



Quality Improvement Program in Office Settings-Office of the PDHS Western Province.

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ABSTRACT

The three-step process consists of 5S, Kaizen, Total Quality Management (TQM) useful to improve a health care institution in quality and safety. 5S (Sort, Set, Shine, Standardize and Sustain), Kaizen and TQM are a very useful tool when we have limited resources of working environment to make maximum use of capacity of the entire organization. Though inadequate resources may be a problem Positive mind-set and Leadership are lacking in health care institutions.(TQM Unit, Hospital Services Management and Dhaka, 2015)

This case study provides the challenges to improve the quality improvement program at the office the Province Director of Health Services and to recommend solutions to rectify the identified problem. The existing environment PDHS office is observed and analyzed by performing detailed situation analysis. Direct observation and key informant interviews were used to assess the existing situation.

Three major problems are identified as challenges to implement quality improvement program in PDHS office. Identified problems were prioritized based on the in-depth interview with the Consultant Community Physician/Planning and Co-Registrar.

The main problems identified are lack of interest and less knowledge about quality improvement concepts in Top level and middle level managers and low-level managers and no positive attitude and motivation to do involve in quality improvement programs. The solution recommended to solve the problem as an initial step to establish Quality Management unit and to start quality training programs for the staff with the support of Medical Administrators, Consultant Community Physicians and Medical Administration Registrars attached to the PDHS office.

It is suggested to establish a Medical Officer as a focal point as the head of Quality Management unit and to start Quality training programs for the staff, arrange monthly Institutional Performance meetings, establish work improvement teams to parallely, arrange Quarterly Performance Review meetings and motivate staff for the good performance with rewards.

1.Introduction

Provincial Director of Health Service (PDHS) is the apex institution of all health institutions in the western province. Office of the PDHS is the center to do planning, organizing, leading, implementing, monitoring, and evaluating all health-related activities of all institutions in western province. It is very vital to do Quality improvement events to achieve rapid improvements in all health care institutions and offices. The Quality improvement programs are gradually being used in several countries to accomplish the vision, mission, and goals of an institution. However, there is little amount of interest observed among staff to initiate quality programs to achieve institution related goals and objectives.

2. Objectives

To analyse the challenges to improve the quality improvement program at the office the Province Director of Health Services and to recommend solutions to rectify the identified problem.

3. Methodology

The existing environment PDHS office is observed and analysed by performing detailed situation analysis. Direct observation and key informant interviews were used to assess the existing situation.

Key informants were Consultant Community Physicians, Medical Officers, Registrars of Health informatics, Management Assistants and Development Officers.

Identified problems were prioritized based on the in-depth interview with the Consultant Community Physician/planning and Co-Registrar.

4.Situation analysis

The quality improvement program started 2 years ago in PDHS office, but it is halted due to the covid-19 pandemic in Sri Lanka. The PDHS has restarted the programme again in last November 2021. There is a consultative meeting includes CCPs, Doctors, Accountant, Administrative officer, Management Assistants and Development Assistants was taken place at PDHS room to initiate the first phase of quality improvement program.

Purpose of the program

In the quality improvement program, Japanese 5S concept is measured as the entry point in Sri Lankan health sector. The application of 5S concept in healthcare settings, have its benefits proven in many circumstances. PDHS informed to initiate 5S as she observed in CCTV footage in office that the office documents are not in order and there are unnecessary documents are spread in wrong places. She further pointed out that the important documents are kept in table even after the day of work ends. She asked to keep the safety of office documents.

Training

There is a deficiency in knowledge and attitude regarding concepts including top to bottom level staff when PDHS explained her concerns regarding quality improvement program. She proposed that we need to understand the quality concepts and need to make positive attitude which is the main pillar in quality improvement. There is no quality management unit or quality Medical officer in PDHS office to liaise with Directorate of Quality Management unit of Ministry of Health.

Resource allocation

Resources includes Human Resources, materials, and finance. There are around eighty staff includes Management assistants and Development assistants. They are multi-talented. Materials can be utilized the office stationery and training materials can get from directorate of Quality, Ministry of Health.

There is not much finance needed to initiate 5S program, but the finance required to arrange training programs. Resource persons can be Medical Administrators, CCPs and registrars of Medical administration and Community Medicine from PDHS and RDHS office.

Monitoring and evaluation

Any program will be succeeding if it is monitored and evaluated. There is no one appointed to oversee the 5S program and consecutive meetings taking long time. The quality improvement is day to day basis, and it must evaluate by work improvement teams and results must be evaluated in monthly steering committee meeting.

5. Identified Problems and underlying causes.

Four major problems are identified as challenges to implement quality improvement program in PDHS office.

1. There is lack of interest and less knowledge about quality improvement concepts in Top level and middle level managers and low-level managers.
2. There is no positive attitude and motivation to do involve in quality improvement programs.
3. There are financial restrictions to do training of quality related workshop and implementation of quality program.

5.1 There is lack of interest and less knowledge about quality improvement concepts in Top level and middle level managers and low-level managers.

The quality improvement program in health care settings results in to deliver effective, efficient, consistent, and sustained health service delivery. The employers are empowered to achieve their goals, objectives, and targets to expand the care delivery and enhancing the outcomes. The employers should have the interest to understand the quality concepts and need to get the knowledge for a successful implementation. There is no leadership seen to take the leading role or no one other than PDHS shown interest to involve actively in the quality improvement program.

5.2. There is no positive attitude and motivation to do involve in quality improvement programs.

It is very essential to implement the Quality improvement program when we are ready to accept a change management. The positive thinking of workers of an institution plays a significant role in the change management (Directorate of Healthcare Quality and Safety, 2014). The hardest part is setting a positive mindset among health employers.

The vital step before implement the quality improvement program is to develop the significance of positive thinking and ways and through that, developing the positive attitude among employers. At present the employers of PDHS office are demotivated and has negative attitude in doing the quality improvement program.

5.3. *There are financial restrictions to do training of quality related workshop and implementation of quality improvement program.*

The quality improvement workshop training is not done in PDHS office for more than 3 years. The training and workshops improve the job satisfaction and their moral to do things in their job role. It also increases the motivation and efficiency in processes and increase the capacity to adopt or identify new technologies and do innovations. There is significant cost to plan and execute this program.

6. *Prioritization of the Problem*

I had discussions with CCPs, Medical officers and Registrars through in-depth interviews and eventually prioritized the problem.

Many emphasize that the first and second problems are interconnected but dealt together.

According to CCP responsible for planning the third problem that, the cost to have training programs is not difficult as there are various internal and external resources available. Further there is not much financial assistance needed to start 5S program too.

7. Conclusion and Recommendations.

7.1 Conclusion

The contribution of the Quality improvement program by the employers of the PDHS office is not satisfactory. It is vital to start the quality improvement program and need to initiate with basic principles of 5S concept in PDHS office. There is lack of interest and less knowledge about quality improvement concepts in Top level and middle level managers and low-level managers needs to be alleviated for initiation of the quality improvement program. There is dare need to make employers as they have no positive attitude and motivation to involve in quality improvement programs.

As an initial step a Quality Management unit to be established and quality training programs should be organized for the staff with the support of Medical Administrators, Consultant Community Physicians and Medical Administration Registrars attached to the PDHS office.

7.2 Recommendations

A focal point should be deployed to function the Quality Management Unit.

Quality training programs should be organized for the staff with the support of Medical Administrator, Consultant Community Physicians and Medical Administration Registrars attached to the PDHS office.

Monthly Institutional Performance meetings should be conducted in these institutions with the participation of the PDHS/DPDHS and MO/QMU.

Work improvement teams to be establish parallelly

Quarterly Performance Review meetings should be arranged at PDHS office with the participation of External resource persons should be invited for these meetings.

Good Performance should be appraised with both internal and external rewards,

8. Implementation Plan

Table 11: Implementation Plan

Recommendation Topic	Designated Person	Appointing Person
A focal point should be deployed to function the Quality Management Unit	A Medical officer/Consultant Community Physician	Provincial Director of Health Services
Quality training programs should be organized for the staff	Medical Administrator, Consultant Community Physicians and Medical Administration Registrars	Focal Point QMU
Monthly Institutional Performance meetings should be conducted	PDHS/DPRDHS, CCPs, Registrars, WIT leaders	Focal Point QMU
Work improvement teams to be establish parallelly	Anyone has leadership skill.	Focal point QMU
Quarterly Performance Review meetings should be arranged at PDHS office with the participation of External resource persons should be invited for these meetings.	PDHS/DPRDHS, CCPs, Registrars, WIT leaders	PDHS/Focal point QMU

Good Performance should be appraised with both internal and external rewards	An Internal/External team	PDHS/Focal point QMU
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