

Research on Medical Service Quality of Public Hospitals Based on Total Quality Management Theory

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Abstract: This paper uses the theory of total quality management to explore the current situation of medical service quality in public hospitals. Based on the experience of discharged patients in a public hospital, it analyzes the main problems existing in the current medical service quality management in public hospitals, discusses the key factors of medical service quality that affect the experience of patients, and puts forward targeted improvement measures and Optimization Countermeasures for hospital service quality management, In order to provide theoretical basis for improving the service quality of public hospitals and the overall health level of society.

1. Introduction

At present, China's medical service quality management still lacks advanced management methods, as well as perfect and comprehensive system methods. Although China has made some achievements in the management of medical service quality, there is still a large gap between some aspects and the needs of the people. In recent years, patient experience has become a research hotspot. Through the research on the influencing factors of patient experience, we can formulate targeted strategies to improve hospital medical services [1].

This study adopts the interview method to make a telephone return visit to the discharged patients to obtain the experience information of the patients' medical treatment experience. By studying the patients' description of their personal experience, we can understand the patients' real experience of "safety, care, unforgettable experience and efficiency" in the process of medical treatment, and seek ways to improve the management of medical service quality in public hospitals, improve the patients' medical treatment experience, and fully reflect the concept of "patient-centered". Telephone interviews with discharged patients can give patients a space to fully express their personal opinions and feelings. Therefore, the patient feedback information obtained in this way is relatively true and reliable. Extending hospital services can promote the harmonious development of doctor-patient relations, improve the quality of medical services in public hospitals, and provide decision-making basis for health authorities.

2. Major problems of medical service quality management in public hospitals

2.1 Multiple management, unclear responsibilities

The medical service quality management system of public hospitals in China has experienced the period of planned economy, the period of reform and opening up, the period of market-oriented reform and the period of new medical reform. For a long time, it has always operated in accordance with the mode of government establishment and government management. Due to the huge size of public hospitals, the subordination relationship between public hospitals and superior competent departments is complex, the multi head management is deep-rooted, the management mechanism is inflexible, and the efficiency is not high. "Separation of management and management" only stays on the surface, and the cost of organization and coordination remains high [2].

From the analysis of the city, the human resources and social security bureau is the main institution responsible for the formulation of standards for the number of hospitals and the development scale of hospitals; The health commission is the direct superior health administrative department responsible for supervising the medical quality and health qualification examination of medical units; The medical insurance bureau is in charge of the reimbursement scope, proportion and medical insurance limit of the city's medical insurance.

The CDC is responsible for organizing the formulation of local public health technical plans and guidelines, and for the comprehensive management of public health related health standards; The local drug administration and the price bureau are responsible for guiding the local drug administration and drug prices. Under the multi-level overlapping of rights and responsibilities, these institutions and departments will have multiple management in the medical service quality management of public hospitals due to the division of responsibilities and rights, and there will be mutual shirking due to differences in interests

2.2 The supervision of service objects is a mere formality

The traditional supervision mode of public hospitals attaches importance to self-examination and self correction, and despises the real ideas of patients. Under this supervision mode, public hospitals are both "athletes" and "referees", which makes it easy for patients to evaluate and supervise the quality of medical services a mere formality. As one of the most important standards to supervise the quality of medical service in public hospitals, the hospital return visit system is often carried out by questionnaire in China.

However, because the content of the satisfaction questionnaire is pre-designed by the hospital, affected by the age, educational background, social background and other factors of patients and their families, and there are many hospital service items, the content of the questionnaire is very limited. Moreover, in the questionnaire survey, a certain proportion of the recovery rate and efficiency of the questionnaire can make the survey data representative and valuable. The questionnaire of the hospital is generally issued after the patients finish treatment, so the recovery rate is often difficult to guarantee, and it is also difficult to put in place the respect and privacy protection of patients; The statistics and analysis of traditional medical evaluation data are simple and crude, which leads to the superficial and formal supervision of patients' feelings of seeing a doctor in most hospitals, and cannot really become the guiding basis for hospitals to improve the management of medical service quality.

2.3 Lack of professional and standardized medical service quality evaluation system

The evaluation of medical service quality management can be divided into the evaluation of

medical conditions, the evaluation of service process, the evaluation of medical effects, etc. China's public hospitals are affected by the development status of the overall medical level and traditional ideas, the concept of medical service quality management is relatively backward, and the empirical management method still occupies a dominant position.

Due to the limitations of concerns, some public hospitals have problems in the evaluation system of medical service quality management, such as inadequate understanding, incomplete construction, incomplete reform, and inconsistent pace. When problems occur, they cannot be fed back in time, problems cannot be solved in time, and spears and shields cannot be properly resolved. When the management level of medical service quality conflicts with economic benefits, the former is often ignored, lacking professional standardized evaluation system and mature and advanced management concept.

The core content of the evaluation system of medical service quality management is "patient-centered", taking the interests of patients as the starting point and foothold. Some public hospitals are too one-sided in the establishment of the evaluation system of medical service quality management, and the formulation of the core content deviates from the needs of patients and humanistic care. For patients' evaluation and suggestions to the hospital, they only pay attention to improving the service attitude, but ignore whether the problems fed back by patients can be effectively improved and solved.

3. Cause analysis

3.1 Lack of coordination mechanism in medical supervision system

At present, China's medical supervision system still adopts the traditional administrative mode of health administration as the main body of implementation, and relevant departments cooperate with supervision. In addition to being supervised by local health committees, public hospitals should also be managed by relevant government departments such as the national development and Reform Commission, the Finance Bureau, the human resources and Social Security Bureau, the price bureau, the food and drug administration, and the Centers for Disease Control and prevention. In fact, this regulatory system still uses the administrative led model under the planned economic system.

The competent departments are not divided between politics and affairs, their positioning is unclear, and their management is unclear. The relevant departments often go their own way, lacking an effective integration and coordination mechanism. The health administrative department integrates various functions. It is not only the main body of supervision, but also the policy maker and specific executor. It is used to taking direct administrative orders to arrange and implement. The supervision rules are not perfect, the administrative process is not transparent, the implementation intervention is not rigorous, and there is a lack of effective accountability mechanism within the regulatory system.

While the development speed of public hospitals in China has greatly increased, the competent departments have not really established an effective "public welfare, non-profit" regulatory mechanism, and the "profit orientation" of public hospitals is becoming stronger and stronger. Under the environment of unbalanced supply and demand of medical services, diversified development and reform of the medical insurance system, China's public hospital medical supervision system has some problems, such as imperfect supervision organization and coordination mechanism, imperfect policies and regulations, and lack of self-discipline mechanism, resulting in the absence of supervision, subject dislocation and offside implementation in the fields of medical service quality, revenue and expenditure standards, social benefits and so on, As a result, the management of medical service quality in public hospitals has always been in a situation of high operation cost, low implementation efficiency and difficult to improve service quality, and the

doctor-patient relationship has been deteriorating.

3.2 Insufficient supervision investment and poor execution

The supervision of public hospitals is a huge and complex system engineering, which requires the cooperation of all departments from top to bottom. Supervising the medical service quality of public hospitals in a certain area often requires a lot of human, material and financial resources, which requires the government to give sufficient and sustained financial support. The main costs of public hospital supervision in China are affected by the level of local economic development, and there are often insufficient financial budgets and inadequate financial allocations. It is difficult for health administrative departments at all levels to clearly divide the scope and boundaries of the use of public hospital supervision costs, and it is difficult to reserve, earmark and account separately, which makes the supervision costs of public hospitals with limited investment more tense [3].

In addition, the lack of strictly trained health quality supervisors in the public hospital supervision system, low supervision efficiency, unscientific methods, and the lack of supporting policies and supervision means are all manifestations of insufficient overall investment. In addition to the lack of financial support, the supervision and implementation of medical service quality in public hospitals are also generally small. The supervision plan formulated cannot be strictly implemented for various reasons. The health administration department often carries out remedial and temporary special inspections on public hospitals after major medical service quality problems occur, and the supervision work is seriously lagging behind. Due to the lack of scientific supervision plan and insufficient supervision, it is difficult to find loopholes and hidden dangers in the development of medical service quality in public hospitals from the perspective of regulators. Local health administrative departments have to rush between hospitals and passively solve various medical service problems. However, due to the lack of code of conduct and reward mechanism for health service supervisors, it is difficult to mobilize the enthusiasm and enthusiasm of staff, the work content is superficial, problems are not paid attention to, and the implementation is difficult to guarantee.

3.3 Complexity of treatment

The medical services provided by public hospitals mainly include emergency treatment, appointment and registration, pre inspection and triage, clinical examination, outpatient diagnosis, admission and exit handling, medical coordination, payment settlement, etc. The efficiency of all departments' cooperation represents the management level of hospital medical services. Whether it can provide simple and clear medical procedures and emergency treatment, and reduce the time of patients' treatment is an important indicator for acute patients to judge the management level of medical services in public hospitals. Emergency patients are usually managed by the medical staff of the emergency department according to the four levels of "endangered, critical, emergency and non emergency" [4].

For patients with acute diseases, the hospital is required to carry out emergency treatment, rescue, hemostasis, suture, debridement, fixation and other work in a short time. For special emergencies, patients also need the hospital to provide a green channel for treatment before payment. However, the domestic emergency classification system is affected by medical level, treatment environment and other factors, and it is difficult to implement. Acute diseases are complex and changeable. Some patients are difficult to describe their feelings, and some patients have atypical symptoms, which is easy to cause misjudgment and delay the treatment of patients. In today's environment where it is difficult for doctors and patients to trust each other, the tension and anxiety of acute patients and their families further hinder the efficiency of the medical treatment process and the

effectiveness of emergency treatment.

4. Countermeasures for continuous improvement

Medical service is a special form of service, which has both internal and external factors. This study mainly analyzes from the perspective of public hospitals, and puts forward countermeasures to continuously improve the quality of medical service in public hospitals, so as to improve the quality of medical service management in hospitals, improve patients' experience of medical treatment, and better provide high-quality and efficient medical and health services, and provide strong support for improving the overall health level of society.

4.1 To improve the supervision system and the supervision ability

First, while supporting the development of medical and health industry associations, health administrative departments should try to delegate power, reduce the dependence of the health supervision industry, and improve the independence of the health supervision industry. Continuously improve the publicity, explore new ideas for publicity, carry out effective patient satisfaction surveys from the actual situation, and improve the enthusiasm of patient supervision and awareness of their own rights protection. We should establish a supervision information support system among health administrative departments, industry associations, public hospitals and patients, combine the whole process and results of medical service quality supervision, realize the seamless transmission of medical service quality information among various supervision departments, ensure the consistency of supervision standards, supervision methods and supervision processes among different supervision subjects, and minimize the additional burden of medical institutions [5].

The health administration department should clarify the supervision responsibility, not only continuously strengthen the government's supervision of the medical service process and the investigation of patient satisfaction, but also pay attention to the introduction of social forces, and strengthen the awareness of competition and hardship among public hospitals through market economic means. Secondly, in the specific implementation process, the health administration department should pay attention to reducing supervision costs, increasing supervision investment, ensuring the scientific and funny ratio of supervision resources, and constantly improving the working level of supervision staff. In addition, the regulatory standards should be scientific and effective, the regulatory plan should ensure long-term operation, the regulatory resources should be reasonably utilized, and the access to patient satisfaction should be strictly standardized. Scientifically analyze the possible risks in medical activities, the implementation cost of supervision and the social cost of publicity. Establish a review system, strengthen the review, and promote the behavior of the staff of medical institutions and personnel in the supervision industry to continuously improve the level of personal comprehensive services.

Finally, introduce the third-party supervision mechanism, formulate the third-party supervision guidelines, systems, norms, improve the supervision and evaluation methods, establish a medical quality evaluation expert team, build a public hospital medical service management information exchange platform, establish a medical service quality supervision data base and standard base, report the supervision data in real time, and ensure the openness and transparency of the supervision process through large-scale hospital inspection, quality evaluation and other activities. Through modern information technology, speak with data, master the core data of medical service management in public hospitals, standardize the behavior of regulatory subjects, promote the scientific and refined management of medical quality services, and provide data support for health work supervision.

4.2 To optimize process service management and improve service efficiency

In view of the complex internal environment of the hospital and the wide variety of departments, the hospital can provide the hospital address, surrounding road traffic conditions (such as traffic restrictions, one-way streets, etc.), surrounding parking lots and the location map between them and the hospital, public transportation routes and other relevant traffic information through official websites, wechat official account and other means. Each building of the hospital has a clear name (building number), which can reflect its main functions. Appropriate lighting equipment or luminous signs shall be provided at night to ensure that all kinds of guidance signs are still clearly visible in the dark. The entrance of each building shall be provided with a floor guide map, each floor shall have the layout of relevant departments, and the exit of each building shall be provided with a guide to other major buildings. The outpatient hall, emergency hall, inpatient hall and bulletin board of the hospital should be set with layout maps, and clear medical treatment processes, admission and admission procedures and medical insurance procedures. Relevant floor layouts and arrows shall be set inside and outside the elevator, and there shall be clear guidance direction at the elevator exit.

In particular, the emergency room is set up according to the emergency division, and clear and understandable guidance signs are set up in the key department areas of the whole admission process, such as the emergency room, emergency room, examination room, toll office, pharmacy, auxiliary examination room, chest pain center, stroke center, etc. For patients with older age or lower educational level, the guidance staff should personally guide and accompany the patients to seek medical treatment. The hospital should combine the actual work, implement the rectification measures, optimize the service process, improve the work efficiency, practically improve the diagnosis and treatment efficiency, shorten the waiting time of patients and improve the experience of patients through the cooperation of multiple departments in terms of system management and process reengineering. Acute diseases are characterized by the most acute onset, the most serious condition, the fastest change, the greatest risk, the highest mortality rate and the most medical disputes. Hospitals should set up a "green channel" for patients with acute diseases, and all staff of this channel should provide rapid, orderly, safe and effective diagnosis and treatment services for patients entering the "green channel". Provide health guidance for patients with chronic diseases and elderly diseases, and provide guidance on diet, exercise, rational drug use and reasonable medical treatment. When the patient's condition involves multiple disciplines, organize multi-disciplinary collaborative diagnosis and treatment at the first time, improve the consultation system, standardize the consultation management, earnestly implement the consultation regulations, improve the medical quality, and ensure the safety of patients.

5. Conclusion

This paper uses the theory of total quality management to explore the current situation of hospital medical service quality, with the help of the medical experience of discharged patients in a public hospital, finds the main problems in the medical service quality management of public hospitals, and analyzes the key factors affecting the medical service quality management of public hospitals, including the lack of integrity of the public hospital supervision system, the high professionalism and uncertainty of medical services, and the imbalance of medical resource allocation, It is difficult to meet the diverse needs of medical services.

Finally, the following improvement measures and optimization countermeasures are put forward: improve the supervision system and improve the supervision ability; Improve the level of medical care technology and strictly enforce the charging standards; Optimize process service management and improve service efficiency; Improve hospital infrastructure and medical environment;

Strengthen the standardized construction of doctor-patient communication and emphasize humanistic care.

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