Quality Management in Public Service

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SUMMARY

Nowadays the efficient use of quality management systems and methods is becoming an important requirement in the institutions operating in the field of public services. The article deals with some elements of the quality efforts in public health, public administration and higher education. My aim is to give an overview of the most important features and operational pieces of experience of quality management systems in the public services in order to make the institutions of these sectors able to adapt those quality management approaches, systems and methods which meet the requirements of their clients and of the organization.

INTRODUCTION

During the recent decades, raising quality to a strategic level has become an essential condition of successful operation in every field of the economy. No production or service organization can avoid applying quality management tools and methods on a system level. These systems have developed parallel with the change of the concept of quality and partly this change may have forced the evolution and application of various quality approaches and systems. (Topár, 2001)

What is called quality? There are numerous different definitions of quality; however, pointing out its essence, we can say that quality means meeting all expressed or latent demands of a client (customer, partner). According to this definition, in essence, the number of various demands arising against services is the same as the number of your partners or clients. (Tenner − De Toro, 2005)

To meet specific unique client demands, of course, a part of public service institutions must consider the fact when creating their quality management systems that the majority of institutions fulfill authority functions. In these cases, legal background and client demands do not always fully comply. Of course, more extensive customer demands stipulated by the law have priority in these cases; these are the ones specified by the creator of the law.

Talking about quality matters of public service, you must not forget that basic quality management methods and techniques have evolved in connection with industry production. Creating or developing your quality management systems, good results can be usually reached with proper adaptation of these methods and considering the special features of the applying sector and organization when applying them.

The efficient application of modern quality management systems and methods is a critical requirement also in case of public service institutions. (Dudás, 2002)

As far as the work of these organizations is regarded, the focus has been moving from fulfilling official functions to service functions. Anyhow, the features of official authority processes today also include service approach and consulting, professional analyzing, after all, supporting activities, as this means supporting the work of the clientele and reaching client satisfaction, i.e. quality. (Topár, 2002)

In the following, I summarize the efforts of some public service sectors relating to quality management system development and their experience. The detailed analysis of these fields is far beyond the scope of this article so I intend to cover some elements of the quality efforts of healthcare, public administration and higher education in the following.

QUALITY IN HEALTHCARE

No healthcare system can afford to disregard quality. Quality in healthcare has come into the focus of the public, healthcare professionals, managers, decision makers of healthcare politics and subsidizers.

Limited sources, changing medical and nursing practice as well as the evolution of management function have resulted in a situation where, with the available sources and circumstances, a widespread acceptance of quality management systems and quality approach is required to reach maximum results in the field of improving the state of health of the population.

The Healthcare Act stipulates that all healthcare institutions shall conduct various activities relating to improving quality. However, it is not specified what quality system shall exactly be operated in practice, what specific processes shall be developed, what structure,

process or outcome indicators shall be formed or used, or how to measure and interpret the quality of medical attendance using these indicators.

Quality assurance in healthcare makes healthcare objectives and expectations explicit, analyses the current situation and introduces required amendments. For that very reason, it is a continuous operation, analysis and improvement process. It still remains a problem that the concepts of 'health' and 'disease' is often subjective and difficult to specify. However, it is possible in many cases and quality assurance activities can help in setting objectives and criteria systematically. It is very interesting to see that quality assurance in healthcare experiences the same evolutional process as it occurred in the field of industry. Following the period of handling complaints and 'output control', currently the processes of healthcare services and the duties of all healthcare workers relating to quality medical attendance get more attention. The application of various systems meeting these requirements has started recently in healthcare attendance system.

After a decision regarding the necessity of a compatible strategic development of quality is made in the specific healthcare institution, the next question is how to start this in an organized form. Usually the first question arising is whether applying the certification against the ISO 9000:2000 standard system or based on the EFQM Model for Business Excellence or maybe based on the Hospital Accreditation Standards (HAS) would be appropriate in respect of the institution.

Institutions should choose the model or method that:

➢ meets the patients' needs (demands) in the specific field of attendance;

➢ ensures the obligatory quality level (minimum requirements) stipulated by law in the healthcare institutions;

➢ supports the institution both in the short and long run to reach the expected (owners, subsidizers, healthcare politics, national and local politics) quality level (or to exceed it to a degree required by the competition and other factors);

➢ promotes to accomplish aims set by the management and the employees (mission and vision).

This means that the appropriate system that should be selected supports the strategic aims of the institution to the maximum degree; specifically, it supports a critical part of those: the long-term quality policy of the institution.

The ISO 9000 Standard System in Healthcare

The guidelines helping the introduction of quality management systems complying with the ISO 9000 standard system in healthcare were published by ISO in September 2001: „IWA 1, Quality management Systems – Guidelines for Process Improvements in Service Organizations". (Gulácsi, 2000)

IWA 1 Guidelines are based on the ISO 9004:2000 system and contain a major part of its text, expanded by a direction regarding application in healthcare. The aim of the development of guidelines was not the certification or accreditation but to help the introduction and application of the specific system. (Similarly, the ISO 9004:2000 standard also helps application and does not serve certification.) The institutions can be certified according to the general requirements set forth in the ISO 9001 standard.

In Hungary, a guideline has been developed for the application of the MSZ EN ISO 9001:2001 quality system in healthcare service organizations with the coordination of the Ministry of Healthcare, Social and Family Affairs. This guideline consists of an explanation relating to the standards and a guiding part supporting their application.

EFQM Model for Business Excellence

The European Model for Business Excellence was introduced by the European Foundation for Quality Management (EFQM) after the model of Malcolm Baldrige Model in 1991. The model was designed to serve as the framework of organization self-assessment and awarding the European Quality Award. The mission of EFQM is the following: spreading the philosophy of Total Quality Management (TQM) in business practice and in the communication of companies with their partners.

The improvement of EFQM model has made it possible also for other entities than the companies of business sector to join the organization. As of 1999, the model has a new name lacking the former "business" attribute: EFQM Excellence Model. Several public service organizations attempted to implement the EFQM model in the 90's but they faced difficulties especially in the field of education and healthcare. In 1994, EFQM established the Public Sector Steering Group (PSSG) that has drawn up a Public Sector Guideline promoting the application of the model for organizations operating in the three major segments of the public service sector (education, healthcare and public administration). There is already a possibility for applying for the European Quality Award in the public service category. (Gulácsi, 2000)

The EFQM model consists of two equally important parts: 'Enablers' and 'Results' containing 9 main criteria and 32 subcriteria (Figure 1). The field of 'Enablers' covers 24 subcriteria enabling organizations to assess the process and method of approaching and solving tasks/problems (Approach) and the way of application broken down to specific tasks (Deployment). 'Results' defined by 8 subcriteria requires an objective assessment based on facts and makes the comparison with other organizations possible. Within the 'Results' section, excellence of the results and coverage of the application are assessed.
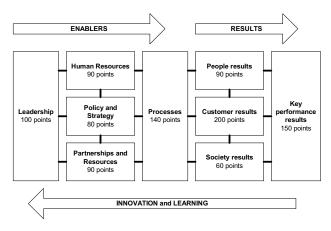
Figure 1. EFQM Excellence Model

In Hungary, the healthcare adaptation of the EFQM model is in progress. So far, the Healthcare Quality Awards based on the EFQM model have not been announced in Hungary yet.

Accreditation Based on Hospital Standards (Gulácsi, 2000)

The history of quality improvement based on standards started with the establishment of the US accreditation organization operating as a government organ in effect (Joint Commission on Accreditation of Healthcare Organisations, JCAHO) and the independent Canadian accreditations center (Canadian Council on Health Services Accreditation, CCHSA) in 1951. These two countries have been followed by numerous other ones. Standards are statements/declarations with professional bases describing the 'state of the art', planned, envisioned state of the organization intended to reach. They demonstrate the way experts imagine the operation of a healthcare institution.

Comparing the accreditation systems, there are significant similarities and differences in the field of operation and objectives. However, all accreditation systems have the following common features:

➢ an officially recognized organization establishes standards and publishes them; conducts on-site assessment in healthcare institutions and announces its decisions,

➢ standards are created and the results of the on-site assessment are evaluated by fraternal agreement of the experts,

➢ they focus on continuous quality improvement instead of control.

There are considerable differences between accreditation systems as well. The most important ones are the following:

➢ accreditation can be voluntary or obligatory,

➢ standards can be minimum versus optimal ones,

➢ accreditation can be subsidized by the government or by other entities,

➢ the systems can be independent or under control of a government organization,

➢ there are differences regarding the frequency of on-site assessment and

➢ the role of consultation,

➢ there are also major differences between the accreditation systems regarding how detailed the published results are.

In the recent years, healthcare institutions in Hungary have also received the Hospital Accreditation Standards (HAS). These standards draw up the requirements towards the applying institutions in a rather general form, suggesting values in the following next chapters:

1. Admission and discharge of patients
2. Examining patients
3. Medical attendance
4. Patients' rights, providing information and education
5. Quality improvement
6. Leadership
7. Human resources management
8. Operation and safety of buildings and equipments

The published Hospital Accreditation Standards draw up general requirements concerning the above fields; these requirements then serve as a base for institutions specifying the directions and requirements of their own systems. Essentially, a reasonable compliance with HAS provisions moves the applying organization towards TQM. Application of HAS provisions is not obligatory. (Topár-Gulácsi, 2002)

Healing Based on Evidence

Medical activity today could not be conceivable without the proper usage of reliable scientific facts. The primary sources of information for scientific evidence are well-planned and conducted randomized controlled clinical trials (RCT). During RCT-s, participants are selected and classified randomly. Usually, there is a therapy and a control group formed and these groups are compared in terms of the treatment in question and the outcome. Randomizing ensures that the factors affecting the outcome of the therapy be divided nearly evenly between the therapy and control groups and so it helps avoiding that these factors influence the judgment of the examined therapeutic effect. However, the sources of scientific facts are much more diverse that this. The concept of healing with scientific basis is vaguer though; it includes the best scientific facts available, the patients' preferences and the doctors' professional experience. All decisions on therapies or other treatments are made based on these three components.

QUALITY MANAGEMENT IN PUBLIC ADMINISTRATION

Basically, also the institutions of public administration choose between two ways in Hungary. A part of them steps towards a quality management system complying with the requirements of the ISO 9001:2000 standard. Other institutions consider the application of TQM leadership philosophy efficient. As public administration is controlled (in some cases, overcontrolled) by acts, decrees and statutes, in my opinion, complying with the requirements of ISO 9001:2000 is only reasonable if this appears also as a tool of "making order". To establish a client-focused operation, I would suggest the application of TQM leadership philosophy for the organizations concerned. [4] A tool designed for measuring the results reached during the application of TQM leadership philosophy and defining the development tasks for public administration organizations is the Common Assessment Framework (CAF). The essence of the CAF system is summarized in the following.

Common Assessment Framework (CAF)

The CAF system was established for the field of public administration based on the EFQM model. The unified European assessment framework was created and later improved using the criteria of the EFQM model, taking into consideration the special features of public administration and simplifying the criteria. The creators of CAF also emphasize that their aim was making the principles and methods of TQM applicable and promoting the assessment of the application in the field of the public administration. CAF may not be deemed an individual quality management system approach; instead, it is a special assessment tool that endeavors to move the values of the applying organizations' quality management systems towards the TQM leadership philosophy, considering the special duties and values appearing in public administration organizations.

Joining the self-assessment system recommended by CAF is voluntary. It is not obligatory to use it in public administration institutions in Hungary either. Following the establishment of a proper quality culture base, however, it is able to considerably support setting the organization's objectives and creating the system of tools required for reaching those aims; furthermore it ensures the basis of a continuous improvement. The application of the CAF system and comparison of the results helps starting the process of benchmarking, learning from each other as well as in efficient implementation.

The criteria of the CAF system have been developed according to the specific features of the sector and are presented in Figure 2:
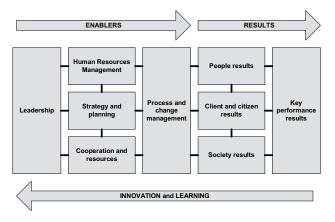

Figure 2. The criteria of the CAF system

All main and subcriteria for enablers and results expressly take the specific features of public administration into account.

The CAF system as a tool is efficiently applicable for the improvement of the quality management systems of institutions and organizations holding an ISO 9001 certification and for supporting the work of organizations endeavoring to establish TQM values.

Quality Improvement Experience in Public Administration

Recently I have had the possibility to examine in detail the results and experience of 52 public administration organizations in the field of quality improvement. All institutions examined were granted government subsidy for the improvement of their quality management systems. The staff number in these 52 organizations varies as follows:

- up to 20 employees   10 organizations,
- 20-100 employees   19 organizations,
- over 100 employees   17 organizations
- associations   6 organizations.

The quality improvement process was assessed based on on-site interviews as well as written documents and self-assessment of the organization. In the following I only intend to point out some of the major findings.

Out of the 52 surveyed organizations, 9 ones have developed ISO 9001:2000 systems; 38 of them have developed CAF self-assessment systems and 5 of them have applied some other quality improvement method during the past two years.

In case of small organizations, only the CAF self-assessment model has been used as a quality improvement tool. This method is actually the one that can support the work of these organizations the best. To efficiently implement this task, the online system of the Ministry of the Interior provides considerable support. It is regrettable that these entities did not use the special implementation tools and methods upon application of the CAF system. For these organizations, an informal conversation based on the assessment results and the development of values and attitude may be a significant

drive in improvement and cooperation processes. At the same time, in case of an organization with autocratic leadership, it might be impossible to make use of the results, or even to conduct an objective self-assessment.

It is completely unfounded from a professional aspect that, based on the results of the application of the CAF system, some organizations came to the founding that the development of a system in accordance with ISO 9001 means the future. In my opinion this is not the way of development for an organization of this size.

In case of medium and large sized organizations, beside unique results, it has to be noted that the reports and data of county public administration bureaus present a high-level CAF self-assessment project. This must be explained by the fact that the application of CAF and other quality improvement tools has had a tradition with leaders and employees of public administration bureaus already in the recent years.

In case of medium and large sized organizations the number/ratio of those participating in the assessment was defined rather timidly (in a low key). Undoubtedly, it requires hard work from the participants but their commitment to quality grows together with the number of participants (if it is done well) and it is worth exploiting this.

In the execution of the aims drawn up in the tender, consultants played a too dominant role in some organizations. Consulting organizations are interested in selling their materials and methods as widely as possible. As a result of this as well, only formal solutions came to light instead of establishing actual leadership commitment. It gives food for thought that the quality management knowledge of some leaders is insufficient; in many cases, it shows substantial mistakes.

The application of CAF self-assessment was usually preceded by training. It is a general feature that the training was focused only on the employees participating in the assessment. From the aspect of developing quality attitude, it is much more efficient if the training involves all members of the staff.

QUALITY MANAGEMENT IN HIGHER EDUCATION

Higher education institutions have started applying elements of quality management systems systematically during the past decade. Similarly to other sectors of public service, complying with the law is also typical for higher education institutions, which is ensured as an external quality system by the Hungarian Accreditation Committee (HAC; Magyar Akkreditációs Bizottság, MAB). At the same time, requirements drawn up by HAC include the demand that a quality assurance system should operate also within the institutions, enabling the continuous improvement of institution processes.

Quality management systems developed according to the ISO 9001:2000 standards can also be found in higher

education institutions, but in a smaller percentage as in other fields of public service.

In my personal opinion, such a system should be developed primarily in institutions where the development and harmonization of processes requires operating a formalized subsystem. I have seen positive results of the system operating during the efficient implementation of institutional integration efforts.

At the same time, in my professional opinion, the majority of the main and supporting processes typical for higher education institutions as well as the specific features of these institutions give the grounds rather for establishing and operating an own institution's quality assurance system taking the principles of TQM leadership philosophy into account. Only the commitment of the leadership (on all levels of the higher education institution) can ensure the high-level operation expected from the institutions by "customers" or partners.

A self-assessment system based on the TQM principles makes it possible to define strengths and fields ready for improvement on all leadership levels and, as a result, to carry out continuous improvement in higher education.

Any self-assessment model may be suitable for this though, but it will work efficiently only if the values of the self-assessment are adapted to the specific features of the institution.

Upon establishing this self-assessment culture, the system of criteria drawn up in the Accreditation Guide of HAC (MAB, 2005) can be of assistance, offering a usable framework for the assessment of the institution's (faculty's) potentials and the operating results.

SUMMARY

Giving an overview of the main features and some operational experience of the quality management systems applied in public service, I intend to promote that, in order to improve their work and make it more efficient, the institutions of these sectors can select a quality management approach, a system and the relating quality management methods fitting well to the demands of their clientele and to the features of their organization.

Getting an overview of these systems is reasonable also because, according to my experience, the application of quality systems complying with the ISO 9000 standard system has become too widespread with Hungarian businesses, institutions and enterprises in the past decade. Though I admit the advantages of the application of this system, I still believe that it is the TQM leadership philosophy and quality award models designed to assess the successful application of this philosophy, primarily the consistent application of the EFQM model for example, or its version specifically developed for public administration, the CAF system that would efficiently support the execution of the long-term tasks of public administration among others.

I would like to make it absolutely clear that, in my view, spreading quality culture and developing an attitude required for the efficient application of quality management systems is a process that cannot be implemented rapidly. It cannot be implemented efficiently without the commitment of the leaders. In many cases, ordering the obligatory application of different quality management systems (e.g. HACCP) does more harm in forming the quality approach of a specific institution than good. Due to the fact that they are obligatory, they often move the organization applying a formalized quality management system and its employees towards unreasonable and formal solutions. And this can become a significant obstacle to developing a long-term quality approach.

The EFQM model can be a widely used tool in the improvement of quality management systems of public service institutions.

At the same time, quality award models in themselves cannot be used efficiently for the improvement of quality management systems, or to be more precise, the organization's business processes. It is not a good approach if you only wish to meet the criteria. This does not result – or results only in exceptional cases – in the development of a system representing unified values. As a first step, you have to create the bases of TQM and only then you can use the models to define your strengths, weaknesses and, based on this, the fields to be improved.

I am convinced that also in the field of public service there are as many good solutions as institutions. There are no general solutions applicable for every organization. Efficiently applicable quality management philosophies, models and methods always have to be selected taking the organization's organizational culture and conditions as well as its tasks into consideration. The leader of the organization has a key role in this; without leadership commitment you can only operate formal quality management systems that do not support real solutions. This cannot be your aim. You have countless optional solutions. You can do a lot of things expect one: neglecting quality and disregarding the demands of your clients and internal customers.

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