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Mirosław BORKOWSKI,
Doctor of Law, Specialist in public health,
Professor at the University of Gdańsk (Republic of Poland)
ORCID ID https://orcid.org/0000-0001-5456-7377

MANAGEMENT IN HEALTH CARE. SELECTED LEGAL AND ORGANIZATIONAL ASPECTS IN THE POLISH HEALTH CARE SYSTEM

In every democratic country that respects and protects human rights, human dignity and the functioning of the health care system are an extremely important element of society's development. In turn, the condition of the health care system should be one of the measures or factors proving the authorities' respect for society. Social changes, such as the increase in the wealth of citizens but also the aging of societies, cause debates and discussions on the functioning of the health care system, universality and access to medical services to become widespread. This is discussed by representatives of the medical community, representatives of groups currently «in power» and, above all, patients themselves.

The structure of the health care system and the number of legal regulations creating this system in the Republic of Poland raise many problems. Their perception and analysis depend to a large extent on the nature of the evaluator, but one common element of such analyzes is the conclusion that the system is inefficient and requires changes.

However, the scope of these changes is problematic. The medical community and management specialists see the need for changes in the

management system combined with subsidizing the system. Patients, but also representatives of many communities, recognize the need for changes, but without incurring additional costs.

Undoubtedly, the management system itself in facilities providing health services requires urgent changes. However, the complex structure of the system and its subjective and objective scope (including the multiplicity and diversity of facilities, various remuneration and employment systems) make it impossible to standardize activities. It should also be remembered that any changes must be made with the patient and his safety in mind.

Keywords: *health care system, management, health security, patient safety.*

Mirosław BORKOWSKI,
Dr nauk prawnych, Specjalista zdrowia publicznego,
Professor Gdańskiej Szkoły Wyższej
ORCID ID https://orcid.org/0000-0001-5456-7377

ZARZĄDZANIE W OCHRONIE ZDROWIA. WYBRANE ASPEKTY PRAWNE I ORGANIZACYJNE W POLSKIM SYSTEMIE OCHRONY ZDROWIA

W każdym demokratycznym państwie przestrzegającym i chroniącym prawa człowieka, jego godność, funkcjonowanie systemu ochrony zdrowia stanowi niezwykle ważny element rozwoju społeczeństwa. Z kolei stan systemu ochrony zdrowia powinien być jednym z mierników czy współczynników świadczących o poszanowaniu społeczeństwa przez władze. Zmiany społeczne takie jak wzrost zamożności obywateli ale też i starzenie się społeczeństw, powodują, że powszechne stają się debaty, dyskusje na temat funkcjonowania systemu ochrony zdrowia, powszechności i dostępności do świadczeń

medycznych. Dyskutują o tym przedstawiciele środowisk medycznych, reprezentanci grup aktualnie «sprawujących władze» a przede wszystkim sami pacjenci.

Struktura systemu ochrony zdrowia, ilość prawnych regulacji tworzących ten system w Rzeczypospolitej Polskiej, rodzi wiele problemów. Ich postrzeganie i analiza zależ w dużym stopniu od charakteru podmiotu oceniającego, jednak pewną części wspólną takich analiz jest konstatacja, że system jest niewydolny, wymaga zmian.

Problematyczny jest jednak zakres owych zmian. Środowiska medyczne i specjaliści od zarządzania widzą potrzebę zmian w systemie zarządzania połączoną z dofinansowaniem systemu. Pacjenci, ale też i przedstawiciele wielu środowisk – dostrzegają potrzebę zmian ale bez ponoszenia dodatkowych kosztów.

Niewątpliwie, sam system zarządzania w placówkach wykonujących świadczenia zdrowotne wymaga pilnych zmian. Jednak złożona struktura systemu oraz jego zakres podmiotowo-przedmiotowy (m.in. wielość i różnorodność placówek, różne systemy wynagradzania i zatrudniania) uniemożliwiają standaryzację działań. Należy też pamiętać, że wszelkie zmiany muszą być podejmowane «z myślą» o pacjencie, o jego bezpieczeństwie.

***Słowa kluczowe**: system ochrony zdrowia, zarządzanie, bezpieczeństwo zdrowotne, bezpieczeństwo pacjenta*.

Міроslав БОРКОВСКІ,
доктор правничих наук, фахівець з громадського здоров'я,
професор Вищої школи в Гданську (Республіка Польща)
ORCID ID https://orcid.org/0000-0001-5456-7377

МЕНЕДЖМЕНТ В ОХОРОНІ ЗДОРОВ'Я. ОКРЕМІ ПРАВОВІ ТА ОРГАНІЗАЦІЙНІ АСПЕКТИ В ПОЛЬСЬКІЙ СИСТЕМІ ОХОРОНИ ЗДОРОВ'Я

У кожній демократичній країні, що поважає та захищає права людини, людську гідність, функціонування системи охорони здоров'я є надзвичайно важливим елементом розвитку суспільства. Своєю чергою, стан системи охорони здоров'я має бути одним із показників або чинників, що свідчать про повагу влади до суспільства. Соціальні зміни, такі як зростання добробуту громадян, а також старіння суспільства, призводять до того, що питання функціонування системи охорони здоров'я, універсальності та доступності медичних послуг стають предметом широких дискусій та обговорень. Про це говорять представники медичної спільноти, представники груп, що перебувають при владі, і, насамперед, самі пацієнти.

Структура системи охорони здоров'я та кількість правових норм, що створюють цю систему в Республіці Польща, викликають багато проблем. Їх сприйняття та аналіз значною мірою залежить від характеру оцінювача, водночас спільним елементом такого аналізу є висновок про те, що система є неефективною і потребує змін.

Однак обсяг цих змін є проблематичним. Медична спільнота та фахівці з управління убачають потребу змін у системі управління в поєднанні з субсидуванням системи. Пацієнти, а також представники багатьох спільнот визнають таку потребу змін, проте без додаткових витрат.

Безперечно, сама система управління в закладах, що надають медичні послуги, потребує нагальних змін. Однак складна структура системи, її суб'єктивні та об'єктивні особливості (у тому числі множинність і різноманітність закладів, різні системи оплати праці та зайнятості) унеможливлюють стандартизацію діяльності. Слід також

пам'ятати, що будь-які зміни повинні здійснюватися з урахуванням інтересів пацієнта та його безпеки.

Ключові слова: *система охорони здоров'я, управління, безпека здоров'я, безпека пацієнта.*

Introduction. No one needs to be convinced that health is the highest value and providing help to the sick should be an obligation, above all – the obligation of the state. Many documents and generally applicable legal acts, e.g. declarations and pacts [1], mention the need to ensure the right to health care and the right to health services. The right to health care is included in many constitutions of democratic countries. For example, the Constitution of the Republic of Poland [2] mentions the right to health care, and the legislator formulates this right directly in Art. 68 (1) as follows:

Everyone has the right to health care

Therefore, one may get the impression that the issue of the right to health care should not pose any problem, at least at the legislative level. Unfortunately, the ubiquitous economization creates great confusion in the perception of the right to health and health itself. First of all, this phenomenon affects the method and quality of health care services provided. It can be argued that this process changes the health care system from a «care» system to an «indicator» system, in which achieving a certain, assumed indicator is more important than the health and safety of the patient. Of course, this is a gross simplification and

[1] W Powszechnej Deklaracji Praw Człowieka z 10.XII.1948 r, w art. 25 ust podkreślono, że *każda osoba ma prawo do poziomu życia odpowiadającego potrzebom zdrowia i dobrobytu jej samej i jej rodziny, włączając wyżywienie, ubiór, mieszkanie, opiekę medyczną i niezbędne świadczenia społeczne, jak również prawo do zabezpieczenia na wypadek bezrobocia, choroby, niezdolności do pracy, wdowieństwa, podeszłego wieku, a także innych przyczyn utraty środków utrzymania w następstwie okoliczności niezależnych od jej woli*; www.libr.sejm.gov.pl; dostęp:6.06.2024 r. Natomiast Międzynarodowy Pakt Praw Gospodarczych, Społecznych i Kulturalnych z 16 grudnia 1966 r. w art. 12 stanowi, iż *Państwa Strony niniejszego Paktu uznają prawo każdego do korzystania z najwyższego osiągalnego poziomu ochrony zdrowia fizycznego i psychicznego* […], (Dz.U.1977.38.169). Z kolei, w art. 35 Karty praw podstawowych Unii Europejskiej, stwierdzono iż, *każdy ma prawo dostępu do profilaktycznej opieki zdrowotnej i prawo do korzystania z leczenia na warunkach ustanowionych w ustawodawstwach i praktykach krajowych. Przy określaniu i realizowaniu wszystkich polityk i działań Unii zapewnia się wysoki poziom ochrony zdrowia ludzkiego; (*Dz.U.UE.C.2007.303.1.).

[2] Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r.; Dz.U. 1997.78.483 z poźn. zm.

representatives of medical sciences, and above all economic sciences or management sciences, may consider such a statement as a kind of manifestation of ignorance, but many actual actions or legal solutions cannot be assessed otherwise than actions aimed at reducing medical costs., i.e. actions not always consistent with patients' expectations. More and more often, the concept of «treatment cost» is confronted with the well-being of the patient and the provision of health care.

It is regrettable that health care is becoming a «process» in which economic and financial solutions increasingly affect the scope of care, its quality and even the availability and universality of many medical services.

Changing conditions, including: technical, biotechnological, legal and, unfortunately, political, make the process of managing a healthcare entity extremely complicated. It requires the person managing such an entity to have knowledge of the principles of economics and finance, and even to have technical knowledge that goes beyond the basic level. An additional difficulty in the efficient management of a medical entity are legal and administrative issues related to, among others, with the structure of the health care system, appropriate application of solutions in the field of labor law and tax law. The manager of a healthcare entity (cooperating with a team of advisors: economists, financiers, lawyers) should be a kind of visionary who can predict (plan), e.g., changes in the lists of reimbursed drugs, the basket of health services, but also changes in the methods of remunerating employees, etc.

An additional difficulty in managing a system or even a single «health care» entity is the diversity of such facilities. A facility where, for example, «emergency services» are provided should be managed differently, a «rehabilitation» facility, and an entity producing medicinal products (and such an entity is also part of the health care system) should be managed differently.

According to the author, and somewhat contrary to the perception of the health system in the version presented by WHO [3], the patient is an extremely important element of this system. Therefore, all activities related to the functioning and management of the health system must take into account its expectations and needs.

I. Entities of the health care system in Poland

Health care, health care system, medical care or the medical care system are concepts that, not only in common use, are treated as synonyms. Due to editorial limitations and the nature of the work, considerations regarding the semantic analysis of these concepts were omitted. It was assumed that the health care system is a complex, heterogeneous concept, the components of which are: healthcare providers, beneficiaries, the financing system, the scope of activities provided and their purposefulness.

Proper definition of the scope of management in health care The Republic of Poland is an extremely difficult task due to the adopted and used concepts such as health [4] and health care. Adopting for further consideration the definition of health adopted by the World Health Organization (WHO) as follows: *health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* [5], and then slightly amended in 1978 during the World Health Assembly in Alma-Ata [6], has an impact on the diversity of entities that can be attributed to the provision of health services.

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[3] Według WHO system zdrowotny to zbiór wszystkich publicznych prywatnych organizacji, instytucji i zasobów, które są uprawnione (maja sformalizowany mandat (…) do poprawy, utrzymania lub przywracania zdrowia. *Obejmuje świadczenia indywidualne i populacyjne przez aktywności, których celem jest wpływanie na polityki i działania innych sektorów, aby odnosiły się do społecznych, środowiskowych oraz ekonomicznych uwarunkowań zdrowia;* (za)profibaza.pzh.gov.pl; dostęp:15.06.2024.

[4] Na temat definicji i zakresu pojęcia «zdrowie» zob. m. in. M. Borkowski Zdrowie jako dobro osobiste, Periodyk Naukowy Akademii Polonijnej, Częstochowa, 2010; M. Borkowski, C. Kucharczyk, E. Sadowska, Bezpieczeństwo zdrowotne, istota, pojęcie, ewolucja, Kraków, Libron 2021, i wskazana tam literatura.

[5] Konstytucja Światowej Organizacji Zdrowia, Dz.U.1948.61.477.

[6] Tekst Deklaracji – www.paho.org; dostęp:16.06.2024 r. W trakcie obrad Konferencji potwierdzono, że z*drowie jest pozytywnym w pełni stanem fizycznym, umysłowym i społecznym, a nie tylko nieobecnością choroby lub niepełnosprawności* (…). Ta drobna zmiana nie wpłynęła jednak na powszechny odbiór definicji zdrowia, nie spowodowała tez zmian merytorycznych w analizowanym pojęciu.

The title health care is therefore an extremely broad concept, which is why its protection system must be created by many, diverse entities.

An element of health care is «health care». And although it is a statutory concept, used either in the titles of legal acts or in their content, there is no definition of it in any legal act. However, in at least several legal acts, the legislator attempted to create the subjective and objective scope of this concept.

For example, in the Act of 27 October 2017 on primary health care, primary health care includes, among others: providing health care services [...] which provides access to preventive, diagnostic, therapeutic, nursing and rehabilitation health care services [...] – Art. 2 of the Act. However, the purpose of primary health care, in accordance with Art. 3 of the above-mentioned Act, is, for example, providing health care for the beneficiary and his family (paragraph 1), identifying, eliminating or limiting threats and problems of physical and mental health (paragraph 4).

In turn, in another act specifying, among others, conditions for providing and scope of health care services financed from public funds – in the Act of 27 August 2004 on health care services financed from public funds (consolidated text: Journal of Laws 2024.146), the legislator does not define health care, but introduces several types of it. These include, for example, outpatient health care (Article 5, point 1), night and holiday health care (Article 5, point 17 a) and primary health care (Article 5, point 27).

Even a very superficial comparison of the above-mentioned scopes of health care allows for the conclusion that entities performing these tasks cannot and should not be managed or settled in the same way.

However, for the principles or management model, the most important information is information about medical entities, their organizational structure, capital structure and founding bodies.

Pursuant to the wording of Art. 4 (1) of the Act of 15 April 2011 on medical activities (consolidated text: Journal of Laws 2024.799), medical entities are:

1) entrepreneurs within the meaning of the provisions of the Act of March 6, 2018.

Entrepreneurs' law (Journal of Laws of 2024, item 236) in all respects forms provided for conducting business activities (…);

2) independent public health care facilities;

3) budget units, including state budget units created and supervised by the Minister of National Defense, the competent minister for internal affairs, the Minister of Justice or the Head of the Agency Internal Security, having in the organizational structure outpatient clinic, outpatient clinic with infirmary or primary care physician health care, primary care nurse or primary health care midwife (…);

4) research institutes referred to in Art. 3 of the Act of April 30 2010 on research institutes (Journal of Laws of 2022, item 498 and 2023, item 1672);

5) foundations and associations whose statutory purpose is to perform tasks in the field of health care and which the statute allows for carrying out medical activities;

5a) organizational units of associations with legal personality, o referred to in point 5;

6) legal persons and organizational units operating on the basis provisions on the relationship between the State and the Catholic Church Republic of Poland, on the attitude of the State towards other churches and religious associations and guarantees of freedom of conscience and confessions;

7) military units – to the extent to which they perform medical activities.

Additionally, entities performing medical activities are: doctors, nurses, physiotherapists, laboratory diagnosticians, if they perform medical activities in the form of:

a) sole proprietorship as an individual medical practice, individual medical practice only at the place of call, individual specialized medical practice, individual specialized medical practice only at the place of call, individual medical practice only in a medical facility based on an agreement with the medical entity running this facility or individual specialized medical practice only in a medical facility under an agreement with the medical entity running this facility,

b) civil partnership, general partnership or professional partnership as a group medical practice – Art. 2 section 1 pk 5 in connection with art. 5 of the Act on medical activities.

If we add to this list information about the possibility of establishing and running medical entities by the State Treasury and local government units in the form of, among others: capital companies, budgetary units, independent public health care facilities, the health care system in the Republic of Poland appears to us as a an extremely complex and extensive system.

This multitude of entities should be compared with the type of health services provided. Without going into legal and organizational complexities, the structure of health care organizations includes, among others:

public and private health care facilities;

hospitals, care and treatment facilities, nursing and care facilities;

clinics;

specialist clinics;

outpatient clinic;

emergency medical Services;

medical rescue system units;

medical rehabilitation facilities;

sanatoriums;

sanitary and epidemiological stations;

blood donation and blood treatment stations;

diagnostic laboratories.

Each entity providing medical services constitutes a separate set of people and assets that must be properly managed in order to function efficiently and effectively. But each of such entities, due to structural differences and the scope of services provided, requires a slightly different method and management method.

We should also remember that the most important entity in the health care or medical care system is the patient. Other administrative entities, entities where medical services are provided, and representatives of medical professions should be treated as entities providing (health) services for and for the benefit of the patient. Unfortunately, very often the analysis of various legal acts and new health care solutions is aimed only at indirectly affecting the health and safety of patients.

II. Management – areas and scope of management

Management, like health, is a difficult concept define, confine within one, universally accepted definition. It can be assumed, in accordance with the definition contained in the «Encyclopedia of Organization and Management» [7], that management is a managerial activity consisting in setting goals and ensuring their implementation in organizations subordinate to the manager [...] is narrower than «management» [...].

It is increasingly emphasized that there is no uniform definition of management and, at the same time, attention is drawn to the basic features characterizing this decision-making process. However, it should be noted that the areas and scope of management are expanding. Just as an example, it is worth mentioning a few of them, such as: strategic management, production process management, quality management, financial management, personnel

[7] L. Pasieczny, B. Gliński, W. Kieżun, A. K. Koźmiński, J. Kulikowski, J. Kurnal, S. Kwiatkowski, H. Mreła, B. Ostapczuk, J. Trzcieniecki (kom. red.). *Encyklopedia organizacji i zarządzania*. Warszawa : PWE, 1981. S. 609; hasło: zarządzanie.

management, knowledge management or safety management. Each of these areas mentioned above can be transferred to the health care system.

Due to the nature of the work and the editorial limitations of the publishing house, only two areas of management are discussed below: personnel management and risk management in health care facilities.

III. Human capital management in health care

As already emphasized, the most important task and challenge ahead the priority of the entire health care system (in both objective and subjective terms) is to provide the best possible medical care, care that meets patients' expectations and with the maximum (qualitative) use of available resources. To achieve this goal, it is necessary to perform all activities (from the moment the notification is accepted until the «medically treated» patient leaves the medical facility) by medical workers with the highest level of knowledge and skills. It is also important that employees have appropriate experience and motivation.

The literature on the subject emphasizes that the proper concept of using human skills, abilities, abilities and motivations in the process of performing assigned tasks can be referred to as human potential management, human resources management, social potential management or personnel management [8]. For further considerations, the concept of human capital management was adopted, which should be understood as the use (as an activity and process) and appropriate development of an employee (his or her qualifications, skills, abilities and values) to exercise and perform, in a planned, organized and purposeful manner, the tasks entrusted to him or her. tasks and responsibilities. This method of shaping relations between employees is to take into account the specificity of the entity – the scope of services provided, the structure of the entity and the external environment in which the entity providing medical services operates.

[8] Dobska M., Rogoziński K. *Podstawy zarządzania zakładem opieki zdrowotnej*. Warszawa : PWN, 2012. S. 316–318.

Taking into account the nature and type of services provided, human capital management is to translate into achieving a specific effect, i.e. ensuring properly performed services. It is often associated with the need to ensure – at a specific place and time – an appropriate number of employees with appropriate capital, qualifications and skills, at least in accordance with the procedures. And such «disposal» of an employee and «disposition» of him in one place cannot take place at the expense of other tasks. A medical entity must function efficiently so as not to endanger the health and life of patients, but also of medical staff. Working and employing staff in an «on-duty system» that sometimes lasts continuously for 36 hours or more should be considered extremely reprehensible.

Of course, ensuring the appropriate number of medical staff depends on many factors, including a sensible (and lawful) policy of increasing the number of places in medical studies, and well-thought-out and reasonable decisions related to the creation of new medical professions [9].

To draw attention, in a short text, to the process of human capital management in health care, several problems should be highlighted.

Firstly – the capabilities, skills and potential of all employees should be fully used, regardless of the positions they hold.

Secondly – improve and properly organize the recruitment process so as to employ employees with appropriate medical, professional and availability qualifications. An important feature should be the ability to make decisions and the employee's knowledge and adaptation to working with employees and patients from different cultural backgrounds.

Thirdly – create working conditions enabling appropriate development of employees, conditions that are open and accepting new technical and

[9] Niestety, polityka «otwarcia zawodów medycznych» prowadzona w Rzeczypospolitej Polskiej na przestrzeni ostatnich co najmniej kilkunastu lat, ma niewiele wspólnego z rozsądkiem, a podejmowanych działań nie można uznać ani za sensowne ani podejmowane dla dobra pacjenta a niektóre z nich były podejmowane niezgodnie z prawem.

organizational solutions (openness to the functioning of both so-called e-health solutions and structural and organizational solutions).

In order to be able to implement the above-mentioned assumptions, it is also necessary to ensure an appropriate, acceptable and flexible system of remuneration and employee motivation.

These issues also constitute a significant challenge for the management staff and «owners» [10] of medical entities. People holding managerial positions must:

plan the recruitment process;

manage human resources;

organize human resources;

motivate employees;

and, above all, focus on controlling work processes [11].

It is also worth mentioning the specificity of the regulations specifying working time for employees employed in a healthcare entity. Differentiation of groups – «medical» workers, technical, service and economic workers and blind workers employed in positions requiring contact with patients have different working time standards (both hourly, daily and weekly). Unclear wordings contained in the acts on medical professions in connection with Art. 93-99b of the Act on medical activities cause complications regarding the qualification of employees to particular groups. Properly defining professions, assigning working time to them or determining rest periods is a separate element of human capital management (medical staff).

Working time, number of days off and time for rest are just some of the specific conditions affecting the process of human capital management in health care. Additionally, it should also be remembered that the work of some medical professionals requires additional health and safety solutions.

[10] Należy pamiętać, że w RP podmioty lecznicze mogą być tworzone zarówno przez jednostki samorządu terytorialnego, podmioty prywatne jak i osoby prawne o różnej strukturze kapitałowej.
[11] M. Dobska, K. Rogoziński. *Podstawy….,* S. 320.

The recruitment process itself may not be specific, but it is extremely important to recognize and not cooperate with candidates who do not meet ethical, moral or cultural criteria. Working in health care is a very demanding challenge and it is not a place of work for people who are insensitive, insensitive to human problems, or fanatical people.

Of course, whether during the recruitment process or during work, management staff must make all decisions based on applicable legal regulations, and there are quite a lot of those related to employees. An additional difficulty is the instability of legal regulations. While the Labor Code (together with basic health and safety regulations) is a fairly stable legal act, the provisions regarding, for example, remuneration, methods of employment or work performance do not provide such a guarantee.

IV. Risk management

Every activity, even a very simple one, carries this risk more risk accompanies more complicated activities or entire processes, such as providing medical services. Typically, risk is perceived as a negative phenomenon with negative consequences and harm.

Without getting into semantic disputes about the meaning of the concept of «risk», it should be pointed out that it is defined differently in different sciences. More and more often, however, when accepting the occurrence of risk, risk management standards are introduced in an attempt to protect against the negative effects of unpredictable situations.

When analyzing the risk management process and even its definitions or subjective and objective scope, it is worth recalling the regulations contained in Communication № 6 of the Minister of Finance of December 6, 2012, on detailed guidelines for the public finance sector in the field of risk planning and management [12]. In this industry document, the concept of risk is defined in a

[12] Komunikat nr 6 Ministra Finansów z dnia 6 grudnia 2012 r. w sprawie szczegółowych wytycznych dla sektora finansów publicznych w zakresie planowania i zarzadzania ryzykiem; Dz. Urz. MF. 2012.56.

very general way and is commonly used as the possibility of an *event occurring that will negatively affect the achievement of goals and tasks*. However, what is important is the formulation that defines risk management as *procedures and policies as well as coordinated actions undertaken by both the entity's management and its employees, which, through the identification and analysis of risk and the determination of adequate responses to risk, increase the likelihood of achieving goals and implementing tasks.*

Just as human capital management was defined as a process, the quoted communication of the Minister of Finance stated that *due to the fact that risk management consists of many, interpenetrating and interdependent elements, it can be called a system.*

Typically, when formulating a catalog of risk areas in medical entities, the following threats are listed:

cybernetic – the so-called cybercrimes covering a wide range of activities;

physical;

compliance;

health;

personal data [13].

Observing the development of IT, it can be concluded that the greatest type of threat and therefore the problem that poses the greatest threats is the cyber threat. The vast majority of activities and activities undertaken in medical entities are based on the operation of various IT systems. This applies to the emergency reporting system, patient registration, keeping medical records, performing tests and, increasingly, performing treatments and surgeries. Also, the technical and administrative functioning of the entity, i.e. registration of work cards, issuing and collecting various materials, operation of power supply and ventilation systems, etc., is based on the operation of appropriate, specialized programs.

[13] Sasak J. *Zarządzanie ryzykiem w placówkach ochrony zdrowia*. Wolters Kluwer. Warszawa, 2020. S. 26.

Therefore, securing the efficient operation of a healthcare entity requires continuous investments in «secure» IT systems. This, in turn, is not only associated with high financial costs, but also requires well-thought-out decisions regarding taking actions on your own or outsourcing them (if possible, primarily due to applicable legal regulations) to external companies.

Ensuring the safety of continuity of activities and operations, ensuring the effectiveness of the implementation of medical services are the basic goals that should guide risk management specialists in medical facilities. Therefore, they cannot be people who only «come to work», but they must be managers carrying out a kind of mission (recruitment element) and knowing the specifics of health care, but also people who «think strategically» and also see the possibility of improving financial results in risk management entity.

Risk management is the recognition of threats, assessment of the type of threats and the possibility of eliminating them or minimizing losses. It is a continuous process of measurement and control, and thus a process of minimizing losses and maximizing benefits, implemented and conducted to ensure the patient's health safety. Therefore, it is extremely important to create appropriate procedures and good practices and constantly modernize and adapt them to the changing environment.

In the practice of healthcare entities, several risk management models are known, e.g. Project Management Body of Knowledge, PRINCE or Enterprise Risk Management (ERM). However, it seems that a better and more reliable solution to ensure patient safety is the operation of many different models adapted to the needs of the facility. While standardization of certain processes is a good solution, the multiplicity of systems may be a certain difficulty for people trying to break them. This statement may be criticized due to, among others: standardization of activities, high costs or problems with adapting employees or cooperation with other entities. It may hinder, for example, the way of transmitting information or medical documentation – there are no perfect

solutions and for the good of the patient, non-standard actions that do not threaten life and health should be taken.

In order to create an efficient risk management system, many circumstances resulting from the identification of threats on many levels must be taken into account. It is therefore important to take into account the comments and expectations of interested parties, i.e. staff, management staff and patients. And in this case we can see how important it is to create competent, efficient and educated «human capital» that will be able to analyze threats, help in defining an action strategy and will be able to respond properly in the event of a threat.

Conclusions. The presented material only in a very general (and sometimes even general) way indicates selected aspects of personnel management, human capital and risk management in the health care system. These are very extensive issues and have been described and analyzed many times. However, according to the author, even such a simplified form can be useful, even just as a small guideline for further scientific work.

It is always worth emphasizing that both processes: human capital management and risk management are inherent elements of the functioning of the vast majority of entities. However, due to the special nature of the protected entity, which is the patient, these processes must be treated in a unique way, because in the case of medical entities we are dealing with a rather unusual situation. When protecting the patient's life and health, which are the two most important human goods, we must take into account limited expenses. Undoubtedly, such a situation does not create a good atmosphere and sometimes even makes it difficult to make the right decisions from the point of view of the patient and the staff. It may affect the quality and effectiveness of the entity's operation and the efficiency of the management system.

Therefore, the human factor plays an extremely important role in management processes, including risk management, human capital management, and management of other members of the medical entity's employee team.

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