

A CHANCE TO DEFEAT BUREAUCRACY THROUGH LEAN SYSTEM

Ruxandra DINULESCU

*The Bucharest University of Economic Studies, Bucharest, Romania
ruxandra.dinulescu@gmail.com*

Elena Oana CROITORU

*The Bucharest University of Economic Studies, Bucharest, Romania
selenaoana@yahoo.com*

Mihaela MASCU

*The Bucharest University of Economic Studies, Bucharest, Romania
mihaelauda@yahoo.com*

Laura Violeta VOICU

*The Bucharest University of Economic Studies, Bucharest, Romania
laura.voicu@gmail.com*

Abstract

The public health care system fights every day with issues derived from bureaucracy. Constantly, patients blame the doctors, doctors blame the authorities and in the end, everyone is accusing someone else without trying to understand the origins of bureaucracy and how can be defeated. As long as other European Union countries have succeeded in eliminating bureaucracy, Romania has to take example, to apply other countries' model and to "clean" once for all the public health care system from everything that could affect its doctors and patients.

Keywords: Bureaucracy, Lean method, Hospital.

1. INTRODUCTION

Starting with 1948 until 1989, Romania passed through a period called "the communism". Besides other difficulties, in that time, people were forced to attend several queues in order to procure food, different permissions, etc.

After this period was over, more exactly after almost 26 years later, this procedure still exists and what is worst, it has divided into several branches absorbing different industries.

This "phenomenon" is called today bureaucracy.

Bureaucracy cannot have a predefined definition, but nowadays economists try to analyze it from different points of view: on the one hand, it is seen as a way of organization based on different strict rules and regulations, and on the other hand, as an hierarchical organizational form, with lack of transparency.

2. BUREAUCRACY IN ROMANIA

However we would like to define it, one thing is certain: nowadays, Romania knows, unfortunately, how it feels bureaucracy in every industry. Even if we refer to juridical field, sanitary field, educational field, etc., there still exists an average of almost 60% covered with bureaucracy, visible in different forms.

Every day in Romania are presented situations where the approach of a certain industry is stopped because of bureaucracy. Every day, the public system loses a battle in front of this issue, because something couldn't be approved without a signature, queues were too big, there was inutile motion, civil employees send the papers from one to another and so on.

Because of this, public institutions are often criticized, people blame the authorities and in the end, everyone accepts the situation and moves on, conforming themselves that the fault belongs to the system and just waiting for a miracle to happen and change the situation.

Unfortunately, things won't change unless people change. The "system" integrates the whole population, no matter the position held in the hierarchy. As long as people are waiting, the progress will also wait.

What is worst is that bureaucracy affects industries that are meant to help people. For example, one industry strongly affected by bureaucracy, is the public health care system.

The level of bureaucracy has reached the maximum point-death. People in need are trying to procure different medicines for their illness, but instead of having a normal process (see figure 1), they are required to pass through several steps (see figure 2), until they get the desired medicine, and in some cases, this motion is fatal.

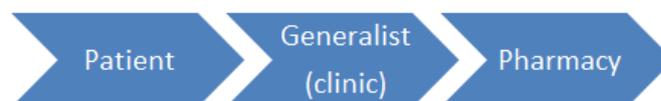


FIGURE 1 – PATIENTS' EFFICIENT MOTION



FIGURE 2 – PATIENTS' INEFFICIENT MOTION

Since year 2000, health care system has been divided into public and private health care system. Even if the public health funds are not “financial loss” to society (Cicea, 2011: 38), they are insufficient. The private system appeared as a need to the public one. Patients prefer to pay more, but instead to be treated without having to walk with papers, without queues and lack of communication between doctors.

3. BUREAUCRACY IN PUBLIC HEALTH CARE SYSTEM

In public health care system, bureaucracy can have different forms:

- Queues → waiting, standing with the child, in front of a cabinet's door, until the other patient gets out.

“Bonus” issue: because there are no separate waiting rooms, where patients could wait in front of each specialist, coming with a disease, and standing along with other patients with other diseases, might affect the patient's health and even if the patient came for only one problem, he might easily go home with another “fresh” one.

- Papers → before arriving at a specialist, the patient has to go first to his family doctor, take the prescription, go at the specialist, coming back to his family doctor, take another prescription, go to the pharmacy for the medicines, and if they are not lucky, they might even search in several pharmacies for a medicine. In most of the cases, the generalists and the specialists are not in the same clinic.

This entire arduous road is a long agony for a patient in need. Because of an almost medium standard of life, patients have to take this road, and in the end to benefit from a free consultation.

Compared to the public hospitals, the private system offers all these services, for a certain amount of money, in the same place. For example if the patient needs to see a generalist and after that going to a cardiologist, this thing is possible in the same clinic, without further movement (maybe just changing the floor).

- Documents issued from the National Agency of Health Insurance → the latest document that patients have to possess, starting with the 1st of February, is the so called “National health card”. With this card patients can benefit from medical services.

But, before they get the card, patients have to go first at the National Agency of Health Insurance, stay at the queue, sign for the card, take the card, and then go with the card at their generalist, to activate it and sign for it, once again.

This translates into a significant wasted time and motion for patients.

- Unused medical equipment → public hospitals have bought modern medical equipment in order to cure the patients with difficult problems, like cancer. For example, a particle accelerator with a value of almost 3000 euros, stays unused in a hospital because the medical staff didn't took the time to obtain an authorization for that equipment in order to be used.

If that equipment would work, almost 60 patients per day could be treated. Instead of this, patients go to private hospitals, pay a huge amount of money, just to benefit from the same treatment, with the same equipment and even so, with a delay of almost 1 month between appointments.

Another example is with a brachytherapy device meant to treat some cases of incurable diseases, like the ones occurred in cervix and in esophagus. Besides the fact that the equipment does not have a valid operating authorization, there aren't doctors who know how to use it. The only doctor who knew, left the country.

The last example involves a performing angiograph, for which the hospital has paid 1 million euros, and laid for almost 4 years without being used. When finally the doctors remembered it, the machine broke after several tests and the guarantee expired for 2 years. After repairing it, the doctors found out that they had to renew the operating authorization.

These examples are just a part of what bureaucracy means in health care system. Taking these examples into account, we found out that the sanitary industry has a lot of gaps to cover, before offering the well-deserved support for patients.

Moreover, another inconvenient is that these situations last for a couple of years, and are still repeating constantly.

- Same diagnostic written several times → when a patient comes to his/her generalist for an appointment, no matter what the case is, the doctor has to write the following information, 3 times, identically, in 3 different places :
 - a. In the consultation register (the doctor writes the date, the hour that the patient came, first name, last name, social security number, age, address, diagnose, the prescription's number and the patient's signature).

- b. In the national program, called "Unique Integrated Information System" (exactly the same information as mentioned above);
- c. In the patient's medical record (exactly the same information as mentioned above).

If the patient leaves the generalist and goes to a specialist, that doctor will follow and rewrite exactly the same information as already mentioned above.

Conclusion: if the patient sees 2 doctors (a generalist and a specialist), the above information will be identically written, at least 5 times in at least 5 different places.

When a baby comes to the generalist, for a routine medical examination, and if that baby must be vaccinated, that vaccine is registered in 4 different places:

- a. In the patient's medical record
 - b. In the Vaccination Register
 - c. In the consultation register
 - d. In another national program, called "National electronic vaccinations' register".
- Different reports and declarations made by doctors constantly → even if all the daily activities are registered 3 times (as seen above) by the generalists, The Bucharest Public Health Agency demands every 3 month a quarterly situation of the entire activity. This report should include every patient sort by age and sex.

Although, the doctors are daily connected with the National Agency of Health Insurance, and every consultation is recorded on their platforms, still, this report has to be done by the generalist, every 3 month.

- Medical leave → if a patient requires a medical leave because he suffers from a certain disease and he has to stay in bed for a couple of days, in order for him to achieve the medical leave from his generalist, he first has to present a certificate issued by his actual workplace, specifying the number of days of medical leave that the patient had in the current year.

For example, if a patient comes at his generalist, on the 1st of September, asking him a medical leave (supposing that the patient has a serious medical problem), the doctor is not allowed to release the medical leave without that certificate from the patient's workplace. So, the patient goes at his workplace (the patient was supposed to stay in bed and recover) to ask for the certificate. His demand is recorded by the human resources department and the certificate is released after 2 working days (in average). That means that the patient goes at his generalist with the certificate, on the 3rd of September.

The main malfunction is that the generalist is forbidden by law to retroactive release the medical leave. That means that he is not able to give the medical leave from the 1st of September, but only after he

has received the certificate from the patient's workplace (in our case, on the 3rd). Result: the patient loses 2 days of medical leave because of bureaucracy.

4. IS IT LEAN AN APPROACH THAT COULD SOLVE THE ISSUES FROM THE PUBLIC HEALTH CARE SYSTEM?

The answer is yes. Successful organizations apply lean principles in order to be more competitive (Grigore and Badea, 2012). Lean method is exactly what health care system needs. In order to reduce bureaucracy, doctors along with medical staff and employees from different health care organizations need to understand the benefits that Lean presents.

Using Lean methods, they can reduce step by step the effects of bureaucracy.

For example here are some solutions that could be applied in order to improve the health care services:

TABLE 1 – SOLUTIONS TO IMPROVE THE HEALTH CARE SERVICES

No.	Problem to be solved	Solution	Lean result for eliminating waste and bureaucracy
1.	Queues	Appointments for each patient made by the assistant	No more queues, resulting in no risk of taking another disease
2.	Papers	An information system that is able to transmit the information from one doctor to another	No more wasted paper → no more wasted time for the doctor and patient
3.	National health card	The National Agency of Health Insurance should transmit the cards directly to the family doctors for each patient	No more wasted time for patients, no more queues at the National Agency of Health Insurance
4.	Unused medical equipment	Buy the equipment only after a special person is trained to know how to use it.	Saving the hospital's financial resources.
5.	Same diagnostic written several times; Different reports and declarations; Medical leave	A complex database that is able to gather all the information about each patient, updated each time the patient sees a doctor.	No more wasted time for doctors → efficiency and fluency in the medical cabinets. A better organized consultation.

5. CONCLUSIONS

According to a study made by The Bucharest Physicians' College, doctors loose almost 50% of their work time fighting with bureaucracy. Because of this, the time dedicated to their patients decreases considerably. Over 40% of doctors affirm that they assign between 50% and 80% of time for their patients. That means that the rest of the time is filled with completing medical papers or with other bureaucratic activities.

As long as we won't find a solution, the public health care system will collapse under papers, programs, signatures, reports, etc. and the patients will constantly blame the doctors, without knowing that they are also victims of a broken system and legislation.

All in all, applying Lean method in health care system could represent a way of defeating the bureaucracy. Even if the procedure that needs to be followed is not very easy, the first step is already made: every person from the medical system (including patients) wants one thing for sure – eliminate bureaucracy.

ACKNOWLEDGEMENT

This work was cofinanced from the European Social Fund through Sectoral Operational Programme Human Resources Development 2007-2013, project number POSDRU/159/1.5/S/142115 „Performance and excellence in doctoral and postdoctoral research in Romanian economics science domain”

REFERENCES

- Cicea, C. (2011). Consideration Regarding Cost's Evaluation in Healthcare Area, *Business Excellence and Management*, 1(1): 37-48.
- Friedman, L. (2000). *Advances in Health Care Management*, US. Ed. Emerald.
- Graban, M. (2008). *Lean Hospitals. Improving Quality, Patient Safety and Employee Satisfaction*, CRC Press.
- Grigore A.M., Badea, F. (2012). Successful Lean Lessons from Romanian Companies, *Business Excellence and Management*, 2(4): 47-55.
- Weber, M. (1978). *Economy and Society: An Outline of Interpretive Sociology*, University of California Press, New Ed edition.