

The EFQM excellence model is useful for primary health care teams

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Background. Primary care teams are facing an increased need to develop quality programmes at local level. GPs must lead this process and promote a positive organizational culture if they want to achieve and maintain a continuous improvement of the service.

Objective. The aim of the present study was to test the applicability and reliability of the European Foundation for Quality Management (EFQM) excellence model self-assessment questionnaire in a primary health care organization.

Method. A cross-sectional study was carried out of the EFQM questionnaire to compare the scores achieved by a primary health care team in Spain caring for 42 000 inhabitants using internal self-assessment with the scores achieved by professional management auditors through an external audit.

Results. The scores of each criterion achieved by self-evaluation are similar to or lower than those assessed by the external evaluation. There is agreement in the areas suitable for improvement.

Conclusions. The experience proves the applicability of the EFQM excellence model for primary health care teams and its reliability, at least when the team undergoing self-assessment know they are going to be re-evaluated. There is high concordance in the identification of areas for improvement.

Keywords. European Foundation for Quality Management, management quality, primary care.

Introduction

Primary care teams are facing an increased need to develop quality programmes at local level. GPs must lead this process and promote a positive organizational culture if they want to achieve and maintain a continuous improvement of the service.¹

During the 1970s, industry evolved from quality control to quality assurance and afterwards to total quality management. This new issue is defined by the International Standards Organization to achieve quality targets established by companies. This approach helped to plan actions to make and produce goods and services according to pre-determined requirements.

The new concept of quality, total quality management, is based on different criteria related to management improvement and organization results. There are three main models of total quality management. (i) The 'Deming

model' is used only in Japan. It has an orientation toward production issues. (ii) The 'Malcom Baldrige' is widely used in the USA. It is focused on client satisfaction, but is based excessively on a competitive and market environment. (iii) The excellence model of the European Foundation for Quality Management (EFQM) is a practical tool to help organizations by measuring where they are on the path to excellence, helping them to understand the gaps, stimulating solutions and monitoring progress continuously. It emphasizes the idea of self-assessment and the identification of strengths and weaknesses via criteria guidelines. At present, the EFQM model is the most promising model in Europe and the adaptation to both the public and the health sector constitutes an important innovation.

The tool has been designed for organizations to perform comprehensive, systematic and regular self-assessments of their activities and results referenced against the EFQM excellence model. This framework, broadly used in industry, is becoming popular in the health sector, and we tested its utility in primary health care.^{2–6} The purpose of this paper is to test the applicability and reliability of the EFQM excellence model questionnaire in a primary

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health care organization. It shows the comparison between the scores achieved by the primary health care team self-assessment and the scores measured by professional management auditors through an external audit.

Methods

The Castelldefels health care team

The subject of the study was a primary health care team (PHCT) of 64 personnel including 13 GPs, five paediatricians and 18 nurses. The PHCT were all public employees working in a government health centre which provides care to the 42 000 inhabitants of the city of Castelldefels near Barcelona.

The EFQM excellence model

The EFQM excellence model is a non-prescriptive framework based on nine criteria, each with a specific weighting (Fig. 1). Five of these are ‘enablers’ and four are ‘results’. The ‘enabler’ criteria cover what an organization does. The ‘results’ criteria cover what an organization achieves. ‘Enablers’ cause ‘results’. The model recognizes that there are many approaches to achieving sustainable excellence in all aspects of performance and is based on the premise that excellent results with respect to performance, customers, personnel and society are achieved through partnerships, resources and processes.

The model’s nine boxes, shown in Figure 1, represent the criteria against which an organization’s progress towards excellence is assessed. Each of the nine criteria has a definition, which explains the meaning of that criterion at a high level. To develop the high level meaning further, each criterion is supported by a number of subcriteria. Subcriteria pose a number of questions that should be considered in the course of an assessment. Finally, below each subcriterion is a list of possible areas to address. The areas to address are not mandatory nor are they

exhaustive lists but are intended to exemplify further the meaning of the subcriterion. Table 1 shows as an example the definition and the subcriteria of criterion 1, leadership.

Assessment of ‘enablers’ is based on two aspects: the ‘approach’ and the ‘degree of implementation’. ‘Approach’ addresses the organization’s planning, which must be based on its mission, must be systematic, preventative, accurate, integrated into well-defined processes and reviewed systematically. ‘Implementation’ addresses whether or not the approach is actually being carried out and whether it is being evaluated systematically.

Assessment of the results looks at positive trends over time, the degree of achievement of the objectives stated in the strategic planning and the comparison with internal and external organizations.

Scores for the assessment of ‘enablers’ and ‘results’ are the average of the score of each subcriterion and rank from 0 to 100.

Implementation

Self-assessment and external audit were carried out during the first semester of 1999. Analysis was based on results from the previous year (1998), comparing them with the year before (1997) and with activities developed by other health centres in the region.

Directors of the team received 1 week’s training on the EFQM excellence model. Professional management auditors from the Institut Català De la Tecnologia carried out the external audit.

Results

Table 2 displays the scores of each criterion achieved through self-evaluation and external evaluation. Positive aspects were: leaders strongly committed to quality, a systematic evaluation of staff and customer satisfaction, an explicit local health policy established with the

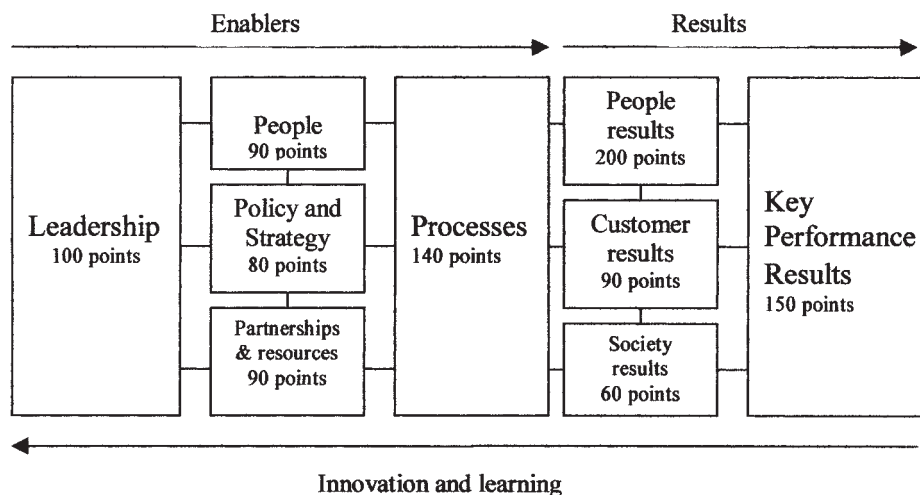


FIGURE 1 The EFQM excellence model framework with the weighting system for each box

TABLE 1 Example—definition and subcriteria of criterion 1: leadership

Definition	
How leaders develop and facilitate the achievement of the mission and vision, develop values required for long-term success and implement these via appropriate actions and behaviours, and are personally involved in ensuring that the organization's management system is developed and implemented.	
Subcriteria	
Leadership covers the following four subcriteria that should be addressed:	
1a	Leaders develop the mission, vision and values and are role models of a culture of excellence
1b	Leaders are personally involved in ensuring the organization's management system is developed, implemented and continuously improved
1c	Leaders are involved with customers, partners and representatives of society
1d	Leaders motivate, support and recognize the organization's personnel

TABLE 2 Scores for each item assessed by the primary health care team and by external auditors

	Primary health care team	External audit
Enablers		
Leadership	37.5	47.5
Policy and strategy	43	48.3
Personnel	35	42.5
Partnerships and resources	37	42.5
Processes	45	48.75
Results		
Customer satisfaction	44	40
Personnel satisfaction	42	42
Impact on society	35	45
Business results	42	40

community, a clear definition of the processes and the periodic audit of clinical outcomes.

Discussion

The experience proves the applicability of the EFQM excellence model for PHCTs in our health care environment. The similarity in the scores achieved by self-assessment and by the external auditors allows conclusions to be drawn on its reliability—at least in the case where those undergoing self-assessment know they are going to be re-evaluated. This reveals the agreement on suitable areas for improvement. For many criteria, health professionals' self-assessment scores are lower than those of the external auditors due to the level of self-exigency. On the other hand, the external auditors were management professional auditors, not health professionals. This can influence giving better scores to some aspects such as the health results. The comprehensive approach of the framework may help communication between managers and health professionals and fits into

the multidimensional approach of primary health care. The framework considers not only economic results and the satisfaction of internal and external customers, but also health outcomes.

The non-prescriptive characteristics of the EFQM framework means that any organizational model within primary health care can use it. Since the framework is evolving as a result of the evaluation of excellent European organizations, the more PHCTs allow themselves to be submitted to the evaluation, the more targeted to general practice it will become. It is therefore interesting to identify key results indicators that allow international comparisons of PHCTs.

The self-assessment process allows the organization to discover clearly its strengths and areas in which improvements can be made, and culminates in planned improvement action, which can then be monitored for progress.

Many quality assurance programmes fail because they are not integrated in routine management and care processes. The advantage of the EFQM excellence model is its mandatory implication of leaders and personnel in quality and in continuous improvement.

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