

QUALITY MANAGEMENT IN MEDICAL REHABILITATION

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Abstract: Quality assurance is a management system that involves the provision by each member of the quality of work for which it is responsible. This means that staff team management quality of care, working in a hospital, the medical and support staff to the hospital management, is involved in a program of continuous quality improvement.

Material and method.

We have studied 300 patients admitted to the Medical Rehabilitation Hospital Felix, at the end of hospitalization period, investigated by administering questionnaires and evaluation in order to increase the quality of services within the health unit.

Results and conclusions

After statistical processing of data recorded, the study showed that medical rehabilitation services have a contribution of 75% in health insurance to inpatients, 25% contributing different characteristics of the patient, family structure, social conditions and environmental factors that influence results. Patient satisfaction is considered to be a distinct criterion for assessing the quality of the result and therefore, because human activity in a patient's perception towards the product or service is an important tool in quantifying the quality and decision making.

Keywords: rehabilitation, management, quality, perception, services.

INTRODUCTION

Ensuring quality of care is a long-term strategic objective of Medical Rehabilitation Hospital from Baile Felix. For this objective, the whole medical staff is involved, the personnel from the medical quality services structure and hospital management.

The fundamental elements for good management decisions are quality and cost of hospital medical services. Between these two elements are closely interdependent, and on the basis of cost / effectiveness and cost / benefit analysis it can take be decided in terms of quality, taking into account financial constraints.

Quality assessment reports are an internal source of quality data. Through these reports, medical staff has the opportunity to demonstrate both professional skills and the quality of medical services provided. Analysis reports shall take into account three main factors: the purpose of the program unit, the objectives pursued by report and timeliness of the medical report.

A very important source of data for analyzing the quality of care is external evaluation. While external evaluation is, in fact, an analysis of data from the hospital, she is worthy of the highest confidence and can not be doubted.

To ensure service quality, hospital management must follow data coming from multiple sources of information. These data can show that there are the following situations:

- Hospital staff or department working on comparable standards in all the services we provide;
- Clinical or administrative issues are raised by quality assurance program;
- Issues raised are properly presented;
- The occurrence of unpredictable factors.

In the organizational plan, were implemented following directions for quality assurance:

- quality policy on the patient needs;
- improving the quality of medical services;
- implementing policies to prevent risks of medical devices;
- implementation of policies in the areas of risk prevention activities : patient care environment, focusing on nosocomial infections, collection, transport and disposal of medical wastes, internal and external environmental protection, security and maintenance of buildings, infrastructure and installations; physical security of staff and patients.

For management is very important the direct perception of medical services provided to beneficiaries on their quality. Feed-back provides premises to take corrective action to improve quality.

MATERIAL AND METHOD

We have studied 300 patients hospitalized in Medical Rehabilitation Felix in 2014, at the end of hospitalization investigated by administering questionnaires and assessment in order to increase the quality of services in the health unit.

The questionnaire contains 13 questions:

a) 12 closed questions through which the patient expresses his opinion on the degree of satisfaction on: - the services provided by the hospital (medical and hotel);

- knowledge of patient rights;
- the manner in which he was informed on the services offered in the hospital.

b) one open question enabling patients to make proposals to improve health services, supported by examples and relevant comments.

The final part of the questionnaire included socio-demographic data of patients respondents , highlighted in Figure 1:

- The percentage of males and females of the patients,
- The environmental origin of the patients,
- The education level of respondents,
- Patients on age categories.

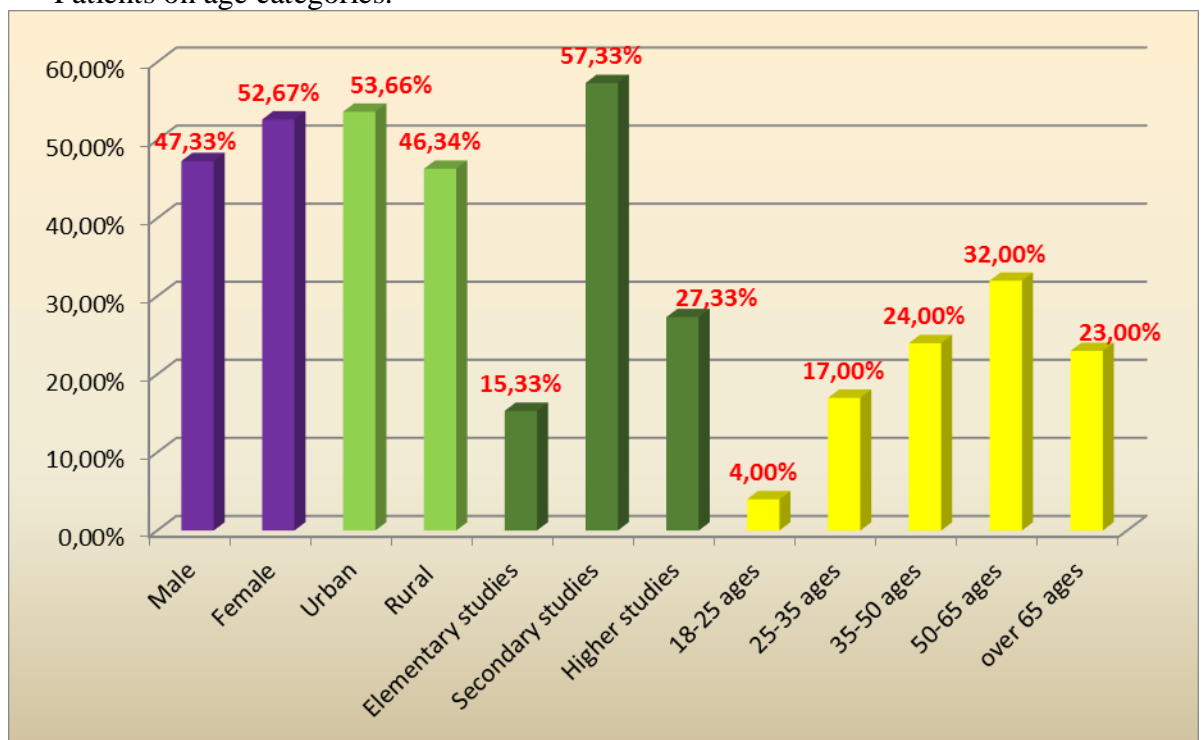


Figure 1 - Socio-demographic characteristics of patients

Also it was analyzed for 2011-2014, development of indicators of quality health services.

RESULTS AND DISCUSSIONS

The first observation is that patients know their rights.

Thus, a 92% responded affirmatively to this question.

Ratings given by patients for hospital services are highlighted in Figure 2 and reflects the degree of satisfaction backwards from accommodation to food, particularly in female patients.

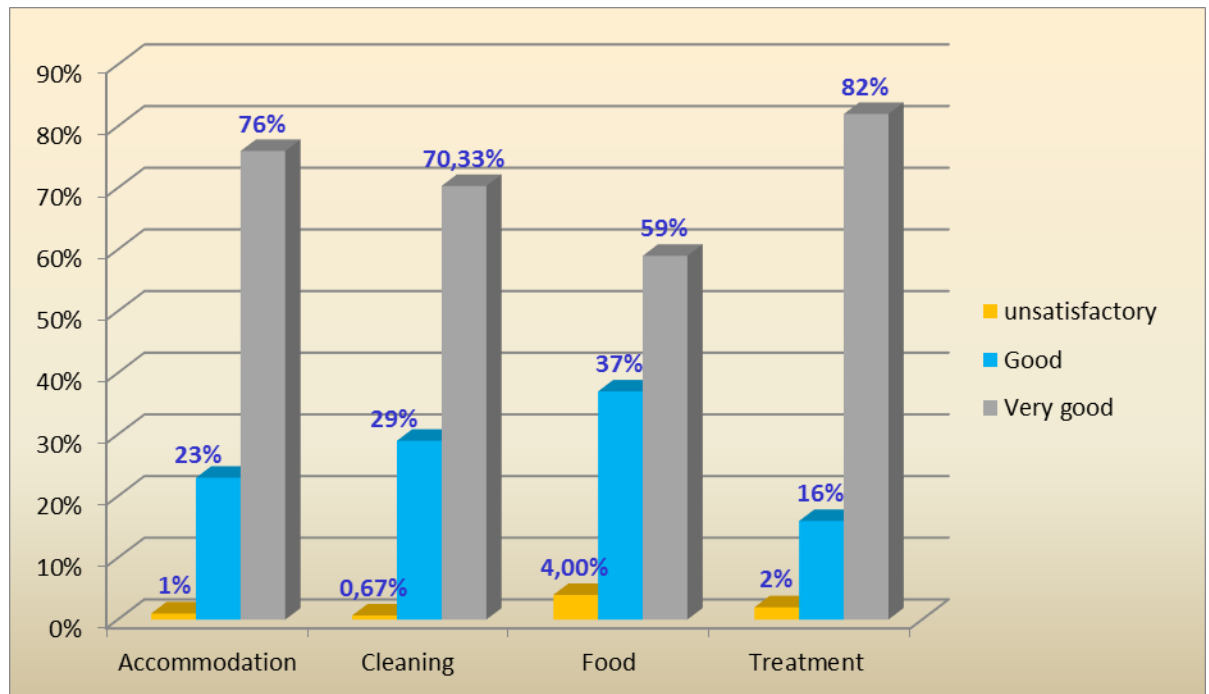


Figure 2 - Ratings awarded for services

The way in which patients were treated as individuals was assessed as follows for: privacy - very satisfied - 62%; dignity - very satisfied - 69%; showed respect - very satisfied 80%; confidential information - very satisfied - 93% (Figure 3).

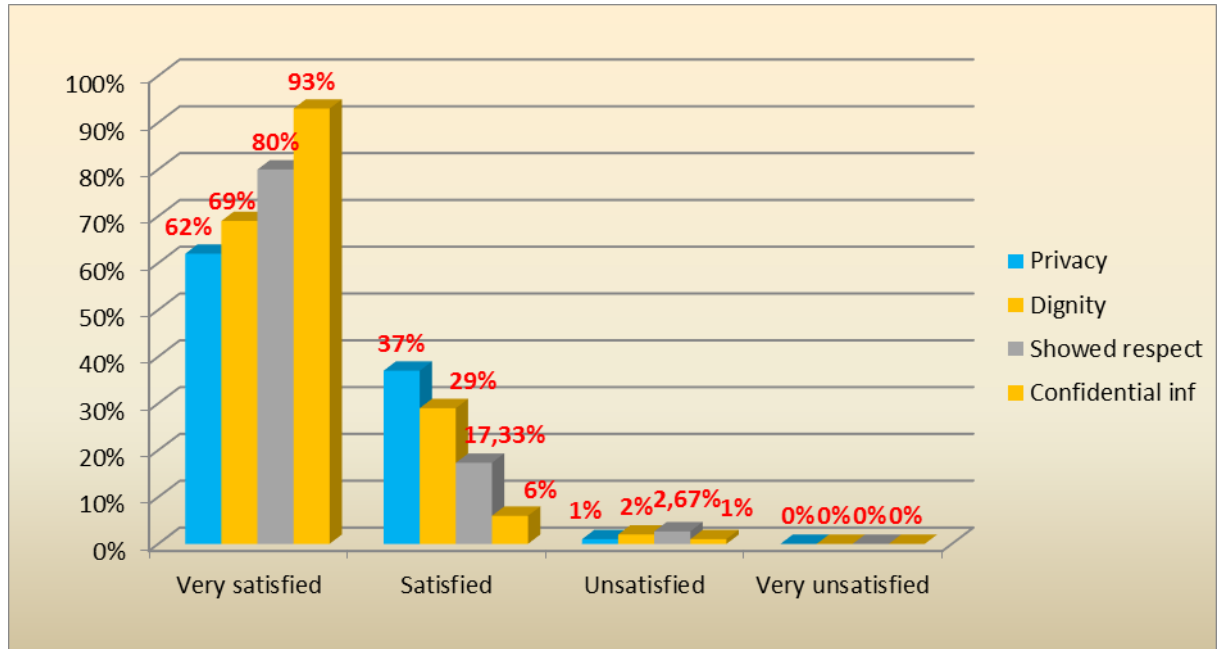


Figure 3 - The way in which patients were treated as individuals

Regarding assistance by doctors, the results indicate: 90% are very satisfied for the treatment received; 89% are very satisfied about the information received on the evolution, disease treatment and recommendations at home; 94% are very satisfied about the attitude of the doctor (Figure 4). The results obtained regarding the assistance by the rest of the medical staff are very close to the values mentioned above, satisfaction was 7% higher in those categories for the information received from them.

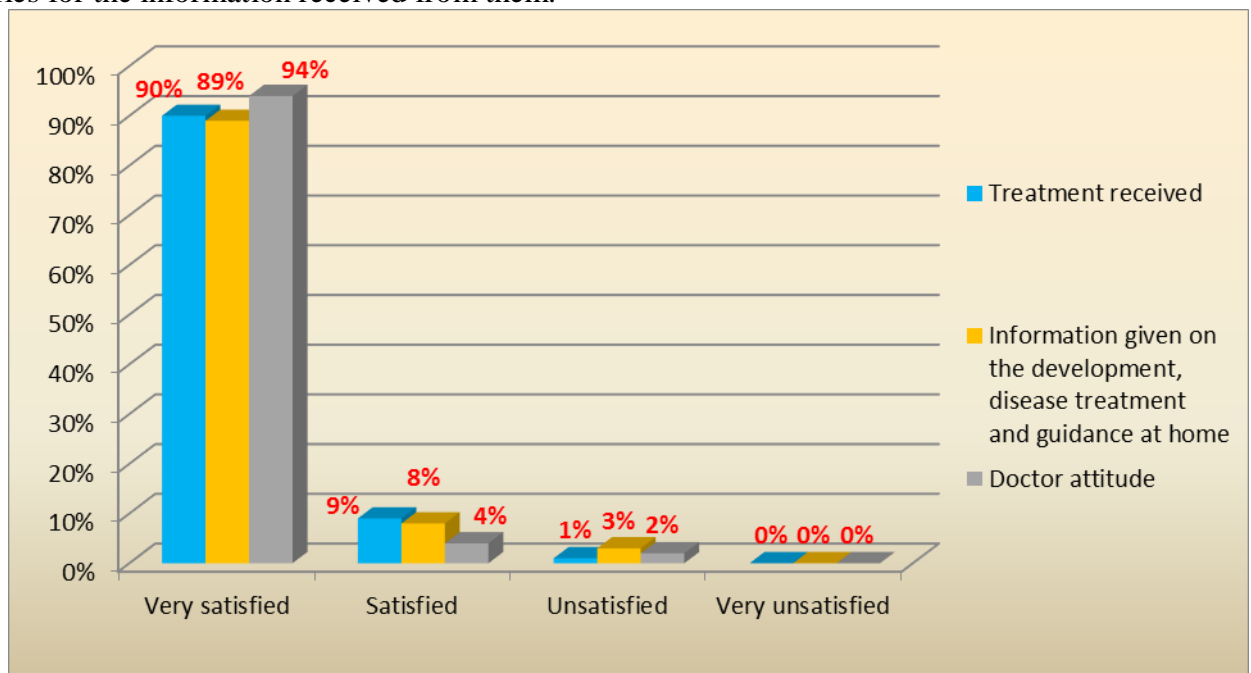


Figure 4 - Medical assistance provided by doctors

Ratings for the cleanliness and quality of food are: the cleanliness in the wards - 72% very satisfied; hygienic condition in the base of treatment: 76% very satisfied; the cleanliness in the dining room: 83% very satisfied; the amount and food quality: 60% very satisfied (Fig.

5). Patient perception is confirmed by the downward trend in quality indicator, rate of nosocomial infections "within 2011-2014 (Figure 6).

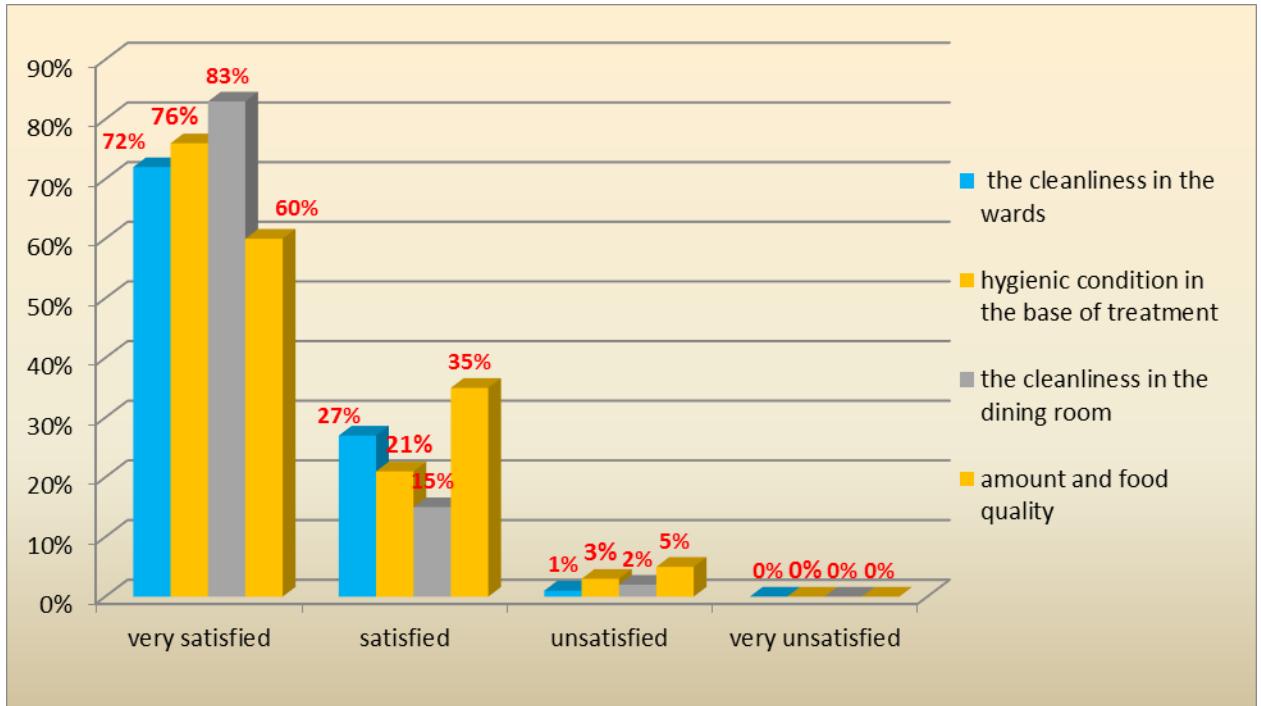


Figure 5 - awarded marks for the cleanliness and food

Increase satisfaction with the cleanliness takes place in parallel with decreased incidence of nosocomial infections and increasing the number of personnel office worker hygiene and cleanliness.

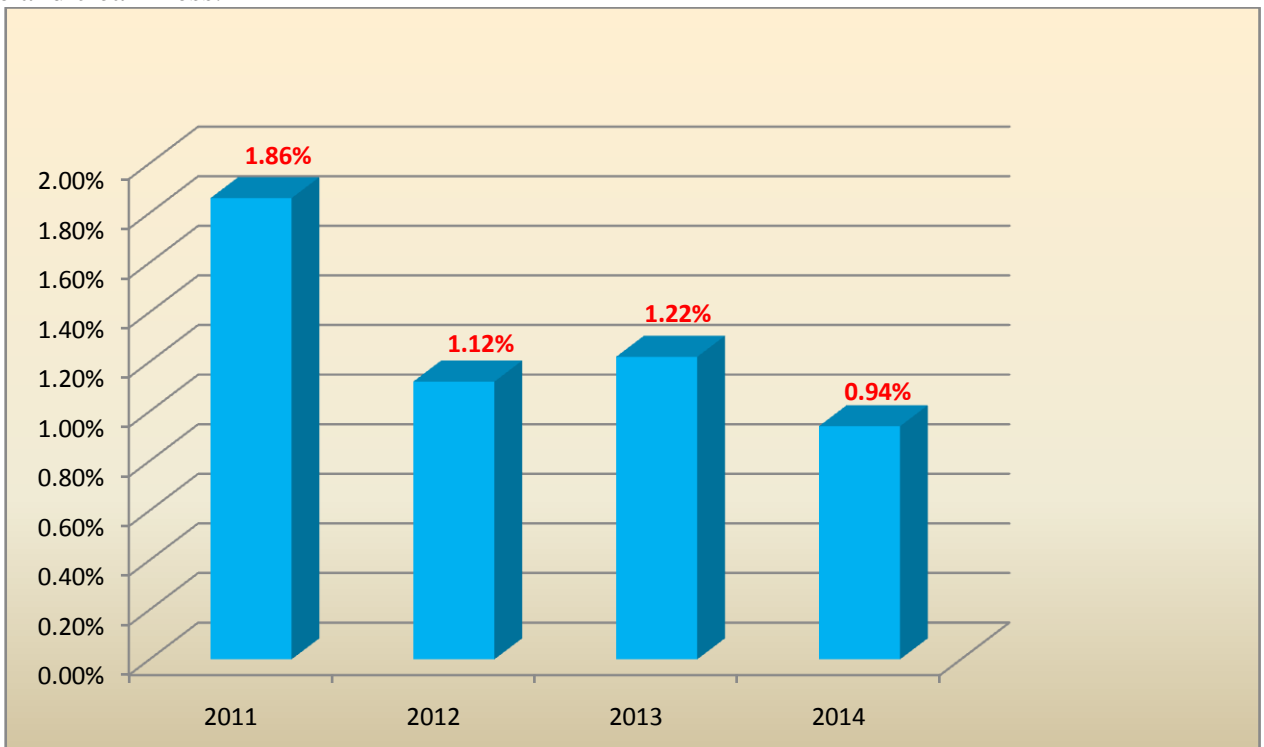


Figure 6 - Rate of nosocomial infections

Other issues considered important for patients were included in the questionnaire: time waiting for the consultation / assessment - 67% very satisfied; kindness of non-medical staff of the hospital - 83% very satisfied. (Fig. 7). The waiting time for patients has improved with the increase of number of staff and with the introduction of computerization program in the hospital.

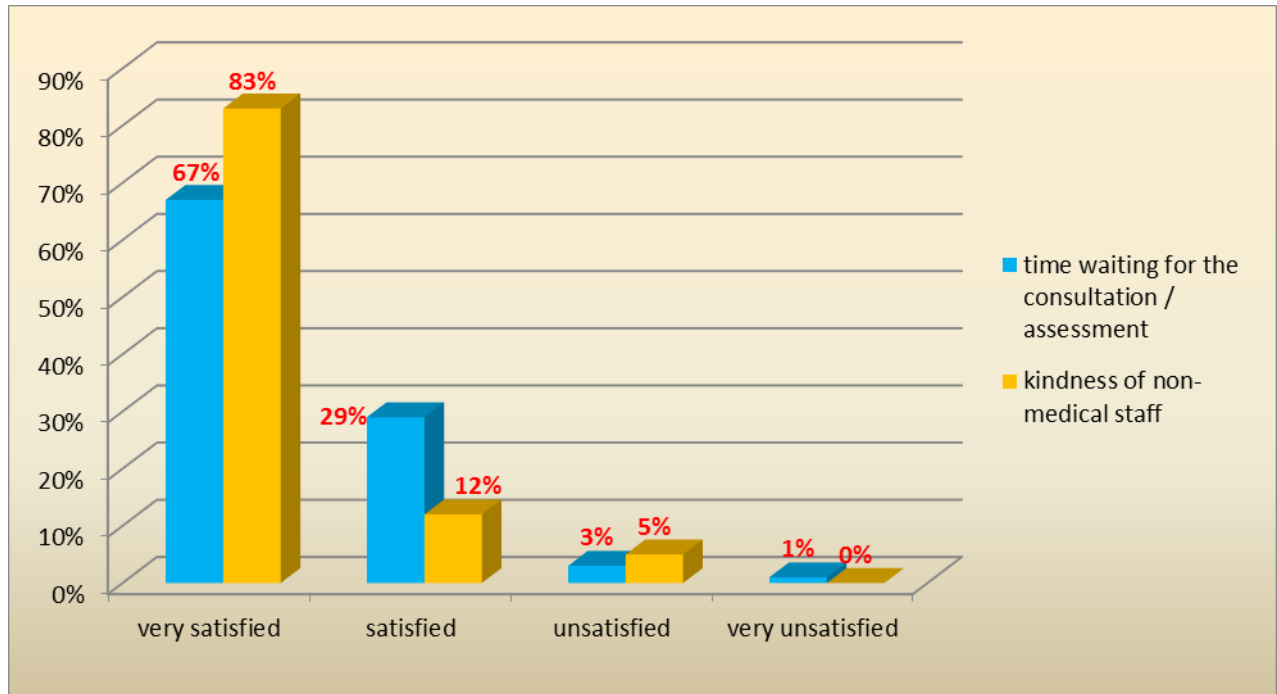


Figure 7 - Other important issues for the patient

A percentage of 94% of patients were satisfied with the care provided by the team on call. The general impression about the hospital and the option of readmitted to hospital support the results obtained through the study.

Performance indicators resulted from the activities reflects the degree to which hospital management fulfills its core mission, which is to provide optimum conditions for provision of healthcare at the standards imposed by classification category and hospital accreditation, obtaining an optimum quality / cost.

Quality indicators are specific:

- hospital mortality rate;
- the rate of nosocomial infections;
- the rate of patients readmitted within 30 days of discharge;
- concordance index between the diagnosis at admission and discharge diagnosis;
- the percentage of patients transferred to other hospitals of all patients hospitalized;
- complaints of patients registered.

Between 2011-2014 the progress of the indicators stood at the national averages for rehabilitation speciality: mortality rate from an average of 0.02% per year, the concordance index between the diagnosis at admission and discharge diagnosis of 100%, and the rate of patients readmitted within 30 days of discharge of 4.39%.

CONCLUSIONS

After statistical processing of data recorded, the study results showed that all medical services provided by hospital rehabilitation is estimated at a maximum of 86% of patients surveyed while only 2.62% of patients assessed negative these services.

Patient satisfaction is considered to be a distinct criterion in assessing the result and hence the quality, because human activity in a patient's perception towards the product or service is an important tool in quantifying the quality and decision making.

The study concludes that the quality management policies of medical rehabilitation services applied within a public health units are effective and achieve their goals, contributing to a 75% share of health insurance for inpatients. The difference of 25% is given by different patient characteristics, family structure, social conditions and environmental factors that influence the results in treatment.

The proposals made by patients to improve health services aimed mainly organizational aspects:

- reducing waiting times for consultations;
- longer duration of the procedures for hydrotherapy;
- better functioning of the elevators;
- shortening response time for troubleshooting medical devices.

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