

MEASURING & MANAGING QUALITY OF HEALTH CARE

Training Module MANAGING PERFORMANCE

Editors

Maimunah A. Hamid A. F. Al-Assaf
Azman Abu Bakar Low Lee Lan

Measuring & Managing Quality of Health Care

Training Module Managing Performance

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**Institute for Health Systems Research
Ministry of Health Malaysia**

2004

Measuring and Managing Quality of Health Care has the following modules:

Training Module: Promoting Quality

Training Module: Implementing Quality and Improving Performance

Training Module: Managing Performance

Training Module: Training of Trainers for Quality Assurance

The Institute for Health Systems Research (IHSR) is one of the seven institutes under the umbrella of the National Institutes of Health, Ministry of Health Malaysia. Formalised in November 2002, IHSR was created to support research and research related activities towards strengthening the efficiency and effectiveness of the country's health systems. The Institute's core business is concentrated in 3 areas: research, training and consultancy services in the field of health systems and quality assurance. The National Quality Assurance (QA) Secretariat is housed within the Institute and serves as the coordinating centre to the Ministry of Health's National QA Programme. IHSR also serves as the World Health Organization's Collaborating Centre for Health Systems Research and Quality Improvement, (2001-2004).

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Dedication

To all
who have unselfishly dedicated,
sacrificed and committed,
time, resources and themselves,
to improving the quality of life of others.

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Foreword

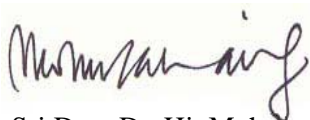
The challenge for today's health workers is to meet the public expectation of quality care and services. The demand for quality and the attention paid to its value are becoming a more and more dominant sign of the times.

In line with the Government's *Vision 2020*, the Ministry of Health is placing the importance of quality in health care as a national agenda. Through its *Vision for Health*, the Ministry is committed towards attaining a health system that is affordable, efficient, technologically appropriate, environmentally adaptable and consumer friendly with emphasis on quality, innovation, health promotion and respect for human dignity.

In order to achieve the above, there is a need to institutionalize and internalize quality within health care organizations. I sincerely believe that only when such a quality culture has been inculcated within the health workforce, will we be able to measure our degree of success.

This set of training modules has been developed to facilitate the process of institutionalizing and internalizing quality. The strength of these modules lies in their generic nature that provides an excellent platform for all health related sectors; thus benefiting not only those within the Ministry of Health but all those involved in the health industry in general.

I would like to congratulate the National Quality Assurance Secretariat for taking the lead in making the effort to produce the modules. Special thanks also to the World Health Organization for making some funds available. Last but not least, I sincerely thank all those who have sacrificed their time and effort as authors and editors, for their invaluable contributions towards making these modules a reality.



Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif
Director-General of Health Malaysia
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2004

Foreword

The publication of this set of four training modules by the National Quality Assurance Secretariat is another milestone for the Ministry of Health in its ongoing efforts to institutionalize and internalize quality for its workforce.

Based on the accumulated experiences and expertise of individuals involved in quality assurance both at operational and national program levels over the past two decades, these modules have been developed with the concerns of the various users' perspective in mind – *manager, service provider* and *trainer*. As such, depending on the module objectives, they vary in their approach, depth and technical content. The module on *Promoting Quality* for example is aimed at introducing or marketing Quality Assurance (QA), and thus does not dwell beyond introducing the concepts and benefits of QA.

Despite its variation in approach and technical contents, and to ensure that quality has not been compromised, all modules have undergone detailed scrutiny by Dr. A. F. Al-Assaf, an internationally well-renowned figure and authority in QA from the College of Public Health, University of Oklahoma.

I would like to take this opportunity to thank all chapter contributors in making these modules a success. My thanks are also extended to the World Health Organization for making some funds available to support this effort and the National QA Secretariat for their tireless efforts in compiling the various works.

For all the resources and efforts that have been put into producing these modules, it is my sincere hope that they will be maximally used to improve the capacity and capability of persons involved in QA activities at all levels, not only within the Ministry of Health but also beyond.



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2004

Preface

Measuring and managing quality in health care is becoming the core business of all involved in health care, be it at the stewardship, provider or consumer levels. Only through measuring quality of care can improvement be managed, as eloquently stated by Peter Drucker “If you can’t measure it, you can’t manage it”.

If quality assurance (QA) is to have an impact on improving health and health care, it is necessary that materials to be used as references be drawn from personal experiences in training and managing quality assurance as well as those of published authorities. The advantages of formal quality assurance and the benefits of practice have become evident over the years since the initiation of the QA Program within the Ministry of Health, Malaysia in 1985. This documented wealth of experience gained over the years is invaluable and should be shared with all who have interest in improving the quality of their own services.

Cognizant of this, a working group comprising of individuals who have been involved in quality assurance either as national trainers or practitioners at operational level was assembled by the National QA Secretariat of the Ministry of Health, Malaysia, to address the issue. The deliberations and selfless efforts of this dedicated group of individuals have resulted in the development of the following four modules on important aspects pertaining to measuring and managing quality in health care, ranging from its promotion to undertaking and managing QA activities and also in the conduct of QA training:

Training Module: Promoting Quality

This module focuses on the need to promote QA amongst those involved in the health industry. It presents an overview of the general concepts, activities and benefits of undertaking QA activities within the health organization.

Training Module: Implementing Quality and Improving Performance

This module attempts to provide a step-by-step guide to implementing QA activities. Discussions are based on the necessary fundamentals such as planning, implementing and evaluating QA activities. The module will be of interest to those with the desire to operationalize QA in their own organizations.

Training Module: Managing Performance

This module covers a range of issues relating to managing quality. It is written under the assumption that the majority of readers are practicing managers at some level. It also assumes that readers want to supplement their work experience with the understanding of the principles of quality management and how these ideas are currently evolving, so that they will have a breadth of vision to be an effective manager in QA.

Training Module: Training of Trainers for Quality Assurance

Experienced managers and implementers of QA activities are not necessarily experienced teachers. For training in QA to be effective, there is a need for acquiring competence not only in technical contents but also in training approaches. Trainers and facilitators include not only those whose primary responsibility is organizing and conducting training courses but also those who assist the trainers in conducting echo-workshops following their own successful completion of a training program.

These modules are put together with the understanding and realization of the importance and difficulties faced in introducing a quality culture within a health organization. The modules are aimed for a variety of audiences including postgraduate students undertaking the Masters of Public Health Program as well as workers in supervisory positions at mid- and senior management level. The contents are offered in a slide presentation format highlighting important points with notes provided as reference below each slide. Users are encouraged to become familiar with the entire set and to then selectively identify and utilize those modules that are more relevant to their own needs.

As much as we would have liked, the modules could not be judged to be comprehensive. It is intended only as an introduction and as a convenient reference to the subject, not the sole reference. Cross references are made between modules and a list of bibliography is provided at the end of each chapter.

We do hope these modules will prove beneficial in helping you measuring and managing quality of health care.

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Chapter 1

Quality in Health Care

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Learning Objectives

At the end of the chapter, you will be able to:

- explain Quality according to different perspectives
- define what is Quality
- describe why we need Quality
- describe the steps of the Quality Cycle
- describe the different Quality terms
- explain the myths of Quality
- describe the Quality Dimensions
- describe the basic Quality Principles

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What is Quality? (1/5)

Quality is different from different perspectives...



The answer to this question is really quite simple: “It depends!”

Quality is understood differently by different individuals depending on who do they represent in the health care system.

Quality from a patient or customer perspective would be related to the type and the effectiveness of care and probably with more emphasis on amenities (esthetics) such as friendliness, treated with respect, comfort, cleanliness, and range of services available with value for money.

The health care professionals or providers on the other hand, would be more concerned with the scientific process of care, the ability to diagnose and treat a case with little emphasis on the amenities and less emphasis on the “caring” aspect.

The administrator also has a different perspective on quality where he may think quality is access, efficiency, relevance, acceptability and effectiveness in delivering the health care services. Cost is very important to the administrator. Therefore when one has to define quality, one has to take into account the different perspectives of the audience.



What is Quality? (2/5)

Based on processes, tasks and performance expectation:

“Quality is not an accident, it is the result of high intentions, sincere efforts, intelligent direction and skillful execution”

This is an interesting definition on quality as it relates quality to processes, tasks and performance expectations. This definition was first noted on a Hallmark Card the author received from a friend on the occasion of his promotion. It appropriately describes quality as activities, phenomenon that has to be planned for, aimed at and worked for in order to achieve. It does not happen by accident.

Planning is important to achieve quality. Defining the right objectives, the proper goals and appropriate values are all necessary to get quality. Of course this planning effort should be coupled with sincerity, and dedication to implement this plan and to meet those objectives. But all of that is not complete without looking at the different options and strategies to choose and follow.

Setting priorities and identifying the most important strategy is a task that must be completed to fulfill the promise for quality. This action should be performed with precision and with the skills necessary to implement correctly and effectively.

What is Quality? (3/5)

Based on industrial model:

“Quality is customer-focused, therefore meeting the needs and expectations of the customer is the main objective”



This is the definition of quality that was widely propagated by the industrial model outside health care. It is clearly focused on the users and the persons that receive a service from a supplier.

In health care, the main user is the patient and the receiver is the patient, while the main supplier is the provider (both individual and institutional).

Also, implied in this definition of quality are the steps in achieving quality. Here, one has to identify and prioritize all customers (the vital, the important and the other customers), then a process should take place to measure their expectations and needs. It is therefore the objective of the supplier of health care services to find ways and methods to meet the expectations of their customers and if possible also their needs.



What is Quality? (4/5)

Based on fundamentals of the leadership and management:

“Quality is doing the right thing right the first time and doing it better the next”

This definition is based on the fundamentals of leadership and management. Leaders are expected to do the right thing the first time while managers are expected to do it right. An example in health care would be a physician who is expected to do the right thing, providing care services to the patient by asking the right questions, doing the right investigation and performing the right procedure. But this is not enough if it is not coupled with doing all of that the right way and on the first attempt. If this process is repeated again then the provider should become more experienced thus would be more efficient and more effective progressively, i.e. continuous improvement.

“Quality is doing the right thing right the first time and doing it better the next”



What is Quality? (5/5)

Quality is incremental improvement

Based on the National Roundtable on Health Care Quality, Institute of Medicine Massachusetts:

“Quality of care is the degree to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

A very simple definition of quality, yet so involved. Incremental means that the system is able to answer the following two questions affirmatively:

Are you better today than yesterday? And.....

Will you be better tomorrow than today?

But answering these questions is not that simple because if you want to be precise then one has to be able to accurately measure one's current, previous and future performance. Therefore, measuring performance is important in quality and as important is the ability to identify what measures and how to measure performance appropriately and adequately.

Therefore, one must have a system for data collection, data analysis and data reporting all of which related to performance of that system. This process should be associated with an ongoing system of continuous monitoring of performance and continuously upgrading its performance.

With the rapid progress in medical technology, the health care services need to keep abreast with current information on medicine, therefore ensuring that health services rendered are continuously upgrading its performance.



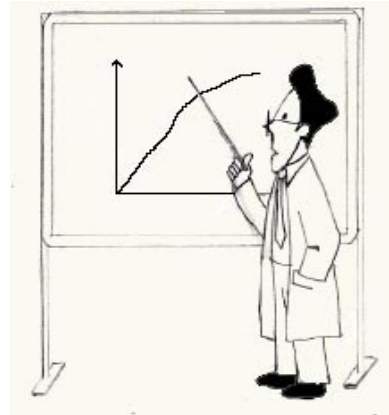
Why Quality? (1/3)

- Effectiveness
- Appropriateness and Necessity
- Standardization

- Effectiveness is the ability to meet and achieve the objectives for which you set for yourself. So, if a doctor has an objective to diagnose every case that he/she attends to appropriately, and is able to do so, then he/she is considered to be an *effective* doctor.
- In utilization management (a mechanism for quality), the questions to answer are whether the care and services are provided appropriately (to the right patient and for the right medical condition) and whether these services are necessary (i.e. not over utilized or not underutilized). If a patient needed referral to a specialist then he/she is referred. If the patient is complaining of a medical condition that is easily investigated and diagnosed with simple methods, then heroic and over extended measures are not necessary (i.e. if an x-ray will do, there is no need for a MRI report).
- The benefits of standards are to enhance control over outcome expectations and performance, thus useful in cost containment and budgeting techniques. Standards also establish an environment of similar “language” throughout an organization or a system. Similarly, by having standards, organizations will be able to reduce variations in the delivery and evaluation of services.

Why Quality? (2/3)

- Cost Saving
- Benchmarking
- Accreditation, Certification, etc.
- Reports cards
- Competition



- Quality has an impact on cost. It is widely believed that quality may increase cost but this is true only at the beginning of implementation.

Therefore, as quality is implemented and improved in an organization, so will the immediate costs of building quality structure. This trend soon levels off at some point in time early in the quality building process and will eventually start to decrease gradually as quality continues to improve. This is due to the fact that quality calls for the elimination of rework, waste and duplication. All of which are causes of additional costs.

- Quality provides a forum and a mechanism for organizations to identify centers of excellence and successful processes and procedures in other organizations and institutions. Once these centers or processes are identified then quality also calls for individuals in organizations to study these centers of excellence or these successful processes and learn how to import them in their own organization. This benchmarking or accreditation, are systems and mechanisms to validate, authenticate and recognize quality activities. These systems promote excellence in organizations and enhance their quality efforts.
- Report Cards are mechanisms or testimonials initiated by organizations to boast their accomplishments and improvement efforts. Consumers are demanding that organizations start issuing report cards of their performance.
- Competition drives the need for quality and at the same time encourages organizations to enhance their improvement activities.

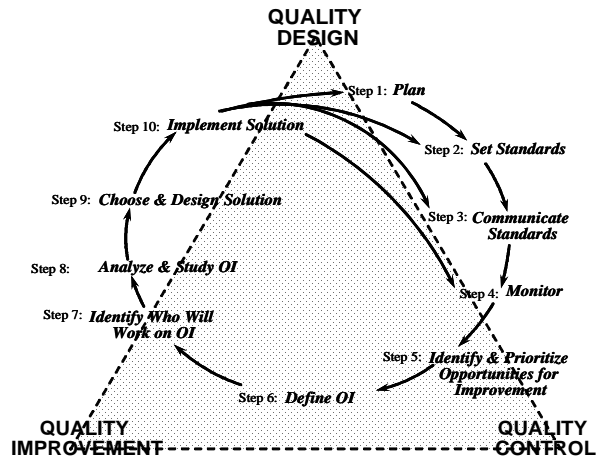


Why Quality? (3/3)

- Professional Satisfaction
- Pressures from the consumers
- Continuous Improvement
- Ethical Considerations

- Every professional, especially health care professionals, strive for doing the best job possible hence the need for quality. They compete for quality and are obsessed to achieve the best outcomes possible.
- Consumers are becoming more and more vigilant about their health and the care they receive. Therefore they are starting to demand the best of care and the best of service. This has put pressure on organizations to enhance their services and achieve quality systems.
- As described earlier, incremental and continuous improvement are characteristics of activities in quality systems and organizations. Thus continuous improvement will forever require organizations and individuals to invest in quality efforts and aim for better outcomes.
- If all of the above did not give enough reasons for why quality should be implemented and continuously aimed for, professionals have an ethical and moral obligation to provide the best possible care and service to their customers. It leads them to do good and to do everything better every time they do it again. It is unethical not to provide quality care and services.

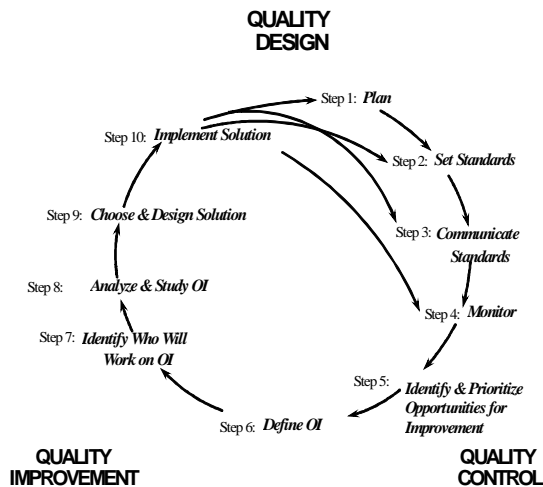
Steps of the Quality Cycle



According to the Quality Cycle above, each of these activities has certain steps to be followed in order to achieve the desired objectives. QA is the process of assuring compliance to specifications, requirements, or standards, and implementing methods for conformance. It includes planning for quality, setting and communicating standards and identifying indicators for performance monitoring and compliance to standards. These standards can come in different forms, for example protocols, guidelines, specifications, etc. QA however is losing its earlier popularity as it resolves to disciplinary means for standards compliance and therefore blames human error for noncompliance.

Quality Control (QC) on the other hand is defined by NAHQ (1994) as “a management process where actual performance is measured against expected performance, and actions are taken on the difference”. QC was originally used in the laboratory where accuracy of test results dictates certain norms and specific (and often) rigid procedures that would not allow for error and discrepancy. Thus, it makes an effort to reduce variations as much as possible. QA and QC are complemented and sometimes overwhelmed by Quality Improvement (QI) efforts and processes.

QI is defined as an organized, structured process that selectively identifies improvement teams to achieve improvements in products or services. Therefore, Total Quality Management (TQM) or quality management in general involves all above three processes QA, QC and QI. It involves processes related to the coordination of activities related to all or any one of the above three as well as the administration and resource allocation of these processes. Quality management (QM) becomes the umbrella under which all processes and activities related to quality falls. QM may also encompass such terms as continuous quality management, total quality management/leadership/improvement.



Quality Terminology

- Quality Assurance
- Quality Control/Monitoring
- Quality Improvement
- Continuous Quality Improvement
- Quality Management
- Total Quality Management
- Health Care Quality

- **Quality Assurance (QA)**
QA refers to all of the processes and activities related to the planning for quality, the setting and communicating of standards, measuring and monitoring compliance to these standards.
- **Quality Control (QC)**
QC refers to the processes of measuring the difference, if any, between the current performance of an organization and the desired levels of standards.
- **Quality Improvement (QI)**
QI refers to the processes and activities to reduce variance in performance from the desired standards, thus reducing the gap between current performance thresholds and the desired thresholds.
- **Continuous Quality Improvement (CQI)**
CQI is an incremental and continuous improvement for the whole organization.
- **Quality Management (QM)**
QM is the umbrella term that encompasses QA, QI and QC. It is the term applied to all of the processes related to the coordinating and facilitating of quality related activities and tasks in an organization.
- **Total Quality Management (TQM)**
TQM is a theory and a management method that was first introduced in Japan and involves 5 main principles: system wide, leadership commitment, data driven decision-making, customer focused and teamwork.
- **Health Care Quality (HCQ)**
HCQ is another term that refers to an organization-wide quality management program and processes.

Myths of Quality

- Quality is luxury
- Quality is intangible
- Unaffordable
- Quality problems originates by the workers
- Quality originates in the quality department

(Peter Drucker)



- If one is asked what is a quality car, the answer almost always does not include a Rolls Royce or a Benz. Usually people will answer a car that is reliable, trouble-free and economical. Therefore, in an organization, an object or a product does not have to be shiny or luxurious to be a quality object.
- Another myth is that quality is not tangible and cannot be measured. Of course it is the opposite. Quality can be measured as long as standards and indicators related to it are identified and monitored. Organizations, products with high compliance standards are described as quality objects.
- Quality is costly is another stereotype that people believe in. Of course quality is not that. Quality may cost extra as one builds the infrastructure to support it but once it is implemented, costs start to level off and eventually start to decline while the level of quality starts to climb. Quality work at reducing or eliminating waste, duplication and rework.
- Problems have been proved to be caused by system error more than human errors. Actually there are studies that suggest 80-85% of problems are system errors not human errors. The rest are errors caused by humans, due to environments that are not supportive of their development and achievements.
- Quality departments must be integrated into the organization. These departments should only be responsible for coordinating, facilitating and promoting quality efforts, but should not be the sole provider of such efforts. If not, people will become dependant on them thus making them the only “Czar” of quality.



Quality Dimensions (1/3)

- Effectiveness
- Efficiency
- Technical Competence

As seen from the above list, both effectiveness and efficiency come at the top of the list stressing the fact that quality can only be achieved if processes are performed appropriately and in a cost conscious environment. Only appropriate and necessary care should be provided. Waste, duplication and re-work should be eliminated. Only most economical ways and most effective ways to provide care should be stressed. In a system of higher demands for quality care coupled with the reality of limited resources, prudent decisions regarding best possible combinations of effective and efficient care are required and expected.

Obviously, providing effective care in an efficient manner requires highly technical skills of health care professionals that would follow the practice of doing the right thing right the first time and doing it better the next. In health care quality, providers and other health care professionals must be well educated and well trained to face the everyday challenges of meeting the needs and expectations of their customers, in particular their patients. Health care is a complex field and without good technical background the chance of a professional survival is weak. Quality must be associated with highly technical capabilities and competencies.

Quality Dimensions (2/3)

- Safety
- Accessibility



With regards to safety, it is again obvious that no one should accept providing nor receiving care in an environment that is unsafe or may be perceived as unsafe. From a risk management standpoint, it is the duty of the health professional to secure a safe environment for his/her patient. Accidents have several consequences, all of which are negative. Unsafe conditions may lead to liability, physical and emotional injury, as well as lose of goodwill and is a detriment on the facility's reputation in the community. Apart from that, an unsafe environment is counter productive as people will spend their time answering to complaints and fending lawsuits. Safety is expected and is a required dimension of quality, especially in health care.

Another important dimension of quality is accessibility. Accessible care is care that is available, acceptable, and affordable. Accessibility includes physical, financial, and intellectual accessibility. The later is extremely important in an environment where there are multiplicity of cultures, beliefs, and educational background as it is the case with the international health care community. Quality care needs to be communicated to the "users" in their own setting and under their own conditions to be truly accessible. Therefore, good communication skills are essential to providing accessible care.



Quality Dimensions (3/3)

- Interpersonal Relationships
- Continuity
- Amenities

Personnel interaction is important to providing quality care. Health care is provided by highly educated and sophisticatedly skilled individuals but these individuals cannot provide a holistic care to the patient without relying on teamwork. Interpersonal relationships therefore play a tremendous role in shaping the processes of care and ensuring a positive outcome to the patient.

Health care quality is a process not a program. A program has a beginning and an end but a process has no end. It is continuous. Another issue with regards to quality is that care should be provided in a continuum. That is to say care should be initiated, rendered, evaluated, improved, and continuously monitored even after the patient is cured of his present illness. Care is extended to include wellness, health promotion and disease prevention. Additionally, care that is started by one provider should be continued and followed by the other provider in cases of transfer to ensure continuity of care. Fragmented care and a disjointed system are not a quality system. Health care quality may never be achieved in such a system.

Finally, it is always more pleasant to have the care provided in an esthetically acceptable environment. A facility that pays attention to the minute details of its customers' comfort and well being is certainly a quality facility. Whether it is cleanliness, decor, or service, health care quality can only be enhanced with such a valuable dimension.

Quality Principles

- Customer Focused
- Teamwork
- System-ness
- Data Driven
- Leadership



Deming (1984) was very sensitive to the issue of leadership commitment. He suggests that without this commitment quality will not succeed. In health care this is partly true. Leadership commitment is still important but not a must for health care quality to succeed. Leaders can facilitate the process thus making it work faster and produce faster results. However, in health care and especially on the international scene, leaders change more frequently and therefore total dependence on their commitment may not be prudent. Starting health care quality even at the staff level may produce positive results that will attract the attention of top leaders thus earning their support actively.

This approach is what we call it the “bottom-up” approach as opposed to the “top-down” approach described by Deming. In other experiences, both approaches might be seen implemented in the same system and this may be is the most applicable. Here we must emphasis the relationship between quality and teamwork, as well as the importance of defining the customer, both internal and external. Health care quality is system oriented. Since systems are comprised of structure, processes and outcomes, health care quality focuses on studying the elements of each of these components and find ways to improve their status collectively. One basic principle of health care quality is that the health care system is interdependent on its parts and elements, and no one part is more important that the other in order to achieve a better outcome to the patient. Therefore all of the system elements need to be taken into consideration when improvements are sought.

The last tenant is that health care quality is driven by data. As described earlier, the processes of QA, QI and QM are based on documented and calculated incremental progress. Therefore without data, quality cannot be measured, and without data, improvements cannot be documented. Health care quality requires training on the effective use of meaningful data, through proper data collection techniques, appropriate data analysis, prudent use of tools and data management protocols. Based on data, improvement opportunities are identified and further tackled. Quality requires certain skills in data management techniques.

Summary

- Quality Definitions
- Purpose for Quality
- Defined the Main Quality Terms
- Described the Quality Myths

In this chapter we have described the different perspectives of quality to different people namely, the patient or the customer, health care professional and administrator.

We have also defined quality based on various discipline and explained the purpose of implementing quality in an organization. Beside giving the quality terminologies, steps involved in the quality management cycle was also introduced. Lastly, this chapter outlined the quality dimensions followed by describing the elements of quality principles.

Exercise

Identify a “Quality” organization of your choice and describe why it is a Quality Organization



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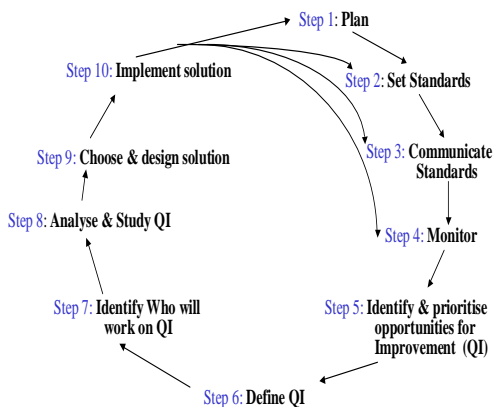
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Notes:

Chapter 2

The Quality Cycle

A. F. Al-Assaf, MD, MPH, CQA
 University Of Oklahoma, USA



Learning Objectives

At the end of the chapter, you will be able to:

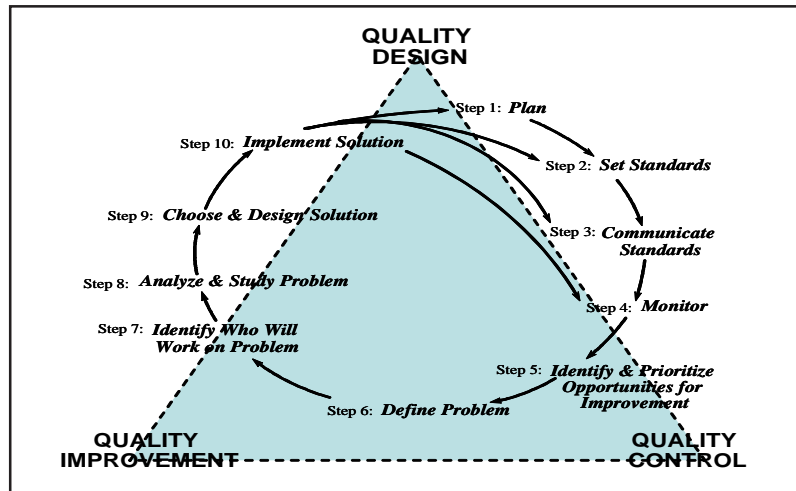
- identify and describe the steps of the Quality Cycle
- apply the steps of the Quality Cycle in a health care setting
- initiate a Quality Program based on the steps of quality cycle
- initiate a Quality Improvement Project in a health care organization

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Steps of the Quality Cycle



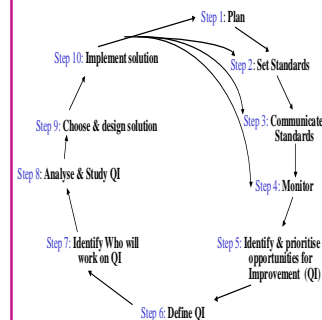
The Quality Cycle shows the steps of implementing quality in a health care organization. This cycle is based on an adapted Juran trilogy. Dr. Juran describes quality activities to be made up of three main components and activities; quality planning or design, quality control and quality improvement. Therefore, this cycle has three main sections; quality assurance involves steps 1-3, quality control involves steps 4 and 5, while quality improvement involves the rest of the steps. Additionally, quality management is considered the umbrella term for all of the steps in the cycle which includes the coordination and facilitation processes to achieve a high level of quality in an organization.



STEP 1

Planning for Quality in Health Care

- Perform needs assessment and measure the current performance status of the system in question.
- Perform an assessment of the performance gaps in the system.
- Establish a planning steering committee.
- Develop the objectives to be achieved.
- Identify areas needing standards and plan the processes for the setting, communication and measuring compliance to the standards.
- Allocate necessary resources (human and physical) to perform these processes.
- Identify the activities needed to perform the processes related to the management of standards.
- Assign responsibilities for each activity.
- Develop the time table for completing the activities.
- Identify the deliverable outcomes in terms of indicators.
- Develop an evaluation plan.

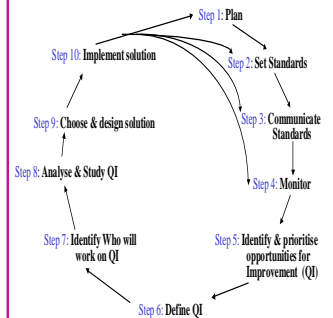


STEP 2
Setting of Health Care Standards



Method for developing standards:

1. Identify a function or system
 - High volume, high risk, problem-prone, high cost
2. Identify the elements
 - Structure (human and physical resources)
 - Process (activities, procedures, tasks)
 - Outcome (results, impact)
3. Define Quality Characteristics
4. State the Standard
5. Develop the Indicator
6. Set the Threshold
7. Assess appropriateness:
 - Validity (sensitivity and specificity)
 - Reliability
 - Clarity
 - Applicability





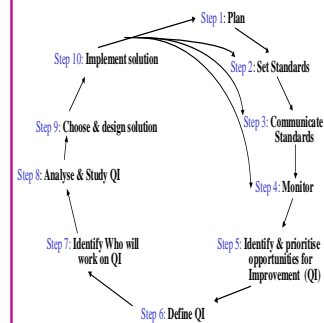
STEP 3
Communicating Health Care Standards

Standards should be actively communicated to the desired audience for its appropriate implementation and compliance. Therefore the following should be followed:

- Develop the communication plan by asking:
 - Who is the audience?
 - What needs to be communicated?
 - What channels and communication methods will be used?
 - What will be the source of communication?
 - How will the communication be sequenced and coordinated?
 - How will feedback be obtained?
 - How will the communication plan be evaluated?

- Deliver the communication process(es).

- Evaluate effectiveness of the communication process:
 - Immediate results
 - Intermediate results (knowledge, attitudes and practice)
 - Remote impact

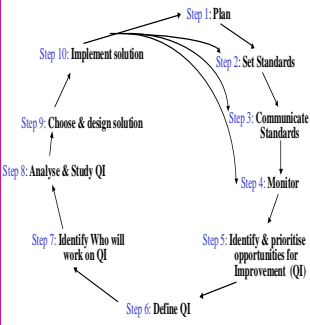


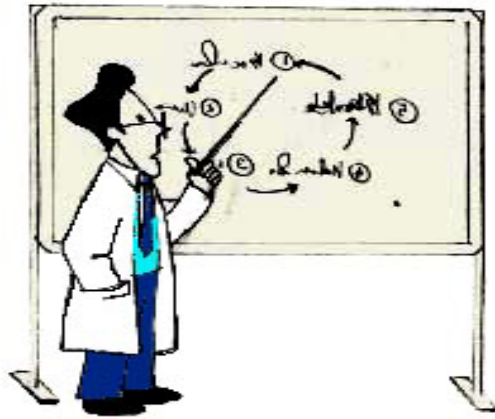
STEP 4
Quality Control and Monitoring of Compliance to Standards



- Collect Data (keep it simple, use sampling, if applicable, summarize for trending and tracking):
 - What will be measured?
 - Who is responsible for collecting the data?
 - When will the data be collected?
 - Where from will the data be collected?
 - How will the data be collected?
 - How much data should be collected?
 - How will the data be recorded?
 - What sampling scheme will be used?
 - Where in the process will the data be collected?

- Analyze Collected Data:
 - Data versus information
 - Are client’s requirements being met?
 - Is there a problem?
 - How is variation distributed?
 - How much a problem do we really have?

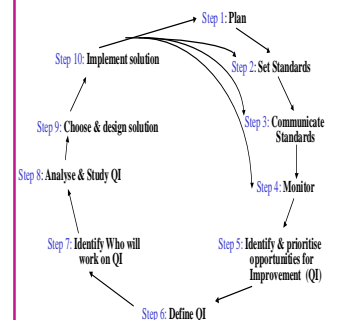




Monitoring

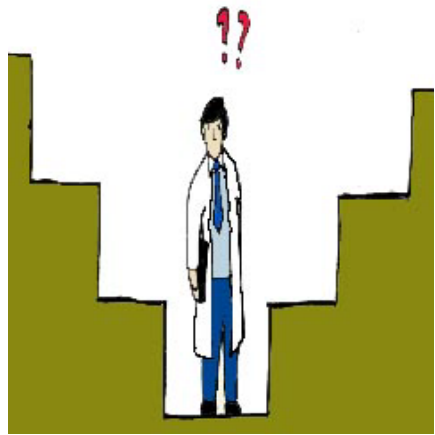
Monitoring is the periodic collection and analysis of data for selected indicators which enable managers to determine whether key activities are being carried out as planned and are having the expected effect on the target population

- How often is the output defective?
- How should we focus our improvement efforts?
- What types of defects are we experiencing?
- What part of the process would give us the most leverage if we improve it?
- Common Problems in Monitoring:
 - Too much data collected
 - Incomplete data
 - Inaccurate data
 - Misinterpretation
 - Relevant data not used for decision making
- Purpose of Monitoring:
 - To meet established quality goals
 - To measure compliance to standards
 - To measure improvements
 - To identify new opportunities for improvement
 - To ensure improvements are maintained
- Characteristics of Effective Monitoring:
 - Monitor only key indicators
 - Collect only needed data
 - Gather data that is easy to interpret
 - Provide timely feedback

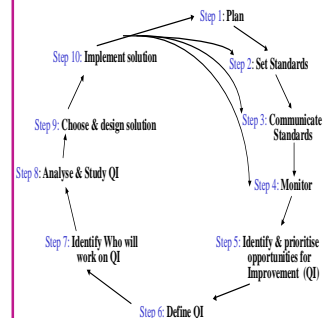


STEP 5

**Reducing the Gaps:
Identifying Opportunities
for Improvement**



- Identify a process to improve:
 - A process is “a series of tasks that provide a product or a service”.
- Identify the process owner:
 - A “Process Owner” is the lowest ranking person that can authorize a change to a process.
- Select a process for improvement:
 - Criteria for selection:
 - Process is felt to be important by staff, clients, or administration
 - Process is within your control and authority to change
 - Benefits of the improvement will be greater or equal to the cost and effort to improve it
 - Choose small, well focused processes where there is an interest from staff to improve process, therefore there will be higher likelihood for success
 - Potential for others to see value/impact
 - Data is relatively easy to obtain
 - Other criteria:
 - High volume, high risk, high cost, politics, etc.
- Methods for selecting a process for improvement:
 - Brainstorming
 - Surveys: administration, clients, staff, etc.
 - Studies
 - Prioritization
 - Voting
 - Multiple Voting/Nominal Group
 - Decision Matrix

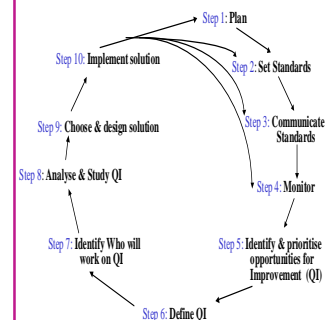




STEP 6

Reducing the Gaps: Defining the Opportunity for Improvement

- Create Opportunity Statements:
 - What is an opportunity statement?:
 - A descriptive name of the process
 - An identification of the clear boundaries within which the improvement efforts will be focused
 - An indication of who will benefit from its result
 - An indication of what the current system causes and what improvement might look like
 - An indication of why it is important to work on now
- A draft should be constructed but may be revised based on increasing knowledge of the process involved and the clients' needs.
- It should be displayed during team meetings and should be used to promote awareness of the improvement activity.
- Common mistakes to avoid:
 - Unclear or open to more than one interpretation
 - Prematurely assumes a cause
 - Includes a solution, lays blame
 - A complete system not a process is chosen
 - No one is interested in it, or
 - The process is changing
- Opportunity Statements should answer...
 - What the opportunity for improvement is?
 - How you know it is an opportunity?
 - How frequent and how long the opportunity existed?
 - How you know when the opportunity is successfully tackled?
 - Where does it begin and end?



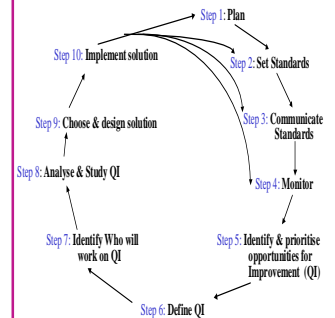
An Outline of an Opportunity Statement

“An improvement opportunity exists with(name of process) beginning withand ending with..... The current process causes.....and improvement should result in.....for the.....(client). The process is important to work on now because.....”



Example:

An opportunity for improvement exists in the surgical unit, beginning with the scheduling of surgery and ending with the completion of surgery. In 24% of the cases, someone must be sent to obtain additional items, thus causing delays. An improvement should result in a reduction of delays.



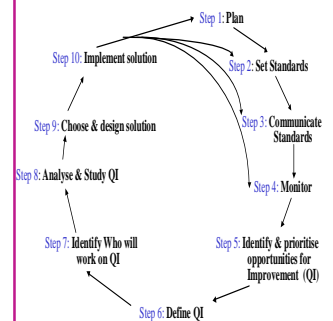


STEP 7

Reducing the Gaps: Forming and Building the Team

Choose a Team (5-8 members):

- Who makes the selection?
- What is the team's role?
- Who are the members? Remember interdisciplinary members!
- What are the team's resources?
- Plan the team's meetings
- Identify team members roles
- Pay attention to documentation of team's activities
- Organize the first team's meeting
- Interdisciplinary process improvement team
- A team is not a committee nor a task force
- Acquire process owner support
- Team members should represent the steps of the process
- The team should have a clear mission
- Define roles and responsibilities of each member of the team, plus
 - Roles of the leader
 - Roles of the facilitator

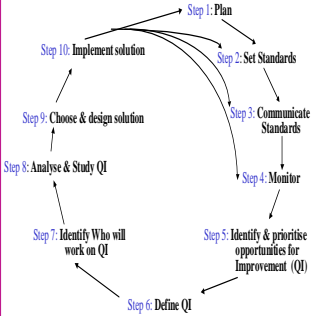


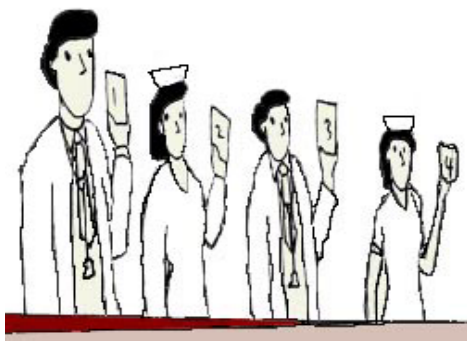
STEP 8

**Reducing the Gaps:
Studying the Improvement
Opportunity**



- Similar to monitoring, collect and analyze data related to the process under study.
- Use tools to display and analyze data such as:
 - Frequency of occurrence
 - Bar chart, Pie chart, Pareto charts
 - Trends over time
 - Run charts, Control charts
 - Distribution
 - Histogram
 - Association/correlation
 - Scatter diagrams
 - Flow charts
 - Cause-effect diagrams
 - Data matrix, etc.



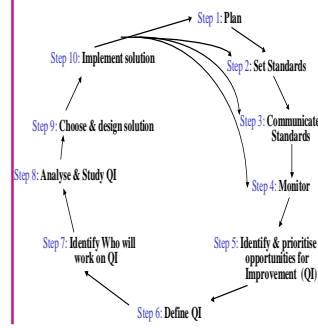


STEP 9
**Reducing the Gaps:
Identifying and Selecting
Successful Solutions**

- Use supportive tools to identify solutions such as:
 - Brainstorming/Brain-writing
 - Force field
 - Affinity diagram, etc.

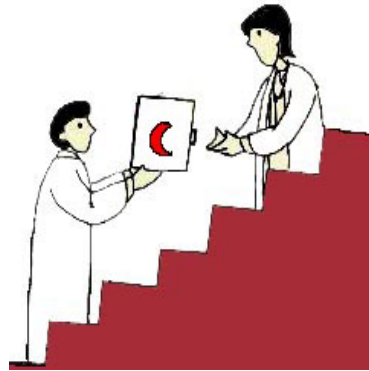
- Use tools to prioritize and select the most appropriate solution:
 - Voting and multiple voting
 - Nominal group technique
 - Decision matrix

- Criteria to consider in selecting the most potentially successful solution:
 - Cost (human and physical)
 - Feasibility for implementation
 - Applicability and appropriateness
 - Politics, etc.

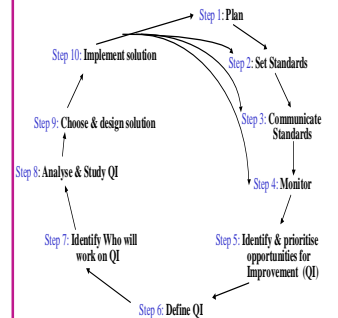


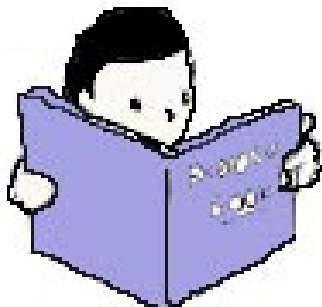
STEP 10

Reducing the Gaps: Implementing the Solution and Re-measuring the Variance



- Plan the implementation (what, how, who, when)
- Assess available resources
- Develop the action plan document
- Monitor progress
- Re-measurement
- Re-assessment
- Start again





Summary

1. Planning
2. Setting Standards
3. Communicating Standards
4. Monitoring Standards
5. Identifying Opportunities for Improvement
6. Defining Opportunities for Improvement
7. Forming and Building the Team
8. Studying the Improvement Opportunity
9. Identifying and Selecting Successful Solutions
10. Implementing Solution and Re-Measuring Variance

This chapter had introduced the 10 steps and its activities in implementing quality in a health care organization. Details of each activity will be described in the following chapters. The success of implementing quality in a health care organization depends largely on getting everything set up correctly, establishing the goals and selecting appropriate members.

Exercise

- Identify a potential medical error that may occur in a hospital or a primary health care setting.
- Follow the steps of the cycle to design a study to provide solutions to control and prevent this error from happening again.

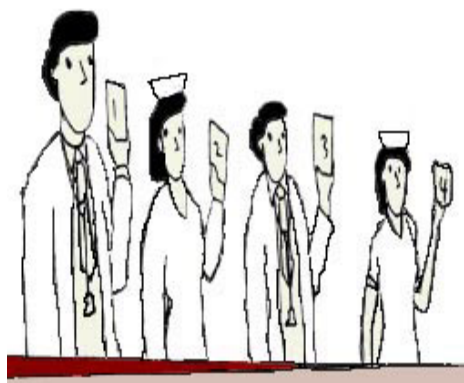
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Notes:

Chapter 2



Chapter 3

Quality Principles

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Learning Objectives

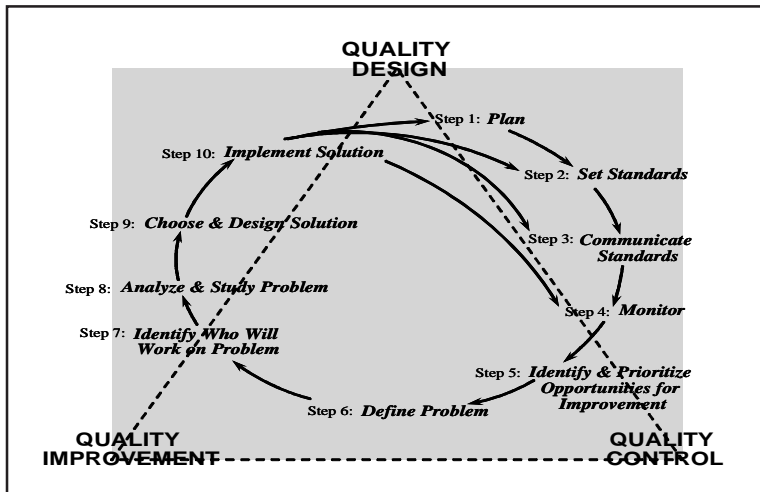
At the end of the chapter, you will be able to:

- identify the steps of the quality cycle
- identify the major experts of quality
- discuss the management principles of
 - Dr. W. Edward Deming
 - Dr. Joseph Juran
 - Dr. Philip Crosby and
 - Dr. Donald Berwick
- identify the most common quality principles

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Steps of the Quality Cycle



Chapter 3

The Quality Cycle shows the steps of implementing quality in an health care organization. This cycle is based on an adapted Juran trilogy. Dr. Juran describes quality activities to be made up of three main components and activities; quality planning or design, quality control and quality improvement. Therefore, this cycle has three main sections; assuring quality involves steps 1-3, quality control involves steps 4 and 5, while quality improvement involves the rest of the steps. Additionally, quality management is considered the umbrella term for all of the steps in the cycle which includes the coordination and facilitation processes to achieve a high level of quality in an organization.



(http://www.fr_deming.org/)

W. Edward Deming, Ph.D. (1/3)

- Create Constancy of Purpose
- Adopt the New Philosophy
- Cease Dependence on Mass Inspection
- End the Practice of Awarding Business on Price Tag Alone

Create Constancy of Purpose

Organizations and specifically leaders should aim at defining the organization's mission and vision. These statements should be developed early in the process of improvement and should involve participation from all levels of the organization. Ownership of the parts of this process is paramount for effective adoption and follow up of these statements.

Adopt the new philosophy

Each employee in the organization should be able to recall the main components of these statements and able to translate them into action in his/her work area towards achieving them. This is also coupled with strong management commitment. Active involvement in improvement activities, participation in performance improvement projects and providing resources and incentives for the successful implementation of improvement.

Cease dependence on mass inspection

Quality assessment should be both individualized and just on time. Continuous and frequent unwarranted appraisal and inspection create fear, mistrust and may hinder innovation among employees in an organization. Inspection should be performed only for specific reason not routine.

End the practice of awarding business on price tag alone

Although cost is an important factor of prioritizing of projects and in the selection of companies for contracts, etc., it should not be the only reason for that selection. Quality of the organization, its products and its process should be included in deciding on contracts and projects to award.

W. Edward Deming, Ph.D. (2/3)

Chapter 3

- Constantly and Forever Improve the System of Production and Service
- Institute Modern Methods of Training on the Job
- Institute Modern Methods of Leadership
- Drive Out Fear
- Break Down Barriers Between Staff Areas/Departments



(http://www.logistikk_ledelse.no/2000/kv/kv8_04.htm)

Constantly and forever

“Continuous” is the most important word here. Improvement should be continuous and consistent. It may not be ad hoc or a one time activity. It should also include improvement of the whole system; structure, processes and outcome. You need to answer affirmatively the two questions of improvement: am I better today than I was yesterday? Will I be better tomorrow than today?

Institute modern methods of training on the job

Organizations should invest in training as it is an investment in their infrastructure. But this training should be contemporary, modern and up to date. The methodology should take into consideration the adult learner and should be performed in relation to needs and job related areas.

Institute modern methods of leadership

Quality programs require the support of leaders. In particular, quality is interested in developing and grooming leaders and to distinguish the tasks assigned to leaders versus managers. Leadership is essential in improvement efforts as it fosters innovation, empowers followers, and is visionary. Certain leadership skills is paramount for the success of quality activities in organizations and its behoove these organizations to invest in preparing and sustaining leaders in their departments and units.

Drive out fear

One of the “deadly diseases” of management, according to Deming is that traditional organizations create an environment of fear for their employees, intentionally or not. The fear of speaking up, the fear of being heard, the fear of participating and the fear of innovation and change. Quality organizations should avoid such environments and should create a more conducive environment to drive this fear away by making it an environment for learning not judgment.

Break down the barriers

Make the information flow freely between departments.



(http://www.snqc.org/INFORMATION/QLT_leaders/Edwards.htm)

W. Edward Deming, Ph.D. (3/3)

- Eliminate Numerical Goals for the Work Force
- Eliminate Work Standards and Numerical Quotas
- Remove Barriers That Hinder the Hourly Worker
- Institute a Vigorous Program of Education and Self Improvement
- Create a Structure in Top Management That Will Push Every Day on the Above 13 Points

Eliminate numerical goals for the work force

Deming does not think that numerical goals are conducive to continuous improvement and change. He believes that by putting a ceiling on the goals to be achieved then the system (including the employees and managers) will program itself to achieve just that. Once this goal is achieved, the system is at a standstill and production may fall down again.

Eliminate work standards and numerical quotas

Again Deming believes that setting a strict guideline for employees in the form of specific standards and defining work quotas are methods to hinder workers' creativity and may stifle continuous improvement efforts. He also believes that these quotas and standards may even become disincentives for further work. His example that if 2 groups were given 2 goals, one numerical and one just to improve, then the group with the numerical standard even if it did improve its outcome, but were not able to achieve that outcome will become unmotivated and disappointed. While the second group, even if it didn't achieve a better outcome than the first group, is better prepared to take on a new challenge and is motivated to do more.

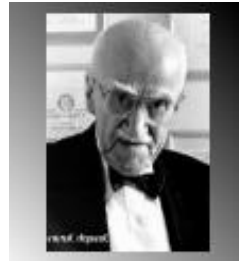
Remove barriers that hinder the hourly worker

Deming believes that even the hourly worker is as important as any other worker in being a part of quality. They should be empowered and invited to participate in quality efforts and should be given the opportunity to contribute to innovation and improving performance.

And to keep the leadership motivated to do it all over again and consistently!

Joseph Juran, Ph.D.

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
- Quality Planning and the Annual Quality Program



(<http://www.ferris.edu/news/fyi/apr2000/speakers.htm>)

Briefly stated, the control sequence is designed primarily to attack sporadic problems, the breakthrough sequence attacks chronic problems (common causes), and the annual quality program institutionalizes managerial control and review over the quality management process.

Sporadic problems should be attacked through the quality control process. Quality control is defined as “the process through which we measure actual quality performance, compare it with standard, and act on the difference”.

Tools for attacking sporadic problems include reviews, surveys, and standard statistical process aids such as frequency distributions, histograms, and control charts. To achieve breakthroughs in quality and solve chronic problems, Juran advocates the use of a three step “Universal Process for Quality Improvement.” The steps are:

- Study the symptoms,
- Diagnose the causes, and
- Apply remedies.

To institutionalize continual quality improvement, organizations should adopt this process for a vast array of quality improvement projects.



(<http://www.qimpro.com/jurantemple.htm>)

Joseph Juran, Ph.D. (cont.)

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
- Quality Planning and the Annual Quality Program

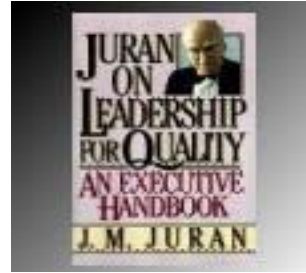
Project-by-project improvement is a cornerstone idea in the Juran's quality improvement philosophy. At any point in time, hundreds or thousands of quality improvement projects, each tackled by a quality project team, should be underway throughout the organization. Projects can address issues in admissions, medical records, care processes, marketing, employee relations, customer relations, quality training, or any other area where improvement is desirable.

Juran strongly advises that top managers get involved in some projects in order to display leadership and support for quality improvement and as a way to improve their understanding of quality. Projects should be nominated based on an analysis of the costs of poor quality. Project selection should be based primarily on a return-on-investment (ROI) calculation. Of course the organization should not initiate any more projects than it can support. Adequate training and sufficient resources are prerequisites for project team success.

The breakthrough sequence aids in attacking chronic quality problems. Reduction of chronic problems (i.e. long-standing adverse situations) requires a managerial breakthrough comprising of two parts: a breakthrough in attitudes, followed by a breakthrough in knowledge. Juran calls this his "breakthrough sequence".

Joseph Juran, Ph.D. (cont.)

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
- Quality Planning and the Annual Quality Program



(<http://www.qualitycoach.net/shop/shopexd.asp?id=70>)

The annual quality program is an important vehicle for quality planning and for top management involvement in the quality management process. In Juran's view, the strategic planning system for quality should be similar to an organization's strategic financial planning system. Each year the quality management system, including policies, goals, accomplishments, training programs, and weaknesses, is reviewed and modified as needed. The planning process determines short-term and long-term goals, sets priorities, compares results with previous plans, and meshes its plans with other corporate strategic objectives.

Training in the quality disciplines is another cornerstone in the Juran philosophy. Accurately quantifying the benefits of training for the purposes of a return-on-investment calculation is nearly impossible. However, Juran asserts that the Japanese experience leaves little doubt as to the significance of the returns to quality training in terms of competitiveness in the market place, reduced failure costs, higher productivity, smaller inventories, and better care delivery performance. He observes that many Japanese companies have trained 100 percent of their employees in the quality disciplines. Few US companies provide quality training to more than 5 percent of their employees.



(<http://www.philipcrosby.com.br/pca/artigos/PhilISO.htm>)

Philip B. Crosby, Ph.D. (1/2)

Absolutes of Quality:

- The definition of quality is conformance to requirements
- The system for causing quality is prevention
- The performance standard is zero defect
- The measurement of quality is the price of nonconformance

The first Absolute of Quality Management - the definition of quality is conformance to requirements. Requirement setting is the responsibility of management. Requirements are communication devices; they tell employees, vendors, and customers what to expect and what to do in a wide variety of circumstances. Requirements are ironclad. All employees should perform exactly like the requirement or cause the requirement to be officially changed to what we and our customer really need.

The second Absolute of Quality Management - the system for causing quality is prevention. The first step toward defect and error prevention is to understand the process by which the firm's product or service is produced. Once this is done, the objective is to discover and eliminate all opportunities for error. One way to do this is by monitoring the process and learning to anticipate errors before they occur. Control charts are one example of this approach. When a defect or error does occur, the discovery and elimination of the cause becomes a top-priority item. This prevents the second and all subsequent occurrences of the problem.

The third Absolute of Quality Management - the performance standard is zero defect. Crosby feels that this absolute is widely misunderstood; certainly it is widely resisted. He claims that most people accept zero defect as a performance standard in many aspects of their personal lives and only need to be taught and convinced that it is a reasonable and, in fact, an essential standard in their work lives. Most people cannot, and will not, live with a 2 percent acceptable quality level (AQL) with respect to the accuracy of their paychecks or the number of typographical errors in correspondence that goes out under their names.

Philip B. Crosby, Ph.D. (1/2) (cont.)

Absolutes of Quality:

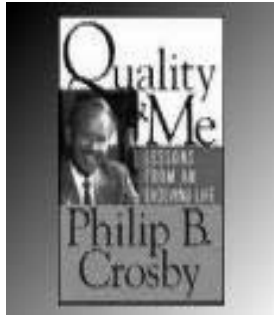
- The definition of quality is conformance to requirements
- The system for causing quality is prevention
- The performance standard is zero defect
- The measurement of quality is the price of nonconformance

The recipients do not shrug off errors in paychecks. Rather, the source of the defect is sought out and solved. Further, whenever possible, the system is adjusted to prevent a recurrence of the error. This is the essence of the zero defect idea. Error is not inevitable and nonconformance is not inevitable. AQLs send the wrong signal to workers, suppliers, and customers; therefore, zero defects should become the personal performance standard for everyone in the firm.

The fourth Absolute of Quality Management - the measurement of quality is the price of nonconformance.

Data on the cost of poor quality is useful for three reasons:

- To call management's attention to the financial magnitude of the firm's quality problems.
- To discover and select lucrative corrective action opportunities.
- To track quality improvement and its financial impact over time.



(http://www.amsup.com/publications_software/description/30.htm)

Philip B. Crosby (2/2)

- Management Commitment
- Quality Improvement Team
- Quality Measurement
- Cost of Quality Evaluation
- Quality Awareness
- Corrective Action
- Zero Defect Planning
- Quality Education
- Zero Defect Day
- Goal Setting
- Error Cause Removal
- Recognition
- Quality Council
- Do It Over Again

Crosby places little emphasis on statistical quality control techniques in contrast to Deming and Juran. Crosby is more management and organization oriented than tool oriented.

With respect to the role of quality professionals in the organization, Crosby recommends that the quality organization exists to the degree necessary to ensure that the acceptance and performance standards for the firm's products are met and to ensure that the costs of quality goals for each operation are achieved. Quality departments should measure and report conformance, demand corrective improvement, encourage defect prevention, teach quality improvement, and act as the conscience of the operation. However, the quality organization should not do the job for others. Crosby cautions against the quality organization becoming involved in the creation, production, marketing, or management of a firm's product. Finally, he emphasizes that the quality organization is not responsible for quality programs; the departments that made the mistakes are.

Active top management participation is crucial to Crosby's process. Believing that worker performance reflects the attitudes of management, he demands that all managers adopt zero defect as the personal standard of conformance.

Crosby believes that since worker performance reflects the attitudes of management, a quality improvement program should be directed first at management. However, hourly workers do play an important role in zero defect planning, corrective action, and goal setting.

Donald Berwick's 11 Aims

1. Reduce unnecessary surgery, admissions, and tests
2. Reduce underlying root causes of illness (e.g. smoking)
3. Reduce c-sections to pre-1980 levels
4. Reduce unwanted care at the end of life
5. Simplify pharmaceutical use
6. Increase patient participation in decision making
7. Decrease waiting times
8. Reducing supply inventories
9. Recording useful information only once
10. Consolidating and rationalizing high-tech services
11. Reducing disparities



(<http://www.hippocrates.com/archive/January2000/01features/01practice.html>)

The above “goals” are considered by Berwick as frequently occurring and discussed issues. These goals if achieved by health care organizations are prone to reduce cost and enhance quality. For example, number 1 has a direct impact on reducing cost by decreasing unnecessary health care services. Number 2 encourages preventive medicine and primary prevention where it is proven to be the best approach to combat diseases most effectively and most efficiently and so on for the rest of the goals.

A note regarding number 11 above where it was found in several studies that besides inequities in the delivery of health care services there is also a marked disparity in health status indicators between different groups. There is a huge difference between the rich and poor, the educated and the uneducated, the whites and others, the urban and rural, etc. If these disparities are reduced then the nation’s health status will be improved and the efficiency of the health care system will be strengthened.

Berwick is a Pediatrician at Harvard University and Brigham and Women Hospital in Boston, Massachusetts, USA. He is currently the President and Chief Executive of the International Healthcare Institute in Orlando Florida, an international think tank center on quality improvement in health care. He published a famous article in January 1989 issue of the New England Journal of Medicine where he introduced the term, continuous quality improvement (CQI) in health care. Also in this article he described, perhaps for the first time, the difference between quality assurance and quality improvement in health care.



The Quality Philosophy

Questions to ask yourself:

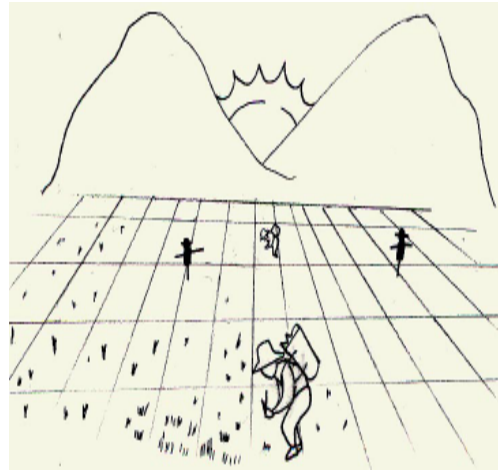
- Where am I?
- Where should I be to meet my customer's requirements?
- How will I get there?

This is adapted from Peter Drucker, one of America's famous gurus on management. A person who is committed to improvement and professional excellence should ask his/herself these questions often. These questions are essential to learn where one is in professional development and in meeting their career and job objectives. Learning who is the customer and their requirements would help identify the areas each professional should be concentrating on in achieving this objective. It will also give the professional a guideline on how to prioritize job requirements and how to accomplish the tasks that matter the most. The answers to the above questions would also help the professional identify where he/she is at and whether improvement is occurring and continuous.

The Quality Challenge

- If you want one year of prosperity grow grain
- If you want 10 years of prosperity grow trees
- If you want 100 years of prosperity grow people

(Chinese Proverb)



This is a famous Chinese proverb where it clearly emphasizes the fact that working on human development is a great investment that would reap its benefits for a long period.



Summary: Quality Principles (1/4)

- Leadership
- Commitment
- Customer Focus
- Process Oriented Improvement
- System-ness

Leadership: It is the development and training on skills for leadership, not management. It is doing the right things, combining it with doing the things right. It is the training and development of such skills as listening, people centered, visionary, team building, consensus developing, goal setting, etc. A leader is one who appreciates innovation, improvement and high performance.

Commitment: Commitment of leaders is paramount to sustaining and institutionalizing quality and performance improvement in health care organizations. Commitment means active participation, active and generous support through the allocation of physical and human resources towards improvement efforts and the active involvement of leaders in performance improvement activities and on quality related teams.

Customer Focus: First knowing who are the customers, both the internal and the external. Then categorizing them into vital and important customers. Once customers are identified then processes should be put in place to learn their needs and expectation and find ways to meet them.

Process-oriented Improvement: As opposed to outcome oriented or structure oriented improvements. According to Deming, “every organization is made up of thousands of processes” therefore, improving these processes will gradually and eventually lead to improvement of the organization. Therefore, it behooves an organization to identify its most vital processes and find ways to study them, analyze them and institute methods to improve them.

System-ness: Every organization is a system with three main components; structure (resources), processes and outcomes (results). Therefore, one should look at organization in such context where each component is related to the other and all should be analyzed and their elements are identified for further improvement and strengthening.

Summary: Quality Principles (2/4)

- Participative Management
- Individual Responsibility
- Employee Empowerment
- Variance Control

Participative Management: Compared to democratic management, participative is when consensus is the way to achieve all decisions of a group. Consensus involves “unanimous” support of all of the members of a group and is a method to reach agreement on all decisions made by a group even with varying degree of support and enthusiasm. It involves the art of negotiation, persuasion, and positive attitude.

Individual Responsibility: In a quality organization, employees are responsible for their daily chores and work outcomes in such a way that their work is a direct reflection on their performance, personality and job satisfaction. In such organization, every worker is aware of his environment, his needs, his customers and his responsibilities. His main goal is to make his performance and results reach perfection without the need for someone else to tell him/her what should be done or not done. It is when an employee behaves in such a way that he/she would proactively spot potential areas for problems and correct them, and identifies lag in performance and correct it.

Employee Empowerment: When you are visiting an organization in person or on-line, if your contact employee is empowered, then he will do what is necessary to meet your needs as the customer, regardless whether it is HIS responsibility or not. If it is not, he will find the answer or the way to deliver what you need, within the rags, any which way!!

Variance Control: Standardization is one method to control variance as everyone would use and apply the same standards to structure and processes. Controlling variance is important since variance has a negative impact on predicting outcomes and forecasting appropriate resource needs. Variance (which is fluctuation of a process around a mean - above or below it), can cause a process to be unpredictable therefore its outcome will be unpredictable and that may lead to inadequately preparing for it's impact. Therefore, one of the goals of a quality program is to reduce variance, thus reducing the fluctuation of processes around a mean which in turn will improve forecasting, saves resources, and improves efficiency.

Summary: Quality Principles (3/4)

- Proactive Intervention
- A Process not a Program
- Appraisal and Recognition
- Data Driven
- Teamwork

Proactive Intervention: As opposed to retroactive intervention is the way to improve performance most effectively. Instead of letting the situation worsen without doing anything about it, the quality organization should look for ways to identify potential problem areas and intervene proactively BEFORE a problem occurs. This is actually similar to the principle of primary prevention where the cause is removed before it afflicts damage on a system. Here, a problem area is identified before it becomes a problem and is either removed or improved.

A Process not a Program: This is to say that improvements are to be continuous just like a process, not a program, with a beginning and an end.

Appraisal and Recognition: One issue related to appraisal is that it should be done on an ongoing basis, not once a year or sporadically. Why wait until a designated time period arrives before telling a worker he is good or bad. Why not do so on a regular basis and institute rewards for good work and effective outcomes. Recognition should also be practiced freely and proactively. This can be accomplished in various ways, including but not limited to monetary as well as non-monetary rewards.

Data Driven: In this era of evidence based practice, organizations should become effective users of data and make them available for analyses and action. Decision should not be made haphazardly but based on accurate data. Here, skills for appropriate ways to manage data should be introduced in organizations including the efficient collection, analyses and reporting on data in an effort to transform data into useful information.

Teamwork: There are many reasons why working in teams can have a positive effect on the final outcome. Teams have synergistic effect for the combination of all of the members' ideas, knowledge, and experiences. Building effective teams that have well defined missions, highly responsive members and active leaders is the goal of any quality program and in particular that of a highly effective organization.

Summary: Quality Principles (4/4)

- Interdisciplinary
- Education and Training
- Preventive Management
- Benchmarking

Interdisciplinary: A uni-disciplinary team is one with only one discipline e.g. a group of doctors, or of nurses, etc. Multi-disciplinary teams are those with several disciplines such as a committee, or a task force with more than one discipline represented. But in an interdisciplinary team, the relationship between the members is solidified and focused around one function and one process. They have something in common between all the members, e.g. a team to reduce waiting time in the outpatient department (OPD) with membership of the OPD doctor, the nurse and the X-ray technician as well as the registration clerk and the clinic administrator, each representing a step or part of the process of OPD patient visit.

Education and Training: Almost all of the quality experts agree that training is very important to strengthen and add new skills for use by workers. Most effective is training on the job where the worker is trained specifically on their line of work and can apply what they learn directly to their work environment and immediately. Of course the ultimate professional development is the attainment of higher educational level and this could be coupled with continuing education and training as mechanisms to enhance workers' performance.

Preventive Management: Based on the principle that prevention is the best way to combat disease, so is preventive management the best way to combat management problems. It is the same principle that subscribes to the theory that identifying areas where potential problems might occur, or identifying problems early (when they are insignificant) is the best way to control the potential damage these problems might cause if let to occur or get bigger and more chronic.

Benchmarking: There are two types: process and outcome benchmarking. Either way it is the process of identifying excellence in performance in organizations and learning how to do and achieve the same. In outcome benchmarking the organization is always looking to those other organizations that have a higher performance in one activity or area e.g. morbidity rate of endoscopy and make this as a goal to achieve in their own system. In process benchmarking the organization would take this issue further and send a group of its own workers (physicians in this example) to the "excellent" organization to learn how they achieve this high level of performance and to bring it back to their own for implementation.



Exercise

- Compare and contrast the differences and similarities of the different experts' quality principles.
- Identify those quality principles being actively practiced in your organization.
- What other quality principles can feasibly be introduced into your organization?

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Notes:



Chapter 4

Quality in Health Care: State-of-the-Art

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Learning Objectives

At the end of the chapter, you will be able to:

- review the evolution of quality trends
- discuss the changing focus of quality in health care
- identify the major topics and activities in health care quality
- provide an insight into the current terms in health care quality and their applications

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Quality is evolving!

- Outcomes Orientation
- Structure Focused
- Process Focused
- Outcome Driven
- Outcomes Management
- Performance Improvement
- Evidence Based - Patient Focused...

The history of quality in health care can be demarcated into the above seven evolutionary periods. The first era started with Florence Nightingale in the mid 1800's and ended with the Flexner Report at around 1910. During this period an emphasis was put on system outcomes, knowingly or unknowingly where such results as mortality, wounds healing and recovery from severe injuries, mattered. The report compiled and published by Abraham Flexner reviewed the medical education system and all of the medical schools that were in operation at that time. This report was very critical of the quality of medical education and because of that report, several schools had to close their doors for their inability to survive the required reforms mandated by the US government based on that report. This era stayed until and through the sixties where human and physical resources mattered in the reform and measurement of quality health care. With the establishment of the PSRO's (Professional Standards Review Organizations) in the US and the start of the peer review process, a shift is noticed in quality emphasis to process. It was not until the late 80's that again the US government, with the publishing of the hospital mortality list, the shift is back to outcomes. From then on, a new movement is created where outcomes of care became the most important aspect to measure and improve.

Outcomes management, first defined by Paul Elwood of the US was then introduced in the early 90's and then took center stage in the mid 90's. Here the issue is to specify an outcome to achieve and then identify those processes that may lead to that outcome. Thus, it is an activity that is outcome driven but process focused. Performance improvement was introduced by the JCAHO later in the decade to move attention towards performance, a broader term, than quality. The late 90's also saw the increasing emphasis on data to make clinical decisions, especially with the wider use of the Internet and information technology.



Health Care Quality

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

(IOM, 1990)

This is a definition widely used and quoted by the scientific community and published by the Institute of Medicine in its 1990 report on the US health care system. The key words in this definition are the emphasis on “desired” health outcomes and also on the “currency” of the knowledge sought in clinical applications and quality measurements.



This is the quality cycle first introduced by the USAID Quality Assurance Project and later modified and used by a number of countries world-wide. It identifies four areas or major steps in quality; quality design (steps 1-3); quality control (steps 4-5); quality improvement (steps 6-10); and quality management (the whole cycle).



Top 10 High Performing Countries

1. FRANCE
2. ITALY
3. SAN MARINO
4. ANDORA
5. MALTA
6. SINGAPORE
7. SPAIN
8. OMAN
9. AUSTRIA
10. JAPAN

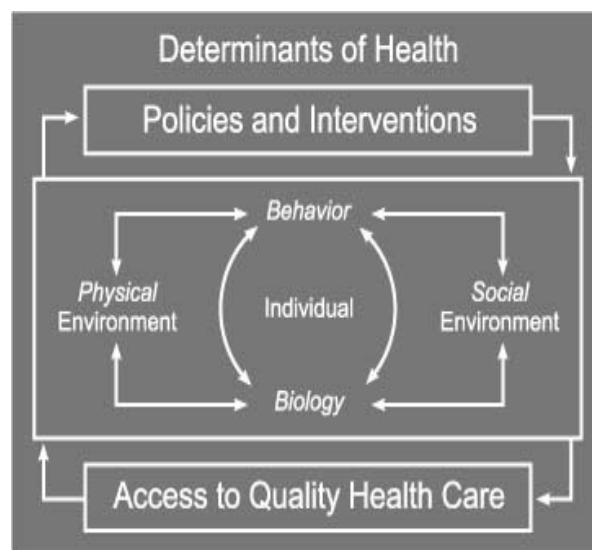
(WHO Report, 2000)

The WHO World Health Report 2000 ranked the performance of the health systems of member countries in order of best to least performance, based on 8 indicators, including their responsiveness index, PHC services, health status indicators, access and health care expenditures. Those were the top 10 health systems in terms of overall performance. One observation is that all these countries have “socialized medicine” with health care totally accessible to all citizens. As a side note, the US health care system with all of its advances in technology and tertiary care was only ranked 37th among the world’s health systems.

Public Health and Quality of Health Care...



Even public health (broadly defined) is involved in health care quality. The core functions of public health are all related to quality and so is the main outcome of public health, status of citizens.

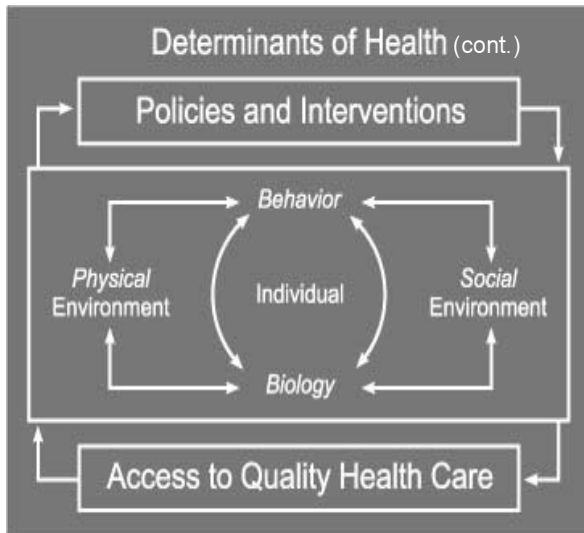


Biology refers to the individual's genetic makeup (those factors with which he or she is born), family history (which may suggest risk for disease), and the physical and mental health problems acquired during life. Aging, diet, physical activity, smoking, stress, alcohol or illicit drug abuse, injury or violence, or an infectious or toxic agent may result in illness or disability and can produce a "new" biology for the individual.

Behaviors are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship to biology, each can react to the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology) that then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his/her own development of heart disease (biology).

Personal choices and the social and physical environment surrounding individuals can shape behaviors. The social and physical environment include all factors that affect the life of individuals, positively or negatively, many of which may not be under their immediate or direct control.

Social environment includes interactions with family, friends, co-workers, and others in the community. It also encompasses social institutions, such as law enforcement, workplace, places of worship, and schools. Housing, public transportation, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs, language, and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.



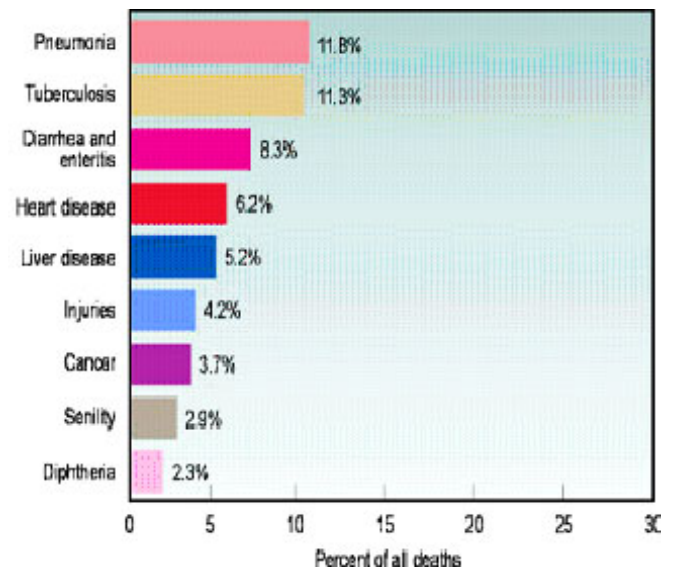
Physical environment can be thought of as that which can be seen, touched, heard, smelled and tasted. However, the physical environment also contains less tangible elements, such as radiation and ozone. The physical environment can harm individual and community health, especially when individuals and communities are exposed to toxic substances, irritants, infectious agents, and physical hazards in homes, schools, and worksites. The physical environment can also promote good health, for example, by providing clean and safe places for people to work, exercise, and play.

Policies and interventions can have a powerful and positive effect on the health of individuals and the community. Examples include health promotion campaigns to prevent smoking; policies mandating child restraints and safety belt use in automobiles; disease prevention services, such as immunization of children, adolescents, and adults; and clinical services, such as enhanced mental health care. Policies and interventions that promote individual and community health may be implemented by a variety of agencies, such as transportation, education, energy, housing, labor, and justice agent through places of worship, community-based organizations, civic groups, and businesses.

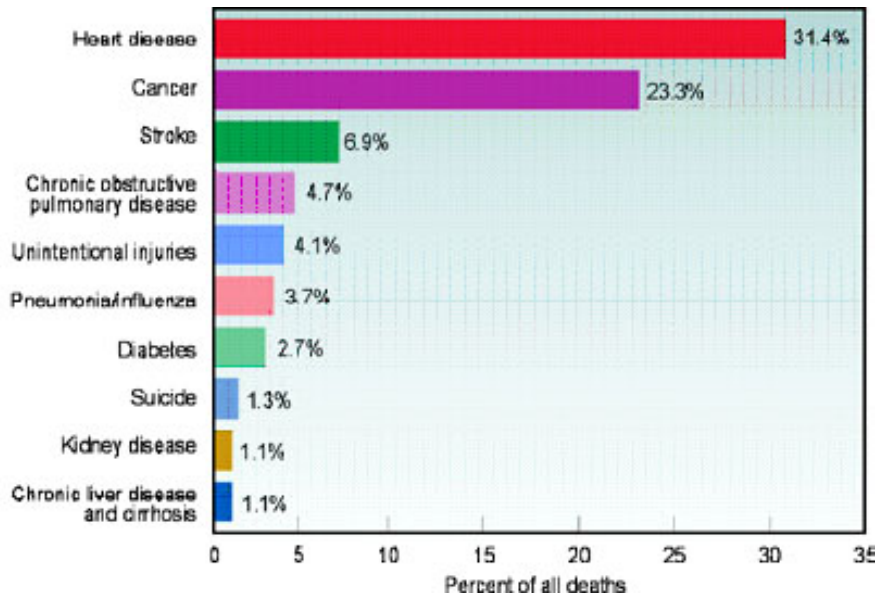
The health of individuals and communities also depends greatly on **access to quality health care**. Expanding access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life for all people. Health care in the broadest sense not only includes services received through health care providers but also health information and services received through other venues in the community.

The determinants of health—individual biology and behavior, physical and social environments, policies and interventions, and access to quality health care—have a profound effect on the health of individuals, communities, and the Nation. An evaluation of these determinants is an important part of developing any strategy to improve health.

Our understanding of these determinants and how they relate to one another, coupled with our understanding of how individual and community health affects the health of the Nation, is perhaps the most important key to achieving goals of increasing the quality and years of life and of eliminating the Nation's health disparities.



Back at the beginning of the last century, the leading cause of death were all infectious diseases. That means, the care episode is short and may not require major “tenderness” and real care. The encounter with the medical team is also relatively short thus, no rapport is necessary in such situations.



Later in the century, the diseases have changed to chronic. This means the patient is now a frequent comer to the health system. It may also mean the patient here is less “sick” and more knowledgeable of his condition, the causes, the symptoms, the signs and most probably the best treatment. Therefore the health care provider must now become more vigilant of his/her knowledge and his/her interaction with the patient. Thus besides good medical knowledge and skills, a care giver is now required to have better interpersonal skills as well.



Patient Safety...

The issue of patient safety is becoming even more interesting and important especially after the Institute of Medicine Report “To Err is Human”, that exposed the medical community and the prevalence of medical errors in health care. Patient safety includes not only the discussion of medical errors but also environmental issues related to the health care setting, public health issues such as hazardous waste and the like, as well as infection control and the protection of the patients relating to violence and personal security.

To Err Is Human...

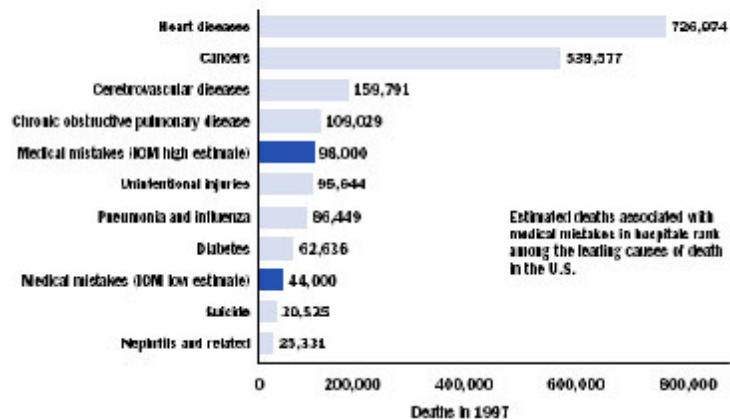
- In New York, adverse events occurred in 2.9% of hospitalizations
- In Colorado and Utah the number was 3.7%
- Of the above 13.6% resulted in deaths in New York and 6.6% in the other states
- At least 44,000 and up to 98,000 deaths occur per year in the US due to medical errors
- What is the number in the rest of the world?

(IOM, 2000)



Thus is the conclusion of the study and the report published by the US Institute of Medicine, a scientific and medical think tank for the US Congress (<http://www.nap.edu/books/0309068371/html/>). This report was in response to a need of assessing the quality of medical care provided in the US hospitals and it was based on two studies conducted by the same institute, one in New York and the other in Colorado and Utah where inpatient admissions were studied during a particular year to identify and measure the prevalence of adverse events. These events are considered as such when they occur “un-naturally” and outside of the normal process and outcome of care. As the numbers show that almost 100 thousand patients DIE each year in US hospitals alone from causes related to medical errors. This number is considered extremely high and the report makes several recommendations toward the improvement of this situation.

Estimated Deaths Associated with Medical Mistakes Compared to the Leading Causes of Death in the U.S.



The highest and lowest estimates of medical errors occurring in US hospitals are projected on the same graph of the 10 leading causes of death in the US in 1997. This is to show the gravity of the problem relative to mortality caused by those conditions. Medical errors, as a cause of death, came as either fifth or eighth among all leading causes of death in the US. This constitutes a considerable impact on the delivery and future reform of health care in the US, and probably world-wide.

“The transforming insight for medicine from human factors research is that errors are rarely due to personal failing, inadequacies, and carelessness. Rather, they result from defects in the design and conditions of medical work that lead careful, competent, caring physicians and nurses to make mistakes that are often no different from the simple mistakes people make every day, but which have devastating consequences for patients. Errors result from faulty systems not from faulty people, so it is the systems that must be fixed. Errors are excusable; ignoring them is not”

(Source: L. L. Leape, “IOM Medical Error Figures Are Not Exaggerated”, JAMA July 5, 2000, 84(1):97)

Lucian Leape, a notable researcher on medical errors in the US has this to say regarding the same subject. The last sentence is the most profound in making the point that medical errors should not be ignored. They should be identified and studied to prevent them from happening again and to control their damage if they do happen. Workers should be motivated to report on their errors without fear of repercussions to consider them in those processes related to error reduction and prevention.

“The Problem is with the System and the System belongs to Management”

(D. Edward Deming)

Deming makes this statement to emphasize the focus of improvements should be on the “system” not only on people. The system, as he described it, is one that is designed and coordinated by the management. Therefore, they are the ones that need to be the objective of the reform or the improvement and their commitment to such is paramount if changes are to happen.

Serious Medical Mistakes

The main kinds of serious medical mistakes, as reported by 114 interns and residents who responded anonymously to a questionnaire about their own most significant errors in the last year.

(Source: JAMA article and reported in New York Times)

This is a study published in the Journal of the American Medical Association (JAMA) that describes a survey of a group of medical interns asking to report (anonymously) on any errors they encountered during their internship year. The results are stunning and some of these errors are almost devastating but real. Therefore, one should believe that errors happen and workers should be encouraged to report them so that they can be studied and prevented in the future.

Errors in Diagnosis 38 cases (33%)	
<i>Example</i>	<i>Outcome*</i>
Failed to diagnose bowel obstruction in patient with fluid buildup in abdomen	Death
Failed to examine and diagnose fracture in crack cocaine user	Delayed treatment
Evaluation and Treatment 24 Cases (21%)	
Treatment malignant hypertension on the ward instead of in intensive care unit	Stroke
Incompletely cleaned a diabetic foot ulcer	Amputation
Prescribing and Dosing 33 Cases (29%)	
Did not read syringe and gave 50 times the correct dose of a thyroid drug	None apparent
Inadvertently stopped asthma medication at time of hospitalization	Respiratory failure
Procedural Complications 13 Cases (11%)	
Removed pulmonary artery catheter with the balloon inflated	Small amount of bleeding
Placed intravenous line in main vein without a follow-up X-ray	Fatal lung collapse
Faulty Communications 6 Cases (5%)	
Failed to put “do not resuscitate” order in chart and failed to inform spouse	Resuscitation performed against patient’s wishes
Failed to obtain consent before placing intravenous line in main vein	Fatal complication after procedure

*Cause and effect cannot be determined

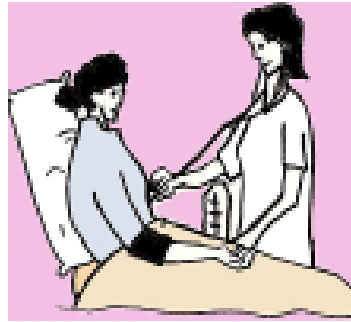
Source: JAMA

This slide is self-explanatory of the types of errors medical residents and interns do commit on a regular basis. They are all real and do happen in everyday life and in different institutions. The issue is however how to make people feel comfortable to discuss their errors and for management not to punish those who report on theirs.

The question is how to make workers not to commit errors but perhaps more importantly how to make them report of any error they commit without fear of judgment.

Enhancing Patient Safety

- New Risk Management Initiatives
- Learning vs. Judgment
- Reporting Incentives
- Peer Review Reforms
- SIX SIGMA...and the like



Several strategies have been introduced to enhance patient safety, among which are listed above. Risk management is aimed at preventing risk to the patient and if risk has to occur, minimize damage outcome of that risk, i.e. risk control. It relies on the principle of preventive management where process should be in place to proactively identify where problems may occur and try to prevent them from happening. That may include training employees on the new equipment before putting it on the floor or put cautionary signs where floors are wet, or put gloves on when dealing with patients' fluids and when changing patient dressing, etc. If however, risk is inevitable then the process have to be in place to minimize damage and control its outcome(s) e.g. provide counseling, minimize financial loss to patients, etc.

In all cases of error reduction, one has to practice and accept the concept of learning instead of judging. If every error is followed by an investigation and disciplinary action, people will not report on errors, hence losing an opportunity to study that error and preventing it from happening in the future. Additionally, one has to understand that judgment has to be based on a flawless system of data collection, analysis and reporting which is impossible to achieve due to issues related to severity and risk adjustments. Therefore, it is always a better way to practice an environment for learning and improvement instead of that for judgment. Such an environment will provide an incentive for people to report their errors and there will be no fear of any repercussion because in such situations data are collected for the purpose of learning and improvement.

Enhancing Patient Safety (cont.)

- New Risk Management Initiatives
- Learning vs. Judgment
- Reporting Incentives
- Peer Review Reforms
- SIX SIGMA...and the like

Another area that is undergoing major reform is peer review, where the process of reviewing other practitioners' care process and judging the appropriateness of the care delivered. For example, there are movements by some groups to make the information generated from such deliberations partially available and accessible to patients and their families especially in cases of gross negligence. Other ideas involve double blind review of cases to remove bias in such situations among many other ideas.

Six Sigma is gaining more acceptance in the industry and somewhat affecting the health care industry as well, at least in the US. This is a process of reducing errors and aiming at a goal of no more than 3.4 errors per million (that is six standard deviations or six sigma). The method of how to do this is proprietary and the reader is encouraged to read more about this movement through the Internet.

Health System Performance...



Again, several mechanisms are underway in different markets to improve their health care systems. Some of these mechanisms include tying reimbursement with performance and others making performance as one of the deciding factors for awarding or renewing contracts or licenses, etc. While still other reform initiatives include the design of a point system for practitioners and providers based on performance and are compared with one another for positive competition.



New Terminology!

QUALITY → PERFORMANCE

The new term is Performance Improvement (PI). It is believed that “performance” is less threatening as quality is related to auditing and reviews and that PI is more tangible and easier to quantify and understand.

Crossing the Quality Chasm

- Safety
- Timeliness
- Effectiveness
- Efficiency
- Equity
- Personalized Care

(Source: Institute of Medicine Report: “Crossing the Quality Chasm: A New Health System for the 21st Century”, Washington, D.C., 2001)



The new quality dimensions as mentioned in the IOM report which are similar to the old list except that this one has more emphasis on patient centered care, timeliness of services rendered and added the “equity” dimension.

Equity involves the delivery of health care services to all regardless of race, gender, educational background or income.

As for patient centered care the new health care system is dependant on identifying different patient’s needs and make every effort to meet those needs and that involves the process of including the patient in the clinical decision making process.

The other dimensions are similar to those used in the past which are considered important characteristics of all quality providers and programs.



Four Principles

- Patient-focus
- System-ness
- Evidence-based
- Leader-driven

The newest principle is evidence-based practice which is based on data access and use. It's becoming almost universal that decisions are being made based on evidence and data. Whether it is clinical practice guidelines or critical pathways, all are based on evidence and more and more data are becoming available to enhance clinical (and administrative) decisions.

Current Dominant Logic

Autonomous professionals providing largely self-defined expert care within organizational payment, and regulatory environments involving conflicting incentives, goals, and objectives



As one can see from the above, the current situation in healthcare is just that where professionals dominate independently (patients are not involved in clinical decisions), and where regulatory environments contradict themselves, e.g. performance and monetary incentives.



New Dominant Logic

Patient-centered teams providing evidence-based medicine in supportive organizational, payment, and regulatory environments.

This is the “new” or future health care environment where care is centered around the patient and where all of the other dimensions of quality are in place including performance based incentives, and the use of data in making the appropriate and necessary decisions.

Some Simple Rules for a Health System

Chapter 4

OLD RULES	NEW RULES
8-5	24-7-365
First, as individual, do no harm	First, as a health system, do no harm
Experience-based practice	System acquired knowledge - standardize on excellence
Professional autonomy drives variability	Patient differences and preferences drive variability
Provide care based on visits	Provide care based on healing relationships
Information is a record	Information is key to human relationship
Professionals control care	The patient is the source of control
Secrecy is necessary	Transparency is necessary
React to needs	Anticipate needs
Health care value is driven by costs	Health care value is driven by achieving patient-centered outcomes and cost
Source: Evolving Institute of Medicine Report: "Crossing the Chasm: Designing the 21st Century Health Care System."	

OLD RULES	NEW RULES
Professional roles trump collaborative work	Collaborative work trumps professional rules
Design for both the usual and unusual	Design for the usual, plan for the unusual
Source: IOM Subcommittee on Designing the 21st Century Chassis, Washington, D.C.	

This slide is self explanatory where care is becoming continuous and so is access to it, where it is a "system" thinking and not based on individual thinking, etc.

A patient is the locus of control and where success in care outcome is based on the "relationship" with the care team, and where care value is based on outcomes and cost together than on cost alone.

Teamwork is dominant in such a system and resources are used most optimally.



Evidence Based Medicine Plus Evidence Based Management

A new term “EB Management” has been created where the decision making process in managing programs and projects is based on empirical results and hard core data. Therefore, it is not only medicine that requires evidence to make the appropriate decision but even management is becoming dependant on data to make the right decisions. The following slides illustrate this fact.

Study of 3,000 CABG patients in 16 hospitals

A group-oriented, collaborative, participative culture was significantly associated with higher patient physical and mental functional health status scores six months post-discharge and shorter post-operative intubation times



(Shortell, Jones, Rademaker, and Gillies *et al.* 2000)

In this study it was found that when comparing the performance of these 16 hospitals on the management of coronary artery bypass graft patients, those hospitals that achieved the best results were those that had management savvy practices such as group oriented, participative, and collaborative practices. Therefore, having such characteristics had a positive impact on patient outcomes. Hence, one can conclude to achieve such positive outcomes, management should practice teamwork, collaboration and participative leadership styles.

Hospital top management leadership is positively associated with greater clinical involvement in TQM:

- Linkage to organization's mission and strategic priorities
- Allocation of human and financial resources
- Aligning compensation and performance appraisal systems
- Personal involvement in teaching TQM and participating on project teams
- Targeting selected physicians
- Developing a supportive culture

(Source: Weiner, Alexander and Shortell, 1996; Weiner, Shortell and Alexander, 1997)

In this study a similar association is documented between TQM and positive clinical outcomes in hospitals. Therefore, hospitals that practiced TQM based practices had a higher level of satisfaction of their patients and better clinical outcome.

In a nine hospital study of patients with total hip and total knee replacements, relational coordination was significantly associated with less post-operative pain, greater post-operative functioning, and shorter length of stay

(Source: J. Gittel, K. Fairfield and B. Bierbaum *et al.* "Impact of Relational Coordination on Quality of Care, Post-Operative Pain and Functioning and Length of Stay", *Medical Care*, 2000, 38(3):807-819)



Again in this study it was found that those hospitals that achieved a better clinical outcome for orthopedic patients are commonly related to the way they manage their care teams and this relationship is directly related on how strong the relational coordination between the members of the team in the delivery of their care.

Increased Beta Blocker use after myocardial infarction

Hospitals with greater improvement were distinguished by four characteristics:

- Shared goals for improvement
- Substantial administrative support
- Strong physician leadership
- Credible data feedback

(Source: Bradley, Holmboe, Mahern *et al.* *JAMA*, May 23/30, 2001, 285(20):2604-2610)

Similarly in this study of several US hospitals, it was evident that those successful hospitals in the management of acute MI were those that have the characteristic of management depending on data and in applying sound leadership practices and methodologies.

Care systems more important than individual specialty differences (1/2)

Cochrane collaborative review of specialty differences in diabetic treatment outcomes found that physicians in any specialty practicing in *well organized care settings* had better outcomes than physicians of any specialty practicing in less organized care settings

(Source: S. Griffin and A.L. Kinmouth, 1998. "Diabetes Care: The Effectiveness of Systems for Routine Surveillance for people with Diabetes (Cochrane Review)", The Cochrane Library 13, Oxford: Update Software)

Another study on EB Management where the system and the work environment has a major impact on how practitioners practice and on their performance. Therefore, in this study it was found that physicians had better outcome when they were practicing in good environment regardless of where and how good were their training and specialization centers. This finding bolsters the case that good (management) environment has a direct impact on outcomes. It is basically true that putting individual practitioners in different settings will result in better outcomes at those highly managed institutions than those practicing in less managed institutions regardless of their training origin.

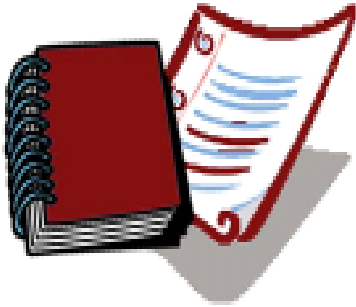
Care systems more important than individual specialty differences (2/2)

Similarly trained primary care physicians practicing in different organizational environment provided significantly different quality of care for diabetic patients after adjusting for patient characteristics

(Source: J. Desai, P.J. O'Connor, and D.B. Bishop et al 1997. "Variation in Process and Outcomes of Diabetes Care in HMO Owned and Controlled Clinics," Proceedings, CDC Diabetes Trans. Conference, Atlanta, GA)

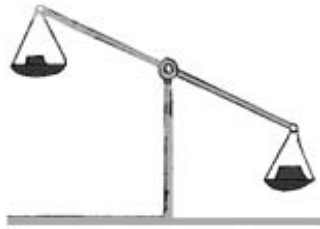
This study proves what the previous study concluded that when you control for training origin and as you allocate those similarly trained individuals in different settings, then those in better (managed) settings will have better performance outcomes than those with similar training backgrounds and origins but practicing in lesser managed settings. Therefore, the practicing environment has the most impact on individual practitioner performance. It is not where you trained that makes a difference but where you practice.

Institutional plus Practitioner Report Cards



Comparing performance of different providers is becoming a common trend from regulators, consumers and purchasers. Report cards are one way to report on performance to the public. Each report card will have the results of performance on that providers for certain indicators e.g. for hospitals infection rates, patient satisfaction rates and the like are examples of such indicators. For practitioners, performance indicators may include average length of stay of their patients, morbidity rate, resource utilization indicators, etc.

Report cards could be initiated by the institution itself as a marketing tool but in most cases report cards are designed and enforced by either the regulators or purchasers to put pressure on providers to improve their performance and to use it to compare between different performances.



Performance Measurement Systems...

- HEDIS
- ORYX
- NHQI
- Disease Management
- Ambulatory Care Sensitive Conditions

These are examples of certain US based performance systems for health organizations.

HEDIS; Health Employers Data and Information Set is a system of mainly outcome indicators for preventive health services that was first imposed on HMO's by their accrediting agency, NCQA (www.ncqa.org) back in the early 90's. Since then, HEDIS has received more popularity and its newest version HEDIS2000 is being used by purchasers, regulators and consumer groups alike to judge performance of HMOs.

ORYX is a system of inpatient performance indicators first developed by the Joint Commission (www.jcaho.org) in the US in the late 90s. In its current form, each hospital should report on their performance to the JCAHO at each accreditation cycle and continuously thereafter.

NHQI, the nursing homes quality indicator system is being used by the US health care financing agency (www.cms.gov) to measure and compare performance of the nation's nursing homes.

Disease Management is a list of indicators for judging the proper management of chronic diseases by providers and practitioners. There is usually a list of such indicators for each major medical condition e.g. Diabetes, Hypertension, Congestive Heart Failure, etc.

Ambulatory Care Sensitive Conditions are those medical conditions that should have been treated at the outpatient and primary care settings rather than in inpatient settings. These conditions if properly treated in the PHC settings, they will not be required to be treated in hospitals. Therefore the prevalence of such conditions among hospital admissions in higher numbers is an indication that the PHC system is failing. The following slide lists these 16 conditions.

Prevention Performance Indicators

The 16 Conditions

- Bacterial Pneumonia
- Dehydration
- Pediatric GI
- UTI
- Perforated Appendix
- LBW
- Angina w/o procedure
- COPD
- CHF
- Hypertension
- Adult Asthma
- Ped. Asthma
- Uncontrolled DM
- DM short-term comp
- DM long-term comp
- Lower Ext Amb/DM

These are conditions where good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe conditions. They are measured as rates of admission to hospitals per 100,000 population. Their presence in hospitals in relatively large numbers is an indication of the inadequate support of the PHC in that area where the hospital is located.

**But...**

Perhaps we should worry less about what is being measured and more about how we are measuring it...

This principle should be remembered when one attempts at using data as a tool for comparison or judgment. Several factors intervene in such situation including issues related to severity adjustments, data integrity, confounders, etc. Unless these factors are accounted for and considered appropriately when making the comparison, the accuracy of the conclusion becomes questionable.

Institutional Accreditation

What is Accreditation?

“It is the process of assessing the quality of an organization in order to provide comparative information to the customer”

Chapter 4

Accreditation is a rigorous process of planning for performance improvement, pursuing the compliance to (national or international) standards and going through extensive set of processes of self and external assessments. The institution is then subjecting itself, voluntarily, to such assessment process in hopes of its performance getting “recognized” by an impartial external agency acting as an institutional reviewer or judge. All of these activities are bound to force the institution under review to re-address its performance outcomes and put in process mechanisms for further improvements.

And this definition stresses on the previous slide the importance of accreditation for comparing between different institutions using a uniform set of standards and performance indicators.



New Rewards and Incentives Systems

The system of recognizing high performance and providing incentives to achieve even higher performance is being reformed and further refined. The new thinking is that rewards should be instant and comparative to the type and extent of accomplishment or achievement. They should also be customized to the individual performer and should be on-going. Therefore, rewards and recognition should be based and dependant on the extent of performance of the individual or the provider. This new system will have the capacity to tie performance to reimbursements and salary. Therefore, it will be quality that counts, not quantity.

Patient Rights and Responsibilities...
CONTRIBUTORY NEGLIGENCE!



Every health professional knows about patient rights and that these should be adhered to meet the patient’s needs. But what about patient’s responsibilities? If the provider sees the patient, examine him then prescribe him the right medication but the patient fails to fill in the prescription and then get a complication, who is responsible in this situation? The patient is therefore expected to “participate” in his/her management of their medical condition and should cooperate with the medical team to optimize the benefit from the care delivered to him/her. Not following instructions and not providing the right answers or cooperating with the provider are all counterproductive and can render the care process deficient and unsuccessful.

Some extreme advocates of the notion that patient should be responsible for their care are calling for “appropriate” disciplining of patient in reaction to their complacency for not participating actively in their care process. They even go to the extreme of suggesting the sharing of blame and damage(s) with the negligent provider.



e-Health

Quality is evolving!

- Outcomes orientation
- Process focus
- Outcome driven
- Outcomes Management
- Performance Improvement
- Evidence Based - Patient Focused... but with IT in mind!

Therefore one can safely say that the future of healthcare is dependent on advances in information technology and its use in improving health care and its outcomes.

Hadith

“God loves of you, those, that when performing a job they perform it PERFECTLY”

(Mohammad S.A.W, 620 AD)

Perfection has been the status to achieve and called for by the Prophet Mohammad S.A.W as early as the 7th century and certainly before W. Edward Deming or Philip Crosby knew what zero-defect is all about.

Exercise

1. Based on the trends in the evolution of health care quality, what will be the future emphasis of quality?
2. How does PI differ from Health Care quality?
3. Design an equitable and objective system for recognizing performance achievements in your organization.

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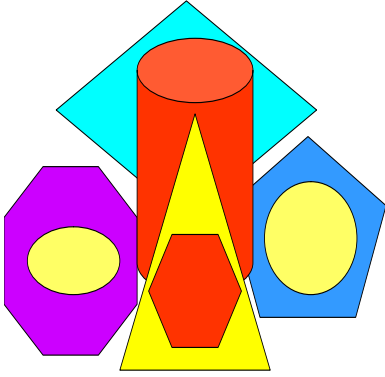
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Chapter 5

Quality Dimensions & Priorities

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Learning Objectives

At the end of this chapter, you will be able to:

- understand the managers role in ensuring quality
- describe the different dimensions for quality
- appreciate the importance of the various dimensions of quality in health care setting
- understand the foundations underlying successful quality improvement/management in a health organization

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Managing Quality Improvement Activities Within an Organization

- ✓ Whose responsibility?
 - Managers at all levels
- ✓ Expected roles
 - Developing and implementing policies
 - Organization and administration of related activities
 - planning
 - coordinating
 - integrating
 - evaluating
 - Providing leadership
 - Budgeting, allocating and distributing resources for QI activities



- ▶ The services provided by any health care organization is to serve and meet the legitimate health and health-related needs of the population.
- ▶ Who are people we call managers? They are individuals with supervisory and decision-making capacity at policy making or operational level. Examples include Heads of Programs at Ministry, State Health Directors, Hospital Directors, District Health Officers, Heads of Department within hospital and health facilities.
- ▶ The main responsibility of the manager is to systematically organize the available resources to meet those needs. For this, managers are constantly required to make decisions.
- ▶ The management functions – planning, organizing, motivating and controlling – must be exercised in pursuit of quality in every department and activity of the organization.
- ▶ Quality is vital to the prosperity of an organization, and all areas within the organization have some influence on quality.
- ▶ Quality Improvement (QI) activities have to be managed to ensure their usefulness and applicability.
- ▶ The managers are expected to advocate, promote and support the development and sustenance of QI efforts by providing the direction, infrastructure, mechanisms and necessary resources.



Introducing Quality in Health Care Setting

- Defining what quality means to your organization
- Essential core of defining quality
 - ✎ Balance of health benefits and harm
- Absence of standardized characteristics (dimensions)
 - ✎ Dependent on whose perspective
 - ✎ Resulting differences in prioritization

- ◆ The essential core of a definition of quality in the health care setting is a consensus of the balance of health benefits and harm as valued by all stakeholders; the funders, regulators, health providers and the fully informed patients and their families.
- ◆ The providers of care comprise a vast array of policy makers and funders, administrators, supervisors, and practitioners, purveying a great variety of clinical and related services either directly or indirectly to patient care.
- ◆ Quality is measured in terms of dimensions and depending on whose perspective (providers or users), there are variations in prioritizing the important dimensions, all of which are legitimate.
- ◆ The funders tend to focus on efficiency, return on investment and accountability.
- ◆ The practitioners tend to focus on dimensions relating exclusively to technical management or dimensions of “clinical performance”.
- ◆ The users or customers of the services have an additional component to those of the providers. In addition to technical competence or “curing” functions of the provider, they are also concerned with the “caring” aspects or personal interests shown towards them such as respect and attentiveness.

Common Characteristics of Quality Applicable in Health Care Settings

- ◆ Efficiency
- ◆ Effectiveness
- ◆ Technical competence
- ◆ Safety
- ◆ Accessibility
- ◆ Interpersonal relations
- ◆ Continuity
- ◆ Amenities



- ❖ The commonly used quality variables are:

Efficiency

- Involves the day-to-day running of health services.
- Comparing inputs with outputs.
- An efficient service has more outputs than given inputs.
- The relationship between the effect and the resources used to get this effect.
- A service is efficient if it does what it does well.
- “Doing the right thing”.
- Example: What is the vaccination coverage of your three-person nursing team? Were they able to reach their target?

Effectiveness

- Relates to the intended objectives of the services.
- The capability of a service or a product to have the desired effect (e.g. does a vaccine prevent a disease; does an antibiotic kill the bacteria it should kill).
- An antibiotic, a drug or a service is effective if it produces benefits.
- “Doing the right thing right”.
- Example: How effective was the vaccination program in reducing the incidence of the disease?

Technical competence

- The application of science and technology of medicine to the management of a personal health problem.
- Often called the science of medicine.
- It constitutes the capability, skills and proficiency of the health provider in the application of medical science and appropriate technology in a manner that maximizes its benefits to the health of the patient without correspondingly increasing its risks.
- Example: Qualification and experience needed to do a procedure; licensing of professionals and accreditation of a hospital.



Common Characteristics of Quality Applicable in Health Care Settings (cont.)

- ◆ Efficiency
- ◆ Effectiveness
- ◆ Technical competence
- ◆ Safety
- ◆ Accessibility
- ◆ Interpersonal relations
- ◆ Continuity
- ◆ Amenities

Safety

- This is defined as “the extent to which potential risks are avoided and inadvertent harm is minimized in care delivery processes” (Quality & Standards Unit, 2001).
- The improvement in the level of safety for patients (and staff) in the health system requires a thorough understanding of error in health care including the mechanisms and causes of error, the detection of error and methods for minimizing and preventing error.
- Patients should be safe from injury caused by the care system. Reducing risks and ensuring safety require greater attention to systems that help prevent and mitigate errors.

Accessibility

- Depend on the properties of the providers of care that make them more or less easy to get to and use. This will include cost of care, physical access, cultural sensitivity, time when the care is made available.
- Greater accessibility although usually associated with greater quality, may at times lead to redundant, harmful and unnecessarily costly care.
- It answers the question: “Can those needing the products or services use them or do geographical, economic, cultural or other barriers prevent it”?
- Example: How many people come to your clinic for each session and compare this with the population in the operational area?

Interpersonal relations

- This can be defined as the “art” of medicine.
- Involves the management of interpersonal relationship in meeting the socially defined values and norms that govern the interaction between the provider and patient in general and in particular situations.
- May include courtesy, attentiveness, confidentiality, empathy and many others.

Common Characteristics of Quality Applicable in Health Care Settings (cont.)

- ◆ Efficiency
- ◆ Effectiveness
- ◆ Technical competence
- ◆ Safety
- ◆ Accessibility
- ◆ Interpersonal relations
- ◆ Continuity
- ◆ Amenities



Continuity

- This is defined as the course or procession; the continuous, orderly, harmonious, forward-moving arrangement of care from the time the patient sees the doctor for his or her ailment to being examined and treated, to follow-up until the medical problem is resolved.
- Continuity is dependent on the completeness of the information being provided by the attending health provider and possibly being followed up by the same provider for the whole duration.

Amenities

- This term can be described as representing features such as a pleasant and restful waiting room, a comfortably warm examining room, clean sheets, hygienic toilets, and the privacy of examination.
- The amenities are properties of the environment or settings in which care is provided. The amenities signify concern for patient satisfaction.



Evolution of Characteristics of Quality

- ✿ Crossing the Quality Chasm:
A new health system for the
21st Century
- ✿ ‘STEEEP’
 - ✿ Safety
 - ✿ Timeliness
 - ✿ Efficiency
 - ✿ Effectiveness
 - ✿ Equity
 - ✿ Patient-centered

The followings are the characteristics of quality for health system introduced by the Institute of Medicine (IOM), as stated in the document “Crossing the Quality Chasm”:

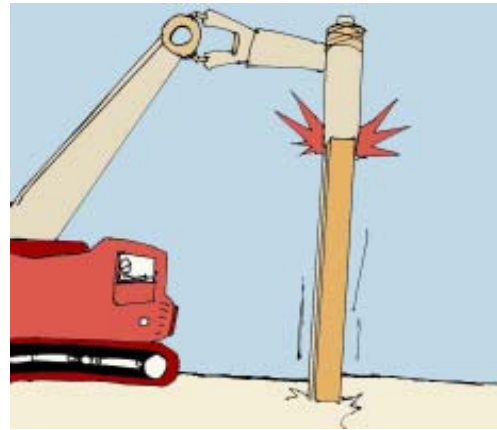
- **Safety:** Avoiding injuries to patients from the care that is intended to help them.
- **Timely:** Reducing waiting time and sometime harmful delays for both those who receive and those who provide care.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- **Efficient:** Avoiding wastes, in particular waste of equipment, supplies, ideas and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as sex, ethnicity, geographic location, and socio-economic status.
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preference, needs and values and ensuring that patient values guide all clinical decisions.

Basic Foundations of Quality Management (1/5)

☞ Commitment

“if you can't come, send no one”!

(Deming, 1984)



Quality is a desired entity by all health care providers and is the fabric of the very existence of the health care profession.

The essence for managing any quality improvement activity lies with the introduction and subsequently internalizing a quality culture within the organization. To achieve the expected results for QI efforts, there are 5 basic pillars to build the basic foundation. The manager must be able to understand and grasp these basic foundations.

First and foremost is “Commitment”.

History has shown that quality will be achieved if the message on commitment is seen to be acted upon by the management. If top management's commitment is not there, Deming claimed that he would not even bother implementing quality in such an organization.

Definition of Commitment:

- ★ The willingness and readiness of those in managerial positions to be involved and be supportive of efforts towards ensuring quality care.
- ★ Commitment also means leading efforts, facilitating activities, and providing resources to make quality a reality and a success.
- ★ The commitment must be genuine and active where the employee of the particular health care organization would sense and feel the support provided by management.
- ★ Take pride and joy in supporting and learning more about what is happening.

All quality improvement gurus stressed that management's commitment is paramount to the success of the quality improvement efforts.



Basic Foundations of Quality Management (2/5)

- ☞ Teamwork
 - ◆ Group of people
 - ◆ Ability and capacity to work together
 - ◆ Achieving common goal
 - ◆ Quality improvement teams
 - ◆ Theory of continuous improvement by Donald Berwick
- ☞ An Acronym for Team
 - T**ogether
 - E**veryone
 - A**chieve
 - M**ore

Quality management involves quality improvement teams to improve processes and solve problems.

Teamwork encourages cooperation between all levels and functions in an organization as they participate in an endless search for ways to improve all work processes and the resulting outcomes.

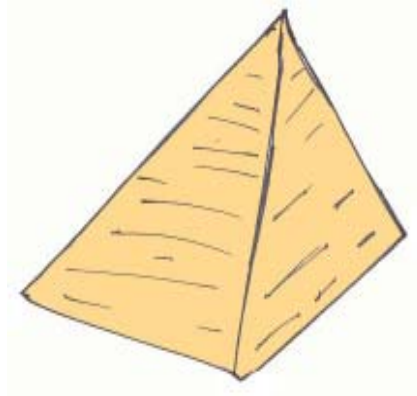
Quality relies on teams and is driven and nurtured by appropriately trained leaders, QI efforts are the responsibility of all employees and not just of quality specialists.

Teamwork is defined as the ability and capacity to work together in harmony towards efficient utilization of resources to achieve a common objective.

The Japanese are firm believers that teamwork is the only way to survive in the business world.

Basic Foundations of Quality Management (3/5)

- ☞ System Focus
 - Definition
 - Components of a health system
 - Important in quantifying quality of the system



A system is defined as a series of inter-related tasks and processes. Tasks are a series of related activities and a series of related tasks constitutes a process.

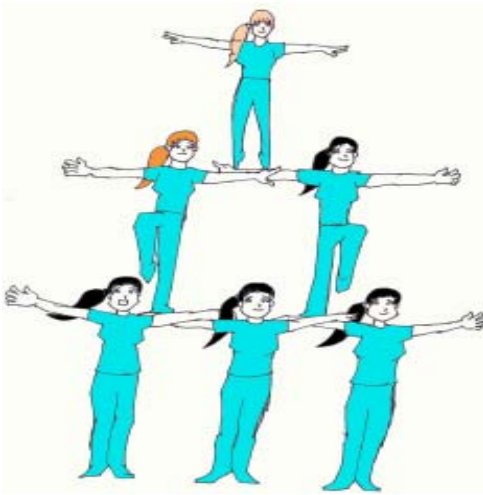
An organization is a place where countless tasks get done. People working in the organization often struggle to understand how the tasks which is part and parcel of their jobs fall into a series of steps or processes.

Each organization works through processes, and better processes means better quality.

The processes and tasks are linked together and affect one another. In the case of health organizations, they are systems designed to provide quality care to patients and the communities and includes planning of services, purchasing of resources and equipments, provision of services, monitoring and evaluation.

Donabedian introduced the approach of “quality by design”. A system is usually made up of three components: inputs, processes and outcomes. The system components of inputs, processes and outcomes have certain quality characteristics that are measurable and are important in quantifying the quality of a system.

Because they are interrelated, a deficiency in any one component will have an effect on the others, resulting in a compromise in quality. Therefore, the total system and not the components need to be studied in detail.



Basic Foundations of Quality Management (4/5)

☞ Patient Oriented

“A Quality service is one that is consumer-oriented”

Juran defined quality as fitness for use by customers. People are learning that without customers there can be no organization (Scheffler and Powers, 1994).

In health care, the most important consumer or customer is the patient. Definition of quality should be from the perspective of the consumer because quality care is the acceptable service by the consumer of that care.

Therefore, a quality service is a service that meets the needs and the expectations of the patient and his family - one that is consumer-oriented.

The Japanese adopts the strategy of focusing on meeting customer needs and expectations as the only way to improve their economy.

HOWEVER, meeting the needs and not the wants of the customers is emphasized.

The latest trend in health care towards achieving customer needs and satisfaction is the introduction of e-health, that is, using ICT to bring health care services to the patient's doorstep with the philosophy “patient is central to all activities”.

Basic Foundations of Quality Management (5/5)

☞ Data Driven

“If you can’t measure it, you can’t manage it”

(Peter Drucker)

$$2 + 3 + 3 = 8$$

$$2 - 2 = 0$$

$$2 \div 2 = 1$$

To measure whether quality has been achieved, you need to measure.

Traditionally, decision-making processes have been made with uncertainty through implicit means such as past experiences, insights and intuitions. As a consequence, there are variations in care given, with many patients receiving less efficacious and wasteful care.

Ensuring quality care really relies on data for effective and efficient decision-making.

Experiences and knowledge are not always enough. This is because we are likely to see the similarities between the past and present and therefore not likely to notice important differences.

Using data can help make decisions based on hard evidence rather than hunches, to look for root causes of problems rather than react to superficial symptoms, to seek lasting solutions rather than just rely on quick fixes.

Data must be valid and reliable. The usefulness of data to be collected must be ascertained as collecting data is an expensive business, both financially and time-wise.

Data must be converted to information that is useful for manager to use within a given context.

Evidence based medicine practices, and lately evidence-based management are recently emerging techniques to support use of data to improve quality of care.

Summary

- Understanding the importance of introducing and internalizing a quality culture for the success of any organization
- Identify the quality characteristics that are needed for your own organization
- Importance of manager's role in the management of quality
- Understanding the basic tenets of quality management

The success of any organization will depend on how fast the organization responds to introducing a quality culture within its entity. Management must take an active lead not only in the introduction of the change but also of its sustenance.

Therefore it is important for managers to understand the dimensions of quality and the basic foundations of quality management.

Exercises

- i) Describe an example of tasks in your health organization where teamwork is essential in implementing a service.
- ii) From question (i), can you give examples of inputs, processes and outputs.

Model Answers

Possible tasks where teamwork is essential:

1. Any surgical procedure where the role of the anaesthetist, surgeon, scrub nurses and attendants compliment each other.
2. Immunization session in a rural clinic involving the driver, attendants and public health nurses.
3. Antenatal visit at a health center where the attendants, public health nurses and the medical officer have different, but complementing roles.

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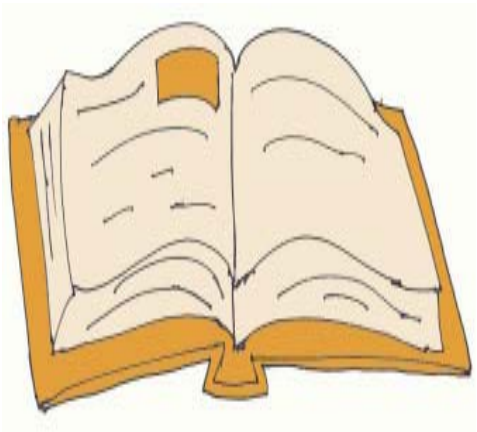
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Chapter 6

Strategic Planning

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Learning Objectives

At the end of this chapter, you will be able to:

- appreciate the importance of a strategic plan
- understand the process of strategic planning
- know the models of strategic plan formulation

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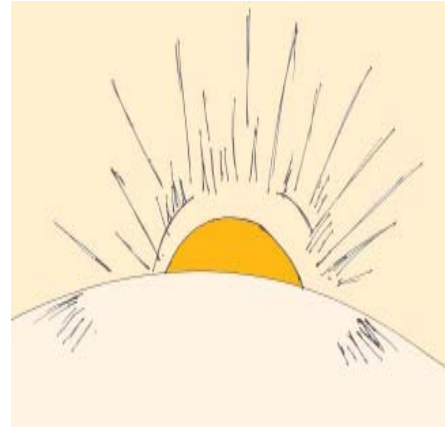
Scenario Planning

Situation Analysis

- Core Business
- Organization Chart
- Vision
- Mission

Critical Variables

- Socio-demographic Issues
- Economic Issues
- Technological Issues
- Political Issues



Scenario Planning is a forecasting approach in the absence of existing data.

Firstly, the core business of the organization, its organizational structure, its vision and mission has to be considered.

In the scenario planning process, the scene of the critical variables that may affect the organization in the next 5 or 10 years (depending on how long the strategic plan is for) has to be pictured based on existing knowledge and expert foresight. They have to be written down. An example, the increase in complementary medicine usage or greater expectation from customers may be the critical variable for the Ministry of Health.

These issues may differ in types and degree of importance, depending on your own organization.



Elements of Strategic Planning

- Contents of the Mission Statement
 - Core Business
 - Characteristics
 - Market
 - Environment
 - Staff welfare
 - Social responsibility
 - Energy
- Value System of Stakeholders
- Blessings of the Top Management

Before embarking on a strategic plan, these three elements of a strategic plan must be ascertained: contents of the Mission Statement, value system of stakeholders and blessings of the top management.

What is the Mission Statement of your organization? Has it got any mention of your core business, the characteristics of your organization, your market, the environment, your staff welfare, social responsibility and energy consideration?

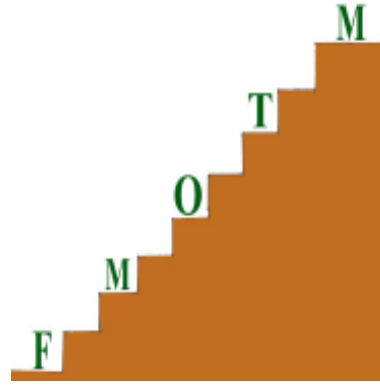
The stakeholders of the Ministry of Health, for example, include each and everyone in the country. As such the strategic plan must balance the values of the different stakeholders. While what clinicians value most may be sophistication in technology, patients may be more concerned with the way health personnel treat them. Thus, while our strategies include the acquiring of the state-of-the art in technology, strategies for smiling health personnel and short waiting time must also be pursued.

Any strategic plan without the top management blessing and commitment has difficulty picking off the ground and may be a complete waste of resources.

Process of Strategic Planning (1/2)

Internal Environment Analysis – Strengths and Weaknesses

- Financial
- Management
- Operational
- Technology
- Marketing



The major weaknesses and strengths of the organization or health programs are indicators of areas where the organization or health programs are compromised or are at an advantage, respectively.

The weaknesses are areas that have to be overcome and the strengths are those that can be capitalised upon. List them under the headings: financial, management, operational, technology and marketing factors.

When faced with too many weaknesses, choose those where importance are highest and capabilities least.

PEST CCSS

Process of Strategic Planning (2/2)

External Environment Analysis – Opportunities and Threats - (PEST CCSS)

- Political (P)
- Economics (E)
- Social (S)
- Technological (T)
- Competitor (C)
- Customer (C)
- Substitute (S)
- Supplier (S)

Identify all the opportunities and threats under the headings PEST CCSS. It does not really matter if the factors have incorrect headings. These headings act as a guide so as to ensure all factors are considered.

If the anti-smoking program is to be taken as an example, then support from international agencies such as WHO, legislation against the indirect advertising of cigarettes and access to successful anti-smoking campaign from other countries are some of the opportunities.

Threats may be in the form of tobacco and cigarettes dumping in developing countries, substantial government revenues from cigarettes and lack of effective and sustainable quit smoking skills.

SWOT Model		
	STRENGTHS 1. 2. 3. 4. 5.	WEAKNESSES 1. 2. 3. 4. 5.
OPPORTUNITIES 1. 2. 3. 4. 5.	STRENGTHS- OPPORTUNITIES 1. 2. 3. 4. 5.	WEAKNESSES- OPPORTUNITIES 1. 2. 3. 4. 5.
THREATS 1. 2. 3. 4. 5.	STRENGTHS-THREATS 1. 2. 3. 4. 5.	WEAKNESSES-THREATS 1. 2. 3. 4. 5.

By placing all the Strengths, Weaknesses, Opportunities and Threats into the SWOT Model, strategies can be formulated, taking into account two factors at a time, one internal and one external.

Chapter 6 For example, if “inadequacy of financial allocation” is a weakness and “widespread anti-smoking campaign” is one of the opportunities, then a possible strategy may be “targeting health campaigns towards the most susceptible population group e.g. adolescents”.

Another example would be if “lack of personnel to impart quit smoking skills” is a weakness and “lack of quit smoking skills” a threat, then a potential strategy would be “focus on preventing smoking initiation”.



Consideration in Implementing the Plan - An Action Plan

- Cost
- Available resources
- Resources
- Acceptability
- Time
- Practicality

A Plan is as good as no plan, if it is not being operationalised and implemented to benefit the organization.

An Action Plan is needed to implement the Strategic Plan. The strategies can be effectively and efficiently implemented one at a time, the strategies formulated need to be prioritized and translated into actions, based on the consideration of cost, available resources, acceptability, time and practicality.

Implementation Plan

- Strategy
- Strategic Objectives
- Tactical Strategy
- Tactical Objectives



The Strategy and Strategic Objectives must be documented. They are then to be translated into tactical or operational strategies and objectives which have the elements of specificity, duration and measurability.

The budget and names of the responsible personnel must also be documented.

Exercises

- Does your organization have a strategic plan?
- If yes, how has the plan been implemented?
- If no, list the factors which can have an impact on your organization, both internal and external.

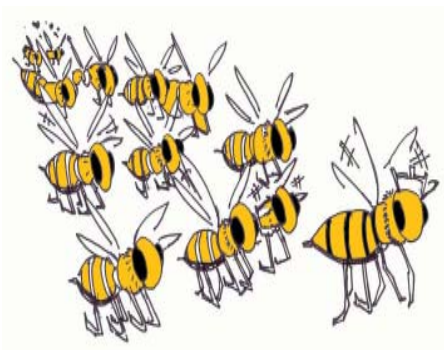
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Chapter 6



Chapter 7

Leadership & Quality

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Learning Objectives

At the end of this chapter, you will be able to:

- understand the principles of leadership
- know the difference between a leader and a manager
- review your own leadership styles

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“More than anything else, management leadership determines the destiny of total quality management; will it be one more promising but short-lived program, or will it become the way forward, forever?”

-Total Quality Management
-The Health Care Pioneers



- Within an organization there will be managers and leaders. This chapter describes the difference between a manager and a leader.
- Compared to managing, leading is difficult. That is why not everyone does it! Only you can make yourself a leader. The ability to lead can be developed over time.
- The functions of a leader are different from the conventional managerial roles of making decisions, exerting control and exercising discipline. However, leadership is an important part of being a manager. A manager who works to improve his/her leadership skills can surpass the status quo to improve the unit's performance.
- Management is the process of assuring that the program and objectives of an organization are implemented, while leadership has to do with casting vision and motivating people.
- People don't want to be managed. They want to be led. Whoever heard of a world manager? World leader, yes. Community leader, yes. They lead. They don't manage.
- Leadership is all about influence - the ability to get followers. You cannot be a leader without a group of people following your direction and putting their trust in you.
- Leaders need to identify the type of style to use according to the personnel he/she is handling.
- How will these skills influence the promotion of quality?



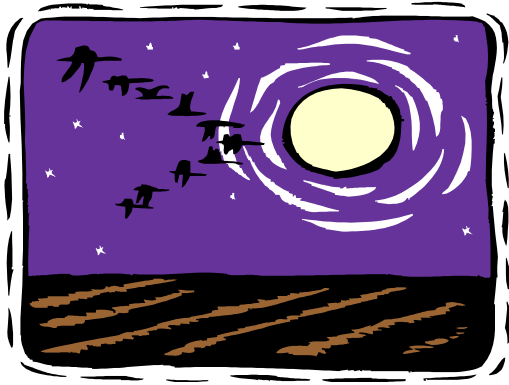
Between a Leader and a Manager

Leaders are:

- long-term thinkers
- Interests go beyond own department
- Emphasis on vision, values & motivation
- Strong political will
- Don't accept status quo

- John W. Gardner pin-pointed 5 characteristics that set “leaders” apart from “managers”.
 - Leaders are long-term thinkers who see beyond the day’s crises and quarterly report.
 - Leaders’ interest in their companies do not stop with the units they head. They want to know how all of the company’s departments affect one another, and they are constantly reaching beyond their specific areas of influence.
 - Leaders put heavy emphasis on vision, values, and motivation.
 - Leaders have strong political skills to cope with conflicting requirements of multiple constituents.
 - Leaders don’t accept status quo.

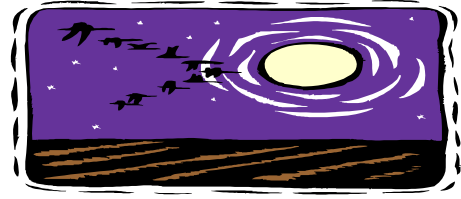
Principles of Leadership: Lessons From The Geese



- ★ What can we learn regarding the principles of leadership from the behavior of a flock of geese.
 - As each goose flaps its wings, it creates an “uplift” for the birds that follow. By flying in “V” formation, the whole flock adds 71% greater flying range than if each bird flew alone.
 - When a goose falls out of formation, it suddenly feels the drag and resistance of flying alone. It quickly moves back into formation to take advantage of the lifting power of the bird immediately in front of it.
 - When the goose tires, it rotates back into the formation and another goose flies to the point.
 - The geese flying in formation honk to encourage those in front to keep up their speed.
 - When a goose falls sick, is wounded or shot down, two geese drop out of formation and follow it down to help or protect it. They stay with it until it dies or is able to fly again. Then they launch out with another formation or catch up with the flock.

- ★ What leadership principles can we gather from these facts?

Principles of Leadership: Lessons From The Geese (1)



Fact 1:

- Creating “uplift” for the birds that follow

- Flying in “V” formation

Lesson 1:

- Sharing common directions

- Achieve goals quicker

Lesson 1:

People sharing a common direction can get to their goals quicker and easier i.e. more efficiently and more effectively because they are concentrating on the trust of one another. A leader’s role is to provide this common direction.

Example:

A leader will formulate the mission and vision statement of the organization and ensures that it ‘trickles’ down the organization so that everyone in the organization will go in the same direction to achieve the common goal more efficiently and effectively.

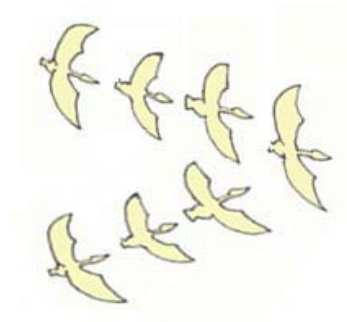
Principles of Leadership: Lessons From The Geese (2)

Fact 2:

- Moving back into formation
- Take advantage of lifting power of front bird

Lesson 2:

- Stay in formation with those heading in same direction
- Accept help & give help



Lesson 2:

If we have as much sense as a goose, we stay in formation with those heading where we want to go. A leader is willing to accept help, and gives help to others.

Example:

A leader complies with standards set and will ask for help when the needs arise.



Principles of Leadership: Lessons From The Geese (3)



Fact 3:

- Tired goose rotates back into the formation
- Another goose flies to the point.

Lesson 3:

- Take turns doing tasks & sharing leadership
- Groom others to take over

Lesson 3:

It pays to take turn in carrying out difficult tasks and share leadership. As with the geese, people are interdependent on each other's skills and capabilities, allowing them to have a unique arrangement of talents and use of resources.

An effective leader is one who grooms others to take his/her place.

Principles of Leadership: Lessons From The Geese (4)

Fact 4:

The geese flying in formation honk to encourage those in front to keep up their speed.

Lesson 4:

Encouragement for greater production



Lesson 4:

Honking is encouragement.

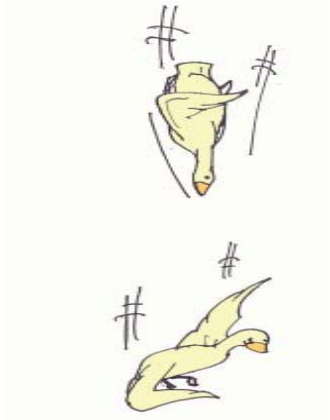
In groups where there is encouragement, the production is greater. The power of encouragement (to stand by one's heart or core values and encourage the heart and core values of others) is the quality of honking we seek from a leader.

Also, a word of praise from a leader is far more meaningful to a person if it is related to one of his/her qualities (such as positive attitude or honesty), than if it is tied to a performance result.

Example:

Instead of saying "Good job for achieving the target set on immunization", try something more personal such as "I admire your determination in getting the mothers to agree on immunizing their children, until you achieve your target".

Principles of Leadership: Lessons From The Geese (5)



Fact 5:

Goose gets sick, wounded or shot down:

- Two geese drop out of formation to help or protect it.
- Stay until it dies or is able to fly again.
- Launch out with another formation or catch up with the flock.

Lesson 5:

- Help each other
- Stand by each other in times of difficulty, as well as when they are strong



Lesson 5:

A leader knows when a team member needs help and extends his/her hand. A leader is able to get members to stand by each other in good and difficult times.

Example:

As a leader, he/she will have to identify the member in his/her team who is not performing well. With the participation of other members of the team, the leader will help the low performer to achieve the desired goal of the team.

Personality of a Leader

- Importance of personality in a leader
- Identifying one's own strength and weakness in character

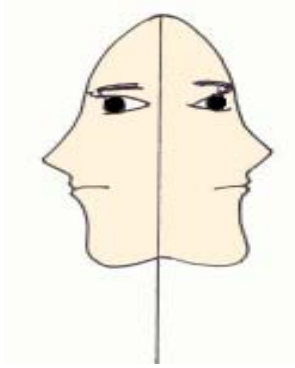
"In the Kingdom of the Blind, the one-eyed man is king"

(H.G.Wells)

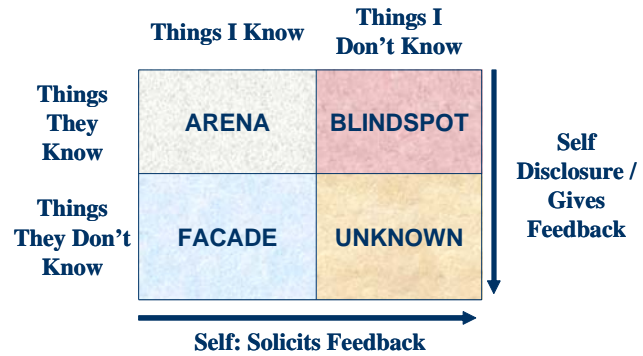


Our personality is something we know very well, and that other people may hardly understand. On the other hand, there are aspects of our personality that we do not normally see ourselves, but others can help us see them.

As leaders, we must be prepared to learn about our own and other people's personalities, and be willing to receive feedback and give feedback to help others develop their personalities.



Personality Model: Johari Window



Remember: "In the Kingdom of the Blind, the one-eyed man is king". (H G Wells)

An example of a personality model is depicted by the Johari Window. It is a **disclosure/feedback model of awareness** named after Joseph Luft & Harry Ingram and was first used at the Western Training Laboratory in Group Development in 1955.

This is a useful aid to leaders, team players and managers to assess interpersonal positions and analyze encounters. When the conditions for feedback & learning are right, the Johari matrix offers an analytic framework, enabling us to "see ourselves as others see us".

This model suggests that we all have four aspects to our personality:

1. The ARENA is the part of our personality which is KNOWN to us, and which we SHOW to others. It is our conscious self - our attitudes, behavior, motivation, values, way of life - of which we are aware of and which is known to others. We move within this area with freedom. We are the "open books".
2. The FACADE is the part of our personality which we KNOW, but kept HIDDEN from others, unless we disclose it. It is the part that we freely keep within ourselves, in which we retain out of fear. The degree to which we share ourselves with others (disclosure) is the degree to which we can be known.
3. The BLINDSPOT is the part of our personality which OTHERS CAN SEE, whilst WE CANNOT. There are things about us that we do not know, but that others can see more clearly; or things we imagine to be true of ourselves but that others do not see at all. When others say they see (feedback) us but in a supportive and responsible way, and we are able to hear it in that way, then we are able improve ourselves.
4. There is a part of our personality which REMAINS UNKNOWN, both to ourselves and others. We are richer and more complex than what we and others know. From time to time something from our unconscious is revealed, then we "know" what we have never "known" before.

Effective Leadership

Martin Luther King:

I have a dream ...

...

...

...



☐ Courage

☐ Communication

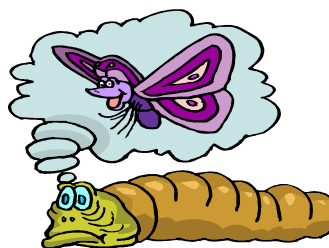
☐ Integrity

John F. Kennedy:

“Ask not what your country can do for you - ask what you can do for your country.”

☐ Inspirational

☐ Visionary



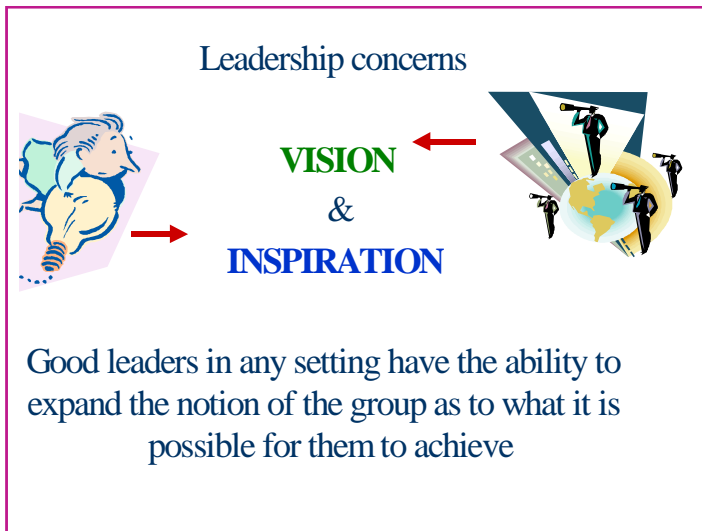
- ★ Anyone can learn leadership skills. Leadership is **NOT** an exclusive club for those who were “born with it”. The traits, that are the raw materials of leadership, can be acquired. Link them with desire and nothing can stop you from becoming a leader. Learning to be a leader takes effort, application, practice, determination and dedication.
- ★ Leadership is developed and not discovered. It has to do with casting vision (**VISIONARY**) and motivating people (**INSPIRATIONAL**).
- ★ As **Harry Truman** once said “A leader is a man who has the ability to get other people to do what they don’t want to do, and like it”!
- ★ Leaders have a vision of where people should go and persuade them to share their vision. They are able to lead people further than they believed they were capable of travelling to, towards a destiny for which they have revealed to, and sharing with the people they work with.



Effective Leadership

- ❖ Is there a common picture of effective leadership?
- ❖ Can I learn to be an effective leader in quality?

- ★ A person who takes the leadership role in quality must:
 - Develop analytic skills
 - Be deeply aware of the impact of his or her leadership style on the team members
 - Know and respect deeply the power of teamwork
 - Be authentic - trustworthy and honest
 - Be affirmative, expressing an optimistic, yet realistic view of human nature
 - Desire to empower and utilize resources of others
 - Have a wide range of leadership styles
 - Show deep commitment to all members of the team
 - Bring clarity to objectives
 - Believe in possibility of continuous improvement
 - Build a climate that is both supportive and confronting
 - Ensure that work methods are satisfying and effective
 - Maintain a discipline within which relevant issues are explored
 - Strongly attack impediments to effectiveness
- ★ It is important that the leader is able to lead and inspire his team to achieve the set vision. It is not enough just to have a good plan that no one is interested in.
- ★ As **Vince Lombardi** said “Coaches who can outline plays on a blackboard are a dime a dozen. The ones who succeed are those who can get inside their players and motivate them”.



- ◆ Leadership concerns: **VISION & INSPIRATION**
- ◆ **Leadership is the power to communicate assertively and inspire others.**
- ◆ **Leadership is the ability to influence others.**
- ◆ Good leaders in any setting have the ability to expand the notion of the group as to what it is possible for them to achieve.
- ◆ Outstanding leaders in quality are future-oriented. They love to dream about what could be and involve others in their dreams to improve quality in their organization. They have a vision of where people should go and persuade them to share their vision in quality.
- ◆ They are able to lead people further than they believed they were capable of travelling to, towards a destiny which they have revealed to, and sharing their quality vision with the people they work with.



Common Mistakes of a Leader

1. Failing to listen, question, probe and understand the task
2. Passively accepting the task
3. Failing to brief the team properly
4. Failing to consider motivation
5. Playing an active role in the execution of the task - not a leading one
6. Riding roughshod over feelings
7. Failing to show appreciations

Failing to listen, question, probe and understand the task

Also known as jumping to conclusion!

Passively accepting the task

Do you usually question the nature of the task when it comes to choosing a team?

Failing to brief the team properly

Does the plan makes sense to you? Does it makes sense to your team? Does your team really know what they are supposed to be doing? Have you checked?

Failing to consider motivation

Do they want to do it? Are you sure?

Playing an active role in the execution of the task - not a leading one

The leader is not simply the most active participant. The leader is not necessarily the strongest, the busiest, or the noisiest member of the group. There is a profound difference between leadership and bossiness.

Riding roughshod over feelings

People placed in leadership roles sometimes think that they have to be tough, dynamic, and decisive: hard men and women, who brook no opposition. Very often, failing to consider feelings, or riding roughshod over them, is counterproductive. If you involve people, they will be on your side.

Failing to show appreciations

Everyone likes to be appreciated - particularly if you mean it.

Leaders

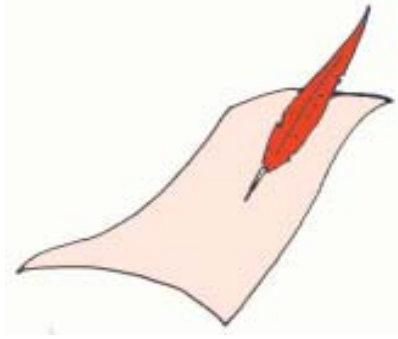


Lao Tze - 550 B.C.:

- “A leader is best when people barely know he exists.
- Not so good when people obey and acclaim him.
- Worse when they despise him.
- But of a good leader who talks little, when his work is done, his aim fulfilled, then will say, “We did it ourselves”



As summarized by **Lao Tze in 550 B.C.**



Leadership Style Questionnaire

- ★ To identify your leadership style
- ★ To determine the effectiveness of your style

4 types of Leadership Style Preference:

The Hersey-Blanchard Situational Theory

Country Club Management	High Relation / Low Task Hi R-Lo T	High Task / High Relation Hi T-Hi R	Team Management
Improvished Management	Low Relation / Low Task Lo R-Lo T	High Task / Low Relation Hi T-Lo R	Authority - Obedience

Successful leadership is achieved by selecting the right leadership style based on the level of the follower’s maturity.

Telling (high task-low relationship): The leader defines roles and tells people what, how, when and where to do various tasks.

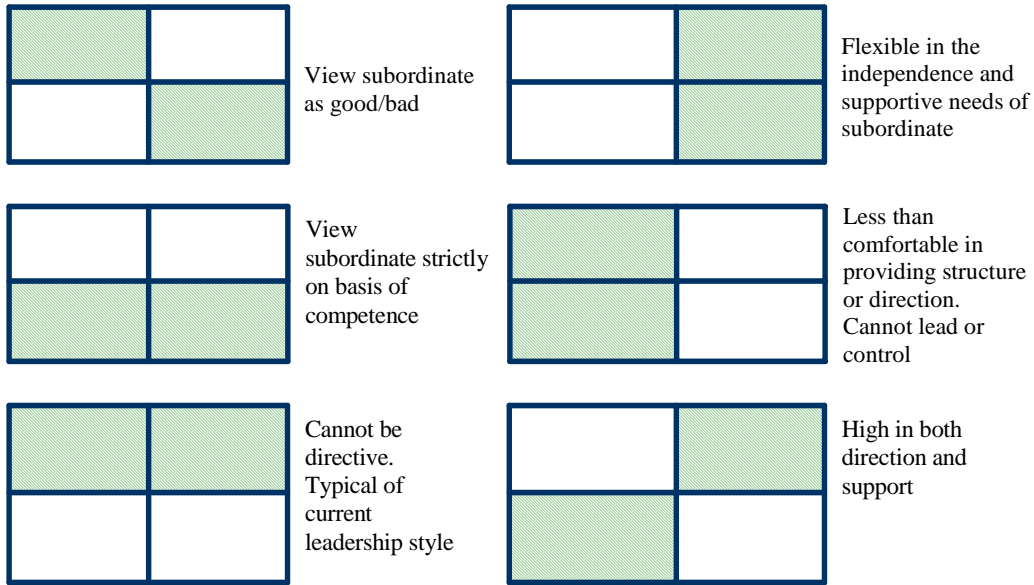
Selling (high task-high relationship): The leader and followers share in decision making; the main role of the leader is to provide direction and support.

Participating (low task-high relationship): The leader and followers share in decision making; the main role of the leader is facilitating and communicating.

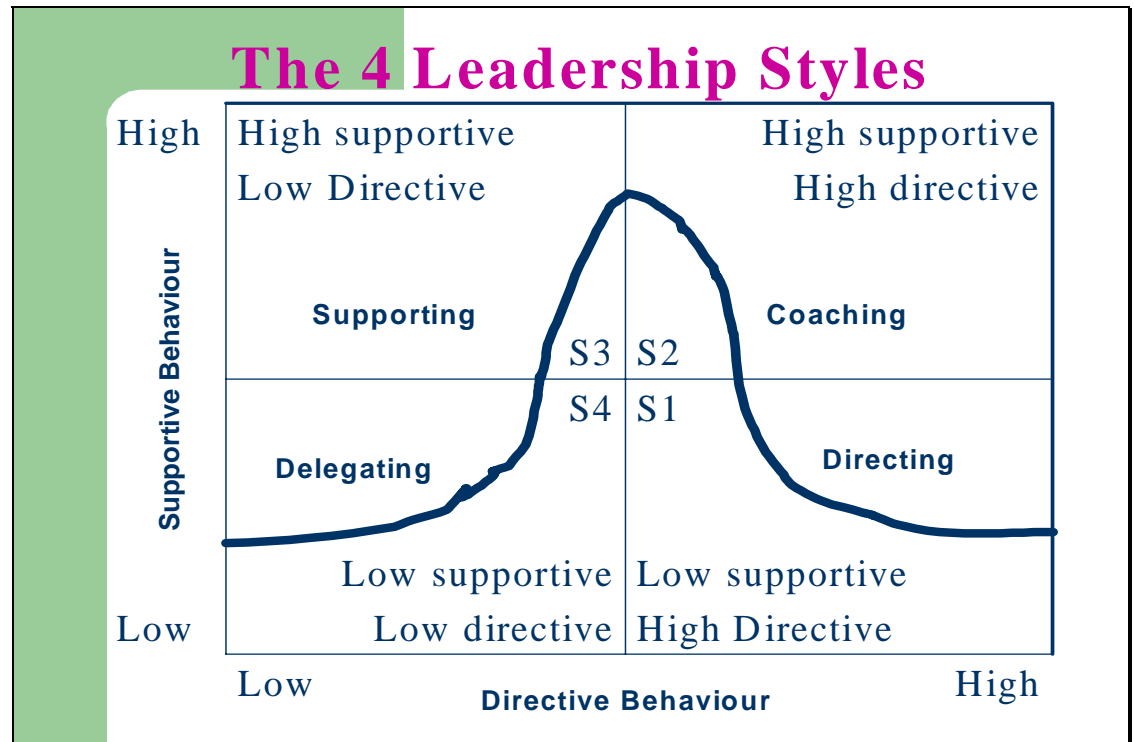
Delegating (low task-low relationship): The leader provides little directions or support.

Your Leadership Style: Refer to Appendix A

Just as no two snowflakes are exactly alike, no two people lead in exactly the same manner. Depending on the group he/she leads, a successful leader may adhere stringently to the rules of one kind of leadership or can combine aspects of different styles.



Effectiveness of Your Leadership Style: Refer to Appendix A



Leadership style changes as a team develops. The leader's supportive and directive behavior will continue to change as the team activity progresses.

Beginning at the bottom right hand corner, the diagram shows that a leader's style is likely to be highly **directive** and not very supportive (area S1) - giving clear instructions to meet agreed goals, and proceed through highly supportive/directive (S2) - adopts a more **coaching** approach, and highly **supportive**/less directive (S3) phases to a point; where he/she needs to supply only low support and direction (S4) - **Delegation** can only take place with developed "followers".

It is important to recognize that there is no right or wrong approach to leadership, no matter what level of willingness or ability a team may have.

Summary

1. Personality Model
 - ☞ Johari Window
2. Differences between a Leader and a Manager
 - Manager administers, the leader innovates.
 - Manager relies on systems, the leader relies on people.
 - Manager counts on control, the leader counts on trust.
 - Manager does things right, the leader does the right thing.
3. Leadership style
 - Directive
 - Coaching
 - Delegating
 - Supportive

1. Personality Model

Personality is a highly complex phenomenon. It is always possible to learn more about it. Our personality is something we know very well, and that other people may understand hardly at all. On the other hand, there are aspects of our personality which we do not normally see ourselves.

The Johari Window is a useful aid to leaders, team players and managers to assess interpersonal positions and analyze encounters. When the conditions for feedback & learning are right, the Johari matrix offers an analytic framework enabling us to “see ourselves as others see us”.

2. Differences between a leader and a manager

The leader innovates while the manager administers; the leader relies on systems while the manager maintains; the leader counts on trust while the manager counts on control; the leader does the right thing while the manager does things right.

Leadership is a reciprocal relationship between those who choose to lead and those who decide to follow.

3. Leadership style

Based on the maturity of the group a leader leads, he/she can either take the style of directing, coaching, supporting or delegating.

Exercise 1

Describe the qualities of a leader you have known personally and admired (either living or dead)

WHAT SKILLS DO THEY HAVE?

Exercise:

- a. Ask participants to think of a leader whom they admire, or have admired, for their ability and effectiveness as a leader.**

It should be someone whom they know something about, and are prepared to talk about in some detail. The example need not be a famous person; but it must be someone whom they can bring to life for the group.

- b) Ask each participant to make notes on the following:**

- ☞ What was the context in which the leader operated?
- ☞ What were the leader's general character?
- ☞ Which parts of his/her character were generally seen as strengths and weaknesses?
- ☞ Which parts of his/her personality had helped him/her to be a leader, and which had hindered him/her?
- ☞ In what ways did he/she display the leadership?

- c) Invite participants to share their observations and encourage a general discussion on each example.**

This will enable participants to explore and confront their underlying understanding of leadership.

Exercise 2

A Scenario:

The Medical Officer of Health of District J noted that the immunization coverage in Village K is low. During his supervisory visit, he found that the community nurse had not been doing home visits to 'capture' clinic defaulters as she did not like travelling to the community.

However he found that she likes to conduct cooking demonstration on preparation of a well - balanced meal for children.

As an effective leader, how can the Medical Officer of Health solve this problem?

Model Answer

- He praised her for a job well done and advised her to also conduct home visits so that she could assess the success of her nutrition campaign.

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Appendix A

Leadership Style Questionnaire

You have been transferred and promoted as a head of a section in a department. During the first six months you took little action but carefully analysed resources, opportunities, and people. You have decided, however, that now is the time to act on your observation. Which alternatives would you select to best handle each of the following situations? (Circle your answer)

1. **The Head of Unit A, a specialist was initially an easy person to work with. Some friendly conversation was usually all that was required in terms of stimulating his performances. Lately his performance has been slipping to a measurable degree.**
 - a. Emphasis the use of a more structured game plan with a strong push on the expected results.
 - b. Let him know you are available for discussion or counselling but don't force your involvement.
 - c. Discuss the current level of performance and set specific goals.
 - d. Let the matter drop since he has been effective in the past and monitor his performance for another three months.

2. **The support staff seem to be doing their work satisfactorily. They are giving quality service.**
 - a. Show friendliness and interest but continue to make sure that all members are aware of their roles and performance standards.
 - b. No problems here - take no action!
 - c. Make an additional effort to show interest and recognition.
 - d. Continually emphasize the importance of giving quality service.

3. **The Unit Heads are unable to solve a conflict over the amount of effort to be expanded in promoting quality control circles. You normally left the group alone, until recommendations were forwarded to you. The group is usually quite productive and works well in a team atmosphere.**
 - a. Become more involved with the team to engage in problem solving activity.
 - b. Let the group have more time to work it out themselves as they have been effective in the past.
 - c. Act in a more directive fashion to expedite the planning process.
 - d. Provide encouragement but do not become involved in resolving the conflict.

4. **Your operation room is in need of an overhaul. Past charts and diagrams are no longer applicable in line with the present changes. Your technician in charge is competent and flexible. A private company was given the task to study and make recommendations to assist in updating requirements to the operation room.**
 - a. Assure the technician of your continued backing, show him the company's recommendations, but don't exert too much pressure since he is generally competent.
 - b. Announce the required changes and direct the technician to implement them in accordance with a pre-established plan and budget.
 - c. Allow the technician to evaluate the recommendations and decide if and how it should be implemented.
 - d. Discuss the company's recommendation with the technician; gather his inputs, but direct the implementation of needed changes yourself.

5. **The performance of the clerical staff has been on the decline, instruction circulars are not sent to the proper destination. No one seems to care. Reorganisation and role clarification have helped in the past but personnel needed constant prodding to reach their targets.**
 - a. Present the problem but give the supervisor one more chance to formulate his own direction.
 - b. Use a forceful 'hand' to see that targets are met.
 - c. Redefine the roles and expectations once again, employing a 'hands-on' leadership role since the unit seems incapable of solving its own problem.
 - d. Allow the group to re-assess its present performance level, determine proper roles, and make changes on its own with only slight involvement on your own part.

6. **The new Administrator is taking charge. Subordinates viewed him as a strong administrator but disinterested in their own needs, or values.**
 - a. Emphasize the use of a more structured game plan with a strong push on the expected results.
 - b. Let him know you are available for discussion or counselling but don't force your involvement.
 - c. Discuss the current level of performance and set specific goals.
 - d. Let the matter drop since he has been effective in the past and monitor his performance for another three months.

7. **Your Department Director appointed a new chairman of a community task force to improve programs for the elderly. The group (although impressive as individuals) appears to be uncertain as to its objectives. Attendance is poor and those who do come use the forum for socialising.**
 - a. Advise him to put special effort into showing his subordinates that he appreciates their importance.
 - b. Advise him to be certain that he reaffirms the departmental goals to ensure no slippage in overall performance.
 - c. Do not intervene, allow him to manage his own 'show'.
 - d. Encourage the group to redefine objectives and become more involved, but don't actively push them.

8. **You are in the process of selecting a new chief clerk. The previous chief clerk is retiring. She was never closely involved in the affairs of the section but the staffs seemed to be fairly productive and were a cohesive, friendly team. You would advise the new chief clerk to:**
 - a. Take steps to direct subordinates in a more active, defined and controlled manner.
 - b. Involve subordinates in decision-making, being supportive to their ideas since she is new to the team.
 - c. Review the past performance of the branch with the personnel and examine new alternatives for improving efficiency.
 - d. Allow the group to basically manage their own performance as in the past, since the results were good.

9. **A recent feedback indicates that there are some interpersonal conflicts between Unit A and Unit B. The two units have been productive in their efforts, have worked well in the past, and have always met the department objectives. You do have some ideas, however, one of the solution could be:**
 - a. Try to convince the groups that your solution will work and that they should adopt it.
 - b. Allow the two groups to work out a solution for themselves, point out the problems but do not intervene beyond that.
 - c. Act quickly to correct the problem and actively redirect them.
 - d. Bring the teams together for a problem identification session. Participate in the session, but be more supportive of the individuals than directing them to a solution.

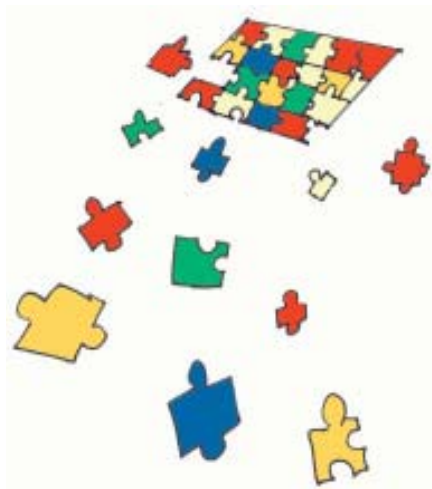
10. **Your secretary is very set in her ways. She dislikes change, is not very communicative, and will not make decisions without your approval even though you have asked her to do so. Should you manage her by:**
- Getting her involved in redefining the standards or expectations of the position but not supervising her in close fashion.
 - Closely supervising her performance in accordance with the redefined standards.
 - Avoiding confrontation. Leaving her alone and readjusting your own expectations.
 - Discussing her behaviour with her and listening to her point of view. You initiate the emphasis on what changes are required.
11. **Your Deputy in your section is a firm believer in planning. She usually anticipates potential problems and acts on them immediately. She is quite independent, dominant and autocratic. She is respected in the organisation but is tough to manage. She always seems to be one step ahead of you and appears to have little need of your input in getting the job done.**
- Take the necessary steps to direct her in a more controlled manner.
 - Leave her alone as long as she performs.
 - Be supportive in discussing your concerns but not too directive.
 - Discuss the problem and initiate a change in reporting procedure.
12. **The Department Director has been upset by your Officers not completing their reports as scheduled. The Administrator however, feels he can't put too much pressure on the officers since they are overworked themselves. Would you advise the Administrator to:**
- Do nothing.
 - Discuss the problem and show understanding.
 - Tell him if the report is not in by a given date, he will be held responsible.
 - Discuss the problem but try to get him to agree on what type of report must be submitted. Ease the pressure by showing recognition of his past efforts.

Style Preference				Situation	Style Effectiveness	
Alternatives						
Hi T Lo R	Hi T Hi R	Hi R Lo T	Lo R Lo T		● 2	● 1
A	C	B	D	1	A	C
D	A	C	B	2	A	C
C	A	D	B	3	D	A
B	D	A	C	4	C	A
C	B	D	A	5	C	B
B	D	A	C	6	D	B
C	B	D	A	7	D	B
A	C	B	D	8	B	D
C	A	D	B	9	B	D
B	D	A	C	10	B	D
A	D	C	B	11	B	C
C	D	B	A	12	C	D
Number of times selected				SUBTOTALS	# X 2	# X 1

Style Preference		Style Effectiveness	
		24 points # 100%	
Country Club Management	Hi R - Lo T	Hi T - Hi R	Team Management
Improvised Management	Lo R - Lo T	Hi T - Lo R	
		Authority-Obedience Management	
Note: Hi: High R : Relation		Lo : Low T : Task	
		_____ # 100 % 24 = %	

Chapter 8

Organizing The Quality Program



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Learning Objectives

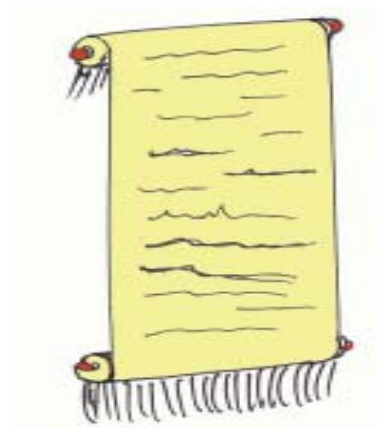
At the end of this Chapter, you will be able to:

- appreciate the principles in organizing a quality program in an organization
- relate the principles with case studies in organizing quality program

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A Mandate for Quality



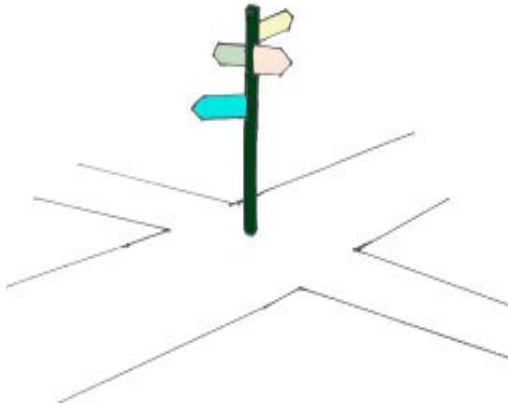
A mandate can be defined as “an official command or instruction by an authority”. It can be presented as a policy statement or entrenched in legislation.

Mandate is part of governance, which is an overarching concept in the conduct of a country’s or organization’s affairs. Hence, a presence of a mandate in quality provides the standing for organizing a quality program.

It is important for the people involved in developing quality program in an organization, which can either be at a country or facility level, to search for this mandate. This may require a search for and reading documents. In situation where there is no documented legislation or statements, or those present requiring further refinement, an effort should be initiated to create one.

In creating a new mandate, it is paramount to ensure that the mandate for quality is in line with the national or overall organizational vision, mission and core values.

In Malaysia, several policy statements about quality can be found in the long, medium and short terms policy documents of the Malaysia’s Health Vision, Malaysia’s Health Strategic and Operational Plans. Recently, a policy statement on quality has also been outlined in the National Health Policy.



A Clear Direction for Quality Improvement

- Mission for Quality
- Goals & Objectives for Quality
- Strategies for Quality
- Activities for Quality

A clear direction for quality improvement in an organization can be detailed out in the Strategic Plan for Quality or incorporated in the Business Plan. It provides the following:

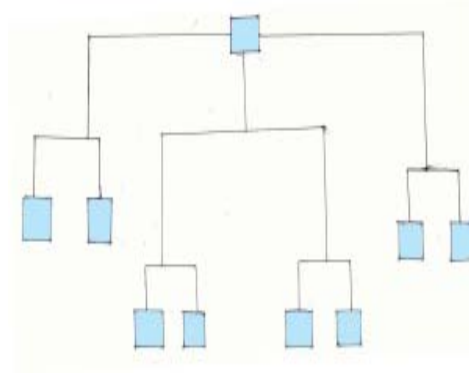
- a common shared values and goals for quality
- a framework within which decisions may be made regarding priorities and needs in addressing quality-related issues.
- a direction to the various quality improvement strategies and activities.

The strategic framework, along with its operationalisation, will translate and implement quality improvement activities at the various levels by all involved in pursuing quality in health. It helps in priority setting in the organization, to allocate resources and to assist in making choice of quality initiatives and activities to be carried out.

As the result of an evaluation of quality improvement efforts in the Ministry of Health Malaysia, and the challenges faced within and outside the health sector, “The Strategic Plan for Quality in Health” was produced in 1998. Based on a planning plane of 10 years, the Plan outlines the Mission for Quality, Goal for Quality and 14 strategies towards achieving the goal.

Organizational Commitment (1/2)

- Organizational Leadership
- Quality Structure
- Resource Allocation



Three basic elements in demonstrating organizational commitment to quality is simplified in this slide. The details on each of the elements can be found in several Chapters in Module 1 and Module 2 of this training module series.

Organizational leadership is paramount in developing quality program in an organization. The essential roles and responsibilities of the leaders in quality improvement include (Melum & Sibioris, 1992):

- demonstrating continued personal learning and improvement
- serving as role model
- developing a vision, mission and quality plans
- training others
- providing resources
- aligning management system with quality improvement process
- giving recognition
- regularly reviewing progress
- managing change
- empowering others

Organizational structure for quality involves the creation of:

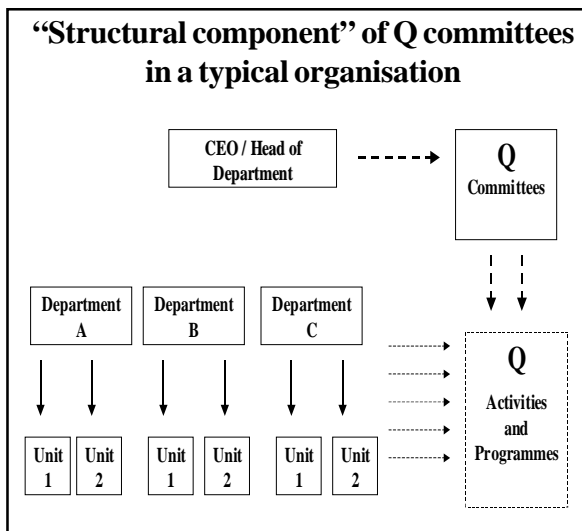
- Quality Council or Steering Committee
- Quality Committees
- Quality Unit or a Secretariat
- Quality Facilitators/Coordinators
- Information and Monitoring System
- Resource Allocation

Organizational Commitment (2/2)

- Organizational Leadership
- Quality Structure
- Resource Allocation

The structure must also identify relevant members with clear roles and functions. It is important to link the organization structure for quality with the overall organizational system. In doing so, there is a need to understand the organizational chart, the objectives, the priorities, problems and areas of concern of the organization. Get to know the partners and existing committees either at the National, State, District levels or other organizations to learn from them, and ensuring the structure for quality is relevant to the organization.

Resource allocation in terms of physical space and equipment, human resource including experts, finance, time and other materials are paramount in organizing a quality program. The plan for quality cannot be implemented without the appropriate allocation of resources, including allocation of time for those involved in quality activities.

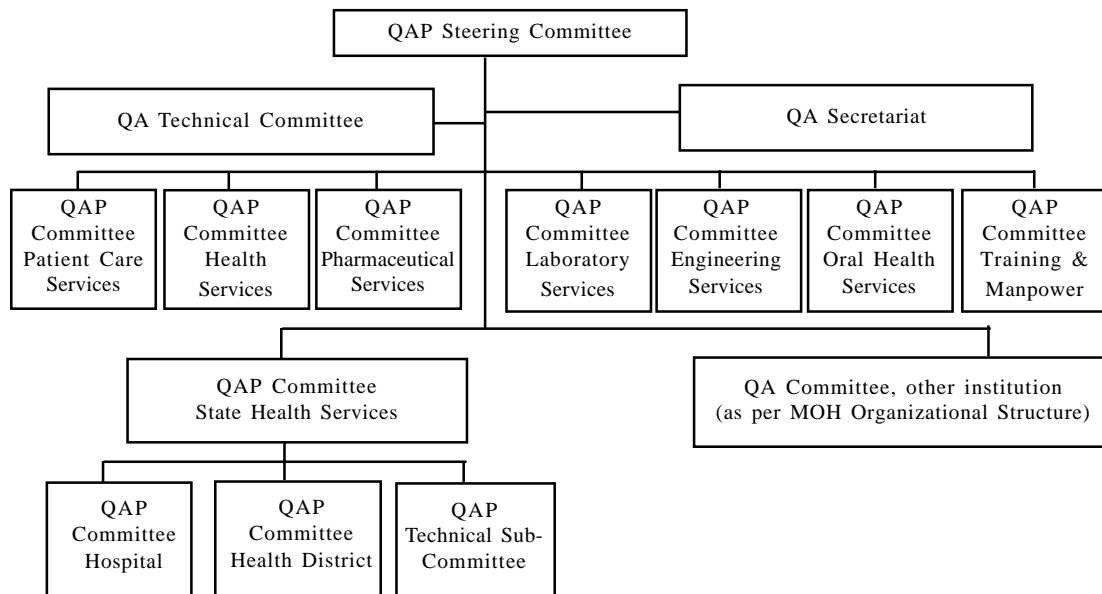


This is a possible organizational structure for a quality program for a typical organization.

These committees should have:

- a purpose
- relevant members
- a secretariat or a quality coordinator
- relevant roles and functions
- clear line of authority and responsibilities

Organization structure of the Quality Assurance Program (QAP) in the Ministry of Health, Malaysia (1/2)



This is the organizational structure for the Quality Assurance (QA) Program in the Ministry of Health Malaysia. Malaysia established its QA Program in 1985 by formalizing a formal structure at national, state and hospital levels. The structure, in the form of committees, concurs with the existing organizational structure of the Health Ministry. This has provided opportunity to institutionalize the mechanism for monitoring and improving quality into an already functioning infrastructure. This structure takes the strength of the existing system in providing leadership, support services, reporting and feedback for the implementation of quality improvement at various levels.

To date, seven Health Ministry's programs have established their QA Programs monitoring specific national indicators on quality. National indicators were developed through extensive consensus approach.

The Steering Committee is the umbrella committee for the program, chaired by the Director-General of Health. The membership includes the three Deputies-Director-General and Directors of the various Health Program Service Divisions. The Steering Committee meets twice a year to decide on policy direction, determine priorities for development of the program, coordinate and monitor the implementation of the program.

The Main QA Program committees, chaired by their respective Directors, develop strategies for implementation and monitor the development and implementation of their respective programs at national level.

Organization structure of the Quality Assurance Program (QAP) in the Ministry of Health, Malaysia (2/2)



The Technical Committee deliberate on technical matters related to the development and implementation of quality improvement across Health Ministry's programs. The membership consists of coordinators of the various QA Programs at national level.

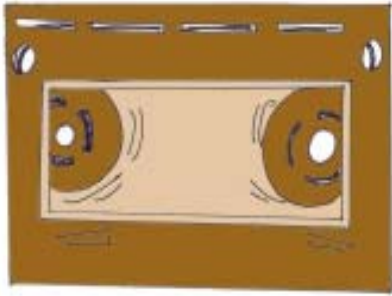
The National QA Secretariat coordinates the implementation of QA Programs and provides technical input in the development of QA at national and state levels and conducts national training program.

The QA Program Committee at State level is a multi-disciplinary committee. The Committee plans, coordinates and monitors implementation of the QA Program at state level.

The Hospital QA Committee is also a multi-disciplinary committee. It plans, coordinates and monitors the QA Program at hospital level, including the implementation of specific QA projects/activities.

The Hospital QA Coordinator, is currently a clinician, contributing to the planning and implementation of QA activities at hospital level on a two-year rotation basis. The Hospital QA Coordinator is the prime mover of the QA activities at local level.

Refer to Chapter 8 of Training Module: Promoting Quality for more details.



Environment of Continuous Learning and Improvement (1/2)

- Creating Continuous Awareness
- Continuous Learning, Skills Development & Innovation
- Two-way Feedback System
- Creating a Sharing Culture
- Empowering Workers & Teams
- Rewards & Incentives

Deming's system of "profound knowledge" can help us understand the need to create a system of learning and improvement (Deming, 1993). This system consists of four elements:

- knowledge of a system
- knowledge of variations
- knowledge of psychology
- a theory of knowledge

This body of improvement knowledge, together with the professional knowledge of subject, discipline and values, forms the basis from which to engage in continuous improvement (Batalden and Stoltz, 1993). It emphasizes creating a system approach to improvement and not finger pointing on individuals. The system approach provides comfortable and non threatening environment for improvement and encourages learning.

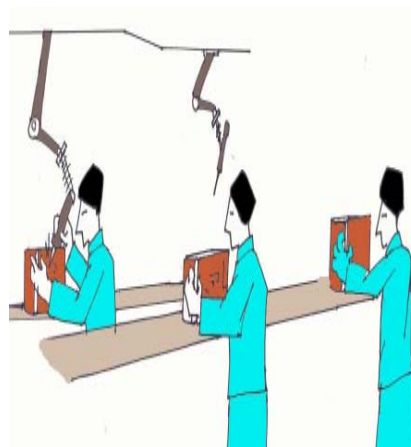
Continuous awareness program on quality improvement allows new comers to appreciate the needs for quality.

A broad scale educational strategy in implementing quality initiatives will provide the required knowledge and skills. Participation of senior and middle managers in educational program demonstrates their commitment and they in turn can become teachers, helping to teach other managers and front line staff.

A friendly two-way feedback system can enhance the environment of learning and improvement where the assessee and assessor can learn from each other and continuously improve from past experiences.

Environment of Continuous Learning and Improvement (2/2)

- Creating Continuous Awareness
- Continuous Learning, Skills Development & Innovation
- Two-way Feedback System
- Creating a Sharing Culture
- Empowering Workers & Teams
- Rewards & Incentives

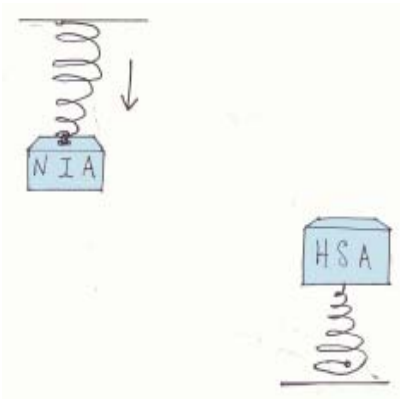


Creating a culture of sharing will allow participation of a maximum numbers of staff in quality initiatives. Cooperative and collaborative projects inevitably encourage people to work together and to share their knowledge and skills. Creating quality teams enhances working together. Formal and informal platforms for sharing such as Quality Conference, Quality Seminar and Quality Forum allow teams to share their quality work and learning from others. They also help to reduce duplication and reinventing the wheel.

Empowerment includes enhancing the employees' decision-making authority and involving them actively in searching for improvement methods of delivering care and other services (Gaucher and Coffey, 1993). Quality improvement requires creativity. The employees are the major source of knowledge about the organization. Empowerment nurtures creativity which will enhance quality performance. Many successful organizations in quality improvement have involved and empowered their employees. Empowerment involved creating effective participation in quality in the organization. This requires disseminating power, information, knowledge, and rewards to all levels of the organization (Lawler, 1986).

Developing quality teams and champions are assets that an organization should take advantage of in organizing a quality program. They are the backbone and capable of influencing their peers in buying the ideas of quality improvement. Chapter 10 of Training Module: Promoting Quality gives more detail on building effective teams in quality improvement.

Rewards and incentives are basic necessity to continuously motivate good work in quality improvement. National or organizational quality awards, celebration of successful work, making quality indicators as part of individual or team performance measures, certificate of appreciation, etc. are some of the means an organization can incorporate in organizing a quality program.



Quality Improvement Activities

- ☛ Approaches
- ☛ Choice
- ☛ Implementation

What possible **approach** can we adopt for the quality improvement activities? In Malaysia, a two-prong approach is used, termed as the National Indicator Approach (NIA), and the Hospital/District Specific Approach (HSA/DSA). The NIA is “top-down” in nature, where national indicators are identified and use throughout the Ministry of Health facilities. The HSA/DSA is “bottom-up”, where local quality teams and committees identify indicators to monitor quality, to be used in their local settings.

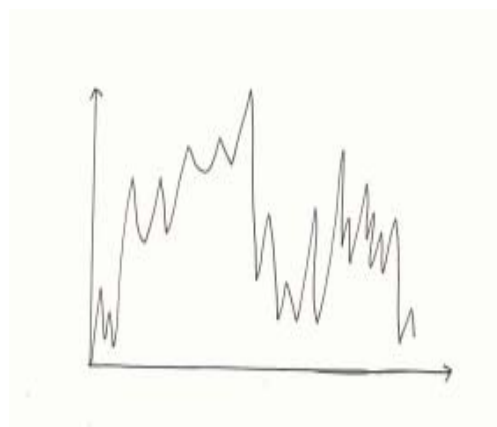
Health care organization is a complex workplace, involving many individuals with different skills for a wide variety of activities. Many of the procedures, both administrative and clinical, are not static as they evolve over time. This allows quality teams to **choose** what quality activities to be undertaken. It is paramount that one understand first the work of the organization, how its components interact and how to improve its output. To help understand the processes of work and the systems in the organization, the following 3 questions may be asked (Batalden & Stolz., 1993):

- How do we make what we make?
- Why do we make what we make?
- How do we improve what we make?

The **implementation** of quality activities may also be instituted in phases. A pilot study, testing the project at a small scale permits the organization to improve its efficiency. In pilot projects, risk taking is supported and teams are encouraged to learn from failures as well as success.

Continuous Assessment & Evaluation

- ☛ Monitoring Mechanism
- ☛ Continuous Learning
- ☛ Evaluation Process
- ☛ Customer Mindedness



It is inherent in quality improvement that an organization must know how well it has been doing today compared to yesterday and how it can improve further in the future. This can only be possible if the organization is able to institute a systematic **monitoring mechanism**, with collection and analysis of valid and reliable data pertaining to the quality indicators and having quality standards in place for the organization. An appropriate information system is required to support the need for this systematic monitoring.

Knowing the performance alone is not enough in quality improvement. An organization must be ready to pursue the next step of instituting the improvement component. Thus, organizing quality program requires creating a learning organization, where improvement is taken as a **continuous learning** process and judgement is avoided.

The quality program must also be **evaluated** after a stipulated period of time. There are many evaluation procedures that an organization can adopt. It can be done by external experts, or internally by members of the organization. Again, the result of evaluation should be used as a continuous learning process.

Customer is central in assessing and monitoring quality in a health care organization. Quality is defined in terms of the ability of the organization to meet the needs and expectations of its customers. The customers include both the external and internal. Hence, assessing and acting on customer knowledge are important in monitoring quality improvement. The more clearly and completely the customer can define his or her needs and expectations, the better is the health care provider able to plan and deliver his or her services to meet the customer's satisfaction.



Knowing When Help Is Needed

- ☛ Assistance from Experts
- ☛ Involvement of Professional Bodies
- ☛ Learn From Others
- ☛ Networks

Very often an organization requires assistance to help organize its quality program. Knowing when and what help is needed is important in ensuring the success of its quality program.

Expert assistance may be required for various purposes and at different phases of organizing a quality program. For example, the expert assistance from a consultant may be needed at the initial phase to enable the organization to develop and promote ideas in quality improvement. During the implementation phase, assistance may be needed to develop skills on quality improvement and to help in establishing systems for quality. After a period of maturity, assistance may be needed to help provide the external eye to evaluate the program. An important aspect before getting expert assistance is that the organization must be able to define the terms of reference and expected outputs of its services. In addition, ensuring transfer of technology is a must when expert assistance is acquired.

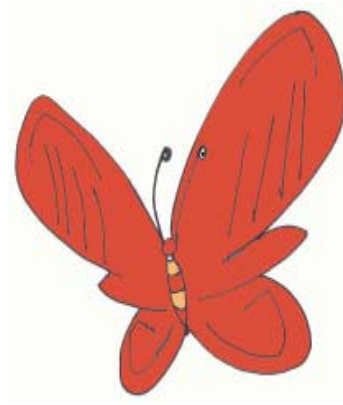
In organizing quality program, an organization must take cognisance of the role of **professional bodies** in quality improvement. They can help in developing clinical standards and indicators, besides providing professional support to promote the acceptance of the program.

Learning from others is actively being encouraged in quality improvement. It can help sharpen the effectiveness and efficiency of quality programs by learning the best practices of others. Benchmarking and Breakthrough Analysis are such examples.

Networks provide excellent avenues for learning about quality improvement. It offers opportunities for organizations to collaborate, cooperate, sharing what works and do not work and learning from the experiences of others.

Management of Change

- ☛ Sustenance of Quality Program
- ☛ Reshaping the Organizational Culture



Improvement requires changes. Changes often bring fear and apprehension to the organizational members. Therefore, change must be managed to ensure sustenance of success of any quality improvement program.

Providing knowledge and information, transparency and continued motivation are paramount in managing change. There is a need for the leaders in quality improvement to have a deeper knowledge of psychology. More details on change management can be found in Chapter 13 of Training Module: Promoting Quality.

If change can be managed appropriately, the organization culture can be reshaped to a quality culture. A culture where there will be continuous learning, where quality is not a threat, people can freely talk and share their work in quality and making quality the way of life in the organization.

Summary

Organizing a quality program is a challenge for all organizations. The program can fail, particularly when the leaders do not have a sound understanding on the philosophy, concept and approach to quality improvement. A “quick fix” approach will not work for long. To ascertain the success of the quality program, emphasis and efforts must be placed in building a framework for continuous improvement based on understanding the nature of health care organization as a system, preparing workers to analyze and improve processes, and creating a culture where change is seen necessary and un-ending (Gelmon & Baker, 1994).

Exercise

You have been appointed as the leader to organize a quality program in your organization. Discuss how would you go about in:

1. Identifying the readiness of your organization and its members for the program?
2. What assistance would you need, from within and outside your organization, to make this a reality?

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Notes:

Chapter 9

Identifying & Allocating Resources

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Learning Objectives

At the end of this chapter, you will be able to:

- identify the types of resources required to support the implementation of health care quality
- able to justify the need for the various resources
- set up a coordinating body dedicated to health care quality

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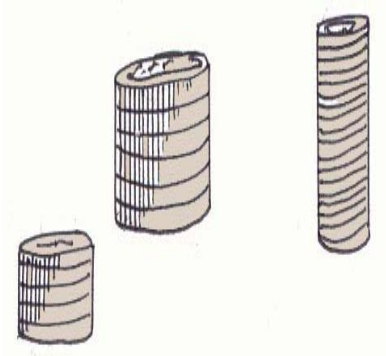
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A manager is like a symphony orchestra conductor who must “maintain a melodijs performance” while handling musicians problems and other external disturbances

(Leonard R. Sayles)



- ☛ There is a need to implement quality in health care at all levels of the organization
- ☛ Three major phases of implementing quality in health care in an organization
 - Strategic planning
 - Operational planning
 - Actual implementation
- ☛ All three phases require the use of resources in the most efficient way
 - Need for identification of types of resources
 - Need to plan how to obtain the resources, and
 - Need for appropriate distribution of such resources



Manager's Decisional Role

Resource allocator

“The scarcest resource managers have to allocate is their own time”

- The pressure is ever present today for all organizations to use their resources well and to perform with maximum efficiency.
- The resource allocator role pertains to decisions about how to allocate people, time, equipment, budget, and other resources to attain desired outcomes.
- The manager must decide which projects receive budget allocations, which complaints or problems receive priority, and even how to spend his/her own time.

Definition of Resource

Human and material means that provide assistance and support to an organization



- What are resources?
 - They are inputs that are needed to initiate a strategy, or strategies to initiate a programme within an organisation.
 - Over time, these inputs can be accumulated to enhance the performance of the programme.
 - Resources can take many forms.
 - People are by far the most important resource as in the final analysis, management is by, through and for the people.



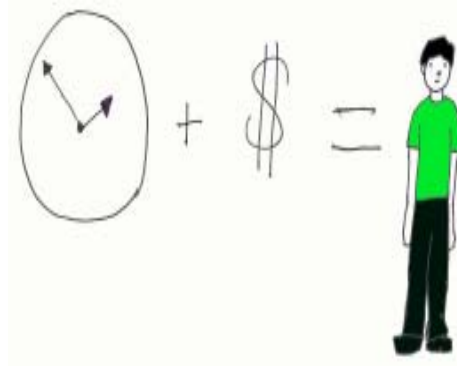
Allocating Resources

- A vital component in management
- The role of manager as a resource allocator
- Consequences of a lack and or inadequate resources

- Resource allocation is a time consuming component of planning and it really tests your skills as a negotiator and persuader to get what you want.
- The decisions of the resource allocator include:
 - Discussing plans for and securing needed resources
 - Scheduling of time and materials
 - Programming of work
 - Authorization of actions, projects, etc.
 - Deciding who will get what, how much, and when
- Lack/limited funds will have grave consequences on performance of organization.

Elements of Resource Management

- ◆ Why the need to identify and quantify resources?
 - Resources are a price to be paid for meeting the goals
- ◆ Resource analysis
 - Relate to added burden placed on subordinates, such as time required to undertake the activities
- ◆ Organizing resources
 - Proper deployment to achieve goals



- Quantifying available resources is essential to:
 - know what direction to give to the program.
 - ensure its sustainability.
- Resource analysis
 - An evaluation or careful assessment of:
 - the resources required as inputs to initiate the activity or programme, and
 - how they can be mobilized.
 - Useful in planning the implementation of and managing the QI efforts through:
 - Planning of priorities.
 - Formulating strategies.
 - The basic approach is to:
 - identify the resources needed,
 - who control or owns those resources,
 - their availability, and
 - their criticality to the implementation.
- The deployment of resources is reflected in the organization's division of labor into specific departments and jobs, formal lines of authority, and mechanisms for coordinating diverse tasks.

Types of Resources

- ◆ **Physical**
 - Infrastructure
 - Supplies and equipments
 - Databases
- ◆ **Financial**
 - Money to undertake regular and planned activities
 - Development of new projects and activities not originally planned
- ◆ **Human**
 - Consultants
 - Staff
- ◆ **Time**
 - Decision-making
 - Dedicated to undertake managerial activities

- Both physical and human resources are needed early in the process of implementing quality in health care for purposes of initiating change and later in sustaining changes.
- Important to identify and quantify the type, where and how to obtain these resources.
- Physical resources are mainly for promotion activities and training materials.
- Human expertise is a necessary resource to be recruited, and also to be developed within the organization by a continuing educational effort, coupled with personal experience.
- Seek help from consultants when necessary to assist the various stages of planning, implementing and evaluating quality improvement programs.
- Dedicated time is needed by both managers and subordinates in coordinating, monitoring and documenting activities.

Use of Resources

- ◆ **Early stages**
 - Creating awareness in concept of health care quality

- ◆ **In later stages**
 - Building critical mass
 - Consolidation of QI efforts
 - Measurement of quality
 - Dissemination and expansion of activities



At an early stage, resources are needed for creating awareness in concept of health care quality by:

- acquiring consultants to transfer the necessary technology.
- training of trainers to undertake future training on QI related activities.
- information dissemination on proposed plan for activities.
- increasing awareness in concept of health care quality.

In the later stage, resources will be needed for:

- dissemination of concept at the grassroots level.
- hiring consultants to help in re-designing work processes.
- establishment of resource center and purchasing books and other publications.
- hiring of individuals either part-time or full-time as internal quality coordinators.
- formalizing mechanism for monitoring and evaluating.
- publishing newsletter.
- organizing study tours, seminars and conferences annually such as quality conventions and quality conferences at local, regional and national level.
- providing monetary and non-monetary incentives for initiating quality improvements.



Setting of a Coordinating Body Dedicated to Quality Within the Organization

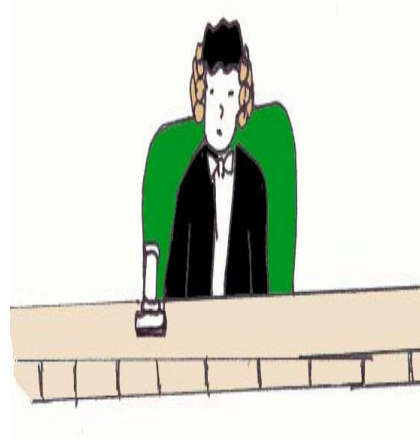
- ◆ Part of physical resource
- ◆ Dedicated to health care quality
- ◆ Linked directly to top management

The functions of a coordinating body, such as a Quality Unit:

- To undertake the responsibility of coordinating quality for the organization, thus ensuring sustainability.
- To prepare and coordinate activities relating to certification, licensure and accreditation.
- To coordinate all committees related to quality.

Ensuring effectiveness of the Coordinating Body

- Mandate
- Financial and political support
- Establishment of monitoring and reporting mechanisms



- The Quality Unit must have clear terms of reference.
- The unit must be given authority to:
 - Facilitate the work of setting standards and indicators
 - Disseminate information relating to health care quality
 - Monitor quality of care delivered
 - Inspect any record within the organization relating to quality issues
 - Initiate action on opportunities for improvements
- Other requirements to ensure effectiveness of the Unit include:
 - Sufficient number of personnel to undertake activities as
 - Internal quality coordinators
 - Trainers
 - Financial and political support
 - Adequate funds and good political support will increase the likelihood of sustainability.
 - Need to always keep adequate funding for the development of new projects and activities not originally planned. This also allows for flexibility of shifting additional funds to needed areas where improvements are taking place effectively.
 - Developing a system to monitor and appraise.

Summary

Allocating resources:

- ◆ Essential component of administrative support
- ◆ Resources are a price to be paid in meeting goals
- ◆ Provide direction and sustainability of QI efforts
- ◆ Various types of resources
- ◆ Stages where these resources are required
- ◆ Importance of setting up a quality unit

- Resources, irrespective of type are finite in quantity as compared to demands and needs.
- Resources will never be sufficient to meet these needs and therefore will always be competitive and must be managed.
- Without the identification, planning and distribution of resources, any organization will not be able to achieve its goal.

Exercises

You are the District Health Officer/Hospital Director/Head of Department. You have been requested to plan, implement and ensure the sustenance of QI activities in your organization. Identify and justify the resources that you will require.

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Notes:

Chapter 10

Integrating Quality Throughout the Organization

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Learning Objectives

At the end of this chapter, you will be able to:

- explain what is integration
- recognize success factors in integration of quality
- understand the benefits of integration

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Challenges of Integration

What Does Integration Mean to You?

"What Do I Do?

Why Do I Do It?

Is Anyone Else Doing It?

Who Could Benefit From Knowing What I
Have Done?"



- Operationalising integration is a struggle for most organizations. To many of us this simply means sharing minutes or reports, or sharing membership on committees.
- Quality is everybody's responsibility. Every employee can be made responsible for quality through teaching what quality means, why it matters, and how to get it. Giving responsibility for quality to one department or group may send a wrong message to others within the organization that they need not worry about quality.
- Everyone involved should be aware of their common purpose, i.e. to improve the quality of care and services.
- All staff must constantly ask themselves, "What do I do? Why do I do it? Is anyone else doing this? Who could benefit from knowing what I have done"?
- The challenge is to avoid complexity and wastage of resources brought about by duplication of work.
- Easier said than done, it is difficult to say where one activity ends and another begins. Frequently each of these functional areas justifies its existence by attempting to draw a clear line of responsibility. However, this delineation only perpetuates the gap for integration.
- It is rare to find an organization that has all of the responsibilities e.g. Quality Assurance, Risk Management and Utilization Review - under one manager.
- The ability to integrate the activities/functions will enhance an organization's ability to foster continuous quality improvement.
- Integration is heavily dependent on management commitment and having appropriate organizations structure, for quality.

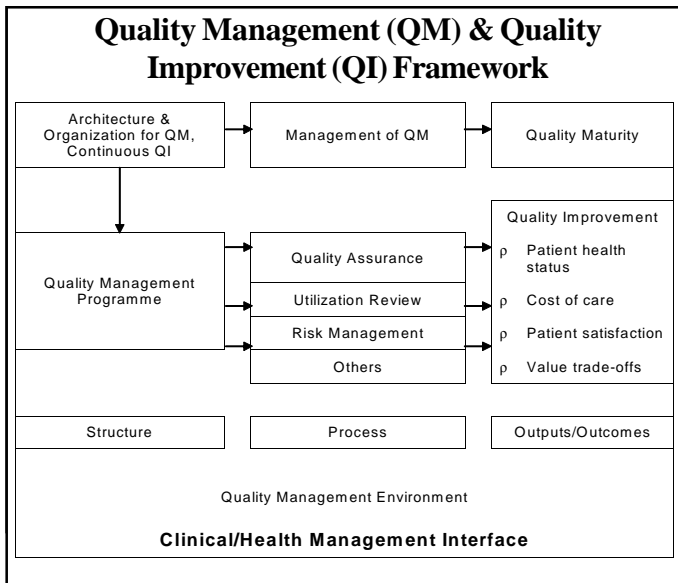
**When Can We Confidently Say
“Integration Has Taken Place”?**

When does integration of quality throughout the organization occur?

It is an organizational cultural transformation when quality becomes an integral part of all management systems in the organization.

It evolves as quality culture sets into the organization; when everyone becomes involve in improving quality.

It is a state where additional resources are not deemed necessary to keep the momentum of continuous improvement.



- Integration of quality throughout the organization requires the creation of Quality Management (QM), which acts as the interface between clinical and management philosophies, functions and activities.
- QM pertains to all organizations' activities that intend to assure and improve quality of care. It includes the quality improvement efforts such as Quality Assurance, Utilization Review, Risk Management, etc.
- There is a conceptual difference between assuring quality of care for an individual patient, and a quality program or system which ensures quality of care for patients admitted to the hospital or to the particular community. Patient care is often about individuals; Quality Management and Quality Assurance are about systems for assuring that individuals/communities receive quality care.
- A QM program demands joint involvement by management and health care practitioners. The absence of an effective organizational and management structure for QM is the main reason for failure of most quality initiatives.

Hence, to successfully integrate quality in an organization will require:

- The will to carry it out
- The data and information to make decisions about quality of care
- The structure to implement improvements
- The knowledge about what to implement and how to implement
- The means and resources to implement it
- Measurement of results and use of this information to improve the program

Success in Integration (1/4)

Incorporate quality into the management systems within the organization

- ◆ Organizational Structure System
- ◆ Strategic Planning & Budgeting System
- ◆ Communication Systems
- ◆ Employee Recognition and Incentive Systems
- ◆ Education & Training System
- ◆ Information Technology

- The success of the organizational's cultural transformation in quality depends on the extent to which QM becomes an integral part of the management systems.
- A study conducted by the U.S. Government Accounting Office on the practices and performance of the Malcolm Baldrige Award finalists demonstrated that the key success factor was that QM was integrated into their key business processes.
- It is important to integrate QM into the following management systems:
 - The organizational infrastructure
 - The strategic planning and budgeting process
 - Communication systems
 - Employee recognition and incentive systems
 - Education and training systems
 - Information technology

Success in Integration (2/4)

- Organizational Structure
- Quality Council/Committee

Organizational Infrastructure

- For quality transformation to reach all levels and functions of the organization, a well-designed infrastructure for quality is necessary.
- To ensure a unified approach, it may be necessary to select a senior management to head the Quality Council/Committee. Quality discussions then can become a routine agenda in the committee's meetings. At the same time it sends a clear message to the work force the commitment for quality by the top-level management. Representatives from all areas and all levels of management including administration, nursing and support departments should also be members in the committee. This broad representation provides insights from multiple perspectives and encourages accountability for QM throughout the organization.

Quality Council/Quality Management Committee/Quality Steering Committee

- The most important committee in the organization to integrate QI efforts.
- It provides direction, makes recommendations and enforces the implementation and integration process.
- It may have a number of related sub-committees dealing with clinical practice standards and non-clinical QA activities such as occupational and health safety.
- It also provides a platform for communication, and relates meaningfully with other committees.
- It should develop and disseminate a quality plan and other materials related to quality for the staff.

Success in Integration (3/4)

- ◆ Strategic Planning & Budgeting Process
 - Quality Vision & Quality Goals
 - Quality Standards
- ◆ Communication Systems
 - Create a shared vision
 - Present your vision of Quality

Strategic Planning and Budgeting Process

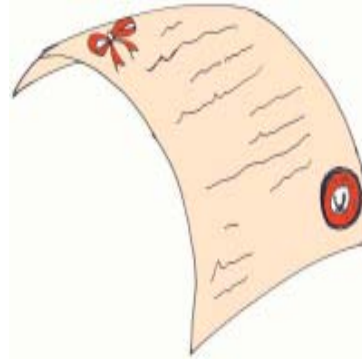
- Quality vision and explicitly stated quality goals are important components of strategic planning.
- To ensure that quality is integrated into the organization, its performance should be linked to all other management systems within the organization. For example, in the Financial System, performance measures should answer how the proposed budget will improve customer satisfaction or reduce the cost of poor quality.
- Performance targets can also be designed to link clinical management with financial resources.
- Development and use of performance measure that assess quality of care across functional activities may also enhance integration. These functional standards emphasize on cross-departmental clinical and management activities.

Communication systems

- Communication promotes participation through creating awareness of QM concepts, reinforcing quality values and vision, and sharing accomplishments of improvement teams. It fosters a sense of ownership for the quality of services provided by the organization.
- One effective way of improving communication in quality improvement is the use of cross-functional training where employees from different departments come together to solve their quality problems. This enhances greater appreciation of one another's role in the organization.

Success in Integration (4/4)

- ◆ Employee Recognition & Incentive System
 - Rewards tied to specific criteria
- ◆ Education & Training Systems
 - New employee orientation program
 - On-the-job training
- ◆ Information Technology
 - Tool for intra & inter-departmental communication
 - Not owned by a particular department



Employee recognition and incentive systems

- Recognition of quality achievements should be integrated into the organization's usual way of doing business.
- To positively reinforce the quality process, rewards should be tied to appropriate criteria such as continuous learning, participation on improvement teams, use of quality improvement tools and QI team results.
- Be aware of turning recognition into a competition. Award for “employee of the year” may have one winner and many losers.

Education and Training Systems

- Quality concepts have to be integrated into all training programs for new employees, supervisory training and in-service training, to orientate them to the organization and to take opportunities to reinforce quality vision.
- Successful QM requires considerable educational effort to all health personnel. Research has shown that an individual requires an average of 8 hours per person per year for education, and a manager requires 3-4 days of leadership training per year.
- To reach quality maturity, each employee should receive at least 5 days of training in the first year and about 3 days in each subsequent year, to learn and reinforce quality concepts.

Information Communication Technology (ICT)

- ICT can be used as a means of communication within and between departments. All measurements of quality gathered by the various departments can be shared with others within the organization. This will prevent duplication of work.
- Teleconferencing and e-health are promising techniques in dissemination.

$1 + 1 + 1 > 3$

Benefits in Integration

- ♦ Reduces fragmentation of assessment
- ♦ Eliminates redundancy, complexity and waste
- ♦ Utilizes support staff productively
- ♦ Positive synergy

Benefits in Integration

QA, Risk Management, Utilization Reviews and other quality improvement efforts have common objectives of improving health outcomes. They are useful in strategic planning, resource consumption and modifying physician behavior. In this manner, quality becomes everybody's responsibility.

Integration allows utilization of support staff more effectively and integration provides positive synergy where $1 + 1 + 1$ may produce results greater than 3.

Summary

- ◆ What is integration
 - Quality becomes integral part of the management systems within the organization
- ◆ Success factors in integration
 - The will to carry it out - i.e. commitment
 - The data and information to make decisions about quality of care
 - The structure to implement improvements
 - The knowledge about what to implement and how to implement
 - The means and resources to implement it
 - The measurement of results and use of this information to improve the program
- ◆ Benefits of integration
 - Quality becomes everybody's responsibility
 - Positive synergy

Quality is everybody's responsibility. It is part and parcel of everyday activities. Integrating the various activities/functions in the management system will enhance the organization's ability to foster continuous quality improvement. Integration is however heavily dependent on the management's commitment and the availability of the appropriate administrative structure.

- Organizational infrastructure
 - Quality Council & sub-committees
- Strategic Planning and Budgeting Process
 - Departmental vs. Functional Standards
- Communication System
 - Create shared vision
 - Sense of ownership
- Reward System
 - Specific criteria
- Training/Education
- Information Technology

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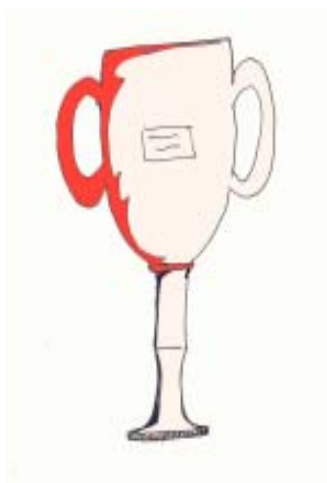
Exercise

- * What are the possible mechanisms to integrate quality in your organization?
- * Identify the functional and departmental standards and discuss how functional standards can create greater integration of quality than the departmental standards.

Chapter 11

Developing Incentives & Reward Improvement

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Learning Objectives

At the end of this chapter, you will be able to:

- understand the importance of incentives in implementation of QI efforts
- describe the monetary and non-monetary rewards
- establish mechanism for providing incentives

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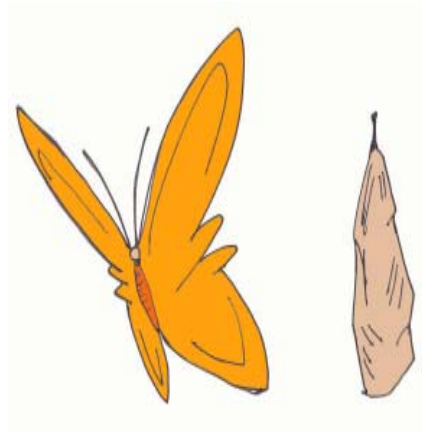
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Change Management and Quality Improvement

- ▶ What should be changed?
- ▶ How it should be done?
- ▶ How to sustain the change?



- ◆ Health managers must recognize:
 - Promoting and ensuring quality require changes.
- ◆ It is the management's responsibility to manage these changes. Before one can manage, the manager must first need to identify the *what and why the need for change, and who and when these changes are to take place.*
- ◆ There is no one way to implement health care quality change. There are a variety of approaches and innovations.
- ◆ The responsibility of the manager is to provide guidance of how to proceed and sustain changes in the context of his own organization.
- ◆ To implement and sustain change, one strategy is to provide incentives and rewards.
- ◆ Please refer to chapter on *Managing Change* of Training Module: Promoting Quality for more details on change management.



Motivation as Means to Inducing & Sustaining Changes in Quality

“Motivation was designed by management to increase the workload on the workforce!”

(Student on an open distance learning course)

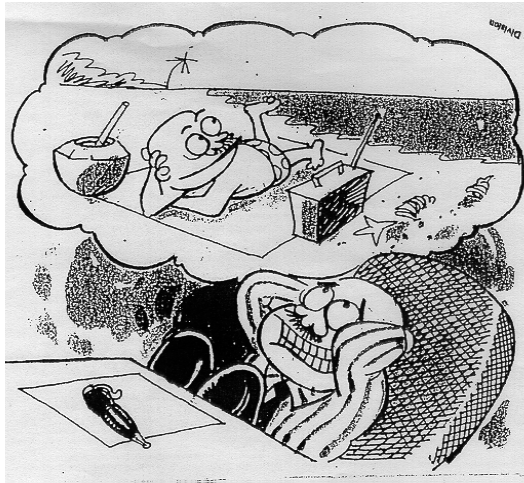
- ◆ Motivation is a term used in management theory to describe forces within or external to the individual that account for the level, direction and persistence of effort expended at work.
- ◆ Simply put, a highly motivated person works hard at a job; an unmotivated person does not.

Motivation and Rewards

- ▶ A motivational work setting is rich in rewards
- ▶ Rewards can be:
 - Extrinsic
 - Intrinsic



- ◆ Employee motivation affects productivity and can induce behavior change when necessary.
- ◆ The employee is rewarded if the extent of the behavior change is successful.
- ◆ A manager who leads through motivation does so by creating conditions under which other people feel consistently inspired to work hard.
- ◆ A highly motivated workforce is therefore indispensable to the achievement of sustained change and results.
- ◆ Extrinsic rewards are given by another person, typically a manager and may include promotions and pay increase.
- ◆ Intrinsic rewards are satisfaction a person receives in the process of performing a particular action. The completion of a task for example may bestow a pleasant feeling of accomplishment.



An example of the Needs Theory

Content Perspectives on Motivation (1/3)

Maslow's Hierarchy of Needs

- ▶ Physiological needs
- ▶ Safety needs
- ▶ Sense of belonging
- ▶ Esteem needs
- ▶ Self actualization

A manager's assumptions about employee motivation and use of rewards depend on his or her perspective on motivation. Content theories emphasize the needs to motivate people.

Maslow's Theory: This theory by Maslow proposes that humans are motivated by multiple needs and that these needs exist in a hierarchical order. The 5 general types of needs (in ascending order):

- Physiological – food, water, sex.
- Safety – safe and secure physical and emotional environment and freedom from threats. In an organizational workplace safety needs reflect the needs for safe jobs, fringe benefits, and job security.
- Belonging - reflects the desire to be accepted by one's peers, have friendships, be part of a group, and be loved. In the organization, these needs influence the desire for good relationships with co-workers, participation in a workgroup, and a positive relationship with supervisors.
- Esteem - relate to the desire for a positive image and to receive attention, recognition and appreciation. Within organizations, esteem needs reflect a motivation for recognition, an increase in responsibility, high status and credit for contributions.
- Self actualization – the need for self-fulfillment, which is the highest need category. They concern developing one's full potential, competence, and becoming a better person. Self actualization needs can be met by providing people with opportunities to grow, be creative, and acquire training for challenging assignments and advancements.

Low order needs take priority – i.e. they must be satisfied first before high order needs are activated.

Content Perspectives on Motivation (2/3)

Reinforcement Theory

- ▶ Positive reinforcement
- ▶ Negative reinforcement (Avoidance learning)
- ▶ Punishment
- ▶ Extinction

- ◆ This theory looks at the relationship between behavior and its consequences.
- ◆ It focuses on changing or modifying the employee's on-the-job behavior through the appropriate use of immediate rewards and punishment.
- ◆ Reinforcement is defined as anything that causes a certain behavior to be repeated or inhibited.
- ◆ Positive reinforcement is the administration of a pleasant and rewarding consequence following a desired behavior. Examples: immediate praise, financial rewards, non-financial rewards such as positive feedback.
- ◆ Negative reinforcement, also known as avoidance learning removes the unpleasant consequence following a desired behavior. Example: employee learns to do the right thing by avoiding unpleasant situations, a supervisor stops criticizing or reprimanding an employee once the incorrect behavior has stopped.
- ◆ Punishment is the imposition of unpleasant outcomes which typically occur following undesirable behavior. Example: reprimand employee for mistake made. The use of punishment is controversial and often criticized because it fails to indicate the correct behavior.
- ◆ Extinction is the withdrawal of positive rewards. Example: withhold praise or wage raise.
- ◆ Positive reinforcement is the most effective way. It results in people maintaining or increasing their level of contributions.



Content Perspectives on Motivation (3/3)

Expectancy Theory

- ▶ Concerns with the thinking process that individuals use to achieve rewards
- ▶ Three expectancy factors
 - Expectancy
 - Instrumentality
 - Valence

“People will do what they can do when they want to do it”

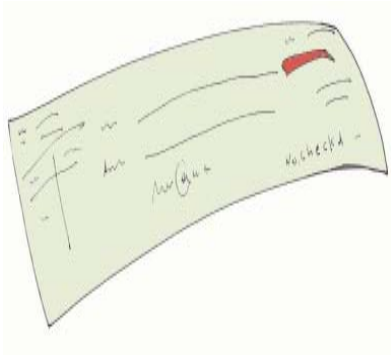
- ◆ This theory was introduced by Victor Vroom.
- ◆ Base on the relationship that motivation to work depends on:
 - Expectancy (a person’s belief that working hard will result in a desired level of task performance being achieved).
 - Instrumentality (a person’s belief that successful performance will be followed by rewards and other potential outcomes).
 - Valence (the value a person assigns to the possible rewards).
- ◆ Managers should attempt not to define the specific types of needs or rewards but only to recognize that they exist and may be different for every individual. For example: one employee may want to be promoted while the other employee just wants to establish good relationship with peers.

Creating Rewards and Incentives to Sustain Change

“Reward everyone who achieves.
Rewarding everyone satisfies everyone.
It engenders teamwork and breeds camaraderie”



- ◆ As a signal to management’s commitment
- ◆ Acknowledging new heroes and champions
- ◆ Reinforcing behaviors consistent with direction of change
- ◆ Change the behavior of subordinates who are poor performers
- ◆ Stimulate employee participation and involvement
- ◆ Issue of incentives is a sensitive one
- ◆ Differing ideas about the how and what
- ◆ Positive reinforcement of good behavior is important in sustaining good performance
- ◆ A win-win situation
 - Satisfaction for subordinate
 - Positive influence on organization
 - Builds credibility for management when seen to support the efforts of all employees
- ◆ **Martyn House** - Rewards may be given for:
 - Individuals
 - Teams
- ◆ Recognition can take various forms, but basically, it means being aware that you matter in the organization
- ◆ Presence of incentives help in to the sustainability of health care quality



Types of Rewards and Incentives

- ▶ Monetary
- ▶ Non-monetary

Incentives need not be monetary in nature.

Monetary incentives have been shown to be the least in making an impact. They are short-term motivators.

Non-monetary incentives include:

- Plaques
- Newsletter announcements
- Letters of gratitude from senior management
- Certificate of excellence
- Authorship of articles in the local newsletter
- Giving more challenging tasks

For significant accomplishments:

- More permanent form of reward such as promotions
- Memorable items that last and can be displayed

Establish an effective mechanism for giving rewards and incentives

- ▶ Formalize the committee to select deserving recipients
- ▶ Transparency in selection criteria
- ▶ Consistency (is it on an annual basis?)
- ▶ Sincerity
- ▶ Publicize success



- ◆ Helps to build the credibility of the management
- ◆ Formulate relevant policy
- ◆ Staff must be informed of the criteria, for example:
 - Teamwork
 - Improving performance
 - Contribution to quality
- ◆ Assessment must be objective and transparent
- ◆ Request for documented evidences
- ◆ Avoid double standard in implementation
- ◆ Avoid favoritism
- ◆ On-going
- ◆ Instant and comparative to the type and extent of accomplishment or achievement

Summary

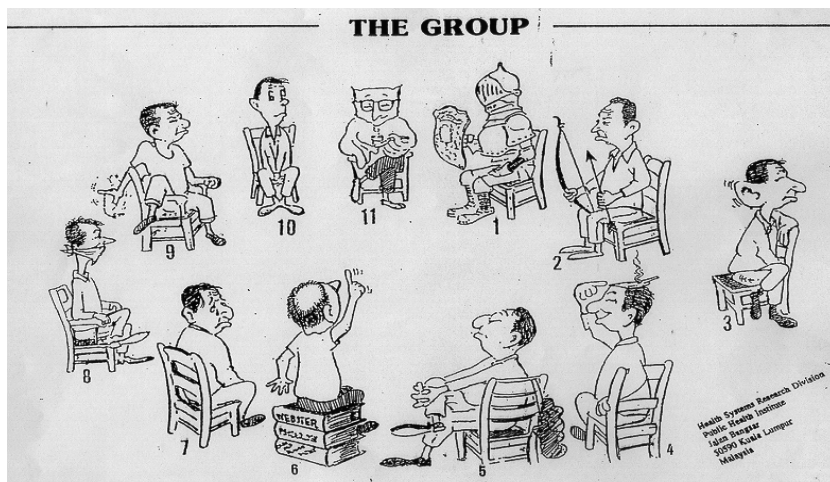
Health managers must:

- ▶ Recognize that quality is a change by itself
- ▶ Initiate change for quality improvement
- ▶ Ensure its subsequent sustenance
- ▶ Provide motivational support
- ▶ Understand the importance of incentives & rewards
- ▶ Formalize the mechanism for rewarding & recognizing
- ▶ Make the mechanism known and understood by subordinates

- ◆ Rewards and incentives are a necessity to introduce and sustain change
- ◆ There needs to be transparency in the giving of rewards and incentives

Exercise 1

Study the cartoon given below. It depicts the 11 types of personalities that may be found in your work place. Being the health manager of this group of subordinates, describe how and/or what you will do to motivate them!



The group of eleven

Exercise 2:

Dr. XY is a surgeon and works in a tertiary Government Hospital. His wife is also a specialist but working in a private hospital. They have a big house and live comfortably. Being the only specialist around in Neurosurgery, he works till late evenings and is on call everyday of the week. He has received numerous offers to work in private medical centers but still he refuses to leave! Can you explain what motivates him?

Exercise 3:

Discuss how you can create an environment of learning and improvement instead of that for judgement, in ensuring quality of healthcare in your organization.

What benefits would you anticipate to achieve in the environment of learning and improvement?

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Chapter 12

Verification of Quality

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Learning Objectives

At the end of this chapter, you will be able to:

- understand the need of verification activities in quality improvement
- understand the role of management in verification activities
- select the appropriate method for verification

To achieve these objectives, this module will discuss on:

- definition of verification
- why we need to verify
- process of verification in quality
- method of verification
- ♦ The question to ask in the pursuit of achieving quality for any organization is “How well are they doing, and how can they improve further?”
- ♦ One of the most important frontiers in quality improvement in health care is the methodology and technology used to measure, verify and manage processes and outcomes; to ensure quality is in place, and in the identification of opportunities to improve quality.

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Definition of Verification

Confirming or Substantiating
a statement/argument is correct
or
To validate a testimonial



- ◆ Verification maybe defined as activities implemented to confirm or substantiate that something is true or correct according to agreed upon standards, specifications, requirements, guidelines, laws, protocols, procedures, etc.
- ◆ An organization that is committed to quality must examine that specific pre-requisites are met at three levels:
 1. The organization level - emphasizing on meeting external customer requirements/needs through regular customer input, and applying customer-driven performance standards as the basis for goal setting, problem solving, performance appraisal, incentive compensation, non-financial rewards and resource allocation.
 2. The process level
 - Identify products or services that are most important to the (external) customers
 - Identify and detail all processes that produce those products and services
 - Identify the key inputs to the process(es)
 - Identify process(es) that has the most significant effect on the organization's customer-driven performance standard
 - Identify who are the internal customers and what their needs are
 3. The performer level, also known as the job level or the task-design level. Identify standards for output based on quality and customer-services requirement that originate at the organizational and process levels (Evans, J.R., 1996). These may include the aspects of Accuracy, Completeness, Innovation, Timeliness and Cost.



Why verify?

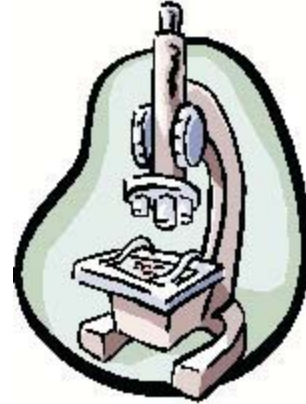
- ❑ Required by Law/Government
- ❑ Demand of the customer
- ❑ A forum for measuring performance
- ❑ Standardization and variance control
- ❑ Benchmarking
- ❑ Report cards
- ❑ Quality improvement

- ♦ In quality we need to verify things because we want the right things to be done by the right persons and that they are being carried out consistently. This can be achieved by verifying that, right things are done rightly (standards); right persons for the right jobs (credentialing); right requirements adhered to (for managing responsibility, resources, processes); and ensure activities (things) are done correctly and consistently.
- ♦ This is the new focus of all industries worldwide in today's era of globalization. Looking back at trends within the health care industry for an example, we will see the following:
 - First Revolution – Theory (early nineteenth century)
Apprenticeships; physicians were initiated into a brotherhood receiving and subsequently passing on the wisdom of the elders (master) to others after them. The era of scientific training; physicians were also scientists, seeking rationale in scientific theory to ensure their management of patients are safe. In both eras, however, they were members of a profession in full command of the “right to judge the quality of what they did”.
 - Second Revolution (end of the twentieth century) – The locus of control
Shift of power from practitioners to medical scientists. The modern shift cuts far more fundamentally into the profession from the outside; it is a wresting of significant amounts of control from the profession by others outside the medical profession.
 - Third Revolution – Accountability (current scenario)
Practitioners used to justify their clinical choices, if at all, only to each other, and only informally. Today, managed care systems, government agencies, utilization review departments, and payers are scrutinizing care. In addition, patients, family members and communities alike are asking doctors and hospitals to explain what they do and why they do it (Berwick, Donald M, 1990).
Prepaid care systems, government regulation, and price competition are gradually replacing “cost-plus” health care reimbursement. Standards, protocols, and guidelines are bearing down on “professional autonomy”.
- ♦ Another example is the ‘agenda for change’ formulated by Joint Commission on Accreditation of Health Care Organization (JCAHCO). The latter emphasizes the continuous need of evaluating user needs; assessing, improving and monitoring key processes within the organization; and educating all employees (including physicians) in techniques of CQI/TQM (Rehani MM, 1995).

Methods to Verify Quality

Type

- Quality Audit
- Licensure
- Certification
- Accreditation



◆ There are four methods of verification in quality:

1. Quality Auditing

Assessment of the performance against a set of criteria/standards either from within or outside the organization.

2. Licensure

- Mandatory
- By national or local government
- By professional body
- Basic requirement by law

3. Certification

- Mandatory/voluntary
- By certification body
- Minimum requirement must be met

4. Accreditation

- Voluntary
- By accreditation body
- Maximum requirement must be fulfilled



Quality Audit

What is a quality audit?

An independent, systematic and documented process of examining/investigating activities applied objectively on any process/activity/product in order to determine whether:

- ▶ Quality activities and related results comply with the quality management system documentation; and
- ▶ Procedures in the quality documentation are implemented effectively and are suitable to achieve the desired objectives.

The following pre-requisites are necessary for an audit to be effective:

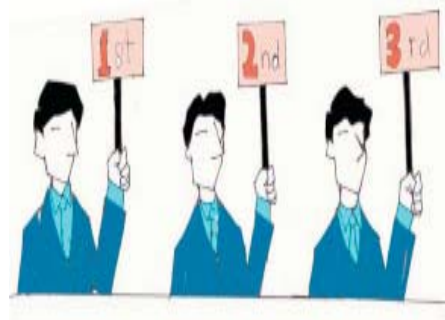
- Auditors should be competent in area they are auditing.
- Auditors should not audit their own work in order to have an unbiased audit report.

Specific terminologies relating to audit:

- Product quality audit – an audit that reviews the physical product.
- Process quality audit – an audit that reviews the capability of a process in giving the desired output.
- Services quality audit – an audit that reviews the activities necessary to provide a service.
- Quality System audit – an audit that reviews the system to support continuous quality improvement.

Types of Quality Audit (1/2)

- First Party Audit (Internal)
- Second Party Audit (External)
- Third Party Audit (External)



1. First Party Audit

- ◆ Internal
- ◆ Used by organization to evaluate the effectiveness of their own quality management system (QMS)
- ◆ Conducted by staff who have no direct responsibility for, or within the department being audited

Purpose

- Identify deficiencies and strengths within a system
- Monitor the development and the implementation of QMS
- Detecting non-conformance and taking corrective action in preparation for the external audit
- Monitoring maintenance and effectiveness of QMS
- Highlighting and resolving quality issues

Frequency of audit - Dependent on:

- Organization size
- Status and importance of process/activities/function
- Complexity of products and services
- Results of previous audit findings
- Availability of competent auditor

Types of Quality Audit (2/2)

- First Party Audit (Internal)
- Second Party Audit (External)
- ThirdParty Audit (External)

2. Second Party Audit

- ◆ External
- ◆ Also known as supplier audit

Purpose

- Qualification and assessment of vendors
- Customer's requirement that suppliers shall audit their vendors
- Ensure that vendors continue to maintain and improve their quality system
- Resolve quality problem/issues

Frequency

- 1 – 3 years
- As and when required

3. Third Party Audit

- ◆ External
- ◆ Independent body or certification body
- ◆ Focus on conformance to standards and implementation

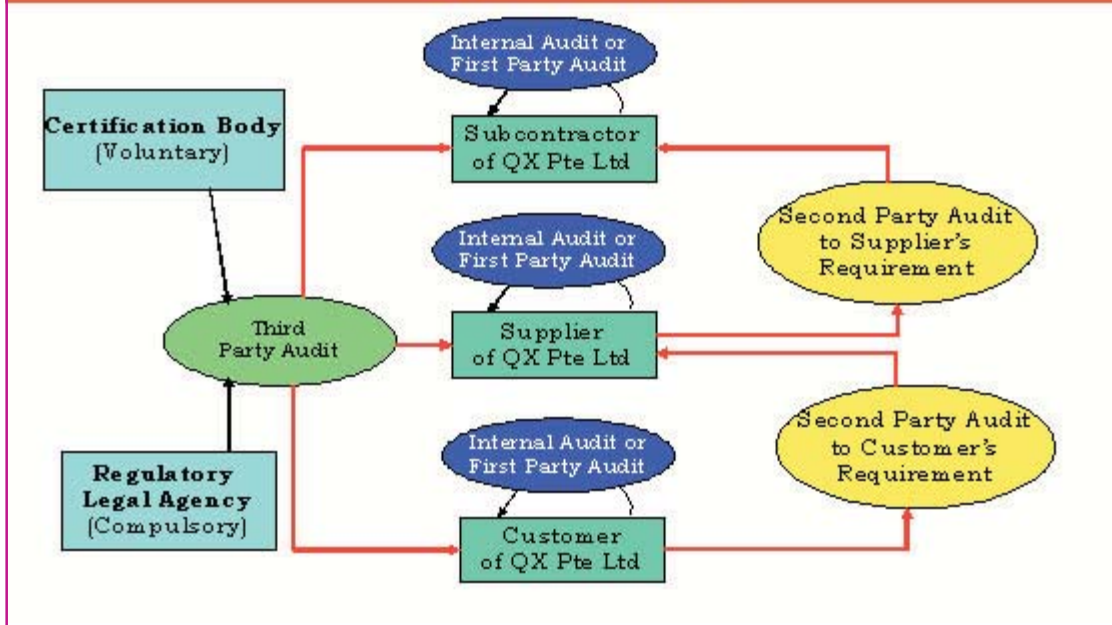
Purpose

- Certification

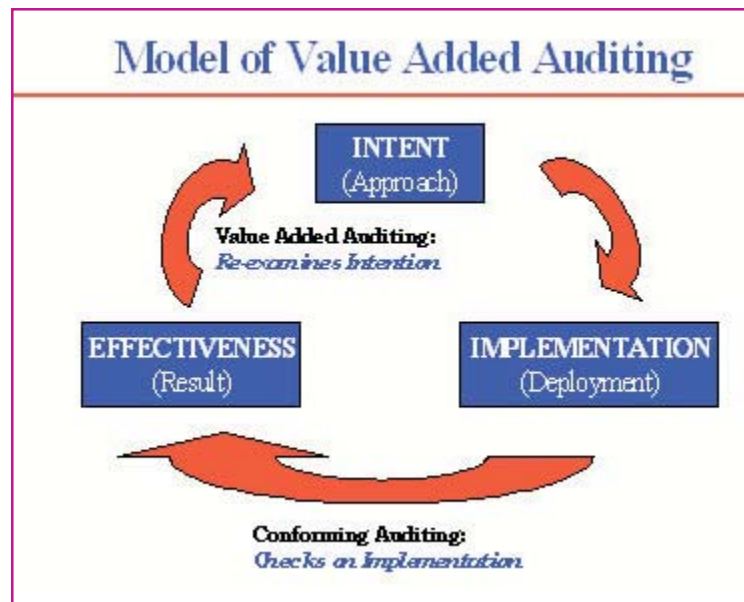
Frequency

- 1 – 3 years

Diagrammatic Relationship Among the Various Types of Audit



The chart shows the relationship between the three types of audit mentioned before.



The *Model of Value Added Auditing* shows the audit circle in a quality system.

1. Intent

- Audit scope is the extent and boundaries of the audit. It can be applied to physical locations, organizations units, activities and processes as well as the time period covered.
- Audit criteria are set of policies, procedures or requirements determined as the reference for the audit.
- Audit evidence includes records, statements of fact or other information, relevant to the audit criteria and which are verified.

2. Implementation

Those related closely to searching for objective evidence; i.e. data to support or confirm. Data may be obtained through observations, measurements, tests and inspections, interviews and documentation reviews.

3. Effectiveness

- The ultimate goal of audit will be to furnish benchmarks for determining whether a quality system is complete.
- Periodic audits make everyone aware that the organization is serious about continually improving quality.
- Audits often reveal activities that are innovative or performed in an exceptional fashion that can be shared throughout the organization.
- Audits point out areas that are inadequate or need improvement.
- Audits become a permanent record of the progress in achieving the goals of the quality system.
- Audits have become an important part of a supplier's quality certification system.

Certification

What is certification?

“a process of assessing the degree by which a facility, product, unit or a professional has attain minimum standards”



It is a voluntary self-regulation, not backed up by laws, though there are incentives that encourages individuals, facility or an organization to seek certification to attain a minimum standard of requirement, either from government or non-government organization (NGO). Certification uses standards of education, experience and achievement in examinations to determine qualification.

Purpose:

To provide some information on the extend of qualification or quality, however, limited to the level of satisfying a minimum standard of the certification body.

Benefits:

- To ensure products or services are acceptable internationally
- To satisfy customer contractual requirements
- To reduce the number of second party audits
- To gain a competitive advantage by improving the quality of products and services
- Used as a platform and a framework in pursuit of continual improvement of performance

Approach:

- Through managing the processes and resources to enhance patient satisfaction, in meeting patient requirements and the functional objectives of an organization
- Provide ongoing control over the linkage between the individual processes, as well as over their combination, sequence and interaction
- In compliance with legal and statutory requirements and codes of practice



Certification (1/2)

Types of certifications

- ISO 9000
- ISO 14000
- State certifications
- Federal/National certifications
- Professional certifications
- Others,

♦ Example:

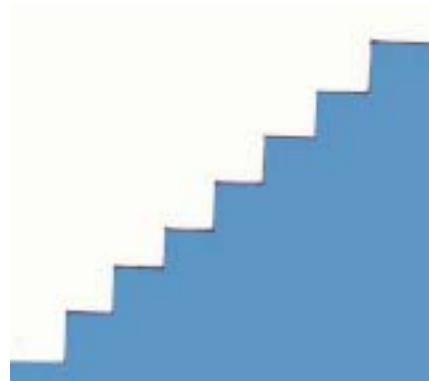
ISO 9000 Certification/ Registration

The ISO 9000 series of Quality Management System was the most widely recognized quality model for the purpose of certification. Certification by any accredited registrars can replace second party audits. This is particularly beneficial to customers whose suppliers are located overseas. Implementation of ISO 9000 quality system in most companies are motivated by one or all of the following reasons:

- a) Customer's pressure
- b) Competitors who had gained certification by the accredited registrars
- c) Enhancement of the company's quality image
- d) Continuous quality improvement
- e) Reduction of risk of product and service liability claims

Certification (2/2)

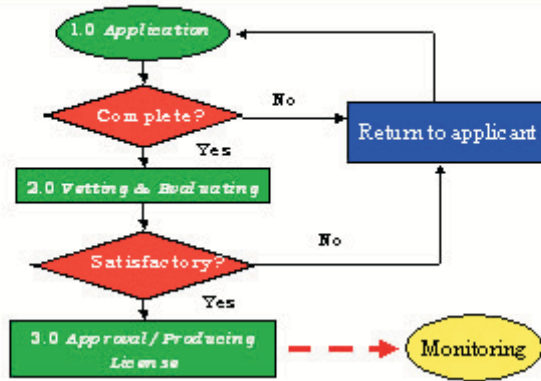
- Description of the process



Certification process consists of the following steps:

1. Application
2. Document review
3. Pre-assessment audit
4. Assessment (certification audit)
5. Registration
6. Surveillance

Licensure Flowchart



The diagram describes a typical licensure procedure

- Unlike certification, licensure is a mandatory requirement before a person, a facility or an organization can be allowed to practice or to provide services. It is backed up by the force of law.
- It is the process of assessing the quality of an organization against professionally accepted standards.
- Awarded by government only because it requires legislation and some form of enforcement.
- Awarded only after meeting a minimum standard or requirement.

Purpose:

- To protect the public.
- To regulate the number and types of people or facilities that can provide certain services.

Benefit:

- To promote, control and monitor activities, products or services in the interest of the public.

Approach:

- In compliance with legal and statutory requirements and codes of practice.

Licensure

What is licensure?

“the process of assessing the extent a facility, organization, or a professional has attained minimum requirements”

Accreditation (12)

What is Accreditation?

“It is the process of assessing the quality of an organization in order to provide comparative information to the customer”

- ◆ The process of assessing the quality of an organization against professionally accepted standards in order to provide comparative information to the customer. It is limited to institution/organization.
- ◆ Awarded by an autonomous non-government body and it is applicable to any government or non-governmental organization.
- ◆ Mostly voluntary and not a legal procedure. However, there are often strong legal and financial incentives for undertaking accreditation.
- ◆ Maximum compliance of the standards or requirements.

Purpose:

- To indicate and rate the level of quality of an organization.

Benefits:

- To enhance community confidence
- As a report card for the public to scrutinise
- Offers an objective evaluation of the organization's performance
- Stimulates quality improvement efforts
- As a means to educate the organization's personnel
- Facilitates the recruitment of professional staffing

Approach:

- Specify industry norms and standards of care
- Self assessment and peer review of the quality of an organization in order to provide comparative information
- Focus on assessment of structure and processes (capability to meet the requirements), and recently on outcomes as well.



Accreditation (2/2)

- Description of the process

- ◆ Accreditation process consists of the following steps:
 1. Application
 2. Review of written documentations
 3. Site observations
 - Interview employees
 - Review records
 - Assessment of customer complaints
 - Education activities and services provided
 4. Reviews
 - Staff interviews
 - Records
 - Consultation with employees
 5. Submission of reports to committee
 - Review reports and makes decision

Summary

Type \ Requirement	Licensure	Certification	Accreditation
Bywhom	Government	Government/NGO	NGO
Mandatory vs Voluntary	Mandatory	Mandatory/ Voluntary	Voluntary
Standard	Minimum	Minimum	Maximum
Documentation	Yes/ No	Yes	Yes
Audit	No	Yes/No	Yes
Validity	1 year	1 – 3 years	3 years
Scope	General	Specific to function	Organizationwide

In quality we need to verify that,

- Right things are done rightly (standards).
- Right persons do the right job (credentialing).
- Right requirements are being used (for managing responsibility, resources, processes).
- Ensure activities (processes) are done consistently and correctly.
- Various methods are available to facilitate verification.

Exercises

The government has made it mandatory for all those in your profession to be licensed before they are allowed to practice in the country. As a board member of your professional organization, you have been requested to help draft a framework to license members of your profession. Provide the necessary steps and standards that you would like to propose in your framework

Model Answer

The minimum standards of requirement may include the following:

- i) Degree obtained from university recognized by the government
- ii) Has undergone practical training/internship with a qualified organization
- iii) Provided a satisfactory report from the supervisor where individual has received practical training

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