

**ROMANIA-
STEPS TOWARD A
QUALITY-OF-CARE
CULTURE**

**NATIONAL
AUTHORITY
FOR QUALITY
MANAGEMENT
IN
HEALTHCARE**



NATIONAL AUTHORITY
OF QUALITY MANAGEMENT
IN HEALTH

ANMCS



SUMAR

- **NATIONAL CONTEXT**
- **SIGNIFICANT REFORMING STEPS**
- **QUALITY OF CARE SET OF INDICATORS**
- **LESSONS LEARNED**
- **NEXT STEPS**



NATIONAL CONTEXT

- **The health status of the Romanian population is below EU average.** The health status of the population in Romania has improved in recent years, but life expectancy is almost 6 years below the EU average and amenable mortality remains among the highest in the EU.
- **Prevalence of the hospital care-**Total avoidable hospital admissions and their share among total hospitalizations for chronic conditions are particularly high in Romania.
- **Underutilisation and low quality primary and ambulatory care services** Measures shifting out of hospitals into community settings and integrating different care levels (primary care, secondary and tertiary care and prevention) have had limited success so far.



NATIONAL CONTEXT

- The **number of consultations** in primary care is among the lowest in the EU, and consultations are often used to get referrals to higher levels of care. Patients also tend to consult directly specialists in hospitals and to overuse ambulance services and emergency care services.
- **Specialised care** provided outside hospital settings is delivered by multiple providers with different characteristics and with little coordination between them and with primary care services.
- The population's health status can be improved through **better quality of care**



NATIONAL CONTEXT

- The Romanian public institution responsible for quality of care and patient safety is **NATIONAL AUTHORITY FOR QUALITY MANAGEMENT IN HEALTHCARE**.
- The institution and its quality standards are internationally recognized by ISQua
- It was created in 2015 and it is mandated to:
 - Elaborate the National Strategy for Quality Assurance in Health together with Ministry of Health;
 - Draft legislative proposals to ensure harmonization with international regulations;
 - Elaborate and assess the accreditation quality management standards for all care levels;
 - Train of staff in charge of quality management in healthcare;
 - Monitor the level of compliance with quality management standards and performing research activities in the area of health services quality;
 - Certify specialised companies/institutions for training in quality management in healthcare
 - Accredite healthcare providers



NATIONAL CONTEXT

- **HOSPITAL CARE:**

- **The NAQMH has reached a full-scale deployment of quality management standards in hospitals and evaluated hospitals(private and public owned) compliance with standards for the second time since the implementation of the accreditation.**
- The NAQMH is in process to elaborate the quality standards for the third cycle of accreditation(due to 2024)

- **PRIMARY AND AMBULATORY CARE:**

- **Monitoring quality and accredit the health providers in primary care and ambulatory care is a new initiative in Romania and it will start in 2024**
- The NAQMH developed **specific quality management standards for 10 types of providers/services receiving funding from healthcare authorities:** i) primary care (family doctors); ii) pre-hospital emergency care (ambulances); iii) palliative care; iv) medical imaginary and radiology; v) home care providers; vi) medical devices; vii) ambulatory care specialists; viii) recovery and rehabilitation; ix) dentistry; and x) laboratories.



NATIONAL CONTEXT

- According to Law 185/2017 (in the consolidated version) the accreditation process and therefore the compliance with the quality management standards is mandatory for 5 out of the 10 areas:
 1. Medical Imaginary and Radiology;
 2. Palliative care
 3. Pre-hospital emergency care (ambulances)
 4. Home care providers
 5. Medical devices



NATIONAL CONTEXT

- **PRIMARY AND AMBULATORY CARE:**

The following healthcare providers can follow the accreditation process on a voluntary basis:

- Ambulatory care specialists
- Laboratories
- Recovery and rehabilitation;
- Primary Care (Family doctors)
- Dentistry



SIGNIFICANT REFORMING STEPS

1. **The set-up of the NAQMH-2015**
2. The elaboration and implementation of the quality management standards in hospitals-**first cycle of accreditation**
3. The elaboration of the quality management standards in **primary and ambulatory care**



SIGNIFICANT REFORMING STEPS

4. The elaboration of the manual and guides for quality management standards in primary and ambulatory care:

- The project was financed by European Commission-DG REFORM and implemented between 2020-2022
- The technical assistance was provided by Ernst&Young and ISQua
- The project contributed to the raise of awareness regarding the patient safety and quality of care issues
- The project strengthen healthcare quality management (HQM) in primary care and ambulatory care outside hospital settings
- The project ensured the sustainability of the implementation of the quality management standards in primary and ambulatory care



SIGNIFICANT REFORMING STEPS

5. The elaboration of a rewarding mechanism for the hospitals in order to improve the quality of care and patient safety-QUALITY OF CARE FUND

- The project will elaborate a set of quality indicators aiming to measure the hospital performance in the field of patient safety and quality of care
- The hospitals will be rewarded based on their performances measured by the developed set of indicators
- The reward will be financed by a Quality of Care Fund
- The project is financed by European Commission- NPRR and it will be implemented between 2023-2025
- The technical assistance is provided by WHO
- The project contributed to the raise of awareness regarding the patient safety and quality of care issues
- The project strengthen healthcare quality management (HQM) in hospital settings



QUALITY OF CARE- SET OF INDICATORS

A. PATIENT SAFETY

1. Central line associated bloodstream infections (CLABSI) rate)
2. Ventilator-associated events (MAE)
3. Percentage of in-hospital patients assessed for fall risk through applied protocols
4. Incidence rate of patients' falls during hospitalization



QUALITY OF CARE- SET OF INDICATORS

A. PATIENT SAFETY

5. Percentage of in-hospital patients assessed for pressure ulcers' risk through applied protocols
6. Incidence rate of pressure ulcers acquired during hospitalization
7. Percentage of patients undergoing surgery where the Surgical Safety Checklist was applied
8. Post-operative bleeding rate requiring surgical re-intervention
9. Surgical site infections' (SSI) rate



QUALITY OF CARE- SET OF INDICATORS

B. PATIENT EXPERIENCE

1. Patient satisfaction questionnaires' completion rate
2. Patient experience after hospital discharge rates



QUALITY OF CARE- SET OF INDICATORS

C. HEALTHCARE WORKFORCE

1. Percentage of healthcare workers participating in training activities
2. Percentage of healthcare workers that followed standard protocol for occupational health upon a sharp injury during working hours
3. Percentage of healthcare workers with updated influenza vaccination schedule



QUALITY OF CARE- SET OF INDICATORS

D. EFFECTIVENESS

1. In-Hospital mortality by Heart Failure
2. In-Hospital mortality by acute myocardial infarction
3. In-Hospital mortality by Pneumonia
4. Percentage of patients readmitted to the ICU 48 hours after discharge
5. Unscheduled readmission to hospital within 30 days of discharge for heart failure through the ER



QUALITY OF CARE- SET OF INDICATORS

D. EFFECTIVENESS

6. Average length of hospitalization (hospital stay)

7. Percentage of surgeries performed in “ambulatory-clinic”

8. Pre-operative hospital length of stay

9. Percentage of cancer patients whose nutritional status was assessed through protocols (indicator applied to oncology centers and hospitals)



QUALITY OF CARE- SET OF INDICATORS

D. EFFECTIVENESS

10. In-Hospital mortality by Ischaemic Stroke

11. Time from admission to treatment for Ischaemic Stroke patients (“Door to needle time”)



LESSONS LEARNED

There are **many challenges for implementing** quality management standards in Romania that will need to be addressed, such as:

- Lack of awareness and understanding on quality management and patient safety issues by the medical personnel;
- Lack of financial resources needed to implement quality management standards/systems;
- Legislative inconsistency that dissipates the role and the scope of quality management standards in ensuring the patients' safety. The inconsistency is due to having a mandatory accreditation for five categories of ambulatory care providers and a voluntary accreditation for the remaining providers. Moreover, there are no penalties for those who fail to fulfil the obligation of the accreditation.
- The tendency of formalism and bureaucratisation of the healthcare system in the implementation of quality management standards;



LESSONS LEARNED

- The medical system's reluctance in shifting its focus toward quality and patient safety culture;
- Lack of motivation of healthcare personnel in implementing quality management standards;
- Quality monitoring in primary care and ambulatory care outside hospital settings poses an even bigger challenge than the hospital sector because of the fragmented nature of this care setting.
- Healthcare authorities, such as the NAQMH, MoH should aim to develop a patient safety culture at the all level of care



NEXT STEPS

1. The implementation of the next phase of Quality of Care component of NPRR, with the technical assistance of WHO (2024-2025)

- Extending the number of the hospitals included in the Quality of Care initiative
- Implementation of the set of quality of care indicators in the hospitals (collection and validation processes)
- Implementing the audit process of the reported set of quality of care indicators by hospitals
- Implementing the payment mechanism of the quality stimulants

2. On long term: expanding the mechanism to all categories of health providers, including private sector



NEXT STEPS

3. **The results of these reforms will translate into:**

- The increase of the efficiency and sustainability of the Health system
- The increase of the quality of care and therefore the patient satisfaction and experience
- The raise of the awareness regarding the patient safety culture



NATIONAL AUTHORITY
OF QUALITY MANAGEMENT
IN HEALTH

ANMCS

PATIENT' SAFETY AND WELL-BEING THROUGH QUALITY OF CARE

THANK YOU!

MS. Gratiela IORDACHE, MBA
Head of Project Implementation Unit-NAQMH