

**UNIVERSITY OF EUROPEAN POLITICAL AND ECONOMIC
STUDIES "CONSTANTIN STERE"**

Manuscript title
CZU: 005.7:614.2(043.2)

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**MANAGERIAL PROCESSES AND TOOLS EFFICIENCY
INCREASING IN THE FIELD OF HOSPITAL UNITS**

**SPECIALTY 521.03 - Economy and management in the field of
activity**

Summary of the doctoral thesis in economics

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The public defense will take place on the 21 January 2023, at 11:00 a.m., during the meeting of the Commission for public defense of the doctoral thesis, at the Constantin Stere University of European Political and Economic Studies, Chisinau, 200 Stefan cel Mare and Sfânt bd., floor VI, the Senate Hall, MD-2004.

The doctoral thesis and the summary can be consulted at the Library of C. Stere UEPES and on the website of ANACEC (www.cnaa.md).

The summary was sent on 20 December 2022

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CONCEPTUAL MARKERS OF THE RESEARCH

Actuality and importance of the research problem. The development of society, globalization, and technical-scientific programs has determined the interest of modern economic science for economic management applied in various branches of activity. The constant concern of specialists for the practical aspects of economic management, as well as for theoretical problems, is reflected in the numerous studies that refer to management and administration. These studies and works propose a deepening and multi-aspect research of the different fields of economic science, revealing managerial subsystems, classification criteria, principles of formation and management of the economic activity. One of the basic subsystems of economic management is economic management in the field of health. Given the fact that healthcare systems are in the process of continuous technological and managerial transformation, the reasons for global transformations reach the maximum limits of the state and/or the companies that apply them, exhausting traditional methods and tools to reduce costs and experience the staff. Being focused on the principle of satisfying the needs and wishes of patients, the factors that influence changes in the health system are demographic, legal, ethical, epidemiological, technological and diagnostic, therapeutic/preventive, and managerial based on the total principle of quality, as well as factors related to consumption and cost efficiency.

Improving the efficiency of activities is the starting point for the development of any organization. For this reason, the evaluation of effectiveness is a problem that is scientifically and practically relevant in all areas of practical human activity. Performance evaluation is of particular importance for organizations in those fields where not the market, but the socio-political mechanisms of interaction play a dominant role. One of these is the health sector.

The topicality of the research theme consists in solving the main problem faced by hospital units, namely, the increase in care and treatment costs, by developing and implementing new managerial processes and tools focused on the principle of quality and efficiency of hospital services.

Description of the situation in the field and identification of the research problem. The management of units in the healthcare system, due to its complexity, is a field less studied by foreign and domestic researchers. Specialized literature (the studies of economists: Catan P., Cotelnic A., Fayol H., Hrişcev E., Mackensie A., Porter M., Stratan A., Teylor F.) [6, 14, 20, 22, 23, 29, 36, 37] partly reflect the basic aspects and solutions, for the efficient administration of this economic system. The trends observed in economically developed countries for the increase in expenses for medical care (treatment) of citizens, the aging of the population and the associated increase in the demand for medical care, changes in the structure of morbidity and the emergence of innovative, including expensive, methods of treatment and rehabilitation - all these circumstances that strengthen the importance of the evaluation study of the effectiveness of public health institutions [39, p. 1-15]. Therefore, the author considers insufficient the conceptual and practical approach to the notions, processes and tools related to hospital management, which causes the lack of an instrument to evaluate the efficiency of management in this field and respectively proposes ways to make it more efficient, based on the principles, strategies and new tools. This idea determined the purpose of the thesis and the range of problems that the author proposed to solve.

The purpose of the research consists of the study of economic management in the field of health and the development of processes and tools to make hospital management more efficient in accordance with European Union standards.

In accordance with the formulated purpose, **the objectives of the paper** are the following:

1. Presentation of contemporary strategies, concepts, and definitions regarding management, quality management, manager, managerial system, development strategies, economic management in the field of health, project management, "leadership" and "controlling".

2. Investigating the methods of evaluating the efficiency of the activities of hospital units used in scientific research and applied in managerial practice.

3. Identification of current trends in the development of contemporary management.

4. The formulation of methodological elements, combined with the analysis of research tools, methods, and techniques of health management at the hospital unit level focused on the principle of total quality management.

5. Analysis of the impact that economic management has on the improvement and efficiency of the activity of hospital units.

6. Carrying out the study on the evolution of the number of hospital units at the national and county level (Romania).

7. Identification of the peculiarities of the formation and use of the hospital unit's budget, and analysis of the principle of financial autonomy.

8. Analysis of managerial control – structure, concept, and delimitation in the relationship with third parties.

9. Analysis of the use of logistic control related to the efficiency of the activity and the preparation of decisions in the hospital unit.

10. Exemplifying the national standards used in the hospital accreditation process.

11. Efficiency through new tools used in quality management.

12. Analysis and development of financing programs for the activity of hospital units;

13. Elaboration of proposals related to improving the activity of the hospital unit by applying innovative managerial methods focused on quality.

The scientific novelty and originality of the research lie in:

1. Examining and arguing the theoretical and scientific approaches to the concepts of economic management and hospital management.

2. The concretization of the notions of accreditation and the management of the accreditation of hospital units, specifying and defining the notions of project management infrastructure, as well as the framework methodology for project management implementation.

3. Identification of directions for improving the process of receiving and serving patients within the hospital unit.

4. Elaboration of a tool for evaluating the efficiency of hospital management and outlining the tools and ways to make it more efficient based on new principles, strategies, and methods.

5. Study on the implementation of the "Balanced Scorecard" and "Six Sigma" methods in the Novaci hospital unit to optimize its activity.

The results of the research represent a complex approach, for the first time, which completes the scientific framework dedicated to the field of administration of hospital units. The research carried out deepens the fundamental aspects regarding the risk factors with reference to hospital management, outlining the modern features of the influence of management strategies on its development.

The research hypothesis is based on the assumption that an important condition for the efficiency of managerial processes within hospital units is the development and implementation of a set of measures and methods, correlated with the state sectoral policies.

The research object is the health sector and hospital enterprises in Romania and the Republic of Moldova.

The important scientific problem solved consists in the establishment from a scientific, methodological and practical perspective of the measures, methods, processes, and

managerial tools applied in the field of hospital management, a fact that allowed its improvement at the microeconomic level, in order to make the activity of the companies in the health field more efficient. The theoretical approach will contribute to the enrichment of the literature in the field of hospital management, and the practical application of the proposals and recommendations presents a real contribution to improving the development of the activity of entities in the field of health (especially hospitals), in order to combat the negative factors that influence the quality of hospital services.

The methodological and theoretical-scientific support of the thesis is made up of economic theory that focuses on doctrines, policies, theories, principles and laws that exemplify the economic management of hospital units. The main research methods used in the work are dialectic, analytical and comparative method, deduction, induction, diagnosis, survey, statistical groupings, logical argumentation and demonstration, systemic approach, quantitative and qualitative analysis methods, SWOT analysis, Six SIGMA method, TQM and the Balanced Scorecard, the case study, etc.

As informative material for the research was used the laws and decisions adopted by the Parliament and the Government of Romania, the financial and statistical reports, as well as the documents of the enterprises in the hospital field, the statistical yearbooks of the National Bureau of Statistics of Romania and the Republic of Moldova, the reports and informative notes of the Ministry served as informative material for the research health, studies and research in the field of the health sector, internal reports from hospitals, etc.

The theoretical importance of the thesis consists of the critical analysis of the concept of economic management in the field of health and the evaluation of the current trends in its development under the conditions of a competitive economy. The thesis also presents the specified definitions, methods, and techniques that can be applied by researchers/managers/employees, in reshaping strategic decisions and improving the quality of medical services provided.

The applicative value of the thesis consists in the applicability and implementation of the results of the investigation in the management practice of enterprises in the hospital field and the public approval of the results, reflected in scientific publications, presentations at scientific events in the country and abroad, confirmed by implementation documents:

- Diagnosis and evaluation of the level of management development in hospital enterprises, with the application of methods such as a survey (based on self-assessment of the management system), methods: Six SIGMA, TQM, and Balanced Scorecard;
- Identification and application of techniques and tools at the sectoral and microeconomic level for the improvement of management at enterprises in the hospital field;
- Promoting the vertical integration strategy at companies in the field;
- Implementation in the practice of measures to redesign managerial subsystems within enterprises;
- Evaluation of the absolute and relative efficiency of the management in the enterprises in the hospital field, with the support of the methodology proposed in the thesis;
- Implementation of the provisions of the ISO 9000 series of standards within these enterprises, in accordance with international trends and EU standards.

Approval of scientific results. The research results were published in the materials of international and national conferences and symposia with international participation, in peer-reviewed journals. In total, the author produced 12 publications with a volume of over 10 as.

The implementation of scientific results is confirmed by Certificates of registration of copyright objects and related rights and by Acts of implementation of research results, with an obvious scientific and practical value, which were made in accordance with the requirements of the European Union and duly approved.

Also, the author's results, conclusions, and proposals can be used for didactic purposes, in courses on general management, business management in the health sector, company management, etc.

The structure of the thesis was conditioned by the purpose and tasks established, in a logical order, as follows: introduction, three chapters, general conclusions and recommendations, bibliography, and appendices. The work includes 124 bibliographic titles, 140 pages of basic text, 22 tables, 32 figures, 39 appendices, 3 documents implementing the research results, and 2 Certificates of registration of copyright and related rights.

Keywords: managerial control, activity efficiency, leadership, population health, quality of life, managerial system, decisional-communication subsystem, quality management, Six Sigma, controlling, strategic controlling, Balanced Scorecard, accreditation, quality, management, documentation, management.

THESIS CONTENT

In **the INTRODUCTION**, the actuality, importance, and necessity of the research of the chosen theme are argued, the purpose and objectives of the research are formulated, the novelty and scientific originality of the research, the theoretical importance and the applied value of the work, the methodological support based on doctrines, theories, laws, principles, policies and on a system of methods, procedures, techniques, rules, postulates and suitable tools to carry out research aimed at the management of hospital units.

CHAPTER 1. THE CONCEPTUAL FRAMEWORK OF THE ECONOMIC MANAGEMENT OF HOSPITAL UNITS

In subsection 1.1. The synthesis of management concepts and the peculiarities of management efficiency in hospital units *is presented, as the analysis of concepts and research in the field of management, as well as the analysis of definitions related to management - a management science, oriented towards achieving the basic objectives of the enterprise.*

Economic science labels the economists Frederick Taylor and Henry Fayol [14, 37] as fathers of the contemporary concept of management. They developed the foundations of scientific management. Of course, we can also find primary elements of management in the ancient period, but as a concept, management was specifically defined by these specialists, as well as others (Owen R., Babbage Ch., etc.).

Management is the organizational function that ensures the efficient performance of activities and that aims to achieve a maximum level of results, through the optimal use of available resources. Management activity primarily refers to groups of people (teams) or processes. The main element in this structure is the manager, the person whose basic activity is managing the managerial process. The available resources used by an effective manager are time, talent, human resources, natural resources and financial resources [18].

Word management has complex semantics. The term management can be found, with great difficulty, in other languages, as a correspondent. It is a specific word created on American soil and can hardly be translated into another language, even British English. The origin of the word management can be found in the Latin word manus "hand". As an activity, manus meant stringing, with the help of ropes, the horses harnessed to a cart. in modern parlance, this would translate as "handling or piloting". The root "man-" of the Latin "manus" is found in a number of words from different languages.

The term management is more commonly used in Anglo-Saxon countries. Initially, management, in English, meant management, administration, household activities, etc. Originating from a Latin root, the term gradually broadened its content and acquired a specific meaning. According to the American practical spirit, management means, first of all, a state of mind, a way of looking at and approaching problems, a concrete way of leading,

organizing in a dynamic vision, directed towards a well-defined goal, namely toward maximum efficiency in activity.

The explanatory dictionary of the Romanian language defines the meaning of the word "Management" as:

1. The activity and art of leading;
2. The set of organizational, management and management activities of an enterprise;
3. Science and technique of organization and administration of an enterprise.

Therefore, these notions represent only some component parts of management. The use of one or another of the four terms has the disadvantage of reducing the scope and does not convey all the meanings of the notion of management [15].

Management as a concept can be divided into two types of activities (functional and institutional).

Functional:

- An activity, action or process (examples: project management, time management, personnel management, order management, configuration management, knowledge management, change management);

- The totality of ordinary management or administration actions of organizations.

Institutional:

- A group of people with predominant concerns for organizational or management actions (a group of managers);

- Agents of athletes or artists.

The Austrian-American economist Peter Drucker (the father of the concept known as management by objectives and self-control, a famous and influential scholar in the field of practical and theoretical management) in his works (about 20 works in the field of management) emphasized the importance of management through his definition: "The main asset of the developed countries, probably, is the effective Management, the objective of the major priority for the developing countries" [11, p. 19].

In response to the economic-social challenges, various specialists, through their efforts, crystallized the notion of Management, as a science or concept with diverse and complex approaches. For example, the Management Dictionary [15, p. 131] stipulates the origin and key elements of management: "Management - is a term taken from the English language", meaning:

- The requirement or the art of company administration;
- The method of balanced administration of the company's activities, of structuring goals and objectives, of building and realizing strategies".

In the work of Managerial methodologies, management has the meaning of "The science of organization and management of the enterprise" or "The set of activities of organization and management in order to adopt optimal decisions in the design and regulation of microeconomic processes" [5, p. 114]. The given meaning can be criticized in that, in both variants of management, management is explained both by a single function (organization) and by the term (management), which, however, implies the exercise of all management or leadership functions, recognized by most specialists in the field.

Another French economist Henry Fayol (the founder of Fayolism - the general theory of management), in the work "Administration Industrielle et general - Prevoyance, Organization, Commandment, Coordination, Control" [14, p. 88] mentioned that "Management is an ensemble - which comprises five main elements". These 5 elements are the following:

1. Anticipation and planning: drawing up the action plan;
2. Organization: establishing/designing the human and physical structure of the company;
3. Administration: work with staff;

4. Coordination: agreeing, combining and reconciling the actions taken and the efforts made;

5. Monitoring/supervision: control activities of various processes, focused on the principle of compliance with established rules.

This chapter also presents a short list of definitions regarding the notion of management according to economists from North America and the Republic of Moldova.

Also, following the review of these definitions, the author concludes with certainty that management is a process (the integral set of planning, organizing, motivating and controlling actions) that contributes to the achievement of the organization's objectives, in a continuously changing environment. In this sense, the author highlighted common features in the definitions of management presented above:

- Effective management of the resources available to the enterprise - is the main element of effective management;

- Management aims at a set of decisions, procedures and actions related to the profitable management of the enterprise as well as the achievement of the established objectives;

- The main elements of management are planning, motivating, organizing, directing, solving problems and supervising.

In subsection 1.2. Principles of the organization and development of the processes of the managerial system of the enterprise in the hospital field, *the author addresses the managerial problems caused by the quantitative and qualitative expansion and deepening of the sanitary-curative services of the enterprises in the hospital field and distinguishes the phases related to the development and organization of the managerial activity within them.*

The author [35, p. 28-35] distinguishes the following phases related to the development and organization of managerial activity within a hospital institution:

1. The first phase of a general or special health program consists of analyzing the situation, based on the most recent statistical data on medical, financial cost, social aspects and sanitary forecast.

2. The second phase, programming planning, constitutes a complex decision-making process, based on the establishment of needs, and the phasing of the program, all of which will be finalized based on the data resulting from the critical analysis carried out in the first phase. The programming-planning activity consists in the formulation of strategies and applicative policies under the given conditions; it represents a conscious process of establishing the essential problems, concretizing the priority goals and selecting the modalities and methods for achieving these goals.

3. The next phase is financial programming - it involves establishing the objectives and sub-objectives, developing the way to achieve them, the actual financing, and then launching the action.

4. The fourth phase, the evaluation of the program, involves the activity of guidance and control, with its three aspects: accounting, technique, and records.

The effectiveness of the medical and sanitary services and the health personnel can be summarized in: people free from diseases, sick people treated and completely cured, and medically and socially recovered cases. The number of hospitalizations will be reduced by various means:

- a) The "gate keeper" (barrier) role of family doctors;
- b) Home care services;
- c) Community care nurses.

Population health represents a synthetic expression between the human population (with its genetic, demographic, psychological and cultural characteristics), on the one hand, and the elements of the environment (natural, social and biological), on the other.

Therefore, the state of health of the population is a complex phenomenon, biological, psychological, social, and cultural, which synthetically expresses the level and characteristics of the health of the members of the community, viewed as a whole.

From the beginning, two notions must be differentiated: the state of health of the individual (person) and the state of health of the population (community).

The criteria used to define health are multiple and refer to:

- Functional well-being;
- The body's ability to adapt to living and working conditions;
- The human condition that makes man creative.

The health and harmonious development of the human body, on the one hand, and the state of illness, on the other, depending on endogenous (biological) factors and exogenous, environmental (mesological) factors, which in turn are divided into natural and social factors.

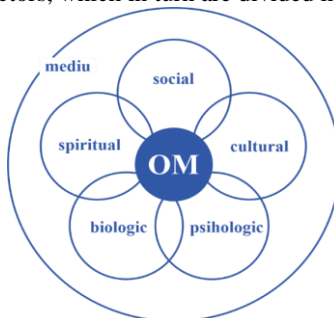


Fig. 1. Environmental factors that condition the health status of the population

Source: [35]

The action of some endogenous factors is known, such as sex, age, constitutional type, heredity, and neuroendocrine constellation. However, man and the community have permanent relations with numerous factors of the environment, whose influence is particularly important (Figure 1):

- Physical factors: radiation, temperature, light, dust, powders, humidity, atmospheric pressure;
- Chemical factors: food, toxic gases, various chemical pollutants;
- Biological factors: microorganisms, bacteria, viruses, parasites;
- Geo-climatic factors: altitude, relief, climate, precipitation;
- Sociocultural, educational, and behavioral factors: lifestyle, attitudes, habits, beliefs.

The factors of the natural environment cannot act on health completely independently of socio-economic conditions, but exert their influence indirectly, this being reflected by the entire social context. The content of the notion of social factors is very complex; it indicates the interrelationships of the human organism, of a man with his specific way of life: society.

Among these social factors, we mention residence environment, the standard of living; lifestyle and diet; working and living conditions; level of education and culture; profession-occupation; ethnic factors; traditions and customs; religious factors; demographic factors.

The approach to enterprise management as a system is characterized by the fact that managerial functions are no longer treated as individual factors. The emphasis is on the system, subsystem and its objective, which are given a central position. In this way of thinking, the other elements, including the functions, are approached only as means that contribute to the achievement of the goals set by the manager.

In order to maximize the potential of the resources of the economic unit, the corresponding functions and subsystems should not be treated as independent elements, they should be integrated organically into the general effort - for the achievement of the

objectives and strategic goals of the enterprise as well as ensuring the efficiency of the operation of the general system that represents.

By "system" it meant an ordered set of elements characterized by interconnection and interaction, capable of achieving, under the action of various incentives, a certain objective, with certain performances [24, p. 191]. Considering that the enterprise represents a system, we highlighted within it the decision-communication subsystem, which, in turn, can be characterized as a system that has the following components (subsystems) (Figure 2).

Taking into account the above, the component parts or elementary processes that are necessary for the formation of a system are called "subsystems" [8, p. 53]. In turn, each subsystem can be decomposed into several subsystems, with a greater degree of precision. In relation to the complexity of a global system, a certain hierarchy of systems and a certain number of subsystems are determined, as a general rule for any identifiable process or fact, a system can be associated.

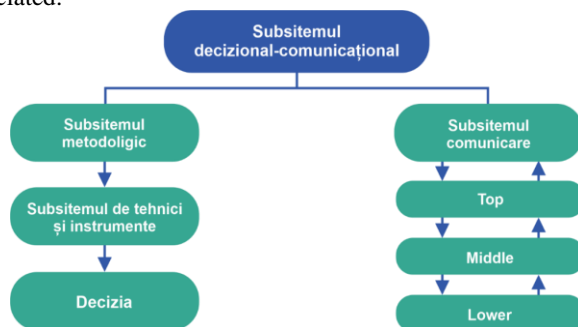


Fig. 2. Scheme of the decision-communication subsystem in the systemic approach of the enterprise

Source: [8]

The wide variety of systems can be grouped according to certain criteria (Table 1). We will continue to refer only to open systems, because our object of study - the managerial system of the enterprise in the hospital field - constitutes an open system, organically adaptive, functioning with continuous changes of their components, under the influence of environmental factors.

Table 1. Classification of systems according to different criteria

Criterion	Type of system	Characteristics of the system
In relation to the field	Material systems	They have a concrete counterpart in the surrounding reality
	Abstract systems	They can exist only in the analyst's thinking: notions, hypotheses, ideas, etc.
In relation to the origin	Stable systems	Are those that remain constant for a long period of time
	Adaptable systems	They can change structurally or functionally in relation to certain factors of the environment in which they take place
According to the relationships with the environment	Closed systems	Do not communicate with the environment
	Open systems	They work with continuous changes of their components under the influence of environmental factors

Source: [8]

A managerial system is a coherent set of managerial methods and procedures that ensure the necessary framework for the operation of the enterprise in all its aspects. In this context, the objective of the company's management consists in adopting decisions aimed at ensuring the operation of the unit and its economic-social development [12, p. 193].

So, the managerial system is influenced and obeys the system of the external environment and the system of the internal environment. The management system operates in a dynamic environment which it influences and which, in turn, is influenced. The content of the system is rendered by the following components (Table 2).

Table 2. The content of the managerial system of the enterprise

Component	The notion that determines the component
Objectives	Rationale, motivational support, and finality of the managerial system
Statics of the system	Constructive component
Dynamics of	Functional component (relationships between the elements of the system)

Source: [7]

Abstracting from the pre-search of the managerial system and emerging from the above-mentioned, the author proposes to carry out the analysis of the managerial system of the enterprise in the hospital field according to the following model (Figure 3).

The analysis of the proposed management system will be carried out starting with the system of the external environment, because any enterprise, regardless of its individual characteristics, is affected to a greater or lesser extent by changes in this environment and its impact on the enterprise's activity is unpredictable.

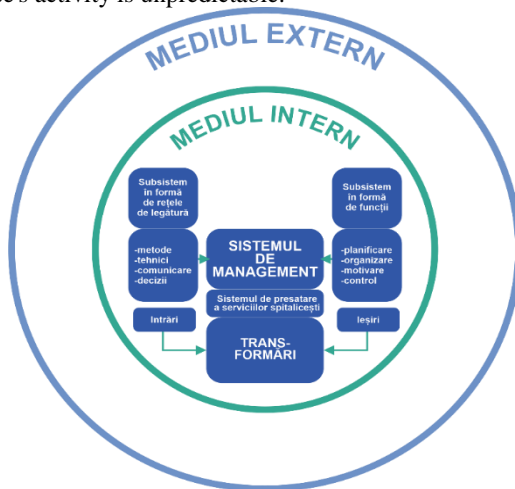


Fig. 3. Scheme of the enterprise management system

Source: [25]

The fundamental problem of the analysis of the external environment is to understand how it influences the enterprise and, more difficult, how this influence will take place in the future in order to prevent effects negative. For this purpose, it is important to mention that the external environment system has a series of basic characteristics such as interdependence; composability, mobility, and vagueness (uncertainty).

The analysis of the external environment of the enterprise in the hospital field in two main directions: the analysis of the general external environment and the analysis of the external competitive environment is presented in Table 3.

Table 3. The directions of the analysis of the external environment of the enterprise

Type of the external environment	Environmental factors to be analyzed
External general	<ol style="list-style-type: none"> 1. Political-legal factors 2. Economic 3. Socio-cultural factors 4. Technological factors
External competitive (competitive) environment	Porter's model: <ol style="list-style-type: none"> 1. Threat of substitute products 2. Bargaining power of suppliers 3. Bargaining power of consumers 4. Level of current competition 5. Barriers to entry

Source: [32]

In subchapter 1.3. Evaluation of the tools used in quality management in the management of hospital units, *the conceptual bases of the quality management approach by the scholars Deming WE, Juran J. and Shewhart W., Donabedian, Porter M. are presented. The Deming improvement cycle or the Deming wheel (plan- do-check-act or plan-do-study-act) and its adaptation by Shewhart. 14 management points adopted by Deming in the medical field are elucidated. 7 essential quality tools for improving health processes are presented: a) the cause and effect diagram; b) the verification sheet; c) control tables; d) the histogram; e) the Pareto chart; f) the Scatter diagram; g) stratification.*

The 14 management points, adopted by Deming in the medical field, are:

1. Establishing the purpose of the service:

- Defining the operational terms that exemplify "service for patients";
- Specification of service standards for 1 – 5 years;
- Defining the patients you want;
- Exemplifying the purpose of the innovation;
- Innovation for a better service;
- Exemplifying the responsibilities of administrators and the means by which they are

attracted;

- The board must maintain the purpose.

2. Adopting a new philosophy.

3. Requesting statistical evidence regarding the quality of incoming materials, such as pharmaceuticals.

4. Management is tasked with dealing with vendors who can provide evidence of control.

5. Continuous improvement of production and service system.

6. Training in the field of restructuring:

- Development of the concept of tutors and for an improved education;
- Educating staff about the importance of control methods;
- Providing operational definitions for jobs.

7. Improving supervision. Supervision is the responsibility of management:

- Supervisors need time to help people at work. They must find ways to translate the employee's individual purpose;

- Supervisors must be trained in simple statistical methods in order to detect and eliminate possible mistakes, then correct them in a timely manner;
- Analysis of supervision time on people who do not have statistical control and do not have high performance;
- Educating supervisors on the use of patient survey results.

8. Eliminating fear.

9. Eliminating barriers between departments. One way would be to simultaneously encourage staff from related departments of the hospital.

10. Eliminate numerical targets, slogans and posters imploring people to be more efficient. It is necessary to display the objectives achieved in order to help the staff, motivate them to improve their performance.

11. Elimination of work standards that establish quotas. Work standards must produce quality, not just quantity.

12. Development of a training program in statistical techniques. Help is provided to their own employees in order to collect information useful for their work.

13. Implementation of an effective retraining program for people to strengthen new skills.

14. Implementation of a high-performance structure regarding top management.

The 7 essential quality tools for improving healthcare processes are:

Cause and effect diagram (also called Ishikawa map or fish diagram [33]): identifies many possible causes for an effect or problem and sorts ideas into useful categories. This can be used to structure a brainstorming session. The cause-and-effect diagram examines why something happened or might happen by organizing potential causes into smaller categories (Figure 4).

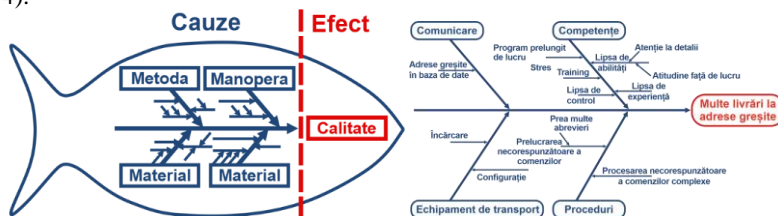


Fig. 4. Cause-and-effect diagram Source

Source: [9]

Checksheets: a structured, ready-made form for data collection and analysis. This is a generic tool that can be adapted for a wide variety of purposes. The data collected refer to the frequency of events and problems, the location of defects, the analysis of causes of failures occurring in the hospital unit etc.

Control Charts: Charts used to study how a process changes over time. A control chart is a graph used to study how a process changes over time. The data are plotted against time (Figure 5).



Fig. 5. Model control charts – control chart used In-hospital unit quality analysis

Source: [10]

Histogram: graph commonly used to show frequency distributions or how often each different value occurs in a data set. A histogram is a graph most commonly used to display frequency distributions. They are very similar to a bar chart, but there are important differences between them. After calculating the data in step 2 of the worksheet, the information is analyzed to adjust the data to a convenient number

Pareto chart: displays a bar graph of the factors that are more significant. The lengths of the bars represent frequency or cost (time or money) and are precisely arranged. Thus the longest bars are located on the left and the shortest on the right. In this way, the chart visually describes the situations that are more significant.

Scatter Chart: Comprises pairs of numerical data, with one variable on each axis, to look for a relationship between them. If the variables are correlated, the points will fall along a line or curve. The better the correlation, the more closely the points will hug the line (Figure 6).

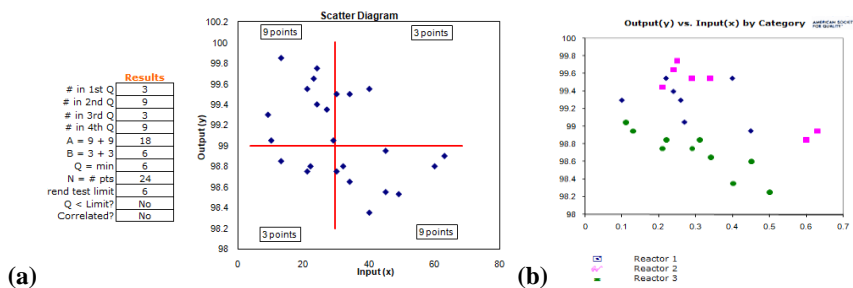


Fig. 6. Model Scatter plot (a) and stratified plot (b)

Source: [29]

Stratification: a technique that separates data gathered from a variety of sources so that patterns can be seen (some lists replace “stratification” with “chart” or “running chart”).

Six Sigma and TQM management systems are based on the teachings of Shewhart, Deming, Juran and other qualified experts. Both TQM and Six Sigma emphasize the importance of supporting top management, and the need to focus on continuous improvement as a means of ensuring the long-term viability of a hospital facility. The Six Sigma define-measure-analyze-improve-control cycle has its roots in the PDCA cycle in total quality management (TQM) [27].

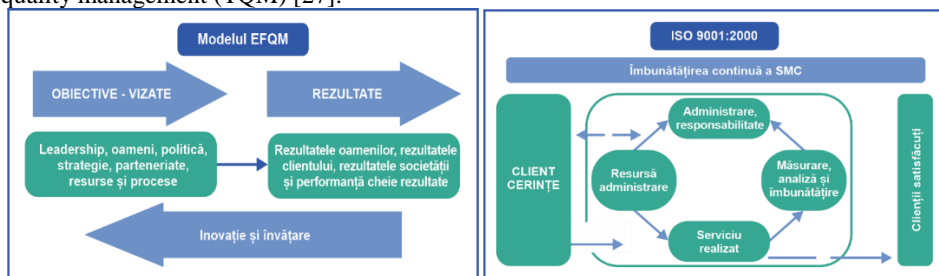


Fig. 7. EFQM and ISO 9001 Excellence Model

Source: [16]

On the other hand, the ISO 9000 series of standards deals with quality management – how the hospital unit ensures that its products and services meet the quality requirements offered to patients, but also comply with applicable regulations. In order to improve the quality of healthcare and reduce costs, many manufacturers have started to apply for ISO 9000 certification.

Some researchers argue that TQM total quality management is more effective than ISO 9000, and the way it is put into practice aims to improve operations (Figure 7).

However, there are similarities between the principles of ISO 9000 quality management and TQM total quality management, such as customer focus, leadership, process approach, systematic management approach, and continuous improvement [4, p. 91].

The quality system can never be complete. It will dynamically search for better ways to perform organizational duties. The quality system can be considered laborious and restrictive if the standard guidelines are taken too seriously. The analysis of the quality management system in a health facility is about improving the quality of services and increasing the use of feedback evaluation made by customers and patients. Next, the author builds a quality management system model in a health facility (Table 4).

Table 4. Model regarding the development of a quality system

Implementation of the social and health system. Quality care services	What is important in the development of a quality
1. Start: Both managers and employees must know the content of the evaluation criteria of the health service quality management system and the self-evaluation criteria.	1. The development and promotion of quality require managerial knowledge, in order to result in quality activities.
2. Self-evaluation: Management and employees of the facility must compare their operations with previously defined evaluation criteria.	2. The management must focus on the quality of services, instead of the care and diagnosis of a single patient, emphasizing services aimed at the whole activity of the hospital.
3. Development: choosing the best area for development of organization levels based on self-assessment and functional development of the service system.	3. The unit is the only service provider.
4. Preparing for the audit: Summoning the materials to be sent to the auditors, choosing the audits, setting the dates and informing everyone about the practical issues regarding the audit.	4. The aim is to improve the effectiveness and efficiency of the service system provided by the health facility.
5. External audit and evaluation reporting based on previously imposed evaluation criteria.	5. Proper management of hospital operations.
6. Quality assurance. Quality certification is obtained after the audit recommendation, over a period of time.	6. It aims to customize the quality management system to be in accordance with the activity carried out within the hospital. It is necessary to motivate the staff at every level.
7. Maintaining the quality label. The management of the hospital continues to develop the principles of continuous improvement of the services offered. Maintenance is ensured by internal and external self-assessment, carried out periodically.	7. It aims to implement quality work in a systematic way, on a long-term elaborated strategic thinking.

Source: elaborated by the author

Thus, for the implementation of quality standards in health facilities, the following will be followed: orientation towards the patient and the client; the health care process; continuous improvement, performance measurement; development and application of a document system.

Quality management is traditionally viewed as a management system. Quality management system (QMS) can be defined in several ways:

- It is designed to direct and control an organization in terms of quality. A system is composed of interdependent or interacting elements;
- The management system is a system created to establish policy and objectives and to achieve these objectives.

In conclusion, quality management provides support to hospitals to organize, communicate, monitor, and continuously improve aspects related to the services offered.

CHAPTER 2. THE NEED TO EVALUATE THE IMPACT OF ECONOMIC MANAGEMENT ON HOSPITAL UNITS IN ROMANIA AND THE REPUBLIC OF MOLDOVA *includes managerial analysis at the level of hospitals in Romania and the Republic of Moldova and the role of the managerial system in the economic development of hospital units.*

In subsection 2.1. The analysis, synthesis and monitoring of the indicators for the efficiency of existing processes and managerial tools in the health sector in Romania and the Republic of Moldova is presented, as the analysis of the existing situation in the health sector at the national and county level (Romania) and the Republic of Moldova as well as the main development trends of this system as well as the role of hospitals in the economic development of the country.

The management system of the hospital unit is formed as a set of measures to improve activities, which has two main phases: economic and medical, which are closely related to each other and are in continuous interaction. The main task of management activity is to achieve the maximum possible results in both aspects of the institution's activities, subject to limited resource capabilities.

The manager of the institution must actively adapt the organizational strategy to various challenges, opportunities and technological improvements to maintain competitive productivity. The essential characteristics of hospital unit management are [7, p. 3-6]:

- Planning – an effective business plan is prepared. It is essential to decide which actions will apply to avoid further confusion. It is planned how to interact with patients, in order to provide services to them as quickly as possible.
- Organization – refers to the judicious use of resources to grow the best employees, and involves preparing a monthly budget.
- Staff – poor management of a hospital unit leads to disgruntled employees who ultimately create problems for both them and the hospital.
- Leadership – managers need to set clear goals for team members. A leader must ensure that team members work together towards a common goal. He is the one who decides what would be right in a given situation.
- Control – managers need to be aware of what is going on around them. Hierarchies should be well-defined for effective management. Bosses must review the performance and progress of their subordinates and guide them whenever necessary.
- Time management – effective time management helps employees do the right thing at the right time. Managing time effectively is always looking at the long term.

- Motivation – appreciating employees for their work and applying incentive schemes are the preferred methods of managers to motivate employees and to get them involved in completing the tasks of the hospital unit over a longer period of time.

Standards and frameworks in the field of management or organizational analysis are CAF, EFQM, McKinsey 7S, MIT 90's and Zachman Framework [23, p. 65].

To manage an organization, in a certain period of time, also referring to its objectives or the organization of work and other resources, the following methods are used:

- BSC - Balanced Scorecard;
- ERP - Resource Planning;
- MBC - Skills Management;
- MBO - Management by objectives;
- Organizational development and process management;
- Project management and change management;
- SOM - Service Oriented Management.

The basic managerial functions used in organizational management are: planning, organizing, leadership, communication and control.

Partial analyzes used in organizational management are: BCG matrix, Critical Success Factors, Five Forces Analysis (Porter), Pareto Principle, PESTLE Analysis, Reengineering, SMART Objectives and SWOT Analysis [38, p. 278].

Organizational changes have become commonplace for Romanian hospitals, but investigations into the consequences of organizational change are rare, and study results are inconsistent. Usually, the rational and performance implications of hospital organizational change are analyzed in three areas:

- a. the development of multi-institutional relationships;
- b. change in management;
- c. diversifying hospital products and strengthening organizational strategies.

In the following, we will briefly analyze the statistical evolution in the period 2017-2021 hospital units by the number of buildings, the number of beds and human resources available at national and local levels.

In Table 5, the author presented the evolution of hospital units for the period 2017-2021.

Table 5. Evolution of the number of hospitals in Romania (public and private ownership)

Hospitals Romania	in	Year				
		2017	2018	2019	2020	2021
General total		567	576	515	523	527
Which: public		366	367	368	368	368
private		201	209	147	155	159

Source: Prepared by the author based on statistical data [30, 31]

The efficiency and modernization of the management of hospital services according to European standards, with the ultimate goal of balancing the cost/efficiency of all services, with the assurance of a qualitative treatment, which would satisfy the needs of patients, but also increase motivation and satisfaction professional for employees in hospital units in the Republic of Moldova.

Table 6 and Figure 8 show the statistical data on the evolution of the networks of medical institutions; the average medical staff, in some specialties; the number of beds in hospitals, by profile during the years 2017-2021.

Table 6. The network of medical institutions in the Republic of Moldova (at the end of the year)

Institutions	Years					
	2016	2017	2018	2019	2020	2021
Hospitals, including by type of ownership:	85	87	86	85	85	86
public	71	71	69	68	68	68
private	14	16	17	17	17	18
Medical and sanitary institutions that provide primary and specialized medical assistance, including by type of ownership:	1034	1104	1074	1075	1062	1026
public	416	454	415	441	439	442
private	610	643	650	526	615	573
mixed	8	7	9	8	8	11
Stations, substations, points of emergency medical assistance	142	140	143	144	145	145

Source: [1, 2]

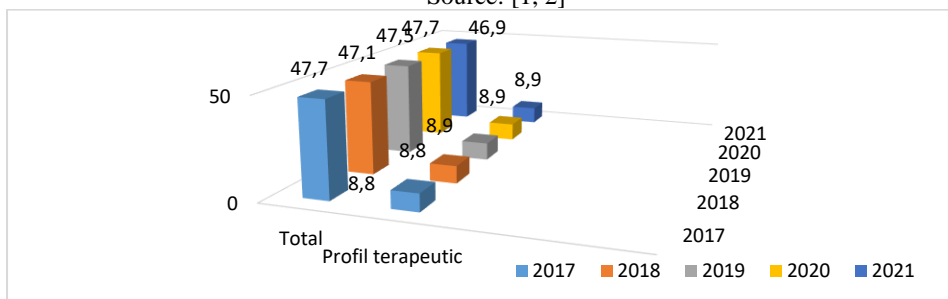


Fig. 8. The number of doctors per 10,000 inhabitants of the Republic of Moldova (at the end of the year)

Source: [1, 2]

To improve the quality of the provision of health services by hospital institutions, the author proposes an analysis of the legal and normative framework related to national and international standards used in the hospital accreditation process.

Over the years, several MSO standards have been identified that were used in the accreditation process of a hospital unit in Romania (on the model offered by Spitalul Orăşenesc Novaci), they are presented in Table 7.

Table 7. MSO accreditation standards

STANDARD 1	MSO 1	Planul strategic al instituției este bazat pe nevoile de îngrijire și prevenție ale pacienților
STANDARD 2	MSO 2	Organizarea instituției asigură luarea deciziilor în mod optim
STANDARD 3	MSO 3	Strategia de comunicare internă și externă a instituției este viabilă
STANDARD 4	MSO 4	Activitatea instituției se sprijină pe previziunile bugetare
STANDARD 5	MSO 5	Instituția are mecanisme de supraveghere a gestiunii sale
STANDARD 6	MSO 6	Colaborarea secțiilor și departamentelor instituției conduce la creșterea calității serviciilor pe perioada de spitalizare
STANDARD 7	MSO 7	Sectoarele de activitate sunt implicate în realizarea obiectivelor de calitate ale instituției
STANDARD 8	MSO 8	Controlul resurselor se face la nivel organizațional și sectorial
STANDARD 9	MSO 9	Proiectele și obiectivele instituționale strategice, sectoriale și generale, sunt evaluate periodic

Source: [34]

Through the applied internal control means, the manager of the Novaci City Hospital unit exemplified the main deviations, which led to the achievement of the objectives, later elaborated on the causes that determined them and the measures required to eliminate them and fulfill the objectives referred to in Table 8.

Table 8. The objectives of the Management Control System Development Program of Novaci City Hospital

No.	Name of the objectives
1	Carrying out the duties at the level of each structure in an economical, effective and efficient way
2	Protecting public funds
3	Respecting the laws, norms, standards and regulations in force
4	Developing systems for collecting, storing, updating and disseminating financial and financial data and information management

Source: Elaborated by the author based on the source [28]

In order to achieve this internal control, it was necessary for the manager of the hospital institution to develop three stages of control aimed at ascertaining the existing irregularities, identifying the causes and ordering measures aimed at achieving the proposed objectives initially, these being exemplified in Table 9.

Table 9. Stages of internal control at Novaci City Hospital

No.	Control stages
1	Finding the existing irregularities at the level of each structure within the hospital, irregularities that make it impossible to achieve the proposed objectives
2	Identifying the causes that determined the observed deviations
3	Disposing of measures that lead to the achievement of the objectives in an economical, effective and efficient way

Source: Developed by the author based on the source [28]

Reference documentation of the operational procedure:

- SR EN ISO 9001:2008: Quality management systems – requirements;
- SR EN ISO 9000:2006: Quality management systems – fundamental principles and vocabulary;
- SR EN ISO 14001:2005: Environmental management systems – requirements with user guide;
- SR OHSAS 18001:2008: Occupational health and safety management systems – Specification;
- SR EN ISO 9001:2015: quality management system – requirements;
- Order 261/2007 for the approval of the Technical Norms regarding cleaning, disinfection, and sterilization in sanitary facilities;
- Government Decision no. 956/2005 – regarding the placing on the market of biocidal products, with subsequent amendments and additions;
- The National Register of Biocide Products - present on the website of the Ministry of Health, under the heading - skills and notifications.

In subsection 2.2. Management - between autonomy, transparency, control and leadership within hospital units *the analysis of managerial control is carried out (structure, concept and delimitation in the relationship with third parties), notions of controlling, leaders, leadership, etc.* The management of human resources in the field of health constitutes a major challenge for the health systems developed in Romania [21, 33]. This includes planning, production, deployment and utilization of existing medical infrastructure, etc. Controlling is a management support subsystem that coordinates, plans, controls and provides information. With regard to the heterogeneous demands that a hospital unit encounters on a daily basis, it becomes obvious that it is not enough to assign only certain tasks and activities to control.

Controlling can be analyzed from several aspects, they can be different or similar, briefly mentioned in Figure 9 and Figure 10.

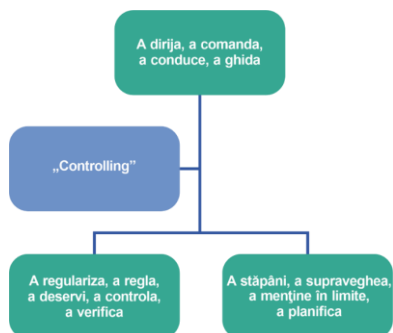


Fig. 9. Meanings of the word controlling – according to the English verb
Source [19]

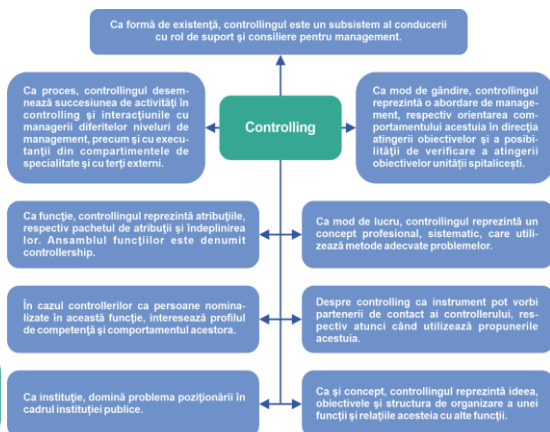


Fig. 10. The main aspects of the term controlling
Source: [19]

In conclusion, controlling fulfills the role of counterpart in the decision-making stages of management, acting as a promoter and as an opponent of the hospital management, respectively as a specialist promoter or opponent. Thus, if a manager acts aware of risks, respectively prudent, the controlling should act oriented towards opportunities and innovation in the field of health.

Management participation in total quality management was measured based on the following areas of activity [3, p. 95-110]:

- Participation in the management board or quality improvement management committee;
- Teaching other people the specific strategies of total quality management;
- Participation in quality improvement teams;
- Using total quality management techniques in collaboration with the management team;
- By using total quality management techniques in collaboration with secretaries and/or other administrative staff members;
- Periodic reporting of the results of total quality management activities at the level of the organization's board;
- Help provided for data collection and/or analysis;
- Use of total quality management techniques in strategic planning;
- Revising the organization's statement regarding the unit's mission and vision with an emphasis on quality;
- Applying the principles and methods of total quality management to professional life.

In subsection 2.3. The value of business models for hospital facilities *the strategic background and problems of hospitals are analyzed to identify the value of business models and concrete conclusions specific to the hospital sector.*

In Romania, there are different types of hospitals: the general hospital, the specialized hospital, the clinical hospital and the university hospital. At these hospitals, there are six

main functions providing patient care, teaching and research, health system support (eg primary care management), employment and social function (eg social service provider) [26, p. 145]. Value for hospitals is exemplified by three dimensions: it must be viewed from the customer's perspective, it must cover the entire process, and it must be delivered through a sustainable process.

A business model is a comprehensive approach to the construction strategy. It is a "conceptual tool that contains a set of elements and relationships that allow the expression of the business logic of a particular thread". A business model can be used as a tool to build a strategy that balances both internal, organizational views and external, patient views. Compared to other strategic techniques, such as SWOT analysis or the BCG matrix - which only focus on specific strategic areas (competitive strategy and strategic position), the business model is linked to different strategic areas, it focuses on a broader perspective of strategic choice, from value for the end user to revenue generation for the healthcare institution.

The main attributes of the business model implemented within a hospital are: articulating value propositions, identifying a market segment, describing the hospital's strategic position within the value network that connects suppliers and customers, defining the value chain structure within the hospital, formulating the competitive strategy by which the hospital will win and hold advantages over rivals, estimating the cost structure and revenue potential to produce the offer, given the value proposition and chain of structures of the chosen value chain.

The author proposes a structure that identifies the three main topics: creating value, realizing and obtaining value. The actors in hospitals are many, including patients, doctors, nurses, management, insurers, neighbors, government, family and providers, and the patient is the end user, but not necessarily always the end consumer. The hospital acts as a "virtual mall" or network, and the business is connectivity and knowledge brokering; the markets served to vary (large or small) that connect to customer needs with the small or large service provider exemplifies flat management. The business model is seen as a tool that tries to provide predefined solutions, resulting in a clearer identification of the choices that hospitals need to make in order to build a comprehensive and coherent logic. Finally, the business model approach is useful for analyzing current strategic logic as well as for defining new strategies.

The author believes that continuous quality improvement is the most exciting development that a doctor can experience in his medical career. The modern concept of quality does not only refer to a product or service offered by a company, but also to all the processes that occur in this company to contribute to the final quality of that product or service. Therefore, the implementation of a quality management system based on the ISO 9001: 2008 standard, aims to ensure quality at every stage of the provision of a service, involving a variety of changes and ranging from the policy of the institution, through infrastructure, techniques and technology to awareness of the unit's staff.

CHAPTER 3. EFFICIENCY OF THE MANAGEMENT OF HOSPITAL UNITS
(THE CASE OF NOVACI CITY HOSPITAL) *includes the presentation of the Novaci hospital, location, identification data, history, organization chart, economic-financial analysis for the last three years according to the financial data prepared at the end of the fiscal year.*

Subchapter 3.1. The application of managerial methods in the identification of current and strategic problems of the accreditation of hospital units *includes the presentation of the Novaci hospital, the structure, the attributions, the services provided, the financial data analysis, the SWOT analysis, the strengths and risks, the Balanced Scorecard (BSC) analysis, etc.* The public institution Spitalul Orășenesc Novaci has a legal character

and is subordinate to the Novaci City Hall. Novaci Hospital has its own economic management, possessing sufficient human resources for the successful performance of this activity.

From the data presented it was concluded that the public institution is composed of a monobloc building, more precisely the ground floor and three floors. The building was built in 1978 with the aim of providing health services for the city of Novaci and its nearby municipalities, such as Alimpești, Polovragi, Baia de Fier, Roșia de Amaradia, Bengesti Ciocadia, Crasna, and Bumbești-Pițic. The total number of citizens who are found in these areas accumulates a total of over 60,000 inhabitants.

The public institution Spitalul Novaci offers a wide range of medical services, all of which are offered only on the basis of the recommendations of family doctors, but also of specialist doctors from the outpatient department. Thus, the main medical services offered by the unit are:

- Consultations and investigations;
- Diagnosing the cause and applying a medical or surgical treatment if this is required;
- Medication and care;
- Recovery exercises and sanitary materials;
- In the case of admissions, accommodation, and meals are provided.

The main identification data of the unit are tel/fax: 0253466482 / 0253466416, being identified on Gruifului street no. 1 from Novaci. It operates based on Ministry of Health Order no. 478/13.05.2011. In 2020, according to the decision of the National Authority for Quality Management in Health, the Hospital was included in the III accreditation category.

The managerial leadership is responsible for all categories of personnel within the unit, it proposes the organizational structure, the change of the registered office, the name of the unit if necessary, and in exceptional cases the reorganization with the help of the opinion of the Ministry of Health. But training activities for health personnel should not be omitted, as well as their secondment when necessary, all these activities are applied with the aim of ensuring order within the institution, and promoting moral norms. Annually, the managerial leadership focuses on improving the professional training of the health and administrative staff.

The economic-financial analysis is carried out to know the current situation in order to obtain good results in the future. First of all, its object includes production analyzed in the form of the work process, as well as the interaction of the elements of the analyzed process [12, p. 112]. Table 10 exemplifies the unit's financial data regarding assets, total assets, and total liabilities for the last 3 years.

**Table 10. Indicators from the balance sheet in the period 2019-2021
at Novaci City Hospital**

INDICATOR	2019	2020	2021
Non-current assets	4091704	3568197	3071291
Current assets	2571964	3002868	3169480
a. stacks	1396863	1358655	1299446
b. debts	420822	554382	460358
c. short-term investments	-	-	-
d. availabilities	754279	1089831	1409676
Total assets	6663668	6571065	6240771
Total debts	622467	838588	873114
These are neat	6041201	5732477	5367657

Source: Prepared by the author on the basis of statistical data [13]

According to the data presented in Table 10 non-current and current assets, thus the data resulted from the following financial data:

$$AT2019 = Anc2019 + Ac2019 = 4091704 + 2571964 = 6663668 \text{ lei (1)}$$

$$AT2020 = Anc2020 + Ac2020 = 3568197 + 3002868 = 6571065 \text{ lei (2)}$$

$$AT2021 = Anc2021 + Ac2021 = 3071291 + 3169480 = 6240771 \text{ lei (3)}$$

The total liabilities of the institution are composed only of current liabilities because the hospital did not register non-current liabilities in the period 2019-2021. The ratio of non-current assets (Ranc) assumes the weight of the patrimonial elements specific to the public institution Spitalul Orăsenesc Novaci on a permanent basis and reflects the degree of capital investment in the organization and the degree of immobilization of the asset, it is determined as follows:

$$R_{Anc2019} = \frac{Active\ necurente}{Active\ totale} \times 100 = \frac{4.091.704}{6.663.668} \times 100 = 61,4 \text{ (4)}$$

$$R_{Anc2020} = \frac{Active\ necurente}{Active\ totale} \times 100 = \frac{3.568.197}{6.571.065} \times 100 = 54,3 \text{ (5)}$$

$$R_{Anc2021} = \frac{Active\ necurente}{Active\ totale} \times 100 = \frac{3.071.291}{6.240.771} \times 100 = 49,2 \text{ (6)}$$

Table 11. Indicators regarding the ratio of non-current assets in 2019 -2021 at the Novaci City Hospital

INDICATOR	2019	2020	2021
Non-current assets	4091704	3568197	3071291
Total assets	6663668	6571065	6240771
R _{Anc}	61.4	54.3	49.2
Maximum accepted value	54.97	54.97	54.97
Increase index Anc	100	87	86
Increase index AT	100	98	94

Source: Prepared by the author on the basis of statistical data [13]

According to the data shown in Table 11, the downward trend can be noted, materialized both in the decrease of non-current assets and of total assets.

Thus, both in 2020 and in 2021, the non-current assets of the hospital decreased by 87 and 86 percentage points, respectively, and the total assets of the public institution decreased first by 98 percentage points, then by 94%. From the previously performed calculations, it is found that the minimum accepted value for the non-current assets rate at the Spitalul Orăsenesc Novaci institution is 54.97%, a value that is reached only in the first year of analysis. The current asset ratio (Rac) degree of investment of the capital of the public institution, is determined as follows:

$$R_{Ac2019} = \frac{Active\ curente}{Active\ totale} \times 100 = \frac{2.571.964}{6.663.668} \times 100 = 38.59 \text{ (7)}$$

$$R_{Ac2020} = \frac{Active\ curente}{Active\ totale} \times 100 = \frac{3.002.868}{6.571.065} \times 100 = 45.69 \text{ (8)}$$

$$R_{Ac2021} = \frac{Active\ curente}{Active\ totale} \times 100 = \frac{3.169.480}{6.240.771} \times 100 = 50.78 \text{ (9)}$$

Table 12. Indicators regarding the ratio of current assets in the period 2019-2021 at the Novaci City Hospital

INDICATOR	2019	2020	2021
Current assets	2571964	3002868	3169480
Total assets	6663668	6571065	6240771
R_{Ac}	38.59	45.69	50.78
Maximum accepted value	45.02	45.02	45.02
Increase index Ac	100	116.75	105.54

Source: Elaborated by the author based on statistical data [13]

The rate of current assets of the institution Spitalul Orășenesc Novaci is increasing during the analyzed period, thus the minimum accepted value is exceeded in 2019-2021, an aspect due to the increase in the unit's current assets, especially due to the specifics of the organization's activity, also taking into account the fact that the unit carried out investments to increase the level of medical services offered to patients. In terms of dynamics, the increase in current assets is 116.75% in 2020 and 105.94% in 2021, respectively.

In conclusion, the ratio of current assets measures the relative importance of long-term assets in the total assets of the public institution Spitalul Orășenesc Novaci, allowing the possibility to appreciate the financial flexibility of this unit, and the size of the rate is strictly influenced by the general factors that affect the structure of the organization's assets, as well as by the accounting policies that were implemented by the hospital's management together with its subordinate directors. So the ratio of current assets exemplifies the relative importance of the organization's assets that have easily turned into money, constituting a measure of the institution's financial flexibility. The breakdown of the rates of current assets will be made based on stocks, receivables and availability, thus the analytical rates specific to the institution are operational for the decision process. Stock rate (R_s) is determined as follows:

$$R_{s2019} = \frac{Stocuri}{Active\ totale} \times 100 = \frac{1.396.863}{6.663.668} \times 100 = 20.96 \quad (10)$$

$$R_{s2020} = \frac{Stocuri}{Active\ totale} \times 100 = \frac{1.358.655}{6.571.065} \times 100 = 20.67 \quad (11)$$

$$R_{s2021} = \frac{Stocuri}{Active\ totale} \times 100 = \frac{1.299.446}{6.240.771} \times 100 = 20.82 \quad (12)$$

Table 13. Indicators regarding the stock rate in the period 2019-2021 at Novaci City Hospital

INDICATOR	2019	2020	2021
Stocs	1396863	1358655	1299446
Total assets	6663668	6571065	6240771
R_s	20.96	20.67	20.82
Maximum accepted value	20.82	20.82	20.82
Increase index S	100	97.26	95.64

Source: Elaborated by the author based on statistical data [13]

The data calculated for the ratio of current assets – the stock indicator at the public institution Spitalul Orășenesc Novaci, for greater suggestibility, are presented in Table 13.

From the previously presented data, an annual decrease in stocks can be seen, thus in 2020 they decreased by 97.26 percentage points, then by 95.64% in the year 2021, they may lead to a decrease in total assets in the following period as well. The management of the

institution seeks to pay its accumulated debts from the medical services provided in the previous period. However, from the calculated data, it is found that the stock rate exceeded the minimum acceptable level only in 2019 and 2021. So the stock size of the public institution in Novaci is mainly influenced by its activity sector.

In addition to the sector of activity, the stock rate can also be influenced by the way they are managed, but also by the method of evaluating the exits and entries in the patrimony. The receivables ratio (Rcr) is determined as follows:

$$R_{cr2019} = \frac{Creante}{Active\ totale} \times 100 = \frac{420.822}{6.663.668} \times 100 = 6.3 \quad (13)$$

$$R_{cr2020} = \frac{Creante}{Active\ totale} \times 100 = \frac{554.382}{6.571.065} \times 100 = 8.4 \quad (14)$$

$$R_{cr2021} = \frac{Creante}{Active\ totale} \times 100 = \frac{460.358}{6.240.771} \times 100 = 7.3 \quad (15)$$

The calculated data for the current assets ratio – the receivables indicator at the public institution Novaci City Hospital, for greater suggestibility, are presented in Table 14.

Table 14. Indicators regarding the receivables rate during the period 2019-2021
City Hospital

INDICATOR	2019	2020	2021
Debts	420822	554382	460358
Total assets	6663668	6571065	6240771
Rcr	6.3	8.4	7.3
Maximum accepted value	7.3	7.3	7.3
Increase index S	100	131,7	83.03

Source: Elaborated by the author based on statistical data [13]

From the previously calculated data for the ratio of current assets to the receivables indicator, it can be seen that they present an oscillating evolution, first they increase by 131.7 percentage points compared to the previous year, then they decrease by 83.03 percentage points, arriving in 2021 to register a total of 460,358 lei receivables. The receivables ratio index highlights the relative importance of the receivables portfolio in the public institution Spitalul Orășenesc Novaci. The portfolio can develop according to its component elements, so the trade receivables of the organization usually depend on the main weight. All this highlights the bargaining power of management with its partners.

Although it records low or even zero values, the organization is in direct contact with a large clientele, who want to pay for medical services in cash. Taking into account the rate of growth of current assets at a rate higher than that of the increase in income from economic activities, it is identified that in the period 2019-2021 the rate of receipts can improve, a fact that would have a positive effect on the liquidity of the hospital unit. The availability rate (Rd) is determined as follows:

$$R_{d2019} = \frac{Disponibilitati}{Active\ totale} \times 100 = \frac{754.279}{6.663.668} \times 100 = 11.31 \quad (16)$$

$$R_{d2020} = \frac{Disponibilitati}{Active\ totale} \times 100 = \frac{1.089.831}{6.571.065} \times 100 = 16.58 \quad (17)$$

$$R_{d2021} = \frac{Disponibilitati}{Active\ totale} \times 100 = \frac{1.409.676}{6.240.771} \times 100 = 22.58 \quad (18)$$

The data calculated for the current assets rate – the availability indicator at the public institution Spitalul Orășenesc Novaci, for greater suggestibility, are presented in Table 15.

Table 15. Indicators regarding the availability rate during the period 2019-2021

INDICATOR	2019	2020	2021
Stocs	754279	1089831	1409676
Total assets	6663668	6571065	6240771
R _d	11.31	16.58	22.58
Maximum accepted value	16.82	16.82	16.82
Increase index D	100	144.48	129.34

Source: Elaborated by the author based on statistical data [13]

The data resulting from the calculations, exemplify an extremely low rate, being insignificant for the present analysis, however, it is found that the availability of the company grow annually, from a total of 754,279 lei in 2019 to a total of 1,409,676 lei in 2021, the year that records a growth rate of 22.58%.

In conclusion, the informational power of the organization's availability rate should be viewed with caution, as their variable differs from year to year.

In the situation in question, in 2021 a high value of this indicator is observed, which reflects a favorable situation in the case of ensuring the financial balance of the public institution Spitalul Orășenesc Novaci, but it can also be seen as an inefficient use of financial resources, which imposes the obligation to restudy the evolution of short-term availability but also to analyze the correlation between the receipts and payments made by the unit.

Between R_{Anc} and R_{Ac} thr relationship is formed:

$$R_{Ai} + R_{Ac} = 1 \quad (19)$$

$$R_{Anc2019} + R_{Ac2019} = 61.4 + 38.59 = 1 \quad (20)$$

$$R_{Anc2020} + R_{Ac2020} = 54.3 + 45.69 = 1 \quad (21)$$

$$R_{Anc2021} + R_{Ac2021} = 49.2 + 50.78 = 1 \quad (22)$$

In conclusion, the situation of the public organization Spitalul Orășenesc Novaci is negative, because the decrease in total assets is mostly due to the decrease in non-current assets and net current assets, which is due to the activity objective of the unit.

The liability structure rates allow the assessment of the financial structure, the financial policy of the public institution Spitalul Orășenesc Novaci, by highlighting the composition of the liability, revealing aspects regarding the financial stability and autonomy of the unit. The financial stability ratio is calculated as the ratio between permanent capital and total liabilities. Since the rate of the indicator is not low, then it does not endanger the financial stability of the public institution in Novaci, thus its permanent capital is intended to cover both the fixed assets and the working capital. The debt ratio of the institution is determined as the ratio between its total debts and its total liabilities.

Table 16. Indeatation rate

INDICATOR	2019	2020	2021
Total debts	622.467	838.588	873.114
TOTAL PASIVE	6.041.201	5.732.477	5.367.657
Debt Rate	10.3	14.6	16.26
Minim acceptabil level	13.7	13.7	13.7

Source: Elaborated by the author based on statistical data [13]

$$R_{12019} = \frac{\text{Datorii totale}}{\text{Pasiv total}} \times 100 = \frac{622.467}{6.041.201} \times 100 = 10,3\% \quad (23)$$

$$R_{12020} = \frac{\text{Datorii totale}}{\text{Pasiv total}} \times 100 = \frac{838.588}{5.732.477} \times 100 = 14,6\% \quad (24)$$

$$R_{12021} = \frac{\text{Datorii totale}}{\text{Pasiv total}} \times 100 = \frac{873.114}{5.367.657} \times 100 = 13,7\% \quad (25)$$

This exemplifies the weight of the debts of the public institution regardless of the maturity period in the total funding sources. The general opinion is that a value below 20% does not constitute a normal situation, as a normal situation is between 50-60%. From the previously calculated data, it can be observed that in recent years the minimum acceptable level of the rate has been exceeded, being influenced by the financing structure of the unit.

In conclusion, if reference is made to the object of reporting the performance of the public institution, the statement of changes in equity becomes the second component of the set of financial statements, after the profit and loss account, with a role in achieving this objective. So the financial performance of the institution is projected both through the profit and loss account, in the form of the accounting result, and through the statement of changes in equity in the form of capital variation, including transactions with third parties.

Exemplification of the SWOT analysis at the level of the public institution Spitalul Orăşenesc Novaci:

a. Strengths:

- Medical services that are strictly validated by the SNSPMB - National School of Public Health Management and Improvement in the Health Field Bucharest - and recognized regionally by CAS Gorj (County House of Gorj Health Insurance).
- The hospital unit has a team that is able to apply strictly quality-oriented managerial tools – such as SWOT analysis, Brainstorming technique, Pareto diagram, etc.
- The Novaci City Hospital has well-trained human resources, and the managerial leadership is oriented towards continuous improvement through quarterly training courses.
- Since 2020, Novaci City Hospital has been re-accredited ANMCS.
- For the field of quality, the institution has SMC SR EN ISO 9001:2008; 14001:2005; 18001:2008 implemented.
- From the financial data of the hospital unit, it was reported that the institution has no long-term debts, thus it enjoys the absence of arrears and debts.
- The public institution offers accommodation conditions at high-quality standards.
- It enjoys increased credibility.
- The hospital unit uses information technology as a marketing tool, by using its own website <http://www.spitalnovaci.ro/>.
- The hospital unit enjoys an appropriate endowment of the medical analysis and radiology laboratory as well as the departments within the institution.
- Computerization of medical data.
- The existence of an integrated information system and an organizational climate that leads to the simplification of teamwork.
- The unit's patients are satisfied with the medical services received, thus the institution has a high degree of their satisfaction.
- Management aims to increase addressability through an accessible location.
- The competent staff is specialized, with a good reputation, and its activity is recognized both nationally and internationally.
- Research activity influences medical activity.

- Managerial leadership is focused on the training capacity of young specialists, so as to ensure the exchange of generations.

- The hospital's equipment ensures the specialization of doctors, but also the provision of high-performance and high-quality medical services, at the same time exemplifying varied medical assistance such as pathology.

- Continuity of management, the general manager has been in office for several years.

In conclusion, the hospital unit in Novaci enjoys local recognition, being a modern hospital that offers diagnostic services, drug treatment and effective monitoring of patients coming especially from the southern part of Gorj County. It is known that the unit enjoys increased profitability of the departments of pediatrics, physiotherapy, gynecology, operating room and neonatology, through recognized doctors who carry out their tasks in a performant and responsible manner.

b. Weaknesses:

- As the main disadvantage, the insufficiency of the medical staff in certain wards can be found, which would lead to the creation of malpractice situations.

- The small number of consultations carried out in other hospital units for hospitalized patients, due to reduced staff.

- The age of the building in which it operates, it dates back to 1978, the building has few modernizations and shows reduced thermal compliance.

- It exemplifies different degrees of technical competence within the unit for personnel with similar salary levels.

- The management faces difficulties in assuming responsibility among its staff.

- The company may encounter a lack of continuity in the assignment of doctors and administrative staff, but also the lack of potable reserve provided by the legislation in force so that the managerial leadership works day by day to apply the best strategies to improve these deficits with the aim of reducing or to eliminate them permanently.

- Intrinsic motivation of human resources is diminished due to poor differentiation ability of low productivity staff.

- Undersizing the tariff allocated to each individual patient.

- Inadequate spaces, with inadequate use, but also functional circuits that have not been optimized.

- Outdated utility systems have been identified, which have an increased risk of exploitation.

- Identifying the lack of high-performance medical technologies, such as MRI.

In conclusion, it was found that the main weak point of the hospital unit is the decreased own income, but also the small number of hospitalizations during a calendar year. All this is also related to the difficult settlement procedure of the services and procedures implemented by the managerial leadership of the Novaci City Hospital.

In order to identify critical problems within the Novaci City Hospital, elements from the field of quality management, infrastructure and medical equipment were exemplified, as follows:

- For quality management, the absence of a coherent strategy was found to allow the improvement of the quality of the medical act implemented within the City Hospital Novices.

- For the infrastructure, an old material base was identified and it was found that the investments in capital repairs are weak, many of the spaces related to the medical act performed by the doctors in Novaci are in an inadequate state or poorly used. It was also taken into account that non-optimized functional circuits made it difficult to carry out the

medical act, but the overwork of the staff had a negative impact on the quality of medical services provided to patients.

- In relation to the equipment with medical equipment, it was found that there was a lack of a coherent investment strategy on the part of the hospital's management, which led to insufficient equipment, such as MRI equipment, all of which made it difficult to carry out the medical act.

After the identification of the problems, it was moved to the selection of the priority problems within the Novaci City Hospital. According to the previously mentioned elements, it was found that the main problem involves the lack of a complex management plan, which includes all the elements of the hospital's functionality and the solution to the critical problems that were previously analyzed.

In order to develop the GANTT diagram, the geographical distribution of the addressability of patients at the Novaci City Hospital was analyzed, at the country level, at the foreign level and by the area of origin.

Following the implementation of the Balanced Scorecard at Novaci City Hospital, certain criteria were identified for measuring the unit's performance from a financial perspective, such as the Percentage of budget revenues and expenses; The number of days in which it is collected and the number of days in which payments are made from the accounts of the hospital unit; Revenue collection rate and return on assets analysis; Expenditure per unit of relative value and cost per surgical case; Increase in revenues, expenses and profit relative to the service line; Increase in revenue and cost per day/patient and FTE; Price competitiveness for selected services and increased research grant revenues. These criteria were included in the Balanced Scorecard Sheet (Figure 17), which, in addition to the possibility of performing complex analysis, also provides information about the strategic planning of the public institution Spitalul Orăsenesc Novaci.

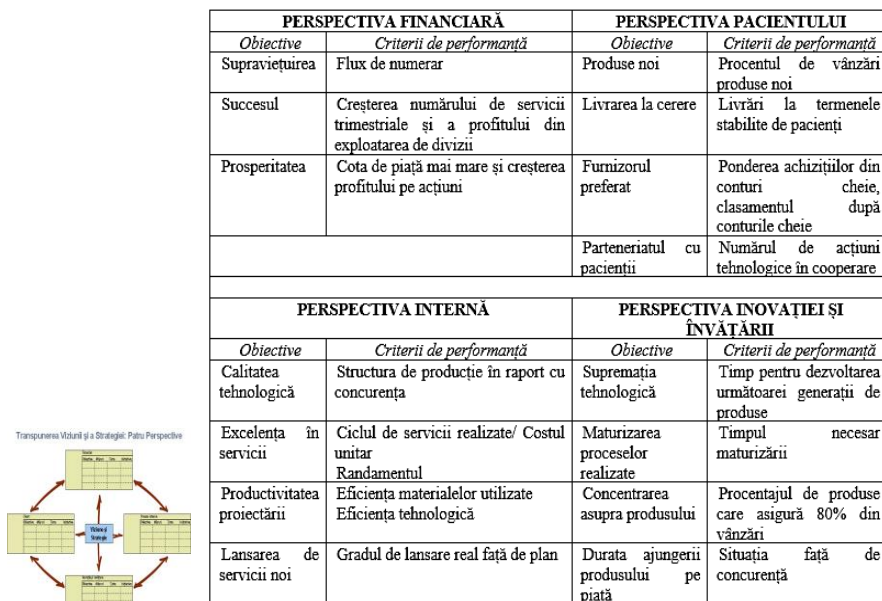


Fig. 11. The vision and strategy of the Novaci city hospital – four perspectives

Source: Developed by the author based on [28]

Following the analysis, the Strategy Map was illustrated (Figure 12).

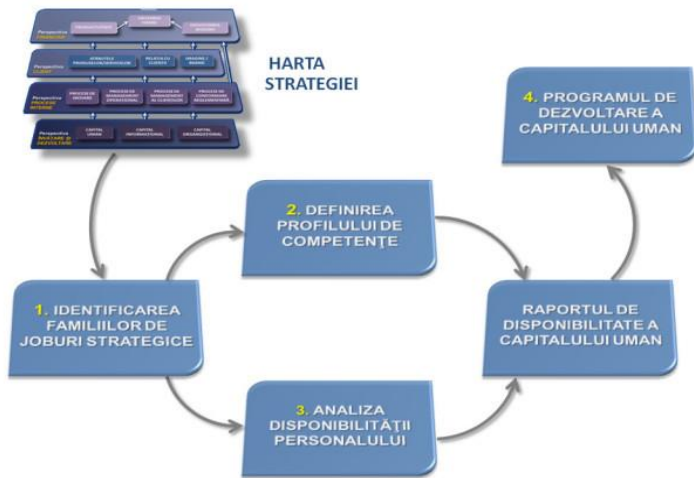


Fig. 12. Novaci City Hospital strategy map

Source: Elaborated by the author [17]

In conclusion, the use of strategic priorities in the organizational destination was presented, consisting of sixty different statements, which are grouped into four major themes, such as financial and market features, external relations, organizational processes and activities of the institution, culture and organization. So, the organizational destination exemplifies the public institution in Novaci with the support of four essential themes, such as the impact on the environment, the external relations existing within the unit, the available resources, the organization and culture of the hospital, activities and processes.

In subsection 3.2. Optimizing the process of receiving patients in the Emergency Department at the Novaci City Hospital unit *an analysis of the process of carrying out the activity in the Emergency Department was carried out. The types of problems faced by the Novaci City hospital were described and the tools that can be applied to improve the processes were analyzed.*

The basic tools used for process improvement are Six Sigma and Lean. To exemplify process improvement and patient flow in the Emergency Department, the core process map was developed. High-level operating statistics related to patient flow were measured: patients arriving per hour = 10; patients leaving per hour for hospitalization = 2; patients treated in routine emergency care per hour = 8; patients leaving home per hour = 8; the average number of patients in different parts of the system (sampled every 10 minutes) = 20; the average number of patients in the exam rooms coming from the emergency department = 4. Using Little's Law the average time in the emergency department (transfer time) was calculated. Therefore, each patient who came to Novaci City Hospital spent an average of 3 hours, or 180 minutes, in the Emergency Department. Patient flow in the Emergency Department was identified as an important area for core process improvement. The total time the patient spent in the system was measured, identifying an average of 165 minutes. It was observed that the number of patients in the waiting room varied from 0 to 20 and that the actual time to go through the process varied from 1 to 5 hours. As a result, a new process map was developed for the Emergency Department, admitting an intake subsystem as an opportunity for immediate improvement (Figure 13).

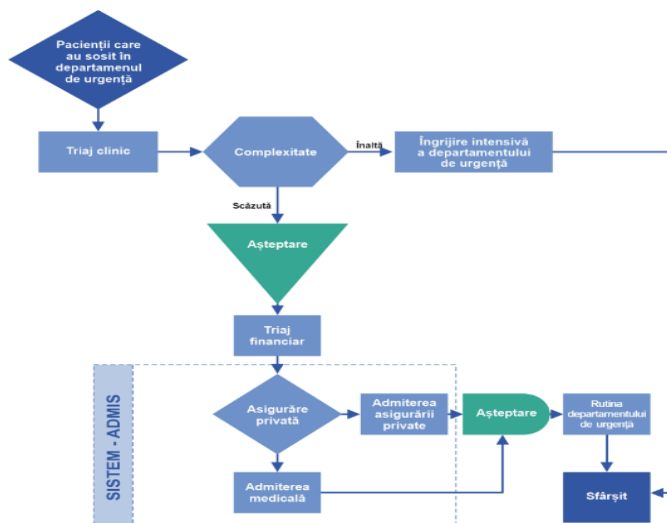


Fig. 13. Map of the basic processes illustrating the patient flow in the Emergency Department of Novaci City Hospital

Source: developed by the author

However, it was noted that it is necessary to obtain new more detailed data to further improve this system. A detailed process map was drawn (Figure 14) and value stream mapping was carried out.

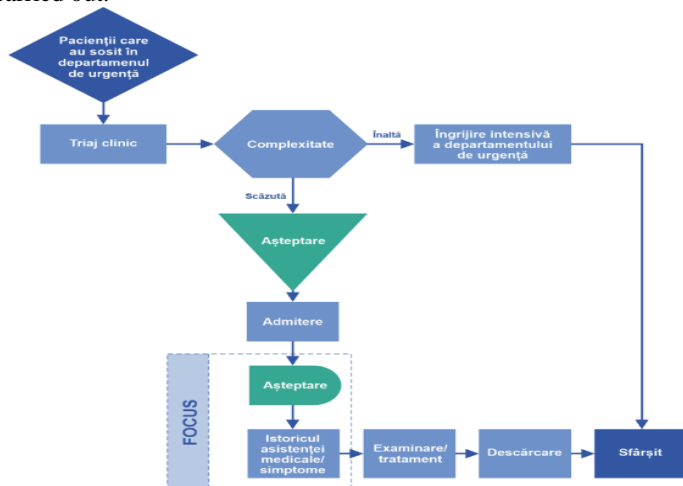


Fig. 14. Complete map of the Emergency Department that admits the subsystem in Novaci City Hospital

Source: prepared by the author

It was found that the patient without insurance spent an average of 30 minutes in the waiting room before a nurse was available, to- It retrieves his data, and the insured patient spent an average of 20 minutes. The value added percentage for these two steps is: $\text{Value Added} / \text{Total Time} = 100 = (20 \text{ minutes} / [30 \text{ minutes} + 20 \text{ minutes}]) \cdot 100 = 40\%$. The team hypothesized that the waiting process could be improved through automation. Patients in the waiting room could be given an electronic device (laptop, tablet, etc.) to enter their symptoms and medical history to simplify basic questions. This would cut wait times to about 20 minutes for uninsured patients and 10 minutes for those with insurance, as the

nurses were just verifying the information they received. The percent value added for the new procedure is: $(\text{Value Added} / \text{Total Time}) 100 = ([\text{Patient History Time} + \text{Nurse History Time}] / [\text{Patient History Time} + \text{Waiting Time} + \text{Nurse History Time}])(20 \text{ minutes} + 10 \text{ minutes}) / [20 \text{ minutes} + 10 \text{ minutes} + 10 \text{ minutes}]) 100 = 75\%$. In conclusion, the average time spent by the patient in the emergency department was decreased by 10 minutes. The average time the patient traveled through the department (transfer time) before the improvement was 155 minutes, and the software costs would be recouped in 12 months by improving patient flow.

Certain bottlenecks in the process were also identified, such as The waiting queue - where patients waited before being moved to another room; The routine patient queue, where patients occasionally had to sit because all the chairs in the area were occupied. In the evacuation area, patients waited a significant amount of time for final instructions and prescriptions. However, the hospital management is open to new proposals that lead to the improvement of the basic activity.

In subsection 3.3. Managerial strategies for the accreditation of hospital units. *Identification of strategic issues - objectives and actions, the objectives and actions of the hospital's management were analyzed, with reference to the way of using the available funds, but also the procedure for concluding legal commitments.* It was found that medical services have different features, their production and consumption are carried out simultaneously, and they are influenced especially by finance, and technology, but also by medical science, by the competence of the doctor who offers them. It was established that it is mandatory to introduce a department that imposes minimum standards for the provision of medical services, on two sides: the *technical side* of medical services refers to the correctness of the diagnostic and treatment process, the quality of which is evaluated according to the medical asset made at a certain point in time; the *interpersonal side* of medical services, being exemplified by the humanistic elements of health care and by the social and psychological relationships that are established between the patient and the doctor, combined with the information about the disease and treatment. At the same time, the hospital management took into account the demands of the patients, putting them first, thus the implementation of quality in all existing departments in the hospital unit was imposed on three types of activities (medical, organizational and legislative). As a result, the following needs were established:

- 1) To follow the development of Novaci City Hospital's collaboration with medical services offered at the patient's home, the development of transport strategies, the improvement of the planning process of medical services, the identification and resolution of emerging problems, the development and implementation of development proposals of the medical services offered by the hospital, identifying opportunities to change patient preferences, management's periodic participation in health promotion programs; implementing new hygiene and cleanliness standards. The main measurable indicators of this activity are the number of medical services solved over a certain period of time, the number of measures proposed to prevent infections, but also the determination of the exact number of nosocomial infections that were detected during a year. The deadline for carrying out this activity is permanent, the medical director and the heads under his command are responsible.

- 2) To implement the European standards of medical practice. It has in mind the development of therapeutic medical protocols, giving doctors the opportunity to carry out their medical activities. Annually, doctors can participate in continuing education programs. The measurable indicators of this activity exemplify the totality of the therapeutic protocols that have been adopted by the hospital unit in a certain period of time. The department heads are responsible. Here too, reference will be made to the maintenance of ISO certification. In 2015, the hospital obtained a contract that would give it the opportunity to provide laboratory medical services on an outpatient basis with CAS Gorj, which required ISO 15189

certification, specific to paraclinical medical services. The general manager and subordinate bosses are responsible for this activity. Ensuring hospital accreditation by the National Hospital Accreditation Commission. It is carried out on the basis of MS Order no. 972/2010, whose purpose is to improve medical services. The measurable indicators refer to the total number of criteria applied for hospital accreditation, but also the percentage obtained following accreditation. The person responsible for accreditation is the manager of the unit, together with the department heads.

3) To develop a process of informing patients' satisfaction or dissatisfaction, by implementing a feedback process with patients, ensuring their needs. The development of the quality manual at the level of the hospital institution was required to ensure the performance of the employees' activities according to the legislative norms. The quality manual contains staff evaluation criteria, with the aim of continuously improving the quality of the medical act, but also evaluating the individual performance of employees. The measurable indicators for this activity require the number of staff training for the Quality Manual existing in the hospital unit. The general manager, medical director, and subordinate bosses are responsible for this activity.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

Following the critical analysis of foreign and domestic bibliographic sources, regarding the study of economic management in the field of health, the author highlighted the following aspects present in the definitions of management: management is presented as the complex of actions necessary for the efficient management of the organization; management is the process that contributes to the use of resources; management involves the activity of people, and managers act to achieve the objectives through the members of the organization. **As a result of the research carried out, the following aspects were identified at the theoretical level:**

1. The main perspective orientations of contemporary management worldwide are: emphasizing the predictive dimension of management; computerization of management; management flexibility; the professionalization of management; promoting knowledge-based management, etc.

2. In order to make the activity of the enterprises in the hospital sector more efficient, a new type of management is needed, based on the value system specific to the market economy, which, through concepts, instruments and through the way of applications, determines their remodeling and competitive functioning.

In order to achieve the basic objectives - the development of processes and tools for the efficiency of hospital management in accordance with EU standards, as well as the research and evaluation of the contribution of managers in the management of the public hospital sector, by the author, **have been described and analyzed**, related to increasing the efficiency of medical treatment and the quality of medical assistance. Special procedures for quality assurance in the field were analyzed. The principles and structure of the medical information system were described. Concrete and well-argued measures were substantiated from a scientific, methodological and practical point of view, both at the meso-economic and micro-economic level, in order to make the activity of hospital enterprises more efficient.

The Author also described and analyzed the existing situation in the health sector (Romania and the Republic of Moldova). Using managerial analysis, statistical analysis, and analysis of managerial control and logistic control the author exemplified several business models, leadership, and accreditation standards that can be applied in hospital units to improve health services.

The author exemplified the legal and normative framework related to the national and international standards used in the hospital accreditation process and analyzed, on the example of the Novaci City Hospital unit, the practical methods of improving both the

management, organization, and administration processes of the unit hospital as well as the health services offered.

The realization of these objectives served to conclude the following aspects:

3. The management system of the organization includes several components that differ according to the nature and characteristics of the instruments used, namely: the organizational subsystem; the information subsystem; the decision-making subsystem; subsystem – management methods and techniques.

4. The management of the workforce in the field of health represents a major challenge for the health systems in Romania and the Republic of Moldova.

5. The autonomy of hospitals is exemplified by "different things in different contexts". Thus, improving the efficiency of the health system comes from "accumulated experiences" (the experience of developed countries that have adopted principles of hospital autonomy).

Considering the autonomy of Romanian hospitals, the author came to the conclusion that citizens have a different way of perceiving the health services provided and the transparency of the information received. The study carried out served to outline the following conclusions:

6. The creation of autonomous hospitals should be considered a form of decentralization.

7. The uncontrolled rapid growth of private hospitals in Romania has led to a reduction in the number of doctors in the public sector, especially in rural areas.

8. Information and transparency – have the role of mitigating conflicts of interest and negative economic consequences caused by information asymmetry. When information transparency is low, there is a greater chance of hidden malpractice or problems related to the incorrect operation of a hospital.

9. The strategic position of an organization is related to the relationship between the organization and its environment. A competitive strategy is relevant for the hospital in a competitive environment to achieve sustainable success.

10. Risk management arises due to the difficult situation in which the managers of the hospital unit find themselves, more precisely when they have to choose, without knowing exactly what results appear as a result of the choice made.

11. Organizational changes include improving the structure and working methods of hospitals in accordance with environmental requirements.

12. Effective quality management is/must be focused on the needs of patients, as they are the ones who judge the effectiveness of treatments and the appropriateness of the service.

13. The healthcare sector is over-regulated and relies on cutting-edge diagnostic technologies. In addition, health costs are usually covered by a third party, such as an insurance company or a government program. These factors require a quality management system that complies with external regulations and adopts the latest technologies and the necessary knowledge for their effective application.

14. The author **highlighted the notion of "controlling"**, a management concept that acts at all levels of the administration system. Controlling must make its contribution, through the support given to the management, to the formation, respectively the preservation and affirmation of these capacities. While the direct objectives of controlling establish the purpose, content and scope of the controlling duties, the specific objectives of the hospital unit, such as meritorious, successful, financial and material objectives, to which controlling must make a contribution, have for controlling the value of indirect objectives. Controlling is considered a set of services for management, also representing a management function. Controllers share part of the responsibility of managing hospital units, demonstrating some structural attributes both in the decision-making process and in the implementation phases.

15. 3 distinct uses of business models specific to hospitals have been identified, such as strategic choice, the connection of different strategic areas, and focus on minimizing the price for services provided.

16. The strategy of hospitals was also analyzed, and it was established that they focus first on predefined solutions than on techniques and tools to build the strategy itself. The strategy is built on the resources the hospital has and not on what it should provide.

17. The author established that in order to best exemplify the importance of quality management systems in hospital units, it is necessary for any manager to take into account certain elements, such as: focus on the patient, efficient management, reliability, external environment, etc.

Another **main objective achieved in the thesis – was to examine how a quality system is developed/realized in a hospital**. As a result, a model was built for the development of a quality system in a hospital. The results can be generalized to other hospitals. As managerial implications, the model built in this study could also be applied in other hospitals and professional service organizations, because there is no universal way to develop a quality management system, so the system must always be customized for an organization. It should be noted that the elaborations carried out in this thesis found their direct application in the activity of Novaci City Hospital (Romania), Sebeş Municipal Hospital (Romania) and IMSP Mother and Child Institute (Republic of Moldova) - in the process of creating and implementing plans of development, with the aim of permanently improving the management of the total quality of the medical services offered, and of elaborating the best strategic decisions by achieving the main objectives mentioned in the "Balanced Scorecard", in the context of the development of a performing economic management, which is confirmed by Acts of implementation. **The conclusions regarding this model are as follows:**

18. The performance of a hospital can be measured by cash flow, which is the ratio of net income to total depreciation of assets and reflects the efficiency of the use of financial resources.

19. The ISO 9000 series of standards refers to quality management or the products and services provided.

20. Organizational management is a common style of hospital management, the organizational method which allows managers to decompose the entire activity of the department into several stages. Dividing operational functions into sections allows management to gain a clear picture of a department's goals and how they can be most effectively implemented. Also, Organizational Management allows managers of hospital units to respond quickly to internal or external changes/challenges.

21. The development trends and the practice of EU enterprises have contributed to the identification of the importance of applying the provisions of the ISO 9000 series of standards in hospital units. The recommended model aims at a new conceptual approach and looks at the integration of common elements into a relevant and appropriate management system based on the EU regulatory framework.

The thesis also includes a vast **analysis of the administrative-managerial system in the Novaci City Hospital**. The main aspects identified at the level of this hospital are:

22. The ratio of current assets reflects the relative importance of long-term assets in the total assets of the public institution Spitalul Orăsenesc Novaci, allowing to appreciate the financial flexibility of this unit, and the size of the ratio is strictly influenced by the factors general ones that affect the organization's asset structure, as well as the accounting policies implemented by the hospital's management.

23. The SWOT analysis is used for strategic planning, is considered the most effective method that identifies the institution's potential, and the main barriers to the hospital's activity, creating a common vision for developing the hospital's development strategy.

24. Novaci City Hospital management creates value to keep old patients and attract new patients.

25. Hospital management has identified – patient flow in the emergency department as a

primary area, focusing on process improvement. The goal of this process was to reduce total patient time in the Emergency Department while maintaining or improving financial performance.

The studies carried out, the conclusions formulated, and the solution of the scientific problem - allow the formulation **of recommendations** and **identify new directions of research**:

1. To make the activity of the health sector more efficient, including from a managerial point of view, it is recommended to apply a set of measures related to state policies. The priority actions refer to the promotion of the upward vertical integration strategy; managerial redesign within sectoral enterprises and evaluation of management efficiency; implementation of the provisions of the ISO 9000 series of standards within the enterprises in the sector.

2. As a strategy for the development of the health sector, a "vertical integration strategy" is proposed, which would allow the organization of a sustainable network in ensuring control over the entire value chain.

3. In the future, there should be a tendency to redesign organizational schemes in the direction of adaptive divisional or matrix structures.

4. To improve the existing methodological subsystem, two modern management methods should be implemented: Six SIGMA and Balanced Scorecard. According to the implementation of the Six SIGMA method, both at the methodological and decisional subsystem levels - the annual administrative costs can be reduced.

5. The business model presented in the thesis can be used to test the current strategies of different hospitals, but it is useful for these structures to test new scenarios as well.

In conclusion, and as a recommendation, the author believes that continuous quality improvement - represents the most appropriate development method that a doctor and/or a hospital unit administrator can experience. Therefore, the implementation of a quality management system based on the ISO 9001:2008 standard aims to ensure quality at each stage of the provision of a service, involving a variety of changes and varying from the institution's policy. A quality-oriented approach is a basis and key to a consistent increase in the quality of the services provided and the products offered by the health facility. The ability to actively and continuously identify patient needs and expectations is an essential and inherent factor in the quality management system improvement process.

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ADNOTARE
la teza de doctor în științe economice
„Eficientizarea proceselor și instrumentelor manageriale în cadrul unităților
spitalicești”, autor Grigore Emil, specialitatea 521.03 - Economie și management în
domeniul de activitate, Chișinău, 2022

Structura tezei: Lucrarea cuprinde trei capitole, precedate de introducere, urmate de concluzii generale și propuneri elaborate de autor, 124 de titluri bibliografice, 140 de pagini de text de bază, 22 tabele, 32 figuri, 39 anexe, 3 acte de implementare a rezultatelor cercetării și 2 Certificate de înregistrare a dreptului de autor și drepturi conexe. Rezultatele cercetării sunt reflectate în 12 de lucrări științifice (peste 10 c. a.).

Cuvinte - cheie: control managerial, eficiență activităților, leadership, sănătatea populației, calitatea vieții, sistem managerial, subsistem decizional-comunicațional, managementul al calității, Six Sigma, controlling, controlling strategic, Balanced Scorecard, acreditare, calitate, conducere, documentare, management.

Domeniul de cercetare: managementul unităților spitalicești, strategia managerială aplicată. Abordarea conceptuală și practică a noțiunilor, proceselor și instrumentelor ce țin de managementul spitalicesc, modalități de eficientizare a acestuia în baza principiilor, strategiilor și instrumentelor noi.

Scopul lucrării: studiul managementului economic în domeniul sănătății și elaborarea proceselor și instrumentelor de eficientizare a managementului spitalicesc în corespundere cu standardele Uniunii Europene precum și cercetarea și evaluarea contribuției managerilor în gestionarea sectorului public spitalicesc.

Obiectivele: analiza elementelor metodologice, analiza instrumentelor, metodelor și tehnicilor de cercetare a managementului în domeniul sănătății la nivel de unitate spitalicească, axate pe principiul managementului calității totale, cu scopul de a elabora și implementa cele mai bune decizii strategice.

Noutatea și originalitatea științifică a cercetării: minarea și argumentarea teoretico-științifică a conceptelor de management economic și management spitalicesc. Elaborarea unor direcții de îmbunătățire a procesului de primire și deservire a pacienților în cadrul unității spitalicești. Elaborarea unui instrumentar de evaluare a eficienței managementului spitalicesc și conturarea instrumentelor și modalităților de eficientizare a acestuia în baza principiilor, strategiilor și metodelor noi.

Problema științifică importantă soluționată în domeniul respectiv: modalitățile de eficientizare a managementului în spitalul Orășenesc Novaci.

Semnificația teoretică a lucrării rezidă în definițiile precizate, metodele și tehnicile care pot fi aplicate de către cercetătorii și/sau administratori medicali, în procesul de remodelare a deciziilor strategice și îmbunătățirea calității serviciilor medicale prestate.

Valoarea aplicativă a lucrării constă în evaluarea eficienței managementului unităților spitalicești, cu sprijinul metodologiei propuse și implementarea prevederilor standardelor din seria ISO 9000 în unitățile spitalicești, în conformitate cu tendințele internaționale și standardele UE.

Implementarea rezultatelor științifice: instrumentarul elaborat și descris în lucrare a fost testat și implementat la Spitalul Orășenesc Novaci (România), Spitalul Municipal Sebeș (România) și INSP Institutul Mamei și Copilului (Republica Moldova).

АННОТАЦИЯ

на докторскую диссертацию по экономическим наукам «Повышение эффективности управленческих процессов и инструментов, применяемых в стационарных медицинских учреждениях», автор Григоре Емил, специальность: 521.03 - Экономика и менеджмент в сфере деятельности, Кишинев, 2022 г.

Структура диссертационной работы: введение, три главы, общие выводы и рекомендации, библиография из 124 наименований, 140 страниц основного текста, 22 таблицы, 32 рисунка, 39 приложений, 3 Акта о внедрении результатов исследования и 2 Свидетельства о регистрации авторских и смежных прав. Исследования отражены в 12 научных работах (более 10 а.л.).

Ключевые слова: управленческий контроль, эффективность деятельности, leadership, здоровье населения, качество жизни, система управления, коммуникативная подсистема принятия решений, Six Sigma, controlling, стратегический контроль, Balanced Scorecard, аккредитация, качество, лидерство, документация, менеджмент.

Область исследования: менеджмент стационарных медицинских учреждений, внедряемая управленческая стратегия. Концептуальный и практический подход к понятиям, процессам и инструментам, связанных с управлением стационарными медицинскими учреждениями, способы их оптимизации на основе новых принципов, стратегий и инструментов.

Цель работы заключается в изучение экономического управления области здравоохранения и разработка процессов и инструментов для оптимизации управления стационарными медицинскими учреждениями в соответствии со стандартами Европейского Союза, а также исследование и оценка вклада менеджеров в процессе управления сектором государственных медицинских стационарных учреждений.

Задачи работы: анализ методологических элементов, анализ инструментов и техник исследования менеджмента в области здравоохранения на уровне стационарных медицинских учреждений, ориентированных на принцип системы менеджмента качества, с целью разработки и реализации лучших стратегических решений.

Научная новизна и оригинальность работы заключается в разработке и теоретико-научном обосновании концепций экономического менеджмента и менеджмента стационарных медицинских учреждений. Разработка направлений совершенствования процесса приема и обслуживания пациентов в стационаре. Разработка инструментов для оценки эффективности управления стационарными медицинскими учреждениями и определения инструментов и способов повышения эффективности данного процесса, на основе новых принципов, стратегий и методов.

Важность научной проблемы решенной в рамках исследования, заключается в разработке способов оптимизации управления Городской Больницей Новаць.

Теоретическая значимость и практическая ценность работы обусловлена ее новизной и заключается в разработке определений, методов и приемов, которые могут применяться исследователями и/или медицинскими менеджерами, в процессе ремоделирования стратегических решений и улучшения качества предоставляемых медицинские услуги.

Прикладная ценность диссертации состоит в оценке эффективности управления больницами, при поддержке предложенной методики и реализации положений стандартов серии ISO 9000 в больницах, в соответствии с международными тенденциями и стандартами ЕС.

Апробация научных результатов: разработанные и описанные в работе инструменты, были протестированы и внедрены в Городской Больницей Новаць (Румыния), Муниципальной Больнице Себеш (Румыния) и ГМУ Институт Матери и Ребенка (Республика Молдова).

ANNOTATION
for the doctoral thesis in economic sciences
“Managerial processes and tools efficiency increasing in the field of hospital units”,
author Grigore Emil, specialty: 521.03 - Economics and management in the field of
activity, Chişinau, 2022

Thesis structure: three Chapters, preceded by an Introduction, followed by General conclusions and proposals, Bibliography which includes 124 sources, 140 pages of the main text, 22 Tables, 32 Figures, 39 Annexes, 3 Acts concerning research results implementing and 2 Certificates of registration of copyright and related rights. The research results were published in 12 scientific papers (over 10 author sheets).

Keywords: managerial control, performance efficiency, leadership, population health, quality of life, managerial system, decision-communication subsystem, quality management, Six Sigma, controlling, strategic controlling, Balanced Scorecard, accreditation, quality, leadership, documentation, management.

Research area: hospital unit's management, applied management strategy. A conceptual and practical approach to the notions, processes and tools related to hospital management, as well as, new streamlined ways based on new principles, strategies and tools.

The purpose of research: the study of economic management in the field of health and the elaboration of processes and tools aimed to streamline hospital management, in accordance with European Union standards, as well as, research and evaluation of the manager's contribution in the process of public hospital sector administration.

Objectives: analysis of methodological elements, analysis of tools, methods and techniques of health management research at the hospital unit level, focused on the total quality management principles, in order to develop and implement the best strategic decisions.

The scientific novelty and originality of the research: mining and theoretical-scientific argumentation of the concepts concerning economic management and hospital management. Elaboration of the new guides aimed to improve the process of receiving and serving patients within the hospital units. Elaboration of a tool for hospital management efficiency evaluation, as well, as outlining new tools and ways to make it better planned, based on new principles, strategies and methods.

The realized scientific problem in the respective field: the ways to streamline the management in the Novaci City Hospital.

The theoretical significance of the work lies in the precise definitions, methods and techniques that can be applied by researchers and/or medical administrators, in the process of remodeling strategic decisions and improving the quality of provided medical services.

The applicative value of the paper consists in evaluating the effectiveness of the management of hospital units, with the support of the proposed methodology and the implementation of the provisions of the ISO 9000 series standards in hospital units, in accordance with international trends and EU standards.

Implementation of scientific results: the tools developed and described in the paper were tested and implemented at the Novaci City Hospital (Romania), Sebeş Municipal Hospital (Romania) and PMSI Institute of Mother and Child (Republic of Moldova).

GRIGORE EMIL

**MANAGERIAL PROCESSES AND TOOLS EFFICIENCY INCREASING IN THE
FIELD OF HOSPITAL UNITS**

521.03 - Economy and management in the field of activity

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