



(RESEARCH ARTICLE)



## Quality and accreditation in health care services

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### Abstract

**Introduction:** The quality of health care services is one of the most frequently mentioned terms and concepts regarding principles of health policy and it is currently high on the agenda of National, European and International policy makers.

**Purpose:** The purpose of this descriptive review is to investigate the correlation between quality in health services and the promotion of health care quality provided by health services.

**Methodology:** The study material consisted of recent articles on the subject mainly found in the Medline electronic database and the Hellenic Academic Libraries Association (HEAL-Link).

**Results:** The clinical quality of services is often difficult to be assessed by "clients" even after the service has been provided. This is due to the fact that customers experience illness, pain, uncertainty, fear and perceived lack of control. Thus, clients may be reluctant to "co-produce" because healthcare is a service they need while they may not want it and because the risk to harm their health is prominent. In the field of healthcare management, patients' perception refers to perceived quality, as opposed to the actual or absolute quality that requires critical management. This is why health care managers face constant pressure to provide qualitative health services.

**Conclusions:** Continuous monitoring of health care services for quality assessment is essential, hence, the evaluation of patients' perceptions of quality of healthcare, has received considerable attention in recent years.

**Keywords:** Quality; Accreditation; Health care services; Health policy

### 1. Introduction

The quality of health care services is one of the most frequently mentioned terms and concepts regarding principles of health policy and it is currently high on the agenda of National, European and International policy makers. At the national level, addressing the issue of the quality of healthcare can be mobilized for a number of reasons, characterized by a general commitment to providing high quality healthcare, because health care is a public good [1].

The European Commission recognizes quality as an important element of health care system performance that is the extent to which health systems meet their objectives [2].

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Simultaneously, quality, at an international level, is continuously receiving increasing attention in the context of the Sustainable Development Goals (SDGs), as these include the urgent need to achieve global health coverage, including access to qualitative basic healthcare services and access to safe, effective, qualitative and affordable basic medicines and vaccines for everyone. These standards are also reflected in the World Health Organization (WHO) reports published in 2018, which consist of a handbook of national quality policies and strategies [3]. and a guide to facilitating a global understanding of quality as a part of global aspirations for health care coverage [4].

After all, health care services are that part of the health care system, which in any society focuses specifically on the provision of health care services. A health care system includes a complex set of structural relationships between populations and institutions that have an impact on health [5].

The goal of both health care systems, health care organizations, and the delivery of health care services is the universal provision of health care, the treatment of the sick, the maintenance of people's health, and the protection of both individuals and their families from costly medical care [6].

Service organizations could be either public or private, and if they are privately owned, then they can be for-profit or nonprofit ones. Despite different ownership models, contractual relationships with financiers often allow organizations to participate fully in an integrated system. The general framework of a system and the degree of government regulation are likely to determine the extent of integration and therefore the overall efficiency and responsiveness of health services [7].

The *purpose* of this descriptive review is to investigate the correlation between quality in health services and the promotion of health care quality provided by health services.

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## 2. Methodology

The study material consisted of recent articles on the subject mainly found in the Medline electronic database and the Hellenic Academic Libraries Association (HEAL-Link) using the following keywords: quality, accreditation, health care services. The only exclusion criterion was the language except for the Greek and the English.

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## 3. Quality in health care services

Services in the field of health, but also services in other fields in general, have a special set of characteristics, such as being intangible, which makes their quality assessment a challenge. The clinical quality of services is often difficult to be assessed by "clients" even after the service has been provided. This is due to the fact that customers experience illness, pain, uncertainty, fear and perceived lack of control. Thus, clients may be reluctant to "co-produce" because healthcare is a service they need while they may not want it and because the risk to harm their health is prominent [8]. In the field of healthcare management, patients' perception refers to perceived quality, as opposed to the actual or absolute quality that requires critical management. This is why health care managers face constant pressure to provide qualitative health services [9].

Another special feature of health services is that they are produced and consumed at the same time as they cannot be stored for future use. This makes quality control difficult, because the client cannot judge the "quality" before buying and consuming [10].

Understanding quality in health services has led to the development of two key "quality items" in healthcare. According to Hinson et al., (2019) and Alhassan et al., (2015) quality in healthcare is divided into clinical quality (or technical quality) and service quality (or functional or non-clinical quality). The first refers to activities of the healthcare process such as surgical ability, adequate medication, accuracy of diagnosis and other factors that translate into better (health) outcomes for patients. On the other hand, the quality of health services refers to factors of their provision, based on the experience of patients, such as bed comfort, service, support from health care providers, waiting time, appointments, natural environment of the facility and many others [9,11].

Nowadays, various models and methods of measuring the quality of services have been developed, such as standard measures-scales based on which users of health services are asked to evaluate the different dimensions of the quality of services they receive. Parasuraman et al. (1985), for instance, identified 5 dimensions of service quality, which are responsiveness, assurance, physical dimension, empathy and reliability [12]. These five dimensions have been integrated into the SERVQUAL model, which is now widely used in various service industries, including healthcare [13].

This scale is based on the evaluation of the perceived and expected quality of services from the client's point of view, identifying a gap between the expectations of health service users for the services to be received and the level of performance of the services after receiving them [14].

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#### 4. Quality management in health care services

Quality management as a movement began in the industrial sector in the 1920s, with the significant contribution of Deming, Duran and Ishikawa. Many of the principles and practices of quality management were later transferred to the service sector as well as to healthcare. Until the 1970s, the fundamental philosophy of quality management in healthcare was based on the pre-industrial model, focusing on the training and certification of health professionals. However, the "revolution" in quality in this area took place in 1980, when the first quality management systems were developed specifically for health organizations [15].

These systems were focused on resolving and delving into the causes of patients' issues and concerns, implementing decisions or actions aimed at eliminating these problems, monitoring activities to ensure that the desired results had been achieved, and documenting the effectiveness of patients' health care and ensuring good clinical performance [16].

On the whole, quality management includes the monitoring of all activities and tasks that must be performed to maintain a desired level of quality to clients.

Quality management in all organizations includes a set of principles, which according to Tosic et al., (2018) extend to the health sector. These include [17]:

- Focusing on the patient (customer-centric approach), according to which, special attention must be paid to his needs, requirements and expectations
- Stakeholder involvement, as clients are not the only group whose needs and requirements must be met. However, employees, the local and global community, investors and society, at large, must be provided with sufficient value
- The role of leadership in implementing and maintaining a quality system and creating a quality culture throughout the organization,
- The role of employees as a strong lever for enhancing the competitive advantage of modern organizations in the field of healthcare
- The orientation to the procedures where health care services require the application of integrated and interdisciplinary procedures in different functions and the clinically specialized activities
- Guidance through information such as that derived from the use of ICT and quality standards
- The development of partnerships and networking between healthcare organizations
- Demand-driven care and the adoption of a sound approach to identifying clients' needs and expectations
- Mutually beneficial relationships with suppliers (e.g. technical support, information and communication services, business advice, etc.)
- Continuous improvement where the organization is committed to continuously improving the suitability, adequacy and efficiency of the quality management system

In practice, quality management includes three basic processes, which are measurement, evaluation and improvement. Healthcare organizations need to monitor their performance through a variety of measurement activities and through them they gather information on the quality of patient care and support. The results are evaluated by comparing the data obtained from the measurements with the performance expectations. If expectations are met, organizations continue to measure and evaluate performance. If expectations are not met, organizations move on to the improvement phase to investigate the reasons for the performance gap and implement changes based on their findings [16,18].

In the very first step, performance appraisal is mainly done through the identification of patient satisfaction, as mentioned earlier. Simultaneously, performance measures or quality indicators can be used, such as patient waiting times, percentages of patients who develop infections after surgery, average length of stay in the health unit, re-admission rates, patient-to-patient ratio, and many others. There are many such quality indicators, and they are divided into structural indicators, process indicators and result indicators [19].

Structural indicators are used to assess the physical and organizational resources available to support healthcare, process indicators assess whether healthcare activities are satisfactory, and outcome indicators evaluate the results of health care services, including patient satisfaction [20].

Secondly, the measurement data found is compared to the predetermined goals or expectations. Performance expectations should be set for each indicator measure. These expectations are based on part of the quality priorities set by health organizations and which are often influenced by the needs of stakeholders (e.g., patients and buyers) [21]. Government regulations and accreditation standards also affect the desired level of performance of an organization, such as regulations on exposure of workers to radiation, distribution of medicines, etc. There are also many other methods of setting performance targets, such as benchmarking (comparison with the performance of the "best" organizations in the field of care). Statistical Process Control (SPC) can also be used to evaluate performance by detecting possible variations [22].

Finally, the quality improvement process must be systematic, which means that a well-defined process must be followed whose steps are 1) goal setting, 2) analysis of current practices, 3) design and implementation of improvements, and 4) the measurement of results after the implementation of improvements. Today there are many procedures and practices for quality improvement in practice in healthcare organizations. These include the PDCA cycle, the FADE model, lean management and Six Sigma [23, 24].

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## 5. Conclusion

Continuous monitoring of health care services for quality assessment is essential, hence, the evaluation of patients' perceptions of quality of healthcare, has received considerable attention in recent years. Health care facilities around the world implement systems to improve their quality and enhance patient satisfaction. Quality improvement is a standard process for reviewing and improving performance through data analysis. The primary goal of quality improvement is to enhance patient health care.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

There are no conflicts of interest.

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