MEP PERFORMANCE GUIDELINE IN SITE
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Introduction:

Reform in health care management has attracted the attention of many investigators and managers and plenty of programs has been designed and performed. In executing fields, variety of problems occurs which demand reforms in the program designing and styles of performing the program. Researches has shown that so many factors influence the success and failure pf the programs, some of the most important factors are: lack of policy making protections, insufficient performing structure, disagreement of the programs, l lack of proper knowledge and experts…According to WHO, lack of effectiveness program is the main reason of failure of the programs in DEVELOPING COUNTRIES. By the aid of effectiveness management, they can move toward the strategic goals by proposing the management as a mean of organizing the resources, in this way they need practical knowledge and experts, but it doesn't mean that we refuse all other managerial factors such as planning, human and financial sources…

WHO believes that just training of the managers will not solve the problems; and thinks about the necessity of capacity building in the organizations .To help the managers in their managerial units, WHO has designed its" Management effectiveness program" and is performing it in (EMRO) countries (Iran, Syria, Yemen, and Egypt).

The main purpose of the program is enforcement of Quality in the health care services .The principals are:

- ❖ Client focus.

- ❖ Involvement &participation

- ❖ Continuous improvement

- ❖ Exchanging the knowledge and experiences

- ❖ Creating a common tools and a common language

- ❖ The following chart shows the relationship among the structural bases:

The most important point in this program is to notice the changes and responding the changing clients needs in the changing environment. In order to do so, healthcare organizations themselves have to change their structural bases and these changes must lead them toward the continuous improvement of the processes. In this way, capacity building in personnel, teams and organization is very necessary.

Capacity building can be affected by several factors such as: financial resources, human resources, and physical equipments , 12 modules have been designed to increase the personnel expert and knowledge.

These training periods involve several parts and are being held in 3 main contents: Personal development. Team development. Organizational development.

In personal development we emphasize on staff empowerment to use the different tools to improve their personal and occupational experts.In team development, we try to use the team member's ability to improve and betterment of the processes.

In organizational development, we notice the organizational ability in managing and organizing the financial and human sources, executing and strategic planning.

The following chart shows the training modules in management effectiveness program:

Anticipations in executing fields are:

- ❖ Capacity building in managers and teams to develop the organizational goals and making proper changes in the current culture of the health system management.

- ❖ Creating a relationship between improving the policy-making processes and managerial processes in the health system.

- ❖ Establishing an appropriate structure and developing the evaluating and feedback system in all levels of the organization.

❖ Designing a motivate system and protecting the MEP enforcement in all levels of the health system.

To achieve the desired results, an appropriate structure has been designed. In this structure, different levels of the health systems are in touch with each other and feedback is very important. It means that peripheral units, information and data are being reflected to the policy levels by the sites so the new policies will be made based on the facts and the real needs of the clients, and these policies are reflected to the peripheral units (feedback) to be performed.

The following figure shows the structure and the feedback system in the management effectiveness program:
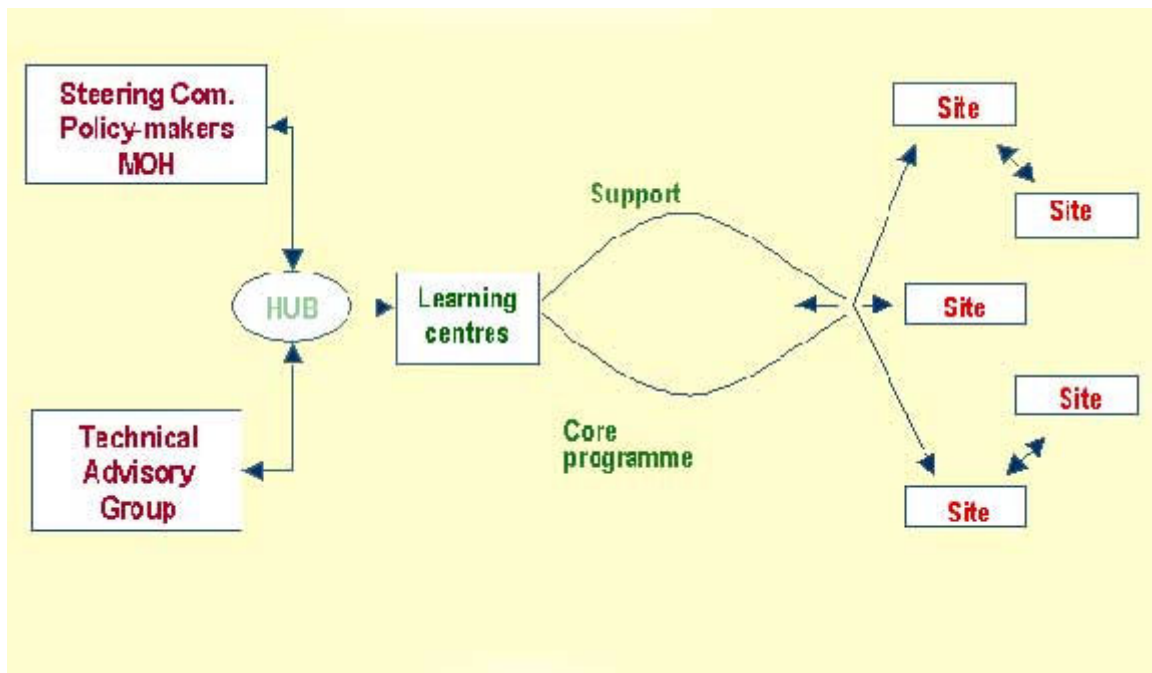
As we noticed efficient harmony among policy levels and executing fields is one of the main structural factors, has been shown in the following figure:
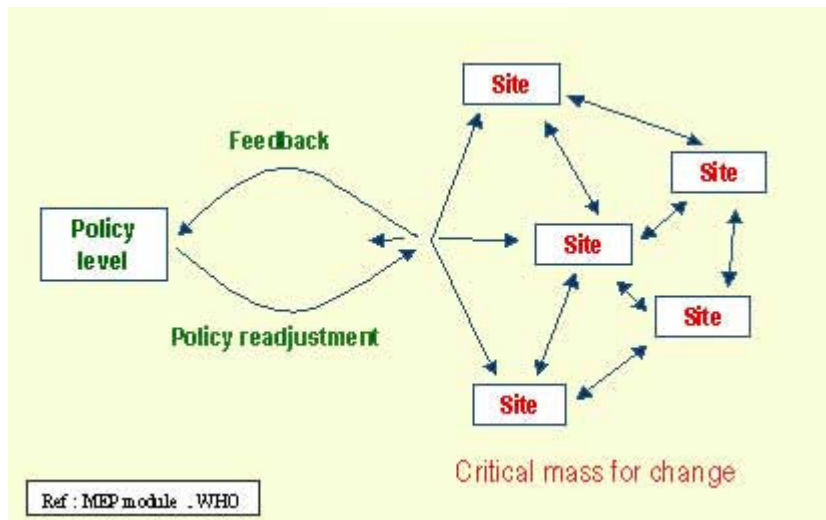
The main roles and bases of this structure (figure 3) are:

1. Consultation and policy committee: This committee makes sufficient policies based on the peripheral feedback, in a national wide.

2. Technical consultation committee: is committee, provides the appropriate consultation services and required knowledge and experts to improve the program.

3. HUB: This center provides the communicative facilities among policy levels and Technical consultation committee and also the required resources (At the present, Tabriz University of Medical and science has been selected as the "HUB" of the program, and will be extend to the official levels in the future.

4. Training center: This center provides the training resources and presents the training programs in the province; it also facilitates the feedback between the "HUB" and the other levels.

5. Sites: Sites are peripheral units offering healthcare services (hospitals, health centers, laboratories…). They are the responsible of providing a part of society demands and are in touch with the program in order to improve the quality of their services. Sites are generating the proper information for policy levels and also move their processes according to the health care system's

The executing roles in implementation of the program are:

❖ Tutor mentors: They are experts with high training abilities in the learning center, who are offering appropriate information and trainings according to the sites needs and also provide the required facilities for implementing the program in the sites.

❖ Site leaders: Site leaders are the top leaders of the sites who are the responsible of implementing the program and providing the required facilities in the sites.

❖ Team site: It consists of all the site members, which have the ability of decision-making. They provide the proper facilities in order to betterment the processes in the sites.

❖ Coordinators Of the process improvement: They are a part of site members, who are acquainted with all the Quality improvement tools, and assist the team works in technical and scientific contents.

❖ Work teams: Are the holders of the processes, who are being organized according to their functional section in order to improve the processes.

❖ Site members: All people in the sites are the site members.

❖ Client: People who receive the site services.

In this program, we have some protected ional structure (establishing documentation center in the sites and learning network) to enhance the site members' knowledge, create appropriate training opportunities and exchanging knowledge and information.

Documentation center in the sites is a place to maintain the training documents, activities and the results of the process improving; in this center training facilities like access to training network has been provided. (Training network is a website that can be used by all sites members and interested ones). This web site involves different matters of training facilities, documents of the activities and achievements, …

As we have emphasized on Benchmarking in improving the processes, so availability of proper information seems necessary; besides our own web site, access to the other websites and using Internet is one of the other aims of the training net; Publication and reflecting the results of the improvements, itself provides a great base to exchange the knowledge and information.

Quality days have been suggested by the HUB On the previous experiences .The interval of the quality days depends on the time management in the sites. In a quality day improved processes, personal and professional improvements and some other different subjects are being proposed.

Implementing of the program:

We believe that, this program is not just a training program, but we emphasize that these learning have to led to betterment of the processes. The following figure shows the relationship among different parts of the program and continuous betterment of the processes and functions:
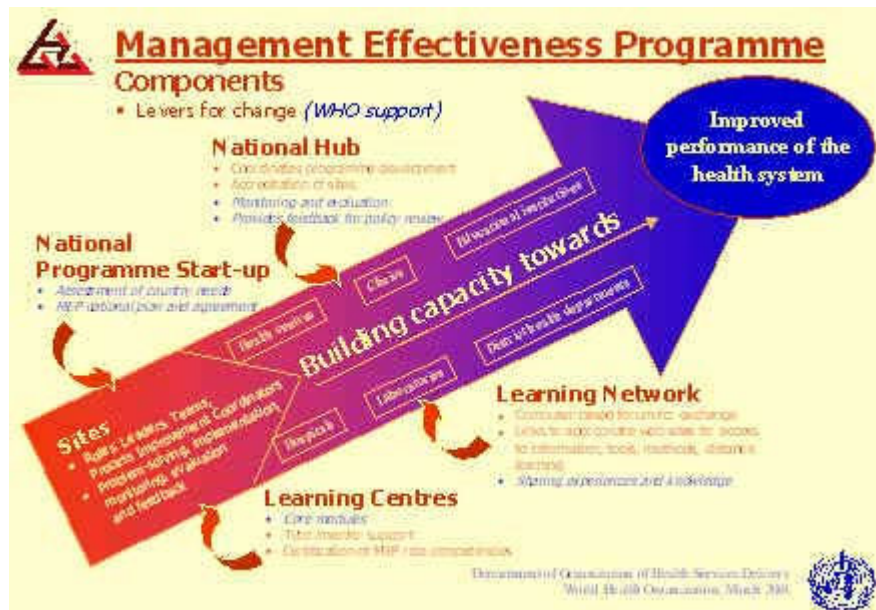
We must notice that, program implementing is not a new process, it is the usual processes in the sites (managerial, services…), the only different thing is using Quality bases and abilities have been acquired through the learning procedures to betterment the affairs; so we notice improvement of the managerial processes and health care services, the only difference is how to deal with the ordinary activates.

The main strategy to meet the program's goal, is capacity building in staff, managers and organization and it needs existence of proper knowledge, resources and equipments, so it is top manager responsibility to prepare an appropriate organizational atmosphere for capacity building, personal, team and organizational development, in order to answer both internal and external clients, needs and expectations, which shows the commitment of the top organizational managers.

After accepting the implementing of the program, managers must create the required facilities and condition to hold the training courses and also using them in the practice; they must also support the results.

Cooperation is another important matter; it means that besides staff participation in betterment of the activities, managers from all levels have to take part in Quality improvement processes, which has been emphasized in leader ship contexts; it shows that all organizational members and managers of different levels, have their own importance in the program which has been emphasized in the structure of the program, relation with policy levels and feedback system.

Te expected output of the sites for implementing the program are:

- ❖ Active team site.

- ❖ An active coordinator in process improvement.

- ❖ An active documentation center.

- ❖ Holding "personal and professional improvement " training courses.

- ❖ Cooperation with website and publication.

- ❖ Detecting the clients and evaluating their satisfaction and needs.

- ❖ Detecting and using common tools, values and a common goal according to the Quality bases.

- ❖ Continuous improvement of the processes and standardization of the processes.

- ❖ Planning (Weekly plantings, annual and long term plantings).

- ❖ Magnifying IT.

Active team site:

An active team site must have:

- ❖ Regular meetings.

- ❖ Constant and definite members.

- ❖ Presence of all members in the meetings.

- ❖ All members, participation in managing the meetings.

- ❖ Cooperative decision-making.

- ❖ Existing An Action plan for the site.

- ❖ Existing a monitoring an evaluating program for the site's executing programs.

- ❖ Existing an appropriate program to support the process improvements.

The coordinator must:

- ❖ Take part in all training courses.

- ❖ Coordinate all the site programs.

- ❖ Technical support of the improvement teams and improving the processes.

- ❖ Cooperation with training center in order to sufficient training of the site.

- ❖ Cooperation with documentation center.

- ❖ Cooperation with publication.

- ❖ Managing the Quality days' meetings.

- ❖ Having a complete list of the task forces.

- ❖ Being able to detect the variables,.

- ❖ Being acquainted with all the Quality improvement tools.

- ❖ Total acquaintance with Quality & changes philosophy.

- ❖ Using adults learning concepts.

- ❖ Detecting the needs.

- ❖ Using team ability in leadership.

Documentation center:

This center must have the following characteristics:

Existing adequate physical environment and equipments as:

An especial room, telephone, computer (scanner, printer, writer CD, Web cam), a bookshelf, tables and chairs, learning resources (books, training tapes training CD), access to Internet, Identification of the site and site members, site activities documents, reports of the meetings.

Clarifying the clients:

Having a list of the clients, detecting a program to check their needs, designing a program for involving the clients in the site's programs, existing a program for accepting the internal and external clients, suggestions and evaluating their satisfaction rate.

Cooperation with Web site and publication:

Proposing the site's documents, news and…to the publication unit, providing proper access to the publication and Website for all the site members, and reflecting the site members sights and suggestions about the publication.

Detecting common values, tools and view according to Quality bases:

- ❖ Detecting the organizational values, and installing it in an appropriate place in the site.

- ❖ Detecting the organizational goals and installing in an appropriate place in the site.

- ❖ Detecting common tools for improving the processes (FOCUS PDCA, has been chosen as the common tool).

- ❖ Establishing the Quality improvement bases.

Continuous improvement of the processes:

- ❖ Existing an appropriate program for improving the managerial processes and the services.

- ❖ Existing an encouraging program.

- ❖ Documenting the process improvements.

- ❖ Clarifying the processes.

- ❖ Standardizing the processes.

Holding Personal and Professional Training courses:

❖ Existing a calendar for personal improvement training courses.

❖ Existing a calendar for professional improvement training courses.

❖ Holding the training courses.

❖ Detecting the needs in personal and professional improvements and training the required items.

❖ Using an appropriate technology in the trainings.

❖ Evaluating the quality of training courses.

❖ Giving certificate for the trainees.

Feedback system is one of the most important items in this programs, so reporting meetings are being held in the training center every month and all site leaders and tutor mentors take part in these meetings, beside reports, variety of training subject in MEP Modules, training the Quality improvement tools and some other managerial items are proposed too.

We expect the sites to have the following items in their monthly repot:

❖ Report of the Documentation center.

❖ Report of the training activates.

❖ Clarifying the managerial processes and services and set priority for them.

❖ Performance report.

❖ Evaluation report.

❖ Quality days, report.

❖ Proposing the creativities and the achievements of process improvements.