

Quality Process Implementation Plan

Phase 1 – Getting Started: First 6-8 months

This phase relates to creating the foundation of the process. It is extremely important since false starts, unclear or logic-less objectives could hamper future success.

What happens:

a. Defining – Process objectives are established and clarified; structures, training requirements, and roles are defined and their basic interrelationships mapped. Corporate buy in must be acquired before the end of this step.

b. Chartering – Both the Quality Council and the Three Major Quality Committees are assembled. Members are assigned to the four bodies. Project timelines are shared and modified during these first meetings. Training requirements schedule is presented. Process definitions are further refined by initial exchange of ideas. Teams' Incorporation Sheets are completed

c. Get Quality Coordinator In Place – Internal full time coordinator is hired or assigned to support the whole process. He will attend meetings, ensure focus, work on logistics and serve as internal consultant for process methodology.

d. Communicating – Process Kick Off and Updates – General public (internal) is informed of the process at a major, fun, activity. Process objectives, operating logic and general timeliness are presented. Their roles and responsibilities are established. Their integration to the education activities is shared. Ideas are welcomed. Questions are answered. The process is repeated to keep everyone involved through the initial stages.

e. Specialized Education of Council and Committees Members – Massive fundamental training is executed. From 6-10 days of theoretical and hands on applications are covered as per training requirements schedule.

d. Pilot Initiatives Utilizing Seed Methodology – Both the Council and the Quality Committees apply theoretical improvement methodology to a real life situation. This prepares them to understand and mentor future Quality Improvement Teams, and at the same time improve real life situations by applying standardized methodology.

e. Culture Changes Based On Understanding – Initial Rounds of Massive Education – In parallel to the other steps, all employees will go through two quarterly half day training sessions on Quality Improvement Philosophy and Strategies. In some cases supervisory personnel are given specialized 4 days training on Facilitating under a Quality Improvement Umbrella.

Phase 2 – Initial Adjustments: next 6-10 months

What happens:

a. Learning from Phase 1 – Council, Committees and Employee representatives meet for a one-day session to review the experience of the first six months, refine the process, and plan for the next 6 months.

b. Initial Expansion of Efforts – Each of the three Committees will charter 2 to 3 teams (for a total of 6 to 9 teams, 6-8 members each) to work on specific strategic quality improvement projects. They will charter, support, and mentor them; and are responsible for their progress.

c. Standardizing Improvement Processes Based on Initial Experience – As more people participate on the process, the standardized improvement methodology gets to be tested and formally refined as company specific experience is developed.

d. Initial Efforts of Formalizing Effective Follow Up and Support - For the first time the Council and Committees get to experience what will be their major role for the next two to three years. During this period they will still work as separate organizational components, subsequently they will perform these functions as part of their natural position.

e. Communicating, Learning, Sharing, Coaching and Celebrations are Practiced - These activities start to show up as novelties to day to day work life.

Phase 3 – Facing Reality: 12-18 months

What happens:

a. Learning from Phase 2 - Council, Committees and Employee representatives meet for a one-day session to review the experience of the last six months, refine the process, and plan for the next 6 to 12 months.

b. Intermediate Expansion of Efforts - Each of the three Committees will now charter 4 to 5 teams (for a total of 12 to 15 teams, 6-8 members each) to work on specific strategic quality improvement projects. They will charter, support, and mentor them; and are responsible for their progress.

c. Effective Follow Up and Support are Common – By now the roles of the Council and Committees are clearer. They have matured by both failures and success. Their execution becomes more effective.

e. Communicating, Learning, Sharing, Coaching and Celebrations are Common – These activities are seen with higher regularity, and start becoming part of normal work.

Phase 4 – Institutionalizing: 24-36 months

What happens:

a. Learning from Phase 3 - Council, Committees and Employee representatives meet for a one-day session to review the experience of the last 12 months, refine the process, and plan for the next 12 to 36 months.

b. Expansion Efforts Are Not Required, Critical Mass is Reached, Process is Natural – Quality Committees regenerate Strategic Improvement Projects/Teams spontaneously (without a predefined required quantity). Their number and scope are based on need, opportunity, and the organization’s ability to mentor and follow up more initiatives, each with a larger and deeper scope.

c. Effective Follow Up and Support are Natural – They are now part of the daily routine.

d. Quality Council Merges With Normal Structure and Disappears – Quality related functions continue as part of people’s normal job, without keeping a separate structure. Quality Council Functions are now part of the regular staff meetings, Quality Committees activities are now part of the normal management role. Team membership is common in everyone’s work life.

f. Communicating, Learning, Sharing, Coaching and Celebrations are Natural - These activities are seen regularly, and are part of normal work.

g. Organizational Capabilities Regarding Quality Become a Strategic Strength – Our recently evolved ability to focus strategic efforts and make them a reality through everyone’s respect, interest, growth, enjoyment, participation and ownership are separating us from the crowd. **We must now continue growing, defending and continually evolving those capabilities into higher and higher levels of success.**

Quality Process - Design and Implementation Methodology

Design and Implementation Methodology - A standardized series of steps, based on the scientific method, whose objective is to drastically improve the effectiveness of a process. It is important to consider that the input of other process players is vital and should be included throughout all Phases.

Phase 1: Plan

Step 1: Prioritize Opportunities. Many alternatives will surface, but we will use a Decision Matrix to weight alternatives through predefined criteria to ensure that effort is expended where it will be more effective.

Step 2: Define a Project and Assign It To An Individual or Team. A seed Team Incorporation Sheet will be created, a team leader and team members will be selected based on established criteria. They will be trained as needed before starting their assignment.

Phase 2: Analyze

Step 3: Analyze Symptoms. Data will be gathered to understand the magnitude, timing, frequency and other characteristics of the undesired outputs we are attempting to affect/improve.

Step 4: Formulate Hypothesis on Cause(s). Cause and effect relationships will be established between symptoms and root cause, data will be gathered to understand strength or scope of those possible relationships.

Step 5: Prove Hypothesis. If strength of cause and effect relationships cannot be established on Step 4, the team might need to set up small scale experiments to ensure that the strength of the cause and effect relationship is large enough so it increases the odds of a better result by altering/improving the selected root cause(s).

Phase 3: Improve

Step 6: Consider Alternative Improvement(s). Decide on what changes are needed to alter the root causes(s) in such a fashion as to create the desired results. Exercises on creativity and some further experimentation are common on this stage.

Step 7: Design Improvement(s) and Control System. Once we select the changes we want to implement, a detailed map should be created on what, where, when, who, and how of the change. Including how are we going to monitor their impact and minimize/contain any possible downside.

Step 8: Prepare People for Change - Minimize Resistance/Maximize Acceptance. If improvement process was shared with operating process players, most likely changes are sold by now. Regardless, we will develop and use a Force Field Analysis to maximize the acceptance process.

Step 9: Implement Improvement(s) and Establish Control Systems. Execute the established implementation plan and closely follow up on results to adjust implementation process as needed and to be on the lookout for unforeseen variables.

Phase 4: Maintain

Step 10: Verify Performance and Improve Further. Utilize control system to ensure results where as planned. Meet with users regularly to fine tune changes. If things do not go as planned, learn something from the process and document/share the learning, and go back to Step 4 with your head and spirits high.

Structure and Responsibilities

Quality Council

A Quality Council with six to ten senior level members chaired by the Executive Vice-president, will act as a guiding body. It will report directly to the Company President, and will inform progress to the Board of Directors as required. Responsible for:

1. Establishing Quality Related Policy and Methodologies
2. Serving as Quality Leadership Role Models
3. Integrating the elements of the theoretical foundation into their management process.
4. Implementing, Reviewing and Evaluating the Quality Process Corporate-wide
5. Aligning major Quality Initiatives with Corporate Strategies.
6. Maintaining the energy, focus, methodology, and speed on the initiatives.
7. Formally following up on progress and faithfully informing the President, the Board of Directors, and the rest of the organization.
8. Resolving conflicts.
9. Mentoring the Clinical Improvement, Service Redesign, and Provider Satisfaction Committees.
10. Eventually merging their functions with the normal corporate structure and disappearing.

Major Quality Committees (Examples: Clinical Improvement, Service Redesign, and Provider Satisfaction Committees) Three Area-Specific Quality Committees with six to ten senior and mid level members each, will act as a manager of the execution process. It will report directly to the Quality Council, and will inform progress to it as required. Responsible for:

1. Developing and Implementing Strategic Quality Initiatives Plans on the assigned areas (based on the initiatives selected by or negotiated with the Quality Council).
2. Chartering, mentoring, supporting and following up on the Individuals and on the Design and Implementation Teams that will further develop and execute the Plans.
3. Serving as Quality Leadership Role Models.
4. Integrating the elements of the theoretical foundation into their management process.
5. Maintaining the energy, focus, methodology, and speed on the Strategic Quality Initiatives.
6. Promoting, sponsoring, supporting or simply cheering any other spontaneous initiative that will germinate.
7. Formally following up on progress, accounting for the benefits obtained, and faithfully informing the Quality Council.
8. Eventually merging their functions with the normal corporate structure and disappearing.