It's fair to say that every health and human services organization wants to provide excellent services to their customers. Many support these services by well defined clinical and business processes performed by trained and qualified staff using the appropriate equipment and facilities. Indeed, most organizations have embarked on some kind of quality program to achieve these objectives. However, as many organizations have discovered, the road to quality is not always paved with success. Feedback from consumers and purchasers is not always positive. Many quality programs have been found to be largely ineffective and some have resulted in increased bureaucracy and reduced flexibility. Organizations wrestle with implementing the necessary controls while retaining the required flexibility and freedom of operation – apparently diametrically opposed objectives. With the addition of certification and accreditation requirements the quality system can sometimes bury itself under its own weight.

Now health and human services organizations are increasingly expected to participate in broad-based reform initiatives such as those advocated at a national level by the IOM Quality Chasm Report, the President’s New Freedom Commission on Mental Health, Performance Partnership Grants and Paths to Recovery / STAR. Pressure on providers to implement truly effective quality systems is increasing at a time when funding rarely keeps pace with rising costs.

In the mid-1990s the quality movement really took hold in the health and human services sector. Implementation of an effective quality management system was seen by many as the “silver bullet” – the way to increase efficiency, improve customer service and reduce costs. Effective quality management had already transformed the performance of key manufacturing sectors and there seemed no reason why similar techniques should not be effective in the service sector. So what went wrong? Why has it taken so long?

In the manufacturing sector there is a natural tendency for businesses to “reinvent” themselves every few years. New products, manufacturing plants, technologies and competition provide the stimulus required. In the service sector this is often not the case. Providers tend to evolve slowly, adding or refining programs and services but rarely fundamentally recreating them. Also the services sector tends to be more reliant on human beings performing non-repetitive processes. In a manufacturing setting people tend to primarily manage machinery and equipment. A process that occurs a couple of times a month tends to be harder to control than one that happens hundreds or thousands of times a day. Finally, the manufacturing sector is driven by cost. Make a product for a few cents less than cost and you make a profit – a few cents more, a loss. Products and processes are designed to meet strict cost targets and are continually evaluated to ensure that the targets are met. In the service sector, while good organizations control costs to the best of their ability, the nature of the programs and services (and the needs of the customers) tend to make this difficult.

Now the requirement to improve performance genuinely and measurably is again becoming a priority. Organizations, understandably, are reluctant to repeat the mistakes of the past.

Over the last few years though, there have been real advances in quality management system theory and the associated tools and techniques. Quality systems used to be reactive – find a problem and fix it before it impacts the customer. Now they are proactive – implement systems based on the mitigation of risk so that problems don’t happen. Quality itself used to be seen as applicable only at the point of program or service delivery. Now it is viewed as applying to the whole business.

Modern approaches to effective quality management are based on the premise that there is no “silver bullet”. Designing and implementing a quality system that is fully effective in meeting business and customer needs is a long process requiring a transition to an organizational culture where excellence is the norm. It is a progressive program that consists of a series of hierarchical milestones that culminate in a truly “best in class” service. One term for this program is Service Excellence.
At one end of the Service Excellence spectrum are organizations that operate in a chaotic manner. They may still provide adequate services but they operate in a framework of informality and unpredictability. In this environment quality service is possible but is too often reliant on exceptional people improvising to compensate for the absence of effective business processes. At the other end of the spectrum are organizations where every activity undertaken is optimally planned and without faults and failures are anticipated and prevented. Quality is institutionalized. Processes, programs and services are continually improving. When failures occur they are automatically corrected. The reality for most organizations is that they are somewhere in the middle of these two extremes, perhaps at different stages with different parts of their operations. Their goals can and should be to continually aim for Service Excellence!

Organizations wishing to apply Service Excellence must develop a quality "system" (i.e. a systematic way of assuring quality). Such a system must embrace every aspect of the organization (not just service delivery) and consists of the optimization, documentation and continuing improvement of all key business processes and the ongoing monitoring and evaluation of the quality system to ensure its continuing suitability and effectiveness. Such a system becomes the foundation on which the business is built – the basic framework within which all processes, programs and services are managed.

The design and implementation of an effective Service Excellence system can itself be a daunting task. However, the more commitment the leadership show and the more people involved, the easier it becomes. A traditional (1990s) quality system tended to be designed, documented and implemented by a single person – the quality manager. Not surprisingly a system of this type with little or no executive or process ownership is difficult to institutionalize. In a modern Service Excellence program a Process Owner is designated as responsible for the optimization, documentation, evaluation and improvement of each process. This is built into management objectives across the organization. Literally everybody in the organization can be involved in the appropriate teams and the system becomes naturally institutionalized.

Documentation of the key organizational processes is no longer the burden that it was. Modern process mapping tools and techniques allow processes to be documented quickly and in "real time" by a group of process stakeholders. Electronic dissemination of documents allows policies and procedures to be rapidly distributed for comments and approval online. Process Mapping is more than just documentation however. During the “mapping” exercise opportunities for improvement and efficiency become readily apparent.

A central element of an effective Service Excellence system is ongoing evaluation. In a traditional system, a 3rd party assessor (e.g. JCAHO) would visit and evaluate the quality system at a defined frequency (perhaps every 3 years). Ongoing evaluation of a modern service excellence system is performed by employees trained as evaluators who examine set elements of the system on a monthly basis against an agreed plan – continually monitoring compliance and effectiveness and recommending improvement.

The road to Service Excellence cannot be traveled quickly. It is an ongoing program of systematic intent, content, implementation, evaluation and improvement. On this road the value is in the journey – short cuts bring you no closer your destination. However every “mile” traveled will reward your organization and its customers in improved processes, programs and services.

Anybody want to take a drive?