Introduction

During the last half century the focus of the health care industry in the U.
S.A. has moved from research to access to health care, to cost of health care, and, in recent times, to quality of health care. The 1990s can be identified as the decade of quality, value, and customer expectations.

Total Quality Management is an integrated and innovative system of managerial and organizational activities designed to clearly define and streamline production processes, remove waste and unpredictability, achieve previously unprecedented levels of performance with fewer resources, and meet customer expectations at the highest level of performance with fewer resources.

What is TQM?

The TQM requires a total paradigm shift in health care management, meaning that the organization must commit to total participatory involvement, collective responsibility, continuous improvement, and flexible objective and plans.

TQM demands that change based on the needs of the customer, not the values of the providers. It requires the meaningful participation of all personnel and a rapid and thoughtful response from top management to suggestions made by participating personnel. The customers in TQM include patients,families, medical staff, referring physicians, government, accrediting bodies, employers, and nurses.

TQM is more than a change in values and responsiveness by top management. It requires rigorous process flow and statistical analysis, evaluation of all ongoing activities, and the recognition and application of underlying psychosocial principles affecting individuals and groups within an organization.

TQM: Where it all begins?

W. Edwards Deming taught the Japanese a bedrock philosophy of manage-
ment that has allowed them to take industry after industry away from U.S. competitors. Deming's principles must be perceived and applied in their entirety, as a whole new way of thinking. Superior quality and low costs require a radical change in management policies consistently applied from top to bottom in an organization. Deming's 14 points for achieving quality and lowering costs include:

1. constantly striving to improve products and services, 2. adopting a total quality philosophy, 3. correcting defects as they happen, 4. awarding business on more than price alone, 5. constantly improving the system of production and service, 6. instituting training, 7. instituting leadership, 8. eliminating fear, 9. breaking down barriers among staff areas, 10. eliminating superficial slogans and goals, 11. eliminating standard quotas, 12. removing barriers to pride of workmanship, and 13. instituting rigorous education and retraining.

How can health care organizations build quality into their outcomes, services, and products, and also benefit financially? The Hospital Corp. of America (HCA) has been a leader in applying the quality improvement ideas of quality guru W. Edwards Deming. One of HCA's hospitals, Parkview Episcopal Medical Center (Pueblo, Colorado), now serves as a role model hospital for the quality improvement process.

About 1/3 of Parkview's employees have been trained in quality awareness. Because Deming estimates that 94% of all errors are system errors rather than employee errors, managers are trained to focus on bad systems not bad employees. Results of the quality improvement effort at Parkview include: 1. improved employee morale, 2. a reduction in employee turnover, and 3. reduction in the number of late starting surgeries from 48% to 8%. Parkview has cautiously begun bringing physicians into the quality improvement process.

Although Deming was the first and most notable quality thinker, there are many other well-known, well-respected "quality gurus." Although they have unique perspectives, these authorities agree on some points.

* managers are responsible for quality and removing barriers to achieving quality that hinder quality work.
* Identifying and then doing the right things, the right way, the first time, and problem prevention planning—not inspection and reactive problem solving—leads to quality outcomes;
* Quality improvement is a never-ending process.
* Organization-wide commitment is essential to any quality improvement process.
* Quality improvement efforts should focus on and attack the system or the work process, not the employees.
* The purposes of TQM are to satisfy the internal and external customers.
* Process and outcome must be measured by analytical, objective, and statistical
tools to measure and assess(3).

**Conflicts between the models: professional and TQM**

An obvious conflict is between the TQM and the established norms of professional autonomy. This is not merely a conflict between administrators and clinical professionals: It is a fundamental challenge to the way all professionals think about quality, evaluate and regulate themselves, and gain and protect their professional domains and autonomy. TQM does not respect existing professional standards; it is continually demanding new ones. The reality is that both models must be accommodated if TQM is to make a difference in health care organizations.

* Individual vs. collective responsibility

The professional model places the responsibility for performance squarely on the individual professional. If the professional makes a mistake, then that professional is primarily liable for damages. The TQM model focuses on the system. If errors or problems occur, the TQM model focuses on the process, not the individual provider. To correct problems and errors, a group of individuals in the organization is asked to assume ownership of each process and joint responsibility for its improvement.

* Clinical vs. managerial leadership

TQM demands that management take a more participatory approach. Managers are required to involve clinical professionals in the decision-making process, leaving it up to them to solve quality problems as they arise.

* Autonomy vs. accountability

Autonomy is central to the clinical professional model. TQM is a technique that is likely to increase personal autonomy in undertaking task-oriented change. It does not respect professional autonomy as much as it respects personal autonomy.

* Administrative authority vs. participation

TQM puts responsibility for quality control in the province of the front line managers and employees. Maintaining quality no longer taking names and booting bottoms: it means monitoring and teaching employees to monitor their own performance and taking corrective action.

* Professional authority vs. participation

The TQM approach diffuse responsibility for quality among the members of the team responsible for the delivery of care. TQM emphasizes that criteria are selected by the users of the output, not selected by physicians and other professional groups. Teams are likely to be multidisciplinary, and the creativity and worth of every team member must be respected equally.

* Goal vs. process and performance expectations.
The usual expectation in health care is that one has an objective goal for every act; that there is a "gold standard" for care. That is not the continuous improvement.

- Rigid vs. flexible planning

TQM requires that management be responsive to quality improvement suggestions. New priorities are necessary, and they must be addressed aggressively through flexible, ongoing planning rather than through rigid, preprogrammed activities.

- Retrospective vs. concurrent performance appraisal systems

Most performance appraisal systems are based on setting goals and then meeting them. TQM appraisals focus on gaining skills to contribute to the process of quality improvement. If TQM is in effect, the objectives will be changing almost daily.

- Quality assurance(QA) vs. continuous improvement

The underlying premise of QA has been to identify human errors in the process to follow established protocols, and to search for failures to meet the gold standard. TQM emphasizes system errors and the continuous nature of improvement. Moreover, it requires that improvement be the responsibility of all personnel, not just those designated as "QA" personnel.

Can TQM make work in health care service system?

Buyers accept having to pay more for health services from providers they believe are of the highest quality. The VHA research shows that 40% of consumers are willing to pay extra for quality. A similar 42.1% of health executives surveyed for Health Care Forum predicted that business and insurance would be willing to pay more for higher quality.

Major employers are working with their insurance carriers and third party administrators to develop "quality specifications" for purchasing health care. These criteria include patient satisfaction, health outcomes, hospital and physician credentials, and state-of-the-art facilities.

Expert consultants are devising review criteria to identify patterns of substandard quality in physician or hospital outcomes. Employers and insurers will periodically screen their data looking for quality problems and poor provider performance. Becoming a preferred provider in tomorrow's health care marketplace will depend on a combination of factors: cost, consumer satisfaction, and quality outcomes.

Government targets provider quality. As part of its drive toward quality assurance, the department of health and human services establishes a national "incompetents" data bank containing information on physicians and dentists who
are sued for malpractice or disciplined by state licensure boards.

States take lead in regulating quality. The Maryland Hospital Association established a special council for quality healthcare. The council has been sending diagnosis-specific and institution-specific mortality rate data to hospital executives and trustees. With the data, the council supplied a list of questions to ask the medical staff in order to strengthen quality assurance programs(5).

How to prepare for entering into TQM?

The implementation of TQM requires that administrative and medical managers mediate areas of conflict.

Action 1: Redefine the role of the professional

The new set of decision-making skills required by TQM will have to include not only technical skills, but also the ability and flexibility to be guided by a quest for continuous improvement. This requires fundamental skills for statistical analysis of procedures and the ability to work with and in multidisciplinary teams.

Action 2: Redefine the corporate culture

To implement TQM, there must be a change in culture, management skills, team-building strategy, structure, and reward system. Failure to address each in a systematic effort will greatly limit the implementation of TQM.

Action 3: Redefine the role of management

In TQM, the manager becomes a symphony conductor, orchestrating the independent actions of a variety of professionals and project-oriented teams. The top managers will do less of the decision making, leaving it to lower and middle levels of management to make the majority of the decisions, often on a consensual basis among the departments involved.

Middle management has responsibility for monitoring the process of TQM and authorizing the implementation of the process changes. The first-line manager has to lead the process and at the same time give people enough room to make it work.

Action 4: Empower the staff to analyze and solve problems

The most important challenge for management is to empower the staff to gather data, analyze it and make recommendations. Supervisors have to act as liaisons if problems turn out to have multiple causation.

Action 5: Changing organizational objectives

The organizations will have to set their own quality objectives period by period as they develop the capacity to measure, follow, and modify their own processes.

Action 6: Develop mentoring capacity
The professionals and the managers will need models of behavior to follow and get mentors with whom they can discuss their plans and feelings about the risks involved.

Action 7: Drive the benchmarking process from the top

Top management is the group responsible for assessing the outside environment. This will not happen effectively without strong leadership from the top down. The unit of analysis for benchmarking is critical. It is not just “We have done our best.” It is also “Do customers feel best from our services.”

Action 8: Modify the reward system

The health care institution must reserve some rewards for those who cooperate most whole-heatedly and effectively. The rewards are most likely to be psychic rather than financial payments.

Action 9: Go outside the health industry for models

Health managers should not hesitate to go outside of the health industry for its models of consumer-driven quality.

Action 10: Set realistic time expectations

The process of adopting and institutionalizing TQM takes time under the best of circumstances, most likely three to five years. People will have to start with a realistic estimate of the time required.

Action 11: Make the TQM program a model for continuous improvement

People who are responsible for program oversight must consciously challenge the TQM staff to suggest improvements in the program and respond rapidly and effectively.

Total quality management training

The process of quality management involves 10 steps. By following each step a much more systematic and objective approach is taken.

Step 1: Defining accountability

It involves the establishment of the quality improvement team. The team members share expectations and discuss operating guidelines.

Step 2&3 Customer and supplies identification, customer requirements

The team must identify these key players in order to progress to establish customer needs as well as define what accountability the supplier has for the work process results.

Step 4: Development of quality goals

This step provides the group with a framework for planning.

Step 5: Quality targets

The quality target is the measure of quality to be achieved in order to meet
customer requirements. It must be attainable and an acceptable target within the constraints of the organization. They must also be met on a consistent basis.

Step 6: Action plans

This step requires the team to think through and list those major tasks that need to be accomplished to attain the goal. Time frames for completion are set.

Step 7: Process improvement analysis

By examining the actual "production process" information can be gathered to assist the group in identifying possible changes in order to achieve the desired goal.

Step 8: Implement change

In this step, it is very important to clarify how the changes will affect or benefit group.

Step 9 & 10: Monitor/maintain improvements

In these two steps, a mechanism for feedback needs to be designed. If the process is unsuccessful corrective action needs to occur. Effectiveness must also be maintained by the affected departments. The effort must continue to maintain quality.

Conclusion

The American health care industry is changing. The changing interplay between interdependent market segments is turning the health care industry upside down. One thing seems certain today. Hospitals and doctors will be graded and reimbursed based on their performance. Despite the difficult of measuring health care outcomes equitably, the era of TQM is beginning.
References


