## بِسُـــهِ اللهِ الرَّحْيِنِ الرَّحِيْمِ

### خال الله تعالى

(و تَرَى الْجِبَالَ تَحْسَبُهَا جَامِدَةً وَهِيَ تَمُرُ مُرَ السَّحَابِ صُنْعَ اللَّهِ الَّذِي أَنْقَنَ كُلَّ شَيْءٍ إِنَّهُ خَبِيرٌ بِمَا تَفْعَلُون) الْجِبَالَ تَحْسَبُهَا جَامِدَةً وَهِيَ تَمُرُ مُرَ السَّحَابِ صُنْعَ اللَّهِ الَّذِي أَنْقَنَ كُلَّ شَيْءٍ إِنَّهُ خَبِيرٌ بِمَا تَفْعَلُون) الأَية (88) سورة النمل

عن أم المؤمنين عائشة رضى الله عنها أنها قالت:قال رسول الله صلى الله عليه وسلم " إن الله يحب إذا عمل أحدُكم عملاً أن يُتقنه."

أخرجه أبو يعلى والطبراني

## **Dedication**

## To the soul of my father

To my mother, brothers, wife, daughter, sons, and grandsons

To those who supported me to accomplish this work

To those who are seeking excellence in their performance

#### Acknowledgements

I gratefully acknowledge the efforts of my supervisor Prof. Shamboul Adlan for the awareness he has initiated on me about the six sigma quality model, the patience and the commitment to guide me through this project. Profound thanks to the co supervisor Dr. Al Nuzeir Osman for his help and dedication.

I gratefully acknowledge the encouragement and support of Professor Ali Abdul Rahman, Dr Salah Musa, Dr. Hussein Ahmed Hassan Dr. Al Safi and Dr. Abdul Moniem Adam of the Sudan University for Science and Technology for their support and encouragement.

I acknowledge the efforts and contribution of the Quality Department advisors Dr. Mohamed Ali Karkokli and I have a special gratitude for the Western Medical Region CEO Dr. Zuhair Affani who shows great enthusiasm and interest in the implementation of the Six Sigma Quality Model in Madinat Zayed hospital.

Thanks to Dr. Hassan Faleh, and Dr. Ahmed Ibrahim Saeed, without their support this work would have been impossible.

My gratitude extend to the radiology department technologist and radiologists of Madinat Zayed Hospital, namely Marvy, Analeen, Fathia, Sarat Kumar, Siddig, and Abu Sabah, for the data collection and sorting and for their sincerity and dedication in turning the Six sigma project into reality.

The support of my colleagues and friends at the National college, their efforts are highly appreciated. Special thanks to Mohamed Kamal, head of Information Technology Department for helping in the reformatting of the text and Dr. Intisar Mahdi for correcting the Arabic version of the abstract. Many people have made significant contribution to the development of this study I am pleased to acknowledge their work

Finally I would like to acknowledge the inspiration and support of my family Thoraya, Sabah, Omer, Hosam, Ahmed, Moaz.

(الحمد لله رب العالمين)

#### **Abstract**

The objectives of this study is to provide evidences that Six Sigma is an appropriate method for quality management in diagnostic radiology departments by proving that the methodology is effective in achieving acceptable results of defect reduction, cost reduction, good return of investment (ROI) and customer satisfaction. The study also provide evidences that the results achieved by six sigma compared to traditional quality approaches were superior.

The research methods were based on an empirical study of implementing Six Sigma model of quality in Madinat Zayed Hospital Radiology Department. Five Projects have been selected on critical to customer bases and typically represents quality problems in radiology. The Six Sigma approaches of (DMAIC) define measure, analyze, improve, and control and (DFSS) design for Six Sigma were adopted in solving the quality problem. The results obtained from the empirical experience were discussed analyzed and benchmarked with results from other quality models done on similar healthcare institutions.

The first project is about Computerized Tomography (CT) and Ultra sound patient flow improvement is customer satisfaction, cost reduction and a cycle time reduction type of improvements. The results are an increase in CT scanning throughput by 30% and in US throughput by 35%, a reduction of 53.4% and 45% in the process time for CT and Ultra sound simultaneously is achieved. The result from the second project which is, the Report Turn- around Time R.T.T. initiative, is a reduction in reporting time from 72-hour to 18-hour (87.04%) reduction. The third project was on trans-vaginal Ultra sound (TVs). It is a cycle time, customer impact improvement. The process level improved from 2.5 sigma to 3.5 sigma

The fourth project was on film rejects. It was multi phase, employee and customer satisfaction, defect reduction, cost impact improvement project. The process improved from 3.72 sigma level (Base line process level) to 4.1sigma in first phase and 4.38 sigma in the second phase. The fifth project is a defect, customer impact project on request form writing. The process was working in around 1.45 sigma level post improvement resulted in 2.7 sigma level process.

The results achieved met the goals, and exceeded the expectations in some projects. Results show that the completed projects produced net annual savings of all running projects of UAE DH 1.2 million Return of Investment (ROI). In addition to the improvements in radiology department performance, there is a reduction in the customer's complaints rate. The model has become a trend and has gained wide acceptance in various hospitals in Abu Dhabi Health Authority.

#### ملخص البحث

الغرض من الدراسة هو إثبات مدى ملاءمة مصفوفة سيجما 6 (--) لتحقيق الجودة في أقسام الأشعة للتصوير الطبي لأغراض التشخيص ، والتي تتركز أهدافها حول تجويد الأداء، وتحقيق نتائج صحيحة في الوقت المناسب بأساليب صحيحة، وتكلفة أقل لتحقيق التميز وإرضاء المستفيدين من أطباء ومرضى وغيرهم . كما تهدف إلى أفضلية المصفوفة وتميزها على أنظمة الجودة التقليدية في تحقيق مستويات عالية للجودة .

طريقة البحث تقوم على التجربة العملية لمصفوفة سيجما 6 في قسم الأشعة بمستشفي مدينة زايد وذلك بتنفيذ خمسة من مشاريع تحسين الجودة وهي تمثل نماذج للمشاكل التي تواجه الجودة في أقسام الأشعة وتعتبرذات حساسية للمستفيدين من خدمات الأشعة. وقد تم استخدام منهجية سيجما 6 ( DMAIC) و (DFSS) في تعريف وقياس وتحليل المشاكل، وتحسين ومراقبة استدامة الحل لمشاكل الجودة. ومن ثم قراءة النتائج وتحليلها ومقارنتها بالمؤسسات التي تم تطبيق مصفوفة سيجما 6 فيها ومقارنة مستويات الجودة التي تحققت من تطبيق سيجما 6 و ماتحقق من جودة عن طريق أنظمة الجودة الأخري التي طبقت في مؤسسات مشابهه وذلك للتدليل على ملاءمة المصفوفه للاستخدام لأغراض إدارة الجودة في أقسام الأشعة التشخيصية.

توافق النتائج المتحصل عليها الأهداف المحدده بل تجاوزت التوقعات في بعض الأحيان. بجانب التحسن الواضح في أداء قسم الأشعة حققت المشاريع المنجزه ربحية مقدرة تعادل 1.2 مليون درهم أماراتي و أنخفاض ملحوظ في معدل شكاوى العملاء. قد لاقى تطبيق مصفوفة سيجما 6 قبول من المعنين بالجودة , و قد تم اعتماده كأنموذجا يحتذى به في كل مستشفيات الهيئة الطبية للخدمات الصحية بأمارة أبوظبى.

## **Table of Contents**

1	TOPICS		Page #
	أ لآية		I
	Dedication		II
	Acknowledger	ments	III
	Abstract (Engl	ish)	IV
	Abstract (Arab	pic)	VI
	Table of Conte		VIII
	List of Tables		XV
	List of Figures		XVI
	Abbreviations		XVIII
C	hapter I		
1	.0 Introdu	ction	1
	1.1	Statement of the Problem	3
	1.2	Background Review	4
	1.3	Objectives of the Study	4
	1.4	Approaches and Methodology	6
		1.4.1 Research questions	8
		1.4.2 Research hypothesis	8
	1.5	Roadmap of the Research Thesis	9
(	Chapter 2		
2	2.0 Quality	Models	11
	2.1	Quality in Healthcare and Radiology	11
		2.1.1 Definition of Quality	11
		2.1.2 Dimensions of Quality	12
	2.2	Development of Quality Concept in Healthcare	13
	2.3	Quality Approaches in Healthcare	16
		2.3.1 Evolution of Quality Approaches	16
	2.4	Quality Approaches Currently in Use	18
		2.4.1 Quality Control	18

	2.4.2	Quality A	Assurance	19
	2.4.3	Quality I	mprovement	22
		2.4.3.1	Quality Assurance & Quality Improvement	23
		2.4.3.2	Deming wheel "Shewhart cycle."	25
		2.4.3.3	Strengths in Quality Assurance Methods	28
		2.4.3.4	JCAHO's Ten-steps Quality Assurance	29
	2.4.4	Total Qu	ality Management (TQM)	30
		2.4.4.1	Definition of TQM	30
		2.4.4.2	The Principles of TQM:	31
		2.4.4.3	Pioneers of Total Quality Management	32
		2.4.4.4	Implementation of TQM	33
		2.4.4.5	Adapting TQM Principles to Radiology	34
		2.4.4.6	Deming's 14 Points Applied to Radiology	34
	2.4.5	Internation	onal Standards Organization (ISO)	39
	2.4.6	Europear	n Foundation of Quality Management (EFQM)	43
2.5	Relate	d Quality In	nprovement Methods	47
	2.5.1	Auditing		47
	2.5.2	Regulation	on	47
	2.5.3	Benchma	arking	47
	2.5.4	Best prac	etice	48
	2.5.5	Accredit	ation - organizational level	48
2.6	Measu	ring Quality	in Radiology	49
	2.6.1	Technica	l Aspect of Quality	49
		2.6.1.1	Measurable Department Logistics	49
	2.6.2	Clinical	Aspect of Quality	52
		2.6.2.1	Image Quality	52
		2.6.2.2	Radiology Examination Capability	53
	2.6.3	Performa	nce Indicators in Radiology Quality	54
		2.6.3.1	Productivity Indicators	55
		2.6.3.2	Radiology Reporting Indicators	55
		2.6.3.3	Access to Examination Indicators	56
		2.6.3.4	Customer Satisfaction Indicators	56
		2.6.3.5	Finance Indicators Radiology Departments	56

	2.7	Quality Tools			57
		2.7.1	Flow char	t	57
			2.7.1.1	Types of Flow Chart	59
		2.7.2	Cause and	l Effect	60
			2.7.2.1	Types of Cause and Effect Analysis	61
		2.7.3	Bar and P	ie Chart	61
		2.7.4	Run Char	t	62
			2.7.4.1	When to Use Run Chart	63
			2.7.4.2	How to Use Run Chart	63
		2.7.5	Histogram	1	63
		2.7.6	Pareto		64
		2.7.7	Scattered	Diagram	65
Chap	ter 3				
3.0	Theoret	tical Cond	cept of Six S	igma Model	66
	3.1	Backgr	ound Review	V:	66
	3.2	Definitions Six Sigma			68
		3.2.1	Motorola	Definition of Six Sigma	68
		3.2.2	General E	lectric Definition of Six Sigma	70
		3.2.3	Isixsigma	Definition of Six Sigma	71
		3.2.4	Features o	f Six Sigma	74
		3.2.5	Strategy a	nd Tactics	75
	3.3	The Us	se of Statistic	es in Six Sigma	79
		3.3.1	Variation	of Processes	79
		3.3.2	Normal D	Distribution Curve	80
		3.3.3	Process C	apabilities	85
		3.3.4	Capability	y Indices	85
		3.3.5	The Acce	ptable level of Quality in Six Sigma	86
		3.3.6	Character	istics of Six Sigma	88
		3.3.7	Limited I	mplementation of Six Sigma	93
			3.3.7.1	Improving Cycle Time for C.T.	93
			3.3.7.2	Reducing Cycle Time between Examinations	93
			3.3.7.3	Red Cross Six Sigma Experience	94
			3.3.7.4	Anderson Cancer Center Diagnostic Imaging	95

			3.3.7.5	The Sisters of St. Francis Health Services	95
				Application of Lean Six Sigma	97
3.4		Benefits o	of Six Sigma		99
		3.4.1	Scope of b	enefits of Implementing Six sigma	99
		3.4.2	Reported Bo	enefits and Savings in Manufacturing	100
		3.4.3	Sampling	of Six Sigma Financial Results	101
		3.4.4	Benefits of	Lean Six Sigma	102
		3.4.5	The Cost o	f poor Quality	103
Chap	oter 4				
4.0	Devel	oping a Six	Sigma Mode	l for Radiological	106
	4.1	Similari	ties between	Quality Characteristics	106
	4.2	Differen	nces between	Quality Characteristics	107
	4.3	Six Sign	na Solutions	to Radiology Quality	107
	4.4	An Infra	astructure for	Change in Radiology	108
	4.5	The DM	IAIC Radiolo	gy Problem Solving Model	110
	4.6	Six Sign	na Combined	with Other Quality Approaches	116
		4.6.1	Merging	ISO 9000 with Six Sigma	117
		4.6.2	Merging S	Six Sigma with lean	118
	4.7	Approac	ch summary		119
Chap	oter 5				
	5.0	Impleme	entation of S	ix Sigma Model	121
	5.1	Strategie	es for Implen	nenting Six Sigma	121
		5.1.1	Process Ir	mprovement	122
			5.1.1.1	Brief Outline of DMAIC Phases	122
		5.1.2	Process D	esign/Redesign	123
		5.1.3	Process N	Management	124
			5.1.3.1	Process Mapping	125
			5.1.3.2	Value- Added versus Non- Value- Added	125
			5.1.3.3	Waste.	126
		5.1.4	Six Sigma	a Calculation	126
		5.1.5	Six Sigma	a Players	127
		5.1.6	Six Sigma	a tools	129
	5.2	Impleme	enting Six Sig	gma methods in radiology	131

		5.2.1	Interdep	artmental Six Sigma Orientation	132
		5.2.2	Cross-F	unctional Teams form	132
		5.2.3	Projects	Selection	133
			5.2.3.1	List of Potential Projects	133
		5.2.4	Data Co	llection	133
		5.2.5	DMAIC		135
	5.3	Micros	oft Excel So	ftware Statistical Calculation	140
	5.4	The Pro	ocess Calcul	ator	141
	5.5	Plannir	ng and Imple	mentation of six sigma	141
Chap	oter 6				
6.0	Results	of The i	mplemented	Projects	142
	6.1	Initiati	ve- 1		142
		6.1.1	Define		142
			6.1.1.1	Project Title: CT and Ultra sound Patient Flow improvement	142
			6.1.1.2	Business Case	142
			6.1.1.3	Problem /Opportunity Statement	142
			6.1.1.4	Goal Statement	142
			6.1.1.5	Project Scope	143
		6.1.2	Measure		144
		6.1.3	Analyze		144
		6.1.4	Improve		147
		6.1.5	Control		148
	6.2	Initiativ	ve- 2		150
		6.2.1	Project Tit	tle: Project title: report turnaround time (RTT)	150
			6.2.1.1	Business Case	150
			6.2.1.2	Problem /Opportunity Statement	150
			6.2.1.3	Goal Statement	150
			6.2.1.4	Project Scope	150
		6.2.2	Measure		151
		6.2.3	Analyze		151

	6.2.4	Improve		152
	6.2.5	Control		153
6.3		Initiative-	- 3	154
	6.3.1	Define		154
		6.3.1.1	Project Title: Reduction of TVS time	154
		6.3.1.2	Business Case	154
		6.3.1.3	Problem /Opportunity statement	154
		6.3.1.4	Goal Statement	154
		6.3.1.5	Project Scope	154
	6.3.2	Measure	phase	154
	6.3.3	Analyze	phase	157
	6.3.4	Improve 1	phase and control	157
6.4	Initiati	ve- 4		159
	6.4.1	Define		159
		6.4.1.1	Project Title: Reduction of film waste	159
		6.4.1.2	Business Case	159
		6.4.1.3	Problem /Opportunity Statement	159
		6.4.1.4	Goal Statement	159
		6.4.1.5	Project Scope	159
	6.4.2	Measure		161
	6.4.3	Analyze		162
	6.4.4	Improve		163
	6.4.5	Control		164
6.5	Initiati	ve- 5		165
	6.5.1	Define		165
		6.5.1.1	Project Title: Request forms filling	165
		6.5.1.2	Business Case	165
		6.5.1.3	Problem /Opportunity Statement	165
		6.5.1.4	Goal Statement	165
		6.5.1.5	Project Scope	165
	6.5.2	Measure		166

		6.5.3	Analyze		167
		6.5.4	Improve		167
			6.5.4.1	Pre-improvements Process Sigma level	167
			6.5.4.2	Post- improvements Process Sigma level	168
		6.5.5	Control		169
Cha	apter 7				
7.0	Analy	sis , Discus	sions and Int	terpretation of Results	170
	7.1	Optimiz	ing Technolo	ogy through Process Improvement	170
	7.2	Comput	erized Tomo	graphy (CT) Patients Flow.	172
	7.3	Improve	ement of Ultr	ra –Sound Flow	175
		7.3.1	Reduction	n of Ultra-sound Trans-vaginal procedure time	175
	7.4	Reducti	on of Film W	Vaste	176
	7.5	Report	Furnaround 7	Гіте	177
	7.6	Request	Form Writin	ng	181
	7.7	Approp	riateness		183
	7.8	Hypothe	esis		186
Cha	apter 8				
8.0	Conclus	sion, Recom	mendations	and Constrains	188
	8.1	Conclusio	n		188
	8.2	Recomme	ndations		189
		8.2.1	Recomme	endations Institution level	189
		8.2.2	Recomme	endations Departmental level	189
		8.2.3	Healthcar	re Education Level	190
	8.3	Limitati	ons & Cons	trains	190
		8.3.1	Knowled	ge	190
		8.3.2	Competer	ncy of Black Belts	190
		8.3.3	Commitn	nent from the Management	190
		8.3.4	Data Coll	lection	191
	Q /	Futuro 7	Francia & Day	commandations for Future work	102

## **List of Tables**

Table	Content	Page
2-1	Comparison of quality assurance and improvement	28
2-2	Quality Assurance VS Quality Improvement differences	30
2-3	Total Quality Management prerequisites and hurdles	33
2-4	EFQM model criterion and sub- criteria	45
2-5	EFQM enablers adapted to healthcare.	46
2-6	Results adapted to healthcare	46
3-1	Six Sigma level/defect per million	74
3-2	Differences between 6 $\sigma$ and other initiatives	77
3-3	Progress in efforts for performance improvements	78
3-4	The differences between the $(3.8\sigma)$ and $(6\sigma)$	87
3-5	Benefits of Six Sigma in major international firms	100
3-6	Six Sigma Financial Results	101
3-7	The cost in sales for five sigma levels	104
4-1	Six Sigma and Lean comparison	119
5-1	potential projects for improvement	134
5-2	Deployment Plan for six sigma implementation	141
6-1	Computed Tomography scanning (C.T.) waiting time.	143
6-2	Value added Vs non-value added process steps	147
6-3	TVS baseline data	155
6-4	TVS post improvement data	156
6-5	Rejected number of films and their percentage	160
6-6	Film reject data of 2007	162
6-7	Sigma levels of film waste improvements	164
6-8	pre-improvement request form data	165
6-9	Post-improvement request forms data.	168

# **List of Figures**

Figure	Content	Page
2-1	Inputs, Processes, and Outputs/Outcomes Source	15
2-2	Illustration showing quality evolution	17
2-3	Evolution of quality from inspection to business excellence	17
2-4	Core quality assurance activities	20
2-5	Benefits of Quality systems	24
2.6	The Shewhart Cycle	26
2-7	ISO 9000: 2000 Process model the activities	42
2-8	Block diaphragm of the Excellence Model EFQM	43
2-9	Flow chart high level	58
2-10	Detailed flow chart	59
2-11	Cause and effect	60
2-12	Bar chart	61
2-13	Run chart	62
2-14	Pareto chart	64
2-15	Scattered diagram	65
3-1	wide process variations	68
3-2	Slim process variations for a perfectly centered process	69
3-3	Sigma levels	81
3-4	Values of Area under Normal Curve	81
3-5	The 1.5 sigma shift	82
3-6	Shift of 1.5σ from Nominal	83
3-7	Lower control limit and upper control limit	84
3-8	comparison with Airline processes	88
3-9	Cost/Benefits to General Electric Company in USA	96
3-10	Cost/Benefits to General Electric Company	99
4-1	SIPOC Radiology Macro Map	110
4-2	Patients distribution in a week time	111
4-3	Distribution of pt in radiology department	111

4-4	Report Turnaround Time	112
4-5	A SIPOC high level process mapping	113
4-6	CT scan examination pre-improvement process map	114
5-1	Strategy of Six Sigma	121
5-2	X,Y diagram	122
5-3	Players involved in Six Sigma implementation	126
6-1	(CT) & (US) procedure time	143
6-2	pre-improvement CT contrast procedure process flow	145
6-3	pre-improvement flow map for US procedure	146
6- 4	Post improvement process map	148
6-5	Post improvement process map	149
6-6	Pre-improvement RTAT process map	151
6-7	Process time in radiology department	152
6-8	Post Improvement process flow map of PACS	153
6-9	Report TAT process improvement	153
6-10	Comparison between pre and post improvement data	153
6-11	Comparison between pre and post improvement data	158
6-12	Percentage of rejected films to the total output	158
6-13	Baseline data for rejected films	160
6-14	Post improvement rejected films	161
6-15	Post improvement rejected films histogram	162
6-16	Comparison between rejects in 2006 and 2007	163
6-17	Request form process	168
6-18	defects in filling the request forms	166
6-19	improvement in the hand written request forms	169

#### **Abbreviations**

BB Black Belt

C&E Cause and Effect

CEO Chief Executive Officer

CQI Continuous Quality Improvement

CT Computerized Tomography

CTQ Critical to Quality

DMAIC Define, Measure, Analyze, Improve, and Control DMADV Define, Measure, Analyze, Design, and verify

DFSS Design for Six Sigma

EFQM European Foundation for Quality Management

FMEA Failure Mode Effect Analysis

GB Green Belt

IDOV Identify, Design, Optimize, and Validate ISO International Standards Organization

JCAHO Joined Committee for Accreditation on Healthcare Organizations

PACS Picture Archive Communication System

MRI Magnetic Resonance Imaging

MBB Master Black Belt
PPM Part per Million
QA Quality Assurance
OC Quality Control

QI Quality Improvements
QFD Quality Function

RTY Rolled Throughput Yield

SIPOC Supply Input Process Output Customer

SS Six Sigma

TQM Total quality Management

VOC Voice Of Customer
UAE United Arab Emirates
USA United State of America