



## 5-Organizational Important Functions:

- Determination of what should be measured and then improved if needed, there are many things to consider.
- It is well known that the organization cannot measure and improve everything at the same time due to the lack of resources available. Nevertheless, the organization needs to focus their improvement efforts on the issues that provide the most value to the organization and its patients/clients.
- مصنع حلویات العلبة فیها 50 كاندى مش هرهق نفسى ان كل علبه فیها 50 بالظبط واقعد اعد لا ممكن ابقى ( +/- اتنين قشط يبقى ممكن اوزن واريح دماغى
- > Hip replacement:

I would assess only

- 1- walking certain distances
- 2- pain control
- 3-bleeding and infection
- But not in my priorities if pt eating well or not

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





### 6-Approaches to Performance improvement:

- Several methodologies can be used to establish an organization wide approach for Quality/Performance Improvement (Q/PI) activities.
- These possible approaches/models focus on process improvements and are generally designed for use by cross-functional, interdisciplinary teams

Leadership and planning are essential for integrating existing and new improvement activities and for gaining consensus across the organization or system.

- 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

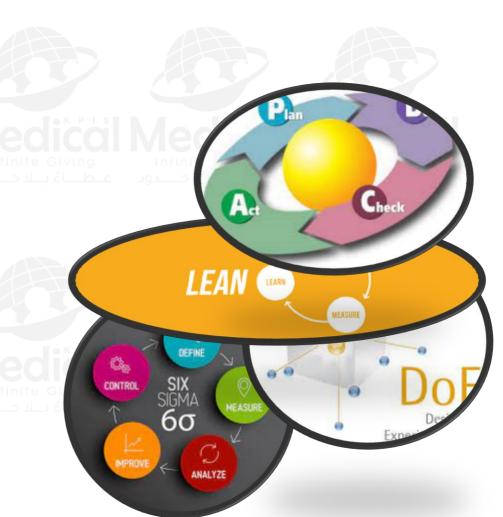






# Common characteristics of all approaches/models:

- 1. Identifying/focusing on prioritized areas in the organization
- 2. Developing measures and collecting data
- 3. Assessing performance taking action for improvement
- 4. Assessing improvement
- 5. Effective team development and interaction
- 6. Use of statistical, analytical, and consensus tools at all steps
- The key to successful selection (meaning buyin and adoption by the organization) is making certain that the approach(es) make good, common sense to clinicians, quality professionals, top-level leaders and directors/managers, and teams.

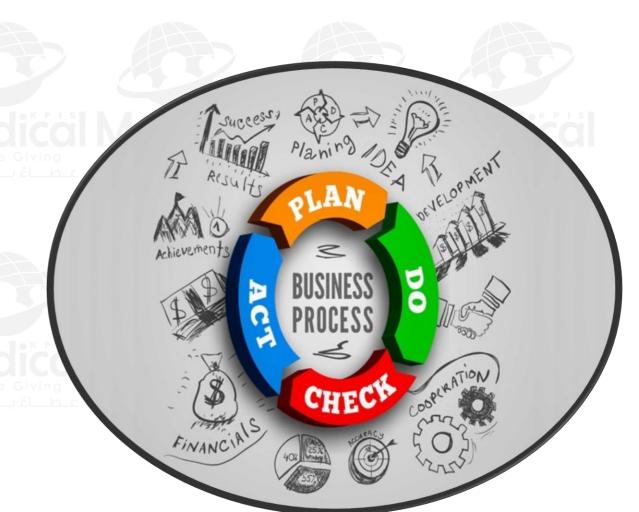






# **Shewhart Cycle - PDCA Cycle or PDSA Cycle:**

Shewhart developed the Plan-Do-Check-Act (PDCA) cycle for planning and improvement in the 1920s. W. Edwards Deming adapted PDCA and called it the Plan-Do-Study-Act (PDSA) cycle. Both are conceptually the same with a slight variation as to whether you 'check' or 'study' as the third part of the cycle.





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- Take action based on what you learned in the study step.
- If the change did not work, go through the cycle again with a different plan.
- If you were successful, incorporate what you learned from the test into wider changes.
- Use what you learned to plan new improvements, beginning the cycle again.
- Data is collected again as it was before the improvement efforts began.
- Analyze of this data compared to the previous data
- The team determines if the goal /target have been reached
- Determine what action or modification are necessary prior to the full implementation of the action plan ( decide u will repeat the cycle or not?)



- plan what needs to be done.
- Recognize an opportunity and plan a change.
- you need to be sure that you answered some basic concerns
  - 1. What is the core **problem** we need to solve?
  - 1. What resources do we need?
  - 2. What resources do we have?
  - 3. What is the **best solution** for fixing the problem with the available resources?
  - 4. In what **conditions** the plan will be considered **successful**? What are the goals?
- An action plan is developed with goals and targets that have been identified.
- Design New process.
- the action plan is implemented, usually on a small scale in a trial basis (Pilot study)
- This stage include education and training.





#### **Benefits of PDCA:**

1- It stimulates continuous improvement of people and processes.

2- It lets your team test possible solutions on a small scale and in controlled environment.

3- It prevents the work process from recurring mistakes

# **Accelerated/Rapid Cycle Change Approach:**

Mergers and acquisitions continue to accelerate change in healthcare organizational structure and culture. Reengineering efforts change systems, functions, and processes radically, not incrementally, as continuous quality improvement theory would <u>dictate</u>.

❖ Healthcare purchasers want "proof of quality" now in order to make appropriate contract decisions about health plans and providers.







- changes are made in a less disruptive environment, resistance to change is reduced, and everyone is learning from ideas that work and those that do not.
- ❖ Rapid-cycle change models utilize the traditional quality tools, but expediting the change and the results. Instead of 3-6 months for a team to implement and measure a change, rapid cycle change occurs within several days up to 4 to 6 weeks
- This process is labor intensive and must have the support of the leadership. The leadership must commit to the staff time and the financial resources.
- \* Rapid cycle improvements cause the team to <u>focus on reducing failure</u> rather than just improving performance.
- ❖ Benefits of rapid cycle improvement consist of <u>quick improvements</u> resulting from small tests, <u>failures</u> are noted <u>quickly</u> and affect few individuals, measurement is concurrent and on small samples.





#### Lean:

- Lean management strives towards elimination of waste and non-value added activities from the poor application of resources and the supply of equipment/supplies (too little or too much) does not meet the demand.
- The goal is to match the supply with the demand exactly.
- ▶ lean is about providing the most value for the customer while minimising resources, time, energy and effort.





Lean thinking

to organize human activities to deliver more benefits

how



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# Lean Principles

#### **Benefits of Lean Management**

- Focus.
- · Improving productivity & efficiency.
- · Smarter process (pull system).
- Better use of resources.
- Most important step.
- Problems may occur at any of the previous steps.
- Encourage continuous improvement.

- Work is pulled only if there is a demand for it.
- Optimize resources capacity and deliver products

Identify Value

> Customer Needs

Continuous

Improvement

**Establish** 

Pull

- · Add value defined by customers needs.
- · Value lies in the problem you are trying to solve.

Map the Value Stream

Flow

- Map the workflow of your company.
- Identify what parts of the process bring no value.
- Detect the steps that dont bring value and eliminate them.

- Create · Cross-functional teamwork.
  - Detect and remove process roadblocks.

## Muda 無駄

Uselessness in processes, machinery and people

Mura 斑 Unevenness in customer demand, process times or other variations

Muri 無理 Overburden resulting from Mura and from removing too much Muda

#### **Eliminate waste:**

eliminate

nfinite Giving — Infinite Giving صطاعً سال د حود عطاعً سال د





## **Wast**

value or consumes resources without creating value for the patient or the healthcare enterprise"

It involves variation, and overburden within processes.

- There are eight forms of waste:
  - 1. Defects.
  - 2. Oversupply.
  - 3. Waiting.
  - 4. not fully utilizing people's abilities.
  - 5. Transportation.
  - 6. Inventory motion.
  - 7. excess processing.























## 5S tool:

- This is extremely important to the lean methodology.
- This tool utilizes a systematic approach that is effective and simple to use model for process design and improvement.
- There are five phases in this tool: (Sort, Store, Shine, Standardize, and Sustain)
- ❖ .The current state process map is drawn first to display how the process currently functions prior to any improvements and to determine the overall processing time.

# **5s Methodology**

5S is a method for workplace organization which uses a list of five Japanese words seiri (整理), seiton (整頓), seisō (清掃), seiketsu(清潔), and shitsuke (躾)

#### 1. Sort (Seiri)

Seiri is sorting through all items and removing all unnecessary items.

# 2. Set in order (Seiton)

Seiton is putting all necessary items in the optimal place for fulfilling their function in the workplace.



# 3. Shine/Sweep (Seiso)

Seiton is putting all necessary items in the optimal place for fulfilling their function in the workplace.

#### 4. Seiketsu (Standardise)

Setting up standards and specifications

Shitsuke (Sustain)
 Sustain the developed processes by self-discipline of the workers.









#### 5 STEPS:

**SORT** 

evaluates what is needed and what non-value added items/steps can be deleted.

**STORE** 

consists of examining the effectiveness of the <u>order of steps</u> in the process, and reorganized to increase efficiency and productivity.

**SHINE** 

consists of streamlining the process to eliminate additional processing time. Standardize work phase is when the process steps are standardized

**Standardize** 

work phase is when the process steps are standardized.

**SUSTAIN** 

the process can be monitored and refined in order to maintain the new processing time..





Kaizen is a compound of two Japanese words that together translate as "good change" or "improvement." However, Kaizen has come to mean "continuous improvement" through its association with lean methodology and principles.

