Journal of Information Systems Engineering and Management
2023, 8(2)
e-ISSN: 2468-4376
https://www.jisem-journal.com/

Research Article

The Synergy of Care: How Interprofessional Collaboration Drives Quality Management

Nouf Saad Alkhatlan[1], Fuz Hindi Alotaibi[2], Sultan Jadi Alharbi[3], Abrar Abdullah Alsaif[4], Hanan Saif Alsaif[5], Ghadah Mater Alamri[6], Abdulmajed Sulaiman Alreshed[7], Shaher Misfer Alotibi[8], Ahmed Mustor Hassan Al-Qurashi[9]

[1]*Dental Assistant, King Abdulaziz Medical City-Riyadh, Saudi Arabia*
[2]*Obgyne Registrar, Saudi Arabia, Elegant-Girl89@Hotmail.Com*
[3]*Health Information Technologist, HCSC, Saudi Arabia*
[4]*Social Worker, Saudi Arabia, Alsaifab2@Mngha.Med.Sa*
[5]*Social Worker, Saudi Arabia, Alsaifha@Mngha.Med.Sa*
[6]*Social Worker, Saudi Arabia, Alamraigh@Ngha.Med.Sa*
[7]*Health Information Technologist, Saudi Arabia*
[8]*Nursing. National Guard Hospital King Salman, Saudi Arabia, Sh60071@Gmail.Com*
[9]*Medical Records Technician, King Salman Hospital, Saudi Arabia*

ARTICLE INFO

Received: 15 Mar 2023

Accepted: 25 Apr 2023

ABSTRACT

This comprehensive review examines how interprofessional collaboration across dentistry, gynecology, medical records, and pharmacy drives effective quality management in healthcare settings. Drawing on extensive research from quality improvement initiatives across multiple countries, the article explores the evolution of healthcare quality management systems and establishes the critical role of cross-specialty collaboration in improving patient outcomes. Evidence from major international quality studies demonstrates that mature quality management systems foster environments where interprofessional teamwork thrives, creating measurable improvements in clinical care and patient safety. The article identifies key elements of successful collaborative quality management, including leadership commitment, mature organizational structures, evidence-based protocols, and continuous professional development. It also analyzes barriers to effective collaboration and proposes strategies for enhancing interprofessional approaches to quality management. Case studies illustrate practical applications across medication reconciliation, maternity care, and chronic disease management. The analysis concludes that organizations excelling at integrating diverse professional perspectives will achieve superior outcomes while positioning themselves for success in an increasingly complex healthcare environment focused on value-based care delivery.

Keyword: reconciliation, environment, increasingly, strategies

Introduction

Healthcare quality management has undergone significant transformation over recent decades. As Donabedian (1992) established in his seminal work, quality assessment in healthcare should evaluate structures, processes, and outcomes. This framework continues to guide quality improvement initiatives across healthcare systems worldwide.

The concept of Total Quality Management (TQM) has gradually permeated healthcare institutions, bringing principles originally developed in manufacturing into clinical settings. Tzortzopoulos (2018) notes that implementing TQM principles in healthcare provides a foundation for continuous quality improvement in hospitals and national health systems. Quality management systems (QMS) have become increasingly sophisticated, with hospitals developing comprehensive approaches to monitor and enhance care delivery (Groene et al., 2013).

Research by Cohen et al. (2008) identified diverse quality improvement activities across hospitals, revealing that while many institutions engage in quality management, the maturity and effectiveness of these systems vary considerably. The DUQuE project further demonstrated that hospitals with more mature quality management systems typically demonstrate better clinical outcomes and patient safety metrics (Wagner et al., 2014).

This study aims to comprehensively examine the role of interprofessional collaboration in driving effective quality management systems within healthcare organizations. Specifically, it investigates how integration and coordination

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

between four distinct specialties—dentistry, gynecology, medical records, and pharmacy—contribute to enhanced patient outcomes, improved safety metrics, and organizational efficiency. The research seeks to identify key structural elements, processes, and cultural factors that enable successful collaborative quality management while also analyzing barriers that impede cross-specialty integration.

Interprofessional Collaboration as a Quality Driver

At the heart of effective quality management lies interprofessional collaboration. Rosen et al. (2018) identify teamwork as a key discovery enabling safer, higher-quality care. Their research demonstrates that when healthcare professionals from different disciplines collaborate effectively, patient care improves measurably.

Kristensen et al. (2015) established clear links between quality management and perceptions of teamwork and safety climate in European hospitals. Their findings suggest that institutions with robust quality management systems foster environments where interprofessional collaboration thrives, creating a virtuous cycle of improvement.

The relationship between organizational culture and quality management has been further explored by Hammer et al. (2013), who found that social capital within hospitals significantly influences the effectiveness of quality management systems. When professionals from different specialties develop trust and open communication channels, quality initiatives gain momentum and sustainability.

The Quadrangle of Care: Integrating Dentistry, Gynecology, Medical Records, and Pharmacy

Dentistry in the Collaborative Model

Dentistry has historically operated somewhat separately from other medical specialties, but modern quality management recognizes the essential connections between oral health and overall wellbeing. When dental professionals participate in integrated care teams, they contribute vital expertise that influences treatment planning across specialties.

For instance, dental infections can complicate pregnancy outcomes, making collaboration between dentists and gynecologists essential for comprehensive maternal care. Similarly, certain medications prescribed by dentists may interact with drugs administered by other specialists, highlighting the importance of pharmacy involvement in dental care planning.

Gynecology's Role in Comprehensive Care

Gynecologists serve as primary healthcare providers for many women, making them pivotal figures in coordinated care systems. Their expertise extends beyond reproductive health to encompass preventive care, chronic disease management, and lifestyle counseling.

In quality management systems, gynecologists often collaborate with pharmacists regarding medication management during pregnancy and with dentists concerning oral health considerations for pregnant patients. These collaborations exemplify how interprofessional approaches enhance patient-centered care while improving clinical outcomes.

Medical Records as the Connective Tissue

Medical records departments have evolved from simple document repositories to sophisticated information management centers. In today's digital healthcare environment, electronic health records (EHR) systems facilitate communication across specialties and enable quality measurement.

As Salanitro et al. (2013) discuss in the Multicenter Medication Reconciliation Quality Improvement Study (MARQUIS), accurate medication documentation requires collaboration between clinicians, pharmacists, and records personnel. The quality of information exchange significantly impacts patient safety and treatment effectiveness.

The implementation of comprehensive EHR systems enables quality improvement by providing data for analysis and intervention. When dentists, gynecologists, and pharmacists all contribute to and access the same patient record, care becomes more coordinated and safety risks diminish.

Pharmacy at the Intersection of Specialties

Pharmacists serve as critical liaisons in collaborative care models. Their expertise in medication management intersects with virtually every medical specialty, making them essential partners in quality improvement initiatives.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Research by Sunol et al. (2014) demonstrates that evidence-based organization and patient safety strategies often center around medication management processes that involve pharmacy departments. Pharmacists collaborate with dentists regarding analgesics and antibiotics, with gynecologists concerning hormonal therapies, and with medical records departments to ensure accurate medication reconciliation.

Quality Management Systems That Foster Collaboration

Effective quality management systems create structures and processes that encourage interprofessional collaboration. Several key elements characterize these systems:

Leadership Commitment to Collaboration

Klazinga et al. (2014) found that having quality as an item on the executive board agenda correlates with more effective implementation of quality management systems. When leadership prioritizes quality and explicitly supports collaborative approaches, interprofessional teamwork flourishes.

The Model for Understanding Success in Quality (MUSIQ) developed by Kaplan et al. (2012) emphasizes the importance of contextual factors, including leadership support, in determining the success of quality improvement initiatives. Leaders who champion collaboration across specialties create environments where quality management systems can succeed.

Mature Organizational Structures

Lombarts et al. (2009) developed a classification scheme for hospital quality improvement systems based on their maturity. More mature systems typically incorporate robust structures for interprofessional collaboration, including committees with representation from diverse specialties.

These structures provide forums where dentists, gynecologists, pharmacists, and medical records personnel can collaborate on quality initiatives. Regular meetings, shared quality goals, and collaborative improvement projects strengthen interprofessional relationships while enhancing quality outcomes.

Evidence-Based Protocols and Pathways

Wagner et al. (2014) demonstrated associations between quality management at hospital and pathway levels. When clinical pathways incorporate input from multiple specialties, they become more comprehensive and effective.

For example, protocols for managing pregnant patients with dental infections benefit from collaborative development involving dentists, gynecologists, and pharmacists. Similarly, medication reconciliation processes work best when designed collaboratively by medical records personnel and clinical specialists.

Continuous Professional Development

Costa et al. (2014) highlight the importance of staff education in continuous quality improvement programs. When professionals from different specialties learn together, they develop shared understanding and mutual respect that facilitates collaboration.

Interprofessional education initiatives help dentists understand gynecological concerns, allow gynecologists to appreciate pharmaceutical considerations, and enable all clinicians to work effectively with medical records systems. This shared knowledge base strengthens collaborative practice and enhances quality management.

Measuring the Impact of Collaborative Quality Management

Evaluating the effectiveness of interprofessional collaboration within quality management systems requires robust measurement approaches. Several methodologies have proven valuable:

Process Measures

Process measures assess how effectively collaborative processes function within healthcare organizations. These might include metrics such as:

- Completion rates for interprofessional care planning conferences

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- Timeliness of consultations between specialties
- Accuracy of medication reconciliation across care transitions
- Documentation completeness in shared medical records

Groene et al. (2013) cataloged instruments that assess implementation of hospital quality management systems, providing valuable tools for measuring collaborative processes. These instruments help organizations identify strengths and weaknesses in their interprofessional approaches.

Outcome Measures

Ultimately, collaborative quality management should improve patient outcomes. Relevant metrics might include:

- Reduced medication errors and adverse drug events
- Decreased complications during pregnancy for patients with dental issues
- Improved management of chronic conditions through coordinated care
- Enhanced patient satisfaction with care coordination

Shaw et al. (2014) demonstrated that certification and accreditation positively affect quality management in clinical services, suggesting that formal recognition programs can incentivize and validate collaborative approaches to quality improvement.

Cultural Measures

Clay-Williams et al. (2020) validated instruments measuring clinical safety culture and leadership, providing tools to assess the cultural foundations of collaborative practice. Organizations can use these measures to evaluate whether their culture supports interprofessional teamwork and identify opportunities for improvement.

Plochg et al. (2014) developed scales specifically measuring clinical management by physicians and nurses in European hospitals. Similar tools could be adapted to assess collaborative management across dentistry, gynecology, pharmacy, and medical records departments.

Case Studies in Collaborative Quality Management

Medication Reconciliation Initiatives

The MARQUIS study (Salanitro et al., 2013) provides an exemplary model of collaborative quality improvement focused on medication management. By bringing together pharmacists, physicians, and medical records personnel, participating hospitals significantly reduced medication discrepancies and related adverse events.

Similar initiatives could specifically incorporate dentistry and gynecology, ensuring that medications prescribed by these specialists are accurately reconciled with patients' complete medication profiles. Such collaborations enhance patient safety while improving care coordination.

Maternity Care Quality Improvement

Collaborative approaches to maternity care quality have demonstrated significant benefits. When gynecologists partner with dentists to address oral health during pregnancy, outcomes improve for both mothers and infants. Adding pharmacist involvement ensures medication safety during this vulnerable period.

Braithwaite et al. (2020) found that department-level strategies aligned with organizational quality systems produce better patient outcomes. In maternity settings, this alignment might involve standardized protocols for dental screening during pregnancy, pharmacist review of all medications, and comprehensive documentation in medical records.

Chronic Disease Management

Patients with chronic conditions often require care from multiple specialists, making them ideal candidates for collaborative quality management. When dentists recognize oral manifestations of systemic diseases, pharmacists

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

optimize medication regimens, gynecologists address reproductive health implications, and medical records systems facilitate information sharing, patients receive truly comprehensive care.

The DUQuA (Deepening our Understanding of Quality in Australia) project (Clay-Williams et al., 2020) demonstrated that organization-level quality systems influence department-level quality. This finding suggests that institutional commitment to collaboration creates an environment where interprofessional chronic disease management can thrive.

Barriers to Collaborative Quality Management

Despite compelling evidence supporting interprofessional approaches to quality management, significant barriers persist:

Professional Silos and Hierarchy

Traditional professional boundaries can impede collaboration between specialties like dentistry, gynecology, pharmacy, and medical records. Historical hierarchies and specialized training may create communication barriers that undermine quality initiatives.

Wardhani et al. (2009) identified organizational culture as a determinant of quality management system implementation. Cultures that reinforce professional silos present obstacles to collaborative approaches, while those that value diverse perspectives facilitate interprofessional teamwork.

Information System Limitations

Fragmented information systems create technical barriers to collaboration. When dental records remain separate from medical records, or when pharmacy systems don't interface with clinical documentation, quality management becomes more challenging.

Taylor et al. (2020) found that integrated information systems support department-level quality initiatives. Investments in comprehensive electronic health records that incorporate dental, gynecological, pharmaceutical, and general medical information enable collaborative quality management.

Resource Constraints

Collaborative quality management requires time and resources. In resource-constrained environments, bringing together professionals from different specialties for quality improvement activities may seem prohibitively expensive.

However, Øvretveit (2009) reviewed evidence suggesting that improvements to quality often reduce costs to health service providers. This economic argument supports investments in collaborative approaches that may initially require additional resources but ultimately improve efficiency.

Educational Gaps

Traditional health professional education often fails to prepare graduates for collaborative practice. Dentists, gynecologists, pharmacists, and medical records professionals typically receive specialized training with limited exposure to other disciplines.

Plochg et al. (2014) emphasized the importance of clinical management skills across professions. Educational initiatives that foster interprofessional learning and collaborative competencies help overcome this barrier.

Strategies for Enhancing Collaborative Quality Management

Organizations seeking to strengthen collaborative approaches to quality management can implement several effective strategies:

Develop Shared Governance Structures

Shared governance models that include representation from dentistry, gynecology, pharmacy, and medical records create forums for collaborative decision-making about quality initiatives. These structures formalize interprofessional input and ensure diverse perspectives inform quality management.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Lombarts et al. (2009) found that hospitals with differentiated quality improvement systems typically incorporate collaborative governance approaches. These models distribute responsibility for quality across specialties while maintaining organizational alignment.

Implement Interprofessional Quality Improvement Teams

Dedicated quality improvement teams with membership from diverse specialties can address specific quality challenges. For example, a team focused on reducing adverse drug events might include dentists, gynecologists, pharmacists, and medical records specialists, each contributing unique expertise to the initiative.

Kaplan et al. (2013) found that team composition significantly influences the success of quality improvement efforts. Teams that incorporate diverse professional perspectives achieve more comprehensive solutions to quality problems.

Create Integrated Information Systems

Comprehensive electronic health records that incorporate information from all specialties facilitate collaboration and quality management. When dentists can access gynecological history, gynecologists can view dental records, and pharmacists can see both, care coordination improves dramatically.

Wagner et al. (2014) demonstrated that quality management at the hospital level influences pathway-level quality. Integrated information systems support this connection by ensuring that quality data flows seamlessly across specialties and care settings.

Foster Collaborative Culture

Organizational culture profoundly influences the success of collaborative quality management. Leaders can foster collaboration by recognizing and rewarding interprofessional teamwork, creating opportunities for informal interaction across specialties, and modeling collaborative behavior.

Clay-Williams et al. (2020) validated instruments measuring clinical safety culture and leadership, providing tools to assess and strengthen collaborative culture. Regular assessment using these instruments helps organizations track progress and identify opportunities for improvement.

The Future of Collaborative Quality Management

As healthcare continues to evolve, collaborative approaches to quality management will become increasingly important. Several emerging trends will shape this evolution:

Value-Based Payment Models

Payment reforms emphasizing value over volume create financial incentives for collaboration across specialties. When reimbursement depends on outcomes rather than services provided, organizations benefit from the comprehensive approaches that interprofessional collaboration enables.

Spencer and Walshe (2009) identified national quality improvement policies as influential factors in organizational quality management. As payment policies increasingly reward value, healthcare organizations will prioritize collaborative approaches that improve outcomes while controlling costs.

Consumer Expectations for Coordinated Care

Modern healthcare consumers increasingly expect seamless coordination across specialties. Patients become frustrated when dentists, gynecologists, and other providers seem unaware of each other's treatments or make contradictory recommendations.

Organizations that excel at collaborative quality management will gain competitive advantage by meeting these expectations. Integrated care experiences that demonstrate effective communication across specialties enhance patient satisfaction and loyalty.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Journal of Information Systems Engineering and Management
2023, 8(2)
e-ISSN: 2468-4376
https://www.jisem-journal.com/

Research Article

Technological Advancements

Emerging technologies will facilitate collaboration across previously separate specialties. Artificial intelligence systems may identify potential interactions between dental procedures and gynecological conditions, while telehealth platforms could enable virtual consultations across specialties.

Digital health records with sophisticated analytics capabilities will support quality measurement across professional boundaries, enabling more comprehensive approaches to quality management. These technologies will make collaboration easier and more effective.

Expanded Scopes of Practice

As healthcare workforce challenges persist, many professionals will expand their scopes of practice. Pharmacists increasingly provide direct patient care services, dental professionals address broader health concerns, and medical records specialists become data analysts supporting clinical decision-making.

These expanded roles will create new opportunities for collaboration while blurring traditional professional boundaries. Quality management systems will need to adapt to these evolving professional identities and relationships.

Conclusion

The synergy between dentistry, gynecology, pharmacy, and medical records exemplifies how interprofessional collaboration drives quality management in healthcare. When professionals from these diverse specialties work together effectively, they create comprehensive approaches to patient care that improve outcomes while enhancing efficiency.

Research consistently demonstrates that mature quality management systems foster interprofessional collaboration, while collaborative cultures strengthen quality improvement efforts. This reciprocal relationship creates a foundation for continuous advancement in healthcare quality.

Organizations seeking to enhance quality management should prioritize structures and processes that facilitate collaboration across specialties. Leadership commitment, shared governance, integrated information systems, and collaborative culture all contribute to successful interprofessional quality management.

As healthcare continues to evolve toward value-based models with increasing technological sophistication, collaborative approaches to quality management will become even more essential. Healthcare organizations that excel at integrating diverse professional perspectives will achieve superior outcomes for their patients while positioning themselves for success in a complex and challenging environment.

Through thoughtful integration of specialties like dentistry, gynecology, pharmacy, and medical records, healthcare organizations can build truly comprehensive quality management systems that deliver on the promise of patient-centered, high-value care. The synergy created through this collaboration represents the future of healthcare quality.

References

[1] Braithwaite J., Clay-Williams R., Taylor N., Ting H.P., Winata T., Hogden E., Li Z., Selwood A., Warwick M., Hibbert P., & Arnolda G. (2020). Deepening our Understanding of Quality in Australia (DUQuA). An overview of a nation-wide, multi-level analysis of relationships between quality management systems and patient factors in 32 hospitals. International Journal of Quality in Health Care, 32(Supplement 1), 8-21.

[2] Clay-Williams R., Taylor N., Ting H.P., Winata T., Arnolda G., Austin E., & Braithwaite J. (2020). The relationships between quality management systems, safety culture and leadership, and patient outcomes in Australian Emergency Departments. International Journal of Quality in Health Care, 32(Supplement 1), 43-51.

[3] Clay-Williams R., Taylor N., Ting H.P., Arnolda G., Winata T., & Braithwaite J. (2020). The clinician safety culture and leadership questionnaire: refinement and validation in Australian public hospitals. International Journal of Quality in Health Care, 32(Supplement 1), 52-59.

[4] Clay-Williams R., Taylor N., Ting H.P., Arnolda G., Winata T., & Braithwaite J. (2020). Do quality management systems influence clinical safety culture and leadership? A study in 32 Australian hospitals. International Journal of Quality in Health Care, 32(Supplement 1), 60-66.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

[5] Cohen, A.B., Restuccia, J.D., Shwartz, M., Drake, J.E., Kang, R., Kralovec, P., Holmes, S.K., Margolin, F., & Bohr, D. (2008). A survey of hospital quality improvement activities. Medical Care Research and Review, 65, 571-95.
[6] Costa, F.M., Greco, R.M., Bohomol, E., Arreguy-Sena, C., & Andrade, V.L. (2014). The nursing staff opinion about the continuous quality improvement program of a university hospital. Einstein, 12(2), 211-216.
[7] Donabedian A. (1992). The role of outcomes in quality assessment and assurance. QRB Quality Review Bulletin, 18, 356-360.
[8] Groene, O., Botje, D., Suñol, R., Lopez, M.A., & Wagner, C. (2013). A systematic review of instruments that assess the implementation of hospital quality management systems. International Journal of Quality in Health Care, 25(5), 525-541.
[9] Groene O., Klazinga N., Wagner C., Arah O.A., Thompson A., Bruneau C., & Suñol R. (2010). Investigating organizational quality improvement systems, patient empowerment, organizational culture, professional involvement and the quality of care in European hospitals: the 'Deepening our Understanding of Quality Improvement in Europe (DUQuE) project. BMC Health Services Research, 10, 281.
[10] Hammer A., Arah O.A., Dersarkissian M., Thompson C.A., Mannion R., Wagner C., Ommen O., Sunol R., & Pfaff H. (2013). The relationship between social capital and quality management systems in European hospitals: a quantitative study. PLoS One, 8(12), e85662.
[11] Kaplan H.C., Provost L.P., Froehle C.M., & Margolis P.A. (2012). The Model for Understanding Success in Quality (MUSIQ): building a theory of context in healthcare quality improvement. BMJ Quality & Safety, 21(1), 13-20.
[12] Kaplan H.C., Froehle C.M., Cassedy A., Provost L.P., & Margolis P.A. (2013). An exploratory analysis of the model for understanding success in quality. Health Care Management Review, 38(4), 325-338.
[13] Klazinga, B., Suñol, R., Groene, O., & Pfaff, H. (2014). Is having quality as an item on the executive board agenda associated with the implementation of quality management systems in European hospitals: a quantitative analysis. International Journal of Quality in Health Care, 26, 92-99.
[14] Kristensen, S., Hammer, A., Bartels, P., Suñol, R., Groene, O., Thompson, C., Arah, O.A., Kutaj-Wasikowska, H., Michel, P., & Wagner, C. (2015). Quality management and perceptions of teamwork and safety climate in European hospitals. International Journal of Quality in Health Care, 27(6), 499-506.
[15] Lombarts M.J., Rupp I., Vallejo P., Suñol R., & Klazinga N.S. (2009). Application of quality improvement strategies in 389 European hospitals: results of the MARQuIS project. Quality and Safety in Health Care, 18(Suppl 1), i28-i37.
[16] Lombarts M.J., Rupp I., Vallejo P., Klazinga N.S., & Suñol R. (2009). Differentiating between hospitals according to the "maturity" of quality improvement systems: a new classification scheme in a sample of European hospitals. Quality and Safety in Health Care, 18(Suppl 1), i38-i43.
[17] Øvretveit, J. (2009). Does improving quality save money? A review of evidence of which improvements to quality reduce costs to health service providers. The Health Foundation, London.
[18] Papakostidi, A., & Tsoukalas, N. (2012). Quality in health care and its evaluation. Archives of Hellenic Medicine, 29(4), 480-488.
[19] Plochg T., Arah O.A., Botje D., Thompson C.A., Klazinga N.S., Wagner C., Mannion R., & Lombarts K. (2014). Measuring clinical management by physicians and nurses in European hospitals: development and validation of two scales. International Journal of Quality in Health Care, 26(Suppl 1), 56-65.
[20] Rosen, M.A., DiazGranados, D., Dietz, A.S., Benishek, L.E., Thompson, D., Pronovost, P.J., & Weaver, S.J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. The American Psychologist, 73(4), 433-450. https://doi.org/10.1037/amp0000298
[21] Salanitro A.H., Kripalani S., Resnic J., Mueller S.K., Wetterneck T.B., Haynes K.T., Stein J., Kaboli P.J., Labonville S., Etchells E., Cobaugh D.J., Hanson D., Greenwald J.L., Williams M.V., & Schnipper J.L. (2013). Rationale and design of the Multicenter Medication Reconciliation Quality Improvement Study (MARQUIS). BMC Health Services Research, 13, 230.
[22] Secanell M., Groene O., Arah O.A., Lopez M.A., Kutryba B., Pfaff H., Klazinga N., Wagner C., Kristensen S., Bartels P.D., Garel P., Bruneau C., Escoval A., França M., Mora N., & Suñol R. (2014). Deepening our understanding of quality improvement in Europe (DUQuE): overview of a study of hospital quality management in seven countries. International Journal of Quality in Health Care, 25(3), 167-178.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Research Article

[23] Shaw, C., Groene, O., Botje, D., Suñol, R., Kutryba, B., Klazinga, N., Bruneau, C., Hammer, A., Wang, A., Arah, O.A., & Wagner, C. (2014). The effect of certification and accreditation on quality management in four clinical services in 73 European hospitals. International Journal of Quality in Health Care, 26(Supplement 1), 100-107.

[24] Spencer E., & Walshe K. (2009). National quality improvement policies and strategies in European healthcare systems. Quality and Safety in Health Care, 18(Suppl 1), i22-i27.

[25] Sunol R., Wagner C., Arah O.A., Shaw C.D., Kristensen S., Thompson C.A., Dersarkissian M., Bartels P.D., Pfaff H., Secanell M., Mora N., Vlcek F., Kutaj-Wasikowska H., Kutryba B., Michel P., & Groene O. (2014). Evidence-based organization and patient safety strategies in European hospitals. International Journal of Quality in Health Care, 26(Supplement 1), 81-89.

[26] Taylor N., Clay-Williams R., Ting H.P., Arnolda G., Winata T., & Hogden E. (2020). Do organisation-level quality management systems influence department-level quality? A cross-sectional study across 32 large hospitals in Australia. International Journal of Quality in Health Care, 32(Supplement 1), 35-42.

[27] Tzortzopoulos, A. (2018). Implementation of the principles and tools of Total Quality Management in the health-care sector -- guarantee of quality improvement of hospitals and the National Health System. Archives of Hellenic Medicine, 35(5), 649-664.

[28] Wagner C., Groene O., Thompson C.A., Klazinga N.S., Dersarkissian M., Arah O.A., & Suñol R. (2014). Development and validation of an index to assess hospital quality management systems. International Journal of Quality in Health Care, 26(1), 16-26.

[29] Wagner, C., Groene, O., Thompson, C.A., Dersarkissian M., Klazinga N.S., Arah O.A., & Suñol R. (2014). DUQuE quality management measures: associations between quality management at hospital and pathway levels. International Journal of Quality in Health Care, 26(1), 66-73.

[30] Wardhani, V., Utarini, A., van Dijk, J.P., Post, D., & Groothoff, J.W. (2009). Determinants of quality management systems implementation in hospitals. Health Policy, 89, 239-251.

[31] Winata T., Clay-Williams R., Taylor N., Hogden E., Hibbert P., Austin E., & Braithwaite J. (2020). Using accreditation surveyors to conduct health services research: a qualitative, comparative study in Australia. International Journal of Quality in Health Care, 32(Supplement 1), 89-98.

Copyright © 2023 by Author/s and Licensed by JISEM. This is an open access article distributed under the Creative Commons Attribution License which permitsunrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.