ISO 9001 2008 & CEN/TS 15224 2005: The Contribution of Continuous Medical Education

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ABSTRACT

The need to implement a Quality Management System in health sector arises from the rising interest for quality in health services by patients, health personnel and society. ISO 9001:2008 and CEN/TS 15224: 2005 apply to health services and emphasize on quality. Their basic principles are customer focus, leadership, involvement of all stakeholders, task-based approach, cooperation of all sectors for quality through information, mutually beneficial relationship with suppliers, continuous improvement, and European harmonization. The implementation of quality management systems in health services is complex due to special characteristics. Moreover, human resources include many different specialties and management/support staff, dedicated and essential to effective health system functioning. Continuing medical education and Continuing Professional Development are important components of professional development and competence, enabling continuous ongoing instruction of knowledge and skills for health professionals. Their outcomes and effects must always be measured and evaluated.

Keywords: CME - Continuous Medical Education, Health Professionals, ISO - International Organization for Standardization, Quality

INTRODUCTION

The World Health Organization (WHO) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2006). Health is considered as a public good, characterized by the value that has benefit to the community as a whole. Health services include all services dealing with the diagnosis
and treatment of disease, as well as the promotion, maintenance and restoration of health (Sabolgal et al., 2007; World Health Organization, 2006). Health services are functions of the great importance of any health system, and they require large investment costs and a high level of administration. In health services, inputs such as money, personnel, medical equipment, drugs, scientific achievements and expertise are combined and contribute to the delivery of health care. Access to health care varies across countries, groups and individuals. It is widely influenced by social and economic factors, health policies, availability of resources, incentives that influence providers and users, as well as by the way health services are organized and managed (Del Bono et al., 2007; Garcia-Subirats et al., 2014; Peters et al., 2008).

QUALITY IN HEALTH SERVICES

The International Organization for Standardization (ISO) defines quality as the degree to which a set of inherent characteristics fulfills requirements (Corbett et al., 2005). According to the Institute of Medicine of the American Academy of Sciences, the quality in health services is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current scientific knowledge (Committee on Quality of Health Care in America, 2001). It focuses on medical procedures (both diagnostic and therapeutic), which can ensure the best possible outcome about the minimum iatrogenic risk, but can also provide the maximum satisfaction for the patient. The quality in the public health sector is essential for the satisfaction of patients, doctors, health-care workers and policy makers. Moreover, quality in a health care system raises prosperity and competitiveness. Health quality is influenced by many factors, including health and safety infrastructure, aspects of delivery, technical and professional content of care, and human resources, all of which influence the outcome. Each dimension has complex effects, and many of them are interrelated (Mosadeghrad, 2012, 2014; Shahidzadeh-Mahani et al., 2008). The impact of the economy in health care quality is crucial. Many countries are confronted by fiscal constraints that force them to prioritize and restrict public expenditure (Houston et al., 2011). The effects of the economy also include changes in the demand or the access to health care. Public health systems face further fiscal pressures, due to demographic and epidemiological changes. They have to provide care to increasingly aging populations, degenerative disorders, increased disability and emerging diseases due to stress and lifestyle habits (Mayberry et al., 2000; Mayberry et al., 2008; McKeown, 2009; Nugent, 2008). They also have to invest in expensive medical treatment and technology advances, as well as to the quality improvement. Quality improvement requires the application of Deming’s PDCA cycle, a process based on the continuous feedback so that managers can identify and change the parts of the process that need improvements (Rampersad, 2001). The PDCA cycle includes:

- **Plan:** Design, the process components, to improve results
- **Do:** Implement the plan and measure its performance
- **Check:** Evaluate the measurements and report the results to decision makers
- **Act:** Decide on changes needed to improve the process

In particular, quality improvement in health services must be based on such a Plan-Do-Check-Act improvement process, focused on activities that improve the health of the community as well as the indicators of health quality such as efficiency, effectiveness, performance, accountability, services or processes which achieve equity, safety, appropriateness, timeliness, prevention and
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