Module 3: Introduction to Quality and Quality Improvement in Health

Unit 3.2: Approaches in Quality in healthcare
Unit 3.2 Objectives

• Identify common characteristics of quality management
• Describe common approaches of quality management
• Discuss the uses, benefits and limitations of quality management approaches
• Discuss the similarities and differences in quality management approaches
Content

- Collaboratives, Six Sigma/Lean Six Sigma
- Standard-based Management and Recognition (SBMR)
- Benchmarking
- Performance Improvement Approach (PIA)–Human technology
- Client Oriented, Provider Efficient (COPE)
- Quality assurance
- Deming PDCA Cycle
- 5S-CQI (KAIZEN)
- Donabedian’s Structure–Process–Outcome
- Total Quality Management (TQM) Approaches
Steps and Characteristics of Quality Management

- Identify (determine what to improve)
  - Setting standards or defining quality
  - Determining a quality gap
- Analyze (understand the problem)
  - Finding causes of quality gaps
- Develop (hypothesize about what changes can improve the problem / close the quality gap)
  - Taking action to close the quality gap
- Test and Implement (test solutions and modify)
  - Taking action to close the quality gap
- Assess the achieved outcome and compare with your desired outcome
Common Quality Management Approaches

1. Collaboratives
2. Six Sigma / Lean Six Sigma
3. Standard-Based Management and Recognition (SBMR) - implemented in Reproductive Health with JHPIEGO support
4. Benchmarking
5. Performance Improvement Approach (PIA) – Human Technology
6. Client Oriented, Provider Efficient (COPE)
7. Quality Assurance
8. Deming’s PDCA Cycle
9. 5S–CQI (KAIZEN)
10. Donabedian’s Structure–Process–Outcome
11. Total Quality Management (TQM) approach
Approaches:

1. Collaboratives (CQI Collaboratives)

- Common purpose to improve quality or performance in a defined area of mutual interest within specified periods of 12–18 months
- Develop or adapt best practice model of care that fits to their local situations for a specific priority health problem and rapidly spread working ideas
Quality Improvement Collaborative

Multiple sites simultaneously testing changes, common indicators, and peer learning about how to improve that area of care

Site-level testing of changes and analysis of results

Collaborative-level sharing and synthesis of best practices

Learning Session

QI team representative
2. Six Sigma Approach

- Business management strategy, originally developed by Motorola in 1986
- Six Sigma is a data-driven approach and methodology for eliminating defects
- To achieve Six Sigma, a process must not produce more than 3.4 defects per million opportunities. A Six-Sigma defect is anything outside of customer specifications.

Six Sigma Doctrine:

- Continuous efforts to achieve stable and predictable process results (i.e., reduce process variation).
- Manufacturing and business processes can be measured, analyzed, improved and controlled.
Six-Sigma Approach (contd.)

Achieving sustained quality improvement requires commitment from the entire organization, particularly from top-level management.

This includes:

• A clear focus on achieving measurable and quantifiable financial returns from any Six Sigma project.

• An increased emphasis on strong and passionate management leadership and support.

• A special infrastructure of "Champions", "Master Black Belts", "Black Belts", "Green Belts", etc. to lead and implement the Six Sigma approach.

• A clear commitment to making decisions on the basis of verifiable data and statistical methods, rather than on assumptions and guesswork.
3. Standard-Based Management and Recognition Approach (SBMR)

- Management approach for improving performance and quality of health services
- Based on use of operational, observable performance standards for on-site assessment
- Must be tied to reward or incentive program
- Consists of four basic steps (a–d)
SBMR approach: 3a. Setting Standards

- Identify area of services
- Define core support
- Define the required processes
- Develop performance standards (based on international guidelines, national policies, guidelines, site-specific requirements)
- Consider providers’ input and clients’ preferences
SBMR Approach
3b. Implement Standards

- Do baseline assessment
- Identify performance gaps
- Identify causes of gaps and interventions to correct them
- Implement interventions
- Begin and support change process
SBMR Approach
3c. Measure Progress

- Encourage providers to self-assess
- Measure progress (internal monitoring)
- Bring facilities together to share challenges and successes
SBMR Approach
3d. Recognize Achievements

- Address motivational issues
- Decide upon incentives
- Implement incentive programs
4. Benchmarking

- Benchmarking means using someone else’s successful process as a measure of desired achievement for the activity at hand
- Some sources of information for benchmarking
  - Literature reviews
  - Databases
  - Unions
  - Standards-setting organizations, etc.
4. Benchmarking

Benchmarks may be established:

• Within the same organization (*internal benchmarking*)
• Outside of the organization with other organizations that produce the same service or product (*external benchmarking*)
• With reference to a similar function or process in another industry (*functional benchmarking*)

Use Benchmarking to:

• Develop plans to address improvement
• Borrow and adapt successful ideas
• Understand what has already been tried
5. Performance Improvement Approach (PIA) – Application

• PIA is based on a human performance technology model
• Was developed by USAID and its partners to address the need to improve quality of service delivery
• Emphasizes analysis of performance within a system - recognizing the inter-dependency of the various factors that affect performance
• Defines human performance in terms of results not activity
Performance factors determine whether an individual can perform well or not. These factors include:

- Clear job expectations
- Performance feedback
- Adequate physical environment and tools
- Motivation and incentives
- Knowledge and skills and institutional support

Asks appropriate questions that help to find a solution to the performance problem
Framework:
• Consider institutional context
  - Do we understand the environment we are working in?
• Obtain and maintain stakeholder agreement
  - Who are our stakeholders and how can we fruitfully involve them?
• Define desired performance
  - What do we want to achieve?
• Measuring actual performance
  - What is our current level of performance?
5. (PIA) – Application (contd.)

Analyze:

Institutional Context

- Mission
- Goals
- Strategies
- Culture
- Client
- Community perspectives
5. PIA – Application (contd.)

Framework
Defining the performance gap
• What is the difference (gap) between where we want to be and where we are?

Root cause analysis
• What is really causing the performance gap?

Selecting and designing interventions
• What can we do to address the causes of our performance gaps?
  - Acceptability of option to internal clients
  - Alignment with policy requirements - MOH
  - Feasibility, cost of undertaking
6. Client Oriented, Provider Efficient (COPE)

- First quality improvement processes used by USAID in 1988
- Provide staff with practical, easy-to-use tools to identify problems and develop solutions using local resources
- Staff develop a customer focus, learn to define quality in concrete terms by putting themselves in their clients' shoes
- Enables staff to explore the strengths of their work site
7. Quality Assurance (QA)

- Is related to quality control
- Original from the industry
  “to ensure that the product consistently achieved customer satisfaction”
- Focuses on the output / end result = focus on the product’s quality
- Systematic measurement, comparison with a standard
- Monitors processes
- An associated feedback loop that confers error prevention
7. Quality Assurance Triangle

QUALITY DEFINED (QD)

QUALITY MONITORING (QM)

QUALITY IMPROVEMENT (QI)
8. Deming PDCA/PDSA

William Edward Deming
(1900–1993)

Plan
Do
Check
Act

Quality = \frac{\text{result of workout}}{\text{Total costs}}
8. Deming PDCA/PDSA

- Implement what you have planned
- Monitor and evaluate the obtained results against the expected results
- Take actions to gain the expected results if not yet reached
- Establish objectives and define methods to reach them
- Implement what you have planned
9. 5S Approach

- **Japanese** for "improvement", or “change for the better"

- Philosophy or practices that focus upon continuous improvement of processes in manufacturing, engineering, and business management

  A problem solving process for Total Quality Management (TQM) ensuring high Productivity and “Improved Quality of Products (Services)"

Main approach for work environment improvement under KQMH
• The five main elements of Kaizen
  - Teamwork
  - Personal discipline
  - Improved morale
  - Quality circles
  - Suggestions for improvement
• Target is “your work”, not others!
• It is NOT “INNOVATION” (not big changes)
• It is small changes on your way of working
9. 5S Approach (contd.)

1. SEIRI     Sort, Clear Out
2. SEITON    Set Things in Order
3. SEISO     Clean and Shine
4. SIEKETSU  Standardize
5. SHITSUKU  Self Discipline
10. Donabedian`s Classification

Structure/Input
Facilities, Personell, Equipment

Process
Actions to evaluate and treat the patient

Outcome
Results for patients
11. Total Quality Management

TQM is a management approach, centered on quality, based on the participation of an organization’s people and aiming at long-term success.

ISO 8402:1994
11. TQM (contd.)

TQM is about:

Quality
(Values, Mission, Vision of an organization)

Teamwork (Communication)

Sustainability

Needs and expectations of customers
(Customer Care)
11. TQM (contd.)
Thank you very much!