

QUALITY AUDITING IN HEALTHCARE

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Introduction

The way toward “The Excellence”, than until few years ago it has interested only the fields industrial, in Italy today has like protagonist also the field of the services and therefore in Healthcare. Characterized from strong centralized collective interest about Quality Service, in healthcare cannot prescind, in this way, to create of the solid legislative bases and to make treasure of the experiences of application of the quality systems in the profit fields.

The normative process about quality normative, understanding as continuous improvement in healthcare has beginning in Italy in 1992, in correspondence of introduction of remodelling of Healthcare Companies. Today, after eight year, we have a modern and complete normative that consent to management to improve their system like ISO 9000 standard.

Healthcare companies have our peculiar characteristics that render the perfect translation of the methodologies used in other field impossible (above all those manufactures) to take processes under control and demand for this reason one careful and dedicated study. The Healthcare companies, in fact, are companies health manufactures, consider well irrenounceable from patients/users, are companies multiproduced (the cure of every patient represent a “being product” of it), are companies to great important professional content with gap a cultural one between distributing and customer and, finally, is companies in which the interpersonal relationship, necessarily directly, she assume one fundamental importance.

The laws for the quality

The engagement on the forehead of the quality, demanded from the new norms, not only goes to advantage of the customer, but also of the same sanitary system; one is of forehead to rising of “virtuous circle” where the companies process, responsibility of the operating ones, renders the realization of systems possible quality and these, at same time, accelerates the aforesaid process.

In years '90 it is assisted, therefore, to the transformation of the concept of quality from “technical conformity” to “quality of the service”. The concept of quality of the healthcare service becomes very wide and as such it could be reported to the control of the result caught up in terms of health of the collectivity, to the satisfaction of the patient, the correspondence to procedures standardized or a true and own technique of management and continuous improvement, without that nobody of such meanings excludes the other.

This new tendency see in the communitarian legislation, that national one and that regional

one. In the Paper of Lubiana on the reform of the healthcare systems, approved of the 18 June 1996 from the World Health Organization (the WHO), it should enunciated various principles between which: “to be aimed at the quality” and, that is, than “every reform it must have which objective the continuous improvement of the quality of the distributed services, comprised the relationship cost-effectiveness, and must preview one clear strategy to the scope”, “to give attention to the opinions of the citizens” listening to their voice “on arguments which quality of the service in the patient-distributing interaction”; to restructure the offer of the sanitary attendance in the optical of “a continuous improvement of the quality demands the availability of informative systems based on pointers of selected, derivable qualities from the job of routine and official notices of return to the single doctors, nurses and to the other distributing ones of sanitary attendance”.

Accreditation/Certification/Auditing

In all the countries exists norms that stretch to define requirement that the healthcare services must respect from the organizational point of view, technological, legal and therefore way, but it is obvious that such aspects succeed to only guarantee some of the conditions necessary to supply adequate levels of healthcare attendance. Between the instruments with which it has been attempted to improve this situation, a particular place beyond that the accreditation process is that one of Verification or Auditing.

The techniques of auditing less considerably differ more or to second of the choice of made accreditation/certification of Healthcare Company. Currently there are various models of accreditation/certification /auditing and between these the main ones are:

Anglo-Saxon model

Promoted from some large independent agencies of accreditation, in particular the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), the Australian Council for Healthcare Standards, the Canadian Council and English King’ s Fund, based on the performance of specific programs for the sanitary world, and on the use of sanitary professionals like inspectors/auditors; even though in favour of such method goes a consolidated experience and the professionalism of the auditors, must hold in consideration that it is based more on the quality control that not on the implementation of a quality management total and that the accreditation criteria are not shared to international level.

Italian model

Similar to that Swede, it involves that the authoritative accreditation is governmental and obligatory, and that the institutional accreditation (in order to have as customer the State) voluntary and it is disciplined from the Regions. The Regions supply to the release of the accreditation the professionals, let alone to all the public and equip rate structures that they satisfy the conditions of which to the first period of the present codicil, to the not lucrative private structures and the lucrative private structures. Who is not still clear neither will make the visits neither as she will come verified the homogeneity of appraisal of the level of performance of requirement.

Benchmarking

EFQM model

Promoted in Europe from the European Foundation for Quality Management (EFQM), and analogous to the Balbridge American Award. E' a program of rather different accreditation from the others in how much the objective of the participants is not that one to obtain a certificate of suitability, but that one to obtain the prize like better company. The program is based on an auto evaluation continuation from an external appraisal and comes considered is the process aspects is the obtained result.

Professional model (said also voluntary or of excellence)

Method derived from the translation in Italy of the Anglo-Saxon model, than in the last years has attracted the attention of the "Istituto Superiore di Sanità" (than it has experienced the application in various departments and services). Since the 1984 work in Italy the Society for the Quality of the Sanitary Attendance (also said SIVRQ: Italian Society Appraisal and Review Quality) constituted from active professionals in particular structures or services that, working in team, they decide to agree requirement of good organizational quality or, of auto evaluation of the own organization of the job in the light of these requirement and therefore to proceed also to external appraisals that could perhaps be more better calls "you exchange than mutual visits". So that it is thought that the distributing one of the service is in line with the objectives, the auditors will have to find the subsistence of the fundamental members of a quality system: the centrality of the customer, is "outside" that "inner" (can be considered external customer the patient, its relatives, the collectivity and also the base doctors, the backers; inner customer can be considered the doctor who needs of a service in order to distribute just), the monitoring of the processes (can be lead through the control of "events lookout" and techniques of benchmarking), the effectuation of plans of improvement of the quality (such plans would have to be based on the techniques of management of the Total Quality Management and the continuous improvement, like the wheel of Deming, Plan Do Check Act, and arranges of survey and adjustment potential estimate of the defective state), the development and the modernization of written procedures and lines guides.

French model

The ANAES (National Agence d'Accreditation ET d'Evaluation en Santé) in February 1999 has emitted a "Handbook for accreditation of the sanitary structures" valid for all the country. The handbook written up in base to an experimentation carried out in 1998 on 40 structures pilot, but soon the number of the structures that respect it will catch up the 3500 units, previews the following foundations and principles: central role of the patient; improvement of the emergency of the cures; continuous improvement of the quality; involvement of the professionals who operate in the sanitary structure; continuous approach; obligation of objectivity (accreditation helps the sanitary structure to realize one diagnosis of its situation regarding precise references); appraisal and continuous improvement of the accreditation method.

Model ISO 9000

The model of certification of quality that in Italy, like in the rest of the world, is becoming an own truth of all the enterprises engaged on the field of the quality. To certify 9000 ISO the system quality of a sanitary structure means to put in action a procedure with which a Certification organism attests, by means of periodic verifications and controls, than the subject that distributes the service it respects norms ISO, from the performance which drift a management focused on the centrality of the customer-patient and the continuous improvement of the processes. The implementation of such system demands one naturally redefinition of the processes, the functions, the detailed lists of product, the methods of control and appraisal of the quality of means and the technologies available. The programs of continuous improvement could, then, be implemented only if such activities come held under control through inner inspecting verifications that allow characterizing the scostament of the parameters from the values standard. For the determination of the parameters, and the relative values of reference, naturally it will have to be held operating account, thanks to the collaboration of the sanitary ones, of the dimensions of the structure, the type of distributed service and the correlations that exist between the diagnostic-therapeutic processes and the processes of support (as. the purchases). Such approaches to the quality would concur to transform “ the medical action “ in an “ integrated process “ and, at the same time, to render the same process more efficient. The atypicalnesses of the produce-service (surgical diagnosis-therapies, participations) and of “ input “ (the patients) on which work they become difficult, but, the standardization of the behaviours diagnostic-therapeutic and the location of corrected pointers of outcome and therefore of verification.