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THE QUALITY AND SAFETY OF MEDICAL SERVICES AND THE PATIENS RIGHTS

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Purpose: the author main objective was to analyze the basis of law act and other publications on the subject, the merits, the stages the idea, as well as to present the results of study showing the condition of Polish health services and the patient rights to the safe and high-quality services.
Design/methodology/approach: the objectives are achieved by Polish law analysis, literature study presented in the paper have been taken from legal act from 2004-2022.
Findings: the paper and its summary discuss the main findings from the and the results of the law act and literature study conducted.
Research limitations/implications: the paper presents the latest data published in law act and the subject publications. It is addressed to the quality and safety researchers of health services.

Keywords: quality, health care, safety, patient rights.

Category of the paper: research paper.

1. Introduction

In accordance with the Constitution of the Republic of Poland, everyone, regardless of his or her financial situation, should have equal access to health care services which are financed from public funds. The conditions and scope of providing these benefits are determined by the Act on health care services financed from public funds. According to the Constitution of the Republic of Poland, the privileged groups in receiving health care are: children, pregnant women, the disabled and the elderly. Public authorities are also obliged to combat epidemic diseases and prevent the negative health effects of environmental degradation. The patient also has the right to quality medical services and safe health care (Act of August 27, 2004 on health care services financed from public funds, Journal of Laws of 2019, item 1373; Journal of Laws 2020, item 849).

2. The Quality of Healthcare Services

The concept of quality in healthcare is a complex and multidimensional term. A Quality Management System can be the solution to the dilemmas associated with the various requirements of stakeholders in healthcare quality. Attempts to ensure the quality of healthcare facilities go in three directions. The first is the implementation of management systems according to ISO standards in organizations providing medical services. The second is accreditation as a way to ensure quality in healthcare, and the third is total quality management TQM. When talking about quality in the field of medical services, it is important to consider the diversity in relation to the entities that work with health care. The differences appear when we talk about the external customer, which is also the patient, and not only the companies involved in the production of medical equipment, pharmaceuticals, etc. In healthcare units, the patient and the provider, doctor, nurse or technician have to control the quality of service. The first contact is very important and the patient should be given special attention because it is the patient who judges the quality of the service. All aspects of healthcare services give us a picture of quality and safety in an organization. Introducing a quality management system should be a priority for both management and health policy makers. Problems with the quality of services and products have been known for centuries. The first mention of responsibility for work was in the law of King Hammurabi of Babylon in 1700 BE. It mandates that if a building has defects that threaten the death of the owner, the builder will be killed, and if the owner's son dies, the builder's son will be killed. In ancient Greek times, Plato was the first to refer to the concept of quality, describing it as a degree of perfection. According to Aristotle, quality is a set of certain characteristics that distinguish an object from others. It is important to note that quality is a complex concept that changes over time and with increasing demands. It is used in different meaning contexts such as relation to quality of work, quality of life, quality of leisure time, etc., Defined differently by different scientific disciplines. According to David A. Garvin, definitions of quality can be divided into seven categories: general (transcendent), production-related, product-related, user-related, value-creation-related, multidimensional, strategic (Hamrol, Matura, 2004; Garvin, 1988). One of the most widely accepted classification of health care services as developed by the US National Academy of Medicine (Institute of Medicine, 2021). It definiens six pillars of high-quality care: safety, effectiveness, patient-centeredness, timeliness, efficiency. Despite this apparent consensus, in practice these domains are considered unevenly. Many quality assessment programs only focus on effectiveness and safety, a few include timeliness and patient-centeredness, and still fewer address the efficiency and equity of care. Institute of Medicine (2005) is selective implementation under-specifies the measured construct of “quality of care” and makes it difficult to draw inferences about the quality of care a hospital provides. Nowadays, quality is defined as conformity to requirements,

a predictable degree of uniformity and reliability at the lowest possible cost, and adaptation to market requirements.

The World Health Organization (WHO) has adopted six principles for building and measuring health care quality:

1. Accessibility measured by the extent of reasonable use of care, regardless of constraints that may be related to geography, money, time, age, language, transportation, building architecture, etc.
2. Equality of care for the entire population based on identified need, regardless of the class of professionals, their cultural, social, racial, or other personal characteristics.
3. Adequacy of types of health care services, package of services, procedures are aligned with the actual needs of the returning community, are needed, expected, required by the individual.
4. Acceptance of health care takes into account the cultural and religious values of the recipients, meets their expectations.
5. Available resources such as money, buildings, equipment, employees are best and rationally used. The basic principle is: the highest effect at the lowest cost.
6. Efficiency care fulfills its purpose in terms of benefits and effectiveness.

3. Patients' rights and the quality of medical services

The individual medical treatment of a patient can only be carried out by an appropriate medical professional. A person who has a state-approved qualification and an obligation to constantly improve his knowledge in his field. It is irrelevant whether the patient is admitted free of charge or whether the consultation, treatment, etc. is paid for in a completely private entity. Medical professions are regulated by the Civil Code. The doctor has a duty to inform the patient about his or her condition, further diagnosis and treatment options. The doctor cannot be unavailable to the patient, if, for example, the patient is after surgery in the hospital, he or she has the right to talk to the doctor who operated on him or her, not just to contact the doctor on duty. The hospital is obligated to tell you when the doctor will be available to answer your questions. The information the doctor is required to provide to the patient should include:

- proposed diagnostic measures (what examination, when, where), what it consists of, possible preparation for the examination,
- further treatment and its foreseeable effects,
- rehabilitation, if necessary,
- changes in lifestyle, if necessary for improvement and maintenance of health,
- results of abandonment of further treatment or rehabilitation.

The customer of medical services has the right to be informed about the patient's rights. In the case of an operation or the application of a method of treatment or diagnosis that poses a higher risk, the consent is given in writing. In any other situation, the patient may express his/her consent or objection orally or through such conduct that undoubtedly indicates his/her willingness to undergo the activities proposed by a medical professional or lack of such willingness.

However, there may be situations where a patient is admitted to a hospital or undergoes medical treatment against their will.

Such situations include:

1. A stay in a psychiatric hospital. If the behavior of a person with a mental illness (or suspected mental disorder) indicates that: 1. is directly endangering his or her own life or health due to an illness (e.g., has made or intends to make a suicide attempt or, for example, has stopped taking medication and his or her condition is deteriorating).
2. Endangers the life or health of others (e.g., acts of aggression or attempted acts of aggression against others have occurred or there is a real risk of carrying out threats of aggression against others).
3. May be admitted without consent to a psychiatric ward for treatment or observation. This may be done only after examination by a physician. This decision is approved by the head of the ward within 48 hours of admission. The head of the hospital shall notify the guardianship court having jurisdiction over the place of the hospital within 72 hours of admission and it is the court that finally gives its approval for the compulsory stay in the hospital. The patient must be heard at the hospital by the appropriate judge (within 48 hours of the court becoming aware of the patient's admission to the hospital without consent), and the hearing should take place no later than 14 days from the date of receipt of the notice of the patient's admission without consent:
    - compulsory detoxification treatment, to which a person addicted to alcohol may be admitted,
    - certain serious infectious diseases, such as tuberculosis (but only in the mycobacterial stage), cholera or typhoid fever, where the law allows for compulsory treatment and isolation in an appropriate facility.

The patient has the right to confidentiality by the doctor and not to be given information about his/her condition and course of treatment to unauthorized persons (Journal of Laws 2020, item 849).

The patient has the right to be provided with appropriate quality of medical services. The evaluation of the quality of health care services is carried out with the help of indicators and criteria for specific standards. Quality indicators in health care illustrate the extent to which a recommended standard has been achieved and implemented in a medical facility. The World Health Organization (WHO) defines health care quality as the degree to which a health care

service increases the likelihood of achieving expectations for treatment outcomes and demonstrate compliance with current and professional knowledge.

Health care quality is a complex and interdisciplinary process. It can refer to both improvements in health care delivery and factors relevant to patient safety. Quality can be shaped by:

- design quality,
- the quality of the process,
- quality of the outcome.

It is important to monitor and evaluate quality properly at each stage of services. A useful method is to use quality indicators.

Quality indicators used in health care can be divided into two types:

- universal (quality measures) - external indicators developed by organizations that deal with quality issues in health care and are suitable for use in any health care facility,
- individual - internal quality indicators developed by the medical facility (Journal of Laws 2020, item 849).

Indicators can be: positive indicators (the higher the indicator, the better the quality) or negative indicators (the higher the indicator, the worse the quality). The development of quality indicators requires the collection of data and its proper processing so that it provides useful information for those who monitor it (Nadziakiewicz, 2018).

Table 1.
Own elaboration based on; M. Nadziakiewicz, Marketing and Quality of Medical Services in the Times of New Technologies

	Characteristics of quality indicators
relevance	should measure and provide specific information necessary for management
specificity	should be able to assign a grade to them
sensitivity	should be achievable with reasonable effort
accessibility	should signal clear changes
reliability	values should be similar with similar measurement

4. Evaluation of the quality of medical services

Evaluating the quality of health care services is done by using indicators and criteria for specific standards. Quality indicators in healthcare illustrate the extent to which a recommended standard has been achieved and implemented in a medical facility. The World Health Organization (WHO) defines health care quality as the degree to which a health care service increases the likelihood of achieving expectations for treatment outcomes and demonstrate compliance with current and professional knowledge.

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Quality indicators used in health care can be divided into two types:

- universal (quality measures) - external indicators developed by healthcare quality organizations and suitable for use in any healthcare facility,
- individual - internal quality indicators developed by the medical facility.

Indicators can be: positive indicators (the higher the indicator, the better the quality) or negative indicators (the higher the indicator, the worse the quality). The development of quality is a key element of today's customer value concept. The Quality Management System plays very important role in creating processes that determine the effective functioning of medical facilities. However, one of the most important issues of a medical facility's existence on the healthcare market is maintaining and winning new customers for medical services - patients. Therefore, it is very important to ensure quality at an appropriate level. It is important to take care of patients, generate positive feelings about contacts with a given medical unit, as this leads to customer loyalty and satisfaction with the medical services offered. indicators require the collection of data and its proper processing so that it provides useful information for those who monitor it (Nadziakiewicz, 2018). The safety of patient care is important. It was examined that the degree of protection of doctors against diseases while working with patients (Orzeł, Wolniak, 2021) helped to minimize the risk of being infected, came to the conclusion that due to the additive economy, namely the increase in production efficiency, it is possible to achieve a reduction in social risks, including in the medical field (Melnyk, Matsenko et al., 2022; Kuzior, Kashcha et al., 2022).

5. Quality improvement program

Outpatient healthcare organizations worldwide participate in quality improvement (QI) program. The importance of understanding the financial impact of the program is that in the program there are no established standard methods for empirically assessing QI program costs (Brown, Chin, Huang, 2007). One possible reason for this phenomenon is that outpatient healthcare organizations must expend considerable resources to implement QI program, but they may never financially benefit from them (Huang, Zhang, Brown, 2007). The outpatient

organizations would benefit from evaluations of no matter how much the program cost and run successfully. Such evaluations may also be valuable for policy makers designing and implementing financial incentives to encourage QI activities. There are several well-established methods for evaluating the societal value of healthcare program (Brown, Chin, Huang, 2007) The cost-effectiveness analysis represent the high standard in the medical literature, these analyses do not provide the information organizations need to make informed business decisions (Weinstein, Siegel, 2007). Apart from these methods, the National Institute for Health and Clinical Excellence in the UK provides cost accounting tools for use by local health authorities to inform decisions regarding the adoption of new healthcare technologies (Nice, 2019) Such tool is appropriate for regional policy decisions; however, but need further adaptation for evaluation of program from the perspective of health care organizations.

Table 2.
Application of standard health economic evaluation methods to evaluate quality improvement program

Method	**Purpuse**	**Data requirements**
Cost–effectiveness analysis	Comparison of costs and health effects of a quality improvement program versus usual care	•Utilization data from other healthcare providers • Long-term health benefits to patients
Cost–minimization analysis	Comparison of the costs of two programs with identical health benefits	• Same as cost–effectiveness analysis
Cost–benefit	Comparison of program costs and benefits, all expressed in dollars	• Health benefits of program • Costs of program
Time and motion studies	Real time measurement of changes in resource utilization as a result of a quality improvement program	Measurement of minute-to-minute activities of personnel affected by quality improvement changes

Source: Brown, Chin, Huang, 2007.

6. Monitoring health indicators

Monitoring health indicators is a very important factor in maintaining quality health care services.

There are many different organizations responsible for universal indicators:

1. ECHIM - European Community Health Indicators Monitoring.
2. WHO - World Health Organization - European Division.
3. ECDC - European Centre for Disease Prevention and Control.
4. PATH - Performance Assessment Tools for Quality Improvement in Hospitals.

The organization - PATH - has developed dimensions for assessing the quality of health services, guided mainly by the issue of ensuring safety of care and orientation to the customer of health services - the patient (https://www.path.org).

Quality assessment dimensions and indicators based on PATH methodology can be used to ensure the quality of health services.

Considering the issues of quality monitoring using indicators according to the classical Donabedian theory (Czerw, Religioni, Olejniczak, 2012), quality should be perceived and measured in three dimensions:

1. First- indicators of the quality of the structure in practice means the quality of staff training (specialization).
2. Second, access to a certain type of medical equipment.
3. Third, the number of staff per patient, the number of medical procedures performed annually by a physician, etc.

Structural quality indicators illustrate the structural elements of medical facilities that are considered necessary to achieve high quality care outcomes. They indicate the potential of the facility, but not necessarily the effectiveness of its use.

Process quality indicators are created on the basis of standards, guidelines of good practice in dealing with events, phenomena, activities separated from the elements that make up the diagnostic or therapeutic process. These are elements separated within the activities carried out in medical processes and have the greatest impact on the outcome of health care. The essence of process quality indicators is to identify the elements and desired actions to be taken for patients with specific health problems. (National Institute for Health and Clinical Excellence Costing tools, 2019).

Outcome quality indicators relate directly to treatment effects and are used to measure the success or failure of the therapeutic methods used. Measuring outcome measures only indicates the level of quality of the services provided. When constructing outcome quality indicators, it is necessary to establish a so-called endpoint. Positive endpoint examples could be 5-year survival in cancer therapy or negative death due to hospital-acquired infection.

Evaluation of the quality of medical services is provided according to quality indicators and criteria. The most important element is continuous monitoring and evaluation at each stage of services.

7. Conclusion

Health care quality is a complex and interdisciplinary process. It can refer to improvements in health care delivery as well as factors relevant to patient safety. Quality is a key component of today's concept of customer value. Quality Management System plays a very important role

in creating processes that determine the effective functioning of health care units. However, one of the most important issues of existence of a medical institution on the health care market is to provide safe and good quality service for customers of medical services - patients, with respect for their rights. According to the Constitution of the Republic of Poland, every citizen, regardless of his or her financial situation, is entitled to equal access to health services, which are financed from public funds. The conditions and scope of providing these benefits are determined by the Act on health care services financed from public funds. Patient-centered care was defined as 'health care that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs and the preferences and that patients have the education and support they need to make decisions and participate in their own care' (Institute of Medicine, 2021). Such approach was increasingly being acknowledged as an integral part of evaluating health care; in fact, improving patient centeredness was one of aims of Health Care Quality Initiative according to which health care should be safe, effective, patient-centered, timely, efficient and equitable. Numerous contributions to the scientific and the literature have stressed the need to improve patient-centered care and it should be developed in future.

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