

EFFICIENCY OF THE MANAGEMENT PRACTICED IN TWENTY EMERGENCY HOSPITALS IN ROMANIA REFLECTED BY THE WEB PERFORMANCE AND THE INDICATORS USED

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Abstract

This paper presents a detailed analysis on the transparency level of the information provided at county emergency hospital level, through the online addresses. Has been identified the accessibility level of the information of public interest, the interest level of hospital representatives to update the data displayed in the online environment, main activities carried out at hospital level, the interest granted for research and development of partnerships, the interest granted for adapting the objectives from the management strategies and plans to the conditions and requirements of internal and external environment, the interest granted for compliance with the legislative measures in force. It has been performed a classification of performances obtained at hospital level, according to certain values granted to the aspects pursued. There was an attempt to identify the web performances of hospitals, similar to the world rankings of hospitals depending on certain parameters followed up, according to Ranking Web of Hospitals but in a version which is adapted to the peculiarities and requirements existing at national level. It has been carried out a comparative analysis on indicators used and reported with the aim of identifying the managerial performance existing at county emergency hospital level. There have been identified the elements with innovative nature but also the degree of reliability, comparability and compatibility of the results obtained through the indicators reported.

Keywords: web performance, management, health system, legislation, indicators

1. INTRODUCTION

When we speak and analyze the managerial performance of a hospital, no matter whether it is public or private, there should be taken into account all the defining elements that make up the structure, how this is functioning and how it is organized. We can not build a performance system and in particular we can not enhance and correct small shortcomings, in the absence of a thorough knowledge of the type of services provided, of the level of accessibility, of the results obtained in terms of health care. Most of the times, obtaining information from the health care system seems to be impossible, considering the high level of complexity of the cases encountered, the confidentiality of the data that are used in the system or because of reluctance of patients to provide certain data or to flag certain problems encountered.

There is an obvious need of knowing the specificities of the public health system in Romania, in order to be sustained subsequently, to be reformed, modernized and converted into what we call performance and excellence in the results obtained. Streamlining of the way in which resources are being consumed, reducing costs, increasing the exigency level in relation to the services received by patients, are just some of the issues that need to be promoted and sustained constantly by representatives in the public health system. Establishing clearly some strategic targets in relation to the needs identified, it is of the utmost importance for obtaining managerial performance in the public health system. When there is information there is power to act, to decide and to determine the most effective methods in order to increase the level of quality and safety of health care services. In the absence of some data carefully selected, well structured and up-to-date, establishing the management plans, of the directions of action or of the strategic priorities, may be affected and thus can be created serious blockages with repercussions on the long-term. Having the possibility to compare in real-time the data in the health system, there can be taken the most adequate decisions and can be found the most effective methods to act in time, for the purpose of increasing the level of performance obtained in the health public system. As evidenced by the specialized documents, the results obtained by a hospital, can be measured by various ways and tools such as: health indicators used or via the scientometric indicators, those who show the results of scientific research undertaken at public health institution level, in the present case. In addition, the results obtained by a hospital, can be analyzed from the activity reports, from the existing management plans, from observing the strategic priorities set out, from the structure of the budget available. The results obtained at medical institution level can be tracked also by analyzing the interest of medical staff for development and modernization, interest materialized in projects of investment in intra-hospital infrastructure, various purchases of equipment, furniture and medical equipment. All aspects mentioned above and summed up, outline the features of the management practiced within an institution that provides health care services. In order to be chosen the most advanced diagnostic methods, the most effective methods of treatment and recovery, patients need to be informed permanently and to have access to the data of public interest from the health care system. According to the Web Ranking of Hospitals, presenting the information explicitly, well organized and structured correctly, determines a powerful exposure of medical data in an web format with impact on the increase of credibility of patients in the services provided by the hospital and with impact on improving the overview of the hospital and implicitly of the health care system of which this is a part to. A strong, convincing image through the information provided on the web address can help to the internationalizing of the institution, to attract new medical staff, new researchers interested in the hospital results, to the development of new partnerships, but also to attract foreign funds. It is necessary

a detailed presentation of the activities carried out within a public health institution, of using the indicators, of displaying the activity reports. The policy of the web sites, the existence of electronic publications representative at hospital level and their links to websites recognized by the academic community, shows the interest of medical staff within hospitals for scientific research. The quality of the services provided by a hospital may be displayed publicly on its web page. Providing free access to the information from the hospital, there can be developed partnerships with representatives from various areas: economy, industry, politics, culture. This web performance of hospitals consists also in the existence or the creation of links with various websites such as: Google Academic, Yahoo Search, Live Search, Exalead. The information displayed on the website must be diversified, visible and the results of participations in various scientific manifestations should be displayed to the general public for analysis and debate as is specified in (Ranking Web of Hospitals, 2007) The performance in the health care system means actually equity, financial sustainability and quality in the results obtained as Santos, Barros, Mendes, Lopes, (2013) mentioned. For the purposes of observing the performance level registered by the hospitals in Romania, it is useful to analyze the hospitals that grant aid and medical assistance on a geographical area as comprehensive as possible and with a capacity of response to a greater number of inhabitants, as emergency county hospitals. The emergency health care system represents the most obvious mechanism for the operation of services and of medical assistance under the aspect of efficiency and effectiveness, of the high capacity of response to requests coming from the environment, of resistance to effort and of time pressure. The operation of the national emergency health care system and of qualified first aid is based on the methodological rules approved, according with Law No. 95/2006 updated on 23 april 2016, on the reform in the health care system. Emergency medical assistance is provided by the public institutions under the Ministry of Health and of other important structures available at national level. The hospitals in Romania are organized and operate according to the territorial criterion, the specificity of the pathology and according to the property regime. The Emergency County Hospital is the hospital that is within range of a county, having competencies, human and material resources which provide definitive emergency medical care for most of the cases which come from the respective county and can not be treated at local level.

2. THE REVISION OF INFORMATIONAL SOURCES

The medical system in Romania is influenced mainly by the low level of economic development which affects not only the quality of the life style, living standards, the ability of health care and the level of accessibility to healthcare services and the adoption of the most efficiently methods of illness prevention. According to the paper drafted by the National Institute of Statistics (INS), entitled "Social

Trends " published in 2015, the number of beds is in a slight increase in the past year, amounting to about 130 thousand in 2014, a doctor being in charge for over 200 patients in 2014, in urban areas and a doctor for over 1600 patients in the rural areas, the rate of registration with a family doctor is declining for most regions in the country, the expenses with health financed from the public administration funds have declined in the past few years, the largest expenses with providers of medical goods are with pharmacies, life expectancy at birth is among the lowest in the European Union, the level of education has a decreasing trend due to a demographic decline and to migration, and poverty rate is on an increasing trend in the past few years. The incidence of diseases per classes declared by the family doctors shows an oscillating evolution in the past few years. Caragea Alexandru et al. (2015) An important role in improving the quality management of medical services in Romania, is held by the National Authority for Quality Management in Healthcare, with a role in the assessment and standardisation of health services, accreditation of health care units, but also the change of organizational culture in order to increase customer satisfaction felt by patients. The National Authority for Quality Management in Healthcare, by taking over the responsibilities of CoNAS (The National Commission of Hospital Accreditation) is a member of the ISQua- International Society for Quality in Health Care. According with Law95/2006 republished and updated on 2015, an important role in the assessment and monitoring of the level of managerial performance registered by the public institutions providing health care services in Romania, is held by the National School of Public Health, Management and Professional Development, abbreviated NSPHMPD. Within this school is operating the Centre for Health Services Management, the Centre for Research and Assessment of Health Services, as well as the National Centre for Health Promotion. The minimum set of data about patients, abbreviated in romanian as (SMDP) is collected and managed by the Centre for Research and Assessment of Health Services (CRAHS) or abbreviated in romanian in (CCESS), part of the National School of Public Health, Management and Professional Development. (NSPHMPD, 2016) The Diagnosis Related Groups Centre (The DRG Center, 2016) part of CCESS, ensures the assessment of results concerning hospitals activity. Public hospitals in Romania, included in the national system DRG had the first reports at the level of 2012. The indicators achieved by the hospitals refunded through the fare per case solved in 2012, have been calculated on the basis of the data reported by hospitals for cases discharged, taking into account only the Index of the average case (ICM), that is to say the total weighted cases divided by the total cases solved in the hospital. Each group of diagnosis has received a fare, and the hospital has been funded according to the costs proposed for the care of each individual patient. The main beneficiaries at current level of using the DRG system are the National Health Insurance House in Romania, the Ministry of Health and the public hospitals in Romania. CCESS provides the service of

online grouping RO DRG v1, the sole automatic instrument for online classification, validated in Romania and in agreement with the legislation. The DRG system promotes a management at hospital level, centred on results and less on resources or services. Coding of diseases and of medical procedures in Romania is done in accordance with the classification RO DRG v1. Statistical recording and statistical reporting of patients in the health care system in Romania, is done in compliance with the legislation, by Order No 1.782/576/2006 with various supplements, amendments and updates, among which the most recent, are those from the month of april 2015. Under the legislation, SMDP reporting is mandatory to be made on a monthly basis by hospitals toward The National School of Public Health, Management and Professional Development. (SNSPMPDS, 2016) SMDP includes as it is mentioned in the annex 6 and annex 7, in the updated Order with No. 1.782/576/2006, data such as: codes for patient identification, of the sanitary unit, of the department, of the personal file, occupation, the statute, personal data, diagnosis or diagnoses, procedures, interventions to which he was subject to, the services he benefited from. In Romania, the DRG system has begun to be implemented starting with 2000, by creating the legislative framework and by applying this system in 23 pilot hospitals. This system and the indicators that are the basis of its formation have received numerous amendments, renames and updates. Currently are used several categories of indicators at the level of hospitals in Romania, because of the lack of an well organized, well structured uniform system and which to generate performance in the management of data and results. Performance indicators in the DRG system differ from the performance indicators assumed in the management contract of the hospital manager. Practicing a good management at hospital level , is ensured by the management contract which the hospital manager is required to comply with in accordance with Order No. 1384 of November 4, 2010 on the approval of the framework model of the management contract and of the performance indicators list of the activity of the public hospital manager. The hospital manager shall draw up the development plan of the hospital based on the needs of medical services of the population and can renegotiate the performance indicators set initially by contract. The manager is responsible for the monthly and quarterly reporting on the implementation of the revenue and expenditure budget execution of the hospital and shall ensure the publication of this reporting. The Manager concludes including research contracts with various donors for the activity of research and development at the hospital level, informs and submits quarterly and annually to the various bodies and organizations under whose authority he is, the level of implementation of the indicators. The Manager approves the use of the hospital data base for various research in the medical field. The Ministry of Health provides the hospital's manager, in accordance with a request, the performance registered by other hospitals and monitors the implementation of performance indicators at hospital level.

3. THE NEED TO ADDRESS THE PROBLEM

There are countless laws in the national system which, since the initial stage in which they were created, have tried to encourage the citizens' access to information of public interest. Has been sustained thus citizens' right to be informed and to act according to the information acquired. In the case of health care system, compliance with and promotion of these laws is vital for they help the patient to act in due time and to avoid aggravating his health condition. In this respect, Law No. 46/2003 on Patient Rights, confirm that the patient has the right to be informed of everything that means health services available, professional status of the health service providers, on medical interventions to which he may be subjected to, on the risks which may occur, on the way in which his health condition can evolve in the case in which he does not comply with the diagnosis established, on the recommendations formulated by doctors. In most cases, as confirmed by the findings presented by specialists in the articles published, the communication between doctor and patient is deficient, the doctor accusing the inability of the patient to be receptive and to understand the diagnosis established and on patients side, the lack of time and empathy to their needs. Another law that encourages free access of citizens to the information of public interest is Law No. 544/2001 on the free access to information of public interest, the one who subsequently received a number of amendments and updates. According to Law No. 544/2001, any public institution is bound to provide publicly information about: the normative acts on which it is based as regards its organization and operation, the organizational structure, program of audiences, financial sources, budget, list of documents of public interest, programs and strategies established, documents produced or managed in accordance with the law, the activity report compiled at least once a year, the update of newsletters, providing access to information of public interest through various means of mass information, publications or the own Internet page, as well as many other issues important to the public. To all mentioned above are added also: the provision to the persons concerned, of the privatization contracts concluded, but also the creation of the possibility to obtain certain information in electronic format. Another law which comes in support of citizens is Law No. 52/2003 on the decisional transparency in public administration, republished in 2013, which present that the institutions and services of local or county public interest are subject to this law and must comply with it. Therefore, citizens are entitled to have access to the debates taking place in public institutions, to the meetings carried out, to the process of elaborating drafts of normative acts, to the administrative decisions and to be informed in advance ex officio with regard to what is to be carried out at public institution level. Also, citizens have the right to their own views, opinions, proposals, suggestions or to the right of issuing recommendations. Law No. 62/2011 on the social dialog, causes an increase in the

level of communication, negotiation and consultation between representatives of the health care system and the main beneficiaries, namely patients. Other rules, orders, decisions which hospitals are subject to and which have an impact on patient's perception on the quality of health services provided are the following: GD No. 34/ 2015 for the approval of the methodological norms on using and filling up the electronic health file of the patient, Order No 145/2015 for the approval of the component and of the powers of the Council of Ethics that operates within the hospital , where is emphasized the importance of patient's feedback mechanism and where is underlined the importance of the ethical business directory, which is actually a compendium of ethical opinions and decisions of the Council of Ethics within the public hospital. It must be pointed out that an important role within a hospital is held by the Council of Ethics , which has the role of identifying various vulnerabilities in the system, respectively maltreatments applied to patients, various incidents at the workplace, unethical behavior of medical personnel, the acts of corruption, complaints of patients, sanctioning measures, checking the internal order regulations, communication of the various information to the hospital manager and also to the Integrity Department within the Ministry of Health. Also under this Order, is mentioned as well the Patient Feedback Questionnaire and not only, the Referral Form to which he may resort in the case in which he is dissatisfied with the medical services which have been granted to him. Another legislative component which comes in support of the provision of medical data, information and specific indicators, useful for both the medical personnel and for patients, is Order No 243/ 2015, for amending the Order of the Minister of Public Health and of the President of CNAS No 1782/576/2006 on the registration and statistical reporting of patients who receive medical services under a regime of inpatient care and inpatient day care (DRG system). Another important institution is National Center of Statistics and Informatics in Public Health (CNSISP, 2016) that ensures through the Order No. 1363/2010 the management of the statistics system, collecting and analysing data about the health of population, developing including the methodology for collecting, recording and processing of data, communicating the statistical data in the health care system towards World Health Organization, Eurostat and the United Nation. CNSISP carries out the inventory and archives of the Ministry of Health, collaborates with the National Institute of Statistics (INS), the National School of Public Health, Management and Professional Development in the Health Area Bucharest and coordinates the activity of the Public Health Directorates (DSP). CNSISP is operating under the authority of the National Institute of Public Health (INSP, 2016), institute that works through four national centers: The National Center for Surveillance and Control of Communicable Diseases (CNSCBT, 2016), the National Center for Monitoring Risks in the Community (CNMRMC, 2016), the National Center for Assessment and Promotion of the Health Status (CNEPSS, 2016), the National Center for Statistics and Informatics in

Public Health (CNSISP), but also through 6 regional centers. At the level of each center, are managed different data, mainly in direct connection with the major field in which they are included. All the mentioned abbreviations are also in romanian to simply the acces to information in online system. CNSCBT provides data about diseases with a risk of transmission (flu, viral hepatitis, infections, malaria, measles, scarlet fever and many others in this field), CNMRMC manages data which concern the way in which health is affected in contact with various environmental factors (food additives, ingredients, cosmetics, radiation), CNEPSS combines the data which concern the impairment of health due to environmental factors with the data which concern the impairment of health due to lifestyle habits (food, smoking, hygiene, vaccination, violence) or due to certain diseases, and CNSISP manages three types of data relating to infectious diseases, natural movement of population and indicators on the knowledge of the health status, (pregnant women, tuberculosis, diabetes, infections in hospitals). If we check instead how well are updated the data provided by CNSISP, it may be observed that most newsletters are not updated and contain data from 2013 and 2014, even if CNSISP is among the few, if not the only institution within the structure of the INSP, which has a visible section that makes express reference to a certain category of indicators, not indicators presented in an independent manner. Another legislative measure is materialized in Order No. 208/ 2015 for approving the rules of confirmation in terms of clinical and medical data of patient level for the cases that are under continuous hospitalization and day and also for the Methodology for evaluation the unconfirmed cases in terms of clinical and medical that require reconfirmation. In this Order it is mentioned that the hospitals should report in electronic format the minimum set of data (SMDPC), until the 4th of the month following that for which the reporting is done. Thus, each individual hospital, must make constant efforts to report the minimum set of data (SMDPC) according to the DRG system adopted and implemented at national level. Another law which encourages the increase of the level of accessibility to information and the increase of visibility for the data that are used in the public health system, is Law No. 95/2006 on healthcare reform, with various subsequent amendments and supplements, where since the very beginning has been highlighted the scope of the functions of public health assistance: strategic management and marketing of the services of public health, research-development and implementation of innovative solutions for public health, information and communication for the promotion of health, the development of Community partnerships but also the assessment of quality, efficiency, effectiveness and access to medical services. Are required campaigns for information and education of patients. There are also encouraged a series of actions through the principles underlying the public health assistance, which are to be found also under Law No 95/2006, such as: growth of the interest for observing the health status determinants, the development of a multidisciplinary and intersectoral

approach, the development of active partnerships with the population. There is also a need for a permanent monitoring of the amendments and legislative regulations in the field, the impact of the various programs, projects, strategies. There is a need for the existence of an information system which is integrated in an information system in order to ensure the management of public health. In support of the access to information of public interest, come also the three portals recently created and existing on the first page of the online address of the Ministry of Health, namely: The Portal management activities, documents and collection of medical data, which is inoperative and with a secure access, together with the Portal petitions/referrals and public information, also inoperative, but also the Portal health infrastructure this time operational, where it is desired to be created a monography of the units in the health care system. It should be mentioned that the possibility of rapidly accessing certain data is hindered by the registration procedure, respectively a fax number is displayed, where can be submitted a request for access to the information from the system, this aspect suggesting indirectly a low level of transparency in data management. In addition to those set out above comes also one of the general objectives laid down by the Ministry of Health in the Activity Report on 2014, respectively the improvement of the management of the computerized system belonging to the health care system (Activity Report, 2014). In the National Health Strategy per 2014-2020, one of the national priorities must remain, the consolidation of the integrated emergency system, together with the strengthening at all levels of the capacity of management, planning and monitoring of the public health system and of the health services (Health Strategy, 2014). Is encouraged also the modernization of the way in which access to health care services and implicitly to the data that are used in the public health system is offered , so that through the project POSCCE 49472 it is desired the implementation of a computerized system for telemedicine, and through the project PODCA the implementation of an integrated system for managing documents and activities carried out both within the Ministry of Health and within the institutions under its authority, with the indication that both projects are included in the National Health Strategy. Also within this strategy, it is specified that the managers of hospitals conclude on an annual basis a management contract with the Ministry of Health, through which they assume the fulfilment of 4 types of performance indicators : management of human resources, of use of the services, economic and financial and of quality. Among the priorities on 2015 are included: the development of standardized tools for reporting of the activity, of guides and protocols, the development of action plans between the public institutions existing at local and county level, with the aim of improving the indicators on health condition in accordance with the provisions of the National Health Strategy, but also for the purpose of identifying European financing . There is the need to strengthen the exchange of data between the structures that are in charge of the supervision and control of public health, being reported in this case,

an incomplete data base and the lack of budget allocation for the control activity. In agreement with those provided for in the Activity Report of the Ministry of Health per 2014, control actions aimed in particular, performance of the exercised management, as well as the legality of the activities carried out: the budget, purchases, preventive financial control, inventory of the patrimony. Furthermore, it is desired for that Romania's image and visibility of the Ministry of Health to be promoted through the development of new regional, international, governmental and institutional partnerships. The most obvious and important aspect that sustains the usefulness, originality and importance of the subject chosen for analysis, is to be found in the content of the Activity Report of the Ministry of Health, under the Section entitled Analysis of the managerial activity (general and specialized), where it is reported that a series of data of public nature, laid down mandatorily by law but also a part of the information of public interest, are not displayed on the Internet page of the medical units. Other problems found also in this section are listed in the following: 1. The lack of a system which to protect the information supplied, to ensure their back up but also their video monitoring; 2. No updating of tariffs for the various services performed; 3. The lack of agreement between the amount of the medical tests presented in the invoices and that in the patient's expense account, according to the annexes; 4. The lack of a control on the activity carried out within the hospital; 5. The lack of fulfilling the research tasks; The lack of consistency between the legislative measures and the needs existing at hospital level; 7. The lack of a functional audit department at hospital level; 8. The lack of a transparent system of public procurement at hospital level; 9. No recording of the consumption of materials in the accounts and of the operations relating to the stocks of medicines and sanitary materials; 10. Lack of compliance with the time limits for reporting; 11. The lack of drawing up and submitting in time toward the Ministry of Health, of the Layout of reporting the assessment indicators, provided for in the WHO No 850/2013; 12. Failure of effective monitoring of national health programs; 13. Lack of centralization of the financing need for the various national health programs; 14. The lack of a standardized reporting of the data specific to certain national health programs; 15. The lack of a good communication with the providers of medical services, with regard to the reporting in time of the data; 16. The lack of effective methodologies for the collection of data on nosocomial infections; 17. The lack of updating certain information relating to: the risk factors of the environment, hygiene of the water, exposure to ionizing radiation, the incidence of occupational diseases; 18. The lack of an uniform, accurate and on time reporting of the data required for the Annual Management Program of National Registers; 19. Lack of specialized personnel in statistics and public health, which led to the impossibility of assessing the health status of Romanian population based on health indicators of the European Community (ECHI), being impossible to communicate the data on the population toward the Public Health Departments (DSP), out of a total of 43 DSPs, only 16 DSPs

making the reporting at a local level; (Activity Report, 2014) Respecting the rights of patients must remain one of the priority problems of the health care system and must rely on creating opportunities for feedback, elimination of corrupted practices, permanent reporting of the results of hospital activity but also of the strategic plans and of the progress achieved, all these in order to ensure a transparent monitoring and an effective governance of the public health system in Romania. (Activity Report, 2014)

All the information given above will be verified and tested in the following, aiming at identifying the impact that they generate on managerial performance in the health care system and the effects produced on citizens' perceptions, the main beneficiaries of the system. The name of category indicators, as it can be seen, is not very clearly defined, because there is no specific legislation which to compel the health care units to adopt more standard sets with more categories of indicators. Without an accurate classification and organization into what we call category of indicators, the data in the health care system will not be able to be compared in due time and accurate decisions may not be established and assumed by those responsible. The data and statistics indicators exist in an independent manner, the institutions which to be in charge of the collection and analysis of data also exists, but the data can not be compared because of the lack of organization and inclusion in certain distinct categories and because of the lack of a legislative framework which to allow, to determine and to force their reporting in an updated, steadily and compared way.

4. THE PURPOSE AND OBJECTIVES OF THE RESEARCH PAPER

The purpose of the research carried out is to identify the level of transparency of the information provided in the online environment and the level of managerial performance in hospitals, reflected by the quality of information provided, of the data and indicators exposed to the public.

The general objective of the research paper is to know the extent to which the representatives of the institutions providing health care services are concerned about complying with the free access to information of public interest, about updating the data presented in the online environment, about the transparency on the quality of the services carried out within hospitals, but also about the interest granted in order to increase the credibility and trust of patients in the management existing at hospital level.

The first specific objective is to know to what extent the persons responsible for the county emergency hospital comply with and implement the legislation specific to the public health system, thus ensuring a high level of managerial performance. The second specific objective of the research is to observe how well have been eliminated the deficiencies reported by the Activity Report of the Ministry of Health per

2014, notably those concerning the managerial activity in hospitals. The third specific objective is to propose a series of measures for improving the way of elaborating and displaying the information in the online public system for emergency county hospitals.

5. RESEARCH METHODOLOGY

The research methodology chosen, consists in a comparative analysis of the type of data, documents and indicators that are used by the 20 emergency hospitals in Romania. The Emergency Count Hospitals that were analysed, are: Mures, Dambovita, Brasov, Tulcea, Giurgiu, Mehedinti, Suceava, Calarasi, Botosani, Olt, Dolj, Vaslui, Iasi, Arad, Buzau, Bihor, Brasov, Bistrita, Cluj, Bacau.

This aspect means the half of total number of emergency hospitals that are representative for the medical system of Romania. The selection mode of the institutions has been at random, trying to select hospitals representative for each geographic area of Romania. These have been analyzed in a detailed critical manner, most sections part of the web addresses belonging to the emergency county hospital, so that through the information obtained to be able to create an overview of the public health system, with particular emphasis on the quality of emergency medical services. The research methodology starts from the model provided by the prestigious website The Web Ranking of Hospitals, but in a version which is adapted to the special particularities of the public health system in Romania. There have been subjected to analysis, the most important web sections. This web sections were established as research variable of the paper. I choosed 15 variables, as the following: 1. Performance indicators, 2. General indicators, 3. Health statistical indicators. 4 Projects from European funds 5. Research projects 6. National Health Programs where is included the hospital 7. Management Plan 8. The Strategy of the Hospital 9. The Activity Report; 10. The updated Budget 11. Recent acquisitions 12. The feedback of patients 13. Transparency of the feedback 14. Medical computerization by: electronic invoices, / files / electronic patient files 15. Innovative sections. Have been identified, selected and subjected to analysis over 100 types of indicators and over 10 major categories of inclusion of these indicators. It was noted how well are updated the information provided in the public space, the degree of transparency of the information which show sensitivity to corrupt practices, the main major categories of indicators used. Have been awarded, positive values (one score or one point) where have been found the established variables and zero when have been missed the established variables. Has been observed also the level of the updated information. By Summing the positive values has been obtained for each website of the emergency hospital, a total and also has been generated a general graph with total scores of each

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hospital. (See the Graph 1). None of emergency hospitals had not obtained the total score, that means fifteen (all the variables established). The best score obtained was ten.

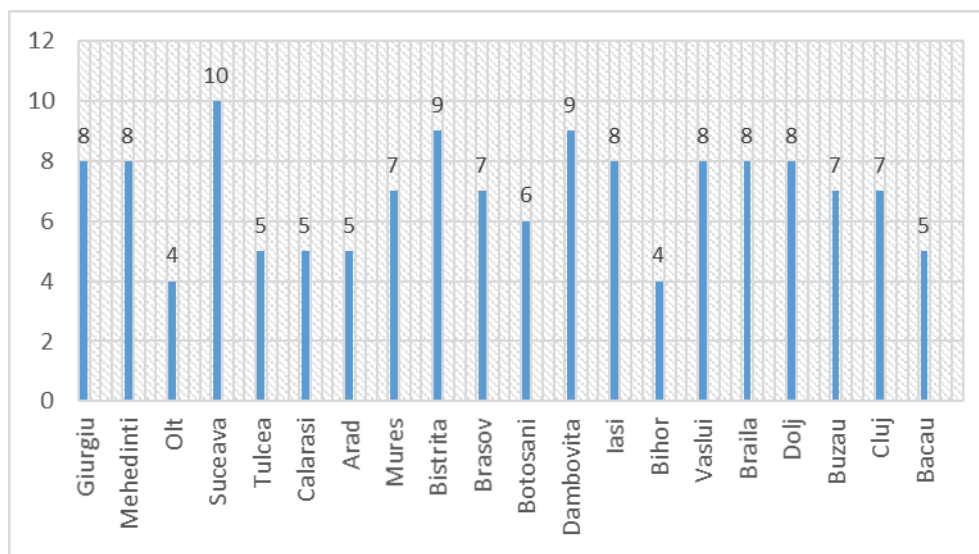


FIGURE 1 - TOTAL SCORE FOR COUNT EMERGENCY HOSPITALS OF ROMANIA
Source: Made by the author

The best score, has been obtained by Emergency Hospital of Suceava, followed by hospital from Bistrita and Dambovita with score nine. Bad scores have been registered for Hospitals from Bacau, Tulcea, Arad, Calarasi. The lowest score has been obtained by the Olt and Vaslui hospitals. These scores shows that none of the emergency hospitals analysed, had not a high quality in services provided, in obtained results or in the undertaken activities. The performance is low in general, from a total of 15 points, most hospitals had obtained under 10 points. In the following section have been explained in detail, the results obtained by interpreting the scores obtained.

6. RESULTS OF THE RESEARCH PAPER

6.1. General findings of results

The first finding resulting from an analysis of the specific of the activities and of the results obtained at the level of the twenty emergency hospitals analyzed, is that there is no standardization of the way in which the information are exposed in the public space, aspect that would contribute to simplify the way of comparing them or to the transfer of data in real time between various interested parties. The first impact detected after consulting the information displayed on the web page has been negative, caused by the lack of interest on the part of hospitals representatives to create web pages attractive to the public concerned. In most cases, the section reserved for the representative image of the hospital is not

very well developed, this showing a restraint in the way of presenting the conditions under which health care services are granted. The lack of conclusive images belonging to the hospitals in question, indicates a low level of the equipment in hospitals, the modernization of wards, the poor quality of the accommodation conditions made available to patients. The degree of updating of the information of public interest varies from one hospital to another, starting from the indicators used and up to the level of accessing funds through European projects. In most cases analyzed there are no sections specially designed to indicate whether the hospital has attracted foreign funds, and in particular those from European sources, this aspect being identified only by a more detailed analysis of the management plans, strategic plans or may be deduced from sections with economic and financial indicators, for the indicator: revenues achieved in a project with European financing or sponsorship. The medical statistical data not included in the section entitled hospital indicators have not been taken into account. Were selected for analysis only those indicators that were found repeatedly in several cases analyzed and which in my own opinion best reflect the quality of the management existing at hospital level. The emphasis has been placed on observing the indicators which indicate the quality of medical services, under the appearance of efficiency and effectiveness, the safety of patients, confidence of patients, the quality of management practiced in the hospital, training of the human resources, results of the medical activities, available resources. At a first view of the contents of the documents attached on the official Internet websites, the indicators used are adapted according to the needs, priorities and objectives established at hospital level, and in some cases even overlapping each other, the same indicators being used for the process of assessing and monitoring specific activities. For the section relating to the computerization of the activities carried out at hospital level, most often we find the secured electronic file of the patient, online questionnaires for satisfaction, electronic appointment but also the electronic prescription, most of the times secured and non-functional on the site. The level of transparency in this respect is low, a register or a report with the issues reported being unavailable to the public. For the section of projects from EU funds, most hospitals have been part of the project related to the implementation of the eHealth system. For the section relating to the national programs, was analyzed only the national program in which is included the hospital and not the campaigns which it promotes, most of the times, the exposure of the content and of the importance of these programs being reduced. The hospitals analyzed do not have links with university research centers, institutes of excellence in medicine and neither with university centers of national and international reputation. This aspect confirms again, the lack of interest of hospital representatives to create a powerful image of the hospital in the online environment, to promote itself constantly and to be a powerful voice in the environment of health scientists. Among the most innovative sections have been selected the following aspects:

Consumption of drugs (Mehedinti); Electronic prescription, online programming for patients (Bacau); The annual program of public investment (Suceava); A list with useful forms for patients (Calarasi); Electronic folders (Botosani); Documents for foreign patients (Arad); Section with accreditations (Mures); Register of complaints (Dambovita); Platform for Research (Iasi); Whistleblowers of integrity (Cluj).

6.2. Specific findings on the level at which the legislative measures applicable to the health care system are complied with

- Citizens access to the information of public interest is not encouraged, nor citizens' rights to be informed about everything related to health services available within a hospital is fully respected;
- A part of the information provided in electronic format cannot be accessed either because of the difficult conditions of registration, either because of certain technical measures for securing particular data;
- There is no transparency on the decisions adopted at hospital level, concerning certain directions of action, such as: plans, strategies, budget execution, recent purchases, projects carried out, medication consumed with all relevant features associated, costs involved, content of the feedback questionnaires and of the referral forms;
- There is no simplified framework for consulting the data contained in the patient's electronic file, eventually by creating the possibility of accessing the data of a confidential nature but without a nominal criterion;
- There is no promotion of the special role that the Council of Ethics holds at hospital level, in ensuring compliance with the rights of patients;
- There is no interest for updating of the information displayed in the public space, through the official addresses of the medical institutions analyzed;
- The strategic marketing of health services, promotional campaigns, reorganization, modernization are missing;
- There are no suggestive, reliable images, with impact on the increase of the level of confidence in the quality of the medical services provided at hospital level and of the existing facilities with medical equipment;

- There is a lack of standardized tools for the identification, management, administration, reporting and review of medical data;
- There is a profusion of classifications, categories, subcategories, types, names, proposals and models of indicators used, which otherwise are not subject to compulsory measures under legal aspect;
- There is no concern for identifying the possibilities of accessing European funds;
- There is a poor promotion, even deficient of the quality of medical services in Romania, and in some cases even distorted, without real basis;
- The online sections concerning publications/ investigations carried out by most hospitals are missing;
- The process of accessing, obtaining and using the data bases of hospitals for various research is difficult;
- The exchange of compatible data between hospitals is difficult because of a large volume of classifications, groups, subgroups, categories and subcategories of indicators;
- Are not complied with in order to fulfil them, by most hospitals analyzed, the directions of action proposed and provided for in the content of the Activity Report of the Ministry of Health or by the contents of the National Health Strategy per 2014-2020.

7. RECOMMENDATIONS

- The creation of a system of integrated management of the documents and activities within public hospitals in Romania;
- Development of the legislative framework for establishing the mandatory measures which will form the basis for the implementation and adoption of a single system of health indicators;
- The creation of a single system for monitoring health indicators and of a National Authority which to verify and to control constantly the manner of achieving/fulfilling and reporting them and which to apply sanctions to the hospitals in question which do not comply with these requirements;
- The establishment of partnerships with international companies specialized in IT consultancy and design of information systems for the public health system;

- The establishment of strategies for the modernisation and promotion of the activities carried out by hospitals in order to increase the level of visibility, credibility and accessibility of the data from the external environment;
- The correction of all deficiencies previously reported in the section entitled Results of the research.

8. CONCLUSIONS

The shortcomings of the public health system in Romania are obvious and are to be found in most public hospitals analyzed. There are many aspects which need an increased attention for a critical debate. The visibility level of the data provided on the online addresses of hospitals vary from one case to another, as well as the degree of updating them, of the way of displaying them, the indicators used or projects carried out. The system is characterized by a high level of complexity. Although it is in the scope of responsibilities of hospitals managers, in most cases, the recent budget execution is not published on the website, being displayed only a structure of this budget. The data from the system can not be compared over a long period of time because of the lack of reliability and compatibility. Activity reports of hospitals are provided either summarily, either do not include any relevant information to help forming an overall image on the level of managerial performance within hospitals analyzed. Electronic publications are either missing in most cases analyzed, either are not visible to the public. Partnerships between institutions with similar profile are not encouraged due to the lack of relevant information which to reflect the high quality of the medical services within hospitals analyzed. Incorrect reporting of the average case index, in certain situations, can attract unjustified financial sources, higher than those required, in certain public hospitals in Romania. The level of enforcement and compliance with the legislation applicable also in the case of the public health system, is a low one. Laws such as: free access to information from the public system, social dialog, reform in the health care system, rights of patients, decisional transparency, are not met in full. The medical database is incomplete, does not rely on the standard tools for reporting and analysis, and control bodies are missing.

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