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Der Pharmacia Lettre, 2016, 8 (1):424-430
(http://scholarsresearchlibrary.com/archive.html)

ISSN 0975-5071
USA CODEN: DPLEB4

The quality approach in Morocco: Multitudes of approaches and mixed results

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ABSTRACT

The quality management has become an essential step in the industrial sector; for social systems experiences around the world are widely divergent and there is not a consensus on the appropriate manner and the effective and efficient tools; the field of health recognized by its complexity suffers from management problem; this is why the introduction of quality management and quality is essential but the question that remains is what the most appropriate method? Morocco is not spared of this quality approach controversy adapted to the health system; this is why several approaches have been tried "certification, competition quality and accreditation" and so far, and until now these approaches are being tested!

Keywords: quality, care system, management quality, performance, continuous improvement.

INTRODUCTION

The implementation of a project on the power of a full quality assurance operational management has two main objectives: the first is to show that the scale of a hospital structure, only the total quality management is relevant to strengthening the legitimacy of the administrative directions. The second is to show that the consideration of quality in a managerial form is one of the solutions to sustainably involve personnel while strengthening the strategy and vision of the structure short, medium and long term [1].

1. Background of the quality process in Morocco: experience of the Ministry of Health

In Morocco, despite the wave of quality has started very early “in the early 90 ”, but the actual start was stated by the quality health conference in 2002 in Marrakech where was born the contest quality in health facilities.

The Moroccan health system has undergone a number of mutations in the last three decades, this is in large part to the difficulties encountered different kinds: financial; organizational; Acute shortage of human resources and demographic and epidemiological transition where the reflection on the establishment of a quality approach to support the effectiveness of services and the balance between resources and results. But it was only with the advent of political, institutional, economic and social commitment since the 90s that the context has become more favorable for the structuring of a quality approach to the Ministry of Health [2].

1.1. The Years 90s

Many projects implementing certain Quality Assurance activities were initiated by the different structures of the department, such as the introduction of clinical audits; the team approach to problem solving, development of standards and norms in the context of different national public health programs, editing multiple procedures manuals for the management of care and services and introduction of quality cycles according to the integrated quality management approach that focuses its activities on the process of continuous quality improvement. Other structures such as the National Blood Transfusion Centre, National Institute of Hygiene, the Pasteur Institute of Morocco and the Medicines Control Laboratory have developed genuine quality assurance programs with norms and standards,

quality control tools, procedures manuals, process of continuous improvement of quality and service training courses for their staff.

In the late 90s, the Ministry of Health has placed the component "Improving the quality of care and services" among the key strategic actions of the Economic and Social Development Plan 2000-2004. Similarly, the health sector reform program provides a coherent framework for the implementation of a policy to strengthen the quality and efficiency of care and services. This will make the quality of care a strategic focus of the reform was realized by the development in 1999 of a National Quality Assurance Plan (PNAQ). This plan was developed as part of a working consensus, involving representatives of the Ministry of Health, the National Council of the College of Physicians, learned societies, professional associations and the private sector.

1.2. National Plan of Quality Assurance "PNAQ"

The "PNAQ" was published in a document for policy makers, health professionals and the different actors of the health system. It specifies the following: the statement of values, vision and mission of the National Quality Assurance Plan; the principles and concepts of the «PNAQ»; strategic objectives and expected results; implementation plans, monitoring and evaluation of the «PNAQ»; the conditions for success of the «PNAQ». This is based on the functional approach by dividing the system functions into two groups; technical functions which are three in number; Define, Measure and evaluate; support functions which are six; documentation, training, coaching, encouragement; motivation and communication.

In 2002 Morocco has organized a conference on health quality where a number of recommendations were made [3], of which the most important are mentioned: Show political will and provide the necessary support for the establishment of an accreditation system; Identify and standardize existing standardization mechanisms and establish new mechanisms; Establish a national accreditation body; Strengthen the information and documentation system on quality of care; Develop, adapt , edit , disseminate national standards; Implement, support and generalize the Quality Assurance Approaches in health facilities; and to train, inform, educate healthcare professionals and partners in the accreditation system.

1.3. Hospital Reform

The Moroccan health system has undergone several reforms sites: Since the 80s, the health field is changing [4]. The reforms are based on the hospital now has "better care", "better spending", "better discern"[5]. Stress unlimited demand and limited resources. The evaluation concepts and evaluation practices are clearly insufficient in our health system. Several attempts to change the health care system have not yielded the desired results. The reform of the health system in Morocco has been known for thirty years many economic order changes; population; new diseases that appear; other mutations that challenge hospital organization; an increased demand of the population; changes in the technological environment , demographic and political environment.

Analysis of the Moroccan health system generated malfunctions that can be summarized in five [6]: The Difficulty of access to care for the population, especially in rural and remote areas; The very large deficit human resources 7000 doctors and 9000 nurses; Lack of funding in a financial crisis that affects everyone; A population crisis of confidence in the health system; A deficit in governance at all levels.

After the failure of all these reforms; the introduction of quality management has proven necessary. Reflection and discussions were conducted to determine how to plan and implement the terms and implementation process of an effective quality culture to remedy the shortcomings of our health institutions.

The hospital is a system with multiple functions: "It should be considered a non-reducible to the sum of all its parts. Gradually, it became a place of support and therefore a producer technicized care facility, therefore subject to the requirements of production: assessment; quality, innovation." This transformation of hospital production concerns all the functions required to issue the hospital [7]. In most studies the health system is reduced to the hospital [7].

According to Daniel Lozeau , obstacles may however be decided between two classes of problems: those technical engendered by the concept of quality itself, are generally identifiable and relatively surmountable; and difficulties of strategic and relational most awkward to discern less obvious than the first, although equally operative" [8]. Several challenges are identified; difficult integration in the current management; lack of systemic vision; reductive simplifications of complex situations; adverse effects in the generalization of pilot experiments. "Oscillating between creativity and innovative rigid standardization, quality management systems resonate with African health systems caught between bureaucratic logics and professional logics"[9]. Improving hospital care necessarily requires the intervention on the various functions of the hospital; it must be based on the application of procedures and standards [7]. Continuing education is a means to strengthen and consolidate professional knowledge to join and engage in this quality approach.

2. Quality of care

Quality has become an unavoidable essential requirement; the field of health is seen more and more involved in a quality management due to the non-quality costs is particularly high. The quality can no longer be regarded as one-dimensional today; its dimensions are medical fact, nursing, organizational, economic, financial and social.

Quality of care has several definitions; WHO (World Health Organization) has defined it as follows: "Quality is an approach which should guarantee each patient the range of diagnostic and therapeutic procedures that will ensure him the best result in terms of health, in accordance with the state medical science, at the lowest cost for the same result at the least iatrogenic risk and his greatest satisfaction in terms of procedures, outcome and human contacts within the health care system"[10].

The most widely definition accepted and used comes from the Institute of Medicine of the United States (IOM) which defines quality as "the capacity of health services for individuals and populations increase the likelihood of achieving the desired health outcomes in accordance with the professional knowledge of the time [11]. This definition is widely accepted by the international community, by virtue of its flexibility and adaptability to different contexts.

In 1990, the IOM committee charged with designing a strategy for healthcare quality assurance published this definition: Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge [12].

For Americans the quality of care covers five components: The medical effectiveness; Compliance with scientific standards accepted by the highest authorities in the matter; the balance between supply and delivery needs of patients; Security (minimum risk to the patient); Economic efficiency allows for equal quality, optimal use of available resources [13].

He translated the Quality Chasm aims from the patient's perspective: "to have health care with no needless deaths, no needless pain or suffering, no unwanted waiting, no helplessness, and no waste" [14].

"Seven themes were identified as key areas for development of indicators of performance: patient experience, clinical activity, service development and innovation, access, health promotion, cost effectiveness, and quality of life outcomes"[15]. The quality approach in the field of Health should required all management bodies to planned management and programmed (PDCA: Quality Wheel), responding to the most modern standards in terms of organization and operation, sufficiently documented procedures and descriptions of missions and tasks, seeking efficiency and effectiveness, with a widespread sense of responsibility and ongoing to ensure transparency [16].

"Today, not only are the providers of care keenly focused on the processes and outcomes of health care delivery, but the consumers of health care—as well as managers, boards, purchasers, and policy makers—are also becoming increasingly interested in being shown that health care services are safe, effective, patient-centered, timely, efficient, and equitable [17]".

"A transition towards "Whole System Measures" defined by the Institute for Healthcare Improvement (IHI) as "balanced set of system level measures which are aligned with the Institute of Medicine's (IOM's) six dimensions of quality and are not disease or condition specific" can help overcome some of the challenges of evaluating quality in EMS [17]".

Three types of quality measures recognized historically are competing in this structure: A process product; which is found in laboratory or radiology structures; the traditional tool used is quality certification, Client approach; where again the ISO tools can be used, A patient approach, specific to the health care environment, which differs from the previous in that it does not amount to an analysis of the results, but the means of the structure to achieve the healing of the sick [1].

Quality in the care sector's objective is to progress in three strategic ambitions: Putting quality at the heart of practices and individual behavior; Put quality at the heart of collective choices; expertise, transparency, performance: a project serving these ambitions [18]. The manual certification French care facilities have two main chapters, one on the management of the institution and the second patient care [19].

3. Approaches and tools for quality adopted by Morocco

Several approaches have been initiated
in Morocco I will give the most important;
the quality competition; certification and accreditation.

Quality vision based on three pillars: continuous improvement of the quality, vigilance and risk management, standardization and institutionalization.

Quality Contest in Morocco has been implemented in a context of institutional reform, hospital and funding. It reinforces Morocco's quality approach that is defined by the National Quality Assurance Plan with quality vision based on three pillars; the continuous improvement of the quality , vigilance and risk management, standardization and institutionalization; aims to improve the quality of services and care to make them more efficient and adapted to the needs of the population; It has the following specific objectives to improve the image of health structures, develop a positive competition among structures, to create a culture of quality and preparing structures for accreditation.

"Training manual Auditors and analysts DHSA 2005"

These approaches are based on a systemic approach to improving On quality management of care, specifically developed for decentralized health systems; it incorporates the basic principles of the improvement of quality in the most efficient generic approach through a focus on the quality of the process, the approach aims both organizational development and a better functioning of the system; he addresses the public health facilities (Hospitals and health centers) and health administration (provincial and prefectural delegations). There's a national scale with the principle of participation in the contest on a voluntary basis.

A good national ownership is demonstrated by the fact that the quality competition is organized and managed by the management structures through piloting, logistics management, self-assessment and evaluation implementation at the Ministry of health, hospital management and patient care "DHSA".

The competition is based on the evaluation of the performance dimensions whose definition has been inspired by the national policy. The following aspects of the cycle of Deming: Plan, Execute, Evaluate, Act.

Five dimensions are common to all 3 types of participatory structures; User satisfaction; Accessibility, availability, continuity; Rationalization of resources; Security / responsiveness and continuous improvement.

4. Work Tools and reference manuals developed by the Ministry of Health

Quality Competition: Based on the concept of total quality management (TQM) process oriented; It aims to develop a culture of quality at all levels (system effect); Recognition of Merit for the health facility; A recognition of the effort for staff; Recognition of the situation by the structure itself (self-assessment and analysis); A recognition of the need for improvement; Support for the improvement plan; Self-assessment; Audit and feedback.

Several manuals have been developed to accompany the quality competition in Morocco: Training Manual for Analysts Auditors DHSA, 2005. Certification manual for the of hospital maternities in October 2008. Certification Manual delivery structures based on the version of the health care system in October 2008, and manuals for the evaluation of hospitals; health center; health delegations and regions that are reviewed in each edition.

Certification: "This is an external assessment procedure to a care facility, performed out by independent professionals of the institution or its parent organizations, reviewing all its operations and its practices. It aims to be an independent assessment of the quality of an institution or, if applicable, one or more services or activities of an establishment. It aims to encourage and help schools develop a policy of continuous improvement of the quality and safety of patient care, and to ensure the existence and effectiveness of this policy: it comes at regular intervals to assess the results [19]. For Morocco certification has concerned only birthing centers with a pre-established reference left four dimensions: Access to care, functionality Obstretrico-Neonatologie Emergency care, Quality of care, Quality of Management with internal and external audits.

Accreditation: As a third approach used in Morocco to hospitals. Accreditation is based on the evaluation. It is governed in Morocco by the Framework Law N 39-04 on the health system and the provision of care Chapter III Article 18 who defines as: "A procedure for evaluating health facilities, public and private -called "accreditation" will be established to ensure the continuous improvement of the quality and safety of care. The accreditation process aims to provide an independent assessment of the quality of a health facility or if any one or more department of an

institution using indicators and criteria developed by a national body called " National Assessment and Accreditation Committee " that will be created in this late . »

5. Assessment of quality of care

Assessment as a key tool for quality; Donabédian is one of the first to considered this quality of care evaluation concept, it has defined three areas of assessment; evaluating structures; care assessment procedures and evaluation of health outcomes (mortality, morbidity) all this relates to improving the health status. It notes analysis between actual practice and theory, as well as on the development of performance indicators [20]. “The goal is to improve the end product and the customer’s satisfaction”[21]. The evaluation of the quality of care arises from a process or method that can be divided into three stages [21]. Establishment of a practice repository defined as optimal, developed from standards and criteria; Measuring Tool Development from specified criteria for determining compliance or non-defined standards; Study results to assess the differences between actual practice and defined practice. It locates achieved quality levels.

Evaluation is a tool for actors of the hospital. The reasons can be assessed grouped into three major categories[21]. Medical reasons: in fact, it has now become necessary but not sufficient to provide the means to assess the care actions results; Economic reasons in these times of increased budgetary rigor, managers look all the tools that can help them in their choices of resource allocation so that these decisions are the best and most suitable; Social reasons: public opinion is now informed and knowledgeable and demands continue to increase.

Several types of evaluations are performed in hospitals: medical assessments (clinical trials, type of study cost / benefit, cost / effectiveness, cost / utility, randomized trials, professional audits, etc.) and assessments of patient satisfaction (exit questionnaires, periodic surveys of specific questionnaires, collection and analysis of complaints).

The evaluation of the quality of hospital care requires a systematic approach [7]. Which has dual purpose, provide quality care for the sick and help control costs and care planning.

The evaluation in the hospital remained fragmented too long: focuses on practical, strategies or a form of satisfaction, it is not interested in sufficiently in the totality of the management within a complex organization. But the evaluation of systems in terms of processes related to the results seems inevitable; engage in a form of organizational and overall evaluation: it is the birth of accreditation [21]. The accreditation of health facilities became mandatory for hospitals in Morocco. Accreditation was defined as "a set of initiatives that the external evaluation of hospitals compared to published standards, explicit and predefined to stimulate continuous improvement in the quality of health care" [22]. Defined as "an external procedure to a health facility, whose goal is to obtain an independent assessment of the quality of the institution or, if applicable, one or more services or activities of that establishment, using indicators, criteria and standards on procedures, good clinical practices and outcomes of different services and activities of the institution" [19].

But also as a support for the research hospital efficiency in responding to health needs of the population.

According to the Accreditation manual ANAES, this step should enable the health facility to achieve its quality diagnosis (self-assessment); to define and then implement a policy of continuous improvement of quality [20]. Self-assessment ideally appears as a "powerful tool for improving performance" [21].

Accreditation is supported in the public sector, by reference to a theoretical advantage of the current Anglo-Saxon countries and won gradually throughout Europe and Morocco on "New Public Management" (NPM) aimed to transfer the principles and tools in the private public management. It advocates, among others, the accountability of managers, the transition to "client logic", the use of contracting and competition to the inside of the organization [24]. It is now vital to achieve political thinking of the hospital that combines both medical logic and "Economic and financial responsibility"; where the idea is to reorganize the hospital in order to adapt to its missions and objectives perfectly [25].

The basis of the approach is based on a clear identification of problems and malfunctions of the institution whose purpose is to identify areas for improvement. “One disadvantage of using process measures to monitor quality is that they can become very complex with increased clinical sophistication of the medical services provided in the prehospital setting”[26].

“Relying on only one type of performance measures (structure, process, or outcome) can yield a very narrow perspective on quality care in EMS. The complexity of EMS systems requires a more comprehensive evaluation of the different components of the system [26]”.

Morocco has opted for the definition of the International Society for Quality of Medical Care (ISQUA) defines accreditation as follows: "A self-assessment and external peer review used by health facilities evaluate their performance adequately compared to pre-established standards to improve the ongoing care system."

It added: "Accreditation is a public recognition of the conformity of a health facility compared to standards, and that has been proven through an external and independent evaluation[27]". Accreditation is done in several steps and each step is represented by a corresponding data sheet [28]. It is based on a normative position is available through some major principles grouped here in three dimensions; "Compliance" with the standards and, through it, the quality control based on prevention rather than correction, quality assurance of ensuring the provision of a good or service to the customer, and the assessment of the quality that is an assessment activity used to identify improvements and corrections to be made; the "customer focus" and finally "excellence", linked to the principle of continuous improvement of quality, is updated by the appropriation of work processes. "If the hospital accreditation has certainly brought many positive changes, constraints remain almost the same as those encountered in other experiments at international level" [29].

CONCLUSION

The health care system in Morocco has experienced a multitude of qualities approaches since the early 90s; these approaches are dictated by donors; there is no coordination between these different approaches; there is a break between these approaches even if they appear to use the same tools, but it gives no accumulation of where experiences are scattered and mastery of several approaches are difficult for quality specialists when it was health personnel who more overwork they suffer and they are asked to master quality initiatives that are very complicated.

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