

PERFORMANCE MANAGEMENT OF THE ROMANIAN HOSPITALS: A GENERAL RADIOGRAPHY OF THE QUALITY OF EMERGENCY SERVICES

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ABSTRACT

This paper presents a critical analysis based on the information provided by hospital documents that contains relevant features of the performance management. There have been studied, synthesized and analysed elements of the hospitals budget, activity reports, information contained in 20 management plans of emergency county hospitals in Romania, some important health indicators. Most important studied aspects are related to: hospital management tools and practices, human resources management, financial performance management, risk management, quality control management, the european funds accessed, the assessment of the hospitals medical technologies and data transparency on hospitals websites. The paper highlights some of the problems and challenges faced by the employed medical staff and hospital managers in Romania and helps to identify and establish new techniques and methods that improve performance management at the hospital level and not only. County emergency hospitals are characterized by structural challenges related to organization, coordination, integrated management systems and unequal access to hospital services especially in the rural area.

KEYWORDS: *emergency services, health, management, performance.*

1. INTRODUCTION

The emergency medical system may be considered the visit card of the entire public health system in Romania and the first access area where patients in critical situations receive directly free of charge emergency care. In the recent years, in Romania, in various case studies and specialized articles there is highlighted that the professionalism and the promptitude of the personnel in hospitals is affected due to the huge number patients in emergency reception units. The gratuity of emergency medical services is a plus for patients who are addressing the health system but has gradually become a minus for the ability of the medical staff to face with a very high volume of work and to resolve complex cases of diseases. Emergency county hospitals represent the most important medical unit at county level, respectively on an expanded geographic area, where healthcare is granted in the emergency units for all the social categories, free of charge and without taking into account the social category of the patients or their employment status. The previous aspects affected the performance management in hospitals and determined a slightly distorted perception of patients regarding the quality of healthcare.

In the period of 2011-2016, the Romanian health system is characterized by the increase of medical personnel number, thanks mainly to the improvement of working conditions. Also the period of 2011-2016 is characterized by the average number of 6 beds per 1000 inhabitants, as well as by the increase patients number hospitalized in emergency structures. (National Institute of Statistics, 2017b). The decrease of patients number that need hospital emergency healthcare in Romania,

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especially in the emergency county hospitals in Romania, can be achieved by developing strong network of family medical units in rural areas, by strengthening the integrated emergency system and through regional hospitals.

2. LITERATURE REVIEW

The recent health studies highlights the involvement of the health authorities for increasing the performances achieved (Braithwaite, 2017), for identifying opportunities that improve health outcomes both at National level and Local level (European Observatory, 2012), for increase the allocation of government funds for medical personnel in hospitals but also for administrative staff (Berchet & Nader, 2016).

At European Union level, public hospital management is provided also by private companies, non-profit organizations or certain independent organizations (Progress Consulting and Living Prospects, 2012) and the attention is centered on the development of regional hospital and for create and use regional funds for public health. The management of the health system performance is reflected in the management of public hospitals that ensure the implementation of health strategies, allocation of tasks according to competences, efficiency in the production of Health, transparency in the reporting mode of information (Dimitrios, 2012). Performance management ensures improved health outcomes (Smith et al., 2009) but on the other hand the inability to measure management requirements is often associated in several studies shortcomings in the functioning and organization of the health system (Numerato et al., 2012).

The indicator of avoidable mortality through healthcare, used in the overall context of health system performance assessments and as a indicator of service quality, places Romania on the second place of the 28 EU member states in 2014, after Latvia (European Commission, 2017). This position reflect especially deficiencies in romanian health management system and bad quality of hospital medical services.

The health system in Romania is characterized by gaps in the way of organizing and functioning, disproportionate coverage of health care services, high level of corruption and inadequate funding by comparasion with real needs (Wagner et al. 2016). There are obvious disparities regarding the population acces to emergency healthcare, especially in the rural area. There is also an unbalanced distribution and insufficient number of medical units for general medicine and healthcare, very high distances to emergency county hospitals, the unequal distribution of hospitals in the territorial area, with more than 90% of them that are functioning in the urban environment. (National Institute of Statistics, 2017a). Even though since 2012 the need to strengthen health services in the rural area have been highlighted (World Bank, 2012) the actions in this sense in 2018 are not visible.

Improvement of hospital management in Romania can be achieved by increasing the level of access, increasing performance through information technology, developing the infrastructure of integrated emergency services (The Ministry of Health, 2017a). The consolidation of the integrated emergency system at national level can be achieved through a series of specific actions such as: increasing the number of ambulances, increasing the number of rehabilitated emergency units, diversifying the professional competencies of medical staff (The Ministry of Health of Romania, 2017b). In addition it very important to understand and implement at hospital level some elements of private health system that may determine competition (Constantinescu, 2010). It is useful to be promoted and developed external actions regarding performance control and evaluation, in order to be ensured results and assessments that are transparent, correct and comparable (Ștefănescu et al., 2010).

3. ANALYSIS OF THE CURRENT SITUATION OF PERFORMANCE MANAGEMENT FOR EMERGENCY PUBLIC HOSPITALS

The structured and disseminated data in this work paper is from official documents publicly available in the online environment regarding to the emergency county public hospitals. The hospitals analyzed are representative for the population served and are placed in different development regions, more exactly in the following counties: Arad, Alba Iulia, Baia Mare, Bacau, Bistrita, Botosani, Braila, Brasov, Buzau, Olt, Craiova, Giurgiu, Iasi, Mures, Mehedinti, Sibiu, Zalau, Suceava, Timisoara, Tulcea and Vaslui.

This analysis was carried out on the basis of information extracted from the management plans and strategies of hospitals, information of budget structure and also activity reports. The analyzed documents contain the most important informational resources regarding the state of fact in hospitals, managers priorities for improving management processes and enhancing the quality of healthcare services provided for patients.

In the selected interest area, particular attention was for the accreditation standards of public hospitals according with legislation in force (Order no. 446/2017), which refer to the criterias and requirements that demands for performance management, especially components of strategic and organizational management, clinical management, medical ethics, patient rights.

3.1 Components of strategic and organizational management of emergency county hospitals

In the following section will be presented the most relevant particularities of the management processes of the county emergency hospitals, as:

- Hospital management/strategy plans
- Informational Management
- Human resources policy
- Financial Management/investment
- Scientific research at hospital level/innovation
- Updating information on the hospitals website
- Risk Management
- Quality Management

The managers of the emergency county hospitals in Romania demonstrate in the recent years the increase of actions that improve hospitals conditions, actions for increase satisfaction felt by patients, decrease the number of hospitalization time (DMS- Romanian version), actions for increase the capacity to handle complex cases of disease with a minimum of 5% compared to previous years, known in the Romanian medical system as ICM, increase the outpatient consultations with a minimum of 20%, promote of the principles Performance management: Equity, efficiency, economy, quality.

Analyzing the informational management system of the hospitals, we can remark deficiencies in the data collection and reporting mode, the wrong classification of indicators in certain basic categories, a lot of names for health indicators as: medical indicators, efficiency indicators, performance indicators, quality indicators, etc., indicators that are duplicate and non-updated, that cannot be compared simultaneously and in real time.

The human resources management is not characterized by certain actions carried out for employees training, because only the initiatives undertaken on this regard are mentioned. There are hospitals that pointed out that the recruitment of the outside medical personnel may be a threat to performance management because the demands of the salary level and the working conditions are a high.

The financial management practices are not so effective because the framing of the expenditures are at a given level based on the previous year's historic and not in accordance with the current spending needs. Although it can be seen as a paradox, most of the hospitals expenses in the

structure of the hospital budget analyzed, are the wages costs of the medical staff (more than 50%) and the costs with medicinal products, as drugs and medical materials (more than 20%). Even so in most cases the biggest dissatisfactions for the romanian health system beneficiaries are related to the lack of medications for patients and small wages for medical staff.

The sponsorships for emergency hospitals are close to zero (0.5% of buget) and funds allocated for the research and development activities, are also close to zero. The level of the accessed European funds is very low (less than 3% in the structure of the hospital's budget) and on the other hand the lack of data transparency of amounts accessed over the last 5 years, affects the credibility and the image of the public hospitals emergency analyzed.

3.2 Hospital activities where the management functions are highlighted

3.2.1 Planning

Planning is one of the most visible functions of management at the hospitals level. Hospital managers develop and implement strategic and management plans, communicates the mission and the vision of hospitals, the achieved objectives. Managerial team is concerned on hospital infrastructure rehabilitation in more than 50% of the cases analysed, especially on the extension and modernization of emergency reception units (UPU) and also for obtaining funds for performance equipment in more than 50% of analyzed cases. Even if there are visible planning actions, vision and desire for what is better, obtaining funding for new equipment is a difficult and highly bureaucratic process, and it is necessary to draw up a large number of supporting documents. Even if there are competencies and extensive planning capacity at the top management level of the hospital analyzed, in reality reducing costs and improving the emergency quality services are not provided according to the current needs but according to the regulations in force.

3.2.2 Organization, coordination and staff management

Most affected functions of hospital management are the coordination and motivation of the employed medical staff and especially the evaluation of individual performances and medical team performances. Organization, coordination and training actions implemented at the hospital level are not very visible, the rewards system based on the merits is not visible and also the recruitment criterias and the manner of manager evaluation. The Board of Hospital Management is constituted of hospital manager, the medical and financial director. These employees are mainly concerned for monitoring the way are respected and implemented the legal provisions, the internal regulations and procedures. Regarding the strategic management this it is represented by Board of Directors, members of representative medical institutions and various organizations and socio-professional associations.

3.2.3 Control activities: the conformities with standards

Control and the evaluation of the hospital activities, namely the identification of organizational and functioning problems, are done according to the methodology and the legal framework, especially according with law about quality assurance in health system (Law no.185/2017). In order to control and evaluate the hospital management processes are used indicators that reflect the quality of services, the management of human resources, the financial situation, the hospital facilities. Also, in the process of control activities and assesment of the hospital performances it is verified the full compliance with the accreditation standards established by the National Health Quality Management Authority (Order no 446/2017).

Performance evaluation is based mainly on the values of performance indicators assumed through management contract of the hospital Manager. Performance evaluation is not a complex process and does not take into account aspects related to: organizational culture, stress factors, workload, quality of time spent with patients, possibilities of expanding staff skills, the training needs. Managerial tools, criteria and methods that ensure the evaluation and the improvement of the hospital performance are not provided in the public area. There is also a lack of transparency with regard to employee evaluation tools and the results of quality controls are not public. A plus for hospital

performance are the feedback mechanisms on the hospitals websites, where patients can signal their dissatisfaction regarding the medical services. The same mechanism of feedback should also be implemented for medical staff and by default for hospital managers so that they can report current problems regarding work conditions.

Both the risk management, quality control management are at a formal level. The main risks of the hospital management are related to environmental risks, food quality, the underreporting of nosocomial infections. The methods and procedures for assessing the quality of hospital services are not publicly, the methods and procedures used for the assessment of medical technologies used in hospitals are not publicly available also.

3.3 Main causes of the low quality of health care services in county emergency hospitals

The main factors with negative influence on management performance in emergency county hospitals are linked to the lack of development of the primary health care system, the lack of patient flow management system in hospitals, especially at the level of emergency units and departments. There is no managerial vision of attracting additional sources of funding such as: Renting hospital spaces, sponsorship contracts, medical research contracts, leasing for medical equipment.

The management of romanian medical devices, including the emergency system is characterized by the absence of health technology policy, absence of the official nomenclature system for medical devices, lack of availability of the list of medical devices and a lot of this (**Table 1. The radiography of medical devices management in Romania**).

Table 1. The radiography of medical devices management in Romania.

Name/ Type of category	The meaning	The availability/ presence	References for contact
Regulatory agency	Authority responsible for implementing and enforcing regulations in your country:	YES	No
National health technology assessment unit	Technical office for medical devices	YES	YES
National health technology management units	Development of technical specifications for procurement process	YES	NO
Medical device nomenclature system	Official nomenclature system for medical devices	NO	NO
Inventory and maintenance	-Medical equipment management unit: -Management software -National inventory only for high cost technologies (s	NO	NO
Lists of medical devices	Lists of approved medical devices for public procurement or reimbursement	NO	NO

Source: adapted from WHO (2012)

For most of the analyzed hospitals, the structure of the budget is not publicly presented, there is no transparency in the way funds are used at the hospital level and where these data are visible are not up to date. Even if the promotion of competitiveness between hospitals is an important

characteristic of performance management in the medical field and one of the essential tasks of hospital managers, in reality these measures are missing and the allocation of funds is not based on specific criterias of performance. The allocations of funds are pre-established according with budget sections from the previous year, not taking into account the current needs.

4. CONCLUSIONS

Performance management is a matter of scale for the representative medical authorities and a real challenge for the managers of the county emergency hospitals in Romania. Coverage of emergency medical services is disproportionate at territorial level in Romania, especially in the rural area, and the free of charge of the services provided to patients overloads emergency units at the level of the county hospitals. Implementation of an integrated management system is not unknown to hospitals personnel, but legislative and bureaucratic aspects affect its implementation and functionality. There is a reluctance to use modern management techniques and methods for evaluating employee performance, assessing service quality, assessing medical technology in hospitals. Although there is an improvement in the working conditions in hospitals and an increase in the income of the medical staff, the county emergency hospitals are facing with very high maintenance costs, the lack of funds for scientific research activities, the increase of patients number in the emergency departments. The lack of transparency of budget execution, the lack of data availability, the lack of recent activity reports for hospitals, reflects problems in performance management and the fear of hospital managers to publicly communicate current problems. The manager should be focused on improving management processes, encourages both communication of failures and communication of success. Evaluation, self-evaluation and transparency of assessment and control reports should be the primary attribute of a hospital manager in order to improve performance and increase the quality of medical care offered in the hospital it represents but in reality this aspects are not valid.

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