

TITLE PAGE

TITLE : Consultants Clean Up Service Quality

Author: Olga Matthias
FME/ESRC Fellow
Bradford University School of Management
Emm Lane
Bradford
BD9 4JL
Tel: 01274 234491

e-mail: o.matthias1@bradford.ac.uk

Working Paper for Consulting SIG, BAM Conference 2009

Word Count: 2000

Consultants Clean Up Service Quality

Summary:

This paper outlines a consulting assignment that took place in 2007 in a northern teaching hospital and discusses the implications of its evolution. The original brief was to carry out a social marketing intervention in order to reduce MRSA infection rates, which were a problem for the whole hospital but particularly so in the Ward to which the consultants were directed.

During the 3-month assignment, as findings emerged to shape both the problem and the future solution, the consulting work moved through a number of 'types' of intervention. What began as social marketing, trying to change the behaviour of 'society' for a greater good – that of better public health – ended by being able to be described as a perfect execution of a '5S' project.

The issues for exploration are to understand whether or how 5S aligns itself with the precepts of social marketing and with the operating goals of an NHS Trust hospital.

Abbreviations:

MRSA	Methicillin-resistant Staphylococcus aureus
HAI	Healthcare Acquired Infections
SHA	Strategic Health Authority
DH	Department of Health
NTHT	Northern Teaching Hospital Trust

Consultants Clean Up Service Quality

Introduction and Background

The intention of this paper is to outline a consulting assignment that took place in 2007 in a northern teaching hospital and discuss the implications of its evolution. The original brief was to carry out a social marketing intervention in order to improve MRSA infection rates, which were a problem for the whole hospital but particularly so in the Ward which was to be the focus, in the first instance, for the consultants.

During the course of the 3-month assignment, as findings emerged to shape both the problem and the future solution, the consulting work moved through a number of 'types' of intervention. What began as social marketing, trying to change the behaviour of 'society' for a greater good – that of better public health – ended by being able to be described as a perfect execution of a '5S' project.

MRSA is prevalent throughout the UK, particularly in geriatric wards, and has become a governmental concern, with the DH setting up national monitoring programmes. A DH report (Department of Health, 2006:9) shows that the largest proportion of MRSA bacteraemia is in the elderly, 69% occurring in the 65 years and over age group which may to an extent mitigate the performance of the ward featured in this research.

In the NHS, quality is seen as a "prevailing purpose", becoming a statutory requirement in 1997, incorporating the principles of corporate governance and applying them for the first time to quality and clinical governance (Cullen et al., 2000). However, the creation of organisational capability to deliver sustainable, accountable, patient-focused, quality assured health care requires the unlearning of some old habits and the development of some new ones (Davies, 2000).

Because of this emphasis on target fulfilment, quality performance and measurement, service quality, comprising technical (what) and functional (how) aspects (Gronroos, 2007), has become an important corporate strategy for health care organizations. The onus is on the healthcare provider to ensure that the service interaction is of the highest quality, both technically and functionally. As a response, the Department of Health 'ring-fenced' funding in order to address specific hygiene issues and deliver results within limited timescales, even though "radical change within a culture such as the NHS is problematic" (Ritchie, 2002:4).

Against this backdrop the SHA secured additional funding for 'some form' of social marketing support, designed to assist NTHT to meet its immediate objectives of quality improvement with regard to MRSA infection rates, given that it had amongst the highest rates of infection in the region. A Steering Group had already been set up and had scoped out a broad engagement process. The rationale for commissioning consultants to carry out a review was based on a desire to look beyond the meeting of MRSA targets and to consider reasons why a long term solution to infection control remained such an organisational challenge. Because of central government inspection, performance had to be seen to be improved, so the SHA strongly believed the key to success was in ensuring the public changed their attitudes and behaviours in hospitals in order to improve the performance of this Trust in the MRSA league tables.

Social marketing is “the use of marketing approaches to develop and implement programmes which promote socially positive behaviour change” (Blair-Stevens, 2008).



Fig.1 What is Social Marketing?

The focus for the consultants was a geriatric ward, where the SHA was seeking clear recommendations capable of addressing immediate MRSA challenges, and sustainable solutions. The consultant brief was to enhance performance and quality of patient outcome through engendering patient and public behaviour change using social marketing techniques.

Literature Review

One of the problems with judging the outcome of consultancy is that the work is ultimately the property of the client and it is “processed, modified and filtered by client activity before being launched into the real world” (Law, 2009). Consultants must respond to the demands placed by the client as well as by their own management (Chung, 2002:71) ensuring that they are doing the best for their client in the circumstances and within the spirit if not entirely the letter of the given brief. If the prime component for a successful consultant-client relationship is one of mutual helping (Schein, 2002:27) then veering from an original brief as a result of evolving findings may reinforce the fact that the consultants have the clients best interests at heart and are following the research rather than the rules.

The meaning of quality in a consulting engagement is not instantly clear, particularly since the solution provided by the consultant can be perceived as ambiguous (Alvesson, 1993) and its application is outside the influence of the consultant (Law, 2009). A particular kind of relationship exists between the professional and the client, some aspects of which may require an intuitive ability akin to art (Daniels, 1973:41). In keeping with this view, consulting is generally skills-based but personality-driven.

The Consulting Intervention

The first step that the Consultants took was to gather information to clarify understanding and perception across the main stakeholders, of which 4 main groups were identified. Two internal stakeholders were identified as Trust Staff and Management, and two external stakeholder groups as patients and the general public.

Data was collected from these 4 groups. A sample of individuals from a number of groupings was random: members of ward staff, and seven employee groups:

Medical Theatre Matrons Porters

Ward 29

Phlebotomy

Renal

Individual semi-structured interviews, were conducted face-to-face or over the telephone, lasting around 45 minutes.

- 1 What do you think is the current public perception of MRSA infections?
- 2 How do you think that means that patients feel when they enter hospital?
- 3 What actions do you and your colleagues take at present to address these feelings?
- 4 What could you do in the future to ensure patients feel more reassured about the real causes and likelihood of infections?
- 5 What could you do in the future to reduce the causes and likelihood of MRSA infections?
- 6 Where such initiatives have been tried / are in place, what stops them being adopted on an organisational-wide and sustainable basis?
- 7 How many of these initiatives have already been tried in the past and/or are currently in place in some areas?
- 8 How could these changes be made to work and to stick on a long-term basis?

Fig.2 The Interview Framework

Using the same questions, four focus group sessions with the general public were held, each lasting 90 minutes. Participants were recruited against the following criteria:

- Mix of males and females in each group
- MRSA Involved Group
 - definition:
 - have had a close friend or relative involved in an MRSA ‘episode’ within the past 24 months
 - have visited, *for any medical reason (self/other)*, NTHT within the past 24 months
- Non-MRSA Group
 - definition:
 - have visited, *for any medical reason (self/other)*, NTHT within the past 24 months
 - aware of MRSA
- profile of respondents was as follows:

	MRSA involved groups	Non-MRSA groups
Wednesday 28 November	25-44, C2D	25-44, C2D
Thursday 29 November	45+, C2D	45+, C2D

Fig.3 Focus Group Age and Socio-Economic Profiles

All respondents were broadly conversant with the challenges facing the NHS in its battle against HAI.

Secondary research was also carried out, collecting data on the rates of MRSA infection, staff numbers, mix of disciplines and other internal metrics.

Results

Initial findings highlighted that whilst infection rates were the political bugbear, the operational reality was that a cultural change was required internally, across the board.

“We don’t work well as a team at an organisational level” (Nurse)

“We’ve all lost the focus of why we’re here” (Nurse)

“I can’t actually hit my targets without doing some of the quality stuff first” (Matron)

“MRSA is a good starting point for organisational change because it’s fundamental” (Nurse)

Only once this internal change had been achieved could patients and the public be expected to change. At this point it was understood that the social marketing approach was inappropriate, placing as it does, the onus on patients and the public to change their behaviours. The emphasis had to be on staff changing their attitudes and behaviours. An internally focused approach needed to be adopted in order to engender change in the first instance, after which the public, pragmatically, would follow. As long as the NHS made a clear, unequivocal public commitment to getting its own infection house in order, the public would be receptive to being engaged in the process sooner rather than later.

“Just tell us what to do – most of us do what we’re told anyway” (Visitor)

“I would respect the NHS for getting tough on this” (Patient)

To this end, a further phase, Engage, was embarked upon in order to develop a programme of change and improvement at the same time as convincing the staff of the need to change. From this followed two further stages, Energise and Embed, which did much as their names suggest. The programme became known as ‘Safe Hands’. Imagery of a hand was used, with each digit representing an easy to remember aspect of ward hygiene that was a ‘must do’ for all on the ward.

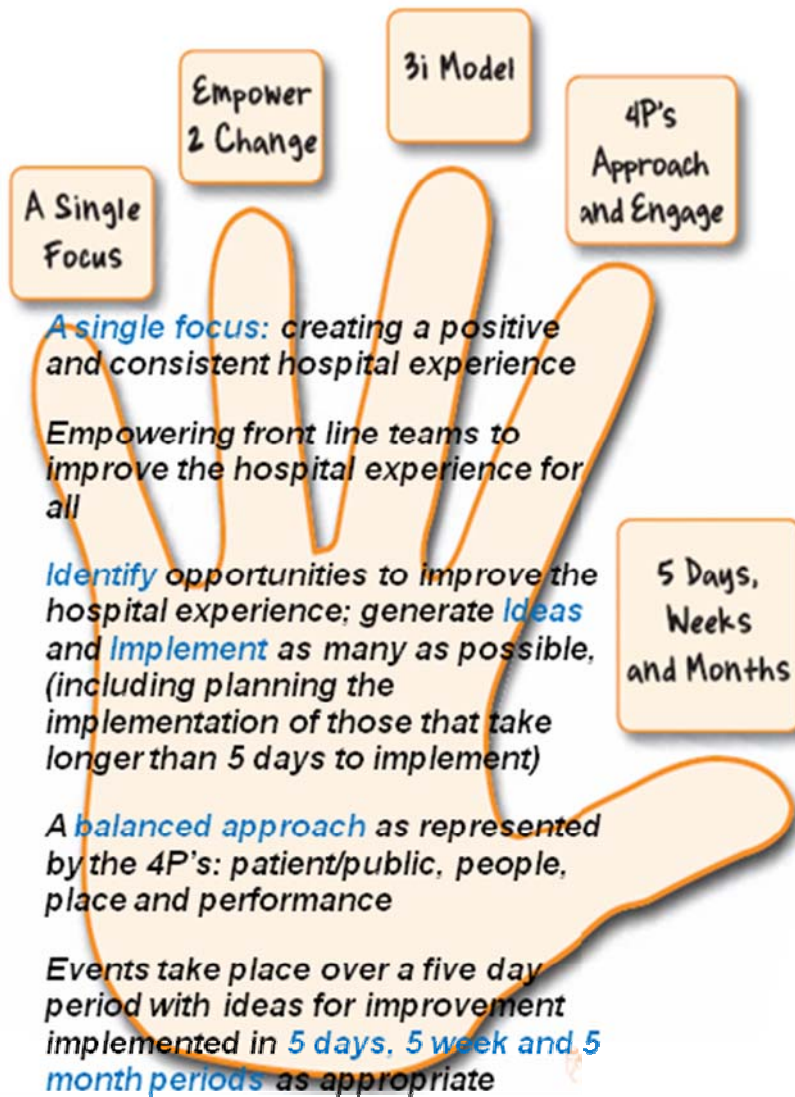


Fig.3 Safe Hands Campaign Poster, adapted

This acted as a unifier for the new behaviours, as well as a talking point amongst staff, patients and visitors. Given MRSA's association with deteriorating cleanliness, it was a particularly apt analogy.

Discussion

The consulting assignment had grown from a short review to a major change programme and ended with grateful Ward staff and patients alike, who were keen advocates of the process and the outcomes because they could now see a clearly articulated purpose and a goal to work towards..

There is an array of research in the healthcare arena regarding the adoption of, and the suitability thereof, industrial and business tools of management and improvement (Boaden, 2009 , Crump, 2008 , Dagger et al., 2007). There is however no consensus on how useful this is. In this instance, what began as social marketing ended by being what could be described as the perfect execution of a '5S' project.

5S is a philosophy and a way of organizing and managing the workspace and work flow with the intent to improve efficiency by eliminating all types of waste relating to uncertainty, waiting, searching and so on. It originated in Japan and has become synonymous with 'lean', which had in turn started out life as the Toyota Production System. Based on 5 Japanese words Seiri (Sort), Seiton (Set), Seiso (Shine), Seiketsu (Standardisation), Shitsuke (Sustain) its implementation means the unnecessary is eliminated, clutter is reduced, everything is made clear and predictable, and therefore easier, faster, smoother, more effective (Slack et al., 2007:470).

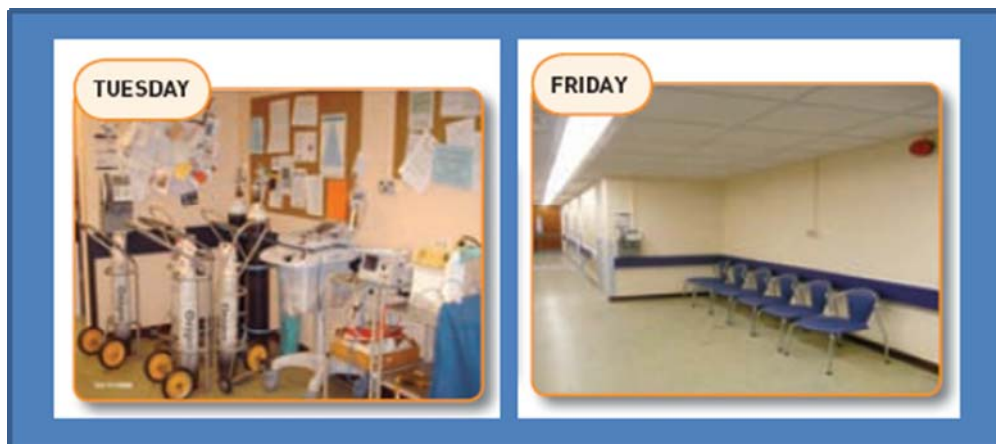


Fig.4: 5S at work – a single focus identified and implemented improvement

In Healthcare the 'business' tools of quality and continuous improvement such as Kaizen and Lean are increasingly applied in health care (Boaden, 2009 , Antony et al., 2007 , Patwardhan and Patwardhan, 2008), alongside the adoption of the models of performance management (Smith, 2002) in order to quantify and report these improvements. For instance Bolton Hospitals NHS Trust "held five 'rapid improvement events' involving employees from across the organisation who spent several days examining processes and identifying alternative ways to improve them". (Slack et al., 2009:353-4). Salisbury District hospital used lean principles to reduce delays in waiting times for ultrasound test results (ibid).

Long-term, sustainable change it would appear can therefore be engendered by not doing anything major, by not thinking big. By seeing the detailed work of all staff involved in the Ward at first hand, frontline consultancy work quickly unearthed what was really going on. Once behaviour was seen as reverting back, it was simply, and quietly, changed, there and then, by day-in, day-out talking to the people, interacting, being interested. There was no BPR, no major Transformation Programme, no Steering Groups, no visible trappings of Project Management. The work evolved as each step changed the original environment found by the consultants. "I don't know what you've done, apart from being here" (CEO, NTHT).

The consulting assignment at its conclusion had a completely different outcome to the one contracted for. The SHA had paid for a social marketing intervention because it wanted an initiative that would change the way patients and the public behaved – an outward-facing solution to an internally-created problem. Yet through engaging with the consultancy process, the client did not shirk from the change of direction. Rather, it was embraced by the staff and much effort was expended on implementing and supporting the changes implied through the adoption of the 'Safe Hands' programme.

As Walsh et al (1993:115) have noted, "professional social marketers tend to be broadly eclectic and intuitive tinkerers in their use of available theory". In conclusion therefore, this eclectic approach appears to have been entirely in keeping with the social marketing principles with which the intervention was first planned.

References

- ALVESSON, M. (1993) Organizations as rhetoric: Knowledge-intensive firms and the struggle with ambiguity. *The Journal of Management Studies*, **30** (6), 997.
- ANTONY, J., et al. (2007) Can Six Sigma be the "cure" for our "ailing" NHS? *Leadership in Health Services*, **20** (4), 242.
- BOADEN, R. (2009) Quality improvement: theory and practice. *British Journal of Healthcare Management*, **15** (1), 12 - 16
- CHUNG, B., G., SCHNEIDER, BENJAMIN (2002) Serving multiple masters: Role conflict experienced by service employees. *The Journal of Services Marketing*, **16** (1), 70.
- CRUMP, B. (2008) How can we make improvement happen? *Clinical Governance*, **13** (1), 43.
- CULLEN, R., et al. (2000) Reviewing a service - discovering the unwritten rules. *British Journal of Clinical Governance*, **5** (4), 233.
- DAGGER, T. S., et al. (2007) A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model. *Journal of Service Research : JSR*, **10** (2), 123.
- DANIELS, A. K. (1973) How Free Should Professions Be? In: FREIDSON, E. (Ed.) *The Professions and Their Prospects*. Beverly Hills: Sage, pp. 39-58.
- DAVIES, H. T. O., NUTLEY, S.M. AND MANNION, R. (2000) Organisational culture and quality of health care. *Quality in Health Care*, **9**, 111-19.
- GROONROOS, C. (2007) *Service Management and Marketing; Customer Management in Service Competition*. Chichester: Wiley.
- HEALTH, D. O. (2006) Mandatory Surveillance of Healthcare Associated Infections Report 2006. *Health Protection Agency*.
- LAW, M. (2009) Managing consultants. *Business Strategy Review*, **20** (1), 62-66.
- PATWARDHAN, A. and PATWARDHAN, D. (2008) Business process re-engineering - saviour or just another fad? *International Journal of Health Care Quality Assurance*, **21** (3), 289.
- RITCHIE, L. (2002) Driving quality - clinical governance in the National Health Service. *Managing Service Quality*, **12** (2), 117.

SCHEIN, E. H. (2002) Consulting: What Should it Mean? In: CLARK, T. and FINCHAM, R. (Eds.) *Critical Consulting. New Perspectives on the Management Advice Industry*. Oxford: Blackwell Business.

SLACK, N., et al. (2007) *Operations Management*. Harlow: Financial Times Prentice Hall.

SLACK, N., et al. (2009) *Operations and Process Management*. Harlow: Pearson Education Limited.

SMITH, P. C. (2002) Performance management in British health care: Will it deliver? *Health Affairs*, **21** (3), 103.

WALSH, D. C., et al. (1993) Social Marketing for Public Health. *Health Aff*, **12** (2), 104-119.