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## PHC and health care from a systems thinking perspective

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Around the world, healthcare organizations are encountering growing pressures to simultaneously improve the quality and safety of health and well-being of the public, cut costs and remain competitive. To achieve these goals, a number of assessment mechanisms have been used to address quality in medical care organizations. The most common are JCI/ISO/ EFQM and another accreditation, however, evidence from hospitals and PHC-based studies, suggests that external evaluation may be effectively used to complement internal processes. The value added is optimal when there is a clear, mutual understanding of purpose, a teamwork approach and a commitment to use the results of all forms of evaluation to shape a change agenda. But the success of TQM is constrained by many variables such as, poor commitment from leadership, inadequate information systems; there is also a decline of attention to the diseases, instead of addressing the patients' needs and experience. As a direct consequence, there is an increasing fear of lack of focus on patient-centered quality and safety. Nevertheless, implementation focuses more on the individual part, whereas organizational and managerial aspect are minimized or even neglected altogether. From system thinking perspective the foundations of quality are function of several variables. The implementation of successful TQM requires the fundamental shift thinking from how to best provide a wide variety of independent services to how to effectively combine individual service components into an integrated health care experience that meets patient needs and preferences to address patient needs, accessibility, information, service costs, accountability and compliance. Extensive redesign of the basic work processes, advocates may result in significant changes, in scope, task responsibilities, professional autonomy and reporting relationships.