

Total quality management in healthcare environment



EVALUATING HEALTH IMPROVEMENT (UNIT FIVE) BY AKINADE TOYESE

In this paper we will discuss how to cultivate total quality management and develop a culture of on-going improvement with focus on a public health organization. We will also identify ways to incentivize employee performance and evaluate incentives in terms of motivational effectiveness.

BRIEF SUMMARY OF A PUBLIC HEALTH ORGANIZATION IN NIGERIA AND THE POPULATION IT SERVES

The University College Hospital Ibadan is a public health organization which was established in November 1952 by parliament act to respond to the training need of medical personnel and other health care professionals in Nigeria and other West African Sub-Region (UCH, 2015). Her vision is to be the “flagship” tertiary healthcare institution in the West Africa sub-region, which offers world-class research, training and services, and first choice for seeking specialist health care (UCH, 2015).

Although the hospital is primarily a tertiary institution, it has appendages of community-based outreach activities in six cities where it provides primary and secondary healthcare services. It has fifty-six service and clinical departments and runs ninety-six consultative out-patient clinics a week in fifty specialty and sub-specialty disciplines. There are also special treatment clinic for the treatment of sexually transmitted diseases and the people living with HIV/AIDS (UCH, 2015).

However, because of the breakdown and poor state of primary health care facilities in the region (UCH, 2015) “the hospital still caters for lots of

primary and secondary healthcare burden. The number of patients in the accident and emergency of the hospital averages six hundred thousand annually, and about one hundred and fifty thousand new patients attend the various out-patient clinics annually. The institution enjoys a full patronage of both national and international clientele due to its manpower, facilities, and track records”.

STEPS TO TAKE TO CULTIVATE TOTAL QUALITY MANAGEMENT AND DEVELOP A CULTURE OF ONGOING IMPROVEMENT.

Health Care Systems throughout the world are undergoing significant changes. These changes are due to acknowledgment of either medical errors or system errors (Ruiz and Simon 2004).

Other factors responsible for these changes include: Legal obligation for quality management (Moeller et al. 2000), the sophistication of medical care and increasing costs of health care (Ramanathan, 2005).

Total quality management seeks to create a culture whereby all employees are continually examining and improving the organization of their work with a view to satisfying customer requirements (Goodwin et al., 2006). This is especially critical for health institution in that better health is the “ *raison d’être*” of a health system, and unquestionably its primary or defining goal (WHO, 2000). Joiner and Scholtes (1985) discussed total quality management under three key components: the client as the defining factor in determining quality, the teamwork as a means to unifying goals and a scientific approach to decision-making based on data collection and analysis.

Furthermore, quality chain idea can be used to cultivate total quality management. According to Morgan (1994) quality chain is described as chain of suppliers and customers. Goodwin et al. (2006) examined the health of the quality chain in four discrete stages:

- *Inspection*: Usually an after-the-fact screening process to assess the quality and conformity of services or products produced.
- *Quality control*: Monitoring the process of service delivery at each stage in the chain in order to eliminate the causes of unsatisfactory performance.
- *Quality Assurance*: Assessment of the system's quality and the steps taken to improve quality.
- *Total quality management*: The application of quality management principles at every level of the organization. This medium will necessitate a change in behavior amongst staff to commit to the quality management agenda.

Finally, it is recognized that several elements need to be in place to help such organizations move in the direction of improving the quality of care on a systematic basis. These include the availability of training for the staffs, the development of teamwork among the staff, the development of a structure to support quality improvement, and a set of standard measurable targets through which to assess change (Goodwin et al., 2006).

WAYS TO INCENTIVIZE EMPLOYEE PERFORMANCE AND EVALUATE

MOTIVATIONAL EFFECTIVENESS OF INCENTIVES

Incentives for the employee are to motivate the employee to perform better and have long lasting effect on their performance. If “ you get what you pay for,” then it presumably follows that one should pay for what one ultimately wants (Cutler 2005).

If a health program’s primary objective is good patient or population health outcomes, it would seem natural for performance incentives to reward good health or health improvement directly rather than the use of health services or other health inputs. Rewarding health outcomes rather than health input use not only creates strong incentives for providers to exert effort, but it can also create incentives for providers to innovate in developing new, context-appropriate delivery strategies (Grant and Kimberly, 2013: 4).

Incentive can be monetary or non-monetary (Asaad & Assaf, 2011). The monetary incentive can be performance-related pay such as the increment in salary, bonuses, and other financial benefits such as housing allowance or health care compensation. Non-monetary incentives include: words of appreciation, thank you letter, nomination of department employee of the month, sending an employee to a conference, flexible work hour (Asaad & Assaf, 2011). Meanwhile, the extent to which staffs can participate in decision-making and how much support they receive from their managers also motivate the employee to perform better (Goodwin et al., 2006).

Nevertheless, there is a need for a public health organization to adopt a method for motivating and rewarding its staffs. Performance-related pay is one approach to using pay to provide an *incentive* to individuals to work

more effectively to meet organizational goals, both in terms of quality and efficiency (Goodwin et al., 2006).

Performance-related pay can be seen as one approach to using pay to provide an *incentive* to individuals to work more effectively to meet organizational goals, both in terms of quality and efficiency (Goodwin et al., 2006). It won't be encouraging if two persons receive the same pay when one is performing much better than the other. When there is a performance-related pay incentive for a hardworking staff or a job well-done, it will motivate the staff to do more for the improvement of the organization and also encourage the other staff to be effective and hard working in order to meet the organization goals.

In conclusion, Goodwin et al. (2006) had explained that " the experience with PRP is mixed and its transfer to the health sector has been associated with a range of problems:

- Tension is often created in providing performance-related incentives to *individuals*, since this can preclude their ability to work towards wider organizational objectives.
- In health care, team contribution prevails over the contribution of individual members of staff.
- The power of professional organizations enables them to resist management initiatives.
- The agency relationship between health care professionals and patients can exclude and disadvantage employers.

- Employers try to retain insiders rather than recruit outsiders, even if they have to pay more.

However, if PPR is applied to the right organization or system-wide needs, it may enable individuals to work more for the benefit of the organization.

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