healthcare (Simerka, 2009); Recommendations in the area of quality management refer to, among others:
   - support for forming safer and friendlier systems for patients, processes, and tools, such as taking advantage of information and communication technologies (Markiewicz, 2014, pp. 45-61),
   - regular review and updating safety standards or required model solutions in healthcare as per each member state,
2. the Directive of the EU Parliament and Council (2011/24/EU of March 9, 2011) regarding applying patient rights in foreign healthcare specifically referring to the active improvement of health safety quality.

Analysis of EU regulation allows the suggestion that at the Union level there are no explicit solutions pertaining to quality and safety standards, as well as a clear indication of high quality, criteria for healthcare. Therefore, it seems reasonable to suggest that quality management systems based on ISO, as well as state or international accreditation, should be standards conditionally fulfilling EU regulations.

In the case of Poland's laws, regulations pertaining to medical service quality are spread out among various legislative acts, including:

1. the Act of May 20, 2010, regarding medical products (codified text Dz. U. of 2015, Position 876, as amended),
2. the Act of December 5, 1996, regarding professions of medical doctors and dentists (codified text Dz. U. of 2015, Position 464, as amended),

3. the Act of July 15, 2011, regarding professions of nursing and midwifery (codified text Dz. U. of 2014, Position 1435, as amended),
4. the Act of July 27, 2011, regarding laboratory diagnostics (codified text Dz. U. of 2014, Position 1384, as amended).

Quality management is carefully unified in implementation acts at the level of directives, such as:

- the Minister of Health directive of June 26, 2012, regarding detailed requirements that should be met by facilities and equipment used by medical service providers (Dz. U. of 2012, Position 739),
- Minister of Health directive of December 20, 2012, regarding medical procedure standards in anesthesiology and intensive care by medical service providers (Dz. U. of 2013, Position 15),
- Minister of Health directive of July 20, 2011, regarding medical personnel qualifications for various workplace positions at non-commercial medical facilities (Dz. U. No. 151, Position 896),
- Minister of Health directive of August 6, 2009, regarding the Accreditation Council (Dz. U. No. 130, Position 1074), and
- Minister of Health directive of August 31, 2009, regarding accreditation standards in assessment procedures for healthcare facilities and fees for said accreditation (Dz. U. No. 150, Position 1216).

Future legislative activity in Poland's laws is the proposed act pertaining to healthcare quality and patient safety [The project's premises are now at the public consultation phase].

As a practical matter, implementing the fundamental intentions for ensuring high quality and safety in healthcare is covered by the Chairman directive of the National Health Fund (No. 3/2014/DSOZ of January 23, 2014) regarding establishing bid assessment criteria in the procedures of entering into contracts for performing healthcare services adjusted to the modification directive of the same chairman – No. 60/2014/DSOZ of September 17, 2014.

This seconds Directive clarifies criteria upon which the bid is assessed. These criteria include:

- the quality of healthcare services performed,
- the comprehensiveness of services performed,
- access to said services,
- continuity of said services, and
- the charges for said services.

However, the fundamental criterion, taking into account management system quality and the number of possible points to again, is "Quality of Performed Healthcare Services". This criterion includes the following elements:

- personnel qualification, skill, and experience,
- facility equipment and apparatus,
- independent assessment certification including system management certification or Ministry of Health accreditation certification,
- inspection assessment of hospital infections and antibiotic therapy policy, and
- the results of the last inspection by the National Health Fund final post-inspection result including any resulting concerns.

In the area of implemented quality systems for healthcare, the highest significance is the sub-criterion of "independent quality assessment". The confirmation of compliance is possession of ISO or Ministry of Health certification as per the management system introduced e.g. ISO 9001, ISO 14001, or Ministry of Health accreditation. Since 2014, the significance of this sub-criterion has been strengthened in comparison to previous years which should be rated positively.

The types of certificates have also been clarified which confirms the introduction of quality systems. Strengthened criterion resulted from encouraging medical facilities to introduce quality standards, which in turn should have improved the quality level of offered services and patient safety (Haber, Gelert, Hryniewicz, Niezakowski, & Sandauer, 2013).

5 QUALITY MANAGEMENT IN THE MEDICAL FACILITY

The analysis of applicable legal solutions at the EU and national levels, especially with regard to the Act of November 6, 2008, pertaining to accreditation in healthcare (Dz. U. of 2009, No. 52, Position 418, as amended) allows for the response of the practical. An example can be the ranking of hospitals by the Center for Monitoring Healthcare Quality – "Safe Hospital 2017" (14th

edition). In a special insert of the daily publication *Rzeczpospolita* (December 14, 2017), the following ranking was presented:

1. "Gold 100" ranking including 100 specialized multi-procedural hospitals,
2. Single specialty hospital rating 10 procedural hospitals,
3. Ten specialty hospitals rating 10 procedural hospitals,
4. Ranking voivodship procedural hospitals.

These procedural rankings show the results in the individual voivodship taking into account the rated placement in the above rankings. In order to be placed in the ranking, a hospital had to have a minimum number of points as the "Gold 100" hospitals i.e. 752.

The Ministry of Health awarded three hospitals accreditation (as of December 29, 2017), they are:

- 7. Szpital Marynarki Wojennej z Przychodnia Samodzielny Publiczny Zaklad Opieki Zdrowotnej im. Kontradmirala prof. Wieslawa Lasinskiego *(unofficial translation – 7th Navy Hospital and Outpatient Clinic SP Health Care Center)* in Gdansk in the range of activity of the 4. Wojskowego Szpitala Specjalistycznego *(unofficial translation – 4th Specialized Military Hospital)*,
- Zespol Opieki Zdrowotnej *(official translation – Health Care Center)* in Konskie under the auspices of Specialist Hospital St. Lukas in Konskie, and
- Wojewodzki Szpital Specjalistyczny im. Św. Rafala *(unofficial translation – St. Raphael's Specialized Voivodship Hospital)* in Czerwona Gora.

The Gdansk hospital earned the accreditation certificate on the basis of its participation in the project "Supporting Hospitals in Initiating Quality Standards and Healthcare Safety" (unofficial translation), part of the "hospital Accreditation Program", part of the Operational Program Knowledge Education Development 2014-2020 (POWER) funded in part by the EU Social Fund.

Presently, 190 hospitals have accreditation certificates and all certificates are valid until November 13, 2020.

The referred to ranking "Safe Hospital 2017" identified the following areas:

1. Area A – Buildings, maximum weight – 70,
2. Area B – Assets management, maximum weight – 60,
3. Area C – Installed Power and Media, maximum weight – 70,
4. Area D – Surgery Theater, maximum weight – 80,
5. Area E – Sterilization System, maximum weight – 50,
6. Area F – Diagnostics, maximum weight – 130,
7. Area G – Information System, maximum weight – 40,
8. Area H – Management, maximum weight – 60,
9. The area I – Medicine Polity, maximum weight – 40,
10. Area J – Service Quality, maximum weight – 80,
11. Area K – Certification, maximum weight – 100,
12. Area L – Patient Stay Comfort, maximum weight – 30,
13. Area M – Event and Complaint analysis, maximum weight – 40,
14. Area N – Personnel and Qualification, maximum weight – 90,
15. Area O – Finances, maximum weight – 60.

In the collation ranking, the following areas were joined:

- Management – Areas A, B, C, G, H, O maximum weight – 360 points,
- Healthcare Quality – Areas J, K, L, M maximum weight – 250 point,
- Medical Care – Areas D, E, F, I, N, maximum weight – 390 points,

Maximum number of points – 1000

6 CONCLUSIONS

The analysis of selected regulations and the issues of quality management facilitate the following observations:

1. The functioning of a quality management system ensures receiving healthcare services at the highest possible level.
2. Care for qualifying and maintaining high service quality levels requires undertaking determined choices for improving all the elements of a quality management system.
3. The quality of medical services provided by a hospital possessing recognized quality

management is significantly higher than those hospitals which do not have such certification.
4. Quality remains closely correlated to the type of hospital e.g. specialized – it should be noted that significant differences in functioning institutions result from size and specialization.
5. Quality is an exceptionally important value for patients of a healthcare system.
6. In undertaking pro-quality efforts, the perspective of the patient should be taken into account – subjective feelings, needs and expectations.
7. Implementation of a quality management system in hospitals causes the need for constant professional improvement of healthcare staff.

Implemented quality algorithms and procedures should form appropriate attitudes and behavior of healthcare personnel, and at the same time, develop a medical facility's organizational culture. Undertaken quality improvement efforts may provoke employee resistance which then requires appropriate procedure strategies by hospital management.

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