Contemporary Issue

TOTAL QUALITY MANAGEMENT - THE NEW PARADIGM IN HEALTH CARE MANAGEMENT

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Abstract

Hospitals are by nature complex organisations and the complexity is compounded in service hospitals with perceived notion of service deficiencies. Quality has emerged as a major issue in health care sector and TQM has been accepted as a major long-term strategic initiative towards continuously improving quality of health care. Key concepts of TQM start with top management leadership with emphasis on process and customer focus. Implementation of TQM in service hospitals will require Quality Management awareness, training and framework development as well as development of customer awareness. TQM has been widely applied in clinical field with successful outcome. TQM is not a short-term solution, it has to be understood and practised as a long-term strategic commitment.

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Introduction

The next millennium is professed to become the era of quality which will require all organisations to target their energies to become world class by overall optimisation of resources, customer focus and learning or unlearning when required and health care institutions will be no exception.

Hospitals are by nature complex organisations, mainly because of its day long continuity of operation, emotional character of its services and intangibility of outcome, dual or even multiple lines of authority, high potential for conflict because of its highly divergent skill-mix and high labour intensive character. The complexity is compounded in service hospitals because of its service character, centralised control and a captive clientele with notions of perceived deficiencies. Criticism of Armed Forces Medical Services is on the rise and it is time the medical set up does a reappraisal and corrects itself rather than wait for the external forces to shape remedial action [1].

In health care, quality is usually understood in the context of 'clinical quality' and an implicit distinction is drawn between managerial and clinical activity. But the onus of meeting the expectations of our clientele demands a separate focus for quality improvement within hospitals, moving away from the different notions that follow traditional 'tribal' divisions within hospitals. The emergence of quality as a major issue in health care is demanding participation in new

definitions of quality that will include customer perception and satisfaction with the quality of care received [2].

Quality and TQM

The word quality has many different definitions, ranging from conventional to those that are strategic. However, the one strategic definition that has gained international acceptance is meeting customer requirement. W Edwards Deming, the father of concept of TQM has defined quality as a strategy aimed at the needs of the customer, present and future, whereas another quality guru, Joseph M Juran has defined quality as conformance to requirements. Five broad attributes have been identified for understanding quality [3]. :-

- a. Reliability - Ability to perform the promised service dependably and accurately.
- b. Assurance - Knowledge and courtesy of employees.
- c. Tangibles - Physical facilities, equipment and appearance of personnel.
- d. Empathy - Caring, individualised attention provided to the customers.
- e. Responsiveness - Willingness to help customers and provide prompt service.

In business organisation, the process of quality improvement is now dominated by theory and application of TQM. This approach to management devel-

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oped after the Second World War, when W Edwards Deming was taken to war-ravaged Japan to revive their economy. Deming replaced the traditional view of quality control focused on defect detection and minimal acceptable levels of quality by the strategic commitment to defect prevention, continuous process improvement, and systems driven by the needs of the customer.

National Round Table on Health Care Quality, USA has concluded that problems in health care quality are serious and extensive and has advocated continuous quality improvement as a major strategy to move the health care delivery system towards improving quality [4]. Then again the Joint Commission on Accreditation of Health Care Organisation, USA has adopted TQM as an important standard in its review of health care institutions and has proposed total organisational commitment to continuously improve the quality of patient care.

To clinicians, the theories of TQM may be interpreted as jargon, an approach to quality that originated in the industrial world and has little relevance to the health worker where customers would rather not seek their services and many physicians have indeed reacted with scepticism [5]. It has to be understood that our captive clientele is handicapped by a paucity of choice available to them. The people waiting for 2 hours to see a surgeon in any other queue of similar length would probably have gone else where and if people with acute myocardial infarction knew about the importance of receiving thrombolytic treatment as early as possible, they would have demanded the treatment to be given at the MI Room by the DMO rather than wait for the Cardiologist at the ICU.

With seeming dissatisfaction of our clientele with the services being provided by our hospitals and the spectre of Consumer Protection Act looming large on the horizon, it is high time an integrated effort is made for continuous quality improvement in our service hospitals for conforming to the needs of our customers.

Key concepts of TQM

The key concepts of TQM, which have to be thoroughly understood before embarking on any plan for its implementation, are described in brief below [6].:-

1. Top management leadership - Top management commitment and leadership will have to be visibly demonstrated, drafting a comprehensive framework of mission statement, values and quality policy and facilitating the employees to see the strategic direction.
2. Creating a framework for quality - Developing and integrating quality improvement plans at all levels and orienting employees to the framework of quality.
3. Transformation of organisational culture - Fostering process and customer need literacy, and statistical and scientific thinking.
4. Customer focus - As described earlier, the main focus of TQM is on satisfying the need of the customer. For eliciting customer input a customer need analysis will have to be carried out, which is formal, systematic explanation and analysis of customer expectations and then designing the service in conformance with the needs of the customers, including the internal customers. Here it will be in order to mention that patient satisfaction survey in vogue in our service hospitals is not a substitute for an analysis of need as it signifies the level of satisfaction with the present quality of service and not the customer's expectation of quality.
5. Process focus - Initiating quality review of various processes and then implementing process improvement through variability reduction, with due attention for incorporating customer preferences.
6. Collaborative approach to process improvement - Integration of team working philosophy in day to day activity by forming small groups of employees, called quality circle or focus teams to identify, analyse and solve quality problems.
7. Employee education and training - Developing an implementation plan to educate all employees about quality improvement concepts and tools and training and retraining them as an investment to avoid employee burnout and a motivating as well as re-energising tactics.
8. Quality measurement and statistical analysis at all levels - Developing and measuring critical strategic indicators that should be tracked against specific targets and generating statistical quality report at all levels.
9. Bench marking - Continuous search for understanding and adopting outstanding practices and process from organisations both inside and outside the service.
10. Employee empowerment - Sharing with non-managerial employees the power and authority to make and implement decision, accepting the fact that people nearest to the problem are in the best position to make decision for improvement, if they have ownership of the improvement process. The

principles of employee empowerment have been explained in Table-2 below.

11. Recognition and reward - Developing and implementing a comprehensive employee recognition and reward plan.
12. Management integration - Integrating quality plan in the organisation's strategic plans and communicating with all levels of the organisation about the quality framework, quality plans and quality improvement projects, with developing and integrating employee suggestion systems.

TABLE - 1
Principle of employee empowerment

*	Tell people what their responsibilities are
*	Give authority that is commensurate with responsibility
*	Set standards for excellence
*	Render training
*	Provide knowledge and information
*	Trust them
*	Allow them to occasionally fail
*	Treat them with dignity and respect

Outline for implementation in service hospitals

It will have to be appreciated before planning implementation of TQM that the process of total quality management is a long term strategic initiative which requires adequate time for incorporation with the organisational culture. General sequence of a typical Quality Management Process in a service hospital will be as follows:

- a) Designing the quality improvement organisational structure - An organisational structure for quality improvement in a large service hospital is depicted in Fig-1.

The Quality Steering Committee will be responsible for ensuring top management commitment and laying out policy guidelines for the total quality

initiative of the institution. The Quality Resource Groups will be responsible for two way communication and overall supervision of the process improvement teams.

- b) Quality Management Awareness and Training - of each operating group. Starting from Quality Steering Committee, initially by an external facilitator who may be a faculty member of Defence Management Institutions and subsequently by trained internal facilitators.
- c) Quality Management Framework Development - Developing mission and vision statement, quality definition and quality guidelines by each operating group, under supervision of the Quality Resource Groups.
- d) Quality Management Practice - Use of concepts learnt by process improvement teams in focused efforts to address specific improvement opportunities. To guide the work of these improvement teams, the hospital will have to adopt a quality improvement model to provide a high level road map to the teams, a sample being presented in Table-2. Regardless of the specific model used, the work of improvement teams will be aided by a collection of quality improvement tools, a discussion of which is beyond the scope of this article.

TABLE - 2
Quality Improvement Model : Virginia Mason Medical Centre USA

THE PROBLEM	Identify a problem, write mission statement to define problem, charter Team that knows the process.
THE ANALYSIS	Learn and define the existing process, formulate theories of cause, collect data to determine root causes.
THE IMPROVEMENT	Choose the solutions, design the implementation, address resistance to change.
THE RESULTS	Evaluate results, monitor control system to hold gains.

Fig. 1 :

- e) Customer Awareness Development - Development of customer awareness initiative by each department for both external and internal customers.
- f) Organisational Quality Awareness Building - Initiation of organisation wise awareness building, integrating those personnel not directly involved in patient care.
- g) Ongoing training and cross-organisational outcome measure - evaluate and then continue the process of continuous quality improvement.
- h) Project dominant focused efforts - In hospitals, a result-driven approach to focus on carefully targeted areas rather than on the whole organisation may be initially adopted to give relatively quick results and satisfy the doubts of various physicians, whose scepticism about this quality effort has already been mentioned.

TQM and Clinical Applications

A question often asked is "Can TQM be applied to clinical care or is it applicable to administrative functions only?" Western literature is replete with clinical applications of TQM with appreciable result. Department of clinical Epidemiology at Latter Day Saint's Hospital, Salt Lake City used TQM to reduce the rate of post-operative wound infection from 1.8% to 0.4% [8]. Another study has shown a 30% decrease in frequency of patient morbidity due to antibiotics by process-improved computerised guidelines [9] while a Northern New England Multi hospital project used quality improvement techniques to reduce mortality among patients undergoing cardio-vascular surgery by 24% in 3 years [10].

An attempt has been made to briefly describe the concept of TQM, the new managerial initiative emerg-

ing in the health care sector with widespread recognition in the west. But TQM is not a panacea or an Aladin's lamp. It has to be understood, incorporated and nurtured and then only the fruit tasted. It will not give any quick fix solutions and will indeed be time consuming and rigorous. To gain back lost ground, service hospitals need to launch a new quality movement to unshackle themselves from age old inertia and link core competencies to the new emerging strategic commitment of total quality for their survival.

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