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TOTAL QUALITY MANAGEMENT IN HOSPITALS

HASTANELERDE TOPLAM KALİTE YÖNETİMİ

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ABSTRACT

Total Quality Management is the management, human, work, product and service quality required in order to meet customer demands in all the works carried out in an enterprise, and the participation and unity of all employees within the framework of a system approach. In this context, determination of the processes related to health and education services provided in health institutions, creation and follow-up of all kinds of documentation required during operation, control of processes, improvement of identified defects, setting targets for higher quality, safer and more efficient service delivery and Conducting studies to reach the determined targets and controlling the results are the main components of quality management. In this study, total quality studies applied in our country's hospitals, legal basis of these studies and boards and committees that should be formed by quality management units are included.

Keywords: Total quality management, Quality management in health care, Quality standards.

ÖZ

Toplam Kalite Yönetimi, bir kurumda yapılan bütün iş ve işlemlerde, müşteri taleplerini karşılayabilmek için gerekli olan yönetim, insan, yapılan iş, ürün ve hizmet kalitelerinin bir sistem yaklaşımı içerisinde, tüm çalışanların katılımı, hedef ve fikir birlikleri sağlanarak ele alınması ve geliştirilmesidir (Akdere, Juran 1998). Bu bağlamda sağlık kurumlarında sunulan sağlık ve eğitim hizmeti faaliyetleri ile ilgili süreçlerin belirlenmesi, iş ve iş tanımlarının sistem yaklaşımı içinde tespit edilmesi, işleyiş sırasında ihtiyaç duyulan her tür belgelemenin oluşturulması ve takibinin yapılması ile süreçlerin kontrol edilmesi, tespit edilen aksaklıkların iyileştirilmesi, daha kaliteli, daha güvenli ve daha verimli bir sağlık hizmeti sunumu için hedef belirleme ve belirlenen hedeflere ulaşma çalışmaları yapmak ve sonuçlarını kontrol edilmesi kalite yönetiminin temel bileşenlerindedir. Bu çalışmada bu kapsam çerçevesinde ülkemiz hastanelerinde uygulanan toplam kalite çalışmalarına, bu çalışmaların yasal dayanaklarına ve kalite yönetimi birimlerinde oluşturulması gereken kurul ve komitelere yer verilmiştir.

Anahtar kelimeler: Toplam kalite yönetimi, Sağlık hizmetlerinde kalite yönetimi, Kalite standartları.

1. INTRODUCTION

The word quality is often used to indicate the excellence of a product and service, and quality can only be achieved by meeting customer expectations correctly. Quality can therefore be defined in the most basic sense as meeting customer demands. In total quality management, the concept of quality has started to be used together with "control (Aiken et al. 2002). This control is provided with a management approach that will ensure that the organizations achieve excellence. This

management approach which aims for continuous improvement and improvement is “Total Quality Management (Lindenauer et al. 2007). Total Quality Management philosophy covers a period of approximately one hundred years. Increasing customer satisfaction, increasing market share, increasing profits, increasing employee satisfaction, decreasing costs, high competitiveness are targeted (Aiken et al. 2012).

Today, TS EN ISO 9001 Quality Management System Standards have become the International Standards which have received the most attention and application area since the date of its publication in 1987 hospitals in Turkey, TS-EN ISO 9001: 2015 terms and conditions stipulated by the Standards, legislation, the requirements of the Ministry of Health, Health Sciences University, to be in health compatible with the Quality and Accreditation Standards for risk-based process management to the establishment by defining a suitable system (Zerenler & Ögüt, 2007).

TS-EN-ISO 9000, TSE-EN ISO 1994, TS-EN ISO 9000 and TS-EN ISO 9001: 2008 certificates, which are the decisive criteria in hospital quality management, are considered important by hospitals.

In the evaluations carried out by the Ministry of Health at regular intervals, with the support of senior management and the participation of employees in the hospitals, more successful results are obtained from the previous period and quality service is provided every day. In 2005, the Ministry of Health published the Ministry of Health Inpatient Treatment Institutions Institutional Quality Improvement and Performance Evaluation Directive, efforts to improve health services, to provide high quality, efficient service delivery and to determine measurable and comparable service delivery criteria for health institutions to achieve these goals accelerated. With this directive, we have accelerated our efforts that prioritize patient and employee safety, regularly evaluate the opinions of patients and employees, and rely on the system of encouraging staff and aiming to increase the quality of health service delivery (Sevimli, 2006).

2. QUALITY UNIT STRUCTURE OF HOSPITALS

Quality unit structuring of hospitals consists of Quality Management Directorate and Quality Team. The quality management activities of the hospitals are mainly Document Management, Self-Evaluation Activities and Training Activities (Shortell 1995, Kansagara, 2012). Quality committees and quality committees are the quality structuring in a hospital. The Quality Committee of the Hospitals is composed of the Patient Safety Committee, Facility Safety Committee, Infections Prevention / Control Committee, Employee Health and Safety Committee (Occupational Health and Safety Committee) and Training Committee (Donabedian, 2005).

In addition, in order to maintain quality studies in hospitals in a good way; Emergency and Disaster Management and HAP Preparation Commission, Employee Complaints and Suggestion Evaluation Commission, Rational Drug Use Team, Antibiotic Control Team, Archive Extract and Disposal Commission, Donation Commission, Data Processing and Information Security Commission, Employee Security Commission, Environmental Management Team, Appraisal Commission, Revolving Fund Commission, Direct Procurement Commission, Diabetic Foot Care-Follow-up Council, Accessibility Assessment Commission for Disabled Persons, Trainer Team Commission, Service Procurement Commission, Drug Return Commission, Tender Commission, Administrative Enforcement Decision Implementation Commission, Patient Safety Committee, Patient Communication Unit Response Team, Infertility and IVF Committee, Record-Falling Commission (HEK), Laboratory Analysis Commission, Laboratory Efficiency Commission, Inspection and Delivery Commission, Needs Assessment Commission, Occupational Health and Safety Committee, Blue Code Management Team, Seizure Commission, Nutrition Team, Medical Expertise Education Board, Blood Components Destruction Commission, Clinical Quality Improvement Commission, Primary Caesarean Section, Radiation Safety Committee, Transfusion Committee, Cleaning Committee, Facility Safety Committee, Radiology Process Improvement Commission, Census Committee Commission, Referral Evaluation Commission, Social Committee, Medical Device Management Team, Improper Product Commission, Data Analysis

Commission, Intensive Care Process Improvement Commission, Invoice Inspection Commission, Search Evacuation (Protection) Team, Rescue Team, Fire Fighting Team commissions it is established (Fung et al 2008, Strong 1997).

3. LEGAL FRAMEWORK OF QUALITY MANAGEMENT IN HEALTH CARE

At the end of this process, the Directive on Improving Quality and Performance Evaluation of Health Institutions and Organizations affiliated to the Ministry of Health, which was put into force with the Approval of Authority dated 23/03/2007 and numbered 2542, entered into force on 1 May 2007. In accordance with this directive, provincial performance and quality coordinators have been established in the provinces and their job descriptions have been made. Provincial Quality Coordinators were assigned with the evaluation of the institutional infrastructure and process evaluation form of the public hospitals of the relevant directive. Pursuant to this directive, the teams formed by the provincial quality coordinators are foreseen to be audited 3 times a year and the audits are initiated. Infrastructure process evaluation, a set of questions consisting of 150 criteria and 200 points were applied.

In accordance with the Service Quality Standards Directive, the Provincial Quality Coordinators are responsible for the 2008 II. Until this period, the public hospitals were audited by using these criteria. The Performance and Quality Directive in Health has been published in 08.07.2008 by the Ministry of Health Performance and Quality Development Department. ISO 15189 Medical Laboratory Accreditation Standard was first published in 2003 and revised in 2008. The purpose of ISO 15189 is to ensure safety in medical laboratories.

4. RESULT

Standard The goal of the quality management team is to provide accurate and reliable service. Therefore, it is very important in this process to identify the needs for improvement and change, to standardize solutions and working methods and to simplify the process to ensure participation and dissemination (McQuillan, 1998). Consequently, human health, which is the subject of the Service, is the most valuable asset of the person and there is often no chance of return in the service. The diagnosis and treatment service is not tolerant of errors and the increase in the error rate can often increase the mortality rate. These services are provided by employees from a wide range of different occupational groups. The service recipients are in direct relationship with the service providers. The number of organizations where such diverse professional groups work for a common purpose is very limited. Medical technology is developing day by day and a new generation of medical devices used in diagnostic and treatment processes is produced every 4 years (Newhouse 1970). In addition to the acquisition of these devices, the accuracy of the measurement results (calibration) is vital in the diagnosis and treatment process. The investment in new technologies increases fixed costs. Therefore, money management is one of the basic functions of Total Quality Management. For these reasons, total quality management studies and processes in hospitals are very important.

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