QUALITY OF HEALTHCARE SERVICES IN THE PROCESS OF DETERMINING HEALTH PRIORITIES

Jakość świadczeń zdrowotnych w procesie stanowienia priorytetów zdrowotnych

Anna Rybarczyk-Szwajkowska

ABSTRACT

Providing high quality healthcare services is one of the most important priorities of a healthcare system. All subjects of the system, i.e. people involved in creating health policy of the state (both at the national and regional level), payers, management staff of health service providers, health service providers and health service recipients, point out a necessity of providing best possible healthcare services. The issue of the quality of healthcare services is raised in documents regulating the healthcare system. However, the quality of healthcare services is defined in various ways. Moreover, currently too little stress is put on making detailed measurements and assessing the real value of the quality in the complex process of creating the healthcare system. Definitions of the quality of healthcare services and hierarchy of factors (presented in some of them) shaping this quality, adopted by the authors of these documents, might explain a factual lack of planned strategies in health policy which have a considerable effect on the quality of healthcare services. Thus, it is highly important to change the perception of the quality of healthcare services. Identifying and adopting a universal definition of the quality are essential so that those who determine health priorities can perceive and treat the above quality uniformly and consistently.

The aim of the study is to present how subjects responsible for creating the healthcare system in Poland and who are directly and indirectly involved in the process of determining health priorities, perceive, define and treat the quality of healthcare services.

STRESZCZENIE

Zapewnienie wysokiej jakości świadczeń zdrowotnych jest jednym z najważniejszych priorytetów funkcjonowania systemu ochrony zdrowia. Potrzeba świadczenia usług zdrowotnych jak najwyższej jakości wskazywana jest przez wszystkich uczestników systemu: osoby zaangażowane w kreowanie polityki zdrowotnej państwa (zarówno na szczeblu centralnym, jak i regionalnym), płatnika, kadrę zarządczą podmiotów leczniczych, świadczeniodawców oraz świadczeniobiorców. Jednak, pomimo iż kwestie odnoszące się do jakości podnoszone są w dokumentach kształtujących system ochrony zdrowia, w sposób odmienny, a przede wszystkim niekonsekwentny definiowana jest w nich jakość świadczeń zdrowotnych. Dodatkowo dużym problemem w całościowym projektowaniu systemów opieki zdrowotnej jest obecnie to, że zbyt mało wysiłków poświęca się dokładnym pomiarom i ocenie rzeczywistej wartości jakości. Przyjęte przez autorów tych dokumentów definicje jakości świadczeń i wskazana (w niektórych z nich) hierarchia czynników, które ją kształtują mogą tłumaczyć faktyczny brak planowanych działań strategicznych w polityce zdrowotnej mających istotny wpływ na jakość świadczeń zdrowotnych. Koniecznym więc staje się zmiana sposobu myślenia o jakości świadczeń zdrowotnych. Wskazanie i przyjęcie uniwersalnej definicji jakości jest procesem niezbędny aby decydenci w sposób jednolity, spójny, konsekwentny pojmowali jakość świadczeń zdrowotnych w procesie stanowienia priorytetów zdrowotnych.

Celem niniejszej pracy jest przestawienie postrzegania, definiowania i traktowania jakości przez decydentów systemu ochrony zdrowia w Polsce, w sposób bezpośredni i pośredni uczestniczących w procesie stanowienia priorytetów zdrowotnych.

Keywords: quality, healthcare quality, strategy, priorities

Słowa kluczowe: jakość, jakość świadczeń zdrowotnych, strategia, priorytety

INTRODUCTION

Providing high quality is one of the most important priorities in order to ensure proper functioning of the healthcare system. Identifying standards and management methods have become a requirement for entities rendering professional healthcare services. The United States is a country which can pride itself on unquestionable achievements in studies and analyses on methods of improvement of the quality of healthcare services. This country, as early as in the second half of the 19th century, was interested in the quality issue[1]. The term "quality" appeared in literature much earlier. It evolved and its meaning extended. The earliest document which referred to quality was the Code of Hammurabi, dating back to the 18th century B.C. It says that surgical operations had to be performed successfully. Otherwise, "*if a physician make a large incision with the operating knife, and kill him, or open a tumour with the operating knife, and cut out the eye, his hands* (the doctor's) *shall be cut off*"[2]. The ancient Indian Laws of Manu, in the Vedas, also point out the necessity of maintaining quality. According to the book, the doctor was punished for implementing improper treatment. The punishment however, depended on the caste the patient belonged to. If he was a member of a superior caste, the doctor was executed for the medical malpractice. He was fined only a small amount of money if the victim of the malpractice belonged to an inferior caste.

It is a common belief that Hippocrates introduced the idea of quality into the medical profession. He is an author of the *primum non nocere* principle, which implies that the quality of health services is a requirement that has to be respected by medical professionals.

Another person who emphasized the issue of the quality of health services was Florence Nightingale. During the Crimean War she collected data, kept statistics and together with Wiliam Farr she observed a relationship between an excess mortality rate in soldiers and contagious diseases and too crowded hospital rooms. At the same time, a Vienna doctor, Ignaz Philippe Semmelweis, confirmed the effect of medical students staying at hospital wards on the mortality of female patients treated at these wards. As a consequence, he contributed to introducing hand washing procedures into hospital practice. However, those days such methods of preventing infections, statistical analyses, were sort of preventative and corrective activities[3].

Contemporary solutions improving the quality of healthcare services appeared in the United States at the turn of the 19th and 20th centuries and were introduced by surgeons. In 1910 Ernest Codman a system of evaluation of treatment final results and next, he contributed to founding the American College of Surgeons (1913), which created the first management standards (1918), so called "minimum standards"[4].

Avedis Donabedian (1966) was a pioneer in the issue of quality in healthcare. His studies and works constitute an undisputable foundation for conducting further studies on the above issue. The theory including factors such as: structure, process, result[5] has become a dominant paradigm for evaluating quality in healthcare[6].

[1] Ostrowski T., Bojar I. 2002. Systemowy model ochrony zdrowia. W: Zdrowie Publiczne, T. B. Kulik, M. Latalski (red), 115. Lublin.

[2] *Kodeks Hammurabiego*. www.zrodla.historyczne.prv.pl

[3] Głowacka M. D., Sobkowski M., Staszewski R. 2005. "Pomiar i analiza poziomu jakości świadczeń zdrowotnych". Nowiny Lekarskie: 231.

[4] Minimum standards: (1) Doctors and other medical staff constitute medical team , (2) doctors and surgeons have to be fully qualified and hold licenses; they have to be decent and maintain ethical conduct, (3) Medical personnel meet at least once a week in a meeting to analyze the whole medical records in order to improve treatment results, (4) Personnel carefully and systematically update medical records of all patients, (5) Hospital has to be equipped with the following diagnostic and therapeutic units: pathology, radiology, analysis laboratory.

[5] Components of the structure in health service providers: number and qualifications of medical personnel, buildings, medical equipments, specificity of organizational structure; components of the process: management methods regarding the relationship with a patient, employee, organization, suppliers, procedures for performing examinations, preparing for and performing surgeries, communication; result rates: mortality, morbidity, complications and side effects, patient's satisfaction.

[6] Boaden R. 2011. Doskonalenie jakości w opiece zdrowotnej, W: Zarządzanie w opiece zdrowotnej, K. Walshe, J. Smith (red), 549. Warszawa: Wolters Kluwer business.

Currently, authors of documents which are strategic for the healthcare system, people involved in creating health policy of the state (both at the national and regional level), payers, management staff of health service providers, health service providers and health service recipients point out the necessity of rendering highest quality healthcare services. It should be stressed that every state responsible for providing medical care creates institutions which provide its citizens with particular services and such services should be of at least medium quality, territorially available and affordable[7]. The Council of the European Union points out that the most superior values of the healthcare system include: (1) universality, (2) access to high quality medical care, (3) justice and (4) solidarity[8]. According to R. Holly, the quality, together with range of services, availability as well as cost and price, constitutes one of five most essential goals and sine quo non condition – raison d'être of each healthcare system[9]. Quality is a driving force of internal processes of service providers, a measure of progress, increase in competitiveness and effectiveness. According to the United States National Academy of Sciences, "there are very few issues which are more important in medical care than the quality of the care"[10].

The aim of the study is to present how subjects responsible for creating the healthcare system in Poland and who are directly and indirectly involved in the process of determining health priorities, perceive, define and treat the quality of healthcare services.

DEFINITION OF "QUALITY"

An attempt to define the term "*quality*" is a starting point of many programmes, strategic and scientific studies. The authors agree that difficulty in defining the term *quality* results from etymological problems of this concept – Medicine, Health Sciences, Law, Economics, Statistics, Psychology, Sociology and other sciences have a different range of services and study tools. Besides, the same terms refer to various phenomena[11]. Definitions of quality date back to ancient philosophy and colloquial language. Already then quality was characterized with certain duality. According to Plato quality was identified with "*a certain degree of idealism*", whereas Aristotle said that "*it is something that makes an object look like as it does*"[12]. In more colloquial words quality is identified as a degree of satisfaction of an object or service for the customer's needs. The satisfaction refers to the material of the object, device, machine, room, material and non-material service, process, phenomenon, method etc.[13]

More than a hundred definitions of medical quality have been formulated. However, the one introduced by the American Institute of Medicine in 1990 is most frequently cited and widely adopted. It says that "*quality is a degree to which medical services rendered to individuals as well as to the whole population increase the likelihood of obtaining required results and remain in accordance with current knowledge*"[14]. The term "medical services", used in the definition refers to a wide range of activities related to health (somatic, mental); it regards various forms of healthcare (inpatient and outpatient treatment, general and specialist consulting, private and public medical sector)

[7] Holly R. 2012. "Ubezpieczenia zdrowotne w polskim systemie ochrony zdrowia". Journal of Health Policy, Insurance and Management 10: 10.

8 Biała Księga. Razem na rzecz zdrowia: Strategiczne podejście dla UE na lata 2008-2013. 2007. Bruksela, on 23.10.2007 KOM(2007) 630

[9] Holly R. 2010. Procesy restrukturyzacji placówek ochrony zdrowia i ich wpływ na poprawę efektywności. W: Review of doctoral thesis, J. Kaczmarskiej-Krawczyk. Łódź.

[10] America's Health in Transition: Protecting and Improving the Quality of Health and Health Care. Washington 1994.

[11] Michalak J. 2004. Legal conditions and determinants of Quality in the Polish Healthcare System. W: Challenges for Healthcare reform in Europe, I. Rudawska (red), 166-177.

[12] Kozyra C. 2004. Metody analizy i oceny jakości usług. Doctoral Thesis, Supervisor: J. Wawrzynek. Wrocław.

[13] Łańcucki J. 2003. Podstawy kompleksowego zarządzania jakością TQM, 11. Poznań: Wydawnictwo Akademii Ekonomicznej.

[14] Institute of Medicine. 1990. Medicare: A Strategy for Quality Assurance. Washington DC: National Academy Press Vol 1: 21.

as well as services rendered by single service providers (doctor, nurse, physiotherapist)[15].

Avedis Donabedian perceived *quality* as "*a social construct, representing our concepts and health values, expectations with regards to the relationship between medical service providers and medical service recipients as well as our point of view on the function and role of a healthcare system*"[16].

Many researchers dealing with the issue of quality perceive it as a predisposition (*property*) of a product for satisfaction of needs, i.a. "*satisfying current and future customer's needs*" (J. Oakland); *characteristics of a product or service in the aspect of marketing, designing, manufacturing and servicing, which make this product or service satisfying for a customer* (A. V. Feigenbaum); *a degree to which a product satisfies a customer* (J. M. Juran); *full satisfaction of demand for medical services, rendered at the lowest cost of the service provider* (J. Ovretveita).

The above interpretation of the concept of quality results in negative consequences because the quality is identified only with satisfaction of needs[17,18]. While defining quality, we should determine which aspect of the quality will be subject to evaluation and how it will be performed.

The World Health Organization defines quality as "*a result (technical quality), method of utilizing resources (economic efficiency), organization of services and patient satisfaction*"[19], whereas the International Organization for Standardization defines quality as "*a set of characteristics and properties of a product (services, goods) which enable to satisfy particular or potential needs*"[20]. The definition introduced by the WHO does not refer to all aspects of quality as in the context of the whole medical care, quality is evaluated according to criterion which depend on the subject which makes this evaluation and his health objectives.

One of the most frequently cited definitions of quality is the one formulated by the Institute of Medicine. It says that "*quality is a degree to which medical services rendered to individuals as well as to the whole population increase the likelihood of obtaining required results and remain in accordance with current knowledge*" *(Evidence Base Medicine)*[21]. R. Holly shares this opinion by saying that proper perception of quality is identified with a necessity of determining a goal and expected results/outcome/health state of the evaluated therapeutic procedure[22].

Irrespective of the fact that professional literature gives many different definition of quality, there is one aspect that is common for all those definitions. It is a belief that the quality of rendered services is highly important to all subjects of a healthcare system, i.e. to a patients, medical personnel (doctors and nurses) and auxiliary staff of the medical centre, represented by management staff, payers (the National Health Fund and other financing institutions).

"QUALITY" IN DOCUMENTS REGULATING THE HEALTHCARE SYSTEM

The healthcare system in Poland is regulated by many national and European documents, i. a. regulations, directives, strategies, local and regional programmes. These documents, directly and indirectly, refer to quality of healthcare services.

The "Health 2020"[23] policy aims at "considerable improvement of health and well-being of a population, reducing health inequalities, improving public health and providing patient-oriented healthcare systems, which would be equal, solid and high quality". The "Health 2020" policy confirms commitments adopted by the WHO and member states which promised to provide common healthcare, including high quality healthcare services. The document does not specify how this quality should be understood and interpreted, nor does it say what steps should be implemented to make this quality *high*.

[17] Rogoziński K. 2000. Zarządzanie profesjonalną praktyką medyczną, 208. Warszawa: Oficyna Wolters Kluwer business.

[18] Michalak J. 2011. Metody i narzędzia zarządzania jakością na przykładzie opieki zdrowotnej, paper presented at a scientific seminar (09.03.2011). Łódź.

[19] WHO Working Group. 1989. Quality Ace In Health Care, I:79-95.

[20] PN-ISO Standard 8402:1996

[21] Donaldson M.S., Nolan K. 1997. Measuring the quality of health care: state of the art, Jt Comm J Qual Improv, 23 (5): 283-292.

Policy Paper for the protection of health for the period 2014-2020. National Strategic Frame-work[24] is the first European document to give a detailed image of the Polish healthcare system. It alongside presents its strong and weaker aspects as well as challenges and chances ahead of it. The document presents a long-term prospect of the development of the healthcare system as well as strategic goals and tools needed to realize them on many planes, i.e. basing on knowledge and experience in epidemiology, demography, resource analysis and prediction of needs.

Policy paper for the protection of health for the period 2014-2020 includes the issue of quality of healthcare services. One of its goals is to implement instruments which would improve the quality of rendered services and effectiveness of the healthcare system. The document does not directly define the concept of quality but effects of realization of this goal confirm that quality depends on:

1. number of treatment entities holding accreditation certificates;
2. number of adverse events, complications and nosocomial infections;
3. patient's satisfaction with provided services.

One of objectives of **the National Health Programme for the period 2007-2015**[25] was improvement of the quality of healthcare services with regards to efficiency, security and social approval, including observing patients' rights. **The National Health Programme for the period 2016-2020**[26], the basic document of public health policy, which regulates strategic and operational goals and the most important tasks that should be realized in order to improve health and the quality of life of the society, does not directly refer to the quality of healthcare services. However, the strategic goal, i.e. extending the life span of Poles and improving the quality of life cannot be achieved without providing high quality medical services.

The main objective of the Regional Programme – **Strategy of Health Policy of the Lodz Region for the Period 2006-2013**[27] was to *improve health in inhabitants of the Lodz Region* by realizing five particular golas, which include: (1) **improvement of the quality of medical services**, (2) improvement of the access to medical services, (3) improvement of health safety (4) health promotion and disease prevention, (5) improvement of functioning of the system of information and knowledge in health protection. The first goal, i.e. improvement of the quality of medical services, was realized in four tasks: (1) Adjustment of medical centers to requirements included in the regulation issued by the Minister of Health and regarding equipping health centres with proper medical equipment and maintaining there proper hygiene, (2) Thermomodernization, replacement of energy source materials, (3) Implementation of quality systems in healthcare (accreditation), implementation of standards connected with rendering medical services, procedure certification (4) Application of new technologies (purchase of apparatuses and medical devices). In the "new document", called "**Strategy of Health Policy of the Lodz Region for the Period 2014-2020**"[28], pointing out the activity of those who take decisions regarding health protection in the Lodz Region, improvement of quality, and the quality itself, is perceived as: (1) improvement of healthcare infrastructure by applying modern technologies and (2) implementation of quality management systems, participation in the accreditation procedure, evaluation of patients' satisfaction.

PERCEPTION OF "QUALITY" BY MAMAGEMENT PERSONNEL OF MEDICAL SUBJECTS

If we adopt a thesis that the way of management of medical services quality and the effect of this management are a direct consequence

[25] The National Health Programme for 2007-2015. 2007. Attachment to the Resolution No 90/2007 of the Council of Ministers of 15 May 2007.

[26] The National Health Programme for the period 2016-2020. 2016. Attachment to the Resolution of the Council of Ministers of 4 August 2016.

[27] Program Wojewódzki – Strategia Polityki Zdrowotnej Województwa Łódzkiego na lata 2006-2013, (March 2006) Łódź,

[28] Strategia polityki zdrowotnej dla województwa łódzkiego na lata 2014. 2014. Łódź.

of how *quality* and its role are perceived and treated in the treatment process, the first stage of designing studies on quality will involve getting to know how quality is perceived by management personnel. The above thesis is the starting point of a study conducted by employees of the Department of Healthcare Management of the medical University in Lodz. Two groups were included in the study: (1) employees of medical entities located in the area of the Lodz Region (people holding management positions in all organizational units), (2) management personnel of public hospitals in the Lodz Region (managers, heads of hospital departments, ward nurses).

One of evaluated aspects was the way of defining "quality"[29]. All answers obtained in the study ware subject to analysis. Only around 20% of the respondents gave their own definition of quality. Table 1 presents all definitions given by the respondents by a particular professional group. The majority of respondents defined quality as a process which is supposed to meet patients' requirements and satisfy them. However, a number of contradictory definitions might imply that the concept of quality is complex and difficult to measure, which, as a consequence, might contribute to different measurement results and evaluation.

CONCLUSIONS

Quality is a term, easily comprehended by the majority of the society. However, giving a clear and unambiguous definition of quality is really difficult. Depending on needs of a particular sector or area of knowledge, a different aspect is dominant (philosophical, psychological, economic, technical, legal).

As the Social Diagnosis shows, the issue of quality in a healthcare system is becoming more and more important. The Polish society has a specific attitude towards evaluation of quality. On the one hand, Poles to great extent trust medical personnel and their activity but on the other hand,

Table 1. Perception of quality by management personnel in public hospitals in the Lodz Region

Respondent	Definition provided
Hospital manager	no answer
Head of ward / manager /coordinator	complex process of meeting health care needs, treatment effect, health services availability, direct translation into patient satisfaction with hospital care, patient satisfaction, patient confidence, positive treatment effect, evidence-based medicine and state-of-the-art methods, meeting the health care needs, group of factors affecting to patient health and implementation of standards, medical staff knowledge and experience and quality of medical equipment
Ward nurses / nurse coordination	healthcare quality exceeding patients' expectations, compliance with standards, patient satisfaction with physician care and nursing care, nurses and physicians experience, improvement of patient health, patient satisfaction with services, accuracy of duties performed, the level of services, provision of healthcare services that contribute to health improvement and do not harm, meeting patients needs, patients satisfaction with care combined with positive treatment effects, evidence-based medicine in hospital practice
Employees of founding authorities	meeting patients expectations and needs through easy access to health services, medical staff competence, usage of high quality medical equipment, appearance – hospital esthetics, medical staff empathy

Source: the author's own study

[29] The overall results were published in: (1) Rybarczyk-Szwajkowska A. 2014. Zarządzanie jakością szpitalnych świadczeń zdrowotnych w województwie łódzkim, Doctoral thesis, Supervisors R. Holly and D. Cichońska. Łódź.(2) Rybarczyk-Szwajkowska A., Cichońska D., Holly R. 2016. "Postrzeganie jakości szpitalnych świadczeń zdrowotnych przez kadrę zarządczą szpitali publicznych". Medycyna Pracy 67(3).

they negatively evaluate the healthcare system as a whole. Thus, measurement methods and quality evaluation should not be based on results of evaluation of patients' satisfaction. Such measurement results may be subjective, dependent on the person's age, health or his/her social status. It should be stressed that the measurement procedure and quality evaluation should be performed by management personnel, including not only managers of treatment entities but also all people holding management positions in organizational units which deal with health as well as heads of hospital departments/coordinators, ward nurses/coordinating nurses). In order to make a reliable evaluation, we should first decide on the object of the evaluation procedure – how quality is comprehended, perceived and treated.

The issue of the quality of healthcare services is raised in documents regulating the healthcare system. However, the quality of healthcare services is defined in various ways. Moreover, currently too little stress is put on making detailed measurements and assessing the real value of quality in the complex process of creating the healthcare system.

Definitions of the quality of healthcare services and hierarchy of factors (presented in some of them) shaping this quality, adopted by the authors of these documents, might explain a factual lack of planned strategies in health policy which have a considerable effect on the

quality of healthcare services. Thus, it is highly important to change the perception of quality of healthcare services. Identifying and adopting a universal definition of the quality are essential so that those who decide on determining health priorities can perceive and treat the above quality uniformly and consistently.

LITERATURE

1. America's Health in Transition: Protecting and Improving the Quality of Health and Health Care. 1994. Washington.
2. Biała Księga. Razem na rzecz zdrowia: Strategiczne podejście dla UE na lata 2008-2013. 2007. Bruksela, on 23.10.2007 KOM(2007) 630
3. Boaden R. 2011. Doskonalenie jakości w opiece zdrowotnej, W: Zarządzanie w opiece zdrowotnej, K. Walshe, J. Smith (red), 549. Warszawa: Wolters Kluwer business.
4. Czech A., Głowania I., Tatoń J. 2003. „Metodologia pomiaru jakości opieki diabetologicznej". Przewodnik Lekarza 4: 30.
5. Dobska M., Dobski P. 1988. "System zarządzania jakością zgodny z normą ISO 9001: 2000 w zakładach opieki zdrowotnej", Conference materials „Współczesne wyzwania strukturalne i menedżerskie w ochronie zdrowia", Ryn 2008, as cited in: Donabedian A., Quality Assessmment and Ansurance, Unity of Purpose, Diversity of Means, Inquiry 25: 173-192.
6. Donabedian A. 1988. "Quality Assessmment and Ansurance". Unity of Purpose, Diversity of Means, Inquiry 25: 173-192.
7. Donaldson M.S., Nolan K. 1997. Measuring the quality of health care: state of the art, Jt Comm J Qual Improv, 23 (5): 283-292.
8. Głowacka M. D., Sobkowski M., Staszewski R. 2005. "Pomiar i analiza poziomu jakości świadczeń zdrowotnych". Nowiny Lekarskie: 231.
9. Health 2020. 2013. A European policy framework and strategy for the 21st century. World Health Organization.
10. Holly R. 2010. Jakość w systemowym zarządzaniu ryzykiem utraty zdrowia, paper presented in the conference: "Quality 2010": management systems in health care. Ministry of Health (7 October 2010).
11. Holly R. 2010. Procesy restrukturyzacji placówek ochrony zdrowia i ich wpływ na poprawę efektywności. W: Review of doctoral thesis, J. Kaczmarskiej-Krawczyk. Łódź.
12. Holly R. 2012. "Ubezpieczenia zdrowotne w polskim systemie ochrony zdrowia". Journal of Health Policy, Insurance and Management 10: 10.
13. Institute of Medicine. 1990. Medicare: A Strategy for Quality Assurance. Washington DC: National Academy Press Vol 1: 21.
14. Kodeks Hammurabiego, Access: 06.06.2016.
15. Kozyra C. 2004. Metody analizy i oceny jakości usług. Doctoral Thesis, Supervisor: J. Wawrzynek. Wrocław.
16. Łańcucki J. 2003. Podstawy kompleksowego zarządzania jakością TQM, 11. Poznań: Wydawnictwo Akademii Ekonomicznej.
17. Michalak J. 2004. Legal conditions and determinants of Quality in the Polish Healthcare System. W: Challenges for Healthcare reform in Europe, I. Rudawska (red), 166-177.

18. Michalak J. 2011. Metody i narzędzia zarządzania jakością na przykładzie opieki zdrowotnej, paper presented at a scientific seminar (09.03.2011). Łódź.

19. Ostrowski T., Bojar I. 2002. Systemowy model ochrony zdrowia. W: Zdrowie Publiczne, T. B. Kulik, M. Latalski (red), 115. Lublin.

20. PN-ISO Standard 8402:1996

21. Policy paper dla ochrony zdrowia na lata 2014-2020 Krajowe Ramy Strategiczne. 2014. Ministry of health. Warszawa.

22. Program Wojewódzki – Strategia Polityki Zdrowotnej Województwa Łódzkiego na lata 2006-2013, (March 2006). Łódź.

23. Rogoziński K. 2000. Zarządzanie profesjonalną praktyką medyczną, 208. Warszawa: Oficyna Wolters Kluwer business.

24. Rybarczyk-Szwajkowska A., Cichońska D., Holly R. 2016. "Postrzeganie jakości szpitalnych świadczeń zdrowotnych przez kadrę zarządczą szpitali publicznych". Medycyna Pracy 67(3).

25. Rybarczyk-Szwajkowska A. 2014. Zarządzanie jakością szpitalnych świadczeń zdrowotnych w województwie łódzkim, Doctoral thesis, Supervisors R. Holly and D. Cichońska. Łódź.

26. Strategia polityki zdrowotnej dla województwa łódzkiego na lata 2014-2020. 2014. Łódź.

27. The National Health Programme for the period 2016-2020. 2016. Attachment to the Resolution of the Council of Ministers of 4 August 2016.

28. The National Health Programme for 2007-2015. 2007. Attachment to the Resolution No 90/2007 of the Council of Ministers of 15 May 2007.

29. WHO Working Group. 1989. Quality Ace In Health Care, I:79-95.