CHAPTER 4

Guidelines for the implementation of
a quality circles programme

4.1   INTRODUCTION

Chapter 3 discussed the findings with reference to the literature review. This chapter describes the guidelines for the implementation of a quality circles programme in three broad phases:

- planning
- implementation
- evaluation.

4.2   GUIDELINES FOR THE IMPLEMENTATION OF A QUALITY CIRCLES PROGRAMME IN A PUBLIC HOSPITAL

The researcher developed the guidelines from the research findings (see chapter 3). The guidelines cover the three phases of planning, implementing and evaluating a quality circles programme.

4.2.1   Planning a quality circles programme

The aim of this phase is to ensure that all stakeholders are consulted and participate right from the planning phase so as to improve communication and ownership of the programme. A public hospital wishing to initiate a quality circles programme should follow the guidelines below.

4.2.1.1   Establishing a steering committee

Bateman (2002:1) defines team building as a process of enabling a group of people to reach their goal. The steering committee of a quality circle has the responsibility of leading and managing the quality circle. Each quality circle has its own steering committee. The steering committee is

representative of the department. In other words, one professional nurse, one enrolled nurse, and one enrolled nursing assistant represent each nursing unit in the steering committee.

Each nursing department/discipline must decide on the size of the steering committee. Snow and Orlikoff (1984:4) maintain that a quality circle should consist of 4 to 15 members.

4.2.1.2 Selecting a chairperson

The steering committee of the quality circle can be effective only if it has a strong chairperson. This study found that an effective chairperson of the steering committee of the quality circle should be responsible, diligent, committed, a competent and inspiring leader, passionate about nursing, and have good communication and management skills. These features should therefore be considered when identifying an individual to be a chairperson of the quality circle.

4.2.1.3 Planning dates and times of meetings

The steering committee of the quality circle should plan the dates and times of quality circle meetings carefully, taking the following into consideration:

- Major doctors' rounds.
- Admission days.
- Any other labour-intensive activities in the department, like operation days, that could compromise quality patient care.

The steering committee of the quality circle should take care in planning and deciding on the venue of the quality circle meetings, to guarantee attendance at meetings. Noise around the venue should be kept to a minimum to ensure a progressive meeting. All the nursing disciplines/departments should agree on how often the steering committees of various quality circles will meet, in order to promote that exchange of ideas, skills, experiences and information. At least quarterly meetings are recommended so that quality circles have enough time to improve on flaws identified in its management/leadership.

4.2.1.4 Electing members

The election of the steering committee members should be done objectively, taking cognisance of the following:

- They should have a sense of belonging to the quality circle and should go out of their way to uplift the nursing standards of the quality circle.

- They are expected to participate actively in the meetings.

- They must be passionate about patient care.

- The unifying factor in the quality circle should be the patient care, so the agenda should always pertain to patient care.

- Attendance is rotational to ensure that the entire department is conversant with the quality circle programme.

4.2.1.5 Dealing with problems

The steering committee should plan how to deal with problem solving at quality circle level, bearing in mind the ABC classification of problems (QCFI 1999:1). With the plan for the initiation of quality circles programme in place the nursing discipline/departments should walk the talk.

The steering committee of the quality circle should formulate, interpret, and implement a policy guiding the entire process of implementation of quality circles programme so that everybody knows what to do (Snow & Orlikoff 1984:37).

4.2.2   Implementing a quality circles programme

The aim of the second phase is to ensure teamwork and staff empowerment.

During the implementation of the quality circles programme, the chairperson plays a pivotal role in leading and managing the steering committee to ensure the effectiveness of the quality circles program. The chairperson should ensure that:

- The baseline evaluation of the department involved is done before starting the activities of the quality circles programme, so that data is available that will make comparison possible in the future, and this baseline information about the department is the cornerstone of the evaluation process.

- Quality circle meetings are held weekly.

- An agenda has been drawn up and communicated to the entire steering committee to ensure productive meetings and full participation of the steering committee.

- The agenda pertains mostly to patient care rather than social issues, so that the efforts of the quality circle are directed at continuous quality improvement of patient care.

- Minutes are generated from each meeting to ensure continuity and progress.

- The steering committee has a system in place to empower staff; engender team building and maintenance of nursing standards.

- A monitoring system is in place that is reviewed periodically.

- The steering committee sends a quarterly progress report of the quality circle to the head of the department.

- The steering committee evaluates the quality circles programme annually in order to monitor its progress.

- All the quality circles meet quarterly for cross-pollination of ideas, skills and experiences to coordinate the quality improvement initiatives and allow the empowerment and growth of staff members.

In order to improve and develop the quality circles programme, it is important for the steering committee to keep complete documentation of all the activities of the quality circle.

4.2.3 Evaluating of a quality circles programme

The aim of the third phase is to generate data about the progress of the quality circles programme in order to develop and improve the programme.

Bowling (2002:9) defines evaluation as the use of scientific methods and rigorous and systematic collection of research data to assess the effectiveness of organisations, services and programmes. Bowling identifies formative and summative evaluation. Formative evaluation involves the collection

of data while the organisation or programme is active, with the main aim of developing or improving it. Summative evaluation involves collecting data about the active or terminated organisation or programme with the aim of deciding whether it should be continued or repeated. The chairperson of the steering committee of the quality circle must ensure that

- a policy on the evaluation of the quality circle is formulated, communicated and implemented by all quality circles
- an evaluation tool is in place to conduct formative evaluation in order to develop and improve the programme continuously
- the steering committee members are trained in formative evaluation and how to use the available evaluation tool, so as to guarantee uniformity in the evaluation process
- the steering committee of the quality circles generates an evaluation report that is communicated to the head of the department
- the entire department owns the process of evaluation by active participation during the formative evaluation

4.3   CONCLUSION

This chapter discussed the guidelines for implementing a quality circles programme in public hospitals in three phases. Effective communication is the cornerstone of the implementation of a quality circles programme therefore policy on the process of planning, implementing and evaluating the programme is crucial.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for nursing practice and education as well as future research.