INTERVIEW

ACCREDITATION AND QUALITY OF HOSPITAL SERVICES IN ROMANIA

President of National Commision of Hospitals Accreditation, Romania (NCHA)

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Report: Mr. President, ensuring a high level of quality of care is the desire of every society. The patient want to benefit from quality healthcare, and at the same time, he appreciates the medical act according to how the health system meets his needs. In this context, in Romania, the institution you coordinate it plays an important role in ensuring the quality of hospital services, and in this regard, the expectations of patients and society are linked to the activity of hospitals.

What is the health status of population in Romania and what do you consider as essential elements being missing to improve the situation?

Bogdan JANSEN: Usually, the quality of any kind of services assumes that besides professionalism of provider, the beneficiary hold himself some information about the progress of each step. The beneficiary must be aware on their needs, and must be informed about the way of solving and the quality of materials and last but not least, about the cost sharing of materials and labor.

This short preamble was done in order to strengthen the role of service providers in all medical units and also the type of relationship they should have with patients and caregivers.

Without call for studies or reports of institutions known in the field, but as an informed observer within the health system and a potential patient, I can afford myself to address this issue both by the doctor in charge of the health of others, but especially by citizen as beneficiary of medical services.

In this context, I have two observations directly targeting the citizen: interest in health education and false mentality in time about "free" health services.

Sometimes, at national level, these issues make the health assessment of the population to be subjective, but the estimates based on the incidence of certain diseases and direct observation leads to a troubling and generally valid conclusion: the health of the population decays faster than we are able to heal. In these conditions, the role of the medicine and doctor in restoring health and integration citizen in active life becomes increasingly costly process for both the system and the patient.

Also, if reintegration of the patient in the "active" circuit as valence of medical system is not sufficiently rapid and effective, his suffering may spread to all economic, social and fiscal parts, which can disrupt the balance of the whole society.

One of the measures that could gradually correct the deficit created by the lack of health education, such as the introduction of school since the first cycle of a well-structured materials in the curriculum: education for maintaining their own health. In this way, younger generations will be informed early on how to preserve this huge value inner health.

By having a health unaltered for a long period of time, the efficiency and performance of future generations will be a gain for the whole society including the health system; by this way, the financial and human resources of health system would focus on a segment of population becoming lower and they would contribute to the development and modernization of the system and would increase life expectancy and hence the welfare and productivity.

Another necessary element to be put into practice it would be representing by resuming the health assessment program of the population nationwide, but this time in a firmer manner, namely by promoting citizens to submit to investigations included in the free package; after that, a series of coercive measures will be put in place and they will be designed to limit the reimbursement of treatment or intervention when the prevention offered to all without any additional payment is not observed. To be more explicit, for citizens who not address to a family doctor within a year for a minimal control (which include a battery of tests and investigations reimbursed by insurance system) there would be potential risk to not receive without paying even the basic package guaranteed by specific legislation.

Taking advantage of this national program, both the patient and the healthcare system should be...
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By joining the EU, a substantial changing in approaching the quality of health services was produced. As we know, in the last years, a lot of standards and accreditation (ISO, RENAR etc.) and a range of other rules of accreditation (CMR, OAMMR, most of these addressing their certification policy) have appeared. Particularly, the hospital system is the main beneficiary of a series of transformations which have led to standardization of quality, among many others gains of the health facilities. For hospitals, these standards were designed by NCHA in collaboration with the Ministry of Health and health management specialists and have had as source of inspiration some rules and procedures applied all over the world and especially in EU countries.

The purpose of these standardizations is the partners in health system to refer to the same modern concepts on quality services, patient rights and safety, so as the accreditation to become a culture and a standard within the hospital system. Depending on how the indicators are compliant with the NCHA standards, the accreditation level obtained by a unit can influence the way of contracting its services with health insurance houses. Also, by its own means and with the support of the media, we have the obligation to inform people about the situation of evaluated and accredited units. In this way, the stakeholders can know about the accreditation level of hospital services providers in their area of interest.

To define the role of NCHA, we need to know what responsibilities are defined by law and will find that it has a multiple role in the Romanian health system: to design quality standards, to evaluate and accredited units. In this way, the stakeholders can know about the accreditation level of hospital services providers in their area of interest.

To define the role of NCHA, we need to know what responsibilities are defined by law and will find that it has a multiple role in the Romanian health system: to design quality standards for all units with beds, in accordance with national and international legislation. By applying specific criteria, NCHA evaluates compliance with laws and regulations relating to the safety and rights of patients. Accreditation offered by NCHA is a necessary reference for contracting health services in relation to CNAS and in this way it can be obtained a continuous increase in interest of sanitary units and management teams to apply the current European requirements in the field.

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What do you think about other conditions necessary to ensure the quality of hospital services in Romania beside those suggested by NCHA?

When talking about quality in health care, we should find a common term to define what it means for the system, both from the patients point of view and those who work for their health. Obviously the opinions of the two categories of respondents have common elements and are relatively easy to harmonize all interests. In order to no repeat argumentation of the need for financing and modernization of health services, otherwise correctly, and to fit myself in the challenge of your question, I propose other ways to increase the quality of a hospital for which is not necessary additional budgetary allocations. Although we are aware that access to finance is yet lacking, do not pay attention to measures easy to put in place that is at hand of the entire medical staff. We all know that patient satisfaction is directly proportional to how medical staff is addressed, to how the diagnosis is explained, to the disease investigation or the treatment prescribed. If all this would be done in a friendly manner with patience and gentleness it is obvious that the patient would be more compliant in accepting some shortcomings in the system, such as: a longer waiting time for some investigations, the introduction of co-payment or failed settlement of products and services. We talk daily about benefits of communication and we all report the lack of transparency and health professionals still fails to overcome this obstacle so comfortable and beneficial in enhancing interpersonal and professional relationships.

Another beneficial aspect in optimizing the quality of health services and to optimize relationships with patients would be that the medical staff respect normal working program for patients throughout the 8 hours. Hospitalized patients feel the need to communicate with a doctor and often after lunchtime they receive only emergency medical support or on behalf a nurse.

I hope the hospitals management teams and all medical staff to be aware of these deficiencies and "deal" them with maximum of responsibility and understanding, because these are beneficial for all, both for medical profession image changing, and especially for improving the quality benefits in our hospitals.

R: Over the time, NCHA has developed partnerships and collaborations and became a member of specialized networks at the European or international level.

- What are these partnerships? What benefits are derived from the development of these partnerships? Please refer in particular to the membership in ISQua (The International Society for Quality in Health Care).

BJ: In the field of accreditation of medical units, almost all EU countries as well as in most countries of the world there are government or private bodies with responsibilities similar with NCHA. Since the beginning, NCHA received a real support from these institutions and international experts recognized in the field. So, some of standards were harmonized and they are now applied in our evaluation rules; it were identified specific indicators, it was trained a lot of specialists and a large part of the external evaluators.

Accreditation as quality assessment method is also applicable to accreditation bodies as NCHA, which in turn, it must be certified and recognized internationally. To quote a proverb ancestor, "diamond with diamond". To achieve this goal, NCHA came among members ISQua that is a world association of specialists and institutions in the field and in the next year we want to start off prior procedures to accreditation process that is likely to take many years.
R: As you said in a recent interview, you have already penciled short and medium-term strategy for the organization that you lead. What are the principles which this strategy is based? What goals are achievable through this strategy?

BJ: When we took management of the institution, the evaluation/accreditation activity was suspended for more than eight months, and issues raised by the various organs of control on their activity in the period 2011-2013 revealed some procedural deficiencies, non-compliance and irregularities. Based on the elements reported by the control authority we adopted certain measures, and tried to find ways to resolve the nonconforming situation and we adopted decisions that shape a "master plan" for the next 10 years. First of all, we strive to resume the activity of the institution at the beginning of the next year, namely the evaluation/accreditation of the units with beds. For this we have opened several fronts work: a comprehensive reorganization of personnel, a recertification of appraisers, information and communication campaign in several cities in the country with all the factors involved in the management of hospital medical units.

Also, we resumed direct communication with external partners and a delegation of National Commission on Accreditation of Hospitals (NCHA) is attended at the annual conference in Edinburgh/Scotland, where they open channels of communication and collaboration with key global players in our field.

What new features would you like to be included in the accreditation process of hospitals?

In this first cycle of accreditation procedures NCHA have a conceptual approach both for us and for hospital management teams, the so-called period of adjustment, also they have awareness of the benefits of medium and long term accreditation. These procedures cannot be changed until the end of the first cycle, on the principle that you cannot change the rules during the game, but will argue criteria proposed for re-accreditation based on the experience and expertise gained by our specialists in the four years since the founding of the institution and the 77 accredited hospitals.

In the second cycle of the accreditation (re-accreditation) standards will include new criteria that will evaluate the quality of healthcare, in the operating room, in the medical offices (consultation and treatment room), birth rooms, etc. During this phase, the citizen will receive complete information about the quality of medical services and hospitality conditions provided by accredited unit.

Another measure will be promoted within the evaluation process, measure which is designed to optimize the application of the standardization of health care activities, such as the adoption of own professional audit as a method of self-evaluation and the promotion of good practice in the hospital.

- Do you consider that the adaptation of the accreditation model from European models is an effective solution for the Romanian system?

Romania has always been part of the European and international medical community through the medium of the Romanian school of medicine and the Romanian practitioner’s performance. Although it seems hard to believe, at this moment in Europe there is not common European standards for the health system, but pan-European standards package are applicable at different levels of professional discussion.

In this first phase of accreditation, medical units are mainly related to the values of quality management act. In the next cycle, as I said, we will extend to the practical evaluation toward patient’s treatment, such that providers will treat at a comparable level insured people from other EU countries.

R: Patient units should strive to fulfill the accreditation criteria, and this is because the vast majority of hospitals in Romania faced with existential problems, running the basal parameters. How NCHA supports and how NCHA could support patient units in the accreditation process?

BJ: For a responsible management team which is aware of the benefits of accreditation, I believe that the training of the people’s unit with an eye to evaluation requires no special effort from staff. But we need a constant and applied training, in harmony with NCHA criteria. Health care facilities are requesting accreditation and choose a period of time when they want to be evaluated. However, between the time when the request is submitted by the hospital manager and NCHA team's visit, sometimes may go to 4 years, a perfectly reasonable time to adjust and fulfill all the criteria required by accreditation standards.

It is true that the approach is new, the concepts are new, culture on quality and safety isn’t developed too much in Romanian hospital. For this reason, the first stage of accreditation represents a predominantly bureaucratic approach and hospital is our partner during the progress of the evaluation procedures for accreditation.

In this context, we started in many parts of the country, a series of information sessions and advice sessions for hospital managers and founders: county health insurance houses, county councils, local councils, line ministries. Following these consultations, we identified several possible measures designed to support management teams in preparation for the accreditation process.

Thus, we will give special support for evaluation to all units which request it, without any additional payment. Also, we accept partial payment for accreditation fee few months before the visit of the evaluation team, so financial effort won’t destabilize current payments.

With the units that have already been approved, we will begin a series of consultations to define the criteria and standards that are specific to the second cycle of accreditation so that we can harmonize the evaluation/accreditation based on experience gained in the first stage.

There is a short and medium schedule where the number of hospitals to be accredited is predicted? If not, what are the reasons?

By the end of the first cycle of accreditation, we have to evaluate 400 public and private hospital medical units, with different capacities and competencies. It is possible that this number its growth, according to the appearance of new private units or with the reopening of other unit which were in conservation.
For 2014-2015 period, if there are no unwanted items, we aim to assess 200 units/year, so that by the end of 2015, we’ll conclude first process of accreditation. There is a multi-annual plan 2011-2015 approved by the Director of NCHA and an annual plan with nominal list of units that will enter into the evaluation process for accreditation for these two years left until the deadline imposed by law, and 31 December 2015. These schedules include hospitals, which, for various reasons, have not been evaluated in 2010-2013. Until now, we have no reason to fear that we fail to realize the proposed plan. After we complete the selection procedures of the evaluation commission and if no block occur more or less justified, it is possible to finish this first accreditation cycle 6 months earlier, so that we have enough time to familiarize partners within system with the new standards and indicators applicable to the second round.

R: Like any leader of an institution, in addition to strategies and institutional goals, you have expectations regarding the proper performance of the organization you lead. How would you like to look and operate hospitals in Romania over five years?

BJ: After so many years of unsuccessful transformations I’m aware that I want some changes too fast. I believe in the system adaptability, in the ability to change the mentality of the medical profession and not only medical profession. I am sure that we all want to have decent working conditions, all looking for formulas to optimize our work, not to be unfairly blamed sometimes for health system flaws. I have found in recent years that many medical and management colleagues have never had the opportunity to enter in a Western hospital and obviously have no way to objectively assess quality differences just by looking at the stories and movies. If most of us would make a working visit to a Western hospital, surely we managed to transform thinking and attitude, even through mimicry if not aware of the benefits of change. On this line, I seek formulas for exchange of experience between European Union hospitals and management teams and our hospitals teams. Through the assessment of the first 77 units with beds, we have already identified hospitals that are very close to optimal standards of quality and safety, its aren’t a majority, but their number is increasing, there are hospitals that have demonstrated that they can adapt to the requirements of the NCHA standards. The condition is that they continue to implement measures aimed at improving the quality of services. A number of units showed poor concern for the increasing quality, treating formal both self-assessment requested by accreditation procedure and also assessment made by NCHA teams. For re-accreditation, these hospitals have a lot of catching and I have no guarantee that management teams are aware of the effects of no accreditation. All these reasons make me thinking and opinion that in the next five years, if the current aspect of the provisions of the law remain unchanged, only some units with beds will be reaccredited, thereby certifying the ability to meet the natural requirements of European patient and also desire of transformation of healthcare system.

Do you think that your vision could be achieved? What obstacles do you foresee in the failure of this vision?

I am convinced that it can already demonstrate in several hospitals. Obviously it takes a lot of will to every component of the health system; after all it is a substantial change in attitudes and mentalities.

There NCHA. Bring quality into the system, but health care providers, we have a role only when it finds certify involvement and honesty in document management and staff attitude. In the current economic and financial context, it is natural to think of a number of obstacles and possible and even likely: some that can only temporarily interposed in the way of achieving our goals others that could halt the entire process, especially as not everyone loves us. Whichever angle you look at most of the obstacles can come from within the system, much less being determined by exogenous system. A major resistance that usually is quiet we can consider to be on behalf of the main actors - medical staff who probably perceives accreditation as a threat and an intrusion in their professional activity. This type of opposition has been all over the world, where accreditation was introduced, especially when it was a condition for financing the provided services. I think here comes the criticism and obstacles that NCHA took part, some of which weren’t completely eliminated. It was also one of the reasons which for I initiated and organized regional and local interactive meetings with hospital managers, representatives of local authorities, during which NCHA staff informed and explained the present stages of evaluation/accreditation, accreditation vs benefits, non-accreditation, and our guests have told us some of the situations they face in the thicket of legal and bureaucratic system and misunderstanding they had about NCHA attributions and intentions. In fact I am convinced that at this point the vast majority realize that the accreditation process is vital for Romanian hospital system, since this is process at European and world level that Romania must be compatible and comparable.

R: If applicable, please answer any question that was not addressed, but you might want to answer.

BJ: I do not know whether to formulate another question, but I want to answer a question that I received from friends and this is: "if the place where I am now is a convenient and manageable." The answer is NO. It is not because the institution does not have a previous work history in Romania before accession to the EU, never existed hospitals evaluation specialist, many of us have learned on the fly to manage specific activity. Also, still not been able to form “reflexes” and automatism necessary nor NCHA level nor the medical units. Basically, we are still on a new way that has not been completely cleared and in addition, we are under time pressure and the need to properly perform particular tasks assigned to the National Commission for the Accreditation of Hospitals. Thank you for the opportunity you created through the journal and please allow me to wish all our colleagues and friends, a sincere Happy New Year 2014 with happiness and harmony, with achievements and sunny days.

Healthy Public health management!