

Risk Management Consultants, LLC presents

TOTAL QUALITY MANAGEMENT AND CONTINUOUS QUALITY IMPROVEMENT



SPECIAL REPORT

Donald E. Machen, DMD, MSD, MD, JD, MBA, CFA

Orthodontist, Board-Certified

Trial Lawyer for Healthcare Professionals

Trial Court Judge

Total Quality Management and Continuous Quality Improvement

“Anything that doesn’t add value is waste. Good business managers have an obligations to constantly eliminate it.”

Patrick Lancaster, business executive.

Over the past twenty plus years, I have had the pleasure to consult with orthodontists in an effort to provide optimal patient care in a stress-free office environment. It is my experience that when these two aspects exist, practice referrals increase exponentially and negative patient comments and lawsuits do not occur. As such, these are the keys to an excellent risk management system.

The approach taken to accomplish optimal patient care and a stress-free practice has been and continues to be a constant and continuous quest for “quality” improvement in all areas of the orthodontic patient experience. This encompasses all practice processes, procedures and protocols, both in treatment and with regard to interpersonal relationships and in general office matters.

The methodologies used to achieve these goals are in part based on principles introduced by Dr. Edward Deming, a pioneer on Total Quality Management (TQM) and Continuous Quality Improvement (CQI)¹. Dr. Deming very successfully implemented these concepts in his consulting endeavors with many industries including the Japanese automobile industry starting in the 1950’s. These concepts continue to be effective in assisting some of the world’s leading businesses in obtaining and maintaining a reputation for using technology combined with careful and critical evaluation of processes, procedures and protocols to keep their services and products perennially at the top of the quality list, based on customer surveys. What a powerful statement from the customers!

TQM, as applied to healthcare and specifically orthodontic care, is a process and philosophy of achieving optimal outcomes for patients by more effective and efficient use of the right people, materials and techniques, while achieving the long-term objectives of the organization.

The same TQM and CQI principles and concepts can be applied to the orthodontic experience of patients/parents. It works extremely well. We know that because we conduct extensive surveys to determine patient/parent, referrers and other treating professionals perceptions of all aspects of quality related to the practice, not only that a satisfactory treatment result was provided. The orthodontist and staff are also surveyed to reveal areas for improvement. All practice and interpersonal areas are fair game and result in priorities being created.

¹ The Deming Management Method, W. Edwards Deming, Perigee Books, (1988).

Our number one goal, and the overriding goal in orthodontics, is to provide optimal patient care. That goal is accomplished through the concepts of TQM and CQI. Furthermore, other stakeholders including parents, referrers (both professional and lay), along with other treating practitioners (dental and medical) express their delight with the process of treatment and the overall experience. To this end, surveys are conducted before implementing these concepts as well as during and after these practices, procedures and protocols have been implemented and are functioning. The results are remarkable. Frequent patient/parent comments repeatedly confirm that the changes are noticeable and much appreciated and that the practice is “more patient-oriented” and “happier” and “without stress”.

As an overview, the process consists of collecting the data from observation and appropriate surveys, analyzing the data obtained, and drawing valid conclusions from which a series of action plans are created. Each stakeholder group needs to participate so as to accurately determine what each group desires. Once obtained, the orthodontist (or consultant) carefully reviews and analyzes this data and the processes, procedures and protocols in the practice to insure that all systems are focused on providing an optimal (quality) orthodontic experience as defined by the criteria established by each stakeholder group. Orthodontic practices that take the time and expend the effort to better understand the drivers of an optimal patient experience achieve the goals of providing optimal care in a stress-free practice environment. Further, they obtain two other important benefits: they receive the highest level of patient and professional referrals, developing a sustainable competitive advantage, and do not encounter negative comments or receive malpractice lawsuits.

CQI smoothly integrates into the scheme because measurements are not just made at the beginning and at the end. Data is collected on an ongoing basis and adjustments are made as required in order to maintain a tracking with the mission of the practice, which often involves the four (4) benefits described above. Foregoing this continual effort leaves the system susceptible to relapse into suboptimal behavior. It is not unlike orthodontic treatment itself, which is an ongoing process that requires regular monitoring, adjustments and care.

Understanding quality, and how each individual perceives it, aids in developing a framework upon which TQM and CQI are superimposed for optimal care. Since most patients/parents are unfamiliar with the technical aspects of orthodontic care, in part they rely on their observations of the way the care is provided, appearance and feedback from other health care providers, both referring dentists and subsequent and other treating dentists. However, most people do agree that defining quality is difficult and quality is not a static concept. Rather, it frequently changes over time. Also, in healthcare, the general misunderstanding that “the standard of care” is a proxy for “quality” compounds the problem even among orthodontists.

A common understanding among orthodontists when asked about their perception of quality focuses on the technical aspects of orthodontic care, such as facial balance, skeletal and dental relationships, midline analysis, etc. These are most

noticeable and are very important, as are many other criteria. However, patients/parents have a more global feeling about the “quality” orthodontic experience and when it has been achieved. As a result, only when the patient/parent perceives that it has been achieved does the orthodontic practice receive the benefits.

Quality, as with beauty, may be in the eye of the beholder. With regard to orthodontic care, the orthodontic practitioner must be aware of the criteria of quality for each stakeholder group as mentioned above and be prepared to offer the orthodontic experience that will satisfy each. Carefully crafted surveying programs are therefore an integral part of assessing the current status and progress toward practice goals.

Encounter-based risk management (EBRM), a program developed after working with highly successful orthodontic practices, is a framework for the individual patient internal monitoring system and for the external communication system and TQM/CQI is the framework for optimizing each practice, procedure, process and protocol. Together, these two complementary systems create the overlay that enables orthodontists to provide the optimal patient experience.

Another benefit to the process is achieved by reducing unnecessary steps in the office procedures and protocols. This saves patient discomfort, reduces untoward responses or consequences, saves treatment time for the patient, reduces cost and is also beneficial to the patient in additional ways, i.e. optimizing the patient experience.

Finally, error introduction and dispersion of results are reduced when the processes are well-documented and standardized, understanding that occasionally patients’ responses may differ. By integrating the techniques described, systematic errors are greatly reduced if not eliminated and idiosyncratic errors are readily identified at an early stage so as to permit prompt attention and correction as well as contemporary presentation to all team members for action at their point of contact.

By developing a partnership with patients, parents, referrers and other treating practitioners, the team facilitates an orthodontic experience that seamlessly integrates all aspects of care. All stakeholders are valued members of the team and as such are regularly updated and informed of progress, and more importantly, lack of progress or problems as they arise. The process is transparent and the system functions on trust and integrity.

Understanding that poor interpersonal relationships, including poor communication and sub-optimal office interactions (not only staff with patient/parent, but staff-staff, orthodontist-staff, etc.) as well as second doctor criticism represent the majority of reasons lawsuit are initiated, a key benefit of TQM/CQI and EBRM is the elimination of this potential. Furthermore, and perhaps more destructive to practice health and growth are negative patient comments. These are not only eliminated but by integrating these concepts, patients/parents become “champions” of the practice.

The consistent message obtained through years of surveys is we as orthodontists may think we know what patients, parents, referrers and other treating

practitioners value as a quality or optimal patient experience, but that is not as important necessarily as what these individuals actually think. In that regard, continual and ongoing data collection (surveys, etc) combined with TQM/CQI and EBRM provide a solid foundation upon which to provide an orthodontic experience, in a stress-free practice that receives continuing and growing numbers of referrals, develops a sustainable competitive advantage and experiences no negative patient comment or malpractice lawsuits.