



University of Jordan  
Faculty of Medicine



Medical Committee  
The University of Jordan



# Community Medicine

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# PLANNING AND QUALITY CONTROL

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- **Note** : I'm sorry bcz it's too long but I tried to write everything the doctor said + everything in the slides so you don't need to refer to the slides in sha2 Allah except in one place and I'll tell you then ^\_^ .

## Quick revision:

In the last lecture we talked about 4 types of planning:

1. Active planning
2. Inactive
3. Proactive
4. preactive

We also talked about strategy planning and we said that it should be in the range of (3-5 years).

We also talked about tools uses in evaluating the planning process, which we previously called SWOT analysis and we classified it into two internals & two externals tools.

And we talked also about another tool which is "Balanced Scorecard".

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Today we're going to talk about the steps of the planning process.

## Strategic Planning as a Management Process has to pass in several steps:

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### 1. Clearly define the purpose of the organization.

**E.g:** some hospitals starts as small ones, and they were specialized in one health sector. however, these hospitals later become larger and they decide to work on further sectors, so they have to define exactly their purpose before starting their new job.

### 2. Establish realistic goals and objectives consistent with the mission of the organization.

And here goals should be something I can achieve and they should be real ones. While, objectives should be defined objectives, that means, my object should be measurable,

3. **Identify the organization's external constituencies or stakeholders** ( e.g: Insurance companies, Ministry of Health...) and then determine their assessment of the organization's purposes and operations.
4. **Clearly communicate the goals and objectives to the organizations constituents (the stakeholders we already mentioned) in order to help me to reach my goals.**
5. **Develop a sense of ownership of the plan.**  
That's mean: I'm the first one to do this thing or to provide this service.
6. **Develop strategies to achieve the goals.**
7. **Ensure the most effective use is made of the organization's resources.**  
i.e: I use my resources (e.g: machines) not too much, not too low = "in the effective way".
8. **Provide a base from which progress can be measured.**  
To put what called "base lines" in order to define exactly my current situation, and where should I be in the future.
9. **Provide a mechanism for informed change as needed.**
10. **Build a consensus (إجماع) about where the organization is going.**

***"Strategic planning is dynamic and interactive"***

*That means that my plan needs to be reviewed periodically.. NOT to wait until the end of the year to see if my objectives are reached or not.*

## Who should be involved in strategic planning?

All people in the organization, that's what should be, while historically it has been accomplished by top level managers (from the 3 levels we mentioned last time) and the board of directors, with limited input from middle level managers. However; we want to include all members in the organization (including Subordinates) in the strategy planning.

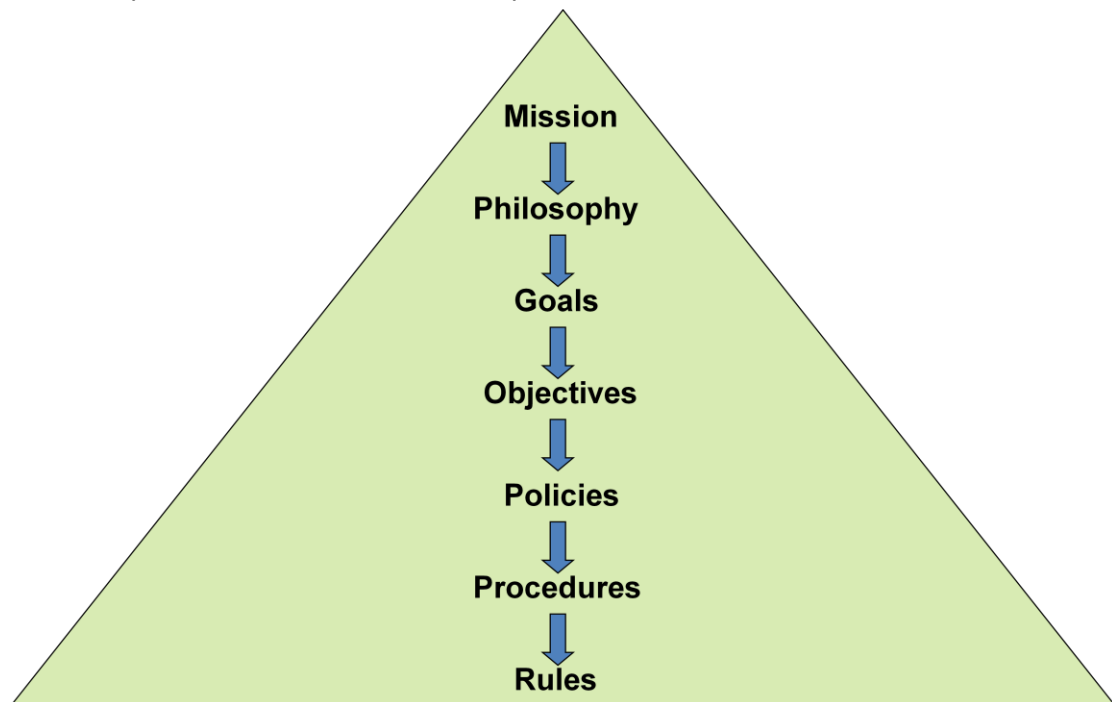
- One of the most important characteristics of the good planning is looking for the future.
- In the past it was 10-20 -year strategic plans, but today most long-term planners find it difficult to look even 5 years in the future. So 3-years strategic plans are good.

- There are several factors to be considered while looking to the future, they are very similar to the goals we already mentioned before, but the doctor mentioned two of them only: Moving to wellness care instead of illness care & Move to professional interdependence rather than professional autonomy. (I think they are not very important, however you could find them in the slides).

## The Planning Hierarchy

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It's so important and the order is important too.



## Vision

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**Vision** : It is a description in words that conjures up a picture for all group members of what they want to **accomplish together**. It's a futuristic view where I see my organization in 2 years for example.

It's a kind of slogans e.g the university of Jordan has a vision "globalization". This vision was established by the current president for 5 years, so after 5 years from now we should stop and see how much we reach our vision.

## Mission

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**Mission** is the reason of existing. It's a brief statement (typically no more than three or four sentences) identifying the reason that an organization exists.

- E.g : *"James King Memorial Hospital is a full-service health care institution which provides a broad range of preventive and curative health care services: primary, secondary, and tertiary. James Memorial Hospital will strive to provide high-quality care at a reasonable cost and with a minimum of unnecessary duplication."*

- How to differentiate between the vision and the mission?

The vision is usually one short statement (1-4 words), ex.: the vision of Nokia mobile company is "Connecting people".

However; mission is longer (3-4 statements).

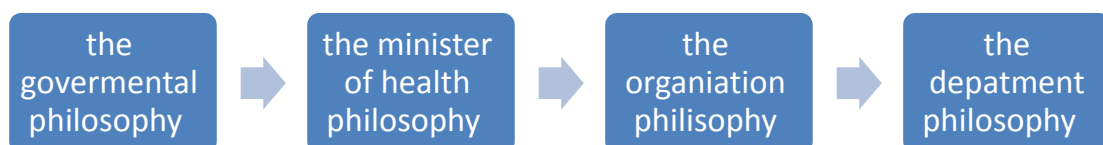
## Philosophy

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**The philosophy:** flows from the purpose or mission statement and delineates the set of **values and beliefs** that guide all actions of the organization. (القيم)

Ex: in the JUH the values are the excellence, teamwork, education and research...etc. So all the services should be excellent and the work environment must enhance the team work and it should provide the education for the patient.

Now, every department has a philosophy which comes from the general philosophy of the organization which comes from the philosophy of health minister which comes from the philosophy of the government or the country at all.



**Values** are sets of beliefs that guide behavior. These values have profoundly affected healthcare policy formation and implementation.

**Characteristics of a True Value:**

- 1- Freely chosen from among alternatives.
- 2- Prized and cherished
- 3- Consciously and consistently repeated (part of a pattern) and that's why we said "in all our action" in the definition of philosophy.
- 4- Positively affirmed and acted upon.

## Goals:

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It's the desired result toward which effort is directed; it is the aim of the philosophy.

-They are larger than objectives.

-It's global in nature:

-They are somewhat general (not define).

ex.: The goal is providing health care services or scientific researches; here we didn't mention the types of the health services or the scientific researches specifically.

-The organization shouldn't have a lot of goals; we could have 6-7 goals while they are subdivided to objectives.

**Note:** there is a difference between the affectivity and the efficiency.

**Effectiveness:** just to achieve the goals of the organization.

In order to have an effective organization the input, throughput and output should be effective.

**Efficiency:** to achieve the goals with less time & less money.

**Now to determine whether the company is successful or not, we need it to be efficient not only effective.**

## Objectives

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They are more specific and measurable than goals because they identify how and when the goal is to be accomplished.

We have two types of objectives:

- 1- **Process objectives**
- 2- **Result-focused objectives**

In the first type, we focus on the process: we tell the people how to do things in order to achieve this goal.

While in result –focused objectives we tell them only about the end result which I want. (I don't tell them how to achieve it).

*e.g.: "All postoperative patients will perceive a decrease in their pain levels following the administration of parenteral pain medication within 5-10 min."*

## Objectives Should

- Include a specific time frame for completion.
- Be stated in behavioral terms.
- Be objectively evaluated.
- Identify positive rather than negative outcomes. E.g : we put an objective to decrease the infection rate from 18 – 14 %. However; I only reach the percentage of 17. Here I shouldn't say that I failed reaching my objective, but you could look for the filled part of the glass and said that I succeed decreasing the accidental rate for 2 degrees. ^\_^

## Policies

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**Policies** are plans reduced to statements or instructions that direct organizations in their decision making. A policy is a statement of expectations that sets boundaries for action taking and decision making.

We have two types of policies:

1- **Implied policies** : ضمنى

Neither written nor expressed verbally have usually developed over time and follow a precedent.

2- **Expressed policies** :

They are delineated verbally or in writing (consistency).

## Procedures

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**Procedures** are plans that establish customary or acceptable ways of accomplishing a **specific task and delineate a sequence** of steps of required action.

Ex.: 1- surgical scrubbing 2- wearing the surgical gloves 3- opening the kit...etc.

- How to differentiate between policies and procedures?  
Procedures contain steps (with a specific sequence) while policies don't:D.

### The purpose of the procedure:

- ☐ Save staff time
  - ☐ Facilitate delegation
  - ☐ Reduce cost
  - ☐ Increase productivity
  - ☐ Provide means of control
- Procedures identify the process or steps needed to implement a policy and are generally found in manuals at the unit level of the organization.
  - Policies and procedures should be reviewed and revised.

## Rules

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They are plans that define specific action or nonaction. Generally included as part of policy and procedure statements, *rules* describe situations that allow only one choice of action.

- We don't like to have rules in the organization, as they are restricted and inflexible and told you the only way (one way) to do things. Not Democracy :P
- The fewer rules, the better.

## Overcoming Barriers to Planning

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- The organization can be more effective if movement within it is directed at specified goals and objectives.

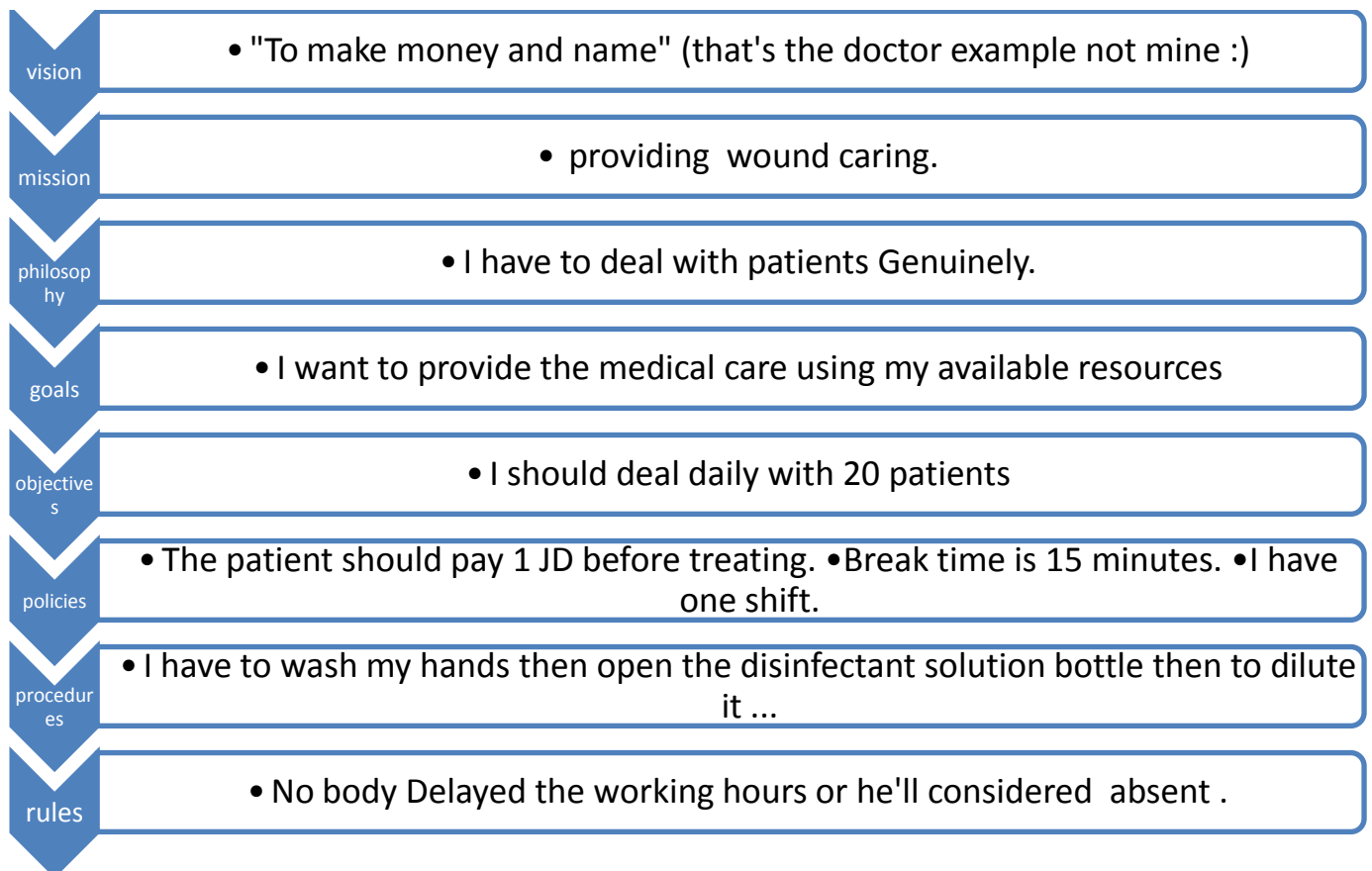


So more the specific the objectives are, the more efficiency my organization is.  
(Achieve the goals with less time)

- Because a plan is a guide to reach a goal, it must be flexible and allow for readjustment as unexpected events occur.  
e.g.: what happened to us at the day of the lecture: P:  
Our goal is to have the scientific material however we take it before or after the virology lecture: D.
- Include all people and units that could be affected
- Plans should be specific, simple, and realistic.
- Know when to plan and when not to plan. E.g.: the perfect guy who put a plan for every minute of a trip or something!!
- **Good plans have built-in evaluation checkpoints so there can be a midcourse correction if unexpected events occur.**

Now, in order to understand these processes we are going to apply these principles on a hypothetical situation:

Let's assume that we are going to open a For-profit health center:



Policies should be revised and reviewed, ex.: we used to use H<sub>2</sub>O<sub>2</sub> before, but it not used anymore due to its bad side effects, so we must go back to the policies and edit them.

Now we are going to start with another topic; "Quality control"

## Quality control

It's the Fifth and final step of the management process.

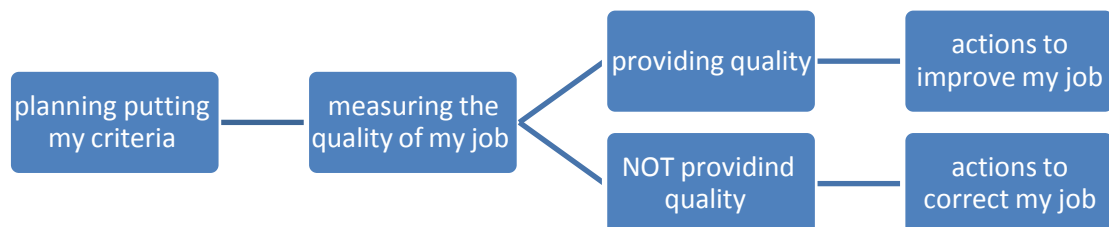
**Quality:** the Performance is measured against predetermined standards

Here, after putting our criteria in planning process, the people in my organization are going to work according to this criteria, then I'm going to measure the result of their job and determine wither I achieve my criteria or not.

If yes => I'm providing quality care.

If NOT => I'm not providing quality care.

After that an action is taken to correct discrepancies between these standards and actual performance.



- Activities that evaluate, monitor, or regulate services rendered to consumers.
- Although the organization must be realistic about the economics of rendering services, if nursing is to strive for excellence, then developed quality control criteria should be pushed to optimal levels rather than minimally acceptable levels.
- We always need to reach the optimal (best possible) quality NOT the acceptable level of it. (ماشي حاله)

- Health Care Quality: **the degree** to which services for individuals and populations increase the likelihood of desired health care outcomes and are consistent with current **professional knowledge**. (Defined by The Institute of Medicine).
- This degree is known by monitoring and evaluating as previously mentioned.

## Three main Steps of the Quality Control Process

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- ▶ The criterion or standard is determined.
- ▶ Information is collected to determine whether the standard has been met.
- ▶ Educational or corrective action is taken if the criterion has not been met.

### Steps of the Quality Control Process in more details:

- ▶ Establish control criteria
- ▶ Identify the information relevant to the criteria.
- ▶ Determine ways to collect the information. (from files/ videos / watching..)
- ▶ Collect and analyze the information.
- ▶ Compare collected information with the established criteria.
- ▶ Make a judgment about quality.
- ▶ Provide information and, if necessary, take corrective action regarding findings to appropriate sources.
- ▶ Re-evaluation (it's a continuous process).

## Quality Gap:

The difference in performance between top-performing health care organizations and the national average.

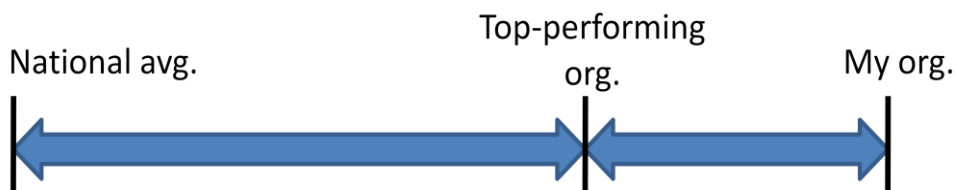
e.g : hand-washing is one of the most important criteria related to health organizations, and for this criteria we have what we called a national average which is 100% (it's Not an average really). Now I make a comparison between the national

average and the top-performing (best) organization in my country. The difference is called the quality gap.

## Benchmarking:

The process of measuring products, practices, or services against best-performing organizations.

Return to our example: here I want to measure the difference between the top-performing (best possible) organization in my country and my organization.



-Other quality indicators: falling down in the hospitals, bed sores, medication errors...etc.

- Organizations can determine how and why their organization differs from these exemplars (top-performing organization) and then use the exemplars as role models for standard development and performance improvement.

أعتذر عن الأخطاء والإطالة .. بالتوفيق لكم جميعاً ودمتم بخير

إن المبادئ والأفكار في ذاتها -بلا عقيدة دافعة- مجرد كلمات خاوية أو على الأكثر معان ميتة! والذي يمنحها الحياة هي حرارة الإيمان المشعة من قلب إنسان! لن يؤمن الآخرون بمبدأ أو فكرة تنبت في ذهن بارد لا في قلب مشع.

أمن أنت أولاً بفكرتك، أمن بها إلى حد الاعتقاد الحار! عندئذ فقط يؤمن بها الآخرون! وإلا فستبقى

مجرد صياغة لفظية خالية من الروح والحياة!

##سيد قطب