How I address quality and teamwork issues in the occupational health department

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To be successful in today’s climate an occupational health provider needs well-trained and motivated staff who are both professional and focused on delivering quality services that meet the needs of their customers. Achieving this goal is facilitated by having a clear sense of mission with systems in place within the organization of the department that support this and encourage continuous improvement. Good communication, performance measures and teamwork are identified as key elements in realizing the goal of a quality department. This article, in sharing the experiences of addressing quality and teamwork, discusses important issues relevant to many occupational health departments.

Key words: Continuous improvement; occupational health department; quality; teamwork.

INTRODUCTION

The success of any organization depends to a large extent on having the right people making or supplying a product or service that someone wants to buy. Occupational health services are no different. To be successful in today’s climate an occupational health service provider needs well-trained and motivated staff who are both professional yet focused on the need to deliver quality services to meet the requirements of their customers. Achieving this balance is not at times easy with ethical considerations sometimes conflicting with customer demands. Nevertheless it is my opinion that a quality organization is one that clearly understands its role in the market place, and knows not just what it is trying to achieve now but also where it wants to be in the future and how to get there. Integral to that self-knowledge is a commitment to be the best, develop staff and allow them to achieve their full potential, and to have a customer-focused culture that listens and delivers.

Much is made of quality standards such as ISO 9000, BS 5750 or the European Quality Management Model and to achieve them is certainly evidence of external recognition that such an organization has in place a quality system which meets an approved standard. However, it has been pointed out that such registration should not be regarded as an end in itself. It is merely a staging post on the road to offering a continuously improving service. Such benchmarking is, however not mandatory and occupational health departments should not be deterred from developing quality systems in their organizations simply because the achievement of a recognized standard is too daunting to contemplate.

Continuous and effective improvement in performance is now generally accepted as a necessary condition for the continuity of growth of any service organization. In this cycle of never ending quality improvement, performance measurement plays an essential role in identifying opportunities for improvement and comparing performance against internal and external standards. This is allied closely with the development of staff and the creation of good teamwork within the occupational health department. This theme is expanded on in the context of performance measurement and continuous improvement within the Northern Ireland Civil Service (NICS) Occupational Health Service (OHS).

BACKGROUND

The NICS OHS is based in the centre of Belfast and
provides occupational health services to a range of civil and public servants in the Province. It is a multi-disciplinary organization made up of occupational physicians, occupational health nurses and administrative support staff. The unit interacts with locally based health and safety advisors, welfare officers and other professionals as appropriate.

The main aims of the OHS are to promote the health and safety of Northern Ireland civil servants at work and to deliver a professionally integrated medical advisory service to management and employees in various customer departments, agencies and a range of non-departmental public bodies. A wide range of activities are carried out including pre-employment health assessments, routine health surveillance of special at-risk groups, sickness absence assessments and advice on ill-health retirement and relocation. Of equal importance is the proactive work of health promotion with many activities delivered in the workplace aligned to principles in the Northern Ireland Regional Strategy for Health and Social Wellbeing 1997-2002, including the OHS’s lead role in a recently established NICS Workplace Health Committee.

It has been reported that the quality improvement process is often triggered by one or more of the following ‘change agents’, the chief executive, competition, demanding customers, and a restart situation. Various government initiatives in the early 1990s encouraged the public sector to adopt a more business-like approach and become more performance and customer focused. Hence this acted as a change agent for the occupational health department leading to a review of its organizational structures with the aim of becoming a more efficient, effective organization better able to meet the demanding requirements of its customers.

To achieve that there was a need for enhancing focus, leadership and strategic direction. Business goals had to be defined, performance feedback assessed and staff provided with clear defined areas of responsibility and accountability. In my role as Director, I set up a management team representing the three disciplines within the OHS to act as a steering group dealing with strategic issues, quality control and financial reviews. Under the new arrangements a Board was set up to fulfill a wider strategic management role and to oversee the operation of the OHS on behalf of the NICS. It was through this process of organizational change and enhancement that we developed a commitment to a continual improvement in quality and I saw effective teamworking as a means of achieving it. The processes involved in creating this culture are described in more detail below.

CONTINUOUS IMPROVEMENT

A Continuous Improvement Programme (CIP) is a management philosophy governing how work should be done and is an aid to the promotion of effective performance as a dynamic process. It involves planning, assessment of operating procedures, examining performance and modifying processes and their outputs. A CIP was launched for the whole of the NICS in 1995 although for some years prior to that considerable effort had already been made by us in the OHS, consistent with the principles of CIP, to improve many aspects of the organization. So we felt we were well equipped to fully embrace this service-wide initiative. The important elements, as I saw it, that needed to be addressed in the quest for quality and effective teamwork using continuous improvement principles were:

- improving communication with customers;
- introducing organizational performance and customer satisfaction measures;
- validating organizational performance and customer satisfaction measures;
- developing an internal communication strategy;
- creating client focused teams;
- addressing staff development issues and
- putting in place mechanisms to monitor and review.

The details of these proposed areas for change and how we took them forward are considered in the following paragraphs.

Communication with clients

The management team established an OHS User Group in December 1994. This is a customer liaison forum whose aim is to help in establishing and maintaining an efficient and effective occupational health service responsive to user needs in an atmosphere of mutual co-operation. It meets on a quarterly basis.

A further series of meetings between OHS and customer representatives began in November 1995 to further enhance awareness and communication with users and from that a series of two-way exchange visits were arranged for support staff.

Organizational performance and customer satisfaction measures

It has been stated that customer-driven quality is a powerful tool to help focus the service provided. Customer satisfaction measures are a product of this concept by defining who the customers are, what they want, how those demands are met by the service and then importantly, how that process is evaluated and improved. We defined our customers’ criteria and found that they could be classified in either the individual or corporate level.

The new strategic management structure of the OHS then required all staff to start focusing on these two
categories of customer. To facilitate this we wanted to produce a mission statement and so a multi-disciplinary meeting was held where staff jointly agreed its content:

'We exist to enable Northern Ireland Civil Servants to be part of an efficient and effective workforce by promoting and maintaining their psychological, physical and social well-being in the workplace, and to enable the NICS to fulfil its obligations under current legislation'.

Having identified our customers and created the vision for the OHS as extolled in the mission statement we then had to consider those areas of performance which were key to our success. These areas were: operational and financial performance, customer satisfaction and staff development. The OHS User Group in its role as a customer-liaison forum in consultation with our management team and with the agreement of the OHS Board, were instrumental in developing and approving the implementation of the following key organizational performance and customer satisfaction measures:

**Operational performance.** The important elements of operational performance were defined and agreed with customers. This led to a range of operational performance measures:

- casework turnaround performance targets;
- periodic updating to referring bodies about all cases being processed;
- questionnaire satisfaction assessment of defined service provision, e.g., health promotion activities/seminars/first-aid awareness training and
- client satisfaction assessment of premises and service at the OHS medical suite.

**Financial performance.** Regular monitoring of expenditure and recoupment of receipts for appropriate services led on to the target measure of living within budget to defined percentage limits. This was seen as a value for money measure on behalf of customers.

**Staff development.** We recognized that staff are crucial to any organization's performance and are, therefore, crucially involved in the achievement of business goals. Customer satisfaction was determined by OHS staff having to achieve particular levels of performance in the annual performance appraisal system.

**Customer satisfaction.** An annual survey of customers was chosen as the best means of measuring satisfaction with OHS across a wide range of performance areas. This was used to determine overall satisfaction ratings regarding quality of service provision.

**VALIDATING ORGANIZATIONAL PERFORMANCE AND CUSTOMER SATISFACTION**

Having chosen the above measures the following represents the means by which they were used and validated:

**Customer satisfaction survey**

As already mentioned, part of the continuing effort to improve the quality of service involved the issuing of customer satisfaction questionnaires, containing a focused set of questions to the main customer groups. Respondents were asked to award quality marks based on OHS performance during the time period in question (a financial year) in specified areas of service delivery, *e.g.*, quality of the case referral system, usefulness of publicity material, effectiveness of communication, helpfulness of staff, assessment of health promotion activities, and general comments on the service and the OHS team structure. Customers were also asked to give an overall quality rating for the service they had received during the year in question.

The overall quality rating, which was scored from 1 to 5 with the five point scale representing excellent to poor respectively, formed a key performance indicator for OHS with the level of achievement being set at 80% of returns to be in the rating 1 or 2 category. A summary report was circulated to all respondents and a feedback session held with users. The results of the survey were also discussed with OHS staff and critical areas identified by the customers were discussed. Any necessary strategic and/or process changes were put in place to ensure an improved quality of service delivery.

**Through the User Group and OHS Board**

Recognition by the Board and User Group of the competence, professionalism and effectiveness of OHS as a quality business organization gives the organization confidence and credibility.

**Acceptance of the OHS business plan and annual report**

Since 1994, we have prepared annual business plans which are submitted to the Board and User Group for approval, prior to the start of each financial year. The plans contain key performance targets and indicators for the year ahead. Throughout the year, the management team regularly monitors performance and expenditure forecasts against the business plan. At the end of the financial year an annual report is prepared for the senior corporate customers as well as the OHS Board and User Group. The report gives an in-depth record and analysis of the actual performance as set against previously agreed targets in addition to
containing useful information on health and safety issues relating to the workforce as a whole. Acceptance of the business plans and annual reports by both the User Group and the Board provides recognition of the operational performance of the OHS.

Development of organizational performance and customer satisfaction measures

Based on regular discussions both with our Board and User Group about the organizational development of OHS and linking with the continuous improvement principles, key performance measures have been evolving over time. Examples of how this has resulted in year on year changes to those areas already discussed are shown in the following:

Operational performance. It was agreed to include an upper level of performance achievement and also to increase performance targets at the lower limit for case turnaround times.

Financial position. Continuous review of expenditure against contributory work activities to ensure value for money.

Staff development. Assessment of the possibility of implementing a personal performance management system set against agreed business objectives. The introduction of a customer care policy and customer care training have also been proposed.

Customer satisfaction. Consideration of the European Foundation for Quality Management model as a means of self-assessment is to be undertaken.

Internal communication strategy

A communication strategy was developed and adopted by the OHS in 1993. The aim was to engender an atmosphere of trust and confidence where both professional and administrative staff could feel part of a multi-disciplinary team working to the same objectives. Internal communications were kept under review and as a result an improved strategy was developed in 1996 which lead to all members of the OHS team being given the opportunity to contribute to the running of the organization and to express their views at monthly team briefings, quarterly unit meetings and by the promotion of an open-door culture.

In a further effort to get to know team members better and to discuss the plans and progress of OHS, I initiated a programme of coffee mornings with each member of staff on a one-to-one basis. They have been repeated annually and are seen as a continuing means of improving openness and transparency within the Unit.

Creation of client focused operational teams

Following discussions involving customers the work of the unit was reorganized to introduce defined responsibility areas. These were seen as having a number of benefits including giving ownership of work, empowerment and ongoing continuity to specific individual members of the OHS team.

Team briefings were seen as an important adjunct to this development in an effort to provide greater involvement between team members and by so doing create a chance for everyone to play a part in the decision-making process. They are a further step in building a supportive working atmosphere for all staff in OHS and it is hoped that by creating an atmosphere of trust, honesty, openness and respect that this will unlock the potential of all team members. The attached relationship diagram (Figure 1) indicates the various groups set up within the department, all of which contribute to the above themes with the ultimate aim of improving our efficiency and in making it a successful organization.

Good teams and good teamwork achieve good results. They also promote a supportive culture and give an opportunity for everyone to participate in the running of the organization. Well functioning teams also promote a blame-free setting and minimize negative attitudes that in the long term only produce negative results. I see teamwork and team briefings being about taking the best everyone has to offer, giving them a chance to contribute, recognizing that contribution and offering support and encouragement. All of which is designed to make OHS a successful quality provider of occupational health services —

Figure 1. Building teams in OHS — success through involvement.
something in which everyone shares. I see positive participation by all our staff as an investment for the future of the department.

Staff development

Getting the best from staff was further enhanced with the creation of a staff development policy in which the aims are to provide all members of the team with:

- access to opportunities to develop new skills and approaches;
- a means to recognize and develop their potential;
- the opportunities to be fully involved in the work of the OHS and to contribute to meeting its business objectives by producing work of the highest standards and
- up-to-date information about all issues that affect OHS and the wider corporate customers.

CONCLUSION

The organizational changes and development of team-working outlined in this document seem to have been effective with customers commenting on how they have benefited from improved communications with designated OHS team members who, in turn, have been given greater ownership and empowerment. This has contributed to us achieving greater efficiency in service delivery and providing greater job satisfaction within the Unit.

As a result of greater focus on client requirements the standard of service has undoubtedly improved but it has to be acknowledged that improvements should be continuously under review. Everyone in the department has played an invaluable role in identifying these improvements and we will continue to strive to improve its quality service to all clients fully committed to the principles of continuous improvement. We must accept, of course, that quality improvement is a long and arduous journey which has no end. However, since the momentum has started, it must be maintained, otherwise the gains could be lost.

It is, therefore, essential that this commitment to continual quality improvement must be demonstrated to all customers through our day-to-day actions, behaviour and decisions. The importance of customer satisfaction measurement and its development is undoubted with potential not only to dramatically improve service provision but to be able to demonstrate that that is the case.

It has on occasion been suggested that these principles do not rest easily in a professional medical-type service provision. Alternatively, others have shown that this commitment to continual improvement and quality or the Japanese concept of Kaizen has a role in medical settings. My experience is that it does and can work in occupational health departments. This is not least because we interface with clients who have already grasped these concepts in their own business areas and understand the benefits of adopting such an approach.

It is recommended that OHS should further develop and implement a total quality management approach, perhaps including certification and award of an appropriate standard. This would enable the organization to:

- focus more clearly on the needs of its customers;
- achieve and demonstrate through independent verification, top quality performance in all areas;
- review continually the systems and processes to develop the strategy of never-ending improvement and
- provide a more economic, efficient and effective professional service to its customers.

MacDonald in his paper on audit and quality in occupational health concludes that the advantages of regular measurement and review are that it drives quality improvement, is motivational and raises awareness and appreciation of an occupational health service inside and outside the organization. Four key steps have been identified to achieve innovative changes in organizational performance:

- set the culture, and ensure that innovation is treated as a priority by all within a department, so that projects are focused on the key challenges facing the organization, and developments are owned by those who will have to implement them;
- promote teamworking by creating small, semi-autonomous groups;
- adoption of non-bureaucratic, but effective innovation management processes in larger units and
- stimulate and exploit the natural creativity buried in all staff members.

In others words: know what you are doing, do it well and to the highest of professional standards, listen to your customers, value your staff, have a vision for the future and continually measure the progress towards that goal. Finally and importantly, build good team-working — it allows the achievement of success through involvement.

At the beginning I mentioned that benchmarking was an important concept. With regard to occupational health departments, should the Faculty of Occupational Medicine or the Society of Occupational Medicine or both be involved in developing an occupational health-specific accreditation for occupational health units? Under such an arrangement, standards
could be defined, assessed and accredited which then becomes a benchmark for such speciality departments. Something worth thinking about in the continual improvement of occupational health as a speciality and occupational health departments as providers of a service?

REFERENCES


