



الجمعية السعودية للعلاج الطبيعي
Saudi Physical Therapy Association

Medical^{K P I S}
Infinite Giving
عطاءً بلا حدود



PERFORMANCE MANAGEMENT AND PROCESS IMPROVEMENT

Chapter 3-Part 1

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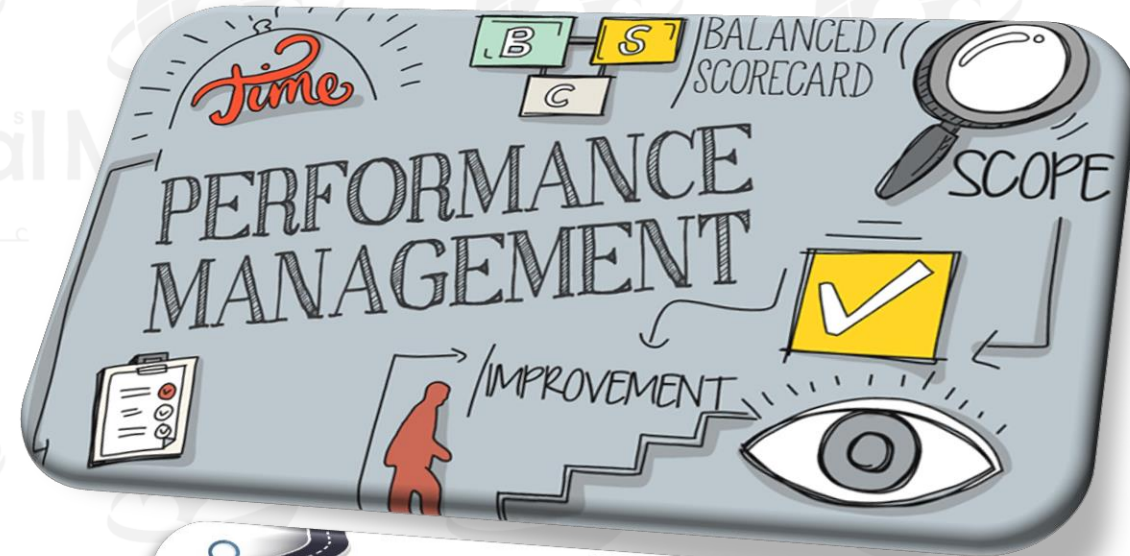
CPHQ,CPHRM,LSSBB,TQM,SCRUM Master ,TOT , Team STEPPS master
training

Definitions of performance management

process of ensuring that a **set of activities and outputs** meets an **organization's goals** in an **effective and efficient manner**

process of **identifying , measuring and developing the performance** of **individual or team** with the goal of **aligning** performance with the strategic goal of Org

- **System :** Roadmap of creating a high performance organization through the integration of organization vision.



Performance management and improvement process:

- ❑ It **shifts** the primary **focus** from the **performance of individuals** to the **performance of the organization's systems** and processes, while continuing to **recognize** the importance **individual competence** of medical staff

1. Performance improvement program **structure**
2. Performance improvement **plan**
3. **Implementation** of performance improvement program
4. **Dissemination** of performance improvement information
5. **Team**
6. Practitioner **appraisal** process
7. QM & PI **orientation** and **training and education**

Performance:
what is done and
how well it is done
to provide
healthcare .





Building an Effective Quality Improvement Program Structure:

organization must be **involved** in improving the quality of services and products



structure should be based on the organization's mission and vision

NOW quality is **imbedded** in the structure

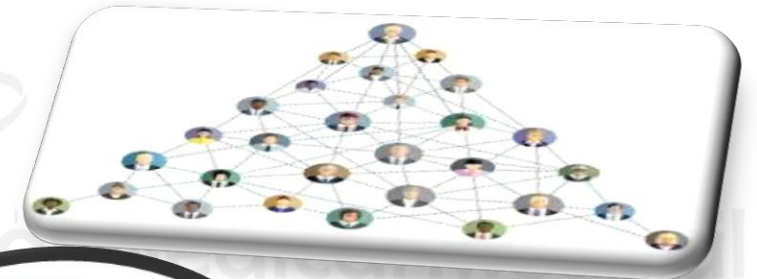


then develop the **process to engage the people to** serve the patient will lead to better out come

should be assessed to determine if they are producing the desired outcomes or do they need to be improved .



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Building an Effective Quality Improvement Program Structure:

1. Definition of the term quality for the organization
2. Clarify leadership roles
3. Create an accountability structure
4. Determine what the name of your program will be (i.e., quality or performance improvement)
5. Identify the important functions of the organization
6. Identify approaches to process improvement framework
7. Develop an information flow chart
8. Establish reporting routines
9. Integrate quality principles into organization's policies and procedures
10. Identify educational needs





Building an Effective Quality Improvement Program Structure:

1-Determine the Definition of Quality for the Organization:

Every healthcare **organization must define how they view quality for their organization** .

➤ This definition will be impacted by :

1. the type of organization . (gov or non gov)
2. it is for profit or not for profit.
3. the mission, vision, and values of the organization.
4. patient population.
5. type of **services offered, type of practitioners utilized.**
6. **geographic** and environmental factors .

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2-clarify Leadership Roles

The program and quality strategy should be shared and acknowledge

Leaders must know their roles and meet the expectation in the Q.strategy

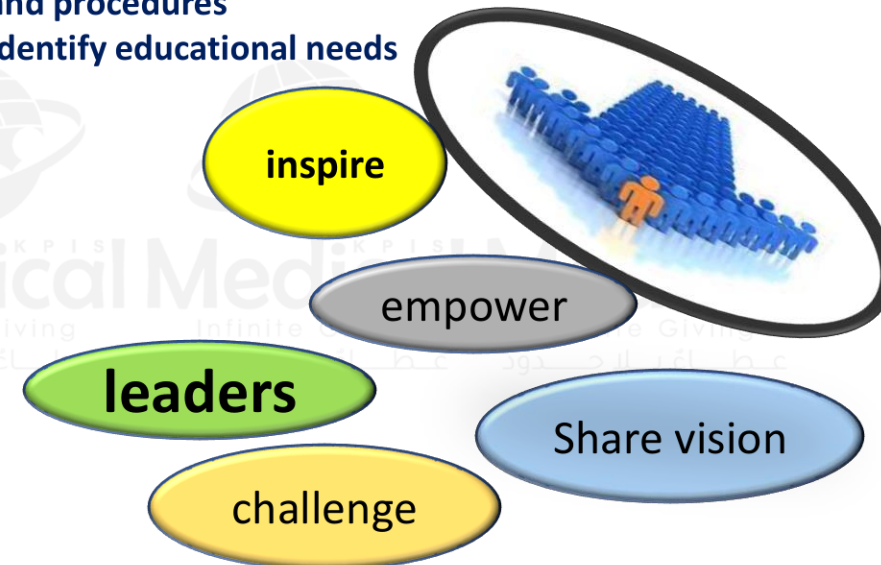
working together toward a common quality strategy,

The role delineated in writing, perhaps within the quality plan itself.

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❑ **There should** be one group held accountable for the organization's quality strategy for both clinical and nonclinical processes and outcomes; that group is typically called the **Quality Council**.

1. eliminate all redundant bodies.
2. reduce the need for multiple meetings and duplicative reporting.
3. ensure appropriate and timely communication throughout the organization





Quality council

- body of senior managers representing with in a firm and quality specialists who meet periodically to identify quality problems and devise appropriate solutions of these problem.
- consists of the administrative, physician, and nurse leaders and key organization staff who serve as an oversight committee for all quality activities (clinical and non-clinical) of the organization and including community members and/or previous patients.
- ideally include members from all aspects of the organization to prove that there is cross communication throughout the organization.
- All members of the Quality Council should be required to sign annual confidentiality and conflict of interest forms, which should be kept on file wherever the minutes are kept.

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Quality council:

1. Promote quality improvement.
2. Provide technical support.
3. Set goal and time frame.
4. Prioritize the opportunities of improvement.
5. Establish performance improvement team.



- The Quality Council reports directly to the Governing Board through minutes also shares quality information with the medical staff and the administration of the organization.
- The frequency of the Quality Council meetings is determined by the organization e.g. monthly or quarterly. If the Quality Council is established in the medical staff bylaws, the meeting expectations should be stated in a manner that does not violate the bylaws should a meeting not occur as stated in the bylaws.

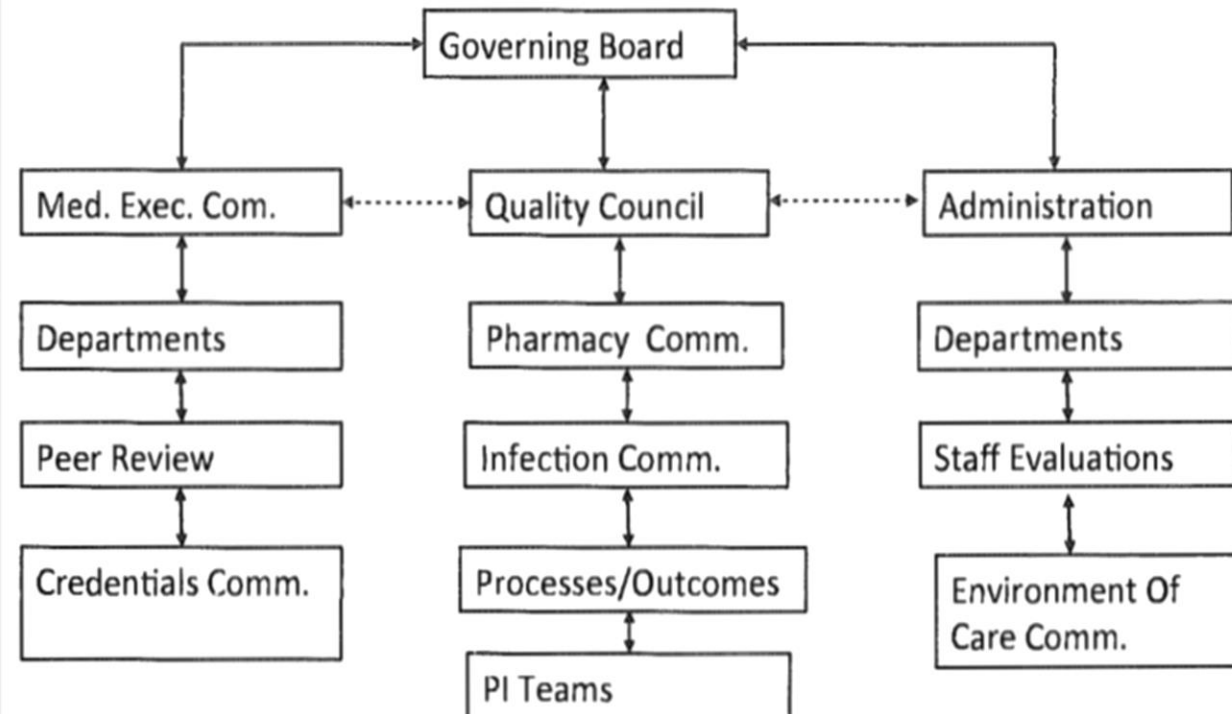


Information which presented at quality council:

- is **high level**, aggregated, and **trended data and information** regarding the status of improvement efforts.
- Quality Council is usually **identified in the medical staff bylaws as a committee of the medical staff** which is chaired by a physician.
- Quality Council is a **subcommittee of the governing board**, and thus has at least one governing board member on the council.

Figure 1: QM/PI Information Flow

QM/PI INFORMATION FLOW





Councils and Committees:

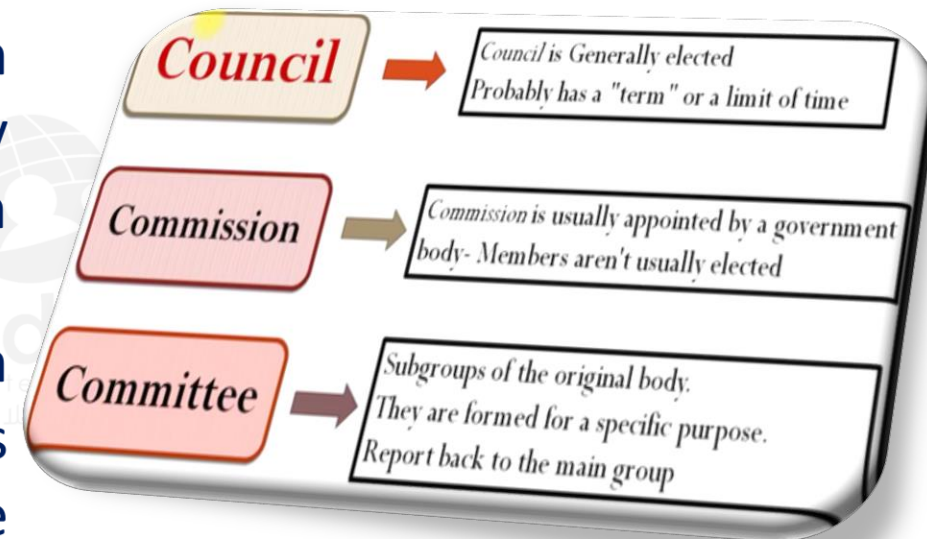
- Other councils and committees may be needed in the organization. There are committees **established by the administration and the medical staff**. The medical staff bylaws describe many other committees that are interdisciplinary, and that relate to the healthcare quality management of the organization.

(**related to Q.management:** the Infection Control/Prevention, Medication Use, Morbidity/Mortality (M&M) and other such committees are also mentioned in the bylaws.)

(**Departments** of the organization in conjunction with the medical staff departments also have committees such as the Emergency Department, or the Critical Care committees.)

Commission is a group of people who is entrusted by GB to carry out **specific task**.

Committee is subgroup for original body formed for **specific function** and report back to the main group.





Initiatives and Collaboration:

➤ Part of the Quality Council's prioritization and development of **the strategic quality plan** is to determine if there are external collaborative and/or quality initiatives that the organization would benefit from participating with them.

➤ **collaborative:**

involves individuals working with others to do a task and to achieve shared goals

➤ **Initiative:**

1- The power or opportunities to do something before others do.

2- Formed when stakeholders come together to solve dilemmas.

Proposing or confirming change in current status.









3-Accountability Structure :

- Org. should **be account of their activities** and responsible of them and provide many or other supportive issue for its activities .
- Obligation to **support** and **justify** something (**answerable**)
- Government ha accountability for decision and law which affect citizen.
- In work place : **responsibilities** of employee to complete the tasks they are **assigned** to perform the task , they are assigned , to perform the duties required by their job.

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Accountable

Responsible

RACI Definitions	
R	Who is Responsible  The person who is <i>assigned</i> to do the work
A	Who is Accountable  The person who makes the <i>final decision</i> and has the <i>ultimate ownership</i>
C	Who is Consulted  The person who must be consulted <i>before</i> a decision or action is taken
I	Who is Informed  The person who must be informed that a decision or action <i>has</i> been taken

Responsible for what u do and giving **satisfactory** reason

Duty to work or help some one who in position of authority

Can not be shared

Can be shared

U r blamed for mistakes

No liability



4-Quality Language :

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10. Identify educational needs

➤ It is important to **determine the quality language** that the organization will utilize for their quality program. Just as there **must be an organization wide** commitment and strategy, there must be a **common quality language with well-defined terminology**

➤ A common quality language facilitates leaders' ability to articulate clearly the corporate passion for quality and to be consistent and organized in the **development and rollout of the selected quality strategy**. The language of the organization communicates the culture.

➤ The staff must also know what the **common terms** are so that when talking with others, they can be talking about the same things.

