

Establishing the Criteria for the Quality of Elderly Medical Care From the Multiple Perspectives

Wan-I Lee, National Kaohsiung University of Science and Technology, Kaohsiung, Taiwan

Chun-Chi Chen, College of Management, Ph. D. Program, National Kaohsiung University of Science and Technology, Kaohsiung, Taiwan

Yu-Bin Huang, Department of Healthcare Administration, E-DA Cancer Hospital, Kaohsiung, Taiwan

ABSTRACT

In 1993, Taiwan has transformed into an aged society. Compared with general patients, older patients differ considerably in body functionality, mentally, and mobility-wise. The primary customers of medical institutions are adult patients in Taiwan, and the needs of older patients are often ignored; however, older patients visiting the case hospital in this study accounted for nearly 30% of the total number of outpatients. This indicates that the needs of older patients are a matter requiring the serious attention of medical personnel. This is a common issue for all countries that were entered an aging structure of the population. This study investigated the attention paid by supervisors and medical personnel involved with medical decisions to the quality of medical services received by older outpatients. An analytic hierarchy process (AHP) was employed to interview 10 experts in older medical care providing age-friendly medical care at the case hospital, medical staff including senior physicians, nursing department supervisors, administration department supervisors, and certified managers. The results indicate that the supervisors and medical personnel considered the “communication and services” provided to older patients during their medical treatments to be the most crucial factor in their treatment process, rating it twice as important as the next most important criteria, the care process and physical environment. Medical personnel paid great attention to communicate with and servicing older patients; listening to their needs and concerns was deemed the most critical, followed by being able to empathize with them to solve problems. Asking patients about their problems when they visited the hospital was considered the most crucial aspect of the care process; in the physical environment, it was spatial planning and traffic flow design. The results of this study enable other countries’ medical institution managers and relevant competent authorities to gain insight into the attention paid by front-line employees in promoting age-friendly medical care. If supervisors and medical personnel involved with medical decisions share a similar attitude toward promoting medical service quality, government authorities and medical institutions can implement and enhance an age-friendly medical treatment environment for older patients, as well as increase quality of patient-centered medical services.

KEYWORDS

Age-Friendly Medical Care, Analytic Hierarchy Process (AHP), Medical Decision-Making Processes Among Older Adults, Medical Service Quality

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INTRODUCTION

According to annual demographic data compiled by the Department of Statistics of the Ministry of the Interior, in 2014, the ratio between the elderly population (2,808,690) and the young population (3,227,300) was approximately 1:1.2. However, in 2016, the elderly population was expected to exceed the young population (reaching a ratio of approximately 1:1.0), with the aging index reaching 101.12. By 2061, the elderly population is projected to be 4.7 times higher than the young population with the aging index increasing to 472.7, causing the working population to decline and the population pyramid to become an inverted bell (National Development Council, 2014). However, the increase in the average life expectancy of the public does not signify that people are becoming healthier; if older adults experience mental regression or chronic diseases, society will be burdened with increasing health care costs.

In 2015, the Ministry of Health and Welfare introduced policies to promote health for older adults and improve their skills to facilitate active aging and productive aging as well as create an age-friendly environment. The case hospital in this study was a regional teaching hospital that contained more than 500 general acute hospital beds and approximately 700 special hospital beds. With a total number of hospital beds exceeding 1,200, the hospital was classified as a medical center and served approximately 4,000–5,000 daily outpatients; in addition, it was equipped with advanced medical equipment to serve the southern Taiwanese public. According to outpatient-related statistics compiled by the case hospital for 2013–2015, the number of older outpatients over 65 years of age accounted for more than 28% of the total number of outpatients for three consecutive years, indicating that approximately 30% of the outpatients visiting the hospital were adults over 65 years of age.

Older patients accounted for approximately 30% of the total number of outpatients at the case hospital. Medical institutions must not neglect the needs of older patients, and relevant competent authorities and medical institutions should pay attention to the services offered by medical personnel to older patients.

LITERATURE REVIEW

Medical Service Quality

Donabedian (1988) argued that the quality of medical services provided by hospitals is determined by medical institutions after considering patients' health and the institutional decision-makers' responsibilities to maintain patients' health and provide effective care. Medical care comprises two aspects: medical technology and patient–medical personnel relationships and interactions (Donabedian, 1979). Quality management must account for the expected profits and risks of the provided medical care, which must be legal, meet patients' expectations, and conform to social and professional standards.

According to Mosadeghrad (2012), health care quality covers the aspects of a clean and tidy environment, patient safety, efficacy, effectiveness, efficiency, empathy, medical services, medical technology, care resources, services provided by the medical institution to the patient, and the professional image of the medical institution. Chilgren (2008) maintained that medical service quality entails patient satisfaction management and that efforts made by medical institutions to elevate medical service quality are the key to their success, as well as the core value facilitating their outstanding performance. Favorable medical service quality is achieved only when each interaction with patients is favorable. Mosadeghrad (2013a) found that medical services should follow clinical guidelines and standards to provide effective care, efficiently achieve patient satisfaction, meet patient needs, and facilitate patient well-being. In this study, medical service quality was treated as the basic drive supervisors and medical personnel involved with medical decisions to promote age-friendly medical care.

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