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QUALITY MANAGEMENT IN HEALTHCARE FACILITIES: FROM THEORY TO PRACTICE

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ABSTRACT

Healthcare systems are under increasing pressure to control high expenditure, adapt to the demands of their environment and meet the changing needs of patients by guaranteeing quality care. In this context, managing the quality of hospital care is a major challenge with economic, sociological and political dimensions. The aim of this article is to identify the main steps involved in implementing quality improvement practices in healthcare facilities.

KEYWORDS: Quality Management, Hospitals, Quality Of Care, Healthcare Facilities.

1. INTRODUCTION

The hospital sector is characterized by a high degree of complexity, in fact, the hospital, which has as its main mission the production of care, is a field of interaction between the medical knowledge, caregivers, and administrative management, quality management hospital offers itself as the ultimate way to ensure the success of this mission by ensuring the continuous improvement of the quality of care.

In fact, thee-management of the quality of hospital is the result of a set of practices, methods and concepts developed from data collected in theestablishment of health, and are defined by the writings of several authors.

The introduction of the principles of management hospital within the structure of care remains a challenge to be faced by tut actors of care.

A main question arises:

- What are the key steps of the application of a management system in hospital?
- Several questions arise :
- What are the dimensions of the quality of care?
- What are the tools and methods essential for the application of these steps?
- What is the role of the clinical audit in this process?
- How is accreditation in this system?

2. QUALITY AND SATISFACTION OF THE NEEDS

2.1. The Concept of Compliance

The compliance of the service rendered is defined by the adequate response to the needs and preferences of the client (the person who receives the benefit) of the one part, and the level of quality of the service on the other hand, which must be greater than that called not quality, it is, therefore, of two concepts that give rise to non-quality:

Therefore, it is important to define and connaître the needs of the client to ensure compliance, and therefore the quality. The identification of needs is carried out from a mutual agreement between provider and client, in relation to the expression and acceptance of their needs.

In fact, for a correct definition of the need, it is necessary to know that there are three levels of satisfaction:

- Level of latent need: the more that will make the difference between a service and the other
- Level of need explicit: the compliance to the requirements
- Level of need implicit: the caused because the obvious is essential.

2.1.1. The Concept of Prevention

From the three levels of satisfaction mentioned before, the entity has the opportunity tobring three types of responses when there is dissatisfaction:

- Repair: the curative measures are implemented in order to address the defects. The process is not undermined in order to avoid to duplicate the malfunction.
- Control: the objective is to ensure that the customer finds the defect.
- Prevention: preventative measures are put in place to ensure that the fault is no longer able to reproduce. The effort devoted to the prevention can reduce very significantly the repair. In this case, it will tend to give a response that is consistent from the first shot and all subsequent times.

2.2. The Different Typologies of the Quality

There are four types of quality in the customer-supplier relationship, which differ according to the perception of each actor of care

- The desired quality: it is that which is expressed in the form of explicit criteria that allow, subsequently, to measure compliance. The desired quality is usually defined by the professionals and the legislature on the basis of references to legal or regulatory, and professional consensus.
- The quality expected is that the patient built from his experience, his previous experience, the environment of the health care system in which it is located.
- The quality experienced: it depends on both the quality expected and the quality delivered. This is the one experienced by the patient.
- The quality delivered is the one that actually receives the patient.

Listening to customers has the objective of reducing the measured differences between the different types of quality.

2.3. The Dimensions of the Quality of Care

According to S. m. SHORTELL (SHORTELL S. m., 1998), there are four dimensions that are fundamental to the development of the quality control process:

2.3.1. The Strategic Dimension:

It has as its goal to provide a forward-looking vision of the quality control process within the health care facility by the choice of the key processes and goals that we want to achieve. This dimension helps

to mobilize the actors of care around objectives specified quality and legitimize the approach to quality in the daily operation of the structure.

2.3.2. The Technical Dimension:

This dimension consists of three main elements related to the know-how of the players:

Project management: it is the set of components of the quality management implemented in the structure to achieve the objectives set

The organization of the quality system: it includes the formalization of the overall approach

Mastery of the tools and methods: they are used to implement the various projects quality and are adopted according to the process analyzed. It is desirable that these tools and methods should be harmonised in order to limit the cost of implementation and training of personal.

2.3.3. The Structural Dimension:

This dimension focuses on the establishment of organizational structures that are important for the process.

Effective coordination is required to make the improvement actions related to the approach, it represents a fundamental basis for its success. This is the structure of coordination, which ensures that this aspect and to give meaning and coherence to the project quality. It is the role of the steering committee or the cell quality.

- **The cultural dimension**

This dimension brings together all of the representations, beliefs, values, or behaviors of the actors who help in the implementation of the quality process and the development of a quality culture in the institution.

Shortell clarifies the consequences of the insufficient attention given to each of the dimensions.

Table 1: Dimensions of Quality of Care.

STRATEGIC	CULTURAL	TECHNICAL	STRUCTURAL	RESULTS ↓
0	1	1	1	No significant result on the essential topics
1	0	1	1	Small results temporary, No sustainability)
1	1	0	1	Frustration of the actors. False starts.
1	1	1	0	No capitalization or of the extension of the learning
1	1	1	1	Sustainability of the approach within the organization

Sources: The Authors.

2.4. The Concept of Level of Quality

The qualiticien american P. Crosby (CROSBY, 1996) argues that the quality policies put in place on the field are heterogeneous and are characterised by higher levels of maturity are very different. There are five chronological stages in the management of quality, from the simplest to the most elaborate are given by Crosby: uncertainty, awakening, awareness, wisdom, and certainty. Each of this step refers to a particular level of quality .it is rather part of health facilities implementing a quality approach, is placed between the first and second level.Level 1= uncertainty: the institution has a staff of competent jurisdiction. This level of quality refers to have qualified staff, placed in the right place likely to intervene at the right time.

Level 2 = the awakening: the institution takes ex post controls. At this level, the effort is primarily focused on the repair of the malfunction; the duration of the follow-ups is often a little extended. The goal is not to master a priori factors that can lead to malfunctions. There is no organization generalized.

Level 3 = awareness: the institution structured to quality management projects. It is the mode of management used the most. The establishment is concerned to treat the dysfunctions in the main, to take over some of the key processes and to meet regulatory requirements, economic. There is no systemic approach to quality.

Level 4 = wisdom: the institution manages its key processes. The term control is translated as the definition of the points of the organisation required (qualification, means, time, procedures...) and formalised, intended to minimize the risk of malfunction.

Level 5 = certainty: the institution applies a global quality management, the quality is controlled and covers all activities of the institution.

The levels of requirements and their specific obligations

It is important to know that each quality level corresponds to a level of requirements to specific, and based on its two elements, the institution chooses an adequate quality system.

- Requirement of ways: the institution must acquire the appropriate means. This is the minimum level that allows the entity to engage to ensure standards are higher or lower, depending on the nature of the activity.

Sources: The Authors.

- Requirement of effectiveness means: the institution must ensure that the necessary

Put in the work an organization	Requirement of resources and organization of the means
to Identify the needs,	Requirement of resources and organization of the means
to Coordinate the services	Requirement for improvement
Improving in a way that continues	Requirement of improving
Control the risk of infectious	Requirement of master's degree

resources are available at the right time, right place and in sufficient quantity. The poor organization represents one of the main causes of dysfunction.

- Requirement for improvement: the institution must analyze the process in order to improve on a continuous basis. This requirement is concerned with the cotee preventive and corrective. Continuous improvement is based on the efforts made by the working groups.
- Requirement of control: the institution must look after the configuration process in order to ensure a systematic manner, a result that is consistent and that the results of non-compliant are removed, if possible, before being products.
- Requirement of proof: the institution must provide evidence that shows that we do, what we say, using records.

It is depending on the activity and strategy of development of the quality of the institution, and also according to its quality objectives, that determines the different levels of requirement.

If the quality accréditrice mix the different levels of requirement, the majority of the repositories appealed to the requirements of the means or the organization of the means.

3. TOOLS AND METHODS

Useful methods in the steering

Health professionals are successful, generally, to find ways and methods to improve organizations and adapt to the scalability of the practices. That said when it comes to putting in place of the approaches to scale with the important results, it is essential to select and adopt the necessary tools for. Their success. These methods and tools to help the organization to structure the approach to quality on the one hand, and to obtain significant improvements and measurable in the time to the other hand.

The literature presents a set of technical quality, that is characterized by a specific language and logic specific which makes it difficult for their appropriations by the actors of the health sector.

We present techniques which appeared the most suitable to be applied to the quality control process in the hospital.

3.1. The Process Approach

The A. N. A. E. S. defines the process "as a more or less complex stains elementary, completed by a professional or group of professionals, making use of the resources (equipment, materials, information, and skills) that are intended to achieve a particular result". (A. N. A. E. S, 2002)

For the A. F. N. O. R., "the approach process is designed to adapt to the different entities of the organization to form a series of chains of activities that are homogeneous and controllable, grouped according to their contribution to the various streams of creating value for the customer".

The process approach is used to identify and analyze the contribution of each sector concerned by the realization of a product or a service.

It is necessary to know the specialization of the sectors and actors that make up never ceases to progress in the field of health, and this is process approach, which helps to improve the coordination of interfaces by opening the vertical organisation of the traditional. Transversality is an important element of the process. (Stéphane Mathieu, 2003)

Beyond the technical quality of each step of the process concerned, the aim is to take into consideration the quality of the organizational system in place.

- **The identification of the processes:**

This is an essential step that has as objective to define the responsibilities of the different actors in the context of the work and put in place a project management. It is advisable to clarify the key processes. These are the ones that are permanent and operational, and that have the greatest importance in the production of the product in service. It is also those who are at the origin of the dysfunction the most important and have the greatest impact on the satisfaction of users of care.

The key processes are those which are in direct link with the care of the patient (process of intake, exit, etc.), those in connection with the logistical support (maintenance, supply, etc.) and those related to the management of the institution (the elaboration of the project of establishment, the process of recruitment of personnel, budget monitoring, for example).

- **The description of the process:**

This is to specifically describe how the activities

within the process and then analyze it to detect malfunctions and their causes. Understand the different stages of the process helps to change the expected results are reliable and future-proof.

- **The improvement of the process:**

The analysis of the process is based on the use of several tools that structure the process (A. N. A. E. S, 2000). These are methods that have as a purpose the detection and resolution of problems and the analysis of the process. These methods are complementary and often used simultaneously.

- **The mastery of the process:**

This level of control is based mainly on:

- Establish clear procedures that describe how to perform the action,
- Organize training of personnel,
- Strengthening the management of the vicinity, who must ensure the follow-up,
- Ensure the measurement and monitoring of indicators,
- Use the audit methods.

1. The method P. A. Q – A. N. A. E. S.

It is a method that aims to improve the quality, tested in 64 French institutions between 1995 and 1997 and based on the study of the process. She takes care of the processes that have a relationship with the care of the patient within a health facility. The objectives of the method are the following:

1. Describe in a structured way, the processes studied
2. Identify areas of dysfunction
3. Define the actions for improvement and then implement them
4. Measure the improvements achieved.

This method applies to the process-level stable and well-defined, such as the preparation of the discharge of the patient. It takes into account the relationship between "customer-supplier".

Within a process, the method P. A. Q. can be used on some segments and combined with other methods.

The method is based on 4 steps:

- Identify the process
- Describe the process
- Build a new process
- Improve the process.

2. The audit clinical

Developed in France by the A. N. D. E. M., this method has for objective evaluation, it allows you to compare the practices of care references admitted, through the use of criteria pre-defined. It has as its goals:

- Measure the gap between the practice and reference.
- Define and put in the implementation of actions for improvement.
- Make sure of the effectiveness of actions for improvement.

It is often used to measure and improve professional practice as well-defined as, for example, holding the record of care. It is more effective when the target institution of professional practice that it wishes to evaluate.

It includes six steps:

- The choice of the theme as a function of the frequency of the practice and the risk incurred by the patient
- The choice of criteria
- The choice of the method of measurement
- Data collection
- The analysis of the results
- The implementation of the plan of actions for improvement.

3. The method P. D. C. A.: Plan Do Check Act: the wheel of Deming

It is a method of conduct and improvement project, which aims at the execution of a task of effectively and sequential, it is designed by the qualitologue american Deming, and can be applied to all processes, whether of the development of a project for the establishment by example or to a very targeted.

It is characterized by 4 goals:

- Plan: establish a plan, plan. It is define the purpose and objective of the action by setting measurable objectives and the methods to use to reach them. At this phase, it is also possible to define the resources required to implement to achieve the defined objectives.
- Do: execute the plan. The implementation of the plan requires, at this stage, sufficient training of staff involved. The detail of the action and its purpose must be explicit in the upstream of the execution of the task.
- Check: verify the results. It is the course of action that will verify the initial hypothesis. It is important that the factors of the action and their causes have been identified. Then, it is to verify if the results obtained are in accordance to the predefined methods in the plan and expected results.
- Act: take corrective action or to control the results obtained. It is at this stage that we find the concept of Deming wheel: the observed discrepancies must be followed by an analysis of the causes and a new plan of action.

4. THE TOOLS OF CONSTRUCTION

1. The GANTT chart

The health facility may be required to drive a certain number of simultaneous projects for which identify actions to be taken in a timely manner.

The Gantt chart is a tool which is used to plan these actions, and to visualize more easily the course of the project. Specifically, the Gantt chart is a planning representative on the abscissa, the time scale and, in orderly, the list of actions. This assumes that:

The shares are identified

- Actions are prioritized and quantified in terms of time, expense and resources
- That there is an overall coherence in the chain of actions.

2. The flowchart

The flowchart is brilliantly used in quality approaches, it is the graphic description of the logical relations of a series of transactions. The purpose was to transcribe and to quickly visualize a procedure or protocol. A flow chart reads like a game of track, a road-book. By its shape, it represents at once the whole of the operations and of the choices described.

The method of construction:

- Define its beginning and its end
- Identify the questions: a flowchart is structured around the choices that are all possible answers to the questions that the user might ask when reading
- Identify the string main: this is the skeleton of the flow chart, that is to say, the'chain of logic of the procedure "if everything is going well" without the need for referral.
- Identify loops: each time a question is asked, a loop flowchart is created between the question asked and the main chain when the execution or alternative ends.

4.1. The Symbolic Du Flow Diagram:

The basic symbols standardized allow users to identify each step that thes composed.

5.

5. Accreditation – Process quality: the links close

The accreditation can be defined as " the control of control ". Its purpose is to build trust by ensuring the competence and impartiality of the accredited agencies. By the establishment of agreements on recognition international, it aims at the facilitation of the trade: only one test, only one certification everywhere recognized by Daniel Peter, Director of the COFRAC, President of EA, Vice-president of ILAC.

Le ISO/IEC guide n° 2 defines accreditation as a procedure by which an authoritative body formally recognizes that a body or person is competent to carry out specific tasks.

In other words, it is a second-level control was exercised on the bodies of attestation of compliance (laboratories, inspection bodies, certification bodies) in order to demonstrate their competence to perform calibrations, tests or inspections, or to certify products, systems or persons.

In the field of health care, accreditation and quality are the two approaches are closely related, forming a new system to integrate in the health facilities.

Anne Marie Boix (OIXAM) explains this by stating that the accreditation, "explicitly aimed to introduce an institutional approach to quality improvement, accreditation is indeed the new order in which all institutions must refer".

6. Accreditation: principles and objectives

1. Principles

L'accreditation is a procedure of'external evaluation to a care facility that is performed by professionals, independent of the'institution or its governing bodies, its purpose is to assess the'whole of its operations and its practices, in order to ensure the safety and quality of care provided to the patient and to introduce a policy of continuous development of the quality within the'establishment. The'body accreditation establishes with all actors in the health system of standards and repositories, that are designed to assess the structures, procedures, and outcomes in terms of health gain and satisfaction of the patient.

Within the framework defined by the'order of 24 April 1996, this procedure is conducted by the'agence nationale d'accreditation and ' d'evaluation in health (ANAES).

Based on standards, the accreditation process assesses the positioning of the institution in relation to references to the themes which are:

1. The patient and his or her support

- The rights and Information of the Patient (DIP)
- The Patient's record (CCA)
- Organization of the care of the patient (OPC)

2. Management and management at the

service of the patient

- Management of the Institution and sectors of Activity (MEA)
- Human Resource management (HRM)
- Management of Logistics Functions (GFL)
- Management Information System (GSI)

3. Quality and prevention

- Quality management and Risk Prevention (QPR)
- Vigilance Health and Blood Safety (VST)
- Surveillance, Prevention and control of the risk of infection (SPI).

This is a procedure that assists in the assessment of the quality of the institution on all of these themes, and that allows you to measure the level of structuring of the quality approach at the institutional level. It is considered as a system of external recognition of the quality structure, a process explicitly set by step.

7. Objectives

In pursuance of the order of 24 April 1996, the procedure conducted by the A. N. A. E. S. defined six main objectives:

- The assessment of the quality and safety of care
- The assessment of the ability of the institution to continuously improve the quality of care, and overall care of the patient
- The formulation of explicit recommendations (the A. N. A. E. S, 2003)
- The involvement of professionals at all stages of the quality control process
- The external recognition of the quality of care in health facilities
- The improvement of the public trust.

The field of activity of the procedure

The accreditation procedure for all the institutions of health : public and private, civil and, potentially, military, the institutions ensuring the taking in charge of the hospital at home, those exercising an activity dialysis, the networks of care and the groupings of cooperation health between institutions of health.

The accreditation does not currently apply to activities medico-social, even when the latter, and this is the case of the local hospitals, practice within an institution of health.

It applies to the establishment in the legal sense of the term and involves the whole of the structures and activities of an institution.

8. The steps of the approach

The self-assessment is considered as the heart of the accreditation process, it helps to build a diagnosis of the existing situation through a participatory process based on the repository A. N. A. E. S. The results of this self-assessment and submit to the A. N. A. E. S. A team of visiting experts, the number of which varies according to the size of the establishment, then moves on to assess the dynamic quality improvement based on the results of the self-assessment. These experts are all professional health exercise, trained by the A. N. A. E. S.

In the two months following the visit, the report by the experts is transmitted to the health facility, which may make any comments or give details.

An analysis of the report and the comments of the establishment is then made by the college accreditation of the A. N. A. E. S. that makes its findings in a report to accreditation. This includes any recommendations, or even possible reserves, with details on the modalities of follow-up.

9. The issues of accreditation

- **Regulatory issues**

The institutions have the obligation to engage in the proceedings by signing a contract of accreditation with the A. N. A. E. S.

It is also, notably thanks to the review of safety data sheets, to allow the establishment of more in accordance with the standards in force. This is the case, for example, fire safety, pharmacy, security, air or water.

- Issues related to the continuous improvement of the quality

The aim is to establish an approach perennial, which allows you to create a true culture of institutional quality in the institution.

- Organisational issues

The certification helps you develop a cross-disciplinary approach to the organization and not a model of management vertical. Mobilization of personnel, development of interfaces, and integration, the goal is to put in place a culture of shared responsibility.

- Issues of positioning of the structure

The publication of the report of the college on the Internet and its transmission to the A. A. H. affects the image and the positioning of the institution in its basin of attraction. Internally, such as vis-à-vis the local population.

- The challenges for the patient

It is about creating a bond of trust with the patient, in a structure that is able to establish and follow a set of procedures for improving the quality and safety of care.

- Of budgetary issues, and financial

There is not yet a binding clear and formal accreditation of an institution and the allocation of its resources. However, the costs of non-quality can be reduced.

10. The prospects

During its Board of Directors, 6 February 2003, the A. N. A. E. S. has expressed the choice to make the quality of medical practices and health care a central element in the regulation of the health system: (the A. N. A. E. S, 2003)

The work programme for 2003 was planning to double the number of accredited institutions in 2002, 650 in 2003.

A second experimental procedure simplified and including a greater appreciation of the quality of the medical service rendered is implemented since 2004 with the institutions of the volunteers who passed on their first cycle.

11. . Methods the hospital-grade inspired by the industrial world

There are three main methods of quality developed in the industry: the final control a posteriori; quality assurance and total quality.

The final control a posteriori:

The final test was to measure the quality of the final product and its ability to meet internal and external customers. It is not currently used in the health sector, but some of the traditional approaches to quality of care were inspired by him.

Quality Assurance:

The quality has as aim to meet the needs of the client and the company undertakes to produce goods and services that are designed to spread the expectations of the consumer. All the ways to control and correction undertaken by the company are integrated in this same objective.

Quality assurance provides procedures for the control and prevention which have a role in ensuring the quality of the product during all levels of production. The control is no longer that, at the end of the manufacturing chain.

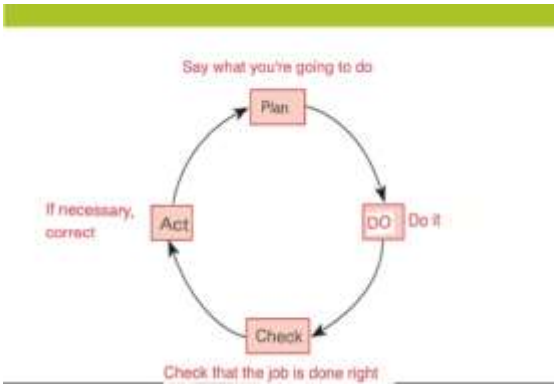
In the 1980s, the application of the principle of quality assurance in the hospital field appears in the United States, the United Kingdom, and the netherlands, the audit process is based on the evaluation and observation of all the activities of care in reference to norms and standards established., by following the ISO 9001 sees the light of day in the industrial field, and does not find difficulties to integrate in the hospital, but it is recognized quickly later that this standard is inappropriate to clinical practice, therefore, a third approach can be seen which is the accreditation,

Total quality

The basics of total quality management have been highlighted by the quality assurance previously mentioned that are:

- The quality control starts from the beginning of product conception to delivery to the consumer.
- Quality control means any person who is involved in the manufacturing process.
- This approach is based on five fundamental principles:
- Focus on the customer, one of the key principles of quality assurance.
- Based on the process approach with a vision preventive,
- Involve all the functions in the quality process.
- As the goal of continuous improvement, based on the meaning of 0 defects.
- Engage all staff.

This approach is applied in the institutions of care at the unit level or in the field of the specific quality, based mostly in this approach on the Deming wheel. "PDCA-Plan Do Check Act.



Evaluation of the different models

The tools of control in hindsight remain the least effective, in fact, identify the problem after it has occurred is not sufficient to ensure the quality of care, because they do not allow to anticipate failures and errors.

The methods of quality assurance are perceived in a manner contrasting, the audits of the health-care professionals are effective and contributes to the improvement of professional practices, and are easy to accept by the actors in health care including doctors, whereas the effectiveness of the tool of accreditation is always called into question, and is not easy to tolerate by the doctors that require autonomy, professional, and claim that this is only an administrative machine, heavy application.

The tools related to total quality, mainly the PDCA has given good results in the improvement of the quality of care, but their application is restricted to units or specific areas.

The success factors and methods of quality in the hospital setting remains a subject that still requires more research in order to take clearer answers.

In the United States, a study published in 2011,

develops a conceptual model; the model MUSIC (Model for understanding success in quality) identifies five categories of factors that contribute to the success of a quality management, these categories are: the external environment, the organization itself, microsystems, care teams, and various factors such as life events or the development of strategic plans.

Other research is still being carried out in this direction, because the area of care still waiting for more precise answers on the success factors of the quality of care.

The three methods of improving the quality designed in the industrial area have all been adopted in the hospital environment, the final control and quality assurance is one of the methods that have been accepted by health professionals, but their efficacy remains uncertain. The model of' total quality has proven its effectiveness, but at a specific level (units of care or quality specific), its effectiveness throughout the system of care remains to be discussed.

5. CONCLUSION

Through this article, we have defined the bases of the quality of care and the essential points for its application in the hospital environment in order to finally identify the bases and methods from quality industrial and applied in the management hospitalier.

We conclude that the establishment of a system of quality management requires the application of and compliance with the fundamental principles.

The success of the design and implementation of a management system of the hospital quality application to organizational change, but also the involvement of the staff and the investment of human and material resources.

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