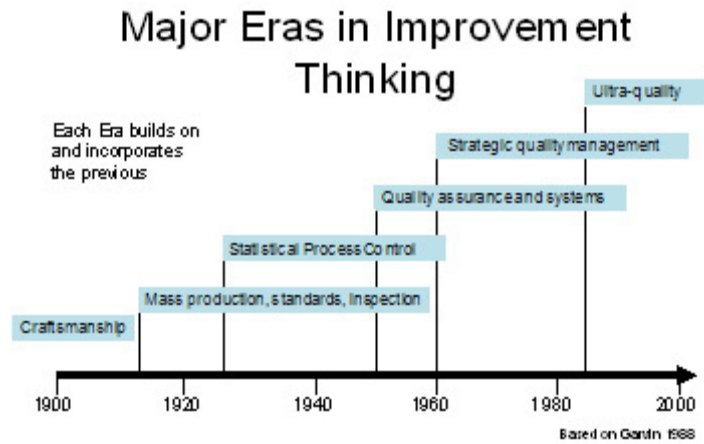


What is Quality Improvement?

There is a long history of quality improvement with three major eras:



The early eras started pre-1900 when quality improvement was based around craftsmanship, with quality resting in the skills of the individual. This was followed by the period of mass production and assembly line standardisation, with quality determined by end-of-line inspection.

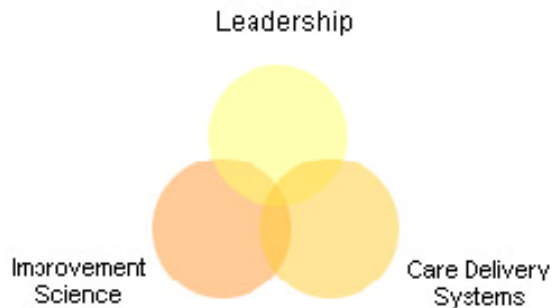
The middle era started with the use of statistical process control, quality being considered a function of the process. This was followed by the period of quality assurance systems, with quality seen as a function of the organisational systems and infrastructures.

The modern era introduced the idea of strategic quality management, with more of a customer focus, greater involvement of leaders and quality being seen as a core competency of all concerned.

The present period is being recognised as the period of ultra quality, with a fanatical attention to customer value and elimination of all waste, quality being considered a basic management tool.

It is now accepted that there are three linked domains of improvement:

Three Domains of Improvement

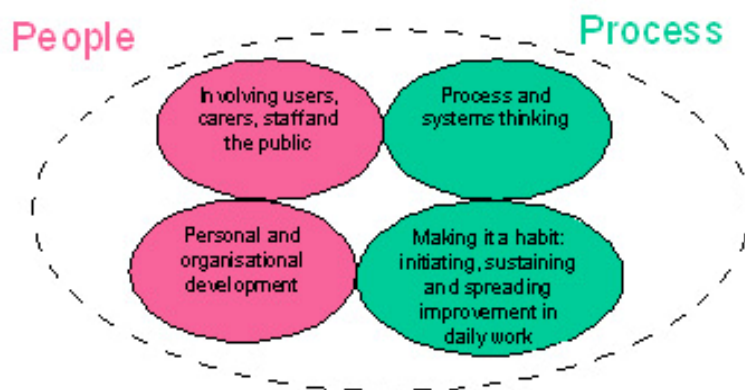


In service organisations, a definition of quality improvement could be:

‘Continually working together to improve the experience and outcomes for users and the working lives of the staff who deliver it.’

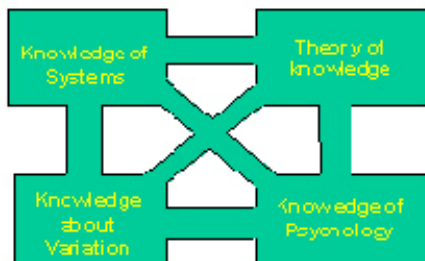
If the above is taken as a workable definition then the next question is often - what quality improvement frameworks are available?

One of the most applicable to public service improvement is that of Penny (2003). This model has four equally important, interrelated elements; two involving people and two involving processes:



There are other useful frameworks - particularly the work by Paul Batalden on microsystems, and the eight domains model of the Institute of Healthcare Improvement. Penny's, however, is simple and practical.

It builds on the pioneering work of Deming and his 'System of Profound Knowledge' (1994) with its four interconnected elements:



At the Improvement Foundation we use 'Penny's framework', coupled with the model of quality improvement developed by Langley et al (1996).

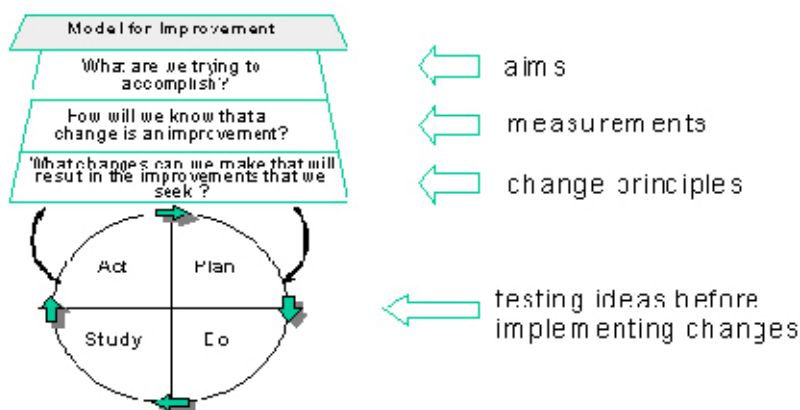
This model has consistently been shown to deliver results. It consists of the three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

For each of these questions, there are various tools and techniques to assist in answering the question.

Once we have an idea of the changes we think may result in an improvement, they are tested using the Plan-Do-Study-Act (PDSA) cycle of rapid change.

The PDSA cycle is similar to the scientific methods of hypothesise (Plan), collect data (Do), examine data against hypothesis (Study) and rethink hypotheses (Act). However, the crucial difference is that the PDSA model enables change through a series of rapid, small-scale cycles which successively build on the knowledge from the previous cycle.



BIBLIOGRAPHY

- Association of Commonwealth Universities, 2007, What is benchmarking?, viewed 2 September 2010, http://www.acu.ac.uk/member_services/benchmarking_programme/what_is_benchmarking
- Berwick, D M 1998, 'Developing and testing changes in delivery of care', *Annals of Internal Medicine*, vol.128, no.8, pp. 651-656.
- Crosby, P B 1995, *Quality is still free: Making quality certain in uncertain times*, McGraw-Hill, New York.
- Deming, W E 1994, *The New Economics for Industry, Government, Education*, 2nd edn, MIT Press, USA.
- Donabedian, A 1966, 'Evaluating the quality of medical care', *The Milbank Memorial Fund Quarterly*, vol. 44, no.3, pp. 166-206.
- Evans, J. R. & Lindsay, W. M 2005, *The Management and Control of Quality*, 6th edn, Cincinnati, South-Western Ohio.
- Foster, T Johnson, J Nelson, E Batalden, P 2007, 'Using a Baldrige Framework to Understand High-Performing Microsystems,' *Quality and Safety in Health Care*, vol. 16, pp.334-341.
- Garvin, D. A 1991, 'Competing on the Eight Dimensions of Quality', in *Unconditional Quality*, ed Harvard Business Review, Cambridge, pp. 43-51.
- Garvin, D. A 1988, *Managing quality: the strategic and competitive edge*, Free Press, New York.
- Inglis, A 2005, 'Quality improvement, quality assurance, and benchmarking: Comparing two frameworks for managing quality processes in open and distance learning', *International Review of Research in Open and Distance Learning*, Vol. 6, No. 1, viewed 2 September 2010, <http://www.irrodl.org/index.php/irrodl/article/view/221/304>
- Institute for Healthcare Improvement, 1998, *IHI Knowledge Domains*, Boston, MA.
- Juran, J M 1988, 'The quality function', in *Juran's Quality Control Handbook*, 4th edn, eds J. J. M. & F. M. Gryna, McGraw-Hill, NY, pp. 2.1-2.13.
- Langley, G Nolan, K Nolan, T Norman, C & Provost L, 1996, *The Improvement Guide*, Jossey Bass, San Francisco, USA.
- Maxwell, R J 1992, 'Dimensions of quality revisited: from thought to action', *Quality in Health Care*, vol.1, no.3, pp. 171-177.
- Ovretveit, J 1996, 'Quality in health promotion', *Health Promotion International*, vol.11, no.1, pp. 55-62.
- Penny, J 2003, *Discipline of Improvement in Health and Social Care*.