

COMPARATIVE ANALYSIS OF TRAINING NEEDS AND SPECIFIC TRENDS IN HEALTHCARE QUALITY ASSURANCE IN ROMANIA, AUSTRIA AND HUNGARY

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INTRODUCTION

This comparative analysis was conducted within the project entitled „**SKILLS FOR QUALITY IN HEALTHCARE AT EUROPEAN LEVEL – QUALIMED**” financed by the European Commission through the Lifelong Learning Programme, Leonardo da Vinci sub-programme, Transfer of Innovation action, implemented by the CREST Resource Center in partnership with the Romanian, Hungarian and Austrian national European Organizations for Quality representatives: Asociația Română pentru Calitate (Romania), Európai Minőségügyi Szervezet – Magyar Nemzeti Bizottság (Hungary) and Quality Austria – Trainings, Zertifizierungs und Begutachtungs GmbH. (Austria).

The project aims to support transfer of innovation from partners with experience in the field of vocational educational training (VET) in healthcare management building a European framework for safe, high quality and efficient health services, enrolling to health policies and the European Union's strategies in healthcare to support dynamic health systems.

This study is a result of common work of experts involved in healthcare quality system management training in Austria and Hungary and Romania, and aims to point the similarities and differences, in terms of training needs of professionals working in the field of quality assurance in the healthcare system in the 3 countries as well as the specific trends in healthcare quality assurance in the partners countries. The purpose of this comparative analysis is to help develop training in the field of quality system management in healthcare validated at European level and to support the continuous updating of the health care workers' skills.

METHODOLOGY OF THE STUDY

This is a qualitative comparative study based on the common work of experts in the fields of health care and quality management in Romania, Austria and Hungary. The study was conducted using the following methods:

- Data collection
- Document analysis
- Interviews with various experts in the partner countries: health care professionals, quality management consultants and auditors, representatives of the partners' countries government and agencies acting on its behalf with attribution in health care.

The comparative analysis is based on research of relevant information and data about health care system situation and quality system management development in the health care field in partner countries, as well as the involved professionals experience and expertise in building and delivering VET programs in relevant domains. A particular emphasis was put on the analysis of the Romanian legislation and the Romanian health care system's specific requirements in the field of quality management: the requirements of different types of quality standards that apply in the Romanian Health system: ISO, national hospital accreditation standards and medical protocols.

For the assessment of the specific training needs of professional working in quality management field in the Romanian public health care facilities (hospitals) the project experts' team conducted a survey involving health care professional from 50 hospitals all over the country. Within that study a specific questionnaire was built, an instrument of needs analysis that allows to the training structures to set up an effective process of training needs analysis

in the field of quality system management in health care.

ANALYSIS OF THE SPECIFIC TRENDS IN HEALTH CARE QUALITY ASSURANCE IN ROMANIA, AUSTRIA AND HUNGARY

There is considerable variation between and within EU Member States in the extent to which legislative measures relating to health care quality have been implemented. To some extent, this variation reflects the prevailing view in each country regarding whether health care quality should be addressed through legislation or by other measures, such as voluntary agreements. This question will almost certainly be determined by specific national circumstances and the absence of legislation should not necessarily be seen as a weakness¹.

There are some different conceptions of quality management systems development throughout the world at present and the mechanisms used to carry out external assessment of health care institutions' quality management systems vary widely. One of the main differences is that some of these mechanisms are voluntary, while others are compulsory. In the first case, the assessment is carried out by professional organizations and it has often a strong developmental approach focusing on education, ensuring professional accountability and fostering cooperative relationships. Compulsory assessment is carried out by government or by agencies acting on its behalf and it tends to be more judgmental, based on things that can be counted such as timely response to complaints and adverse events and compliance with standards².

In the European Union there are three basic directions for quality management system development and organizational quality assessment in health care:

- To apply requirements and recommendations of the ISO 9000 family of standards
- To apply a set of accreditation standards
- To apply the EFQM Excellence Model

METHODOLOGIES, PROCEDURES AND ANALYSIS INSTRUMENTS FOR THE ASSESSMENT OF TRAINING NEEDS FOR

QUALITY ASSURANCE IN THE HEALTH CARE SYSTEM

Within this study, the experts team from the three partner countries went from analyzing the methodologies, procedures and instruments used to assess the training needs of professionals working in the field of quality assurance in the health care used by the partner organizations in Austria and Hungary, to the construction of a specific instrument, to identify training needs of the professionals from Romania. This instrument, a questionnaire³, was then used within an survey involving 50 hospitals from all over the country aiming to identify specific training needs expressed by those responsible for quality.

The Austrian partner, Quality Austria is the leading certification Partner in Austria in the areas of quality, environmental and occupational health and safety management systems and quality management in Health care. Quality Austria provides more than 500 courses a year in above mentioned areas as well as sector-specific training. The company places great emphasis on the continuous improvement of the training it provides and has developed and uses the following methodologies, procedures and instruments to assess the training needs of professionals working in the field of quality assurance in health care:

1. **Standards and legal requirements/regulations** are of high importance as input for the training content ; in case of EOQ-harmonized courses, of course also specification from EOQ-side; For this reason Quality Austria is participating in standardization works to be able to offer news from first hand to our participants (like revision of ISO 9001, participation for EN 15224; quality label - Best Health Austria);
2. **Ex-Post questionnaires** on existing trainings (Questback); they are sent 1-2 weeks after training course took place; critical comments, complaints, suggestions for improvement,
3. **Annual analysis** of above Ex-post questionnaires; including topics as "relevance of content" and "added value for the job".
4. Organization and realization of **Conferences for health-care** (qualityaustria health forum;
<http://www.qualityaustria.com/index.php?id=3512>): participants and lecturers are experts from the health care area. These conferences also help to keep in contact with

¹ Cross-border Health Care in the European Union, The European Observatory on Health Systems and Policies, World Health Organization, 2011

² Quality in health care systems - with an emphasis on policy options for Austria, London School of Economics and Political Science, 2008

important knowledge carriers of the sector and thus help to keep Quality Austria updated regarding new regulations/new needs of the sector.

5. **Research:** participation at EU-funded projects; support of master thesis and establishing of endowed professorship (not in health care, but general Quality Management)
6. **Customer Satisfaction Surveys** twice a year. Survey is a) questionnaire and b) personal interview with key accounts with also questions on future needs.
7. **Witnessing of trainings** and examinations; with check-list; this mainly serves to evaluate competence of the trainer
8. **Validation of new training products/examinations** to find out best suitable framework conditions for the participants
9. Training product development on base of **input/ special training demands from customers**; some-times this leads to standardized training products
10. Further development of **QualityAustria knowledge-management** to foster internal competence development (e.g. learning from international and national surveys; learning from audits)
11. **Complaints** from participants-> Input to continuous improvement process
12. **Train-the-trainer academy** to foster social and didactic competence of the trainers
13. **National and international network of auditors**, who are engaged in different positions and organizations; regular contact and information exchange assures current standard of knowledge about market needs.

The Hungarian National Committee of the European Organization for Quality (HNC for EOQ) disseminates quality knowledge from EOQ and other international quality organizations to the Hungarian quality experts and contributes to the development of quality of products and services. Hungarian National Committee for EOQ has different procedures and methods used to assess and identify training needs in quality or related areas (eg, the environment) of Hungarian professionals. The basis of the training activities of HNC for EOQ and evaluation needs of professionals are EOQ harmonized requirements and requirements for accreditation of training programs required by the institution Hungarian FAT (adult training Accreditation Board), which does not contain methodological guidelines.

Assessment of training needs of professionals like working in the field of quality management and its related fields that lately - primarily due to the economic crisis - shows signs of significant change is made by HNC for EOQ by following procedures and methods:

- As members of HNC for EOQ assumed a fundamental commitment to quality. Therefore seemed appropriate to contact them in previous years using information and requests for feedback in order to attract them as learners. But usually these organizations' leadership positions in quality management are occupied by highly trained professionals. Therefore, as they are able to involve only short-term intensive training after graduation exam which may be granted to HNC for EOQ certificate.
- An effective method has proven to be posting annual or biannual training program HNC for EOQ site with content publishing courses and application form.
- HNC for EOQ bimonthly magazine also includes regular semester schedule of courses HNC for EOQ and information STARE their taxes.
- Proved useful and direct the inquiries by e-mail or phone, especially when renewing certifications or obtain new ones.

HNC for EOQ certificate holders enjoy the following benefits and opportunities, also promoting heavily their renewing and the need to obtain additional certificates:

- HNC for EOQ - With the agreement of the participants - those that obtain public the data on the website, magazine and yearbook
- Certificate holders automatically become members of the Committee for Continuing Education and Training HNC for EOQ, unless they are against.
- Certificate holders receive discounts on fees for participation in events organized by the committee of HNC for EOQ in which credit points required for receive renewal of certificates.

However until now failed to introduce certification requirement HNC for EOQ as government regulations. Despite this, their added value, e.g. "market value" given by their useful knowledge shows a significant upward trend. It often happens that the existence and validity to be among the leaders in the job requirements of quality management in some companies or their selection criteria.

COMPARATIVE ANALYSIS OF TRAINING NEEDS OF PROFESSIONAL WORKING IN QUALITY MANAGEMENT FIELD IN THE ROMANIAN, AUSTRIAN AND HUNGARIAN HEALTHCARE FACILITIES

1. Training needs of professional working in quality management field in the Romanian hospitals

Based on the foreign partners experience in assessing training need and the context analysis of the Romanian healthcare system, the professionals from Romania, Austria and Hungary involved in this project built the methodology and tools for assessing the training needs of Romanian professional involved in the field of quality assurance. A survey was conducted in the first trimester of 2013 involving officials of 50 Romanian hospitals. The research methodology used aims on one hand to assess the situation present in a set of knowledge and skills necessary for a quality manager and secondly, to identify training needs of managers and those responsible for quality. A set of knowledge and skills (training profile)⁴ was built after an analysis benchmarking and mapping best practices with partners in Austria and Hungary.

Exchange of experience between the partners involved in this study and the joint analysis of training systems used in various partner countries (methods and tools, emerging issues, needs of trainees, differences from one country to another) allowed identification of the needs to review existing training in the partner countries contributing to align training capacity at existing reality of the quality management in the health sector at European level. These are extremely useful information based on which within the Qualimed project experts involved will complete the process of updating the EOQ Harmonized Schemes for certification and registration staff in the QSMH - EOQ Quality System Manager in Healthcare.

In the study conducted, the training needs of professional working in quality management field in the Romanian hospitals were analyzed from several perspectives:

a). perceived need in relation to work

Participants in the study indicated a need to increase access to training as the main impediment is identified as the "lack of allocation of funds for training in the hospital budget."

b). need for training in terms of CoNAS accreditation

According to study results, the largest training and information deficiencies exist and PREVENTION AND RISK MANAGEMENT STRATEGIC MANAGEMENT OF THE ORGANIZATION. 98% of respondents consider that the very much needed courses in Management of risk and risk-work environment.

Other areas where it is considered necessary to carry out trainings are: *Operational management of information, environmental management, nursing management.*

c). training needs in terms of skills required respondents

In the area of networking skills identified the following needs:

- effective management of conflict situations,
- adopting an empathetic physician behavior,
- using techniques to improve communication
- using effective tools for quality improvement,
- using effective tools to know the patients.

Other high and very high needs were identified in the agency established development skills: communication, comfortable use of information techniques, teamwork, relationship with the patient, relationship with attendants, working in medium risk and management risk situations, efficient management of tasks - time pressure.

On institutional management skills required, respondents assessed as very important and important decision-making skills, quality assurance, management of material resources, human resources management.

d). need for training in terms of specific curricular area of Quality Management Systems

According to survey participants, in terms of knowledge of the specific standards of quality management, the only chapter that would require intervention training programs is "legislation on quality assurance in hospitals" that knowledge is identified by respondents as existing small extent. In exchange for these curricular areas - that provide the knowledge needed by other hospitals QMS *models of quality management, evaluation and certification, measurement results, specific tools of quality management, presentation, documentation / data collection, data analysis*, respondents rated as having very few skills or knowledge already acquired.

Regarding the area of project management and communication there is some previous training so respondents considered that specific existing knowledge. The same can be concluded about

communication techniques less for sub-domain communication with patients and motivational techniques. In contrast to the otherwise very important in order to maintain and further audit of the hospital that "costs associated with quality management standards," respondents considered that there is no knowledge.

e). perceived need in terms of the organization of courses

About the established methodology, respondents rated as very important curricula to focus on information facilitated by participants and case studies. Practical applications are considered to be very important that there is a high demand for training applied, not just theoretical, and pending on the form is to be specializing in quality management. Respondents estimated that as an advantage in organizing training weekend, and all the organizational perspective there is a large opening of the courses supported by online.

f). other needs identified by the involved experts

Analysis of data from the study done by professionals involved in the project led to the identification of needs for other training in the following areas:

- integrated quality-environment-safety work,
- legislative knowledge on the implementation of standards in the health sector
- implementation and monitoring of the quality management system, the necessary program to respond to shortcomings in the collection and recording of data.
- skills in developing clinical protocols and practice guideline
- analytical and evaluation / supervision (Skills in Developing protocols and clinical practice guideline)
- Processes Improvement and specific *Techniques / Instruments to Improve Service quality*

Also they identified a need to create possibilities for conducting experience exchanges within institutions having positive experience in this area, hospitals that successfully implement quality management systems, which are already accredited 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.

2. SIMILARITIES AND DIFFERENCES IN TERMS OF TRAINING NEEDS OF PROFESSIONAL WORKING IN THE FIELD OF QUALITY ASSURANCE IN HEALTH CARE IN THE PARTNERS' COUNTRIES

2.1. NEEDS REGARDING THE TRAINING METHODOLOGY

In Romania a need to develop intensive short training programs has been identified as those in Austria (150 hours), unlike Hungary, where the identification of a higher demand for long-term study programs in management quality in the health sector, has lead to the development of training which is provided by the Medical University of Debrecen as Master program entitled "Quality assurance and quality improvement in health", while fulfilling the criteria of the European Organization for Quality - EOQ.

In Romania there is a need to organize flexible VET type programs and their duration should allow continuous training, trainees leaving their job for short periods given that due to staff shortages in hospitals providing replacement for them during the course is extremely difficult.

In Romania as well as in Austria a need for trainers with extensive practical experience in the implementation of quality management systems and healthcare experience has been identified to provide a different approach than academic training, emphasizing the benefit of the most practical approach to the issues studied and for good correlation with the professional day by day activity.

Percentage of students in Austria requiring certification at the end of the training program under Harmonized Schemes EOQ is very large compared to Hungary where the need for these certifications is still small given that obtaining them is not a prerequisite to be able to occupy key positions in quality management in hospitals.

2.2 NEEDS REGARDING THE CONTENT

Even if the needs of the content of the training bases is very similar, there are some differences related to health systems policy and context in each country and especially health policy and specific legislation regulating quality management in healthcare.

Thus in Hungary healthcare reform in developing, quality management focus is put on three main components: quality in terms of management / leadership processes, quality in terms of the level of patient satisfaction, quality in terms the professional aspects. Thus compared to the Austrian system, the Hungarian one puts a much greater emphasis on the clinical aspects: clinical audit and indicators.

Other content differences stem from the different models and the development and evaluation of quality management systems in the health sector. In Hungary EFQM Excellence model aspects are addressed in more depth than Austria where this model is used on a smaller scale. In both countries the focus is on addressing specific elements of EN 15224:2012, which adjusts provisions of EN ISO 9001:2008 to the Specific Conditions for Health Care. In Romania in addition to the standards mentioned above, there is a need to study the specific standards upon which hospital accreditation is made, CoNAS standards. Likewise, in Hungary the MESS accreditation standards for hospitals are addressed.

Based on the specific needs of professionals in each country, structuring the content of training on quality management in health care in Austria and Hungary is different placing the accent on the following topics.

The main chapters of the QSMH training in Austria are: Integrated Management Systems – Requirements

(IMS), Quality Management Systems in Healthcare (QMSGW), Integrated Management Systems – Methods and Tools (IMSA), Integrated Management Systems – Strategy and Organizational Development (IMOE), Fundamentals of Statistical Methods in Healthcare (QMEGW), Fundamentals of the Healthcare Economy (QMÖGW), and Practice-oriented Project Implementation in Healthcare (QMVZGW).

In Hungary there is more emphasis on the clinical aspects so the structure of training content is different. The main chapters are: Operational management of health system, Health economics, Epidemiological surveys and statistical analyzes of public health practice, Quality in health care, Quality Basics, Managerial Basics, Quality systems, Quality Improvement Methods, Evaluation of health services providers, Self-assessment of health care facilities, Clinical audit and indicators, Infection Control and Patient Safety, Project and study elaboration, Health care politics.

Comparative analysis of training needs in partner countries QSMH highlights the following:

	Austria	Hungary	Romania
Needs identified in relation with the training methodology			
Type of course	Training	Training postgraduate (Masters)	Training
Term	Short term: 150 hours	Long duration: 2 years (3500 hours)	Short term: 150 hours
Profile lecturer	VET Trainer	Professor / Academic lecturer	VET Trainer
Approach	Large share practice - emphasis on practical applications	Academic - emphasis on theory	Large share practice - emphasis on practical applications
Benefits	Ratio of certification requests according to EOQ harmonized scheme is widespread given its recognition.	Small proportion certification requests according to EOQ harmonized scheme	- To be to implement the EOQ harmonized certification scheme - Be recognized within the medical permanent education for obtaining professional credit points (doctors, nurses)
Needs identified regarding the content			
General overview	Greater emphasis on the management	Greater emphasis on the clinical: clinical audit	We need to approach both sides but clinical audit is an area where there is the smallest working experience
<i>Quality Management System Models in Health care</i>	Most important needs regard : ÖNORM EN 15224:2012 , KTQ ® , Joint Commission international and EFQM	Most important needs regard : 1 EN 15224:2012, EFQM, MEES accreditation standards	Need deepening hospital accreditation standards CoNAS and EN 15224:2012
Quality Management Systems in Health care	Most important needs regard : ISO 9000 family , EN 15224:2012	Most important needs regard : Operational management of health	Most important needs regard: Fundamentals of quality management (legislative

	requirements, Quality-related costs, Implementation of audits, assessments and visitations, Specific regulations concerning healthcare	system, Quality in health care , Quality Basics, Managerial Basics, Quality systems, Quality Improvement Methods, Evaluation of health services providers, Self-assessment of health care facilities, Clinical audit and indicators, Infection Control and Patient Safety,	requirements, methods (evaluation and certification), <i>Measurement results (indicators, methods, tools)</i> Specific tools of quality management (Completion of quality improvement projects, Method for internal and external quality assessment)
Integrated Management Systems	Most important needs regard: : Fundamentals and integration of management systems; System documentation; Process management; Norms, standards and their application; Risk management; Legal framework; Methods and tools; Strategy and Organizational Development	The most important needs regard: Fundamentals and integration of management systems, Methods and tools, Infection Control and Patient Safety	The most important regard needs: Fundamentals and integration of management systems, Norms, Standards and Their Application, Risk Management, Legal Framework, Methods and tools (need to start the process and then identify their leadership);
Statistical Methods in Healthcare	The most important needs regard : Fundamentals of how to deal with data, Introduction to the most essential methods of statistics, Fundamentals of interviews (patients, inhabitants, relatives, staff)	Epidemiological surveys and statistical analyzes of public health practice,	The most important regard Needs: Documentation / Collect data Data Analysis (Techniques and requirements for documentation, Statistical Methods, Epidemiology, Methods of test, measurement, data analysis, system, graphical reports
Healthcare Economy	The most important needs regard : Structure and organization of the healthcare system, management and organization of health facilities, performance-oriented hospital financing and controlling in clinical institutions	The most important needs regard: basics about health economics and health care politics	The most important needs regard: Costs related to quality, cost categories, cost errors
Practice-oriented Project Implementation in Healthcare	Most important needs regard: Moderation, Practice-oriented project implementation, Presentation	Most important needs regard : Project and study elaboration	Most important needs regard: Project Management: planning, control, documentation, evaluation

TRAINING NEEDS OF FUTURE "QUALITY SYSTEM MANAGER IN HEALTHCARE" TRAINERS IN ROMANIA (QSMH)

QSMH Trainers should have experience and advanced knowledge on three core areas: quality management, organization and functioning of the health system and professional clinic. They must also have specific skills and providing training programs for adults.

In Romania there are professionals with experience in quality management in other spheres of action than the health sector. In healthcare there are professionals with vast clinical experience and / or management but little experience regarding quality management.

Depending on the profile of basic education (and experience), the main training needs of trainers in future QSMH Romania be found in the following fields:

- the laws, regulations and standards (ISO deepening, EN 15224:2012 and CoNAS)
- health systems and management;
- quality systems;
- ways to improve quality;
- economic efficiency;
- quality of care;
- quality in design, development;
- the provision of health care services;
- clinical audit
- quality support services (support processes);
- quality assurance functioning health institutions;
- economic aspects buying and selling of health services;
- statistical methods;
- audit observation, measurement (create, implement, review and audit programs Improve According to ISO 19011)
- methods for surveying and ANALYSING customer satisfaction
- advanced managerial concepts (eg TQM-related guidelines from ISO 9004)
- integrated management systems;
- risk management;
- Corporate social responsibility (CSR)

- EFQM excellence model (RADAR-logic model and key concepts)
- methods and training techniques for adults (ANALYSING Needs training, organize trainings and evaluated, Apply specific training Moderation and Techniques)

Other specific needs of future QSMH trainers in Romania are related to the particularities of the Romanian healthcare and the fact that the implementation of quality management systems in this sector is beginning. Thus one of the most important needs is related to obtain STRUCTURAL information on the health system that can provide an overview of the current situation in terms of service quality and needs improvement. Such information can be obtained by benchmarking studies, but they are not yet widely possible since there is still information on quality than on a small number of hospitals in Romania, given that until now below 20% of hospitals are accredited and the rest will go through this process in the coming years.

The professional of partner organizations involved in the QUALIMED project identified the following chances/risks implementing "Quality management in Healthcare – training" in Romania using SWOT-analysis method:

Strengths:

- Dealing with Standards / Regulations is already known and familiar, Especially in the field of nursing and Technical Subjects (laboratory, radiology, pharmacy) due to Numerous other tests like Good Laboratory Practice (GLP) and Good Manufacturing Practice (GM)
- Employees take the Opportunity to Participate actively and solve problems

Weaknesses:

- Physicians don't have a specific thinking (of quality management / assurance);
- They tilt to concentrate only on medical activities and believe in freedom of medical art
- The corporate culture has a "blame and shame culture" regarding failures / incidents
- Management specific language is unknown for employees
- Changes / modification and putting topics in question / Evaluating things is seen as discomfort, it is more convenient to go on working like usual.

Opportunities:

- Professionals working in quality management in health who know about Quality Management Systems and is able to implement and use the methods in everyday life
- Medical executives have to confront the issue of "management"
- Employees can actively participate for example by continuous improvement of activity process
- Employees can adapt processes due to their experience
- Interface problems can be solved, because the participants have the same "knowledge"
- Executives can learn to understand what "leading an organization" means
- The organizations will be lead on the basis of indicators (economic indicators as well as quality indicators)
- The organization will become more transparent to the employees and they can plan ahead based on the results
- The chance to make known opportunities / benefits of management systems

Threats:

- Participants fear of bureaucratic overkill, which is reinforced by the Lack of IT support
- Transparency is not desired

Solutions

- Actively train all management staff / leaders, especially doctors
- These show the benefits for executives (e.g indicators, process management)
- Select interdisciplinary participants
- Taking in consideration of existing organizational culture (university hospital / community hospital / private hospital) and to promote the "Change Management"!

CONCLUSIONS

Comparative analysis of aspects of quality management in health systems in the three partner countries (legislative requirements, types of quality standards that apply to the specific requirements of quality management systems in healthcare, methods and tools used, problems encountered, needs of staff differences of organization from one country to another) reveal very different practices regarding the development of quality management systems and organizational assessment of their implementation.

In Austria there is no system of accreditation of hospitals nationwide built by the authorities, but

quality management system certification implemented by hospitals it is very widely spread based on ISO standards and EN ISO 15224:2012. There isn't a formal clinical assessment but the rigorous implementation of EN 15224:2012 provides including quality of medical act.

In Hungary the majority of hospitals (80%) implement quality management systems based on the requirements and recommendations of the ISO and EN 15224:2012 standards and more than 90% of them are certified. In the past years also an accreditation system was built upon national standards that contain all the profession-specific items, so many health care institutions beside a quality management system according to the ISO standards also implement the MESS standards. Both of these mechanisms are applied by hospitals on voluntary basis, having a strong developmental approach focusing on education, ensuring professional accountability and fostering cooperative relationships. Another specificity of quality management systems in Hungarian health care is the emphasis put on the aspects related to the profession: assessing medical technologies and clinical audit.

In Romania accreditation process for hospitals is compulsory in order to be allowed to function and to continue receiving money from the public health insurance fund. It focuses on aspects of process management in the hospital and less on assessing the quality of medical care itself.

The analysis of the experts involved in the project reveals that Romania would need to develop both the part related to the management and the one connected to the clinical part, because Romanian hospitals need new organizational models to cope with the various pressures that are subject to long-term issues in the context of the Romanian health system:

- financial deficit
- demographic changes: aging by increasing life expectancy, migration and declining birth rates,
- changing expectations of society - increasing need for individualization of services to the requirements of the increased patient
- an increasing number of chronic patients requiring ongoing support,
- demotivation of staff and labor migration, especially amid complaints about wages
- irrational path of patients in terms of both professional and economic
- need a health system with a greater degree of integration of health services - starts just from the fact that the way hospitals are built into the system is very weak, and

communicating with other players in the health system is minimal,

- hospitals operate on the basis of outdated structures that have to react in an environment become more complex and dynamic,
- bureaucracy instead of organizational culture,
- orientation and emphasis placed on the sections and not the organization as a whole - wards of hospitals operate in a little interconnected and interdependent, quasi-autonomy is almost the rule, and transferring patients from one section to another is a bureaucratic process.

Providing quality health services requires training in quality management culture. In Romania, as in the two partner countries was identified opening of medical professionals responsible for quality management for attending training in this area. Develop training programs and standards in partnership with experienced professionals from other countries allows the creation Vocational Training opportunities tailored to the needs of professionals working in the field of quality management in health care facilities, according to the highest quality standards recognized in Europe.

Comparative analysis of training needs and the exchange of experience between the professionals from the three countries have ensured not only setting the foundations of future QSMH training program in Romania but including identifying important directions for the revision and development of existing training in the partner countries contributing to align training capacity to the realities of the field of

quality management in the health sector at European level. Based on this extremely useful information, within Qualimed project the next step is to start the process of updating the EOQ Harmonized Schemes for certification and registration of personnel in the field of QSMH - EOQ Quality System Manager in Healthcare, which will contribute to the achievement of the necessary requirements for high-quality, safe and efficient healthcare, responding better to the needs of citizens and patients in all Europe.

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