IFC International Finance Corporation
WORLD BANK GROUP

## Total Quality Management Department

# Education Framework

| DEPARTMENT | X HOSPITAL-WIDE | ISSUE DATE |
|---|---|---|
| **Process owner** | TQM department | ------- |
| **Title/description** | TQM education calendar | REVISION DATE |
| **Policy no.** | X-TQM-EDU-01 | ------- |

| SECTION | CHANGE | EXPLANATION |
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**Note:** This section lists the latest changes in this document only. For detailed revisions, please refer to the sections referenced on this list.

# |1| Introduction

## 1.1. Purpose

The Total Quality Management (TQM) Department believes that regular training is the key to safe, high-quality patient care. This framework provides a clear, step-by-step plan for Quality and Patient Safety (TQM) education at X Hospital. It combines basic safety rules with practical, everyday improvement tools. The goal is to give staff the skills they need to fix workflow problems, reduce mistakes, and build a strong culture of safety.

## 1.2. Scope

This training plan applies to all full-time, part-time, and contract staff at X Hospital. The topics are split into three levels based on your job role:

- All Staff: Focused on basic patient safety rules, identifying hazards, and reporting incidents.
- Department Heads & Managers: Focused on frontline leadership, workflow mapping, and starting quality projects.
- TQM Team & Safety Champions: Focused on advanced data tracking, system troubleshooting, and audit preparation.

## 1.3. Accreditation Alignment

This education plan is designed to meet the official training and compliance rules required by national and international healthcare inspectors, including Ministry of Health (MOH), and JCI.

## 1.4. How Training is Delivered

To make quality improvement easy to understand, we do not use long, boring lectures. Instead, training happens through practical, hands-on activities. This includes 10-minute shift huddles, real-time coaching during Gemba walks, and interactive workshops. We also use Run Charts to visually track our data and prove that our training is making the hospital safer.

# |2| Core Educational Target Groups

- **Group A: All Hospital Personnel** (Clinical, Administrative, and Support Staff).
- **Group B: Department Heads, Supervisors, & Process Owners** (Frontline Management).
- **Group C: TQM Team, Performance Analysts, & Patient Safety Champions** (Advanced Quality Specialists).

# |3| Practical Educational Topics & Practical Tools Matrix

| NO. | TOPIC & PRACTICAL TOOL | CORE EDUCATIONAL FOCUS | TARGET AUDIENCE |
|---|---|---|---|
| 1 | **International Patient Safety Goals (IPSG)** | Adhering to universal clinical mandates – including correct patient identification, effective communication, and high-alert medication safety – to eliminate preventable bedside errors | Group A (All Hospital Staff) |
| 2 | **Occurrence Variance Reporting (OVR), Reporting Culture & Just Culture** | Identifying hazards, logging an OVR, incident classification, and understanding the non-punitive reporting boundaries under a Just Culture framework | Group A (All Hospital Staff) |

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| 3 | **The 5 Whys Technique** | Finding root causes quickly by tracing system failures back to their source without assigning personal blame | Group A (All Hospital Staff) |
| 4 | **Daily Safety Huddles** | Leading 10-minute frontline risk briefings for shift safety | Group A & B (Staff & Supervisors) |
| 5 | **Document Control & Policy Writing** | Standardizing policy formats, managing version controls, and ensuring uniform document distribution | Group B & C (Process Owners & Quality Officers) |
| 6 | **Gemba Walks** | Walking the actual workspace to observe workflows and reduce waste | Group B & C (Hospital Leadership) |
| 7 | **Lean Healthcare Foundations: The 8 Wastes & 5S Methodology** | Identifying operational wastes like delays and defects, and applying 5S steps to organize clinical areas for rapid access to supplies | Group B & C (Process Owners & Department Heads) |
| 8 | **QI Project Charters & Project Governance** | Scoping improvement initiatives, establishing project timelines, defining team roles, and managing stakeholder expectations to ensure project success | Group B & C (Process Owners) |
| 9 | **Sentinel Event Management & Root Cause Analysis (RCA)** | Activating sentinel event protocols, forming investigation teams, and mapping systems-level root causes for severe adverse events | Group B & C (Quality Officers & Risk Managers) |
| 10 | **The FOCUS-PDCA Cycle** | Applying the 9-step framework to find, organize, clarify, understand, and select process improvements before planning and executing them | Group B & C (Process Owners & QI Project Teams) |
| 11 | **Cause Mapping (Driver Diagrams, Fishbone, Pareto)** | Mapping primary drivers of change, identifying root causes via Fishbone analysis, and using Pareto charts to isolate the vital 20% of issues causing 80% of problems | Group B & C (QI Project Teams) |
| 12 | **Clinical Pathways & Clinical Practice Guidelines (CPGs)** | Designing, implementing, and auditing evidence-based clinical pathways to reduce unwarranted clinical variations and improve patient outcomes | Group B & C (Medical Directors & Clinical Quality Teams) |
| 13 | **Performance Measurements (KPIs)** | Developing operational definitions, establishing metric baselines, and setting realistic performance targets for department-level tracking | Group B & C (Process Owners) |
| 14 | **Data Collection & Analytics Foundation: Data Aggregation, Sampling, & Descriptive Statistics** | Collecting raw OVR data, choosing sample sizes for audits, and calculating baseline performance | Group B & C (Data Specialists & Quality Officers) |
| 15 | **Visual Reporting & Trend Monitoring (The Output): KPI Dashboards & Statistical Run Charts** | Building visual department dashboards and plotting data over time to spot trends and shifts | Group B & C (Process Owners & Department Heads) |

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| 16 | **Proactive Risk Management** | Running FMEA frameworks to prevent errors before they happen | Group B & C (Process Owners & TQM Champions) |
| 17 | **Mock Survey & Tracer Methods** | Preparing frontline staff through mock inspections, patient/system tracers, and interview compliance to ensure real-time audit readiness | Group B & C (Hospital Leadership & Department Heads) |
| 18 | **TQM Governance & Strategic Alignment** | Aligning quality metrics with hospital strategic goals, monitoring board-level dashboards, and establishing institutional accountability frameworks | Group C (Executive Leadership & TQM Champions Only) |

## |4| Delivery Methods & Implementation Timeline

- **Implementation & Modalities:** Training will be delivered via a hybrid model utilizing the hospital's E-Learning platform for baseline theory (Group A modules) and interactive, face-to-face workshops for advanced problem-solving tools (Group B & C modules). The curriculum is deployed on a rolling quarterly calendar coordinated by the Quality and Academic Affairs departments.

## |5| Competency Assessment & Evaluation

- **Assessment Framework:** Mastery of TQM competencies will be evaluated using a three-tiered approach: post-training digital quizzes (minimum passing score of 80%), active participation in mock surveys/tracers, and direct observation of practical outputs (such as logged OVRs, signed project charters, and completed Fishbone diagrams).

## |6| Record Keeping & Compliance Tracking

- **Documentation & Attendance:** All training attendance records, digital certificates, and workshop rosters will be logged within the Human Resources Management System (HRMS). Department heads will receive quarterly compliance reports to ensure their staff meet mandatory educational thresholds.

## |7| Approvals

| DESIGNATION & NAME | SIGNATURE |
|---|---|
| **Prepared by:** TQM Director<br>XYZ | |
| **Reviewed by:** Operation Director<br>XYZ | |
| **Reviewed by:** Nursing Director<br>XYZ | |
| **Approved by:** Medical Director<br>XYZ | |
| **Approved by:** Hospital Director<br>XYZ | |