

## **QUALITY STRIVING FOR EXCELLENCE**

Oct - Dec 2021 Issue

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# ANNOUNCEMENT

BEQET 2021 is around the corner!

The competition is scheduled for Jan 15, 2022.

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National Centre for Quality Management, G-503, Kailas Industrial Complex, Vikhroli - Hiranandani Link Road, Vikhroli (W), Mumbai - 400 079.

#### President's Message | Santosh Khadagade



As predicted, normalcy seems to elude humanity not only promising more infected people but also final curtains falling on the worst pandemic of our times. We wish all the members very safe times ahead.

In the past two years, the pandemic has accelerated digital transformation. Meetings, trainings, seminars, audits on virtual platforms have been adopted by one and all. However, same level of digital transformation in quality processes and methodologies has not happened. A few suggestions for mitigating these could be - an eQMS with centralized document repository, shared data, automated processes, common workflows, accountability, systematic way to identify and exploit opportunities, training on automated processes and automating quality processes such as internal audits, management reviews, etc.

Greetings for the New Year 2022!

Data analytics and improvement processes should be undertaken by making use of advanced quality tools and techniques such as FMEA, QFD, SPC, DOE, Six Sigma using software packages (many of them are available as a free download).

For the year 2022, NCQM has taken a strategic decision to go digital in terms of providing Education, Training and Advisory services. We have started by announcing a Webinar on Innovation, One day Training on ISMS (ISO 27001:2013), and Data Analytics Overview, (details inside the Newsletter).

Our 2021 Member Satisfaction survey highlighted three areas of improvement viz. regular communication, creating platform for member networking and more online training programs. We will make these a focus of our activities for 2022.

BEQET workshop had an extremely good response despite the uncertainties due to the pandemic. The competition is scheduled for 15th Jan 2022 and we have received good response from the Institutions.

Shree D. L. Shah Memorial Lecture 2022 will be conducted like every year in the month of Feb 2022. Please lookout for the announcement shortly.

We wish to thank all the members for continued association and support. For any queries, feedback or requirements, please feel free to contact me at <a href="mailto:president@ncqm.com">president@ncqm.com</a>.





# **BEQET 2021**

#### **OBJECTIVE / PURPOSE**

To encourage Educational Institutions in successfully promoting Quality practices in their operations, and there by significantly enhancing satisfaction of their customers, both internal and external.

#### THE AWARDS

The Awards include an Award Trophy to the winning institution and a Certificate to leader of the team. The Runners – up institutions are awarded with Certificates of Merit, with a Certificate to leader of the team. Other team members of the winning as well as runner up teams can get the certificate on request at a nominal cost.

## Competition Date Jan 15, 2022







NCQM and D L Shah Trust organizes 'Shree D L Shah Memorial Lecture' every year. The primary subject / topic of the lecture series is 'Quality'.

Well known experts from industry are invited to share their experiences.

## Coming soon in Feb 2022. Watch out for details!!!



## Enterprise Risk Management ISO 31000

#### Undemanding ERM - Enterprise Risk Management

- ERM provides a framework for risk management which involves identifying, analysing, evaluating of particular events or circumstances relevant to the organization's objectives (threats and opportunities).
- ERM helps in assessing them in terms of likelihood and magnitude of impact, determining a response strategy, and monitoring process.
- ERM uses methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.
- ERM helps in fulfilment of Legal Requirement -Listed Companies SEBI – LODR, May 2021 (Listed Obligation & Disclosure Requirements for Risk Management).
- ERM helps to Improves Governance Mechanism & Controls-Organizational Resilience.
- Reduces loss prevention & Mitigates Potential Risks
   & improves operational efficiency.

The Risk Definition as per ISO 31000 is "*The effect of uncertainty on objectives*". The Objectives could be Strategic, Operational, Financial, Regulatory or Project etc.

Risk is usually expressed in terms of :

- Risk sources & Potential event
- Risk Occurrence (Likelihood) & Risk Impact (Consequence)

Figure Below illustrates types of Risks:





## **MR SUNIL CHANDWANI**

Mr Sunil Chandwani is Head, Business Strategic Solutions Pvt Ltd (www.bssolutions.org) – a Management Consulting & Training firm for Auditing / Consulting / Training Certification for ISO 9001, ISO 27001, ISO 31000 (Enterprise Risk Management), ISO 22000 (Food Safety), NABH (healthcare), NABL (Medical Labs), Six Sigma & LEAN deployment for Manufacturing and Service sectors.

(This is an extract of the NCQM 2021 Annual Day lecture by the author.)

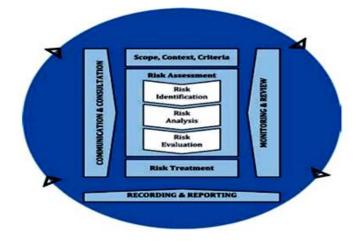


In addition to above, we also have the ESG Risks

- Environmental Carbon Footprint -Climate change impacts & adaptation + Environment Management practices,
- Social Diversity & Inclusion Duty of care ,working and safety condition, respect for human rights
- Governance LODR, Risk Committee -Anti-bribery & corruption practices, Compliance, ESG indicators.

In simple terms ERM is managing Risk by IAE (Identify, Analyze, Evaluate) + T (Treat) Risks across the enterprise activities from both Internal & external Context involving all stakeholders.

The Risk Management process is illustrated in figure below:



The steps involved for Conducting risk management as are follows :

Step 1: **Establish Context ,Scope & Risk Criteria** - Establish Context , Scope & Risk Policy framework and Criteria.

Step 2: **Risk Identification** - List all the Functions / Areas / Processes with respect to

internal and external context and create Risk Register.

Step 3: **Risk Analysis** - Allocate Occurrence, Severity, Control score as per Rating Criteria (1 to 5). Calculate Risk Score and plot on Heat Map.

Step 4: **Risk Evaluation** - Calculate Risk score and compare with control score. Compare difference between Risk score and control.

Step 5: **Risk Treatment** - Mitigate risks by implementing mitigation controls and reassess the risk score.

Step 6: **Monitoring & Continual Improvement** - Conduct risk audit at periodic interval and Management review on yearly basis for continual improvement.

It is necessary for ALL Companies to formulate Risk Management Policy framework for identification of internal and external risks, Business continuity plan for financial, operational, sectoral, sustainability - ESG risks, Information Security & Cyber security risks or other risks.

Organization must ensure mitigation of risk including systems and processes.

There should be structure of Governance of Risks with dedicated Chief Risk Officer (CRO) and status of risks must be reviewed periodically and reported to the Board.

\*\*\*\*

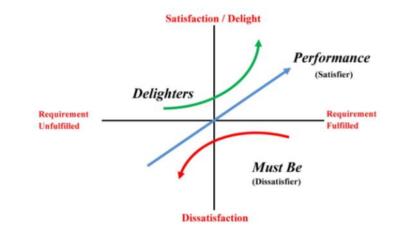


## Quality Tool Discussion Kano Model

**Dissatisfier** - Minimum required features that customer naturally expect from a product/service. Produces dissatisfaction if not fulfilled

**Satisfier** - Produce satisfaction/ dissatisfaction depending on performance levels. Satisfaction is proportional to the level of fulfillment.

**Delighters** - Produce satisfaction when delivered but cause no dissatisfaction if not delivered.



#### Prioritization using Kano Model

- 1. Focus on "Dissatisfiers" first needs not currently met
- 2. Improve the "Satisfiers"
- 3. Periodically introduce a "Delighter"

Readers are requested to share their comments and experiences with the Editor at ast@ncqm.com on the above Quality Tool.

We plan to cover one such tool in each issue of the Newsletter. Readers are requested to send their contributions to the Editor for publishing.



#### Post Graduate Diploma in TQM- Additional Modules ·

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and half year)



## **QCI-DLS Award Winning Case Study**

#### CARE- EPIC - Strengthening Patient Care through Innovation in Nursing Care Records

Nihar Bhatia, Head Quality Assurance & Fortis Operating System and Prateem Tamboli, Facility Director, Fortis Escorts Hospital, Jaipur

#### Abstract

Nursing documentation is an essential part of patient's care and therefore, proper nursing documentation of patient's medical records is important which is required for evidence purpose also as indicated by professional standards. Inaccurate & incomplete data spread across various documents may lead to overlooking of significant information affecting the continuity of care and patient safety.

It is because of this reason that the pattern of documentation done by the nurse deserves revisit periodically. Or else it may lead to inordinate accumulation of forms, most of which may add to redundancy, repetition and make it unwieldy for the staff.

A re-thinking on optimization of Patient's Care Records through implementation of "Lean" principles" in hospitals may well lead the organization to create real value by improving the following which ultimately help in improving the timely delivery of patient care services:

- Productivity
- Quality of care
- Effective time per patient per day
- Operational efficiency
- Cost optimization.

#### Introduction

Nurses in hospitals usually spend about 40% or more of their time in documentation while taking care of patients and this result in divergence in their personal attention for the patients. Most of the time this affects their ability to administer

direct patient care which is a significant issue for the nurses in hospitals.

Survey conducted on nurses doing documentation revealed that the paperwork was quite multifarious and perplex in nature. The WOMBAT (Work Observation Method By Activity Timing) revealed that various nursing activities add no value to patient's experience. There was a lack of trigger for superlative nursing care, i.e. non conformity to evidence based standards of care in the current documentation. Considering this the team reworked on nursing forms used in non-critical care area and applied the Lean approach of A3 thinking to the following:

- Increase both patient's and staff's satisfaction.
- Improve Quality of patient care & patient safety by improving compliance to documentation.
- Optimum utilization of nursing services by reducing time spent in paperwork.
- Enhancing patient's experience by improving effective bedside time per patient.
- Eliminate waste with a focus on value to the patient.
- Standardize and simplify processes.
- Driving operational efficiency by eliminating waste and redundancies in documents.
- Aligning the goal of the unit with strategic initiatives of the company.
- Create process awareness across service lines and roles to stimulate continuous improvement and innovation at the point of care.



Other specialized Performance Improvement Tools were also used to support decision making and enable transformational change.

#### **Problem Statement**

As mentioned above, almost 40% of time of nurses goes into documentation and around 30% of related nursing activities were committed to the tasks which add no value to patient's experience and resulted in following process gaps or we may call it wastes.

#### Transport

- Staff movement
- Frequent indents from stores

#### Inventory

- Stock of redundant forms
- Inventory of multiple forms
- Challenge of ROL Reorder levels
- Wear & tear

#### People

- Effective time per patient
- Compiling and sequencing the file to be sent to MRD at the time of discharge
- Paperwork Burden

#### Waiting

- Delay in indent
- Stock outs
- Patient waiting for staff to attend when nurses collect and fill up the forms

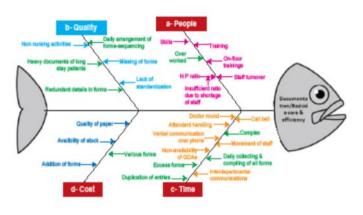
#### **Over Production & Over Processing**

- Repetition of information in different forms
   Defects
- Missing of forms
- Error of commission
- Error of omission
- Poor compliance

#### **Diagnosis of Problem**

The current nursing forms which were being used commonly for each IPD patient were thoroughly analyzed to identify the sources of waste and eliminate or reduce them accordingly. The team began to follow the lean thinking process and gathered data to document the current state using the following tools:

- 1. Staff Interview
- 2. Survey questionnaire
- 3. Document compliance audit
- 4. Fish bone / Ishikawa Diagram.



#### **Problem Analysis**

Once the wastes were identified the team identified the gaps and opportunities of improvement in the process with help of the following methodology:

- 1. Value Stream Mapping
- 2. Time Observations
- 3. Hands-off and Spaghetti.

#### **Solution Approach**

With detailed analysis of each nursing form and identifying the wastes during and in the documentation process, the Non Value Added steps were reduced by eliminating or reducing the duplications or redundancies.



This not only helped in designing the forms which were more Evidence based but simplified the comprehensive record also of all nursing forms to be named as Comprehensive Assessment Record for Evaluation & Efficient Patient Integrated Care (CARE-EPIC).

The CARE-EPIC was created keeping the Hospital Policies and Standard Operating Procedures, the Accreditation Standards, the MOS Protocols and National or International guidelines in mind. This record has been designed keeping the

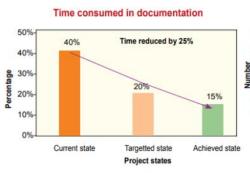
Average Length of Stay (ALOS) of a patient for 5 days.

1. Lean Goggles were used by the team to reduce & remove the redundancies leading to increased time in patient care.

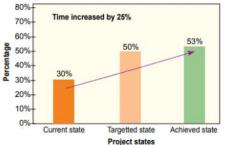
2. Solution approach of EASE vs. COST was used to arrive to the best solution for the success of the project.



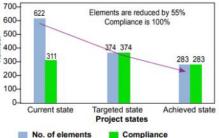
3. After implementation of the CARE-EPIC, a Process Control Board was formed to support the nursing staff on the ground and take feedback from staff.



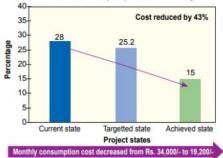




Number of Elements Vs Compliance



Cost incurred per patient for 5 days



4. Based on the feedback provided by the staff, the team did PDCA (Plan Do Check Act) and further revised the CARE-EPIC making it simpler, useful, informative and user friendly.

#### Impact

With implementation of CARE-EPIC record of nursing documents, post project WOMBAT revealed some major achievements:

**Evidence Based Practice**: By adding NEWS the care records have become more scientific for standardized assessment of patient for clinical condition. It helped the staff to raise early warning for prevention of any adverse event.

*Time*: The time which Nurses used to spend in documentation (more than 40% of their total time) has now been reduced significantly by 25%. CARE-EPIC is a simplified document which is available at one place and prevents the non value added movement of staff and missing of form.



Patient Care: Lengthy and tedious

documentation process used to prevent the nurses in spending more of their value time in direct patient care. With implementation of this care record, the time spent by nurses in direct patient care has increased by 53%.

**Element vs. Compliance**: Earlier there used to be nearly 622 odd entries in all the forms put together, which had to be filled in order to complete the documentation and that would result most of the time in incomplete documentation. We have reduced the number of entries in the form by about 55% which a nurse has to fill now for the patient's care and its continuity. This has resulted in almost 100% compliance to documentation in records.

### **Operational Efficiency by Reducing the**

*Wastes*: There was a huge direct and indirect cost involved in earlier process which included.

- a. Effective Time Loss per Patient
- b. Patient Experience
- c. Staff Efficiency and Productivity
- d. Cost.

With implementation of this care record we were able to control and minimize the costs.

## Patient Satisfaction & Employee Satisfaction

a. Patient Satisfaction: Survey shows the rise in Patient's Satisfaction due to prompt response of staff.

b. Positive feedbacks of clinicians and Patients have resulted in high morale and that has led to Increased Ownership for delivering the patient care.

c. Feedback of staff on use of CARE-EPIC was overwhelming and satisfactory.

d. Capacity Building: More than 400 staff has been impacted directly and 200 staff indirectly and thus reducing the documentation time by about 25% has increased the staff efficiency and resulted in companywide saving of thousands of man-hours per year.

#### Lessons Learnt

Strategic thinking, proper planning, communication, team commitment and desire to continuously improve can bring in major / substantial difference in building a learned organization. There were various challenges in implementation which were addressed appropriately through:

- 1. Optimum utilization of resources
- 2. Adequate allocation of resources
- 3. Team work
- 4. Staff motivation
- 5. Patient feedbacks
- 6. Close monitoring of process

7. Continuous improvement through periodic meetings

8. RIE (Rapid Improvement Event), formal trainings, sensitization on use of CARE-EPIC through simulation project added to success.

#### Conclusion

A project is successful only if it is scalable and sustainable. This project has some measurable outcomes but the positivity, energy and welcoming response of staff which was evident during the project phase and post implementation feedbacks was immeasurable and was evident in the success of the project. The project is a live example of Organization Values of Patient Care, Innovation, Teamwork, and Ownership which can bring improvement in any process and drive efficiency. But as rightly said, Quality is a journey and not a destination. Our learning is to improve patient safety and we shall continue to conceptualize and construct quality and safety nets to mitigate uncertainties.

\*\*\*\*



#### Acknowledgements

We shall like to thank Mr. Prateem Tamboli, Facility Director of our hospital for his leadership and continuous support to this project. We shall also like to thank Dr. Shrikant Swami, the Medical Superintendent & Ms. Jiji Mol, the Chief of Nursing and her team and all others who directly or indirectly supported this project.

#### References

- *1.* Aiken L, Clarke S, Sloane D, Sochalski J, Silber J: Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction.
- 2. Needleman J, Buerhaus P, Mattke S, Stewart M, Zelevinsky K: Nurse-Staffing Levels and Quality of Care in Hospitals.

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This case study was a winner of the QCI-D L Shah Quality Award.

This case study is reprinted with kind permission of QCI and D L Shah Trust.







#### Innovation Webinar on "Making Disproportionate Growth Happen Systematically"

## Session Structure & Program Overview

#### STRUCTURE

This is a 1-hour session in virtual format. Participants need to register in advance to get the zoom link and participant code.



#### DATE

- Session: 21 Jan 2022
- Time : 1100 Hrs 12:00 Hrs

#### PROGRAM OBJECTIVE

To help participants gain overview of systematic ways to make disproportionate growth happen in their context.

#### ELIGIBILITY

Representatives of organization or individuals who wish to know about leveraging systematic ways to innovate and would like to develop careeer in the area of Innovation. WH Tho way con

#### WHO SHOULD ATTEND

Those who are intrested getting an overview of how to leverage systematic ways to innovate and make disproportionate growth happen in their context. Also the individuals who would like to develop their career in Innovation in any role e.g. Champion, Leader, Sponsor, Manager, Multiplier.

#### COURSE FEE

Free Webinar for NCQM Members

## PROGRAM OVERVIEW

Participants will develop an understanding of the following key points:

- Innovation as a term
- Typical roles that people play
- Some success stories
- Differentiators of people who succeed
- Lessons learnt from such people and stories.

The learning sessions would be comprise of an interactive presentation followed by an open discussion. Participants may also share their questions in advance. The key take aways from this session would be to get introduced to some of the basic requirements of making disproportionate growth happen by leveraging systematic ways to innovate.

#### FACULTY PROFILE

<u>*Mr. Shreyas Bakshi*</u>: • With over 30 years of working experience, Shreyas has led, managed, and facilitated innovations in diverse domains and contexts. His passion is to institutionalise innovation across the organisation. Apart from leading projects, over the last decade, he has institutionalised innovation in two corporate houses with multiple businesses across a wide diversity of domains and cultures. As a part of this role, Shreyas has facilitated over 5000 people to apply and or imbibe the systematic ways to innovate. Based on his learning from these experiences, he has recently release a book, Dealing with the Mirage: Institutionalising Innovation (<u>https://dwm.sbakshi.com</u>) and his paper on 'Breaking the Silos' of Innovation Methods was published in the International Journal of Systematic Innovation Vol 2, Sep.2020,Pg-36. Shreyas is currently the Founder & MD of DWM Innovations Pvt Ltd. (<u>www.dwminnovations.com</u>).

For any queries, please call us on 9969542885 or 022-40111962 Please Register in advance for the webinar on <u>http://surl.li/bbreg</u>

G-503, Kailas Complex, Vikhroli - Hiranandani Link Road, Vikhroli West, Mumbai-400079, Maharashtra, India.



## News

#### ANNUAL GENERAL BODY MEETING

The 35th Annual General Body Meeting of NCQM was held on Nov 27, 2021 in a virtual mode through a Zoom App meeting. The meeting covered the following agenda:

- 1. To confirm the minutes of last Annual General Meeting held on 7th December 2020.
- 2. To consider and adopt Annual Report for the F.Y. 2020-21. (By Mr. Aravind Ghaisas, Hon. Secretary).
- 3. Annual Accounts Income & Expenditure Statement and Balance Sheet for the year 2020-2021 to be considered and approved. (By Mr. Ashok Kurup, Hon. Treasurer).
- 4. To appoint auditors for the financial year 2021-22 and fix their remuneration. (By Mr. Santosh Khadagade, President).
- 5. Any other matter with the permission of the Chair.

Mr. Santosh Khadagade welcomed the members to the Annual General Meeting. Mr. Arvind Ghaisas, Hon. Secretary presented a summary of NCQM's



activities and performance in 2020-21 while Mr. Ashok Kurup, Treasurer, presented the Annual Accounts.

#### ANNUAL DAY

The Annual General Body Meeting was followed by the Annual Day function (also in a virtual format). The day was big success with members and guests in large numbers joining us virtually for the Member recognition ceremony and the Annual Day lectures viz.:

- JIPM TPM (Total Productive Maintenance) -Mr. Rishi Kumar, MD, and Principal Consultant, Arise Business Excellence Consultancy, Mumbai (Ex-Head Business Excellence- Cement Business, ABG).
- ISO 31000-Enterprize Risk Management Mr. Sunil Chandwani, Head- Business Strategic Solutions, New Delhi.







#### **BEQET 2021 WORKSHOP**

A full-day preparatory workshop for BEQET 2021 competition titled, "Use of Quality Improvement Tools & Root Cause Analysis Techniques" was organized on Dec 18, 2021, in a virtual mode for preparing the participants to showcase their improvement projects at the competition scheduled for Jan 15, 2022.

The program was conducted by Mr. B Banerjee, Trustee NCQM and he was ably supported by Mrs. Geeta Patil, Associate Professor, Shri M D Shah Mahila College, Malad, Mumbai and Dr. Kamal Shah, Thakur College of Engineering Kandivali, Mumbai. The program covered the following agenda:

- Overview of BEQET process
- Basics of SPC and Drawing Histogram
- · Quantitative techniques to improve quality of BEQET projects
- · Criteria for selection of projects and methodology to be adopted
- · Sharing award winning case studies
- Overview on RCA & RRCA Techniques.

#### Zoom Meeting ۵ Participants (20) $\odot$ Prasad N Santosh Khadag.. Ekta Thakor Q Find a participant asad N 🗶 Santosh Khadagade 🛛 🗶 Ekta Thakor BB Basudev Banerjee \$ 100 Recording. basudev banerjeelaxy J7 Duo Q 124 AK Abhijeet Kale 56 CA **Cause and Effect Diagram** Dr Preety Jain 16 00 DA Dr. Anil Vasoya 1/ 1/1 Ekta Thakor 1/20 Geeta Patil X 10 Hemalata Mukane 1/20 M MANSI GHULE \$ 100 Nisha V Kalayil 1 DA PN Prasad N 1 Th Smart draw 🔓 Rajni Bahuguna 1/ 1/1 Simha Moses 1/2 5/1 Sonu Mishra \$ 120 Mute All Invite -🍃 31°C Smoke 🔨 📴 🕼 🗘 ENG 03:08 PM 🛛 民 Ħ 🔎 🛱 💁 🛢 💿 🗰 🥱 💻 🐂 🔍 🗷 🖳 🖸 🖻 Desktop





## **EVENTS CALENDAR - Jan 2022**

Schedule & Fee Per Candidate*	Program Title	Objective	Contents	Who Should Attend
22 Jan 2022 Rs. 3000/- plus GST	IT Security ISO 27001 – 1-day Orientation	<ul> <li>To give practicing managers awareness and broad understanding on the requirements of ISO 27001.</li> </ul>	Overview of ISO 27001	• Executives, Managers who wish to get oriented to ISO 27001.
28 Jan 2022 Rs. 500/- inclusive of GST	No code Data Analytics for Managers – 0.5 day Orientation	<ul> <li>In the current day business environment, every manager needs to understand data science, AI, IoT etc. This program will give an overview and application of these topics.</li> </ul>	<ul> <li>Overview and Application of Data Science, Al, IoT, etc.</li> <li>How to implement analytics with zero coding efforts and open-source software tools.</li> </ul>	<ul> <li>Mid and Senior managers who are interested in using the data effectively for their decision making.</li> </ul>

\* Cheque/DD should be drawn in favour 'National Centre for Quality Management' payable at Mumbai.

 Payment can also be made through Net banking (NEFT, RTGS, IMPS) or Bank Transfer through UPI Apps (GPay, Paytm, PhonePe, etc.)

Account Name & Branch	Bank Name	Type of Account
National Centre for Quality Management	Union Bank of India	Saving Account
IFS Code	Account No	PAN No: AAATN3205E
UBIN0802387	023810100037658	GST No: 27AAATN3205E1Z1

\* Please provide: Txn ID/Ref no./Cheque no./ DD no(enclose DD/Cheque) to <u>ast@ncqm.com</u>.

Timings: Registration at 9.30 am

Session Timings: 10.00 am to. 5.30 pm

Registration: Send email to ast@ncgm.com / ncgmmumbai@yahoo.co.in, or call Tel: (022) 4011 1962 / 9969542855

