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QUALITATIVE EVALUATION OF FPMD'S TOTAL QUALITY MANAGEMENT (TQM) PROJECT WITH MEXFAM[1]

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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1. This activity was carried out in collaboration with The Population Council's INOPAL II project.

CONTENTS

1. Executive summary 1

2. Background/Purpose 2

3. Activities: March 5-12, 1993 2

4. Findings/Conclusions 5

5. Recommendations for future action 11

6. Contacts 13

7. Bibliography 14

APPENDIX 1: Schedule of Visits and QITs Interviewed

APPENDIX 2: Guide for Focus Group Discussions

APPENDIX 3: "Evaluación Cualitativa Sobre el Proceso de Mejora Continua en MEXFAM

1. EXECUTIVE SUMMARY

From March 5-12, Nancy Murray, Regional Director for Latin America and the Caribbean (LAC), and Casey Keiderling, LAC Program Assistant, carried out, in collaboration with the Population Council, a qualitative assessment of the implementation of MEXFAM's Total Quality Management (TQM) or Continuous Quality Improvement (CQI) project.

Ten focus group sessions were held with existing quality implementation teams (QITs). The sessions were taped and complete transcriptions will ultimately be available for more in-depth analysis. However a preliminary report with recommendations was prepared and is presented in this trip report based on notes taken during the sessions.

Overall, the project has made great strides in the production and adaptation of training materials on continuous quality improvement as applied to family planning service delivery organizations. The principal investigator and his assistant have provided important technical support to the quality improvement teams, many of which have implemented important projects to improve processes important to their daily work. However, based on the feedback from the QITs, it is obvious that several systems essential to the successful implementation of a CQI program need to be strengthened. Training in measurement techniques needs to be provided to the teams, including a reference material to complete the training materials series developed so far. In addition, communication between the teams needs to be improved, as does the official recognition of the teams' efforts. Finally, the institution's commitment to the CQI/TQM initiative needs to be unequivocally expressed at all levels to ensure that the QITs continue to exist and make improvements long after external support for project-specific personnel is over.

2. BACKGROUND/PURPOSE

FPMD has been providing support to MEXFAM's Continuous Quality Improvement (CQI) initiative for approximately eighteen months, since December 1991.[2] FPMD's resources have mostly supported MEXFAM's training materials development effort[3] and memberships in national and international associations on Quality Improvement (The Quality and Productivity Management Association, based in the U.S. and the Asociación Mexicana de Calidad Total).

The CQI literature emphasizes that any serious effort to institutionalize continuous quality improvement must have a long-term horizon. After just two years of support, MEXFAM feels that the project needs at least another year of external support before it can be institutionalized. MEXFAM has requested that both the Population Council and FPMD support the extension of what is essentially an experimental model, operational in only six of MEXFAM's logistic centers, to an additional four logistics centers. In addition, FPMD and the Population Council's INOPAL II project would continue to support the consolidation of the experience in some of the original centers and the strengthening of some of the internal systems such as recognition and measurement necessary to any CQI/TQM effort.

Both FPMD and the Population Council agreed that an extension seemed reasonable; but felt that it would be important to review the lessons learned to date in order to make any necessary adjustments in participating centers to improve implementation in the centers to be added. Therefore, both cooperating agencies collaborated in the organization of the interim evaluation and in the actual interviewing of ten different quality improvement teams (QITs) currently participating in the project.

3. ACTIVITIES (INCLUDING METHODOLOGY)

During the week of March 8-13th, the team carried out 10 focus group meetings with all of the QITs with the exception of the interfunctional groups. According to project staff, there is no interfunctional group currently operational. (See Appendix 1 for the schedule

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[2] The project began however two years ago under a subcontract with the Population Council's INOPAL II project.

[3] MEXFAM has produced four booklets on how to implement continuous quality improvement in the context of the Mexican national family planning program: 1) *Mejora Continua en MEXFAM*, which provides background on the institution and on the model followed in the implementation of continuous quality improvement; 2) & 3) *Taller de reflexión sobre el trabajo en equipo: cuadernillo para el participante* and *Taller de reflexión sobre el trabajo en equipo: cuadernillo para el facilitador*; booklets for group participants and for facilitators of groups on how to work in teams; 4) *Definición y análisis de procesos*; a booklet on how to define and analyze processes. Still to be produced is a fifth booklet on measurement techniques.

of visits and the QIT teams interviewed). The broad subject areas discussed included: the **initiation** or orientation and training phase; **"process" effects** such as how working in groups affected interpersonal relations, job satisfaction, etc.; and **"impact" effects** such as projects and other ad hoc improvements; and **institutionalization of the methodology**. Below is a free translation of the guide used to direct the discussions with the groups, by thematic area

I. START UP/INITIATION OF PROJECT ACTIVITIES

- Training: Was it adequate (internal and external consultants)?
- Materials: What do they think of the training materials developed by MEXFAM? (and supported by FPMD)
- Implementation: How did the view the process? What were their experiences? Principal lessons learned?
- Working in Groups (Quality Improvement Teams): How did this work for them? What problems did they experience? Do they think that this methodology is useful?
- Recognition and Rewards: Do they think that the institution has particularly tried to stimulate them or reward them for their efforts? In what way? What other ways would they suggest?
- Institutional Commitment: What do they perceive to be the institutional commitment to the process? At what levels of the institution?
- Communication: Is there open and frequent communication about the process? Through what channels? Do they know about the activities of others?

II. RESULTS/IMPACT OF WORKING IN GROUPS

- Satisfaction with job: Have there been changes in how they feel about their jobs? In what way and why?
- Empowerment: Have they changed in how they view their jobs? Do they feel that the responsibilities that they have

[4] See Appendix 2 for the original Spanish language version of the guide used to orient the focus group discussions).

changed? Do they feel that they have greater decision-making power/control over their work?

- "Hassle-free environment": Have their relations/interactions with co-workers in their department/area changed? Those with co-workers in other areas?

- Focus on Clients (External): Has they way in which they view their clients changed? They way they treat them? What kinds of changes have they observed? How have their clients reacted to these changes?

- Productivity and Cost-Effectiveness: Has their productivity improved? In what way? How have they measured it? Cost-effectiveness of their services? How is this manifested? Have they sought to improve revenues? How?

III. INSTITUTIONALIZATION OF THE PROCESS

- Analysis of Processes: What processes have they analyzed? Why those processes? What are the advantages/disadvantages of analyzing processes? How have they selected problem areas to work on improving?

- Projects: What projects of continuous improvement have they implemented? What problems have they had in executing these projects? Lessons learned? With what resources have they developed the projects? Who has participated in studying the problems? To whom and how have they communicated the results?

- Client-Provider Linkages: In their projects have they involved internal clients and providers to improve processes or do they just work with team members? What problems have they encountered? Have they worked with other departments in the identification and solution of problems? Have they found themselves in the position of having to implement changes in collaboration with other departments?

- Use of Data and Statistical Methods: Have there been changes in their use of data to make administrative or programmatic decisions? In what way? What have been their experiences with the measurement of change as part of the implementation of projects? Have they been able to adequately measure the

principle variables? Has their training and technical assistance been adequate to enable them to use simple measurement techniques in the CQI process?

- Implementation of Suggestions: Have they taken actions based on suggestions for improvements from the groups? From external clients? What kinds? How have they communicated the results? Have they implemented any improvements/changes based on the experiences of other groups? Examples?

Each of the focus group discussions was led by a representative of either The Population Council or FPMD and MEXFAM project staff was not present during the discussions. Discussions were taped, and notes were taken as well. Groups were as small as four people and as large as fourteen or fifteen. Time necessary to cover all the topics ranged from one and a half hours to as long as three hours. Participants were quite open about both the positive and negative aspects of the project and made many constructive suggestions about how the process could be improved.

4. FINDINGS/CONCLUSIONS

While transcription of all of the focus group discussions will be available for more in-depth analysis, the team prepared a report of preliminary findings and recommendations based on the notes taken of the most salient points made during each session.[5]

▸ **INITIATION:**

- **Working in Groups:** The initiation was difficult as no one really understood what had to be done, nor the logic behind it. The meetings were seen as an imposed obligation which wasted valuable staff time. The groups did recognize a substantive change when the outside consultant was changed and when a new internal consultant joined the project. In the beginning, there was friction in almost all the working groups, but this also changed over time. One of the widely recognized benefits of the groups has been the usefulness of establishing norms for setting agendas, taking minutes, designating facilitators, etc. in terms of the groups' ability to order their discussions, and direct them towards the achievement of explicit objectives.

[5] For the original Spanish-language report, see Appendix 3, "Evaluación Cualitativa Sobre El Proceso De Mejora Continua En MEXFAM".

- **Training:** has been insufficient and there are areas which are clearly not understood, such as the measurement aspects of the process. The materials which have been produced appear to be adequate, but many of the groups haven't used them directly in their work as they were not available until a year into the process. As a result, they tend to be used more by the trainers (project staff) than the members of the QITs. The booklet on measurement has yet to be finalized and distributed to the groups. The initial orientation/training by Francisco Garfias (first outside consultant) was widely viewed as a waste of time. The meetings with the second outside consultant, Gustavo Morales and the training within the groups by project staff are viewed as having been much more productive.

- **Recognition:** Only the Accounting Group (Diploma) and Clínica La Villa (uniforms), feel that they have received any recognition of their efforts. The lack of recognition is a very common complaints. It is evident that there is no systematic policy to recognized the groups' efforts.

- **Institutional Commitment:** The participants in the groups themselves have a commitment to the quality improvement process, and they perceive a commitment on the part of the project staff (Pedro and Jesus). However, the degree of commitment varies from group to group. In some cases, there is a commitment of the head of the logistic center or department, and in other cases this does not seem to exist. Because of reorganization and changes in personnel, some groups which initially received strong support, can no longer count on this. There also seems to be a perception of a certain inconsistency in the Executive Director's support for the process. As for the Senior Management Team, the groups do not sense a commitment. Some groups have given the variable commitment of the central level teams as an example of the lack of an institutional commitment. In this case, it is also clear that institutional policies need to be defined, or more clearly followed, if in fact they do exist.

- **Communication:** There is no communication among groups or QITs on the progress being made by other QITs. There does not seem to be any mechanism to disseminate information and maintain the theme of quality in the minds of the workers of MEXFAM, with the exception of the input of the staff that serve as in a support capacity to the different groups (project staff). The May, 1992 meeting was mentioned as the only event to serve as a forum for the interchange of information, but each group had only approximately 5 minutes to present its experience, and only the Accounting Group received the recognition of a diploma. However, the importance of the participation of the Executive Director was mentioned by several participants.

▸ **(PROCESS) EFFECTS:**

- **Interpersonal Relations:** The most common effect of the process has been the improvement in communication and the interpersonal working relationships of the members of the QITs.

- **Client Focus-Internal Clients (interfunctional issues):** In the groups which operate as providers to other departments and logistic centers (Accounting, Warehouse, Computer Systems), these groups seem to have experienced a reduction in friction with their clients. This has been largely due to an increased capacity of negotiation between the different areas to resolve problems affecting both sides (of the client-provider relationship). There is a perception that there are less criticisms of each other due to the ability of both sides to come more easily to agreements. In those logistic centers that directly provide family planning services, there does not seem to have been much change in their relations with the central offices, with the exception of Accounting, which many mentioned very positively.

- **Empowerment/Decision-making:** In the majority of the groups, the level of decision-making beyond their own department or normal area of influence does not seem to have been affected, although there are exceptions (for example, in that groups are better able to communicate internally and externally with other groups to resolve problems). It is more common to hear that the work in groups has permitted the individual members to have a greater influence on the decisions which are taken within their department or logistic center. In some cases, it was mentioned that the process of continuous improvement had allowed the group greater access to decision makers at other levels- through the project staff who represent them at committee meetings with senior staff.

- **Job Satisfaction:** Based on the changes previously mentioned, the group members do feel that the quality improvement process has led to greater job satisfaction.

- **Client Focus (External Clients)** As mentioned above, the process seems to have led to greater coordination between some organizational units and a better appreciation of the client's needs. In the centers which provide family planning and other services to the public, the focus on clients is even more significant, as exemplified by the surveys of clients which have been carried out, suggestion boxes where client opinion is solicited, and the changes implemented based on client input. Many changes have also been implemented which have not been based directly on client suggestions, but rather because staff have put themselves in their clients position, and have come up with other improvements.

- **Productivity/Cost-Effectiveness:** Almost all the groups feel that they have achieved improvements, although not necessarily specifically in their productivity, as in Cuajimalpa (Médicos) where they feel that quality has improved with out having had

an impact on productivity. Almost all the central areas (Accounting, Warehouse, etc.) participating feel that their productivity has improved due to the fact that less mistakes are committed, information is remitted on a more timely basis, they have less interruptions, their work is more organized, etc. However, it is difficult to know to what extent the process has improved productivity because of lack of attempts to quantify the effects of the process. In the case of APEX Cuajimalpa, the group mentioned that they have doubled the sale of educational courses. In Ciudad Neza, the group mentioned that they felt that the numbers of users had increased, but they have not tried to quantify this change using their own service statistics. In general, the use of service statistics or other data has not been emphasized as a means to construct indicators of impact or success.

▸ **PROJECTS AND IMPROVEMENTS IMPLEMENTED:**
(* denotes logistics centers where family planning services are offered)

It is more common for the groups to implement concrete quality improvements based on the identification of specific problems than through formal analyses of processes-- after an initial examination of the main process of concern to the group. They have also identified opportunities for improvement through the use of suggestion boxes and client and community based interviews. Some of the processes analyzed and projects implemented which were mentioned by the groups include:

- **Computer Systems:** sought to optimize the production of evaluation reports. They analyzed the logistical centers' reports and requested forms filled out according to certain specifications and due dates. They made data base and chart production systems compatible. The result is a more agile reporting process with less friction. In graphics production, this group has worked with its clients so that they now deliver their materials in a standardized format, which saves time for the staff.

- **Accounting:** formalized the processes of expense reporting and receipt of checks. They identified problem areas and began to educate the Area Coordinators on how to improve the systems. A manual was produced which provided guidance in expense reporting. Prior to the quality improvement process, information was not received in a timely fashion. The group feels that reporting has improved 80-85%. The reports are now filled out correctly which also saves time once they are received by Accounting.

- **Administration:** fixed the messenger system by: a) requiring that the other departments filled out a request form with recipient addresses clearly indicated; b) establishing a schedule for the receipt of correspondence; c) bringing a messenger to the central office, which was the main generator of urgent requests. As a consequence, there is much less confusion about delivery addresses, the messenger can leave earlier on his rounds and can respond to nearly all the requests. There are fewer last minute requests that disturb the warehouse's operations. These

improvements have also resulted in fewer complaints from other logistic areas related to the supply of materials.

- **Cuajimalpa (API)***: analyzed one process: that of the first time consultation. Following the process, requirements were established for the successful completion of each step in the process, and the team dedicated itself to ensuring that the requirements were met. They have painted the examining rooms, hung posters and put out informational magazines and pamphlets. Clinical history forms were established for all the different services offered, etc. Currently, this group is conducting a community level survey to see if MEXFAM is known, what the community expects of private physicians, how much they can afford to pay for their services, where they usually go for medical attention, etc., so that they can adjust the way their services are being provided. In addition, they are testing a strategy of distributing coupons for half price consultations for new clients, to see if they can increase their coverage.

- **Cuajimalpa (APEX)***: analyzed the training process, which led them to many sub-projects: they revised the content of their training courses and standardized them; they also analyzed the use of external consultant-trainers. As a result, they created a list of instructors and standardized their expectations of those instructors so that they know in advance what their commitment to the program is. They changed the forms used for course evaluation to better reflect the assimilation of the contents of the courses. Cancellation of courses has been reduced dramatically, and the number of courses sold in the last year has doubled.

- **Ciudad Neza***: they have painted their examining rooms, they are conducting a client survey, they have used a suggestion box, paper covers are being used on the examining tables instead of cloth, informational posters are being designed to educate clients about sterilization procedures, etc. The group is planning to add another doctor to the staff to reduce client waiting time. Toilet paper will be put in the bathrooms that the clients can not steal. Comfortable, durable chairs were purchased for the waiting room. They take advantage of the waiting time to provide client education and counselling as well as to inform them of the availability of FP services.

- **Clínica La Villa***: analyzed the process of reception. They saw that information and counselling were weak elements, and they have since strengthened them. They observed that the Cashier was unable to make change when the clients went to settle their bills, and they were sending the clients out to look for change. This problem was resolved by the receptionist making change before the beginning of each session. In terms of ad hoc quality improvements, they've bought uniforms for all the staff. They've conducted interviews, implemented a suggestion box to identify problems: toilet paper in the bathroom, treatment of the client and waiting time. They are currently doing a patient flow analysis and have thought of some possible solutions:

such as a part time physician during some of the peak hours. One problem yet to be resolved (but they are working on) is that of the lack of punctuality of some of the part time physicians.

- **Catemaco***: initially analyzed two processes: reception and the processing of laboratory exams; further processes analyzed included rural health assistance, technical personnel in the field, the medical brigade, and the hospital-clinic service. An internal suggestion box was implemented for employee observations and criticisms, thus catching problems before they are identified by the clients. Some suggestions included requesting that the doctor shave his beard, that the receptionist improve her attitude, that dirty dishes be taken out of the community bathroom. A worker's manual was drafted stating pit-falls each worker might fall in during his/her shift; for example: the promoters arriving late to appointments in the field, the dental assistant not knowing where the records were kept, etc.. The result is that workers cross-check the quality of each others' service, better client treatment during visits, and reduced client waiting time. Additional initiatives include stocking and running their own warehouse with a set procedure for making requests; the initiation of a self-sufficient dental program; evaluation of the center during field visits to gauge local impressions and know where to make improvements; evaluation of office personnel and field volunteers from clients in the main office. Decisions for improvements are made during meetings of the whole staff where issues are brought to the table and voted on by each member.

- **Querétaro***: analyzed the clients' image of the center, reviewed internal procedures, streamlined programs, and sought ways to reach self-sufficiency. In order to incorporate the new dental and clinical services being offered, the center moved to a new location--freshly painted with comfortable waiting and examination rooms. A system was established to check-out training materials and monitor their whereabouts. This resulted in a more organized tracking system reducing time and effort wasted on trying to locate the materials. Greater communication has reduced duplication of work and has made it possible to give constructive criticism and feedback on training styles. Steps have been taken to evaluate the center's costs for 1992. This has given them information on costs of running the center, costs of the various programs, and expected results from each of the programs.

Overall, the QITs which provide family planning services to external clients of MEXFAM seem to be meeting more regularly and more consistently than the teams in the central offices which basically provide administrative support and services to other internal clients. Many of the administrative QITs admitted to not having met in the past several months, while nearly all the service-delivery teams meet regularly and seem to be quite active. This difference may be due to the fact that the central administrative department QITs have work and problem which is usually a problem with another department, whose resolution will depend to a great extent on the willingness of the other department to make

adjustments or for senior management to intervene on their behalf to insist on policy changes. The service delivery teams, while they have many problems which are related to other internal departments, have other processes and problems related to their external clients which do not depend as much on other administrative units of MEXFAM, but rather are changes which the team itself can implement in many cases without consultation or negotiation with other departments.

- **INSTITUTIONALIZATION OF THE PROCESS:**

  - Use of Data and Statistical Methods: This is the area of the project that has advanced the least. In some cases, the intent is there to measure and in others, the groups are at least selecting problems based on data. However, there are still no educational materials available as references to support this component, and there has not been enough attention focused on this aspect by project staff.

  - Institutionalization and Replication: Variable. In the clinics, it does seem as if working in groups has been institutionalized, although in some cases they are not meeting regularly. In the administrative areas, several groups have let four or five months go by without meeting, partly due to personnel changes and partly due to lack of support by some department directors.

5. RECOMMENDATIONS FOR FUTURE ACTION:

- **Training in measurement techniques**: based on the discussions, it is apparent that none of the groups has received adequate training in the area of measurement. It is critical that this be emphasized in the future. This must be one of the primary tasks during the next year of the principal investigator, his assistant and the external consultant. Otherwise, neither senior management (nor the international donor community) will recognize the benefits of investments in continuous quality improvement efforts and there will be no motivation to continue supporting them.

- **Recognition:** There is no clear policy for recognizing team efforts to improve quality. It is necessary to establish such a policy to reward group participation. Some possible rewards mentioned by the teams themselves might include: organization of meetings between the different groups, visits from one center to another, diplomas, training outside of MEXFAM, letters of recognition, etc.

- **Communication:** It is necessary to establish mechanisms to facilitate communication of the experiences of the different QITs so that they can benefit from each other's experience and to reinforce the importance of quality.

- **Institutional Commitment:** With the exception of the Executive Director, there is no perception of a commitment to the process at the level of Senior Management.

The Management team does not participate, stimulate or communicate with the other groups. It is necessary to develop this commitment.

- **Information (Data):** There is no systematic effort to measure information on the impact of the continuous quality improvement process. The teams are not currently capable (with some exceptions) of speaking of improvements in terms of cost-effectiveness, productivity, etc., because they have not been helped to identify the appropriate indices and to routinely collect the pertinent data (see **Training**). A related point is that the materials developed for the project were introduced too late in the process (of orientation), and rather were a result of an initial false start to have been useful to the first QITs. However, these materials, and the booklet to be developed on measurement, together with the practical experience acquired thus far, should presumably greatly accelerate the process in the new centers to be added during this second phase.

- **Renewed efforts with the Central Administrative QITs:** these teams have accomplished a great many things, but seem to be languishing due to internal obstacles. The Equipo Gerencial and the Grupo de Apoyo will have to focus special efforts on these teams, letting them know that the institution wants them to keep meeting, that it's following their progress with interest, and encouraging them to be more consistent in their meetings.

Based on discussions with the MEXFAM project staff, all of the above points will be addressed during the extension phase of the project. Specifically, a detailed plan for recognition of achievements will be developed (concomitant to reestablishing the institutional commitment to the process), and the booklet on measurement will be completed in the next month[6]. There will be a greater effort in the new centers to conduct baseline measures, and then to periodically measure for improvements over time. In the already participating centers, a greater effort will be made to document many of the improvements implemented and to quantify them using the indicators established in the project proposal. INOPAL II has committed itself to providing the technical assistance necessary to document improvements as well as cost-effectiveness of the participating centers for the first two years of the project. FPMD will work together with INOPAL II in designing the baseline measures to be used in the logistical centers to be added under the project extension.

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[6] This booklet will be based in part on measurement techniques discussed in *The Family Planning Manager: Using CQI to Strengthen Family Planning Programs*, January/February 1993, Volume II, Number 1.

6. CONTACTS:

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Quality Improvement Teams
(see list of MEXFAM Logistic Centers visitied)

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APPENDIX 1

Schedule of Visits and QITs Interviewed

EVALUACION DEL PROCESO DE MEJORA CONTINUA
PROPUESTA DE CALENDARIZACION DE LAS REUNIONES

Lunes 8	15:00 hrs	Contabilidad/Finanzas* (R)
Martes 9	15:00 hrs.	Unidad de Evaluación y Sistemas* (R)
	16:00 hrs.	APEX/GJ Cuajimalpa*(N)-J
Miercoles 10	14:00 hrs.	Querétaro*(C)-P
	14:00 hrs.	Clínica La Villa*(N)-J
	15:00 hrs.	API's Cuajimalpa* (Of. Generales)(R)-Mario
Jueves 11	9:00 hrs.	Administración* (R)
	3:00 hrs.	CPF Ciudad Nezahualcóyotl*(N)-J
Viernes 12	9:00 hrs.	Subdirección Técnica*(N)
Sábado 13	11:00 hrs.	Catemaco*(R)-J

* Confirmado

R = Ricardo
N = Nancy
C = Casey
P = Pedro
J = Jesús

16

APPENDIX 2

Guide for Focus Group Discussions

GUIA PARA ENTREVISTAS EN GRUPOS FOCALES

I. PROCESO DE IMPLANTACION:

- CAPACITACION: ¿han recibido la capacitación necesaria para participar en el proceso en términos de duración, contenidos, etc.? ¿tiene MEXFAM los instructores adecuados? ¿qué cosas deben cambiar de la capacitación y en que sentido? En cuanto a los materiales desarrollados, ¿han sido suficientes? ¿son claros? ¿son útiles ya en la práctica de implantación del proceso como documentos de referencia? ¿los han utilizado después de la capacitación? ¿cuáles materiales han sido más/menos útiles?

- IMPLANTACION: ¿cómo sintieron y cuáles fueron sus experiencias durante la implantación del proceso de calidad? ¿qué cosas son particularmente difíciles durante este período: relaciones interpersonales, falta de experiencia, habilidades técnicas? ¿cuáles son las principales lecciones que podemos derivar de sus experiencias para otros procesos de implantación? ¿cómo evalúan la participación de la gente en el proceso? ¿cómo evalúan la asistencia técnica recibida de MEXFAM? ¿qué cosas podrían mejorarse de esta asistencia técnica?

- PARTICIPACION EN GRUPOS: ¿cómo ha funcionado el trabajo en grupos? ¿Qué problemas han tenido? ¿existen reglas claras sobre esta participación? ¿es útil participar en los grupos para resolver problemas? ¿Qué factores facilitan y dificultan el funcionamiento de los grupos? Los materiales existentes ¿son útiles, claros, etc., para el trabajo en grupo?

- RECONOCIMIENTO Y RECOMPENSAS: ¿se ha estimulado especialmente la participación en el proceso de calidad? ¿en qué formas? ¿cuáles de estas formas han sido efectivas y cuáles inefectivas? ¿sienten que ha habido algún tipo de reconocimiento especial o premiación a la gente por su participación o por contribuciones especiales hechas en el desarrollo de la calidad? ¿qué le sugerirían a MEXFAM para reconocer, estimular y recompensar los aportes al mejoramiento de la calidad de los trabajadores y equipos?

- COMPROMISO: ¿que tan comprometido está MEXFAM con los procesos de calidad? ¿en qué cosas se nota o se deja de notar este compromiso? ¿cuáles niveles son los más y los menos comprometidos? ¿es realmente la calidad la primera prioridad de MEXFAM, o existen otras prioridades? ¿cómo se puede observar esto? ¿cuál es la posición y el apoyo que dan los directivos de los diferentes niveles de MEXFAM? ¿qué recomendarían a MEXFAM para establecer claramente el compromiso y la prioridad de la calidad como meta?

- COMUNICACION: ¿se comunica dentro de la organización aspectos relativos al programa de mejora continua? ¿que tan frecuentemente y por que canales? ¿están enterados de las actividades que llevan a cabo otros equipos?

II. EFECTOS DE LA PARTICIPACION EN GRUPOS:

A partir de la introducción del programa de calidad total:

- SATISFACCION CON EL TRABAJO: ¿Ha habido cambios en la satisfacción de los empleados con su trabajo? ¿en qué? ¿por qué?

Responsabilización / Tomar decisiones

- "EMPOWERMENT": ¿Ha habido cambios en la manera como piensan de su trabajo? ¿en qué y por qué? ¿han cambiado su actitud hacia el trabajo? ¿Ha habido cambio en el tipo de responsabilidades que tienen? ¿ha habido cambios en el tipo de decisiones que ellos sienten que pueden tomar por si mismo y las actividades que ellos mismos pueden emprender? ¿sienten que tienen un mayor grado de control sobre sus propias actividades?

- "HASSLE-FREE ENVIRONMENT": ¿Han cambiado las relaciones entre los compañeros de trabajo de su misma área? ¿con los compañeros de MEXFAM que trabajan en otras áreas? ¿En qué forma y a qué lo atribuyen? ¿Ha habido cambio en la frecuencia de comunicación, en el tipo de comunicación, en las actividades que se llevan a cabo conjuntamente?

- ENFOQUE EN LOS CLIENTES externos: ¿Han cambiado la forma como piensan en los clientes? ¿en cómo los tratan? ¿qué cambios han ocurrido? ¿han notado cambios en las reacciones de los clientes? ¿en qué han notado cambios?

- PRODUCTIVIDAD Y COSTO-EFECTIVIDAD: ¿ha cambiado la productividad de los empleados y de la institución con esta estrategia? ¿en qué se ha notado? ¿lo pueden comprobar? ¿ha cambiado el costo-efectividad de los servicios? ¿en qué se demuestra? ¿hay un mayor control de costos? ¿se ha buscado mejorar los ingresos? ¿cuál es el tiempo de referencia que se debe adoptar? – para ver una mejora en la relación ¿que se necesita para que las mejoras en éstas áreas tengan un mayor impacto en un menor tiempo?

20

III. *INSTITUCIONALIZACION DE LA INVESTIGACION DE OPERACIONES/PROYECTOS*

- ANALISIS DE PROCESOS: qué procesos han analizado; porqué han analizado los procesos; qué ventajas o utilidad tiene analizar procesos; como han seleccionado los problemas para analizar y mejorar.

- PROYECTOS: qué proyectos de mejora continua han desarrollado; cuáles han sido sus éxitos y fracasos; que problemas han tenido en la ejecución de los proyectos; que lecciones y recomendaciones se pueden sacar de estas experiencias; con que recursos han desarrollado los proyectos; cada cuanto han desarrollado proyectos; quiénes han participado en el desarrollo de los estudios; a quién y cómo le han comunicado sus resultados (por ejemplo, otras áreas, la dirección general, etc); que cambios se han observado.

- CADENA CLIENTE-PROVEEDOR/INTERFUNCIONALIDAD: en sus proyectos, ¿se ha involucrado a clientes y proveedores internos para mejorar los procesos, o se han reducido a trabajar con la gente del mismo equipo? ¿qué problemas, experiencias y éxitos han tenido al respecto? ¿han cooperado con otros departamentos en la identificación y solución de problemas? ¿les ha tocado cambiar cosas o hacer modificaciones por la cooperación entre otros dos departamentos?

21

- USO DE DATOS Y METODOS ESTADISTICOS: ¿ha habido cambios en el uso de datos para la toma de decisiones administrativas? ¿en qué cosas? ¿cuáles han sido sus experiencias con la medición de los cambios en sus proyectos? ¿han podido medir adecuadamente las principales variables? después de terminado el proyecto de mejora ¿han continuado midiendo las variables de interés? ¿ha sido la capacitación y la asesoría adecuada para usar herramientas estadísticas en los procesos de mejora continua o ésto debe mejorarse? ¿qué recomendaciones harían para mejorar este componente?

- IMPLANTACION DE SUGERENCIAS Y ESTANDARIZACION: ¿se han implantado las sugerencias para mejoras que han hecho las personas y los grupos? ¿en qué grado? ¿qué problemas se han tenido al respecto o cuáles factores han obstaculizado la implantación? ¿se han estandarizado los resultados? ¿en qué forma? ¿se han comunicado los resultados a otras áreas? ¿saben de otras áreas que hayan adoptado algunas soluciones que se hayan desarrollado dentro del equipo? Dentro de su mismo equipo, ¿han adoptado algunas soluciones a problemas que hayan desarrollado en otros equipos? ¿se han enterado de los logros que hay en otros equipos?

22

APPENDIX 3

"Evaluación Cualitativa Sobre el Proceso de Mejora Continua en MEXFAM"

INFORME PRELIMINAR

EVALUACION CUALITATIVA SOBRE EL PROCESO DE MEJORA CONTINUA EN MEXFAM

Ricardo Vernon/The Population Council
Nancy Murray/Management Sciences for Health
Casey Keiderling/Management Sciences for Health

12 de marzo de 1993.

24

RESUMEN DE RESULTADOS

NOTA METODOLOGICA

Durante la semana del 8 al 13 de marzo se llevaron a cabo 10 reuniones de grupos focales con grupos de trabajo del proceso de mejora continua (no se entrevistó a ningún grupo inter-funcional). Los resultados preliminares son los siguientes:

IMPLEMENTACION

- La implantación fue difícil porque nadie entendía realmente que se tenía que hacer ni por qué. Las reuniones eran vistas como una obligación que les hacía perder tiempo. Se notó un cambio substancial cuando hubo un cambio de asesor externo y se incorporó un nuevo asesor de grupos. Al inicio hubo fricciones en la mayoría de los grupos, pero eso cambió con el tiempo. Un gran beneficio de los grupos ha sido en algunos casos el poder poner orden en las discusiones y dirigirlas hacia la consecusión de objetivos.

- La capacitación no ha sido suficiente y existen áreas particularmente obscuras, como los aspectos relacionados con medición. Los materiales producidos parecen ser adecuados, pero muchos no han tenido contacto con ellos, se entregaron tarde y se usan más bien como un apoyo de los asesores de grupos. La capacitación inicial de Francisco Garfias es vista como un desperdicio. Resultaron más provechosas las reuniones con Gustavo y la capacitación dentro del grupo.

- Sólo los grupo de contabilidad (diploma) y de La Villa (uniformes) sienten que han tenido algún reconocimiento. La falta de reconocimiento es una queja muy frecuente. Es evidente que no existe ninguna política sistemática para reconocer la labor de grupos.

- La norma es que los participantes de los grupos sientan un compromiso con el proceso de calidad y con Pedro y Jesús, aunque existen diversos grados. En algunos casos se siente compromiso del jefe directo del centro logístico o departamento y en otros no parece existir. Por cambios en la dirección, algunos grupos han pasado de tener fuerte apoyo a no tenerlo. Al parecer se percibe una cierta inconstancia en el compromiso del director general. En el nivel gerencial inmediato no se siente compromiso. Algunos ponen como ejemplo de la falta de compromiso institucional el compromiso variable de grupos en el nivel central. En este caso también es claro que falta definir políticas institucionales, o apegarse a ellas si es que existen.

- No sienten que haya comunicación sobre el proceso. No parece haber ningún mecanismo para difundir información y mantener el tema de calidad en la mente de los trabajadores de MEXFAM, salvo los comentarios de las personas que sirven como asesores de varios grupos. Se comentó únicamente la reunión de Mayo de 92, dónde fue el único evento donde se intercambió información, pero sólo se les dejó hablar por cinco minutos y sólo se reconoció al grupo de contabilidad. Se resaltó, sin embargo, la presencia del director general.

EFECTOS DEL PROCESO DE MEJORA

- El efecto más común ha sido el mejoramiento de la comunicación y la integración de los miembros de los equipos, lo que ha facilitado la coordinación interna de actividades.

- En los grupos operando en áreas que tienen que prestar servicios a otros departamentos y centros logísticos (contabilidad, sistemas y almacén), parecen haberse reducido las fricciones con ellos. Esto ha sido en gran medida una consecuencia de la mayor capacidad de negociación entre áreas para resolver problemas que afectan a ambas partes (la idea de cliente-proveedor). La percepción es que hay menos reclamos ahora debido a que ha sido más fácil ponerse de acuerdo. En los centros que prestan servicios directos no es frecuente que observen cambios en sus relaciones con las áreas centrales, salvo contabilidad.

- En la mayoría de los grupos no parece haberse afectado el nivel en el que se toman las decisiones, aunque hay excepciones (p.ej., en la capacidad de comunicarse con otras áreas para resolver problemas dentro o fuera del grupo). Es más común escuchar que los grupos han permitido influir más sobre la toma de decisiones, ya que al discutirse un problema, todos se sienten libres de expresar su opinión e influir sobre la decisión que se adopta. En algunos casos, se mencionó que con el proceso de mejora habían logrado tener un mayor acceso a centros de toma de decisiones más altos, pues el asesor pasaba la información a los niveles gerenciales y eso agilizaba solucionar los problemas.

- Debido a los cambios anteriormente mencionados, es común escuchar que el proceso de mejora ha llevado a una mayor satisfacción con el trabajo.

- Como se mencionó, el proceso de mejora parece haber dado una mayor coordinación entre áreas y una mayor consideración de las necesidades del cliente. En los centros donde se prestan servicios al público es notable el enfoque en los clientes, como puede verse en las encuestas que han realizado, los buzones de sugerencias y los cambios que han realizado.

Muchos cambios han ocurrido no por sugerencias directas de los clientes sino simplemente por haberse puesto en los zapatos del cliente.

- Casi todos los grupos sienten que han tenido un mejoramiento, aunque no necesariamente en productividad, como en Cuajimalpa donde sienten que la calidad ha mejorado sin impactar inmediatamente la productividad. Casi todas las áreas centrales que han participado sienten que su productividad ha aumentado debido a que existen menos errores y más oportunidad en la información que han recibido, han ordenado su trabajo, tienen menos interrupciones, etc. Sin embargo, es difícil saber hasta que grado ha sucedido esto por la falta de medición de los cambios. En APEX Cuajimalpa han doblado la venta de cursos. En Neza perciben aumentos en usuarios sin haberse medido sistemáticamente. En general, las estadísticas no se han enfatizado como un indicador de éxito

PROYECTOS Y MEJORAS REALIZADAS

- Es más común que los grupos realizen actividades puntuales de mejoramiento a través de identificar problemas, que analizar procesos formalmente. También han obtenido ideas puntuales de mejoramiento a través de encuestas a clientes, encuestas en comunidad y buzones de sugerencias. Algunos de los procesos analizados formalmente y proyectos realizados mencionados en los grupos fueron:

- Sistemas: buscaron optimizar la producción de los informes de evaluación. Analizaron los informes de los centros y empezaron a solicitar que la información se enviara en cuanto a requisitos de llenado y en cuanto a su oportunidad. Se compatibilizaron las bases de datos de la captura y la producción de cuadros. El resultado ha sido un proceso más ágil y menos friccionante. En el área de diseño se ha trabajado con los clientes para que entreguen sus materiales con ciertas características, lo que ha ahorrado trabajo.

- Contabilidad: formalizaron los procesos de medición de gastos y recepción de cheques. Vieron los errores y empezaron a educar a los coordinadores de área para hacer las cosas mejor. Se hizo un manual dando instrucciones de como hacer las cosas. Antes la información no llegaba a tiempo pues se detenía en muchos lugares. Sienten que han mejorado en un 80-85% el envío de informes. Los informes se llenan más correctamente, lo que ha ahorrado tiempo.

- Administración: arreglaron el sistema de mensajería, haciendo que a) las otras áreas de MEXFAM llenaran una solicitud, indicando bien las direcciones, b) poniendo un horario de entrega de correspondencia, y c) trasladando un mensajero a la dirección, que era la principal fuente de

solicitudes urgentes. Como consecuencia, es menos frecuente tener malas direcciones, el mensajero puede salir más temprano a hacer su recorrido y puede atender casi todas las solicitudes, y es menos frecuente que haya solicitudes urgentes y se desequilibre el trabajo en el almacén. Esto ha ocasionado que haya menos reclamaciones de las áreas logísticas en cuanto al surtido de materiales.

- API Cuajimalpa: han analizado un proceso, el de consulta de primera vez. A partir de la descripción, en cada paso pusieron requisitos que tenían que cumplirse y se dedicaron a arreglarlos. Han pintado sus consultorios, puesto revistas y carteles informativos, folletos, hicieron historias clínicas para los diferentes servicios, etc. Actualmente, están haciendo una encuesta en sus comunidades para ver si conocen a MEXFAM, que es lo que espera la gente de los médicos privados, cuánto pueden pagar, a dónde prefieren ir, etc. para ajustar sus servicios. También están haciendo un experimento distribuyendo boletos en la consulta que dan derecho a una consulta a mitad de precio para ver si de esta manera se captan más pacientes nuevos.

- APEX Cuajimalpa: analizaron el proceso de capacitación, del que salieron muchos sub-proyectos: revisaron el contenido de los cursos y los estandarizaron; analizaron el uso de instructores externos. Crearon una base de instructores a los que orientan sobre las características de los cursos con anticipación. Cambiaron las evaluaciones para que reflejaran mejor el aprendizaje de los contenidos tratados en el curso. La cancelación de cursos ha disminuido.

- La Villa: analizaron el proceso de recepción a la clínica. vieron que faltaba información y orientación, lo que han cambiado. Vieron que no tenían cambio en caja, lo que ocasionaba molestias y corrijieron. En término de proyectos puntuales, compraron uniformes para todo el personal. Hicieron encuestas y pusieron un buzón de sugerencias para identificar problemas: papel higiénico en el baño, el trato del cliente y tiempo de espera. Están estudiando el tiempo de espera con un flujo de pacientes y esperan iniciar cambios, como poner un médico de tiempo parcial en las horas pico. Un problema no resuelto es la puntualidad de los médicos.

- Ciudad Neza: pintaron los consultorios, están haciendo una encuesta, pusieron buzón de sugerencias, están usando papel deshechable para las mesas de exploración, están poniendo posters con información para usuarios, van a estudiar el proceso de esterilización de instrumentos. Piensan poner otro médico para reducir el tiempo de espera. Piensan arreglar la disponibilidad de papel de baño. Pusieron sillas en la sala de espera. Aprovechan el tiempo de espera para dar orientación a las usuarias. Les dan materiales

educativos a las usuarias para que lean. Informan a usuarios de otros servicios sobre PF.

- Uso de datos y métodos estadísticos: es donde menos ha avanzado el proceso de mejora. En algunos casos ha existido la intención y en otros se observa una transición hacia cada vez basar más la toma de decisiones en datos concretos e inclusive haciendo experimentos de nuevas estrategias. No existen materiales que apoyen la instrucción, ni la capacitación ha sido suficiente. No se ha dado la importancia necesaria hasta el momento.

- Institucionalización y replicación: es variable. En las clínicas, parece que el las reuniones para analizar mejoras posibles se han institucionalizado, aunque estas no se lleven de acuerdo a los cánones. En el área central, el proceso parece estarse abandonando (hay grupos que no se han reunido en cuatro o cinco meses) en parte por cambios de personal y por falta de apoyo de los directores.

  No existe ningún esfuerzo por estandarizar las soluciones encontradas en algunos grupos en otras áreas.

RECOMENDACIONES

- Capacitación: es crítico enfatizar la medición en los proyectos y dar la capacitación dentro de los grupos. Esto debe ser una de las labores de los asesores. De otra manera, jamás se reconocerá en la gerencia las aportaciones del proceso y no existirá la motivación para continuar con el proceso.

- Es necesario establecer una política para reconocer y premiar la participación de grupos, p.ej., organizar reuniones entre diferentes grupos, diplomas, capacitación fuera de MEXFAM, cartas de reconocimiento, etc.

- Comunicación: es necesario establecer una política para comunicar lo que está ocurriendo en los diferentes lugares donde esta implantandose el proceso de mejora y reforzar la calidad.

- Compromiso institucional: Con excepción del director general, no se percibe un compromiso de la gerencia con el proceso. No participan, estimulan, comunican. Es necesario adoptar una política al respecto.

- Información sobre el proceso: no existe ni se discute información sobre el proceso de mejora por no haber un sistema de estadísticas confiable. Es necesario manejar rutinariamente índices de participación, implementación, impacto, para poder institucionalizar el proceso.

AGRADECIMIENTOS

Agradecemos especialmente la participación de los miembros de los equipos de trabajo en las entrevistas grupales por su honestidad, franqueza y deseos de colaboración. Es refrescante observar como aún ante la falta de facilidades, muchos de estos grupos continúan haciendo esfuerzos notables por prestar mejores servicios a sus clientes y poner más en alto el nombre de MEXFAM. Que la presente sirva como un reconocimiento a su entrega.

También agradecemos a Pedro M. Acosta y Jesús Vértiz, coordinadores del proceso de mejora continua por las facilidades otorgadas y su disponibilidad para conocer las opiniones y posibles críticas de un trabajo en el que han puesto su mejor empeño y voluntad.