INTRODUCTION

Hospitals, by definition, are large structures, complex rigid to change, and through these issues, coordinating the activities of a hospital management functions are one of the most difficult to implement. Classically, an organization (including hospital) is structured and operates in a relatively less flexible schedule, departments with different hierarchical levels including managers and senior executives. The level of involvement in activities requiring cooperation and networking of different structures (clinical departments, laboratories, procurement, accounting, department head, leadership, etc.) is variable. Most times, the patient flow is not lean and requires difficult work, time, human and material resources waste and the results are always directly proportional to the efforts of the organization.

What happens in a hierarchical and departmental structure? Losing sight of even the main purpose - to provide a product or service to the customer (patient), to perform the activities that arise in the process fluently without jamming optimal use of material resources and the best use of time. Both clinicians and decision makers know however that the in hospitals often overlaps and duplications are registered, service interventions and laboratory results are delayed, the patients are unsatisfied by inadequate care, the supply chain could be interrupted, the patients could suffer accidents, infections or even deaths and all that could be prevented. What he wants, but each organization? To provide customers with products and services that successfully meet their requirements.

There are innovative approaches to achieve this goal easier? Organizational management based on processes that take into account the desired results and existing resources to satisfy customer first, while ensuring the financial sustainability of the organization, can be a suitable alternative. Based management processes, systemic approach ("system thinking") concept "imported" from the industry, it is more flexible and allows for continuous quality improvement services / products according to customer requirements. From this perspective, in the hospital the departments and individuals are starting to realize how to work together for the benefit of patients and the hospital.

Improving the quality of products / services provided to a client can be achieved by using a tool called Lean Six Sigma. Lean originally appeared in industry, within the Toyota production system and has been focused on eliminating waste in all forms of it.

The method was then adapted for services and expanded in all areas, including health. Six Sigma was developed by Motorola, aiming to reduce the variation of products / services quality. The two theories met having as focus to solve the client problems. Lean has also been applied in the health system of other countries, such as the USA, with significant results in reducing activities that do not add value for the client and a simpler and faster implementation of the activities that add value to the medical service offered.

What does it mean a Lean behavior? As a definition, "Lean behavior is behavior that adds or creates value. It is characterized by minimizing losses associated to arbitrary or contradictory actions and opinions that lead to defensive behaviors, inefficient relationships, and poor cooperation." (M.L. Emiliani) [2].

In Romania, the level of knowledge in terms of hospital quality processes is quite low. The project "Regional Centers of Excellence for Performance Improvement Processes in Health Care System in Romania" has proposed, as a first step to configure the present quality of hospital processes, seen from the perspective of decision makers and professionals of health.

Keywords: processes, hospital activity, quality, Romania
The project is developed in partnership represented by: CRED Foundation (Romanian-Swiss Centre for Development of Health), National School of Public Health, Management and Professional Development, Bucharest; Advanced Thinking LLC and Universitäts Klinikum Freiburg and financed from the European Social Fund (Sectorial Operational Programme for Human Resources Development 2007-2013). The project is focused on the implementation of innovative concepts for optimization of hospital processes by developing skills in quality management, performance and efficiency of health services of the medical and managerial staff from hospitals in three regions in Romania, as well as implementation of improvement projects.

The purpose of the present article is to present a synthesis of research results conducted as the first phase of the project, where we assessed the opinion of the decision makers regarding the frame and regulations for quality improvement and also the opinion of the staff regarding the approach of the processes in hospitals the quality requirements implementation.

**OJECTIVES** of the research conducted within the project
- Analysis of the current situation in terms of the level of knowledge, attitudes and practices of quality processes in hospitals;
- Investigating the current organization of the development and implementation of policies related to quality management in hospitals;
- Investigate the interest and capacity to improve service quality, investigating barriers to quality improvement;
- Investigating initiatives and best practice models for organizational change, including improving hospital processes;
- Analysis of existing capacity of hospitals to perform the national quality standards set by current regulations.

**METHODOLOGY**
This research is a retrospective, descriptive study, using qualitative and quantitative research methods, conducted in hospitals in three regions (Nord Est, Center and Bucharest-Ilfov) of the project on quality of health care services and the organization and operation of various types of processes underlying the provision of hospital care. Analysis of the situation has been made in period: March 2011 - May 2011.

The first stage of the research started by investigating through a review of literature the frame of legislation, the organization and operation of hospital activities in three regions of the project. The questionnaires were applied in different levels hospitals from the project regions.

From the hospital level was included staff with attributions in coordinating the hospital activity: Managers / Medical Director / Director of Care) as well as the personnel directly involved in insuring the quality of care and the development of specific processes (chief physician/doctor appointed with quality, chief nurse, physicians, other qualified staff from hospitals.

**Methods. Tools.**
Concerning the research tools, due to heterogeneous nature of the target group, two types of qualitative research and one quantitative research tool were designed having as aim to research aspects related to the way of elaborating policies and regulation of quality of services, and the level of knowledge, attitude and practices of the staff involved in services delivery. Three instruments were used: interview with key-persons, check-list and KAP questionnaire.

**Interview Guide**
Two interview guides were elaborated for the two different decision levels: central (Ministry of Health, NHIH, NCHA); local (hospitals, town halls – hospitals administration). The interview guide contained questions with open answers through which the interviewed person had the possibility to express the opinion upon the vision regarding issuing regulations, organizing and implementing quality improvement systems, as well as the interest for quality improvement, defining and exemplification of hospital processes and identification of models/solutions. The interview was directly administered.

**Check lists**
**Structure**
The aspects included in check lists were upon the most important areas of health care according the accreditation standards established at national level:
- strategic management of organization
- quality management
- health care management
- risk management
- patients rights

It was administrated as an annex of key persons interview sent to hospitals.

**KAP questionnaire** (to evaluate knowledge, attitudes and practices of the staff directly involved in providing hospital services): the questionnaire was structured on two major analysis components: organization and operation of hospital activity in terms of ensuring quality of care and performance of specific processes.

**Method of administration**
- pre-testing the questionnaire: was conducted in three hospitals, one from each region
- The questionnaires were self-administrated, respecting confidentiality; the questionnaire included specific instructions on how to fill

The questionnaires were applied in different levels hospitals from the project regions.
Electronic instruments and information management soft
(MO Excel, MO Access) were used for data transcription and
introduction.

After entering and validating data, processing and analysis
was performed using the above mentioned software and the
processing and statistical analysis SPSS software, version 15.
Analysis of data was performed separately for each research
technique, and for each target group. In general, the analysis
was descriptive and used mainly frequency tables (absolute,
percentage and / or cumulative) of values; the presentation of
the results was performed using tabular and graphical elements.

RESULTS

Interview with key/persons – decision making level

- Knowledge upon regulations - Main players are correctly
identified, contributing to defining the regulatory framework
for quality and their specific roles. At the same time the re-
spondents identified a puzzle of quality regulations, some
even mention a multitude of quality requirements that should
be met, but such requirements are unknown or ignored by
hospital managers and central authorities.

- The role of the institutions in quality services area - The per-
ception of the representatives of the major players in the system
is that their own institution should be the most habilitated to
regulate the quality of services. CoNAS, the institution design-
nated by law to issue regulations and to assess the quality of
service is appreciated by some respondents as being at the be-
ginning stage, the one of issuing standards, currently with lim-
ited capacity to regulate or impose standards of quality. This
approach of decision/makers creates rather a "competitive"
climate than one of collaboration between institutions.

- The main institution that regulates quality of health care –
The diversity of institutions involved, different views on the
role of these institutions in issuing regulations on quality, dif-
ferent perceptions on institutional cooperation reveals the
absence of an integrated vision, of a declared national strategy
on service quality, as well as institutional arrangements at
national level, adequately, to generate on one hand regula-
tions and on the other hand technical support to implement
quality systems.

Some representative of the public administration consider
important the regulations on services’ safety and protection
against fire, electric shock, etc., not brought into question by
other representatives, but which during the last year has been
intensely debated, following fires in hospitals resulted in
tragic consequences. Approach of quality in terms of patient
was mentioned only by a few respondents, indicating further
a focus on healthcare system and less on the patient.

- The need for training in quality improvement - Most respon-
dents highlight the lack of compartments / staff with specific
role in issuing regulations on quality or inadequate training,
inadequate allocation of specific tasks. - Decision- makers
express their interest for their participation and the staff’s par-
ticipation in trainings on the quality of care services. The staff
has a certain level of basic training, but requires additional
training in strategies and instruments to improve quality, in-
cluding in the processes within the organization.

- Quality control, almost all opinions of consulted decision-
makers are different from each other, reflecting the lack of
systematic controls, as part of quality systems, of assigning
specific roles to adequate institutions, and lack of communi-
cation - cooperation between the structures involved.

- The main quality problems - Generally, the respondents had
common views on the main issues of quality, perhaps reflect-
ing objectively enough the complex reality of the system. The
main problems identified by respondents relate to infrastruc-
ture, technical equipment, lack of personnel rather than the
quality of professionals. Dialog and communication and
drafting of regulations is poor, with differences of perception,
resulting in a certain inefficiency of the system of regulations.
Reorganization of the hospitals initiated by the Ministry of
Health in 2011 imposed in a short period of time regulations
with tremendous impact on the organization of service struc-
tures - decentralization with transfer of management to local
authorities, followed by closing down, transformation, merg-
ing of hospitals and recently a classification into five levels of
complexity. According to some respondents, consultation
with service providers and local authorities was reduced or
even absent, and the measures imposed have created a high
degree of disorientation at supplier level, emotions and unsat-
sfaction among the population

The barriers - Respondents identified many barriers pertain-
ting to the legislative framework, to the organization of quality
systems, instruments and methods of quality assurance, infra-
structure, lack of adequate equipment and technology, informa-
tion technology, organizational culture, which shows the
complexity of the issue. Inappropirate funding is not identi-
cied as a barrier, but the non-stimulating way of fund-
ing.AscultațiCitiți fonetic

- The application of the methods for quality assurance -
International experience was used to introduce methods to
improve quality (therapeutic guidelines and protocols, ac-
creditation, streamlining of services). The use of models of
good practice is welcomed by all respondents. The best
known and already used in the system refer to the practice
guidelines, considered effective instruments in quality, stating
that they must be adapted to each health unit by means of
protocols. Using protocols has become mandatory for each
healthcare unit to enter a contract with Insurance House. Re-
garding the level of knowledge about processes in hospitals,
most of respondents recognize that until now this approach is
far less used and that the first step for this approach of organi-
zational management should be to identify processes in hos-
pitals. The entire journey of the patient through the system,
from primary care, outpatient and then hospital, should be
thought of in terms of processes. This instrument will be in-
grated in future in regulations.

The approach of process improvement management is con-
sidered a useful method for improving hospital man-
agement and outcomes of services for patients.
Interview with key-persons – hospital level:
- **Quality of services** in hospitals in Romania is a problem, the causes are diverse and among the most important have been identified poor funding, insufficient physical and human resources or weak organization/administration.:

  - Poor funding that makes it impossible to: implement best practices and procedures, purchase of modern materials and equipment for diagnosis and treatment, treat cases of high complexity (given that the financial allocation is not based on real costs, but on historical criteria and less on the index of complexity of cases), improve the quality in terms of ensuring patient comfort.

- **Insufficient human and physical resources.** The category of deficiencies regarding physical resources include: the old hospital infrastructure, poor quality materials for the acquisition of which low price prevails instead of quality, old technology and equipment, with low performance. Concerning the human resources the focus is on: staff deficit (mainly due to the outflow of healthcare professionals and partially to the current policy of blocking the positions in the healthcare sector), inadequate professional training of part of the staff involved in patient care, leading to large variations of medical practice and clinical results obtained, the absence of qualified personnel in quality field or reluctance to change the staff (and there are multiple causes, from the excessive workload to health policy aiming at blaming the staff about the issue of service quality and to the absence of additional remuneration for what is considered to be overtime work involved in ensuring service quality standards).

- **Poor organization/administration** due to: inadequate circuits because of infrastructure and lack of funding, insufficient qualified staff, agglomeration of some hospitals with high flow of patients and overwhelmed staff which is reflected in the low level of patient satisfaction in relation to prolonged waiting time to receive service and lack of communication with medical staff. Other general weaknesses of the organization refer to the fact that the system is not focused on the needs of patients and the absence of quality criteria, clearly defined, specific to each area of care in part.

- **Regulations of the quality of health services** - it can be said that the respondents have partially correct knowledge regarding institutions involved in their development. Regulations of the sector are considered by most participants in the survey as partially adequate to the needs of the institution they are part of; many aspects requiring improvement (development of competence criteria of hospitals that did not take into account the complexity of cases treated, the need for new quality indicators depending on the specific activity and pathology, the need to adapt and correlate the regulations to the specific pathology treated in hospital but also with socio-economic features of the area assigned). Inadequacy to the needs of the institution is judged by means of non-consultancy of hospitals in the process of regulation or through the current situation in terms of poor conditions for patients and material supply discontinuity.

The executive staff is mentioned to be the most involved in ensuring quality of services provided by hospital due to specific tasks of the functions held and less the staff in the clinical departments or administrative department or the personnel designated as responsible for the quality. Some opinions support the fact that quality services can be provided only through the participation of the entire staff of the hospital, which needs to be defined in carrying out actual activities of within the sector of quality.

- **The interest for professional formation/training of staff in quality services** is high, various examples of courses attended by employees of the hospitals under survey being offered as example. The most frequent participation was recorded for quality management or management of health services training courses, including the component of quality as well as to the auditor training courses or other courses directly related with the quality (good practice, accreditation or communication).

- **Skills required from the personnel responsible for quality of services** would be primarily managerial skills and/or specific to the quality of health, and skills in developing clinical protocols and practice guidelines, communication skills, analytical and evaluation/supervision skills, teamwork and coordination of activities or initiative.

- In all the hospitals surveyed, except one, has been tried the implementation of a quality improvement system, examples being the quality management system certification ISO or RENAR (especially for medical analysis laboratory).

- **The problems in implementation of the quality management systems** - All hospitals have encountered problems in developing and implementing systems to improve service quality, most related to healthcare personnel or funding of those healthcare institutions. The most common personal problems are its reluctance or low compliance regarding the introduction of everything new; generally there is a resistance to change of personnel. Also, have been reported the current legislative constraints regarding human resources, shortage of staff and poor professional training of the new employees, as well as the lack of personnel dedicated to quality. Deficit of financial resources in healthcare system and insufficient funds allocated to hospitals by local authorities represents another type of problem, with negative consequences for the implementation of procedures in hospitals, for the establishment or contracting of trained staff regarding the implementation of quality management systems or purchase of materials and equipment/modern methods of diagnosis and treatment, determining well-trained physicians to migrate to other centers.

- **The processes of the hospital based approach** each of the respondents could identify at least one inefficient process that impairs the quality of services provided. Several major categories of inefficient processes are related to: development/implementation of practice protocols or specific procedures, the electronic records of cases and the hospital information system, the transfer of patients with chronic diseases or the discharge of patients from hospital. There is as well the process of communication at different levels (with patient or provider or even between sections of the same institution, which affect the interdisciplinary investigation of patients) and the training of staff, which suffers due to the
lack of assignment of resources necessary for training courses. Information process in hospitals is poor in the following aspects: flow of documents and information system at sector level less efficient that impede daily activities or the diagnosis and monitoring of medical cases. Examples of ways to streamline processes considered deficient are constant concern for modification and adaptation of good practice protocols, according to new studies and clinical experience in the field (evidence-based medicine), development and compliance with protocols to combat nosocomial infections and appropriate management of human and material resources.

- **The need for specific training on processes improvement** - Absolutely all study participants recognize the value of a training program for hospital staff, aimed at optimizing key business specific processes leading to improved quality of hospital services, under certain conditions: the staff involved should already have a certain degree of training in the field and necessary conditions should be provided (locations, circuits, equipment, and facilities). Reference was made as well on how to organize courses on levels and stages of training and to the need for such courses to be of permanent medical education, certified, accredited courses. The categories of personnel most frequently mentioned as the benefiting from a professional training program aiming at streamlining hospital processes would be mainly medical staff on the departments (doctors and nurses) or just managing staff of departments (doctors heads of departments / sections including the Administrative Head or Head nurses).

- **Comparisons and exchange experiences** - The utility of experience exchange with other hospitals, aiming at streamlining the activity by implementing systems to improve quality of care through the optimization of specific processes is positively assessed by all respondents except one. It is argued by the need for sharing accumulated experience, ability to learn from others’ experience and avoiding mistakes in the future. There are however some specific requirements namely the identification of models of good practice, and those who participate in such exchanges must have a minimum level of training or at least similar to the one of the persons from the institution where the experience exchange will take place.

### Check-lists

According to the decision-makers in hospitals that have completed the checklist, the degree of implementation of practices related to quality assurance is very high. Almost all of the checklist criteria were confirmed, which theoretically indicates the development of standards related to the Organization's strategic management, Quality management, Care management, Risk management and Patient rights. A verification visit could have proved objectively the real preparedness degree of hospitals in these areas, but it was considered that such approach would not be accepted by hospitals. However, corroborating these data with the results of the KAP and CPI survey, where problems relating to the lack of a strategy for quality, inadequate organizational culture, problems with infrastructure, circuits, administrative problems, staff problems were highlighted, it results that under the conditions of structures, documents, protocols, teams responsible for quality, they have a formal character, are not active nor effective.

### KAP quantitative survey

#### Knowledge

Knowing the regulations in service quality is not at a very high level, among the two categories of staff (with management, respectively executive function); there were no significant differences in this respect (graph 1). Moreover, the similarity of responses has been maintained regarding other important issues as well such as: knowledge about the existence of any improvement program implemented at hospital level, instruments used to increase quality.

If about the aspects on regulation of the quality of care, the level of knowledge is globally almost similar; investigating in detail the specific ways to improve the quality shows differences between the two study groups. Thus, paradoxically, techniques and instruments to improve quality are known to be applied by a higher percentage among executive staff, for all techniques / instruments investigated. It surprises the level of ignorance, rather high (one quarter), recorded among management staff, regarding the application of staff satisfaction assessment, while satisfaction questionnaire development and implementation requires their mandatory involvement.

**Attitudes (opinions)**

Individual attitude can be inferred from the analysis of the opinion of the subject on matters that concern us. For this survey, opinions were obtained from medical staff working in hospitals on issues such as: possible effects / benefits of implementing a quality improvement program at hospital / department level in which they work and individual level; areas that need to be improved for hospital accreditation; issues that need to be improved for quality development; people who should be involved effectively in quality assurance; poor processes at hospital / department level; and barriers to quality improvement.

At institutional level (hospital / department), the most likely effects of implementing a quality improvement program

**Graph 1. Structure of the percentage of respondents, depending on the level of knowledge on the existence of a quality improvement program at hospital level.**

![Graph 1. Structure of the percentage of respondents, depending on the level of knowledge on the existence of a quality improvement program at hospital level.](image-url)
are considered by medical staff to include (graph 2): Increased patient satisfaction; Efficient use of resources; Reduction of nosocomial infections rates; Increase staff satisfaction; Reduction of complication rates; Reduction of nosocomial infections rate. Support from the community / local authorities was mentioned by a lower proportion of respondents.

At individual level, the benefits that may arise by implementing such a program are represented according to the respondents, primarily by: Increase the feeling of security; Increase of quality of care; better knowledge of individual tasks; Increase of professional reputation.

Regarding the perspective of hospital accreditation, medical staff acknowledges indirectly that at present, the hospital they work in should be concerned intensely and to focus, also and in equal measure on improving quality management, risk and care. Focus should be put on improving coordination activities to define measurable objectives for quality, to ensure and guarantee the security of staff and patients and to provide medical services.

In terms of hospital staff, quality of care is not at the desired level, primarily due to the level of resources: providing the necessary material resources (equipment, drugs, supplies, etc.) and providing the necessary financial resources. Also other areas that should be improved are: development of healthcare staff; Development of organizational culture; Providing management; Involvement and participation of medical staff providing treatment in ensuring quality care.

According to respondents, from the team responsible for ensuring quality at department level, should not be missing first of all: "Head doctor of the department" and "Head nurse of the department," seconded by "Nurses" and "Prescribers". A significant role has been assigned to the "Director of care" and "Medical director" of the institution, together with the "Staff involved in the current activities (nurse, stretcher-bearer, etc.)." Surprises the small part (one third) of respondents who considered engaging in a "Very high extent" of the manager and the administrative director, knowing that currently the healthcare system in Romania is impressed by a high degree of bureaucracy.

Processes taking place in a hospital are multiple and complex, and often they overlap and are related to each other. Some of these processes regulate the proper provision of medical care, detailing the algorithms according to the stages and patient circuit during the hospitalization episode (reception, diagnosis, treatment, monitoring of patient status and discharge), while others ensure adequate supply of related services to ensure continuity of care (reporting, control and continuity of care) and support services (administrative, hotel etc.).

The most common shortcomings in respondents’ view are considered on functional circuits and support services: functional circuits, staff, accommodation, materials, meal, cleaning, administrative, followed by actual treatment. The lowest frequency was assigned to: reporting (only 7% of respondents) and discharge (only 5% of respondents).

The obstacle mentioned the most, which affects the quality of care in hospitals, is, according to respondents, the “Lack of organizational culture for quality”; the classification is followed by the "Lack of training of hospital staff regarding quality management and process improvement" and by the "Lack of strategy in quality". Only 10% of respondents indicated "Lack of resources" as one of the main obstacles of the main obstacles in the failure to provide quality.

Practices

Degree of applicability of the regulations: policies, strategies, standards, etc.

The largest applicability is seen in quality standards (56%), followed by application of policies and functioning of structures involved in improving the quality of hospital services (half of the respondents mentioned the application of these regulations).

Extent of use of techniques / instruments to improve service quality

The most frequently used, to a large extent, are quality techniques/instruments such as: "Risk management, patient safety", "Monitoring and analysis of critical situations", followed by "National medical protocols / guidelines" and "Patient satisfaction survey ". At the other end of the classification, "Staff satisfaction survey" was the least used instrument in a large or very large extent, being mentioned by a small percentage of respondents.
Also, there have been mentioned as techniques / instruments used for quality improvement, "Imaging DG and treatment procedures" such as CT and MRI.

Degree of implementation of processes at hospital/department level

In the first place, in terms of failure to apply processes at hospital / department level was mentioned the "Process of training in quality and process improvement" (one quarter of respondents said that they did not participate at all in training on quality or on process improvement, and half of them attended only in a small percentage or very small percentage). Also, other processes that apply poorly at hospital department level are: "Provision of a framework for the multidisciplinary teams", "Lack of planning of working time so as to prevent overloading and to avoid adverse events" and "Impact on the actual delivery time of health services by other related activities (administrative, reporting, transfer of cases)". The most frequent deficiencies in respondents’ opinion are related with the functional circuits and support services: functional circuits, personnel, accommodation, materials, meals, cleaning, administrative issues, followed by healthcare. (graph 3).

**DISCUSSIONS. RECOMMENDATIONS**

In general, the problems the hospitals face in present regarding provision of quality services are similar, with common causes such as insufficient resources, especially adverse funding, plus the negative aspects of psychological type (such as organizational culture, “pathological type”, due to the lack of support from the management, precarious conditions in which the activity is performed, staff fear of blame and resistance to change. In particular, the situation of small hospitals in small towns is more difficult given the poor material state, massive exodus of medical staff to other centers and especially the impossibility to remedy the situation by the incapacity of local government to provide adequate funding of these units. The problem of quality of services provided in hospitals is widely recognized, and costs to society are valued as being high.

Training in service quality is considered to be an important part of the professional training process, considering that specific training in this field would certainly improve the quality of hospital services. Along the need for training the medical staff in quality and specifically in improving processes, stays the importance of conducting experience exchanges with institutions having positive experience in this area, hospitals that have already gone through this process and that represent models of good practice in this area. The stated objective is to learn from the experience of others and to avoid mistakes in the future.

KAP survey found that the medical staff providing hospital services does not have, at a high level, the knowledge required for working in an organized, efficient framework, to optimize processes and improve quality of care. Moreover, at present, the leadership function is not correlated with the level of knowledge in the field, with no significant difference regarding the level of knowledge among management and executive staff.

Also, from the answers given to other questions on attitudes and practices in the field, it can be concluded that currently, there is a need for knowledge and deepening of knowledge in the field of quality and process optimization.

Quality management, and some processes taking place in the hospital or hospital department were recognized and appreciated by the staff involved in the coordination and implementation of hospital services as poor and needing improvement. In addition, the implementation of courses in quality management and process optimization was considered by the medical staff to be useful in the present context, particularly at department level (need for training of at least one person / hospital department), as well as at hospital level (the need for training of at least one person / hospital).

**What can be done to sustain the improvement of healthcare services quality provided at hospital level?**

By this project in addition to the research stage, important steps have been made to introduce an innovative methodology - Lean Six Sigma tool in hospitals from Romania, through a training program for the managers and specialists from hospitals in order to identify the processes that they are carrying out, the problems they are facing and to find and apply solutions with the help of small or large-scale projects.

We hope that this steps will open a new perspective, will bring a new mind setting for the staff and the new approaches based on activity optimization to be an important part of the hospital practice and activity in Romania.

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