Anesthesia Practice According to the European Foundation of Quality Management Excellence Model

A thesis submitted in partial fulfillment for requirement of MSc degree in total quality Management & excellence

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Dedication

I dedicate my dissertation to my friend Dr/ Amin Kabsoon for being the first to encourage me to continue my higher education.

Alshima Ahmed Almaz Ali
I feel grateful and thank ALLAH that my dream to further my research for knowledge in the post graduate education was fulfilled.

First I thank my mother for taking care of me and my daughters.

I thank my father for encouraging me.

A special thanks to my husband for his understanding.

Lovely thanks to my sweet daughters

My deep appreciation goes to my sister and brothers for encouragement and support.

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I also thank Dr Musaab, my boss in anesthesia who generously took time to review my work and provide feedback.

Moreover, I would like to give thanks to all participated in this research (anesthesia staff in Sudan military hospital) for their cooperation and for all information they provided to me.

Lastly, nice thanks to (Alsaaha Alkdraa) friends for happy times I spent with them, excellent centre staff and patch 5 students in this centre.

Hope for all happy and success quality life.
# List of Contents

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>I</td>
</tr>
<tr>
<td>Acknowledgment</td>
<td>II</td>
</tr>
<tr>
<td>List of contents</td>
<td>III- IV</td>
</tr>
<tr>
<td>List of abbreviations</td>
<td>V</td>
</tr>
<tr>
<td>List of figures</td>
<td>VI</td>
</tr>
<tr>
<td>Abstract (English)</td>
<td>VII- IX</td>
</tr>
<tr>
<td>Abstract (Arabic)</td>
<td>X-XI</td>
</tr>
</tbody>
</table>

**CHAPTER ONE: INTRODUCTION**

1. Introduction                      | 1-3  |
2. Importance of the study           | 4    |
3. Statement of the Problem          | 5    |
4. Justification                     | 6    |
5. Objectives                        | 7    |

**CHAPTER TWO LITERATURE REVIEW:**

2. Literature review                 | 8-40 |

**CHAPTER THREE: METHODOLOGY**

3. Methodology                       | 41-44 |

**CHAPTER FOUR: RESULTS**

4. Results                           | 45-47 |

**CHAPTER FIVE: DISCUSSION, CONCLUSION & RECOMMENDATIONS**

1. Discussion                        | 48-50 |
2. Conclusion                        | 51    |
<table>
<thead>
<tr>
<th>section</th>
<th>page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Recommendations</td>
<td>52</td>
</tr>
<tr>
<td>ANNEXES</td>
<td></td>
</tr>
<tr>
<td>Annex 1 Interview questions in English</td>
<td>53_55</td>
</tr>
<tr>
<td>Annex 2 Interview questions in Arabic</td>
<td>56_73</td>
</tr>
<tr>
<td>Annex 3 RADAR analysis sheet</td>
<td>74_78</td>
</tr>
<tr>
<td>Annex 4</td>
<td>79_80</td>
</tr>
<tr>
<td>References</td>
<td>81_83</td>
</tr>
</tbody>
</table>
## List of abbreviations

<table>
<thead>
<tr>
<th>World</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFQM Excellence Model</td>
<td>European Foundation For Quality Management</td>
</tr>
<tr>
<td>RADAR LOGIC</td>
<td>(Results, Approach, deployment, assess and refine) logic</td>
</tr>
<tr>
<td>PDCA CYCLE</td>
<td>(Plan, Do, Check, Act) Cycle</td>
</tr>
<tr>
<td>ASQS</td>
<td>American Society Of Quality Control .</td>
</tr>
<tr>
<td>ANSI</td>
<td>American National Standard institute .</td>
</tr>
<tr>
<td>TQM</td>
<td>Total Quality Management .</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organization for Standardization.</td>
</tr>
<tr>
<td>MBNQA</td>
<td>Malcolm Baldrige National Quality Award</td>
</tr>
<tr>
<td>EQA</td>
<td>The European Quality Award</td>
</tr>
<tr>
<td>KFAFH</td>
<td>King Fahd Armed Forces Hospital</td>
</tr>
</tbody>
</table>
List of figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figer1</td>
<td>Roles and responsibilities in Quality improvement</td>
</tr>
<tr>
<td>Figer2</td>
<td>Fundamental Concepts of Excellence</td>
</tr>
<tr>
<td>Figer3</td>
<td>The EFQM Excellence Model Criteria</td>
</tr>
<tr>
<td>Figer4</td>
<td>Balancing the weightings of the EFQM Excellence model.</td>
</tr>
<tr>
<td>Figer5</td>
<td>RADAR Logic</td>
</tr>
</tbody>
</table>
Abstract

The research has been done in Omdurman military hospital in anesthesia department in period 8.2014—8.2015.

It aimed at evaluating the anesthesia department in relation to the EFQM excellence model. And assess where they are on the path to excellence.

The research carried out by conducted personal interviews using the EFQM excellence model assessment interview questions (structure interview) which were directed to evaluate excellence in anesthesia department. Structure interview interviewing the key persons in the department,( senior manager of the department and the heads of anesthesia subsections in hospital) and some of the department permanents staff exclusions of those working less than tow years (purposive sampling) about the contents of the excellence model and its application in the department. The EFQM model interview questions used as a tool to fulfill the research objective.

Methodology:

Evaluation descriptive study used to evaluate anesthesia department, and the RADAR logic used for data analysis.

The results:

By using the EFQM Excellence model approach in the evaluation of anesthesia department in Sudan Military hospital, the score awarded to each criterion were:

Leadership 26.22
Policy and strategy 18.30
People 28.06
The total point awarded for application is 234.58 points from 1.000 point (the total point of the EFQM Excellence model)

✓ The anesthesia department is good in excellence.

Based on the study finding the researcher recommended the following:

In the criterion of:

✓ Leadership: The anesthesia department needs extensive pressure to focus in the leadership, policy and strategy enablers to improve the services quality in the future.

✓ Processes: Identify the specific needs for improvement, is vital for department survival such as to establish quality tools to improve performance in the department and compare actual performance to quality goals.

✓ Policy and strategy: Need to establish, implement, review and update policy and strategy of the department to meet or exceed patient's needs and expectations.

✓ People: The most valuable assets are the department personnel; they need better environment to innovate.
That is to gain best results in the future and to build excellence culture in anesthesia department. In the future i want to implement the EFQM Excellence model in the anesthesia department and assess where in the path to excellence.

Key words:

Total quality management, EFQM excellence model, Quality in health services, Evaluation, Anesthesia department.
اجريت هذه الدراسة في قسم التخدير بمستشفى السلاح الطبي بام درمان في الفترة من أغسطس 2014م وحتى أغسطس 2015م.

هدف هذه الدراسة هو تقييم قسم التخدير بإقسامه المختلفة بمستشفى السلاح الطبي استناداً إلى نموذج التطوير والتميز المؤسسي الأوروبي.

ولتحقيق هدف هذه الدراسة تم استخدام المنهج الوصفي لتقييم قسم التخدير باستخدام اسئلة في كتاب التقييم الخاص بنموذج التميز والتطوير المؤسسي الأوروبي من خلال إجراء المقابلة الشخصية مع قائد قسم التخدير ورؤساء اقسام التخدير المختلفة وبعض العاملين بالقسم لأكثر من سنتين.

ولتحليل نتائج هذه الدراسة تم استخدام منهج الرادار في نموذج التميز المؤسسي الأوروبي للوصول لنتائج هذه الدراسة.

ظهرت نتائج الدراسة:

ان قسم التخدير بإقسامه المختلفة بمستشفى السلاح الطبي تحصل على درجة 234.58 (جيد) من الدرجة الكلية لنموذج التميز الأوروبي. حيث تحصل على:

26.22 درجة في معيار القيادة.
18.30 درجة في معيار الإستراتيجية والاستراتيجية.
28.06 درجة في معيار العاملين.
20.06 درجة في معيار الموارد والشراكات.
43.13 درجة في معيار العمليات.
32.94 درجة في نتائج الزبائن.
17.98 درجة في نتائج المجتمع.
33.29 درجة في نتائج الأداء الرئيسية.

باستناد إلى نتائج الدراسة أوصي الباحث بالاتي:
في معيار القيادة: علي قلئد قسم التخدير تحسين خدماته لارضاء الزبون.

تطبيق رسالة ورؤية القسم والاهتمام بتثبيث وتحديث ومتباينة السياسات والأهداف للاضاحي بالقسم.

وقيس وتقييم الاداء لتطوير وتحسين الاداء للحصول على نتائج أفضل في المستقبل.

في معيار السياسة والاستراتيجية: تطوير وتحديث السياسة والاستراتيجية الخاصة بالقسم.

في معيار الاعمال: خلق بيئة من المشاركة والتعليم والتعاون بين العاملين بالقسم وخلق جو من الابداع والتحفيز والدعم وتطوير القدرات والمعرفة والمهارات للعاملين بالقسم.

في معيار العمليات: تقليل الآثار البيئية الداخلية والخارجية.

استخدام وسائل التكنولوجيا الحديثة لدعم ثقافة الابداع والتطوير.

استخدام المقاييس الداخلية لقياس وفهم واقتراح الوسائل التي يمكن أن تساعد في تطوير الاداء بالقسم وإرضاء الزبون والعملين وتقييم رأي المجتمع عن القسم مما يساهم في تطوير وتحسين الاداء مستقبلاً.
CHAPTER ONE
INTRODUCTION
INTRODUCTION

1.1 The introduction:

Establishing of total quality management in any organization including medical services need to an appropriate tool to help developing, implementing and evaluating of quality programs. The objective of this study was to develop a valid and reliable tool for self-assessing EFQM criteria of anesthesia department in Military hospital according to European Foundation for Quality Management (EFQM) Excellence model.

The EFQM Model acts as a common reference tool helping organizations move towards Excellence. Thus, the Model provides its users with a set of performance improvement tools in order for them to achieve and sustain results and Excellence (2). The Model is regularly reviewed to incorporate new ideas, concepts and learning.

The Model can be used to understand the relations of cause and effects between what organizations do and the results they get.

There are three components of the Model:

Fundamental concepts, representing eight core values or key management principles that drive sustainable success.

Nine criteria, separated into categories of enablers and results.

RADAR logic, continuous improvement cycle used by EFQM. It was originally derived from the PDCA cycle.

European Foundation for Quality Management (EFQM) as the best model of business excellence, contains 9 criteria in two categories, enablers and results,
and demonstrates the constant benefits that any excellence organization has to achieve them. The internal structure of EFQM contains TQM basic assumptions and results of several studies show that EFQM is an appropriate framework for conducting systematic implementation of TQM in organizations. Moreover, the results of these studies revealed that EFQM can be useful in the evaluation of the organization quality through its criteria, sub-criteria and guidelines. Evaluation of the organizations with no implemented TQM experience will be done by self-evaluation of enabler criteria because the result production is done by these criteria. Enabler criteria include leadership, policy and strategy, staff, partnerships, resources and processes. In leadership field, the leaders develop organization vision and mission and facilitate access to these goals. They also create values and mechanism for organization success and implement it with proper policy. They have change management skills they can transform organization direction and persuade staff to follow it. In the field of policy and strategy, organizations develops their mission and vision by producing strategic regarding stakeholders interests and their field of activity. Policies, plans, goals and processes are being prepared to achieve goals. In the field of human resources, the organizations manage, improve and utilize the potential capacity of all staffs at individual, team work and organizational level. They promote justice and equity, and let their employees are to participate in ongoing tasks. Regarding partners and benefits, organizations manage their partners, suppliers and internal resources in order to have an effective support of their policy and strategy. Although assessing enabler criteria of an organization in EFQM model has similar principles, the details of this assessment can be different according to the organization's mission and duties, organizational structure, and geographic characteristics (2).
The EFQM Excellence Model

The EFQM Excellence Model was instituted in 1992 in order to promote Total Quality Management in Europe (3). The model consists of nine criteria, and is supposed to reflect the Following eight fundamental concepts (3):

1. Results Orientation
2. Customer Focus
3. Leadership & Constancy of Purpose
4. Management by Processes & Facts
5. Development & Involvement
6. Continuous Learning, Innovation & Improvement
7. Partnership Development
8. Public Responsibility

This study is designed with the purpose of developing appropriate tools for evaluation based on the EFQM model within anesthesia department in Military hospital.
1.2 Importance of the study:

Health care sector around the world face increasing pressure to improve their operations and to provide evidence of the quality. Total quality management philosophy and its tools for performance improvement relatively new to the health care sector in Sudan, where the culture and environment are different from those in developed countries which have effectively applied total quality management and performance improvement tools. Because errors are caused by system or processes failure, it’s important to adopt various process improvement techniques to identify inefficiency, ineffective care and preventable errors to then influence changes associated with systems (4).

The health care in Sudan is still functioning at far lower (quality) levels than it could and should. This study intends to evaluate anesthesia departments in Sudan Military hospital as an important part of health care sector to assess where they are on the path to excellence.
1.3 Problem statements:

This study intend to use the EFQM excellence model in anesthesia department in Omdurman military hospital as an integrated management system, which aim to continuously improve the performance by well design, implementation and evaluation the department to achieve high quality performance that exceed patient expectations.

It is very important not to consider the department assessment merely in terms of scores, the most important part of this assessment by using the EFQM excellence model assessment, is identify the list of strengthens and areas for improvements, so assessment is never an end in itself. It is critically important to link assessment with future planning for anesthesia department in Omdurman military hospital to improve the quality services to place a high value in patient satisfaction, improve efficiency and outcomes, prevention and reduction of medical errors and assure the provision of safe care to the patient.
1.4 Justifications:

It is very important to improve performance in any organization around the world to achieve customer satisfaction. Excellence principles place a high value in customer satisfaction.

In this study the researcher used the EFQM Excellence model in evaluation of anesthesia department to achieve high quality services and add value to the department. In Sudan, to our knowledge there are few studies used this model in evaluate the organization according the score book of the EFQM Excellence model and display the evaluation in scores to help in future improvement to gain best score.
1.5 **Objectives of the research:**

**General objective:**

Evaluation of anesthesia department according to the EFQM excellence model, And assess where they are on the path to excellence.

**Specific objectives:**

(1) To ensure that leaders reinforce a culture of excellence throughout the anesthesia department.
(2) To identify whether strategy and supporting policies are developed, deployed, reviewed and updated.
(3) To evaluate anesthesia health personnel knowledge and capabilities. And enable them to use their knowledge and skills for the benefit of the patient.
(4) To assure that buildings, equipments, materials, environment and natural resources are optimum and standard.
(5) To assess availability and implementation of the anesthesia standard operation procedures in the anesthesia department.
CHAPTER TWO

Literature review
2. LITERATURE REVIEW

2.1 Quality in health services:
2.1.1 Definitions and the dimensions of quality:

Every initiative taken to improve quality and outcomes in health systems has assist starting point some understanding of what is meant by ‘quality’. Without this understanding, it would be impossible to design the interventions and measures used to improve results.

There are many definitions of quality used both in relation to health care and health systems, and in other spheres of activity. There is also a language of quality, with its own frequently-used terms.

For the purposes of this document, a working definition is needed to characterize quality in health care and health systems. Without such a working definition, the process of selecting new interventions and building strategies for quality improvement would be seriously impaired.

The focus of this guide is on health systems as a whole, and on the quality of the outcomes they produce. For this reason, this working definition needs to take a whole-system perspective, and reflect a concern for the outcomes achieved for both individual service users and whole communities.

The following working definition is used throughout the remainder of the document.

It suggests that a health system should seek to make improvements in six areas or dimensions of quality, which are named and described below. These dimensions require that health care be:

**Effective**, delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;

**Efficient**, delivering health care in a manner which maximizes resource use and avoids waste;

**Accessible**, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;

**Acceptable/patient-centered**, delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;

**Equitable**, delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;

**Safe**, delivering health care which minimizes risks and harm to service users (5).
2.1.2 Roles and responsibilities in quality improvement:

Another way to think about quality in health systems is to differentiate among roles, responsibilities in the various parts of a system. The main concern of this document is to support the role of **policy and strategy development**. This critical activity will need to engage the whole health system, but lead responsibilities will normally rest at national and regional levels. The main concerns of decision-makers at these levels will be to keep the performance of the whole system under review, and to develop strategies for improving quality outcomes which apply across the whole system.

The core responsibilities of **health-service providers** for quality improvement are different. Providers may be seen as whole organizations, teams, or individual health workers. In each case, they will ideally be committed to the broad aims of quality policy for the whole system, but their main concern will be to ensure that the services they provide are of the highest possible standard and meet the needs of individual service users, their families, and communities (5). Improved quality outcomes are not, however, delivered by health-service providers alone. **Communities and service users** are the co-producers of health. They have critical roles and responsibilities in identifying their own needs and preferences, and in managing their own health with appropriate support from health-service providers.

While it is important to recognize these differences in roles and responsibilities, it is equally important to recognize the connections between them. Examples include the following:

- **Decision-makers** cannot hope to develop and implement new strategies for quality without properly engaging health-service providers, communities, and service users.
- **Health-service providers** need to operate within an appropriate policy environment for quality, and with a proper understanding of the needs and expectations of those they serve, in order to deliver the best results.
- **Communities and service users** need to influence both quality policy and the way in which health services are provided to them, if they are to improve their own health outcomes (5).

These critical relationships are summarized in Figure 1.
Figure 1: *Roles and responsibilities in quality improvement*
2.2 Total Quality Management:

2.2.1 Quality

**Quality is meeting or exceeding customer expectations**

The three quality management gurus say about quality (6):

- Fitness for purpose or use  
  Juran
- Conformance to requirements  
  Crosby
- Aimed at the needs of the consumer  
  Deming

Quality is a relative concept. What appears to be of high quality to one person may not be so to another. In addition to this is the variable relationship between individual needs from time to time (6).

Quality is total composite product (goods and services) characteristics, through which the product in use will meet the needs and expectations of the customers (7).

Concept of quality must start with identification of customer quality requirements and must end only when the finished product is placed into the hands of the customer who remains satisfied through various stages of relationship with the seller (8).

Quality is totality of features and characteristics of product (goods and services) that bears on its ability to satisfy given needs (9).

2.2.2 Evolution of Quality Management

- Mass Inspection
- Quality Control
- Quality Assurance
- Total Quality Control
- Companywide Quality Control
- Total Quality Management (6)

2.2.3 Total quality management definitions:

TQM Definitions
From the very early days TQM has meant different things to different people. Some have treated it largely as a motivational campaign aiming to improve service to external customers. Others have focused on internal training as a way of motivating and giving people tools to undertake improvement activities. Many have identified that beyond training, teamwork and the use of statistical techniques there is, in TQM, the quest for the self-improving organization (6).

While cultural change, organizational change, and the use of quality tools, together with a documented quality system, all have a part to play, TQM is a complete management philosophy which may require a refocus and redirection of the business, (depending on what the business was like before). The following quotes illustrate the different things which TQM means to different people:

‘Total quality management is continuously satisfying customer requirements, at lowest cost, by harnessing the commitment of everyone in the organization.’(10)

‘Total quality management is an approach to improving the effectiveness and flexibility of business as a whole. It is essentially a way of organizing, involving the whole company, business or organization, every department, every activity, every single person at every level.’(11)

‘TQM is a corporate business management philosophy which recognizes that customer needs and business goals are inseparable. (12)

TQM is applicable to both industry and commerce and the public sector. It ensures maximum effectiveness and efficiency within a business and secures commercial leadership by putting in place processes and systems which will promote excellence, prevent errors and ensure that every aspect of the business is aligned to customer needs and the advancement of business goals without duplication or waste or effort.

Commitment to TQM should originate at the chief executive level in a business and be promoted in all human activities. The accomplishment of quality is thus achieved by personal involvement and accountability, devoted to a continuous improvement process, with measurable levels of performance by all concerned.

It involves every department function and process in a business and the active commitment of all employees to meeting customer needs.

Other quotes are:

‘In general total quality management is defined as follows:
Quality – is to satisfy customers’ requirements continually.

Total quality – is to achieve quality at low cost.

Total quality management – is to obtain total quality by involving everyone’s daily commitment.’(13)

‘TQM is a way of managing to improve the effectiveness, flexibility and competitiveness of a business as a whole. It applies just as much to service industries as it does to manufacturing. It involves whole companies getting organized in every department, every activity and every single person at every level.’(14)

‘An approach for continuously improving goods and services which requires the full participation of all levels and functions of an organization. It aims to satisfy the needs of customers at lowest cost.’(15)

‘Total means that everyone in the organization is involved in the final product or service to the customer.

Quality means conformance to requirements.

Management: TQM is a managed process which involves people, systems and supporting tools and techniques. TQM is therefore a change agent which is aimed at providing a customer-driven organization.’(16)

‘All things that we must do to achieve quality leadership ’(17)

‘TQM is an overall umbrella term which embraces customer service, quality assurance, quality circles, and quality tools. It is a change from an output organization to a process organization. It is total involvement to delight customers.’(18)
‘Total Quality Management is a process which embraces the conscious striving for zero defects in all aspects of an organization’s activities.’
or
‘Total Quality Management is management with the workforce co-operating in the processes, developing, producing and marketing quality goods and services which satisfy customers' needs and expectations first time and every subsequent time.’(19)

You can see that there are many different views of what TQM is, given by various experts and organizations.

**Total Quality Management**: Management approach of an organization centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction, and benefits to all its members of the organization and to society. (20)

**2.2.4 TQM Background**:

Total Quality Management (TQM) is considered as one of the most popular management philosophies in the twentieth century embedded by the thoughts of Deming, Juran, and Feigenbaum, and initially adopted by the Japanese during the 1950s. It was recognized by the industrial sectors in the western countries by mid-1980s. It is widely considered as being essential to organizational survival, improvement and transformation (21).

Quality has various meanings as defined by quality gurus (22):
- Deming: "predictable degree of uniformity and dependability, at low cost and suited to the market".
- Juran: "fitness for use in terms of design, conformance, availability, safety, and field use".
- Crosby: "conformance to requirements, not goodness"
From the above definitions, it can be realized that there are several factors relates to quality such as cost, design, conformance to customer needs, availability and usage. That means quality can be identified and measured according to various perspectives, which most likely depends on customer views about a product or service and what quality means to that customer.

In fact, quality management theory approaches, and tools had been developed throughout the history. The TQM went through four stages throughout the history; quality inspection, quality control, quality assurance, and total quality management. Quality inspection was developed in 1910s to discover the poor quality product and separate it from acceptable quality product and then the organization can got rid of it, reworked to turn it to an acceptable one or sell it as lower quality product (23). Quality Control is a systematic routine of technical activities to measure and control quality during the development stage of the product to make sure that the design meets customer requirements (22). While Quality Assurance mean systematic production processes which provide confidence that the product satisfies customer requirements (23). ISO standards series are example of quality assurance process.

The available literature has many definitions of TQM which indicated that the variation in TQM interpretation. TQM is "the integration of all functions and processes within an organization in order to achieve continuous improvement of the quality of goods and services" (22). Quality in this definition means satisfying customer requirements (11). Another definition of TQM is "a developing strategy for continually improving products, processes and services to achieve continuous quality". (24)
Furthermore, TQM as a method for improving business effectiveness, flexibility, and competitiveness (25) emphasizes that "the TQM philosophy stresses a systematic, integrated, consistent, and organization-wide Perspective involving everyone and everything". As TQM focuses on customers, it was clear that customers perceived outcomes were the main reference to improve customer satisfaction (26). For a company to stay competitive it has to perform well in dimensions such as cost, quality, speed, creativity and flexibility to adapt itself to variations in demand (27). Companies which applied principles of TQM correctly and consistently increased its competitiveness (28).

"The International Quality Study conducted by the American Quality Foundation (1991) showed that improvements in quality have a positive relationship with increases in productivity, performance and profits. This study collected data from Canadian, German, Japanese and American companies and found quality to be a crucial factor in the strategic performance of virtually every organization in that sample." (29)

2.2.5 TQM Importance

The use of TQM led to:

(a) Increasing domestic and global competition,
(b) Integrating several organization functions for improvement of total and quality of organization output, and
(c) Implementing TQM in service industries (22).

Furthermore, Shea and Gobeli (1995) cited in Yusof and Aspinwall (2000) reported different reasons of adopting TQM, such as: marking and promoting of organization growth, management belief in customer satisfaction and employee
empowerment and improve organization performance. Bardoel and Sohal (1999) draws the attention to Australian manufacturers study was done by Sohal et al.'s (1992), which provided evidence of tangible and intangible benefits from quality improvement programs. The latter discovered that quality takes time and considerable time should be given to achieve organizational culture change (30). Therefore, managers must consider the time factor and be patient to get quality improvement program's results.

2.2.6 TQM Elements:

TQM is a long-term program which leads to cultural process change and continuous improvement, management commitment, leadership and customer focus. It is obvious that quality focuses on understanding customer needs; therefore, quality starts with identifying customer requirements and ends with these requirements are satisfied (11).

The basics of TQM model (process, customer, supplier), soft outcomes (culture, communication, commitment) and some hard management necessities (system, tools, teams). This TQM model specifies that the core of TQM is the customer-supplier relationship while the process must be controlled and managed. Consequently, excellent relationships and feedback system between customer and supplier shall be established in order to reach total quality performance. The soft outcomes illustrate the foundation of the model whereas the hard management necessities provide a framework against which an organization measures the progress towards TQM (11).

The following provides an explanation of some of TQM elements:

Commitment:
In order to promote business efficiency and effectiveness, TQM must start at the top of the organization. Top management commitment important because the top management starts planning for quality implementation, participate and evaluate the result. That means top management has to show that they are serious about quality and communicate their commitment to their employees (11). Sharing commitment will encourage the employees to accept taking responsibility of implementing quality policy and quality practices.

**Leadership:**

Leadership is the ability to enlist the aid and support of other to accomplish a set of goals. Leadership involves creating a positive culture and favorable organizational dynamics to get employees to commit themselves to do what is expected from them (31). It is essential that leader motivate employees and empower them to reach organization objectives. That means a leader has to supply all required resources, train staff, and direct them towards meeting the target. Moreover, leadership has different aspects that are not part of our research.

**Customer focus:**

As quality means meeting customer requirement, the organization should direct all processes to satisfy customer needs. To understand customer requirement and values, an organization has to ask them by conducting a market analysis (22). Customers in this context combine both external and internal customers, i.e. the employees.

**Training:**

With regards to TQM, organizations conduct training for reinforcement of quality message, meet job skills requirements, and increase knowledge level of TQM. Training is important because it improves communication, change organization
culture, improve process, develop employees' skills and can be considered as management commitment to quality (22)

**Communication:**
Communication means exchanging of information between sender and receiver. Effective communication process involves understanding the message and getting feedback from the receiver. According to Joel Ross, communication is inextricably linked in quality process as top managers have to tell their staff about the organization quality vision and plan and make sure that the information is passed and understood by their staff. Misleading information is a result of miscommunication which can dramatically affect product or service quality.

**Involvement:**
Employees' involvement requires empowering employees to participate in decision making, planning and implantation; and problem solving. As the employees get close to the matter, they become more productive and participate in solving the problem (11).

**Teamwork:**
Teamwork is an essential component of the implementation of TQM in any organization because it builds trust and improves communication. Furthermore, it increases employees' involvements through active encouragement in group activities. It also provides a positive environment in which employees can solve organizational problems, use all resources effectively and efficiently and be part of the continuous improvements (11).

**Benchmarking:**
"Benchmarking is a way to go backstage and watch another company's performance from the wings, where all the stage tricks and hurried realignments are visible" (22). Benchmarking offers a set of realistic performance targets after
defining gas and selecting the process to improve. Consequently, the organization can realize the gap between what they are doing and the best practice. In order to close the gap an organization need to focus on employees' training and development as well as developing the processes (22).

**Continuous improvement:**
In TQM perspective continuous improvement requires constantly evaluate and improve organization performance to reach desired results and meet objectives.

### 2.2.7 TQM Implementation:

(29) some factors that are essential in planning and implementing TQM. For instance, creating an awareness of TQM was a successful factor as it provides all employees with adequate training on TQM philosophy and processes. Another factor was the formation of teams within the organizations to implement TQM strategy. Furthermore, quality culture is the organization value system which leads to continual improvement of quality and promotes for quality by its value, traditions, procedures and expectations. Consequently, it is the management role to put quality culture at work (27). Ho and Fung pointed that most literature focused on the management commitment and outcome as factors for successful implementation, while few cases looked at the processes for TQM without analyzing the process systematically (32).

The first step of TQM journey is to recognize the need for change and accept the change while gaining management support and employees involvement. Then develop and define the vision of the organization intention in current and future environment. Sharing organization’s vision with all employees, make it easier for
the organization to obtain their participation. In order to implement the organization vision, the organization may need to restructure and empower their employees by training, educating and motivating them. It is crucial to reward and recognize the employees for their contribution in order to build their trust, confidence and self-esteem.

As TQM journey is never ending, the organization has to celebrate its success and must continuously work for another success in order to maintain Continuous improvement.

2.2.8 Quality Awards:

The global recognition of the strategic importance of quality encouraged many counties to establish national quality awards to encourage quality management consciousness and increase competitiveness. Governments can be achieved through facilitating the sharing of experiences and encourage cooperative behavior among businesses (33). Because of the growing importance and the considerable prestige that these quality awards hold, companies have become interested in adopting excellence models (34). Quality Awards such as Japanese Deming Prize, the American Malcolm Baldrige National Quality Award (MBNQA), and the European Quality Award (EQA) are set up with a framework to measure overall organization performance and provide common frameworks for benchmarking. Those awards give the chance to for the organizationsto identify best practice role models (35).

Furthermore, McAdam (2000) noted that the introduction of the quality award models in the early 1990s, e.g. European Quality Award, Malcolm Baldrige Award, was the main drive for organizational excellence. Oakland (2005) declared that any award frameworks were considered to be "best practice models for implementing excellence strategies, performing self-assessments,
benchmarking and ultimately delivering improved performance."(33) pointed that winning a quality awards is considered as a symbol of quality and business excellence therefore, it provide significant publicity. It also supports organizations to understand their present situation and develop future performance. In fact, there are many of quality awards in the world such as:

- Deming Quality Award 1951
- Malcolm Baldrige Award 1987
- European Quality award 2001 (EQA)
- European Quality Award for SMEs (EQA for SMEs)
- Singapore Quality Award Framework 1994
- Australian Business Excellence Framework 1998
- Dubai Quality Award 1995
- Dubai Government Excellence Award 1996
- Egypt Quality Award 1997
- King AbdulAziz Quality Award 2000
- King Abdullah II Quality Award 2002
- Ras Al Khaimah Government Excellence Award 2006
- Abu Dhabi Award for Excellence in Government Performance 2007
- Japan Quality Award 2000
- Prime Minister’s Quality Award 2000 - Malaysia
2.3 THE EFQM EXCELLENCE MODEL

Excellent organizations achieve and sustain outstanding levels of performance that meet or exceed the expectations of all their stakeholders (1).

EFQM is committed to help organizations drive improvement through the use of the EFQM EXCELLENCE MODEL.

We believe that the EFQM model is a common framework that helps us all to improve our business, sharing our member's enthusiasm, their motivation and the results they achieve, that is we work for at EFQM.

THE NEED FOR A MODEL:

Regardless of sector, size, structure or maturity, organizations need to establish an appropriate management framework to be successful. The EFQM Excellence model is a practical, non-prescriptive framework that enables organizations to:

* Assess where they are on the path of excellence.

* Provide a common vocabulary and way of thinking about the organization.

* Integrate existing and planned initiatives, removing duplication and identifying gaps.

* Provide a basis structure for the organization management system.

THE EFQM foundation was formed to recognize and promote sustainable success and to provide guidance to those seeking to achieve it.

This is realized through a set of THREE INTEGRATED COMPONENTS which comprise the EFQM Excellence model (1):
(1) The fundamental concepts of excellence:

The underlying principles which are the essential foundation of achieving the sustainable excellence for any organization.

(2) The EFQM Excellence model:

A framework to help organizations convert the fundamental concepts and RADAR logic into practice.

(3) RADAR logic:

A dynamic assessment framework and powerful management tool that provides the backbone to support an organization as it addresses the challenges it must overcome if its to realize its aspiration to achieve sustainable excellence.

Used appropriately EFQM Excellence model, with associated RADAR Logic and fundamental concepts ensure that all the management practices used by an organization from coherent system that is continually improved and delivers the intended strategy for the organization.
2.3.1 THE FUNDAMENTAL CONCEPTS OF EXCELLENCE:

They can be used as the basis to describe the attributes of an excellent organizational culture; they also serve as a common language senior management.

Figure 2: fundamental concepts of Excellence

(1) Adding value for customers.
(2) Creating sustainable future.
(3) Developing organizational capability.
(4) Harnessing creativity and innovation.
(5) Leading with vision, inspiration, and integrity.
(6) Managing with agility.
(7) Succeeding through the talent of people.
(8) Sustaining outstanding results (1)

(1) Adding value for customers:
Excellent organization consistently adds value for customers by understanding, anticipating and fulfilling needs, expectations and opportunities.

(2) Creating sustainable future:
Excellent organizations have a positive impact on the world around them by enhancing their performance whilst simultaneously advancing the economic, environmental and social conditions within the communities they touch.

(3) Developing organizational capability:
Excellent organizations enhance their capabilities by effectively managing change within and beyond the organizational boundaries.

(4) Harnessing creativity and innovation:
Excellent organizations generate increased value and levels of performance through continual improvement and systematic innovation by harnessing the creativity of their stakeholders.

(5) Leading with vision, inspiration and integrity:
Excellent organizations have leaders who shape the future and make it happen, acting as role models for its values and ethics.

(6) Managing with agility:
Excellent organizations are widely recognized for their ability to identify and respond effectively and efficiently to opportunities and threats.

(7) Succeeding through the talent of people:
Excellent organizations value their people and create a culture of empowerment for the achievement of both organizational and personal goals.

(8) Sustaining outstanding results:
Excellent organizations achieve sustained outstanding results that meet both the short and long term needs of all their stakeholders, within the context of their operating environment.

2.3.2 THE CRITERIA:

Figure 3: the EFQM Excellence model criteria
Balancing the Weightings

Figure 4: Balancing the weightings of the EFQM Excellence model criteria

(1) LEADERSHIP:
Excellent organizations have leaders who shape the future and make it happen, acting as role models for its values and ethics and inspiring trust at all times. They are flexible, enabling the organization to anticipate and react in a timely manner to ensure the ongoing success of the organization.

1. a: Leaders develop the mission vision, values and ethics and act as role models.

1. b: Leaders define, monitor, review and drive the improvement of the organization’s management system and performance.
1. c: Leaders engage with external stakeholders.
1. d: Leaders reinforce a culture of excellence with the organization's people.
1. e: Leaders ensure that the organization is flexible and manages change effectively.

(2) STRATEGY:
Excellent organizations implement their mission and vision by developing stakeholders focused strategy. Policies, plans, objectives and processes are developed and deployed to deliver the strategy.

2. a: Strategy is based on understanding the needs and expectations of both stakeholders and the external environment.
2. b: Strategy is based on understanding the internal performance and capabilities.
2. c: Strategy and supporting policies are developed, reviewed and updated.
2. d: Strategy and supporting policies are communicated, implemented and monitored.

(3) PEOPLE:
Excellent organizations value their people and create a culture that allows the mutually beneficial achievement of organization and personal goals. They develop the capabilities of their people and promote fairness and equality. They care for communication, reward and recognize in a way that motivates people, builds commitment and enables them to use their skills and knowledge for the benefit of the organization.

3. a: People plans support the organization's strategy.
3. b: People's knowledge and capabilities are developed.
3. c: People are aligned, involved and empowered.
3. **d**: People communicate effectively through the organization.

3. **e**: People are rewarded, recognized and care for.

(4) **PARTNERSHIP AND RESOURCES:**

Excellent organizations plan and manage external partnership, suppliers and internal resources in order to support their strategy, policies and effective operation of processes. They ensure that they effectively manage their environmental and social impact.

4. **a**: Partners and suppliers are managed for sustainable benefit.

4. **b**: Finance are managed to secure sustained success.

4. **c**: Buildings, equipments, materials and natural resources are managed in a sustainable way.

4. **d**: Technology is managed to support the delivery of strategy.

4. **e**: Information and knowledge are managed to support effective decision making and to build the organization's capability.

(5) **PROCESSES, PRODUCTS AND SERVICES:**

Excellent organizations design, manage and improve processes, products and services to generate increasing value for customers and other stakeholders.

Excellent organizations design, manage and improve processes, products and services to generate increasing value for customers and other stakeholders.

5. **a**: Processes are designed and managed to optimize stakeholder value.

5. **b**: Products and services are developed to create optimum value for customers.

5. **c**: Products and services are effectively promoted and marketed.

5. **d**: Products and services are produced, delivered and managed.

5. **e**: Customer relationship are managed and enhanced.
(6) CUSTOMER RESULTS:
Excellent organization achieves and sustained outstanding results that meets or exceeds the needs and expectations of their customers.
6. a: Perceptions: Customer's perceptions of the organization.
6. b: Performance indicators:
Internal measures used by organization in order to monitor, understand, predict and improve the performance.

(7) PEOPLE RESULTS:
Excellent organizations achieve and sustain outstanding results that meet or exceed the needs and expectations of their people.
7. a: Perceptions:
People perceptions of the organization.
7. b: performance indicators:
These are the internal measures used by the organization.

(8) SOCIETY RESULTS:
Excellent organizations achieve and sustain outstanding results that meet or exceed the needs and expectations of relevant stakeholders within society.
8. a: Perceptions: Society perceptions of the organization.
8. b: performance indicators:
Internal measures used by organization.

(9) BUSINESS RESULTS:
Excellent organizations achieve and sustain outstanding results that meet or exceed the needs and expectations of their business stakeholders.
9. a: Business outcomes:
These are the key financial and non-financial business outcomes which demonstrate the success of the organization deployment of their strategy.
9. b: Business performance indicators:

These are the key financial and non-financial business indicators that are used to measure the organization's operational performance.

2.3.3 RADAR LOGIC:

A dynamic assessment framework and powerful management tool that provides the backbone to support an organization as it addresses the challenges it must overcome if it's to realize its aspiration to achieve sustainable excellence.

- Required results.
- Plan and develop approaches.
- Deploy approaches.
- Assess and refine approaches and deployment.

RADAR logic states that an organization needs to:
*Determine the results it is aiming to achieve as parts of its strategy.
*Plan and develop an integrated set of sound approaches to deliver the required results both now and in the future.
*Deploy the approaches in a systematic way to ensure implementation.
*Assess and refine the deployed approaches based on monitoring and analysis of the results achieved and ongoing learning activities.

The RADAR assessment and management tool is the evaluation methods used to score organization applying for the EFQM Excellence. (1)

Each criterion part is assessed using the RADAR.

2.4 Evaluation:
Is a systematic determination of a subject's merit, worth and significance, using criteria governed by a set of standards. It can assist an organization, program, project or any other intervention or initiative to assess any aim, realizable concept/proposal, or any alternative, to help in decision-making; or to ascertain the degree of achievement or value in regard to the aim and objectives and results of any such action that has been completed. (5) The primary purpose of evaluation, in addition to gaining insight into prior or existing initiatives, is to enable reflection and assist in the identification of future change. (5)

Evaluation is often used to characterize and appraise subjects of interest in a wide range of human enterprises, including the arts, criminal justice, foundations, non-profit organizations, government, health care, and other human services.

33
2.5 Anesthesia department:

The anesthesia department provides state of the art care for patients undergoing all types of surgical procedures.

The provision of anesthesia services is an optional hospital service. However, if a hospital provides any degree of anesthesia service to its patients, the hospital must comply with all the requirements of this Condition of Participation.

“Anesthesia” involves the administration of a medication to produce a blunting or loss of:

- Pain perception (analgesia);
- Voluntary and involuntary movements;
- Autonomic function; and
- Memory and/or consciousness,

Depending on where along the central neuraxial (brain and spinal cord) the medication is delivered.

The additional definitions below illustrate distinctions among the various types of “anesthesia services” that may be offered by a hospital. These definitions are generally based on American Society of Anesthesiologists definitions found in its most recent set of practice guidelines (36).

- General anesthesia: a drug-induced loss of consciousness during which patients are not arousal, even by painful stimulation. The ability to independently maintain ventilator support is often impaired. Patients often
require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. For example, a patient undergoing major abdominal surgery involving the removal of a portion or all of an organ would require general anesthesia in order to tolerate such an extensive surgical procedure. General anesthesia is used for those procedures when loss of consciousness is required for the safe and effective delivery of surgical services; (36)

- Regional anesthesia: the delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. Given the potential for the conversion and extension of regional to general anesthesia in certain procedures, it is necessary that the administration of regional and general anesthesia be delivered or supervised by a practitioner who is qualified to administer anesthesia. (36)

- Monitored anesthesia care (MAC): anesthesia care that includes the monitoring of the patient by a practitioner who is qualified to administer anesthesia). Indications for MAC depend on the nature of the procedure, the patient’s clinical condition, and/or the potential need to convert to a general or regional anesthetic. Deep sedation/analgesia is included in MAC. (36)

- Deep sedation/analgesia: a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully
following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Because of the potential for the inadvertent progression to general anesthesia in certain procedures, it is necessary that the administration of deep sedation/analgesia be delivered or supervised by a practitioner.

- **Moderate sedation/analgesia: (“Conscious Sedation”):** a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. CMS, consistent with ASA guidelines, does not define moderate or conscious sedation as anesthesia.

- **Minimal sedation:** a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected. This is also not anesthesia.

- **Topical or local anesthesia:** the application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which also are not anesthesia, despite the name. Rescue Capacity: As stated above, because the level of sedation of a patient receiving anesthesia services
is a continuum, it is not always possible to predict how an individual patient will respond.

Anesthesia services throughout the hospital (including all departments in all campuses and offsite locations where anesthesia services are provided) must be organized into one anesthesia service

**1.5 PREVIOUS STUDY:**

(1) The purpose of this research is to analyze the existing self-assessment practices in Ras Alkhaimah Government Departments in the United Arab Emirates. The study aims at identifying self-assessment objectives, implementations, benefits and difficulties and lessons learnt. An exploratory case study of three departments with an experience in self assessment application was analyzed. The research was carried out by conducted semi-structured interviews which were directed towards understanding the practical implementation of self-assessment. A questionnaire approach was used to get respondents, opinions about the effectiveness of self-assessment. A questionnaire was distributed in ten departments to test the variables of self-assessment process and aimed at testing of the research hypotheses: the research results showed a successful practice of self-assessment implementation in the studied departments. It was found that self-assessment led to organizational improvement in several areas. It was also found that the planning and preparation phase of self-assessment was underestimated by the management which caused problems in other stages. Based on the findings, more focus should be given to planning and preparation phase. Pro-forma approach was suggested as an alternative self-assessment tool toward continuous improvement and to routine the development process.
This study contributes significantly to other public organizations in the UAE as they would benefit from the current practices of self-assessment in similar organizations, in similar environment and culture. (37)

(2) This research aimed to investigate the quality assessment of a dental centre using EFQM excellence model a case study on King Fahd Armed Forces Hospital (KFAFH). The literature review reveals that there is an extensive body of research that address EFQM model in general but there is less emphasis on the hospital and dental centers in particular. In order to explore this issue, a quantitative method was used to collect primary data through a questionnaire, which was administered in the dental centre at KFAFA in Jeddah, Saudi Arabia. A purposive sampling was used to choose the participants in this research. In total 50 respondents (managers, faculties and students) participated in this study. The result confirm significant positive in the influence of EFQM factors on each other’s. Furthermore, the results exhibit that hospital management might benefit more by placing more emphasis on an integrated EFQM model and recognizing the EFQM influences on their dental centre. This research contributes to the academic and practical knowledge as being one of the first attempts to investigate empirically the EFQM dental centre at Arab region. This research integrates, refines and extends the empirical work conducted in the field of health services in Gulf countries. It raises may implications for managers in this hospital, such as considering the importance of EFQM and the vital role this model plays in the performance of Saudi hospitals. This research provides useful guidelines for future and future research possibilities such exploring the influence of the EFQM model in the whole hospital in Saudi Arabia. (38)
Establishing of total quality management in any organization including emergency medical services need to an appropriate tool to help developing, implementing and evaluating of quality programs. The objective of this study was to develop a valid and reliable tool for self assessing enabler criteria of Iran EMS centers according to European Foundation for Quality Management (EFQM) model. The study was conducted using the Delphi method, and 43 participants as panelists were enrolled in 3 round modified Delphi technique. Initially, a rating scale was developed in response to main question of study; which items should be contained in self assessing tool of quality in Iran EMS area? This scale was judged by 5 experts primarily, and after some modification was entered in Delphi process. The comments of panelist were collected by E Mail and final scale was developed in the end of 3th rand. Pre-hospital Emergency Self assessing Rating Scale (PHESARS), Was main result of this study that developed in 190 items in 5 enabler criteria according to EFQM model including; Leadership (52), Policy & Strategy (21), staff (41), Resources& partnership (36) and Processes (40). Self assessing scale was developed by TQM and excellence perspective and because of experts’ consensus in developing it, has content validity and can be used in self assessing of pre-hospital area and determining improvement opportunity and, can leads the Iran EMS centers to total quality management and organizational excellence.

Objectives: To expand on previous reports by illustrating experiences German health services organizations made in their assessment against the European foundation of the quality management (EFQM) Excellence model. to provide evaluation of the EFQM method compared to peer auditing and accreditation concepts with in health care.
**Design:** to indicate the EFQM method and scoring system and draft the process of self assessment in health services organizations. To refer to the experiences of German health pioneers during their early assessment.

**Results:** using the EFQM approach, an organization can earn up to 1,000 points. More than 50% of German hospitals scored 200–300 points and not a single organization achieved over 450 points. To make a Comparison, the best score obtained in an industrial setting was between 650–750 points. In addition to the numbers, this report describes success factors and best practices of self assessment, as well as limitations, barriers and lessons learned during the implementation phase.

**Conclusion:** the excellence model is a systematic quality management approach to gain competitive advantages. It is non-governmental, non-financier driven and generic enough to address health care issues. Having its foundation in industry, however it is non-specific enough to cover all areas relevant to health care. Integrating the management smart method of self assessment with clinical standards as delivered by peer auditing and accreditation systems generate the potential to deliver excellence in health care. (40)
CHAPTER THREE
METHODOLOGY
METHODOLOGY

3.1 Study design:

This is the evaluation descriptive study carried out through personal interviews using the structure interview questions of the EFQM excellence model.

3.2 Study area:

The study Conducted in Sudan medical military hospital in anesthesia department in six theaters in military hospital:

- Alshalaly Theater (General surgery).
- Areef Theater (General surgery).
- ENT theater (ENT and dental surgery)
- Orthopedic theater.
- Obese and GyneTheater(Alaielattheater).
- Accident and emergency theater.

These theaters contain 13 operation rooms consist of 92 permanent anesthesia staff (anesthesia specialists, anesthesia consultants, anesthesia technicians), exclusion of those working less than 2 years.

Sudan medical military hospital: located in Khartoum state (in Omdurman). It’s the major hospital for military cover patients and their families. The patients can be referred to from other military hospitals in Sudan. The services of this hospital are not only confined to the employees and their families but also to the public Sudanese residents.
It's located along the road leading out of Khartoum toward Omdurman.

It contains all medical departments; one of these departments is anesthesia department which study conducted in it.

**3.3 Study population:**

A Total coverage of population: Key persons of anesthesia department who agree to participate on the research included during the research period (purposive sample).

**3.4 Exclusion criteria:**

Anesthesia staff: working less 2 years in the department.

**3.5 Study duration:**

The study conducted during the period from 8/2014-8/215

**3.6 Data collection tools:**

Interviews (based on structured of the EFQM excellence model interviews), and Observation also used to collect data.

The EFQM Excellence Model instituted in 1992 in order to promote Total Quality Management in Europe (3).

The model consists of nine criteria, and is supposed to reflect the Following eight fundamental concepts (3).

1. Results Orientation
2. Customer Focus
3. Leadership & Constancy of Purpose
4. Management by Processes & Facts
5. Development & Involvement
6. Continuous Learning, Innovation & Improvement
7. Partnership Development
8. Public Responsibility

The Model can be used to understand the relations of cause and effects between what organizations do and the results they get. **There are three components of the Model:**

**Fundamental concepts**, representing eight core values or key management principles that drive sustainable success.

**Nine criteria**, separated into categories of enablers and results.

**RADAR logic**, continuous improvement cycle used by **EFQM**. It was originally derived from the **PDCA cycle**.

European Foundation for Quality Management (EFQM) as the best model of business excellence, contains 9 criteria in two categories, enablers and results, and demonstrates the constant benefits that any excellence organization has to achieve them.

**3.7 Data analysis:**

Done by RADAR logic to the EFQM excellence model self-assessment 2013 survey.

**RADAR logic:**
A dynamic assessment framework and powerful management tool that provides the backbone to support an organization as it addresses the challenges it must overcome if it's to realize its aspiration to achieve sustainable excellence.

Used appropriately EFQM Excellence model, with associated RADAR Logic and fundamental concepts, ensure that all the management practices used by an organization from coherent system that is continually improved and delivers the intended strategy for the organization.

3.9 Data presentation:

Data presented in the simple tables.

3.10 Ethical considerations:

- Participation is voluntary and verbal consent from the department members
- Staffs in the department were informed verbally and approvals were obtained from them.
- Confidentiality of the data obtained was assured.
CHAPTER FOUR
RESULTS
RESULTS

4.1 The results:

The researcher conducted an open interview with the senior manager of the anesthesia department and key persons of the department in Sudan Military hospital using the EFQM Excellence model interview questions to evaluate the department, RADAR logic used for analysis of data collected.

The Enablers results:

The score awarded to each criterion is:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Leadership</td>
<td>26.22</td>
</tr>
<tr>
<td>Policy and strategy</td>
<td>18.30</td>
</tr>
<tr>
<td>People</td>
<td>28.06</td>
</tr>
<tr>
<td>Partnership and resources</td>
<td>20.06</td>
</tr>
<tr>
<td>Processes</td>
<td>43.13</td>
</tr>
</tbody>
</table>

The results:

The score awarded:

<table>
<thead>
<tr>
<th>Results</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer results</td>
<td>32.94</td>
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<tr>
<td>People results</td>
<td>14.60</td>
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<tr>
<td>Society results</td>
<td>17.98</td>
</tr>
<tr>
<td>Business results</td>
<td>33.29</td>
</tr>
</tbody>
</table>

The total point awarded for application is **234.58 point from 1000 (the total point of the EFQM Excellence model)**

That’s means the anesthesia department in Sudan military hospital is **Good** department in Excellence.
Scoring summary sheet that I used to gain this results:

1/Enablers Criteria

<table>
<thead>
<tr>
<th>%</th>
<th>2 %</th>
<th>3 %</th>
<th>4 %</th>
<th>5 %</th>
<th>5a</th>
<th>5b</th>
<th>5c</th>
<th>5d</th>
<th>5e</th>
</tr>
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<td>2a</td>
<td>20.8</td>
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<td>20.8</td>
<td>3b</td>
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<tr>
<td>1e</td>
<td>32.5</td>
<td>2d</td>
<td>18.3</td>
<td>3e</td>
<td>14.2</td>
<td>4d</td>
<td>10.0</td>
<td>5e</td>
<td>70.0</td>
</tr>
</tbody>
</table>

Score awarded

<table>
<thead>
<tr>
<th>-5</th>
<th>-4</th>
<th>-5</th>
<th>-5</th>
<th>-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.22</td>
<td>18.3</td>
<td>28.06</td>
<td>20.06</td>
<td>43.13</td>
</tr>
</tbody>
</table>

The score awarded is the arithmetic average of the % scores for the sub-criterion. If applicants present convincing reasons why one or more parts are not relevant to their organization, it is valid to calculate the average on the number of criterion addressed. To avoid confusion (with a zero score) parts of the criteria accepted as not relevant should be entered (NR) in the table above.

2/RESULTS CRITERIA:

<table>
<thead>
<tr>
<th>Criterion number 6a</th>
<th>17.3</th>
<th>12.98</th>
<th>7a</th>
<th>17.35</th>
<th>13.39</th>
<th>8a</th>
<th>17.5</th>
<th>0.25</th>
<th>4.38</th>
<th>9a</th>
<th>20.62</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b</td>
<td>35.8</td>
<td>8.98</td>
<td>7b</td>
<td>4.84</td>
<td>1.21</td>
<td>8b</td>
<td>18.13</td>
<td>0.75</td>
<td>13.60</td>
<td>9b</td>
<td>23.75</td>
</tr>
</tbody>
</table>

Score awarded

| 21.96 | 14.6 | 17.98 | (10.31+11.88)22.19 |
## Calculation of total points:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score awarded</th>
<th>Factor</th>
<th>Point awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>القيادة</td>
<td>26.22</td>
<td>X1</td>
<td>26.22</td>
</tr>
<tr>
<td>السياسات والاستراتيجيات</td>
<td>18.3</td>
<td>X1</td>
<td>18.30</td>
</tr>
<tr>
<td>الموارد والشركاء</td>
<td>20.06</td>
<td>X1</td>
<td>20.06</td>
</tr>
<tr>
<td>العمليات</td>
<td>43.13</td>
<td>X1</td>
<td>43.13</td>
</tr>
<tr>
<td>نتائج المتعاملين</td>
<td>21.96</td>
<td>X1.5</td>
<td>32.94</td>
</tr>
<tr>
<td>نتائج المتعاملين</td>
<td>14.60</td>
<td>X1</td>
<td>14.60</td>
</tr>
<tr>
<td>نتائج المجتمع</td>
<td>17.98</td>
<td>X1</td>
<td>17.98</td>
</tr>
<tr>
<td>نتائج الأداء الرئيسي</td>
<td>22.19</td>
<td>X1.5</td>
<td>33.29</td>
</tr>
</tbody>
</table>

**Total points awarded**

| Total points awarded | **234.58** |

Enter the score awarded to each criterion (of both section 1 and 2 above)  
Each score by the appropriate factor to give point awarded  
Points awarded to each criterion to give total points awarded for application.

Enter the score awarded to each criterion (of both section 1 and 2 above)  
Each score by the appropriate factor to give point awarded  
Points awarded to each criterion to give total points awarded for application.
CHAPTER FIVE
DISCUSSION, CONCLUSION & RECOMMENDATIONS
5.1 Discussion:

In previous study:

*They found that there is no clear method of self-assessment within health care. By using the EFQM approach in health care, hospitals scored 200-300 points and not a single organization achieved over 450 points. To make a comparison, the best score obtained in an industrial setting was between 650-750 points.

*they used the excellence model in different ways. It may be used as a frame of reference for their quality management documentation and development. Secondly, it may be used as a tool for self-assessment and thirdly, the criteria can be used to apply for European quality award (Ludwig Erhard prices)

In this study: The researcher used the EFQM as a tool for self-assessment to identify the anesthesia department strengths and weaknesses to each criterion. Studying the new management perspectives have shown that, the Total Quality Management (TQM) is one of the best choices which can be a basis for designing and establishing the quality system. Quality management will be advantageous for health organizations if it is done accurately. EFQM Excellence model is the best of business excellence, in health care is nonspecific enough to cover all areas relative to health care.

Evaluation of organizations and departments according to the EFQM Excellence model to gain the total point , that total point awarded for application of the model illustrates where organization or department be from excellence:
The total point awarded, **less than 100 point** (the organization not yet in excellence)

**100 points**: It gains one star according to the model classification.

**200 points** the organization committed to excellence (**two stars**).

**200—300 points**, its good intension to excellence (good organization or department).

**300—400 points**, it's very good.

**500 points**, Excellent organization.

**700 or more**, supper excellent organization.

According to classifications of the model the anesthesia department is good in excellencce. To achieve better score in the future the anesthesia department needs more focusing in the criteria of:

**Leadership:**

- The leader of anesthesia department, need to inspire staff and create a culture of involvement, ownership, empowerment, improvement and accountability through their actions, behaviors and experience.

- Implement Mission and vision.

- Develop and deploy policies, plans, objectives and processes to deliver the department strategy.

- Evaluate the set of results achieved to improve future performance and provide sustainable benefits.

**Policy and strategy:**

- Develop and review the anesthesia department strategy and supporting policies.

**In the criteria of people the department need to do:**
• Regularly meetings for department membership to know department needs and discus problems.
• Establish and manage learning and collaboration networks to identify opportunities for creativity, innovation and improvement.
• Enable and encourage the sharing of information, knowledge and best practices, achieving a dialogue throughout the department staff.
• Encourage and support a culture of involvement and empowerment the staff in the department.
• Reward, recognize and care for staff in the anesthesia department.
• Develop the skills, knowledge and capabilities of department staff.

Processes:
• Minimize the internal and external environmental impact.
• Use technology to support the culture of creativity and innovation.
• Use internal measure in order to monitor, understand, predict and improve the anesthesia department performance and to predict their impact on patient’s perceptions.
• Use internal measure in order to monitor, understand, predict and improve the anesthesia department performance and to predict their impact on staff’s perceptions.
• Use measures, to evaluate the society’s perception of the anesthesia department.
5.2 Conclusion

By using the EFQM Excellence model approach in the evaluation of anesthesia department in Sudan Military hospital, the score awarded to each criterion were:

Leadership          26.22
Policy and strategy  18.30
People              28.06
Partnership and resources 20.06
Processes           43.13
Customer results    32.94
People results      14.60
Society results     17.81
Business results    35.63

The total point awarded for application is **234.58 (Good department)**
5.3 RECOMMENDATIONS

Based on the study finding the researcher recommended the following:

In the criterion of:

✓ Leadership: The anesthesia department needs extensive pressure to focus in the leadership, policy and strategy enablers to improve the services quality in the future.

✓ Processes: Identify the specific needs for improvement, is vital for department survival such as to establish quality tools to improve performance in the department and compare actual performance to quality goals.

✓ Policy and strategy: Need to establish, implement, review and update policy and strategy of the department to meet or exceed patient's needs and expectations.

✓ People: The most valuable assets are the department personnel; they need better environment to innovate.

That is to gain best results in the future and to build excellence culture in anesthesia department. In the future i want to implement the EFQM Excellence model in the anesthesia department and assess where in the path to excellence.
Annexes
Annex (1):
This is the interview questions:

The evaluation according to the EFQM Excellence model:

(1) LEADERSHIP:
1.a: Leaders develop the mission vision, values and ethics and act as role models.
1.b: Leaders define, monitor, review and drive the improvement of the organization’s management system and performance.
1.c: Leaders engage with external stakeholders.
1.d: Leaders reinforce a culture of excellence with the organization’s people.
1.e: Leaders ensure that the organization is flexible and manages change effectively.

(2) STRATEGY:
*Is there a medical director or governing body that establishes policies? What is it?
2.a: Strategy is based on understanding the needs and expectations of both stakeholders and the external environment.
2.b: Strategy is based on understanding the internal performance and capabilities.
2.c: Strategy and supporting policies are developed, reviewed and updated.
2.d: Strategy and supporting policies are communicated, implemented and monitored.

(3) PEOPLE:
3.a: People plans support the organization's strategy.
3.b: People's knowledge and capabilities are developed.
3.c: People are aligned, involved and empowered.
3.d: People communicate effectively through the organization.
3.e: People are rewarded, recognized and care for.

(4) PARTNERSHIP AND RESOURCES:
4.a: Partners and suppliers are managed for sustainable benefit.
4.b: Finance are managed to secure sustained success.
4.c: Buildings, equipments, materials and natural resources are managed in a sustainable way.
4.d: Technology is managed to support the delivery of strategy.
4.e: Information and knowledge are managed to support effective decision making and to build the organization's capability.

(5) PROCESSES, PRODUCTS AND SERVICES:
5.a: Processes are designed and managed to optimize stakeholder value.
5.b: Products and services are developed to create optimum value for customers.
5.c: Products and services are effectively promoted and marketed.
5.d: Products and services are produced, delivered and managed.
5.e: Customer relationship are managed and enhanced.

(6) CUSTOMER RESULTS:
6.a: Perceptions: Customer's perceptions of the organization.
6.b: Performance indicators:
Internal measures used by organization in order to monitor, understand, predict and improve the performance.

(7) PEOPLE RESULTS:
7.a: Perceptions: People perceptions of the organization.
7.b: Performance indicators:
These are the internal measures used by the organization.

(8) SOCIETY RESULTS:
8.a: Perceptions: Society perceptions of the organization.
8.b: Performance indicators:
Internal measures used by organization.

(9) BUSINESS RESULTS:
9.a: Business outcomes:
These are the key financial and non financial business outcomes which demonstrate the success of the organization deployment of their strategy.

9.b: Business performance indicators:

These are the key financial and non financial business indicators that are used to measure the organization's operational performance.
Annex (2):

الأسئلة المقامة الشخصية:

السؤال التقييم عن طريق نموذج التميز الأوربي:

المعيار الأول:

القيادة:

هل يوجد قائد لقسم التخدير؟

1. كيف يقوم القائد بتطوير الرؤية والرسالة والقيم المؤسسية مع إعطاء القدوة في تبني ونشر ثقافة التميز؟

ويمكن أن يشمل ذلك الأسئلة التالية:

(1) هل هناك تعريف واضح ومحدد للاهداف الحالية للقسم يصف دوره والخدمات التي يقدمها؟

(2) وهل تمت صياغته في صورة رسالة موافقة تعبير عن ذلك لجميع المعنيين؟

(3) هل هناك تعبير دقيق عن ما يصبو إليه الاسم في المستقبل تمت صياغته في صورة رؤية؟

(4) كيف يتم نشر وتعليم هذه الرؤية (إن وجدت) لجميع أعضاء القسم والمتعاملين والمعنيين بامرها؟

(5) كيف يتم اشراك الموظفين وضمان تفاعلهم مع الرؤية والعمل جميعا على تحقيقها؟

(6) هل قام قائد قسم التخدير بمحاولة تعريف وتحديد مهارات القيادة والتآكل من مدي اتساقها بثقافة التميز التي تعطي القدوة الحساسة للآخرين وتحثهم على تحقيق أهداف المؤسسة؟

(7) هل هناك امثلة تثبت قيام القائد بإعطاء القدوة الحساسة لبقي الموظفين تجاه الالتزام بثقافة التميز والمسؤولية تجاه الوظيفة العامة؟

(8) كيف يتم قياس وواعية مستوي إداء قائد قسم التخدير وتقدير فعاليته ومهارات القيادة؟ وهل يترتب على ذلك ادخار تحسين وتطوير تلك المهارات؟

(9) كيف يقوم القائد نفسه بتشجيع عمليات التطور والتحسين مثل المشاركة في فرق الجودة أو تدريب بقية الموظفين؟
(1) كيف يقوم القائد بتشجيع روح الفريق والتعاون على كافة المستويات؟

(2) المشاركة الشخصية للقائد في ضمان تطوير وتطبيق وتحديث أنظمة العمل:

ويمكن أن يشمل ذلك الإجابة على الأسئلة الآتية:

(1) كيف يتم وضع وتحديث الهيكل التنظيمي لدعم تنفيذ السياسة والاستراتيجية؟

(2) كيف يقوم القائد بإعطاء قسط وافي من وقته لتطوير العمل بالقسم وتنمية قدرات الموظفين؟

(3) كيف يقوم القائد بوضع منهجيات لإدارة العمليات والتأكد بنفسه من فعاليتها وتطبيقها على وجه الامكاني؟

(4) هل تم تطوير نظام متكامل لقياس الاداء بالقسم يركز على النتائج الرئيسية للإداء وما هو دور القائد في صياغة وتنفيذ تلك النماذج وكيف يمكن استخدامه للاحداث التطور المطلوب في الإداء؟

(5) هل تم تحديد مسئولين بعينهم عن أهم عمليات رئيسية في القسم؟

1. ج. تعامل القائد ومشاركته في التواصل مع المتعاونين والشركاء وممثلي المجتمع:

ويمكن أن يشمل ذلك الإجابة الآتية:

(1) كيف يقوم القائد بالتواصل مع بقية أقسام المستشفى وكذلك التعاون معهم لقياس مبادرات مشتركة؟

(2) كيف يقوم القائد بالاطلاع على اراء جميع المعنيين ومقترحاتهم واتخاذ اللازم بشأنها خاصة التظاهرات أو المقترحات التنموية؟

(3) كيف يقوم القائد بتبني أنظمة رسمية للاعتراض وتقدير جميع فئات المعنيين سوي ان كان التقدير موجها لفرق عمل أو افراد؟

(4) كيف يقوم القائد بالمشاركة في مجموعات مهنية أو مؤتمرات أو انشطة تدريبية أو اخرى تهتم بنشر ثقافة الجودة والتمييز؟

(5) كيف يقوم القائد بالمشاركة في دعم جهات خارجية تهتم بقضايا البيئة مع تحديد المساهمة في المجتمع والقيام بدورها الاجتماعي والاقتصادي على امكاني وجه؟
1. كيف يقوم القائد بترويج ثقافة التميز لدى جميع العاملين?

ويمكن أن يشمل ذلك الإجابة على الأسئلة الآتية:

(1) هل يقوم قائد قسم التخدير بالاتصال مع جميع العاملين بغرض نشر الرؤية والرسالة (إن وجدت رؤية ورسالة للقسم)?

كيف يقوم القائد بالتواصل مع العاملين؟

(2) هل يقوم القائد بنشر سياسات واستراتيجيات وأهداف القسم الاستراتيجية للعاملين؟

كيف يتم نشرها للعاملين بالقسم؟

(3) هل يقوم قائد قسم التخدير بالتواصل الدائم مع العاملين والاستماع إليهم والارتدائهم والاستجابة المناسبة لها؟

كيف يتم التواصل؟

(4) هل يقوم القائد بتقديم الدعم الكافي لجميع العاملين لتحقيق اهدافهم وتنفيذ خططهم خلال العام؟

كيف يقوم بدعمهم؟

(5) هل يقوم القائد بتقدير والاعتراف بجهود الافراد والمجموعات بالأسلوب والتوفيق الملائم؟

كيف يتم تقديره لهذه المجهودات؟

(6) هل تقوم المستشفى بتقييم أداء قائد قسم التخدير ومراجعته على ضوء متطلبات الفعالية والكفاءة المطلوبة؟ وهل هناك جهة مسؤولة عن تقييم القائد؟

كيف يتم تقييم أداء قائد قسم التخدير؟

(7) هل تقوم المستشفى بإعداد جيل جديد من قادة الإقسام القادرين على تحمل المسؤولية؟

كيف يتم إعدادهم مع توضيح منهجية الاختيار لهؤلاء القادة؟

1. كيف يقوم القائد بإدارة عملية التغيير داخل القسم؟

ويمكن أن يشمل ذلك النقاط الآتية:

(1) تعريف وتحديد مقتضيات الحاجة إلى التغيير مع فهم العوامل الخارجية والداخلية المحفزة لعملية التغيير.

(2) تحديد واختيار التغييرات الواجب إجراؤها داخل القسم.
(3) قيادة خطط التغيير داخل القسم
(4) تأمين الموارد اللازمة والدعم الكافي لإدارة عملية التغيير
(5) إدارة المخاطر والنتائج المتوقعة على أجراء عملية التغيير
(6) التطبيق الفعال لعمليات التغيير وإدارة أثارها على جميع المعنيين
(7) التواصل مع الموظفين وبقية المعنيين بغرض شرح مقتضيات التغيير وممتراته
(8) دعم وتمكين جميع الموظفين من القيام بالإدارة الفعالة لعمليات التغيير
(9) قياس ومراجعة فعالية عملية إدارة التغيير ومشاركة واستفادة جميع المعنيين من المعرفة المكتسبة الناجحة عن عملية التغيير

المعيار الثاني:

السياسة والاستراتيجية:

2.1 مدى كون السياسة والاستراتيجية مبنية على الاحتياجات الحالية والتوقعات المستقبلية لجميع المعنيين:

ويمكن أن يشمل ذلك الإجابة على الأسئلة الآتية:

(1) كيف يقوم القسم بتجميع معلومات كافية تضمن فهم بيئة العمل المحيطة به؟ إضافة للتنبؤ بالاحتياجات الحالية والتوقعات المستقبلية لجميع المعنيين؟
(2) كيف يقوم القسم باستخدام المعلومات التي تم تجميعها في صياغة الخطط الاستراتيجية؟
(3) كيف يقوم القسم بتحديد الأساليب المناسبة لفهم وتحديد والتنبؤ بالاحتياجات والتوقعات الحالية والمستقبلية لجميع المعنيين؟
(4) كيف تقوم المؤسسة بتوفير المعلومات الكافية في القضايا البيئية والاقتصادية والاجتماعية والقانونية المستقبلية ومدى تأثيرها على جميع العاملين؟

2.2 صياغة السياسة والاستراتيجية للقسم مبنية على معلومات مستقاة من نتائج قياس الأداء ومن البحوث والدراسات وانشطة التعلم وما شابه:

ويمكن أن يشمل ذلك الإجابة على الأسئلة الآتية:

(1) كيف يقوم القسم بالاستفادة من نتائج قياس الأداء الداخلية في صياغة خططه الاستراتيجية؟
(2) كيف يقوم القسم بالاستفادة من أنشطة التعلم المختلفة (بحوث زيارات ميدانية مؤتمرات وسeminارات وعملية مشاهدة معيارية وغيرها) في صياغة سياسته وخططه الاستراتيجية؟

(3) كيف يقوم القسم بالربط بين رؤيته ورسالته من جهة وخططه ونشاطه المستقبلي من جهة أخرى؟

(4) كيف يقوم القسم بالاستفادة من التقنيات الحديثة عند تطوير سياسته واستراتيجيته؟ وكيف يضمن استمرارية اطلاعه على مثل هذه التطورات؟

(5) كيف يقوم القسم بتحقيق الاستفادة القصوى من اراء ومقترحات جميع العاملين والمتعاملين وبقية المعينين في صياغة خططه واستراتيجياته؟

2. مراجعة وتطوير وتحديث السياسة والاستراتيجية للقسم:

ويمكن أن يشمل ذلك الإجابة على الأسئلة الآتية:

* هل توجد جهة أو هيئة حاكمة تضع السياسات؟

هل للقسم استراتيجية وسياسة معروفة لكل العاملين به؟

(1) هل يقوم القسم بمراجعة وتطوير وتحديث السياسة والاستراتيجية لتصبح أكثر انسجاما وتمشيا مع الرؤية والرسالة والأهداف الكلية ومبادئ التميز؟

(2) هل يضمن القسم التوازن عند صياغة السياسة والاستراتيجية بين احتياجات وتوفرات جميع المعينين على المدي المتوسط والطويل؟

(3) هل تضم عملية التخطيط وجود بدلات وسيناريوهات وخطط بديلة لمواجهة المتغيرات والمستجدات والمخاطر؟

(4) هل يقوم القسم بتحديد عوامل النجاح ذات القيمة الاهم في تحقيق الاستراتيجية؟

ما هي عوامل النجاح ذات القيمة الاهم للقسم؟

(5) هل يقوم القسم بتحديد المستندات عن الاعداد والمراجعة والتحديث والتنفيذ وما هو دور قائد قسم التخدير في ذلك؟
(6) هل يقوم القسم وبصوره منتظمة بتقييم ومراجعة مدي فعالية السياسة والاستراتيجية وما هي الخطوات التي يتم بناء عليها مثل هذا التقييم؟

(7) هل يقوم القسم بتقييم مدى ملائمة السياسة والاستراتيجية مع الرؤية والتوجه المستقبلي للمستشفى؟ وكيف يتم ذلك؟

2 د كيفية تعميم وشرح وتنفيذ السياسة والاستراتيجية من خلال سلسلة من العمليات الرئيسية:

(1) كيف يقوم القسم بتحديد العمليات الأساسية ذات القيمة المفتاحية لتطبيق السياسة والاستراتيجية؟

(2) ما هي هذه العمليات وكيف تم تحديدها؟

(3) كيف يقوم القسم بتحديد مسؤولين عن العمليات الأساسية لتطبيق السياسة والاستراتيجية وتحديد دورهم فيها؟

(3) ما هو الوسيلة التي يستخدمها القسم في شرح وتعليم وتطبيق السياسة والاستراتيجية والخطط والأهداف لجميع المعينين في الداخل والخارج؟

(4) كيف يقوم القسم باعتماد السياسة والاستراتيجية أساسا لترقيم الأولويات وتحديد الأهداف؟

(5) أي ما الذي يستطيع الموظفون بالقسم ربط أدوارهم وخطط عملهم وأهدافهم مع رسالة المؤسسة؟

(6) كيف يقوم القسم بالمراجعة الدورية والتقييم لمستوي الانجاز في الخطة والاستراتيجية والقيام باللازم بشأن النتائج للتأكد من ازالة المعوقات (إن وجدت)؟

المعيار الثالث:

العاملون:

3.أ تخطيط وإدارة وتطوير العنصر البشري:

(1) كيف يقوم القسم بإعداد وتطوير السياسات والاستراتيجيات والخطط الخاصة بالعمال؟

(2) كيف يتم ضمان التوافق والموافقة بين خطط الموارد البشرية وبين متطلبات التطبيق الفعال للسياسة والاستراتيجية والهيكل التنظيمي والعمليات الرئيسية؟
(3) كيف يقوم القسم بالتأكد من وجود اعداد كافية من العاملين والمهارات المطلوبة تتوافق مع الاحتياجات الحالية والتوقعات المستقبلية؟
(4) كيف يقوم القسم بتحديد احتياجاته الحالية والمستقبلية من العاملين؟
(5) كيف يقوم القسم بتحديد احتياجاته الحالية والمستقبلية من العاملين؟
(6) كيف يقوم القسم بتنظيم وادارة وتطوير العنصر البشري بما يضمن اعلام قيم العدالة والشفافية والمساواة بين الجميع؟
(7) كيف يقوم القسم باستخدام اراء ومقترحات العاملين لتطوير سياسات واستراتيجيات الموارد البشرية؟ وكيف يقود ذلك الى ادخال تحسينات؟
(8) كيف يقوم القسم بتحديد الاحتياجات المتوقعة لدى العاملين؟
3. هل يتم تطوير معرفة العاملين وقدراتهم؟ ويمكن ان يشمل ذلك الاجابة على الأسئلة الآتية:
(1) هل يقوم القسم بتحديد المعرفة والقدرات والمهارات المتوفرة لدى العاملين بها؟ وكيف يتم الاستفادة منها وفق احتياجات العمل؟
(2) هل يقوم القسم بتحديد الاحتياجات التدريبية؟
(3) هل يتم اعداد وتطوير الخطط التدريبية التي تضمن تمكين العاملين من المعارف والمهارات المطلوبة التي تؤهلهم لمقابلة المتطلبات الحالية والمستقبلية للعمل في القسم؟ كيف يتم تحديدها؟
(4) هل يتم قياس مدى فاعلية الخطط التدريبية على أداء وسلوك العاملين؟ وكيف يتم قياس فاعليتها؟
(5) هل يقوم القسم بتحديد البيئة الملائمة لتشجيع العاملين على مواصلة الانشطة التعليمية والتحصيل الاكاديمي واستخدام ذلك لصالح المستشفى؟ كيف يتم ذلك؟
(6) هل يقوم القسم بقياس ومراجعة منهجياته في تحديد وتطوير المهارات والمعرفة لدى العاملين والعمل على تحسينها؟
3. كيفية اشراك وتمكين العاملين:

ويمكن أن يشمل ذلك الاستفادة التالية:

1. كيف يتم تشجيع ومساندة العاملين بالقسم للمشاركة في أنشطة التطوير وتحسين الإداء؟
2. كيف يتم تقسيم إداء العاملين؟
3. كيف يتم تعريف العاملين بما هو متوقع منهم والدور المنطلق بهم لإنجاز أهداف القسم؟
4. كيف يتم تشجيع العاملين على المشاركة في المناسبات داخل وخارج المؤسسة؟
5. كيف يقوم القسم بتحقيق قيادة عمل محفزة على الابداع وتشجيع العاملين على المبادرات؟
6. كيف تقوم المؤسسة بتدريب وتدريب مدراءها على تفويضصلاحات وتمكين العاملين للتصريف

7. سهولة أنجاز مهامهم بصورة أفضل؟
8. كيف يقوم القسم بتشجيع وبناء روح وثب العاملين على العمل الجماعي؟
9. كيف يقوم القسم بالتأكد من وجود وصف وظيفي لجميع العاملين واستمرارية فعاليته ومواعيته

3. التواصل والحماس بين العاملين في القسم:

ويشمل ذلك الاستفادة التالية:

1. كيف يتم تقييم وتحديد احتياجات ومتطلبات التواصل الفعال بين العاملين في القسم والإقسام
2. ما هي الوسائل أو الوسائط التي تستخدمها المؤسسة في تفعيل التواصل بين الإدارة العليا والقسم والقسم والأنشطة المختلفة؟
3. هل هناك تقييم ومراجعة فعالة لأساليب التواصل المستخدمة؟
4. هل يقوم القسم بتصنيف وتطبيق استراتيجيات وسياسات تسمح بالتعلم المستمر والتعرف على أفضل

الممارسات والإنجازات المتوفقة للأفراد والمجموعات؟
3. الرعاية والاهتمام والاعتراف والتقدير للعاملين بالقسم:

ويمكن أن يشمل ذلك الاستفهام التالي:

1. هل تقوم المؤسسة بصياغة ومراعاة نظام الأجور والعلاوات بما يفي بمتطلبات العيش الكريم للعاملين بالقسم ورعايتهم ويتوافق مع سياسات الدولة؟

2. كيف تقوم المؤسسة بمكافأة وتقدير مجهود العاملين سعيًا لتحفيزهم ومشاركتهم؟

3. كيف يقوم القسم بتشجيع العاملين وزيادة الوعي والمشاركة في القضايا المتعلقة بالصحة والسلامة المهنية وكذلك القضايا المجتمعية؟

4. كيف يقوم القسم بتشجيع نشاطات اجتماعية وثقافية وفنансية ورياضية؟

5. هل تقوم المستشفى بمراجعة وتقديم مدي ملائم وفعالية وساليب المكافأة والاعتراف والتحفيز والرعاية للعاملين المتبعة والعمل على تطويرها؟

6. كيف تعبر المستشفى عن التزامها بعملية التوطين ووضع المنهجيات الملائمة لتدريب وتأهيل وتوزيع المواطنين مع ضمان استمرارية خدمة أولئك الذين يعملون في وظائف حالية والعمل على تطويرهم؟

المعيار الرابع:

الموارد والشراكات:

4.1. إدارة الشراكات الخارجية:

ويمكن أن يشمل ذلك الاستفهام الآتي:

1. هل يقوم القسم والمستشاري بتحديد الشراكة الرئيسي وتقدير فرص الشراكة معهم بما يتوافق مع سياسة واستراتيجية القسم؟

2. كيف يتم إدارة هذه الشراكة بما يحقق منفعة متعددة؟

3. كيف تسهم علاقات الشراكة في دعم مساعدة جهود التمويل المؤسسي وتحسين أداء العمليات وتطوير الخدمات؟

4. كيف تقوم المستشفى بتقييم ومراجعة الشراكات؟

5. كيف تقوم المستشفى باختيار الموردين والعمل على قياس أداءهم؟
4.3 إدارة الموارد المالية:

ويمكن ان يشمل ذلك الاستمالة التالية:

(1) هل تقوم المستشفى بضمان توفير الموارد المالية اللازمة لتوفر احتياجات القسم؟
(2) هل يتم قياس وتقييم مدي فاعلية إدارة الموارد المالية؟
(3) هل تقوم المستشفى بتطبيق نظام متكامل يضمن الإدارة الرشيدة والشفافية لإدارة الموارد المالية على جميع المستويات بها؟

4.4 إدارة المباني والأجهزة والمعدات والموارد وبقية الممتلكات الأخرى:

هل يتم إدارة المباني والمعدات والموارد والموارد الطبيعية بطريقة مستدامة؟

ويمكن ان يشمل ذلك الاستمالة على الاستمالة الإثناية:

(1) هل يقوم القسم بتطوير وتطبيق استراتيجية متكاملة لإدارة المباني والمعدات والممتلكات الأخرى دعما للسياسة والاستراتيجية؟
(2) كيف يتم ذلك؟

(1) هل يقوم القسم بضمان تحقيق الاستغلال الامثل للموارد والممتلكات المتاحة وتمديد مدة صلاحيتها لطول فترة ممكنة؟
(2) كيف يتم ذلك؟

(3) هل يقوم القسم بتوفر اجراءات صيانة فعالة لجميع ممتلكاته خاصة الصيانة الوقائية؟
(4) هل يقوم القسم بإدارة امن الممتلكات؟
(5) هل يقوم القسم بتوفر التخزين الامثل للمواد؟
(6) كيف يقوم القسم بضمان تقليل الفاقد والمستهلك بما في ذلك اعادة استخدام بعض المواد سارية الصلاحية وتلك غير المتجددة؟
(7) يساهم القسم في المحافظة على البيئة ومتقليل الآثار الضارة المترتبة عن بعض المواد المخزنة أو المستهلكة لديها؟

كيف يتم المحافظة؟

4.4 الاستقلال الامثل للتقنية الحديثة وإدارتها لدعم القسم:
ويمكن ان يشمل ذلك الاستلة التالية:

1. هل بالقسم استراتيجي تمكّنه من تحقيق الاستغلال الامثل للموارد التقنية؟
2. كيف يقوم القسم بضمان استغلاله للتقنية المتوفرة لديه حالياً؟
3. هل يقوم القسم بتحديد التقنيات القديمة واستبدالها بأخير تمباشيا مع السياسة والاستراتيجية؟
4. هل تقوم المستشفى بتوفير التقنيات الحديثة لدعم جهود التطوير والتحسين المستمر؟
5. هل تقوم المستشفى بتقييم ومراجعة منهجيتها في إدارة التقنية والتتأكد من مدى فاعليتها في تحقيق ما هو مطلوب؟

4.3 إدارة المعلومات والمعرفة:

ويمكن ان يشمل ذلك الاستلة التالية:

1. كيف يقوم القسم بتجميع المعلومات والمعارف لصياغة وتنفيذ السياسة والاستراتيجية؟
2. كيف يقوم القسم بتسهيل امكانيات الإطلاع على المعلومات والمعارف ذات العلاقة لجميع المعنيين في الداخل والخارج بطريقة منتظمة؟
3. كيف تقوم المستشفى بإدارة المعلومات والمعرفة بفعالية تمكّن من الاستغلال الامثل لها؟
4. هل يقوم القسم بتشجيع الابتكار والتفكير الابداعي من خلال استخدام الموارد المناسبة من المعرفة والمعلومات؟

المعيار الخامس:

العمليات:

5.1 منهجية تصميم وادارة العمليات:

1. كيف يقوم القسم بتحديد وتخطيط العمليات الرئيسية اللازمة لتنفيذ السياسة والاستراتيجية وتحقيق الأهداف؟
2. كيف يقوم القسم بإدارة العمليات عن طريق نظام موحد وموثوق ومطبق بصورة فعالة؟
3. هل هناك تطبيق لأنظمة جديدة لإدارة العمليات ضمن مواصفات قياسية عالمية منها على سبيل المثال: الصحة المهنية أو ما شابهها؟ ISO أو نظام البيئة 14000 ISO90000 ISO9000و لدائم
(4) كيف يقوم القسم بقياس ومرافعة منهجيات إدارة العمليات؟ وكيف يمكن أن يقود ذلك إلى تحسينات مستمرة؟

(5) هل هناك تدقيق على نظام إدارة العمليات من قبل جهات داخلية أو خارجية؟

(6) كيف تقوم المستشفى بوضع معايير ومقاييس لقياس أداء العمليات والتحديد الأهداف العامة لقياس الأداء؟

5. بتطوير وتحسين العمليات من خلال أساليب إبداعية ومبتكرة تسعى لعطاء القيمة المضافة وارضاء جميع المعنيين والمتعاملين:

ويمكن ان يشمل ذلك الأسئلة التالية:

(1) كيف يحدد القسم فرص التحسين والتطوير للعمليات وترتيب الأولويات؟

(2) كيف يتم الاستعداد من النشطة التدقيق والمراجعة في تحسين العمليات؟

(3) كيف يتم الاستعداد من اراء المتعاملين والمعنيين في تطوير القسم؟

(4) كيف يتم الاستعداد من مشاركة العاملين في عمليات التطوير؟

(5) هل يهتم القسم بعمليات التغيير وإدارتها؟

(6) كيف يتم شرح أو إيضاح المعلومات المتعلقة بالتغيير للعاملين بالقسم؟

(7) هل يتم التدريب المناسب للعاملين بالقسم قبل التطبيق الفعلي لعمليات التغيير؟

5. ج تصميم وتقديم وتطوير الخدمات بما يتوافق مع احتياجات المتعاملين وتوقعاتهم:

ويمكن ان يشمل ذلك الأسئلة الآتية:

(1) هل يقوم القسم بتحديد نوعية وفئات المتعاملين وطبيعة احتياجاتهم؟

(2) كيف يتم الاستعداد من دراسات واستبيانات المتعاملين لتحديد الاحتياجات الحالية والتوقعات المستقبلية؟

(3) كيف يتم تصميم وتطوير وتقديم خدمات جديدة بناء على احتياجات المتعاملين وتوقعاتهم؟

5. د تطوير خدمات جديدة بانتظام وفعالية:

ويمكن ان يشمل الاستبانة الآتية:

(1) هل يقوم القسم بتقديم خدمات جديدة؟
كيف يتم الحفاظ على استمرارية تقديم خدمات جديدة؟
(3) كيف يتم عمليات القياس والمتابعة؟
(4) كيف يتم اعلام العاملين بالقسم بتغيير الخدمات المعلوماتية والمعرفية؟
(5) كيف تقوم المؤسسة بتحديد التحسينات المطلوبة لتطوير خدماتها ارضاً لاحتياجات المتعاملين وتوقعاتهم؟

5. إدارة وتقوية علاقة فعالة مع المتعاملين:

ويمكن ان يشمل ذلك الإجابة على الاسئلة الآتية:
(1) هل يتم تحديد المتطلبات اليومية للمرضى والتواصل معهم وضمان الاستجابة الفعالة من هذا الاتصال؟
(2) كيف يتم التواصل مع المرضى؟
(3) هل يقوم القسم بالاتصال والاتصالات مع المتعاملين؟
(4) هل يقوم القسم بведение وسائل الاتصال والاتصالات مع المتعاملين؟
(5) هل يقوم القسم بالمتابعة والمبادرة والحوار مع المرضى واهلهم لضمان رضاهم عن الخدمات المقدمة؟
(6) كيف يتم التدريب العام واعطاءهم الصلاحيات والموارد اللازمة لضمان كفاءة تعاملهم مع جميع المتعاملين؟

هل يتم تصميم وتطبيق منهجية تمكن من دراسة وتحليل ومعالجة الشكاوي ومراعاة التنوع الثقافي والاجتماعي للمتعاملين؟
المعيار السادس:
نتائج المعاملين:

أ. مقاييس رأي المعاملين:

(6) يمكن أن يشمل ذلك الأسئلة التالية:

(1) هل يتم تجميع معلومات عن انتباه المعاملين عن القسم؟
(2) كيف يتم تجميع هذه المعلومات؟
(3) ما هو المدي الذي غطته المسوحات ودرجة تكرارها وما هو مستوى الاستجابة لها؟
(4) كيف تقوم المؤسسة بإعداد العاملين بالقسم على نتائج المسوحات الخاصة باراء المعاملين؟
(5) كيف يتم الاستجابة من اراء المعاملين في تحسين الخدمة وداء القسم؟
(6) كيف يقوم القسم بقياس مؤشرات الانطباع العام الأخرى للمتعاملين مثل:

- سهولة الوصول
- الشفافية
- المرونة
- سرعة الاستجابة، تحمل المسؤولية، التفهم
- سلوك وكفاءة العاملين
- تدريب المعاملين على كيفية الحصول على الخدمة
- شفافية متطلبات الحصول على الخدمة
- مستوي الأداء المطلوب

ب. مؤشرات الأداء المتعلقة بالتعاملين:

(6) وهي مقاييس داخلية تستخدم من قبل المؤسسة للمتابعة وفهم وتحديد والتنبؤ ب ومن ثم تحسين الأداء
المتعلق بالتعاملين وتعزيز مستوي رضاهم:

(6) يمكن أن يشمل ذلك النقاط التالية:

* نسبة الاحتراء
* الأداء مقارنة بالاهداف
نسبة الشكاوي
معالجة الشكاوي
الوقت اللازم لتقديم الخدمة
الوقت اللازم لتطوير الخدمة
ما هي الطرق التي تلعبها القسم للحصول على مثل هذه المعلومات؟
كيف يتم اطلاع العاملين بالقسم على المعلومات الأساسية المتعلقة بداء القسم تجاه المتعاملين؟
كيف يتم الاستفادة من مؤشرات أداء المتعاملين في تحسين الخدمات والأداء بالقسم؟
المعيار السابع:
نتائج العاملين:
7.أعمال يعيب رأي العاملين عن القسم ونظرتهم إليه:
ويمكن أن يشمل:
- التحفيز وفرص الارتداء الوظيفي
- شروط وظروف العمل
- أساليب التواصل مع المدراء
- المرافق والخدمات
- التمكين الوظيفي
- الامان الوظيفي
- المشاركة
- الأجور والمزارع
- فرص التعلم والإنجاز
- العلاقات الإنسانية
- التقدير
- الشفافية للأنظمة والأجراءات والقرارات
- التدريب والتطوير
برامج التوطين وفرص التقدم الوظيفي للمواطنين

ما هي الطرق التي اتبعها القسم للحصول على هذه المعلومات؟
كيف تتم الاستفادة من اراء العاملين في الحصول على كل أو بعض المعلومات؟
كيف تتم الاستفادة من نتائج مقياس اراء العاملين في تحسن مستوي اداء الأفراد في القسم؟

7 ب مؤشرات الاداء المتعلقة بالعاملين:

وهي المؤشرات الداخلية التي تستخدمها المؤسسة في تحديد مستوي رضا العاملين.

وتتضمن النقاط التالية:

* الانجازات:
الكفاءة المطلوبة مقارنة بالكفاءة المتوفرة
مستويات نجاح برامج التدريب في تحقيق أهداف القسم

* التحفيز والمشاركة:
المشاركة في فرق التحسين
المشاركة في نظام الاقتراحات
المشاركة في برامج التدريب والتطوير
تقييم جهود العاملين وفرق العمل
نسبة الاستجابة لاستبيانات الراي

* مستويات الرضا:
نسبة الغياب
الاجازات المرضية
نسبة حوادث العمل
التظالمات
معدل الدورات
فعالية الاتصال

ما هي المنهجيات التي يستخدمها القسم للحصول على هذه المعلومات؟
كيف يتم الاستفادة من آراء الموظفين في الحصول على هذه المعلومات؟
كيف يتم الاستفادة من مؤشرات أداء العاملين في تحسين الخدمات واداء القسم؟

المعيار الثامن:

نتائج المجتمع:

8.أ. مقاييس رأي المجتمع:
تعكس هذه المقاييس رأي المجتمع عن المؤسسة.
ويمكن أن يشمل ذلك النتائج التالية:
* الالتزام بالمسؤولية تجاه المجتمع مثل توفير ونشر المعلومات ذات العلاقة بقضايا المجتمع.
* المشاركة في النشاطات المجتمعية
* الجهود المبذولة لتقليص الأزعاج والاضرار الناجمة عن نشاطات القسم.
* ما هي المنهجيات التي اتبعها القسم لجمع هذه المعلومات؟
* كيف يتم الاستفادة منها في تحسين سمعة ومكانة القسم في المجتمع وتحديد فرص التحسين والتطوير المستقبلية؟

8 ب. مؤشرات الأداء المتعلقة بالمجتمع:
المقاييس المتعلقة بالمجتمع والالتزام القسم تجاهه.
وتشمل ذلك النقاط الواردة في 8.أ بالإضافة إلى:
عدد المبادرات المجتمعية
حجم الموارد المخصصة لخدمة المجتمع
تأثيرات تلك المبادرات على المجتمع

المعيار التاسع:

نتائج الأداء الرئيسية:

9.نتائج الأداء الرئيسية:
وهذه المقاييس تحدد نتائج الأداء المخطط لها وتشمل النتائج المالية وغير المالية.
ويمكن أن تشمل النقاط التالية:

* النتائج المالية:

تتشمل النتائgresنتائج المؤشرات الأداء الرئيسية:

1. نتائج التشغيل:

   1.1. كيف يتم الاستفادة من هذه المعلومات؟
   1.2. هل يتم إطلاع العاملين عليها؟
   1.3. كيف يتم قادة القسم من نتائج الأداء وما مدى استغلالها لها في تحسين أداء القسم؟

1.2. المقارنات الخاصة بإعداد القسم وتحسين نتائج الأداء.

ويمكن أن يشمل ذلك:

1.3. العمليات:

   1.3.1. الوقت اللازم للإنجاز
   1.3.2. نسبة الاخطاء الفعلية
   1.3.3. الإبداع والتحسين

1.4. الموارد الخارجية:

   1.4.1. أداء الموردين

ما هي المقاييس التي يتبعها القسم لإعطاء مؤشرات مسبقة عن نجاحه؟

* كيف يتم الاستفادة من هذه البيانات؟

* هل يتم إطلاع العاملين عليها؟

* هل يتم قراءة القادة من مؤشرات الأداء الرئيسية وما مدى قدرتهم على استغلالها في تحسين أداء القسم؟
Annex (3):

Assessment methodology:

Enabler's assessment and scoring:

<table>
<thead>
<tr>
<th>Elements</th>
<th>Astore attributes</th>
<th>المكونات الفرعية للدرجة</th>
<th>Approach</th>
<th>Deployment</th>
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<tbody>
<tr>
<td>سلامة المنتجية</td>
<td>لا يوجد دليل مادي أو شفاهي</td>
<td>لا يوجد دليل مادي أو شفاهي</td>
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<td>10</td>
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<tr>
<td><em>وجود مبرر محتمل ومقبول للمنهجية المستخدمة وإدانتها المبكر للعкал.</em></td>
<td>حالياً هناك بعض الادلة</td>
<td>حالياً هناك بعض الادلة</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>وجود عملية واضحة ودقيقة وتدريجية للمنهجية التي تستخدم.</em></td>
<td>يوجد دليل واضح</td>
<td>يوجد دليل واضح</td>
<td></td>
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</tr>
<tr>
<td><em>الارتباط الأدلة المستخدمة بالمنهجيات الأخرى.</em></td>
<td>يوجد بعض الادلة في 1/2 المجالات المطلوبة</td>
<td>يوجد بعض الادلة في 1/4 المجالات المطلوبة</td>
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<tr>
<td>100%</td>
<td>75%</td>
<td>50%</td>
<td>25%</td>
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</tr>
<tr>
<td><strong>العناصر</strong> (Astore attributes)</td>
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<tr>
<td><strong>القيم والمراجعة</strong> (Assessment &amp; Review)</td>
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<tr>
<td><strong>القياس والتوجه</strong> (The measurement and direction)</td>
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</tr>
</tbody>
</table>

| 100 | 95 | 90 | 85 | 80 | 75 | 70 | 65 | 60 | 55 | 50 | 45 | 40 | 35 | 30 | 25 | 20 | 15 | 10 | 5 | 0 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **المجموعة** (Total) |

| 100 | 95 | 90 | 85 | 80 | 75 | 70 | 65 | 60 | 55 | 50 | 45 | 40 | 35 | 30 | 25 | 20 | 15 | 10 | 5 | 0 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| **المجموعة** (Over Total) |
The results analysis and scoring:

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<thead>
<tr>
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<th>25%</th>
<th>0%</th>
<th>Astore attributes</th>
<th>Elements</th>
</tr>
</thead>
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<td>90%</td>
<td>85%</td>
<td>80%</td>
<td>75%</td>
<td>70%</td>
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<tr>
<td>تحقق الاهداف العملية في كل النتائج</td>
<td>نتائج الاتجاهات الإيجابية أو إداء جيد ومستدام في أكثر من النتائج على مدى 3 سنوات على الأقل</td>
<td>نتائج الاتجاهات الإيجابية أو إداء جيد ومستدام في أكثر من النتائج على مدى 3 سنوات على الأقل</td>
<td>نتائج الاتجاهات الإيجابية أو إداء جيد ومستدام في أكثر من النتائج على مدى 3 سنوات على الأقل</td>
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<td>نتائج الاتجاهات الإيجابية أو إداء جيد ومستدام في أكثر من النتائج على مدى 3 سنوات على الأقل</td>
<td>نتائج الاتجاهات الإيجابية أو إداء جيد ومستدام في أكثر من النتائج على مدى 3 سنوات على الأقل</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>50%</th>
<th>25%</th>
<th>0%</th>
<th>Astore attributes</th>
<th>Elements</th>
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<td>95%</td>
<td>90%</td>
<td>85%</td>
<td>80%</td>
<td>75%</td>
<td>70%</td>
</tr>
<tr>
<td>كلمة النتيجة في كل مجالات العملية</td>
<td>علت النتائج فقط في مجالات العملية</td>
<td>علت النتائج فقط في مجالات العملية</td>
<td>علت النتائج فقط في مجالات العملية</td>
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<td>علت النتائج فقط في مجالات العملية</td>
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</tr>
</tbody>
</table>

<table>
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<th>75%</th>
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<th>Astore attributes</th>
<th>Elements</th>
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<tr>
<td>100%</td>
<td>95%</td>
<td>90%</td>
<td>85%</td>
<td>80%</td>
<td>75%</td>
<td>70%</td>
</tr>
</tbody>
</table>

| Over Total |
Scoring summary sheet:

1/Enablers Criteria

<table>
<thead>
<tr>
<th>%</th>
<th>2</th>
<th>%</th>
<th>3</th>
<th>%</th>
<th>4</th>
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<th>5</th>
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<tbody>
<tr>
<td>1a</td>
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<td>2a</td>
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<tr>
<td>1b</td>
<td>sub-criterion</td>
<td>3b</td>
<td></td>
<td>3b</td>
<td></td>
<td>4b</td>
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<td>5b</td>
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<tr>
<td>1c</td>
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<tr>
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<td>sub-criterion</td>
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<td>3e</td>
<td></td>
<td>4e</td>
<td></td>
<td>5e</td>
</tr>
</tbody>
</table>

Score awarded: 


The score awarded is the arithmetic average of the % scores for the sub-criterion. If applicants present convincing reasons why one or more parts are not relevant to their organization it is valid to calculate the average on the number of criterion addressed. To avoid confusion (with a zero score) parts of the criteria accepted as not relevant should be entered (NR) in the table above.

2/RESULTS CRITERIA:

<table>
<thead>
<tr>
<th>Criterion number</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Criterion 6a</td>
<td>0.75</td>
<td>7a</td>
<td>0.75</td>
<td>X0.75</td>
<td>8a</td>
<td>0.25</td>
<td>9a</td>
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<tr>
<td>Criterion 6b</td>
<td>0.25</td>
<td>7b</td>
<td>0.25</td>
<td>X0.25</td>
<td>8b</td>
<td>0.75</td>
<td>9b</td>
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</tbody>
</table>

Score awarded
**Calculation of total points:**

<table>
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<th>Criterion</th>
<th>score awarded</th>
<th>factor</th>
<th>point awarded</th>
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</thead>
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<tr>
<td>القيادة</td>
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<td></td>
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<tr>
<td>السياسات وال استراتيجيات</td>
<td>X1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>people</td>
<td>X1</td>
<td></td>
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</tr>
<tr>
<td>الموارد وال شركات &amp; resources</td>
<td>X1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ال-processes</td>
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<td>people result</td>
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<td>society results</td>
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<td>key performance results</td>
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</tbody>
</table>

Total points awarded

Enter the score awarded to each criterion (of both section 1 and 2 above)

Each score by the appropriate factor to give point awarded

Points awarded to each criterion to give total points awarded for application.
References:

1. The EFQM Excellence model, (2013)
5. World health organization, (2015) web site
8. American Society of Quality Control (ASQC), (2014)
10. Dr David Cook PA Consultants, 1986,
13. Professor Gopal K Kanji, Sheffield City Polytechnic,( 1990)
18. National Productivity Council of India, Delhi, S A Khader, Director (TQM) NPC, India,( 1995).


22. (Ross 1998, p 4-6):

23. (Dahlgaard et al, 2007).


37. Self assessment against EFQM Excellence model in public sector in the United Arab Emirates, Shaikha Rashid Rabeea, Alshemaili

38. Quality assessment of a dental centre using EFQM Excellence model, a case study on king Fahd armed forces hospital (November 2012)

39. Developing a scale for quality self assessment in pre-hospital emergency services, mosayebMozafari 1, ZhilaAbedsaeedi 2, YasaminAmini 3, Reza Vafaee 4 1Department of nursing, Faculty of Nursing & Midwifery, Ilam University of Medical Sciences, Ilam, Iran. 2 Department of nursing, Faculty of Nursing & Midwifery, ShahidBeheshti University of Medical Sciences,
Tehran, Iran. 3 Department of anesthesiology, Loghman Hospital, ShahidBeheshti University of Medical Sciences, Tehran, Iran. 4 Proteomics Research Center, ShahidBeheshti University of Medical Sciences, Tehran, Iran *Corresponding author: e-mail address: vafaereza@gmail.com (R.Vafaee)

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