

# Healthcare Leadership and Quality in Healthcare Service Delivery

(an experiential dissertation for classroom learning)

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## Introduction

As a professor in a graduate school for public health, hospital administration, and medicine, it is my task to prepare my students to become healthcare leaders in the future. Amidst the many issues in our current healthcare landscape, we need leaders who can make a difference in the lives and health of every Filipino, leaders who can deliver quality care, achieve favorable clinical outcomes, and promote healthcare responsiveness. To promote quality service in the healthcare industry, I attended ISO 9001:2015 lead auditor training and accreditation, which I successfully completed in 2023. After completing my internship requirements as an auditor, I started auditing in May 2024 under a globally recognized certifying body. This opens opportunities for me to learn more about what quality means in the Philippine healthcare landscape and the role of healthcare leadership in achieving it.

The intent of this brief dissertation is to describe the common significant quality-related issues of the healthcare facilities I audited from May 2024 to December 2025, and to identify leadership gaps that may cause these findings.

Sharing this experience will help students in the field of healthcare contextualize the concept of quality in healthcare service delivery and how healthcare leadership could impact the attainment of such quality.



## Quality in Healthcare Service Delivery

There are many ways to define quality. In ISO quality management system audits, quality is defined based on the compliance of an institution with the specific ISO standards and clauses. In this paper, quality is defined as findings from the operations of a healthcare facility as a service provider that will not in any way compromise the domains of healthcare quality. Secondly, quality means that a healthcare facility has not violated any existing statutory and regulatory requirements. Any findings contrary to these definitions are considered significant quality issues.

The domains of healthcare quality are safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Online literature simply interprets these domains as “doing the right thing, for the right person, at the right time, in the right way, to get the best results, avoiding overuse, underuse, or misuse of services.”

### Healthcare Leadership

The Department of Health (DOH) Philippines, driven by Executive Order No. 605 (2007) and sustained by subsequent issuances, pushes for ISO Certification (especially ISO 9001:2015 for Quality Management) across its offices and hospitals to standardize services, improve governance, enhance citizen trust, and ensure consistent, high-quality, citizen-centric healthcare delivery, aligning with Universal Health Care goals.

Because of this mandate, the healthcare leadership in the Philippines has evolved by adopting the global practices and styles, specifically the transformative type of leadership. In fact, this type of leadership is the one being referred to in the ISO certification process. Feedback and listening are important. Empowering people and encouraging innovation to improve quality are key requirements. Building trust across all levels of the organization is an essential pillar for longevity and improvement. The facility’s vision is shared and adopted by all.

Leadership gaps are identified by the healthcare facilities during the root-cause analysis. Recommendations are made based on these leadership gaps.

### Significant Quality Issues

Over the last 20 months, I audited 49 healthcare facilities, either hospitals or clinics, providing healthcare services. These facilities are all licensed by the Philippine Department of Health.

Five (~10%) of these facilities have no quality issues. Meanwhile, 44 (~90%) have at least one significant quality issue. These issues are:

- Presence of expired medicines and laboratory reagents, including counterfeit medical devices, specifically sutures;
- Inadequate or lack of routine calibration and preventive maintenance of the facilities’ machines and equipment;
- Inadequate or absence of monitoring of healthcare professionals’ or staff’s exposure to diagnostic radiation while on duty;
- Lack of documented training for staff who are handling functions outside of their competencies. Examples are (1) a licensed radiologic technician who is performing the role of respiratory therapist, (2) an IT graduate who was appointed to be a nursing

attendant, and (3) a college undergraduate who was assigned as a pharmacy assistant. Two of these latter examples require NC 2 TESDA training and certification as mandated by local regulation, and

- Absence of documented patient's informed consent for OPD and ER consultations.

These findings, if not properly addressed, may lead to patient harm, ineffective healthcare delivery, inadequate patient-centered care, and compromised health and performance of the staff of these healthcare facilities.

### Leadership Gaps

Corrective and preventive action plans were initiated to address these significant quality issues. In doing so, root cause analyses were performed, including the identification of leadership gaps within the context of the Healthcare Leadership Alliance (HLA) framework.

Based on the plans submitted by the concerned healthcare facilities, the identified leadership gaps are:

- Clarity - a lack in the articulation of policies to operationalize them at the department or unit levels of the organization. This impedes the rational decision-making of the rank-and-file employees.
- Communication – inadequate open, two-way exchanges and multi-channel strategies to align staff on new regulatory requirements and evolving healthcare practices. This leads to a lack of awareness of new legal and policy requirements;
- Commitment – non-prioritization of improvements that require high investment or costs. This could lead to non-compliance with specific required tasks, such as routine calibration and preventive maintenance.
- Consistency – poor controls and oversight on routine activities like monitoring of the staff's exposure to X-ray radiation. This could compromise staff health and wellness.

### Strengthening Healthcare Leadership

The foundation of a quality healthcare service delivery is anchored on strong healthcare leadership. The ISO certification and accreditation is globally accepted process that provides a venue on how should leadership works to promote quality in the operations of a healthcare facility.

There are four tools in the ISO processes that a leader should master, and these are:

- COTO or context of the organization. A holistic healthcare leader should have full involvement and understanding of the organization's context, especially regarding new legal requirements. This enhances Commitment.
- IQA or internal quality audit. A competent healthcare leader should strengthen the organization's Internal Quality Audits and empower staff in addressing concerns. This strengthens Consistency
- CSR or customer satisfaction responses. A strong healthcare leader has to regularly listen to customer feedback and responses, as well as unsolicited advice, and should seek and provide clarifications as necessary. This improves Clarity
- QMR or quality management review. A transformational healthcare leader should lead, and never delegate, quality management review meetings. This boosts Communication.

If these good practices are dutifully observed by healthcare leaders, quality healthcare service will never be compromised.

Indeed, as observed during the audits, healthcare facilities that adopted these practices were found to have no significant quality issues.

### Key Academic Takeaways

Quality in healthcare service delivery and the role of healthcare leadership are two important topics that we, professors, are emphasizing to our healthcare professional students. Since these are our future leaders, we need to fully strengthen their academic learning with actual experiences.

Given that leadership and quality are always abstract concepts, unless properly defined, we need to provide our graduate students with succinct yet clear examples of how healthcare leadership and quality interact to improve the health and wellness of people.

Therefore, this brief dissertation hopefully complements how healthcare leadership should be well practiced in the context of ISO accreditation and certification, amidst the many challenges in our current setting, to achieve the quality in healthcare service delivery that every individual aspires to.

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