

Bangalore World Bank health project benefits from ISO 9000

Project managers of the "India Population Project VIII" to provide free primary health and maternity services to women and children in Bangalore's growing urban slums decided to raise performance, gain greater commitment from health workers and deliver a better service to needy "customers" by implementing ISO 9002-based quality management systems in the city's 30 primary health care centres.

Bangalore, capital of Karnataka state in India, is one of the fastest growing cities in Asia. Unprecedented migration from backward areas to urban areas during the last decade has resulted in growing slum areas with inherently poor sanitary conditions and meagre health care facilities.

In response, the Bangalore City Corporation initiated the "India Population Project VIII" (IPP VIII) in 1994-95, funded by the World Bank. Its broad objective was to provide free primary health and maternity services to women and children in Bangalore urban slums, encompassing family planning, health care for mothers, immunization for children, post- and ante-natal care, and ultimately to reduce infant mortality.

IPP VIII is a community development programme covering some 850 000 urban poor residing in over 500 slums in a city corporation area of 225 sq. km. Highly experienced doctors holding senior positions in the government health sector were appointed as project managers, and community leaders, non-governmental organizations and link workers from the local areas became involved in health education, and in mobilizing the

community to make use of the services. To date, 55 health centres and numerous maternity homes have been established in city areas close to the slums.

Innovative awareness building programmes have helped lay the foundations of the project by educating the target population and encouraging participation in the family welfare and maternal and child health programmes. These activities have included video films, printed material, folk media and health check-up camps.

Improving performance through ISO 9000

Once IPP VIII had taken shape, the project managers decided that ISO 9002 quality management system (QMS) implementation would improve health centre performance and help achieve project goals. It was also felt that early success with ISO 9002-based systems would act as a stabilizing influence before embarking on more ambitious projects. And so an initial 25 primary health centres were chosen to undergo the process.

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BY D.V. RAMACHANDRAN

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country to pursue ISO 9000 certification, particularly in the health care sector. Only a few major private hospitals and diagnostic centres had achieved certification at that time. So when the project managers announced the certification objective, there were mixed reactions among staff.

Some, particularly at top level, welcomed the move believing it would help encourage a more systematic approach. Many others, including some senior officers, felt that the quality of work in the primary health centres was already fairly high and that ISO 9000 systems would not bring any significant improvement. Middle level employees were initially concerned that their documentation workload would increase substantially.

A number of lower level staff were already worried that the flexibility they enjoyed in remote villages would be a thing of the past when posted to urban areas under the scrutiny of senior officers. They felt that ISO 9000 implementation would demand greater accountability. However, most of the medical officers in charge of the health centres were on contract employment, and saw an opportunity for their services to be regularized in government jobs if they showed sufficient commitment to the certification process.

At the same time, there was a desire at top and middle levels to make the IPP VIII health centres stand apart from other government units, be perceived as highly service oriented, and distance them from the stigma of apathy and inefficiency generally attached to government organizations.

More than anything else, the respect accorded to project officers and the organizational discipline they established helped generate staff enthusiasm for ISO 9000 certi-

fication. This did not mean that problems were brushed aside. They were painstakingly addressed by project managers who used their experience to find effective solutions. The World Bank also closely monitored the programme.

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Programme steps

Appointment of quality system consultants

Being new to establishing and implementing a QMS, the project managers decided to seek professional guidance. Mr. D.S. Gopalakrishnan and myself, quality management system consultants representing Indigan Quality Service Pvt. Ltd., were appointed in March 1999. Our objectives were to help establish ISO 9002-based systems in the primary health centres, train personnel, assist during implementation, and provide certification guidance.

Formation of a core group

A core group consisting of a mix of experienced senior and committed junior medical officers was formed to document the systems already in use in the centres. Support and guidance was provided by the project managers, who also monitored group progress.

Core group members, other senior officers, project managers and centre medical officers participated in an ISO 9000 awareness programme which included the ISO 9004-2 guidelines for service industries. They were also trained in drafting operational procedures, work instructions, and the quality manual.



D. S. Gopalakrishnan, QMS consultant with Indigan Quality Service Pvt. Ltd., provided ISO 9002 implementation, training and certification guidance to the IPP VIII project in Bangalore.

Developing QMS documents and implementation

With core group members being new to drafting procedures, their efforts concentrated more on documenting the technical aspects (which would normally be covered in the work instructions) than on addressing the system aspects. As consultants, we had to develop acceptable procedures and work instructions based on the inputs provided and on interactions with the core group. By September 1999, the QMS documents were ready. They incorporated many ISO 9004-2 guidelines.

All personnel received extensive training in procedures and work instructions during the next two months. Each step was scrutinized for conformance with the actual practice and with ISO 9002 requirements. Practical difficulties anticipated during implementation were also identified during the training sessions, which helped in fine-tuning the documents and ensured consistency of practice among the centres.

Although time consuming, this process helped build a sense of participation and ownership of the documents among operating personnel. It also led to a clearer understanding of ISO 9002 requirements. However, some service quality elements drawn from ISO 9004-2 were dropped because of inadequate infrastructure and the hierarchical constraints of a government institution in making even small changes, e.g. to modify or improve a prescribed format. Subsequently, the implementation and problem solving phase took about four months.

Audits and review

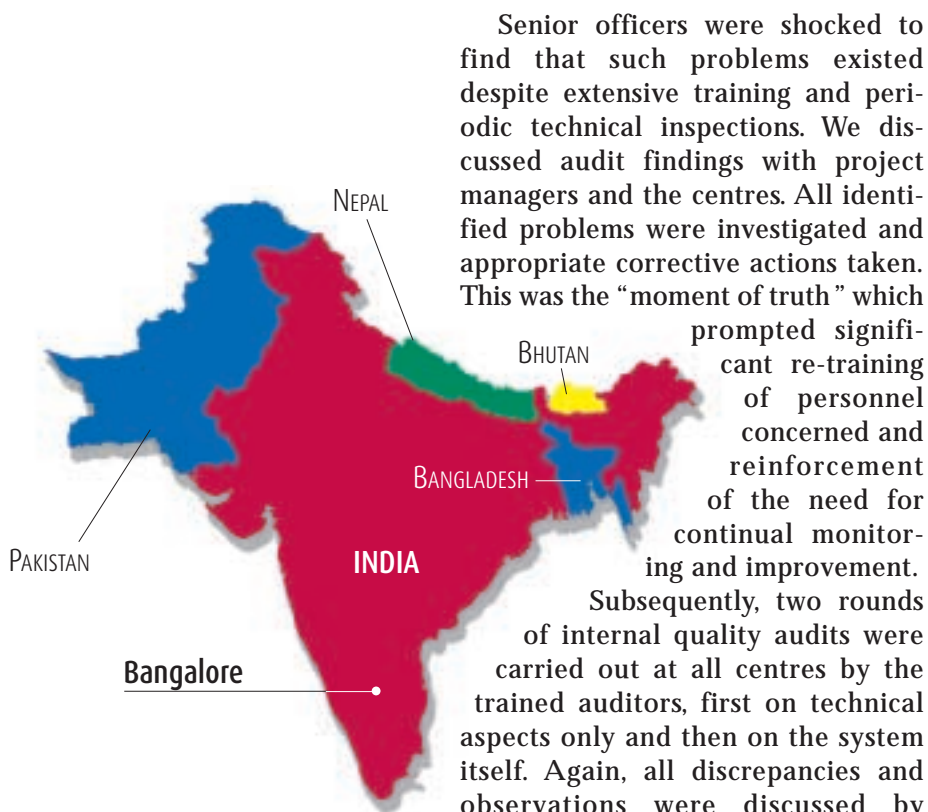
A group of selected medical officers in charge of some of the centres were trained as internal quality auditors. We used practice audits to help them prepare for the real thing. Technical audits carried out in a few centres by recognized experts in community medicine and witnessed by the trainee auditors identified numerous weaknesses, ranging from inadequate knowledge in some areas to poor implementation and practices.



These included practices not fully in line with procedures; child immunization schedules and post-natal cases not monitored effectively; need for further improvement in immunization practice including vaccine storage; incomplete information recorded on ante-natal cards; emergency kits incomplete or containing out of date drugs; inadequate follow up of high risk pregnancies, and monthly staff meetings that failed to cover quality issues or progress towards objectives.

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All 30 primary health centres in Bangalore, part of the "India Population Project VIII" funded by the World Bank, are ISO 9002-certified.



Senior officers were shocked to find that such problems existed despite extensive training and periodic technical inspections. We discussed audit findings with project managers and the centres. All identified problems were investigated and appropriate corrective actions taken. This was the “moment of truth” which prompted significant re-training of personnel concerned and reinforcement of the need for continual monitoring and improvement.

Subsequently, two rounds of internal quality audits were carried out at all centres by the trained auditors, first on technical aspects only and then on the system itself. Again, all discrepancies and observations were discussed by those concerned. This information sharing and pooling of knowledge led to common solutions, consistency of practice, and enabled individual centres to anticipate problems before they occurred.

We then carried out independent audits of all primary health centres to assess both system and technical aspects. While most of the earlier nonconformities had been eliminated, problems included poor monitoring of performance against immunization targets; crude birth rate, infant mortality and maternal morbidity statistics; inconsistencies in identifying high risk pregnancies, and inadequate monitoring of the activities of field staff. These issues were discussed by project managers and all centres and necessary corrective measures implemented.

Certification

National Quality Assurance (NQA) – India Operations¹⁾ was selected as the certification body and conducted the audit with a team led by Ganesh Shastri and Dr. Vikram Kashyap, a qualified medical professional and registered QMS auditor. All 30 primary health centres were successfully certified in accordance with ISO 9002 at the first attempt, and became the first multi-site state agency project in India to do so.

Problems faced

Achieving certification was not entirely smooth sailing. Considerable difficulties and problems were encountered. For example, project managers repeatedly assured employees they were already doing good work and all that was required for certification was to maintain appropriate records. Such over-simplification proved counter-productive. Workers were lulled into a false sense of security, and it took considerable effort on our part to alert them to the reality of the situation.

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provided free of cost, the target population should be content with the treatment they receive. To change such attitudes, we had to give everybody a document explaining their duties and responsibilities in clear, unambiguous terms and provide further explanation in open forums. The importance of each individual's contribution, however simple, was strongly emphasized. In addition, the sense of individual self-fulfilment and recognition, and the benefit to customers in achieving organizational goals, was highlighted.

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There was little appreciation of the process linkages and interactions. Individual activities were perceived as “stand alone”, which led to inadequate performance monitoring and measurement. The concepts of a process approach and systems approach were communicated to improve overall effectiveness.

The perception of insufficient time for the additional work in achieving ISO 9002 implementation was widespread. We had to emphasize that quality was not a “bolt on” addition, but an integral part of the organization’s activity.

New personnel brought into the system midstream added a new dimension. This called for repeat training programmes on a number of occasions. But, in retrospect, this helped ensure uniformity and consistency of practices and a greater in-depth understanding of the requirements of ISO 9002.

Benefits and future outlook

Employees at many levels believe that certification was well worth the effort, and see the following advantages of ISO 9002 implementation:

- A significant boost in personnel morale across the organization.
- A more positive attitude towards, and greater concern for, the health care “customer”.

- Clearer communication and more trusting relationships at all levels.
- Better understanding of the role of each individual and of the role and purpose of the health centres.
- Enhanced team work.

The certification experience gained in primary health centres will be invaluable in supporting certification of the maternity homes – the next phase.

Based on the IPP VIII experience, other government hospitals in the State of Karnataka are now considering ISO 9001 certification for their maternity homes, blood banks and maintenance units. This is a welcome development whereby Kar-

nataka as a whole would stand to gain considerably in terms of quality health service. This should also act as an example for other states to follow.

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