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

ممارسة التخدير إستناداً إلى نموذج المؤسسة الأوروبية لإدارة الجودة والتميز

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

Acknowledgement

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 (Alsaha Alkhdraa) 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.

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List of abbreviations

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

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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

Partnership and resources	20.06
Processes	43.13
Customer results	32.94
People results	14.60
Society results	17.98
Business results	33.29

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.

Abstract (عربي)

اجريت هذه الدراسة في قسم التخدير بمستشفى السلاح الطبي بام درمان في الفترة من اغسطس 2014م وحتى اغسطس 2015م.

هدفت هذه الدراسة الي تقييم قسم التخدير باقسامه المختلفة بمستشفى السلاح الطبي استنادا الي نموذج التطوير والتميز المؤسسي الاوربي.

ولتحقيق هدف هذه الدراسة تم استخدام المنهج الوصفي لتقييم قسم التخدير باستخدام الاسئلة في كتيب التقييم الخاص بنموذج التميز والتطوير المؤسسي الاوربي من خلال اجراء المقابلة الشخصية مع قائد قسم التخدير ورؤساء اقسام التخدير المختلفة وبعض العاملين بالقسم لاكثر من سنتين.

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

اظهرت نتائج الدراسة:

ان قسم التخدير باقسامه المختلفة بمستشفى السلاح الطبي تحصل علي درجة 234.58 (جيد) من الدرجة الكلية لنموذج التميز الاوربي. حيث تحصل علي :

26.22 درجة في معيار القيادة.

18.30 درجة في معيار الاسياسة والاستراتيجية.

28.06 درجة في معيار العاملين.

20.06 درجة في معيار الموارد والشراقات.

43.13 درجة في معيار العمليات.

32.94 درجة في نتائج الزبون.

17.98 درجة في نتائج المجتمع.

33.29 درجة في نتائج الاداء الرئيسية.

استنادا الي نتائج الدراسة اوصي الباحث بالاتي:

في معيار القيادة: علي قلئد قسم التخذير تحفيز العاملين وتشجيع ثقافة المشاركة في أنشطة القسم المختلفة حتي يتمكن القسم من تحسين خدماته لارضاء الزبون.

تطبيق رسالة ورؤية القسم والاهتمام بتطبيق وتحديث ومتابعة السياسات والاهداف للخاصة بالقسم وقياس وتقييم الاداء لتطوير وتحسين الاداء للحصول علي نتائج افضل في المستقبل.

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

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

في معيار العمليات: تقليل الاثار البيئية الداخلية والخارجية .

استخدام وسائل التكنولوجيا الحديثة لدعم ثقافة الابداع والتطوير.

استخدام المقاييس الداخلية لقياس وفهم واقتراح الوسائل التي يمكن ان تساعد في تطوير الاداء بالقسم وارضاء الزبون والعاملين وتقييم راي المجتمع عن القسم مما يساهم في تطوير وتحسين الاداء مستقبلا.

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.

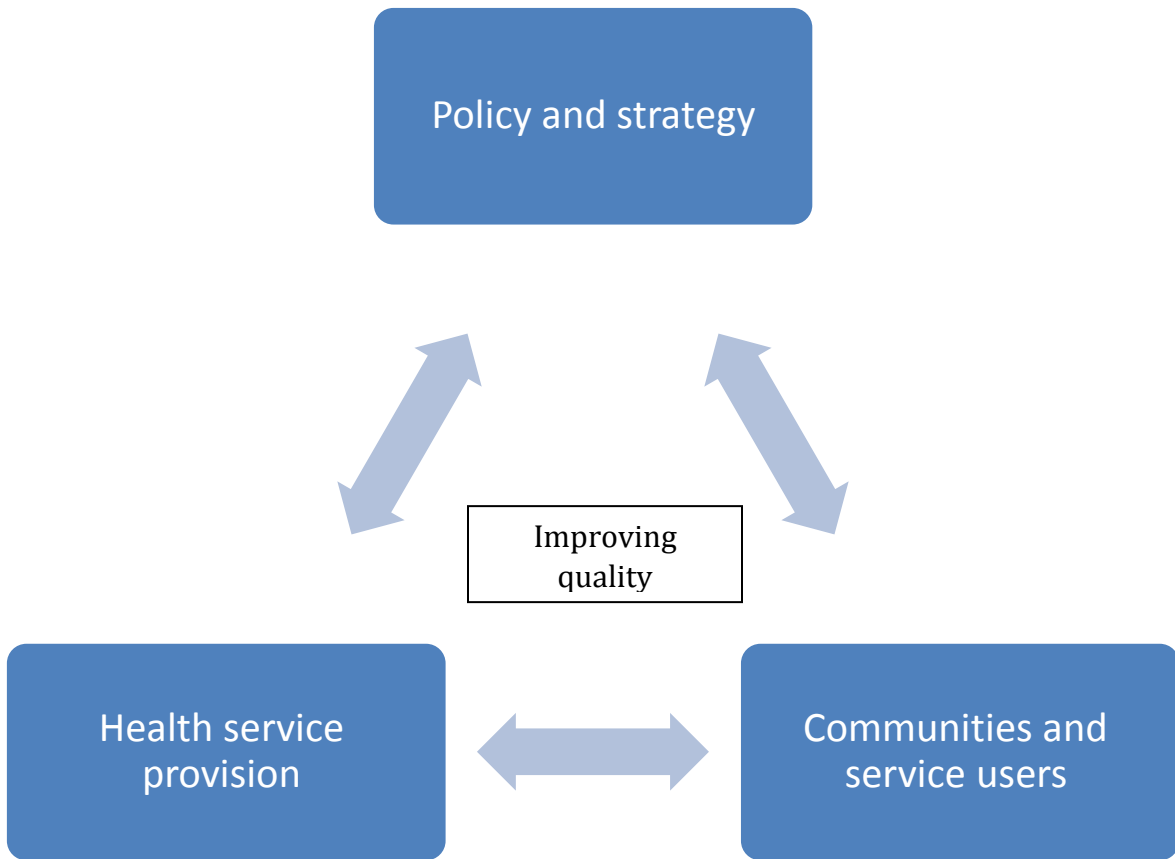


Figure 1: *Roles and responsibilities in quality improvement*

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 a s 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 TOM 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 is 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 others 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 a 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 requirements, the organization should direct all processes to satisfy customer needs. To understand customer requirements 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 gaps 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 needs 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 countries 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
- Sri Lanka National Quality Award 2001.

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 organization 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:

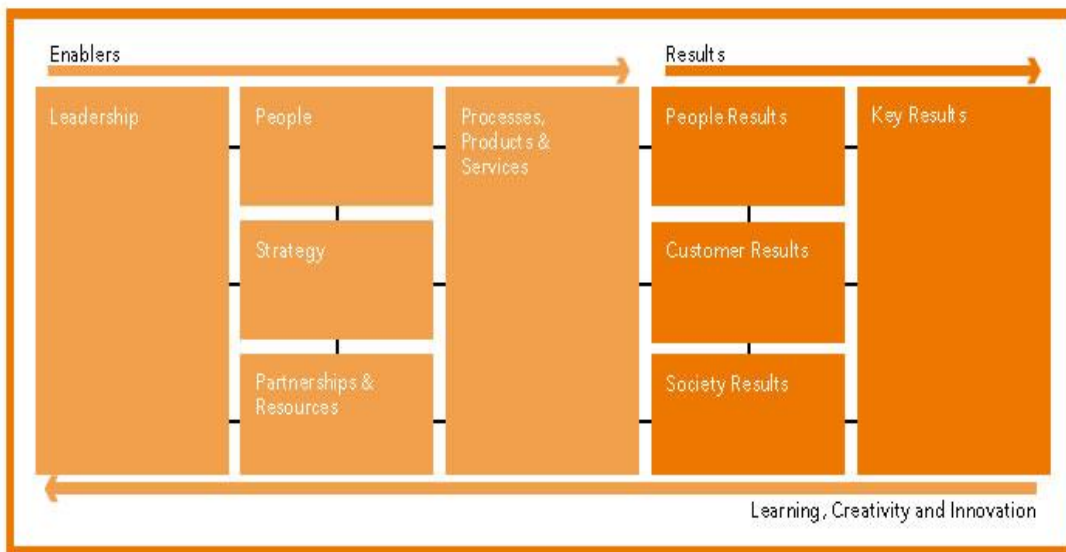


Figure 3: *the EFQM Excellence model criteria*

Balancing the Weightings

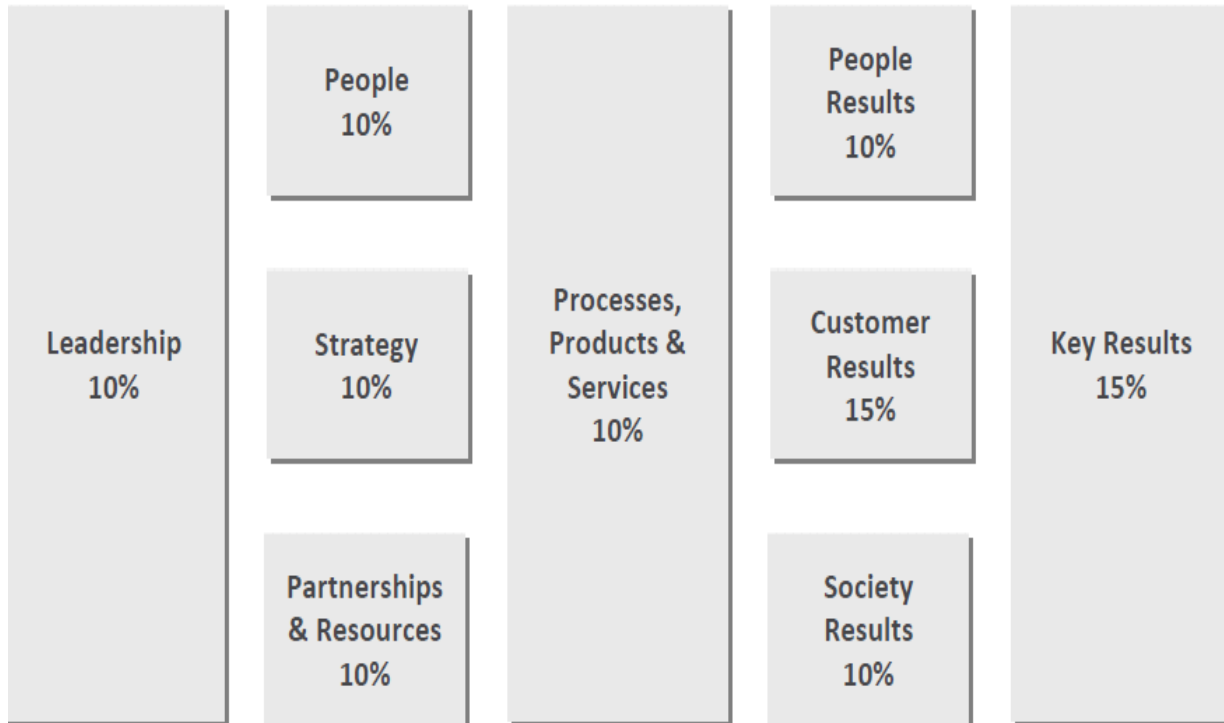


Figure 4: *Balancing the weightings of the EFQM Excellence model criteria*

(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 organization 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 with in 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:

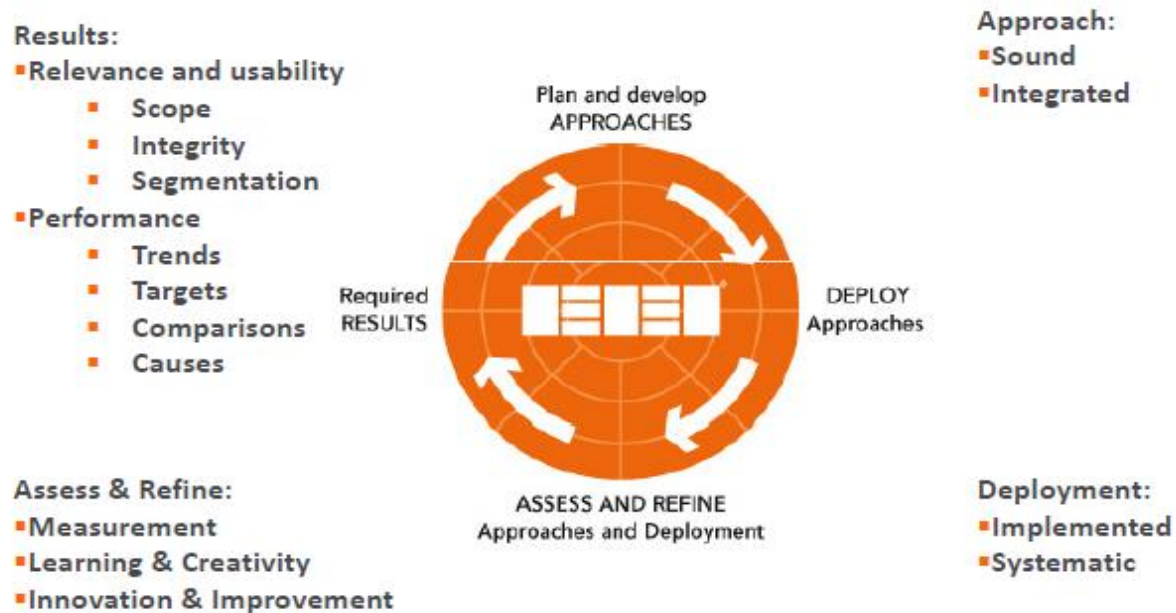


Figure 5: *RADAR Logic*

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.

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 aroused, 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 many 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)**

(3) 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.(39)

(4) 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 s 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:

Leadership	26.22
Policy and strategy	18.30
People	28.06
Partnership and resources	20.06
Processes	43.13

The results:

The score awarded:

Customer results	32.94
People results	14.60
Society results	17.98
Business results	33.29

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

%	2	%	3	%	4	%	5	%			
1a	معايير فرعية	sub-criterion	21.6	2a	20.8	3a	35	4a	13.3	5a	49.27
			27.5		20.8		21.6		25.3		28.3
1b	معايير فرعية	sub-criterion	23.7	2b	13.3	3b	23.3	4b	41.7	5b	37.3
			25.83		18.3		46.2		10.0		30.8
1c	معايير فرعية	sub-criterion	32.5	2c		3c	14.2	4c	10.0	5c	70.0
1d				2d		3d		4d		5d	
1e	معايير فرعية	sub-criterion		2e		3e		4e		5e	

Score awarded	131.13	73.3	140.3	100.3	215.67
	--5	-- 4	--5	--5	-- 5
	26.22	18.3	28.06	20.06	43.13

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:

Criterion number	6a	$\frac{17.3}{35.8}$	$\times 0.75 =$	$\frac{12.98}{8.98}$	7a	$\frac{17.35}{4.84}$	$\times 0.75$	$\frac{13.39}{1.21}$	8a	$\frac{17.5}{18.13}$	$\times 0.25$	$\frac{4.38}{13.60}$	9a	$\frac{20.62}{23.75}$	
6b			$\times 0.25$		7b		$\times 0.25$		8b		$\times 0.75$		9b		

Score awarded 21.96 14.6 17.98 (10.31+11.88)22.19

Calculation of total points:

Criterion score awarded factor point awarded

القيادةLeadership	26.22	X1	26.22
السياسات والاسرراتيجية policy&strategy	18.3	X1	18.30
العاملونpeople	28.06	X1	28.06
الموارد والشركات partnership & resources	20.06	X1	20.06
العملياتprocesses	43.13	X1	43.13
نتائج المتعاملين customer results	21.96	X1.5	32.94
نتائج العاملين people result	14.60	X1	14.60
نتائج المجتمع society results	17.98	X1	17.98
نتائج الاداء الرئيسي key performance results	22.19	X1.5	33.29

Total pints 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 (**tow stars**).
- ✓ **200__300points**, 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 excellence. 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 discuss 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):

اسئلة المقابلة الشخصية:

اسئلة التقييم عن طريق نموذج التميز الاوربي:

المعيار الاول:

القيادة:

هل يوجد قائد لقسم التخدير؟

1.أ كيف يقوم القادة بتطوير الرؤية والرسالة والقيم المؤسسية مع اعطاء القدوة في تبني ونشر ثقافة التميز؟

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) هل هنالك تعريف واضح ومحدد للاهداف الحالية للقسم يصف دوره والخدمات التي يقدمها؟
- (2) وهل تمت صياغته في صورة رسالة موثقة تعبر عن ذلك لجميع المعنيين؟
- (3) هل هناك تعبير دقيق عن ما يصبو اليه القسم في المستقبل تمت صياغته في صورة رؤية؟ وكيف يتم نشر وتعميم هذه الرؤية (ان وجدت) لجميع اعضاء القسم والمتعاملين والمعنيين بامره؟
- (4) كيف يتم اشراك الموظفين وضمان تفاعلهم مع الرؤية والعمل جميعا علي تحقيقها؟
- (5) هل قام قائد قسم التخدير بمحاولة تعريف وتحديد مهاراته القيادية والتأكد من مدي اتساقها بثقافة التميز التي تعطي القدوة الحسنة للاخرين وتحثهم علي تحقيق اهداف المؤسسة؟
- (6) هل هنالك امثلة تثبت قيام القائد باعطاء القدوة الحسنة لبقية الموظفين تجاه الالتزام بثقافة التميز والمسؤولية تجاه الوظيفة العامة؟
- (7) كيف يتم قياس ومراجعة مستوي اداء قائد قسم التخدير وتقييم فعاليته ومهاراته القيادية؟ وهل يترتب علي ذلك ادخال تحسين وتطوير لتلك المهارات؟
- (8) كيف يقوم القائد نفسه بتشجيع عمليات التطوير والتحسين مثل المشاركة في فرق الجودة او تدريب بقية الموظفين؟
- (9) كيف يقوم القائد بدور فاعل في ترتيب الاولويات التطويرية داخل القسم؟

(10) كيف يقوم القائد بتشجيع روح الفريق والتعاون علي كافة المستويات؟
1. المشاركة الشخصية للقائد في ضمان تطوير وتطبيق وتحديث انظمة العمل:

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

- (1) كيف يتم وضع وتحديث الهيكل التنظيمي لدعم تنفيذ السياسة والاستراتيجية؟
 - (2) كيف يقوم القائد باعطاء قسط وافي من وقته لتطوير العمل بالقسم وتنمية قدرات الموظفين؟
 - (3) كيف يقوم القائد بوضع منهجيات لادارة العمليات والتأكد بنفسه من فعاليتها وتطبيقها علي وجه اكمل؟
 - (4) هل تم تطوير نظام متكامل لقياس الاداء بالقسم يركز علي النتائج الرئيسية للاداء؟ وما هو دور القائد في صياغة وتنفيذ مثل هذا النظام؟ وكيف يمكن استخدامه لاحداث التطور المطلوب في الاداء؟
 - (5) هل تم تحديد مسئولين بعينهم عن اهم العمليات الرئيسية في القسم؟
1. ج تعامل القائد ومشاركته في التواصل مع المتعاملين والشركاء وممثلي المجتمع:

ويمكن ان يشمل ذلك الاسئلة الاتية:

- (1) كيف يقوم القائد بالتواصل مع بقية اقسام المستشفى وكذلك التعاون معهم للقيام بمبادرات مشتركة؟
- (2) كيف يقوم القائد بالاطلاع علي اراء جميع المعنيين ومقترحاتهم واتخاذ اللازم بشأنها خاصة التظلمات او المقترحات التطويرية؟
- (3) كيف يقوم القائد بتبني انظمة رسمية للاعتراق ب وتقدير جميع فئات المعنيين سوي ان كان التقدير موجها لفرق عمل او افراد؟
- (4) كيف يقوم القائد بالمشاركة في مجموعات مهنية او مؤتمرات او أنشطة تدريبية او اخري تهتم بنشر ثقافة الجودة والتميز؟
- (5) كيف يقوم القائد بالمشاركة في دعم جهات خارجية تهتم بقضايا البيئة مع تحديد المساهمة في المجتمع والقيام بدورها الاجتماعي والاقتصادي علي اكمل وجه؟

1.د كيف يقوم القائد بتعزيز ثقافة التميز لدي جميع العاملين

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

(1) هل يقوم قائد قسم التخليد بالتواصل مع جميع العاملين بغرض نشر الرؤية والرسالة (ان وجدت رؤية ورسالة للقسم)؟

كيف يقوم القائد بالتواصل مع العاملين؟

(2) هل يقوم القائد بنشر سياسات واستراتيجيات واهداف القسم الاستراتيجية للعاملين؟ وكيف يتم نشرها للعاملين بالقسم؟

(3) هل يقوم قائد قسم التخليد بالتواصل الدائم مع العاملين والاستماع اليهم والي ارائهم والاستجابة المناسبة لها؟

وكيف يتم التواصل؟

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

(5) هل يقوم القائد بتقدير والاعتراف بجهود الافراد والمجموعات بالاسلوب والتوقيت الملائم؟ كيف يتم تقديره لهذه المجهودات؟

(6) هل تقوم المستشفى بتقييم اداء قائد قسم التخليد ومراجعتة علي ضو متطلبات الفعالية والكفاءة المطلوبة؟ وهل هنالك جهة مسؤلة عن تقييم القاده؟

كيف يتم تقييم اداء قائد قسم التخليد؟

(7) هل تقوم المستشفى باعداد جيل جديد من قادة الاقسام القادرين علي تحمل المسؤولية؟ وكيف يتم اعدادهم مع توضيح منهجية الاختيار لهؤلا القادة؟

1.ه كيف يقوم القائد بادارة عملية التغيير داخل القسم:

ويمكن ان يشمل ذلك النقاط الاتية:

(1) تعريف وتحديد مقتضيات الحاجة الي التغيير مع فهم العوامل الخارجية والداخلية المحركة لعملية التغيير

(2) تحديد واختيار التغييرات الواجب اجراءها داخل القسم

- (3) قيادة خطط التغيير داخل القسم
- (4) تأمين الموارد اللازمة والدعم الكافي لإدارة عملية التغيير
- (5) إدارة المخاطر والنتائج المترتبة علي اجراء عملية التغيير
- (6) التطبيق الفعال لعمليات التغيير وإدارة اثارها علي جميع المعنيين
- (7) التواصل مع الموظفين وبقية المعنيين بغرض شرح مقتضيات التغيير ومبرراته
- (8) دعم وتمكين جميع الموظفين من القيام بالادارة الفعالة لعمليات التغيير
- (9) قياس ومراجعة فعالية عملية ادارة التغيير ومشاركة واستفادة جميع المعنيين من المعرفة المكتسبة الناجحة عن عملية التغيير

المعيار الثاني :

السياسة والاستراتيجية:

2.أ مدي كون السياسة والاستراتيجية مبنية علي الاحتياجات الحالية والتوقعات المستقبلية لجميع المعنيين :

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

- (1) كيف يقوم القسم بتجميع معلومات كافية تضمن فهم بيئة العمل المحيطة به ؟ اضافة 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 الاساليب المناسبة لفهم وتحديد والتنبؤ بالاحتياجات والتوقعات الحالية والمستقبلية لجميع المعنيين؟
- (4) كيف تقوم المؤسسة بتوفير المعلومات الكافية في القضايا البيئية والاقتصادية والاجتماعية والقانونية المستقبلية ومدي تأثيرها علي جميع العاملين؟

2.ب صياغة السياسة والاستراتيجية للقسم مبنية علي معلومات مستقاة من نتائج قياس الاداء ومن البحوث والدراسات وانشطة التعلم وما شابه:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) كيف يقوم القسم بالاستفادة من نتائج قياس الاداء الداخلية في صياغة خطته الاستراتيجية؟

(2) كيف يقوم القسم بالاستفادة من أنشطة التعلم المختلفة (بحوث, زيارات ميدانية, مؤتمرات وسمينارات وعمليات مضاهاة معيارية وغيرها) في صياغة سياسته وخطته الاستراتيجية؟
(3) كيف يقوم القسم بالربط بين رؤيته ورسالته من جهة وخطته وانشطته المستقبلية من جهة اخري؟

(4) كيف يقوم القسم بالاستفادة من التقنيات الحديثة عند تطوير سياسته واستراتيجيته؟ وكيف يضمن استمرارية اطلاعه علي مثل هذه التطورات؟
(5) كيف يقوم القسم بتحقيق الاستفادة القصوي من اراء ومقترحات جميع العاملين والمتعاملين وبقية المعنيين في صياغة خطته واستراتيجياته؟

2.ج مراجعة وتطوير وتحديث السياسة والاستراتيجية للقسم :

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

*هل توجد جهة او هيئة حاكمة تضع السياسات؟

هل للقسم استراتيجية وسياسة معروفة لكل العاملين به؟

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

كيف يقوم القسم بمراجعة وتطوير وتحديث السياسة الاستراتيجية؟

(2) هل يضمن القسم التوازن عند صياغة السياسة والاستراتيجية بين احتياجات وتوقعات جميع المعنيين علي المدى المتوسط والطويل؟

(3) هل تضمن عملية التخطيط وجود بدائل وسيناريوهات وخطط بديلة لمواجهة المتغيرات والمستجدات والمخاطر؟

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

ما هي عوامل النجاح ذات القيمة الالهة للقسم؟

(5) هل يقوم القسم بتحديد المسؤوليات عن الاعداد والمراجعة والتحديث والتنفيذ, وما هو دور قائد قسم التخدير في ذلك؟

(6) هل يقوم القسم وبصورة منتظمة بتقييم ومراجعة مدي فعالية السياسة والاستراتيجية ,وما هي الخطوات التي تتم بناء علي مثل هذا التقييم؟

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

2.د كيفية تعميم وشرح وتنفيذ السياسة والاستراتيجية من خلال سلسلة من العمليات الرئيسية: ويمكن ان يشمل ذلك الاسئلة التالية:

(1) كيف يقوم القسم بتحديد العمليات الاساسية ذات القيمة المفتاحية لتطبيق السياسة والاستراتيجية؟ وما هي هذه العمليات وكيف تم تحديدها؟

(2) كيف يقوم القسم بتحديد مسئولين عن العمليات الاساسية لتطبيق السياسة والاستراتيجية وتحديد دورهم فيها؟

(3) ما هي الوسائل التي يستخدمها القسم في شرح وايصال وتعميم السياسة والاستراتيجية والخطط والاهداف لجميع المعنيين في الداخل والخارج؟

(4) كيف يقوم القسم باعتماد السياسة والاستراتيجية اساسا لترتيب الاولويات وتحديد الاهداف؟

(5) الي اي مدي يستطيع الموظفون بالقسم ربط ادوارهم وخطط عملهم واهدافهم مع رسالة المؤسسة؟

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

المعيار الثالث:

العاملون:

3.أ **تخطيط وادارة وتطوير العنصر البشري:**

(1) كيف يقوم القسم باعداد وتطوير السياسات والاستراتيجيات والخطط الخاصة بالعاملين؟

(2) كيف يتم ضمان التوافق والموائمة 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 تتواءم مع الاحتياجات الحالية والتوقعات المستقبلية؟
- (4) كيف يقوم القسم باعداد عملية التوظيف والارتقاء الوظيفي؟
- (5) كيف يقوم القسم بتحديد احتياجاته الحالية والمستقبلية من العاملين؟
- (6) كيف يقوم القسم بتنمية وادارة وتطوير العنصر البشري بما يضمن اعلاء قيم العدالة والشفافية والمساواة بين الجميع؟
- (7) كيف يقوم القسم باستخدام اراء ومقترحات العاملين لتطوير سياسات واستراتيجيات الموارد البشرية ؟ وكيف يقود ذلك الي ادخال تحسينات؟
- (8) كيف يقوم القسم باعداد وتطبيق منهجيات لرسم المسار الوظيفي للعاملين؟
- 3.ب هل يتم تطوير معرفة العاملين وقدراتهم؟
- ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:
- (1) هل يقوم القسم بتحديد المعرفة والقدرات والمهارات المتوفرة لدي العاملين به؟ 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 مدي فاعلية الخطط التدريبية علي اداء وسلوك العاملين؟ وكيف يتم قياس فاعليتها؟
- (5) هل يقوم القسم بتهيئة البيئة الملائمة لتشجيع العاملين علي مواصلة الانشطة التعليمية والتحصيل الاكاديمي واستخدام ذلك لصالح المستشفي؟ كيف يتم ذلك؟
- (6) هل يقوم القسم بقياس ومراجعة منهجياته في تحديد وتطوير المهارات والمعرفة لدي العاملين والعمل علي تحسينها؟

(7) هل يقوم القسم بتقييم العاملين بكفاءة واعطاءهم تعقيبا علي اداءهم لضمان تحسين الاداء, وربط الارتقاء الوظيفي بنتائج التقييم؟

وكيف يتم ذلك؟

3.ج كيفية اشراك وتمكين العاملين:

ويمكن ان يشمل ذلك الاسئلة التالية:

(1) كيف يتم تشجيع ومساندة العاملين بالقسم للمشاركة في أنشطة التطوير وتحسين الاداء؟

(2) كيف يتم تقييم اداء العاملين؟

(3) كيف يتم تعريف العاملين بما هو متوقع منهم والدور المناط بهم لانجاح اهداف القسم؟

(4) كيف يتم تشجيع العاملين علي المشاركة في المناسبات داخل وخارج المؤسسة؟

(5) كيف يقوم القسم بتهيئة بيئة عمل محفزة علي الابداع وتشجيع العاملين علي المبادرة؟

(6) كيف تقوم المؤسسة باعداد وتدريب مدراءها علي تفويض الصلاحيات وتمكين العاملين للتصرف

بحريات اوسع لانجاز مهامهم بصورة افضل؟

(7) كيف يقوم القسم بتشجيع وبناء روح وحث العاملين علي العمل الجماعي؟

(8) كيف يقوم القسم بالتأكد من وجود وصف وظيفي لجميع العاملين واستمرارية فعاليته ومواءمته

مع خطط العمل الحالية والمستقبلية؟

3.د التواصل والحوار بين العاملين في القسم:

ويشمل ذلك الاسئلة التالية:

(1) كيف يتم تقييم وتحديد احتياجات ومتطلبات التواصل الفعال بين العاملين في القسم والاقسام

الاخري, وتفعيل قنوات هذا الاتصال خاصة علي مستوي الوحدات التنظيمية لتحقيق حوار فعال؟

(2) ما هي الوسائل او الوسائط التي تستخدمها المؤسسة في تفعيل التواصل بين الادارة العليا والقسم

والقسم والاقسام المختلفة؟

(3) هل هنالك تقييم ومراجعة فعالة لاساليب التواصل المستخدمة ؟

(4) هل يقوم القسم بتبني وتطبيق استراتيجيات وسياسات تسمح بالتعلم المستمر والتعرف علي افضل

الممارسات والانجازات المتفوقة للافراد والمجموعات؟

3.ه الرعاية والاهتمام والاعتراف والتقدير للعاملين بالقسم:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) هل تقوم المؤسسة بصياغة ومراجعة نظام الاجور والعلاوات بما يفي بمتطلبات العيش الكريم للعاملين بالقسم ورعايتهم ويتوافق مع سياسات الدولة؟
- (2) كيف تقوم المؤسسة بمكافأة وتقدير مجهود العاملين سعيا لتحفيزهم واشراكهم؟
- (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 وانسانية ورياضية؟
- (5) هل تقوم المستشفى بمراجعة وتقييم مدي ملائمة وفعالية اساليب المكافأة والاعتراف والتحفيز والرعاية للعاملين المتبعة والعمل علي تطويرها؟
- (6) كيف تعبر المستشفى عن التزامها بعملية التوطين ووضع المنهجيات الملائمة لتدريب وتأهيل وتوظيف المواطنين مع ضمان استمرارية خدمة اولئك ال أين يعملون في وظائف حالية, والعمل علي تطويرهم؟

المعيار الرابع:

الموارد والشراكات:

4.أ ادارة الشراكات الخارجية:

ويمكن ان يشمل ذلك الاسئلة الاتية:

- (1) هل يقوم القسم والمستشفى بتحديد الشركاء الرئيسيين وتقييم فرص الشراكة معهم بما يتوافق مع سياسة واستراتيجية القسم؟
- (2) كيف يتم ادارة هذه الشراكة لما يحقق منفعة متبادلة؟
- (3) كيف تساهم علاقات الشراكة في دعم ومساندة جهود التطوير المؤسسي وتحسين اداء العمليات وتطوير الخدمات؟
- (4) كيف تقوم المستشفى بتقييم ومراجعة الشراكات؟
- (5) كيف تقوم المستشفى باختيار الموردين والعمل علي قياس اداءهم؟

4.ب ادارة الموارد المالية:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) هل تقوم المستشفى بضمان توفير الموارد المالية اللازمة لتوفير احتياجات القسم ؟
- (2) هل يتم قياس وتقييم مدي فاعلية ادارة الموارد المالية؟
- (3) هل تقوم المستشفى بتطبيق نظام متكامل يضمن الادارة الرشيدة والشفافية لادارة الموارد المالية علي جميع المستويات بها؟

4.ج ادارة المباني والاجهزة والمعدات والموارد وبقية الممتلكات الاخري:

هل تتم ادارة المباني والمعدات والمواد والموارد الطبيعية بطريقة مستدامة؟

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

- (1) هل يقوم القسم بتطوير وتطبيق استراتيجيات متكاملة لادارة المباني والمعدات والممتلكات الاخري دعما للسياسة والاستراتيجية؟

كيف يتم ذلك؟

- (2) هل يقوم القسم بضمان تحقيق الاستغلال الامثل للموارد والممتلكات المتاحة وتمديد مدة

صلاحيتها لاطول فترة ممكنة؟

وكيف يتم ذلك؟

- (3) هل يقوم القسم بتوفير اجراءات صيانة فعالة لجميع ممتلكاته خاصة الصيانة الوقائية؟

- (4) هل يقوم القسم بادارة امن الممتلكات؟

- (5) هل يقوم القسم بتوفير 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 علي البيئة وتقليل الاثار الضارة المترتبة عن بعض المواد المخزنة او

المستهلكة لديها؟

كيف تتم المحافظة؟

4.د الاستقلال الامثل للتقنية الحديثة وادارتها لدعم القسم:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) هل بالقسم استراتيجية تمكنه من تحقيق الاستغلال الامثل للموارد التقنية؟
- (2) كيف يقوم القسم بضمان استغلاله للتقنية المتوفرة لديه حالياً؟
- (4) هل يقوم القسم بتحديد التقنيات القديمة واستبدالها باخري تمشياً مع السياسة والاستراتيجية؟
- (5) هل تقوم المستشفى بتوفير التقنيات الحديثة لدعم جهود التطوير والتحسين المستمر؟
- (6) هل تقوم المستشفى بتقييم ومراجعة منهجيتها في ادارة التقنية والتأكد من مدي فاعليتها في تحقيق ما هو مطلوب؟

4.ه ادارة المعلومات والمعرفة:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) كيف يقوم القسم بتجميع المعلومات والمعارف لصياغة وتنفيذ السياسة والاستراتيجية؟
- (2) كيف يقوم القسم بتسهيل امكانية الاطلاع علي المعلومات والمعارف ذات العلاقة لجميع المعنيين في الداخل والخارج بطريقة منتظمة؟
- (3) كيف تقوم المستشفى بادارة المعلومات والمعرفة بفعالية تمكن من الاستغلال الامثل لها؟
- (4) هل يقوم القسم بتشجيع الابتكار والتفكير الابداعي من خلال استخدام الموارد المناسبة من المعرفة والمعلومات؟

المعيار الخامس:

العمليات:

5أ منهجية تصميم وادارة العمليات:

- (1) كيف يقوم القسم بتحديد وتصميم العمليات الرئيسية اللازمة لتنفيذ السياسة والاستراتيجية وتحقيق الاهداف؟
- (2) كيف يقوم القسم بادارة العمليات عن طريق نظام موحد وموثق ومطبق بصورة فعالة؟
- (3) هل هنالك تطبيق لنظم حديثة لادارة العمليات ضمن مواصفات قياسية عالمية منها علي سبيل او الصحة المهنية او ما شابه؟ ISO 14000 او نظام البيئة ISO9000المثال

(4) كيف يقوم القسم بقياس ومراجعة منهجيات ادارة العمليات؟ وكيف يمكن ان يقود ذلك الي تحسينات مستمرة؟

(5) هل هناك تدقيق علي نظام ادارة العمليات من قبل جهات داخلية او خارجية؟

(6) كيف تقوم المستشفى بوضع مؤشرات ومقاييس لقياس اداء العمليات وتحديد الاهداف العامة لقياس الاداء؟

5. ب تطوير وتحسين العمليات من خلال اساليب ابداعية ومبتكرة تسعى لاعطاء القيمة المضافة وارضاء جميع المعنيين والمتعاملين:

ويمكن ان يشمل ذلك الاسئلة التالية:

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

(2) كيف تتم الاستفادة من أنشطة التدقيق والمراجعة في تحسين العمليات؟

(3) كيف تتم الاستفادة من آراء المتعاملين والمعنيين في تطوير القسم؟

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

(5) هل يهتم القسم بعمليات التغيير وادارتها؟

(6) كيف يتم شرح او اصال المعلومات المتعلقة بالتغيير للعاملين بالقسم؟

(7) هل يتم تلقي 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 الاسئلة الاتية:

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

(2) كيف تتم الاستفادة من دراسات واستبيانات المتعاملين لتحديد الاحتياجات الحالية والتوقعات

المستقبلية؟

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

5. د توفير خدمات جديدة بانتظام وفعالية:

ويمكن ان يشمل الاسئلة الاتية:

(1) هل يقوم القسم بتقديم خدمات جديدة؟

(2) كيف يتم الحفاظ علي استمرارية تقديم خدمات جديدة ؟

(3) كيف تتم عمليات القياس والمتابعة؟

(4) كيف يتم اعلام العاملين بالقسم بجميع الخدمات المعلوماتية والمعرفية؟

(5) كيف تقوم المؤسسة بتحديد التحسينات المطلوبة لتطوير خدماتها ارضاء لاحتياجات المتعاملين وتوقعاتهم؟

5.ه ادارة وتقوية علاقة فعالة مع المتعاملين:

ويمكن ان يشمل ذلك الاجابة علي الاسئلة الاتية:

(1) هل يتم تحديد المتطلبات اليومية للمرضي والتواصل معهم وضمان الاستجابة الفعالة من هذا الاتصال؟

كيف يتم التواصل مع المرضي؟

(2) هل يقوم القسم باعداد وادارة وسائل الاتصال مع المتعاملين؟

(3) هل يقوم القسم بالمتابعة والمبادرة والحوار مع المرضي واهلهم لضمان رضاهم عن الخدمات المقدمة؟

كيف تتم؟

(4) هل يتم استخدام وسائل فعالة للتواصل مع المتعاملين(استبيانات,لقاءات, الخ....) بانتظام لتجميع البيانات مع المتعاملين وتعزيز رضاهم؟

(5) هل يتم تدريب العاملين واعطاءهم الصلاحيات والموارد اللازمة لضمان كفاءة تعاملهم مع جميع المتعاملين؟

(6) هل يتم تصميم و تطبيق منهجية تمكن من دراسة وتحليل ومعالجة الشكاوي ومراعاة التنوع الثقافي والاجتماعي للمتعاملين؟

المعيار السادس:

نتائج المتعاملين:

6.أ مقاييس رأي المتعاملين:

ويمكن ان يشمل ذلك الاسئلة التالية:

- (1) هل يتم تجميع معلومات عن انطباع المتعاملين عن القسم؟
- (2) كيف يتم تجميع هذه المعلومات؟
- (3) ما هو المدى الذي غطته المسوحات ودرجة تكرارها وما هو مستوى الاستجابة لها؟
- (4) كيف تقوم المؤسسة باطلاع العاملين بالقسم علي نتائج المسوحات الخاصة بآراء المتعاملين؟
- (5) كيف تتم الاستفادة من آراء المتعاملين في تحسين الخدمة واداء القسم؟
- (6) كيف يقوم القسم بقياس مؤشرات الانطباع العام الاخري للمتعاملين مثل:

* سهولة الوصول

* الشفافية

* المرونة

* سرعة الاستجابة, تحمل المسؤولية, التفهم

* سلوك وكفاءة العاملين

* تدريب المتعاملين علي كيفية الحصول علي الخدمة

* شفافية متطلبات الحصول علي الخدمة

مستوي الانجاز المطلوب

6.ب مؤشرات الاداء المتعلقة بالمتعاملين:

وهي مقاييس داخلية تستخدم من قبل المؤسسة للمتابعة وفهم وتحديد والتنبؤ ب ومن ثم تحسين الاداء

المتعلق بالمتعاملين وتعزيز مستوى رضاهم:

ويمكن ان يشمل ذلك النقاط التالية:

* نسبة الاخطاء

* الاداء مقارنة بالاهداف

*نسبة الشكاوي

*معالجة الشكاوي

*الوقت اللزم لتقديم الخدمة

*الوقت اللازم لتطوير الخدمة

ما هي الطرق التي اتبعها القسم للحصول علي مثل هذه المعلومات؟

*كيف يتم اطلاع العاملين بالقسم علي المعلومات الاساسية المتعلقة باداء القسم تجاه المتعاملين؟

*كيف يتم الاستفادة من مؤشرات اداء المتعاملين في تحسين الخدمات والاداء بالقسم؟

المعيار السابع:

نتائج العاملين:

7. أمفابيس رأي العاملين عن القسم ونظرتهم اليه:

ويمكن ان يشمل:

*التحفيز وفرص الارتقاء الوظيفي

*شروط وظروف العمل

*اسلوب التواصل مع المدراء

*المرافق والخدمات

*التمكين الوظيفي

*الامان الوظيفي

*المشاركة

*الاجور والمزايا

*فرص التعلم والانجاز

*العلاقات الانسانية

*التقدير

*الشفافية للانظمة والاجراءات والقرارات

*التدريب والتطوير

*برامج التوطين وفرص التقدم الوظيفي للمواطنين

ما هي الطرق التي اتبعتها القسم للحصول علي هذه المعلومات؟

كيف تتم الاستفادة من اراء العاملين في الحصول علي كل او بعض المعلومات؟

كيف تتم الاستفادة من نتائج مقاييس اراء العاملين في تحسين مستوي اداء الافراد في القسم؟

7.ب مؤشرات الاداء المتعلقة بالعاملين:

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

وتشمل النقاط التالية:

*الانجازات :

الكفاءة المطلوبة مقارنة بالكفاءة المتوفرة

مستويات نجاح برامج التدريب في تحقيق اهداف القسم

*التحفيز والمشاركة :

المشاركة في فرق التحسين

المشاركة في نظم الاقتراحات

المشاركة في برامج التدريب والتطوير

تقدير جهود العاملين وفرق العمل

نسبة الاستجابة لاستبيانات الراي

*مستويات الرضا:

نسبة الغياب

الاجازات المرضية

نسبة حوادث العمل

التظلمات

معدل الدورات

فعالية الاتصال

*ما هي المنهجيات التي يستخدمها القسم للحصول علي هذه المعلومات؟

- *كيف يتم الاستفادة من آراء الموظفين في الحصول على هذه المعلومات؟
- *كيف يتم الاستفادة من مؤشرات أداء العاملين في تحسين الخدمات وأداء القسم؟

المعيار الثامن:

نتائج المجتمع:

8.أ مقاييس رأي المجتمع:

تعكس هذه المقاييس رأي المجتمع عن المؤسسة.

ويمكن ان يشمل ذلك النتائج التالية:

- *الالتزام بالمسئولية تجاه المجتمع مثل توفير ونشر المعلومات ذات العلاقة بقضايا المجتمع.
- * المشاركة في النشاطات المجتمعية
- *الجهود المبذولة لتقليل الازعاج والاضرار الناجمة عن نشاطات القسم
- *ما هي المنهجيات التي اتبعها القسم لتجميع هذه المعلومات؟
- *كيف تتم الاستفادة منها في تحسين سمعة ومكانة القسم في المجتمع وتحديد فرص التحسين والتطوير المستقبلية؟

8.ب مؤشرات الاداء المتعلقة بالمجتمع:

المقاييس المتعلقة بالمجتمع والتزام القسم تجاهه.

زيشمل ذلك النقاط الواردة في 8.أ بالاضافة الي:

عدد المبادرات المجتمعية

حجم الموارد المخصصة لخدمة المجتمع

تأثيرات تلك المبادرات على المجتمع

المعيار التاسع:

نتائج الاداء الرئيسية:

9.أنتائج الاداء الرئيسية:

وهذه المقاييس تحدد نتائج الاداء المخطط لها وتشمل النتائج المالية وغير المالية.

ويمكن ان تشمل النقاط التالية:

* النتائج المالية:

ترشيد النفقات

*كيف تتم الاستفادة من هذه المعلومات؟

*هل يتم اطلاع العاملين عليها؟

*كيف يتعلم قادة القسم من نتائج الاداء؟ وما مدي استغلالهم لها في تحسين اداء القسم؟

9.ب مؤشرات الاداء الرئيسية:

المقاييس الخاصة باداء القسم وتحسين نتائج الاداء.

ويمكن ان يشمل ذلك :

*العمليات:

الوقت اللزم للانجاز

نسبة الاخطاء

الفعالية

الابداع والتحسين

*الموارد الخارجية:

اداء الموردين

*ما هي المقاييس التي يتبعها القسم لاعطاء مؤشرات مسبقة عن نجاحه؟

*كيف تتم الاستفادة من هذه البيانات؟

*هل يتم اطلاع العاملين عليها؟

*هل يتعلم القادة من مؤشرات الاداء الرئيسية؟ وما مدي قدرتهم علي استغلالها في تحسين اداء

القسم؟

Annex (3):

Assessment methodology:

Enabler's assessment and scoring:

100%										75%					50%				25%				0%				Astore attributes	Elements
																											المكونات الفرعية للدرجة	العناصر
دليل قوي وش										دليل واضح					يوجد دليل				هناك بعض الأدلة				لا يوجد دليل مادي أو شفاهي				<u>سلامة المنهجية:</u> * وجود مبرر منطقي ومعقول للمنهجية المستخدمة وارتباطها المباشر بالمعيار. *وجود عملية واضحة وتسلل خطوات للمنهج المتبع. <u>التكامل:</u> *دعم الاستراتيجيات والسياسات والأنسجام معاها. *الارتباط بالمنهجيات الأخرى إذا كان ممكناً	المنهجية
دليل قوي وش										دليل واضح					يوجد دليل				هناك بعض الأدلة				لا يوجد دليل مادي أو شفاهي					Approach
100	90	85	80	75	70	65	60	55	50	45	40	35	30	25	20	15	10	5	0	Total= المجموع								

100%										75%					50%				25%				0%				Astore attributes	Elements
																											المكونات الفرعية للدرجة	العناصر
دليل قوي وش										دليل واضح					يوجد بعض الأدلة في 1/2 المجالات المطلوبة				يوجد بعض الأدلة في 1/4 المجالات المطلوبة				لا يوجد دليل مادي أو شفاهي				<u>تطبيق المنهجية والانتظامية</u> *تنفيذ المنهجية بشكل محدد وواضح وفقاً للتخطيط السليم. *التنفيذ في جميع المستويات والوحدات ذات علاقة. *الانتظام في تنفيذ المنهجية في جميع المواقف المشابهة.	التطبيق
دليل قوي وش										دليل واضح					يوجد دليل				هناك بعض الأدلة				لا يوجد دليل مادي أو شفاهي					Deployment
	100	95	90	85	80	75	70	65	60	55	50	45	40	35	30	25	20	15	10	5	0	Total= المجموع -						

																Astore attributes					Elements					
100%				75%				50%				25%				0%				المكونات الفرعية للدرجة					العناصر	
دليل قوى وشفاف				دليل واضح				يوجد دليل				هناك بعض الأدلة				لا يوجد دليل مادي او شفاهي				<p>القياس: يتم قياس فاعلية تطبيق المنهجية والاسلوب بشكل منظم.</p> <p>التعلم: الاستفادة من نتائج القياس والتقييم للتعرف على نقاط القوة والضعف</p> <p>التحسين: يتم تحليل استخدام مخرجات ونتائج القياس والتعلم للتعرف بغرض التحسين ووضع الاولويات وتخطيط وتنفيذ التحسينات</p>					التقييم والمراجعة Assesment & Review	
دليل قوى وشفاف				دليل واضح				يوجد دليل				هناك بعض الأدلة				لا يوجد دليل مادي او شفاهي										
دليل قوى وشفاف				دليل واضح				يوجد دليل				هناك بعض الأدلة														
100	95	90	85	80	75	70	65	60	55	50	45	40	35	30	25	20	15	10	5	0	Total المجموع -					

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

																Astore altributes				Elements																																																																											
100%				75%				50%				25%				0%				خصائص التقييم				العناصر																																																																							
اتجاهات ايجابية او اداء جيد ومستدام فى كثير من النتائج على مدى 3 سنوات على الاقل				اتجاهات ايجابية او اداء جيد ومستدام فى كثير من النتائج على مدى 3 سنوات على الاقل				اتجاهات ايجابية او اداء جيد ومستدام فى كثير من النتائج على مدى 3 سنوات على الاقل				نتائج اتجاهات ايجابية واداء مرضى فى 1/4 الفترة الزمنية (3 سنوات)				عدم وجود النتائج او المعلومات بشفافية				الاتجاهات				النتائج																																																																							
																									عدم وجود النتائج او المعلومات بشفافية				الاتجاهات ايجابية او وجود اداء جسد ومستدام				النتائج																																																														
تحقيق الاهداف المناسبة فى كل النتائج				تحقيق الاهداف المناسبة فى 4 /3 النتائج				تحقيق الاهداف المناسبة فى 2 /1 النتائج				تحقيق الاهداف المناسبة فى 4 /1 النتائج				عدم وجود النتائج او المعلومات بشفافية				*تم تحقيق النتائج	*تعتبر النتائج مناسبة																																																																										
وجود مقارنات ايجابية فى كل النتائج				وجود مقارنات ايجابية فى 3/4 النتائج				وجود مقارنات ايجابية فى 1/2 النتائج				وجود مقارنات ايجابية فى 1/4 النتائج				عدم وجود النتائج او المعلومات بشفافية				المقارنات:				وجود نتائج مقارنات متميزة مع الاخرين او افضل الممارسات																																																																							
وجود علاقة سببية فى كل النتائج				وجود علاقة سببية فى 3/4 النتائج				وجود علاقة سببية فى 1/2 النتائج				وجود علاقة سببية فى 1/4 النتائج				عدم وجود النتائج او المعلومات بشفافية				المسببات				النتائج جاءت نتيجة لوجود منهجيات فعالة																																																																							
100				95				90				85				80				75				70				65				60				55				50				45				40				35				30				25				20				15				10				5				Total 0 المجموع -															

																Astore altributes				Elements																																																																											
100%				75%				50%				25%				0%				المكونات الفرعية للدرجة				العناصر																																																																							
غطت النتائج فقط كل المجالات المطلوبة				غطت النتائج فقط 3/4 المجالات المطلوبة				غطت النتائج فقط 1/2 المجالات المطلوبة				غطت النتائج فقط 1/4 المجالات المطلوبة				عدم وجود النتائج او المعلومات بشفافية				المدى المجالات				النتائج																																																																							
																									عدم وجود النتائج او المعلومات بشفافية				وجود نتائج تتعامل مع المجالات المناسبة. تم تقسيم النتائج بطريقة تساعد على فهمها وتصنيفها (مثال: تقسيم العملاء لكل خدمة وليس المؤسسة ككل)				النتائج																																																														
غطت النتائج فقط كل المجالات المطلوبة				غطت النتائج فقط 3/4 المجالات المطلوبة				غطت النتائج فقط 1/2 المجالات المطلوبة				غطت النتائج فقط 1/4 المجالات المطلوبة				عدم وجود النتائج او المعلومات بشفافية				المدى المجالات				وجود نتائج تتعامل مع المجالات المناسبة. تم تقسيم النتائج بطريقة تساعد على فهمها وتصنيفها (مثال: تقسيم العملاء لكل خدمة وليس المؤسسة ككل)																																																																							
100				95				90				85				80				75				70				65				60				55				50				45				40				35				30				25				20				15				10				5				Total 0 المجموع -															

100				95				90				85				80				75				70				65				60				55				50				45				40				35				30				25				20				15				10				5				Over Total المجموع -															
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Scoring summary sheet:

1/Enablers Criteria

%	2	%	3	%	4	%	5	%				
	1a	معايير فرعية	sub-criterion		2a		3a		4a		5a	
	1b	معايير فرعية	sub-criterion		3b		3b		4b		5b	
	1c	معايير فرعية	sub-criterion		2c		3c		4c		5c	
	1d						3d		4d		5d	
	1e	معايير فرعية	sub-criterion		2d		3e		4e		5e	

Score awarded		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	--5	--4	--5	--5	--5	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

Criterion number

Criterion 6a	<input type="text"/>	X0.75=	<input type="text"/>	7a	<input type="text"/>	X0.75	<input type="text"/>	8a	<input type="text"/>	0.25	<input type="text"/>	9a	<input type="text"/>
Criterion 6b	<input type="text"/>	0.25	<input type="text"/>	7b	<input type="text"/>	X0.25	<input type="text"/>	8b	<input type="text"/>	0.75	<input type="text"/>	9b	<input type="text"/>

Score awarded

Calculation of total points:

Criterion score awarded factor point awarded

القيادةLeadership		X1	
السياسات والاسرراتيجية policy&strategy		X1	
العاملونpeople		X1	
الموارد والشركات partenership & resources		X1	
العملياتprocesses		X1	
نتائج المتعاملين customer results		X1	
نتائج المتعاملين people result		X1.5	
نتائج المجتمع society results		X1	
نتائج الاداء الرئيسيه key performance results		X1.5	

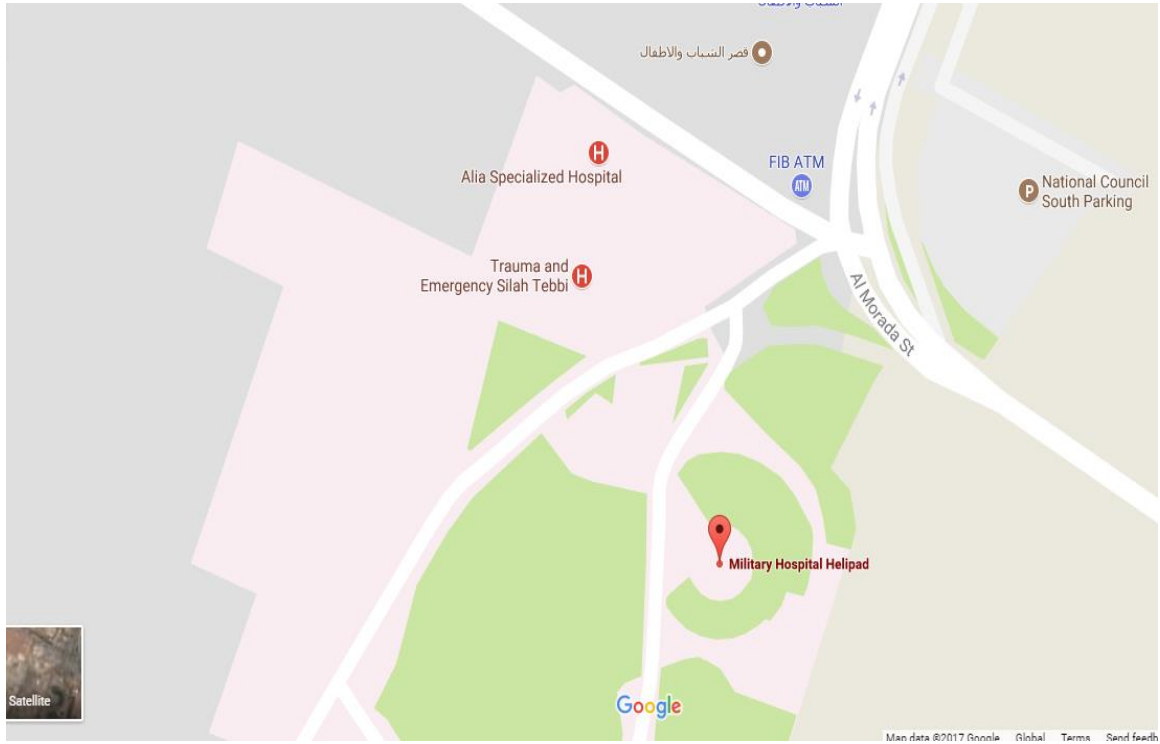
Total pints awarded

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.

Annex 4





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