

# Building Organizational Framework of Robust Process Improvement (RPI)

## Quality Management Group - KFSHRC

### Background

In the 4th Quarter of 2018, our Organization took the decision to become a High-Reliability Organization (HRO) with the goal to achieve Zero Harm. A diagnostic assessment (Gap analysis) was conducted to assess the reliability governance index (RGI); these surveys are to assess many healthcare domains and one of them is quality and continuous improvement. Baseline data showed the following result.

Method	2019
RGI	39.7

Data shed the light on the need for a structured & sustainment process to close the loop of the initiated performance improvement projects. During the Assessment Phase conducted by Press Ganey Consultancy, the following challenges were noted:

- Lack of structured processes in place regarding choosing and/or initiating, completing, or following up mechanisms on submitted Performance Improvement projects.
- Lack of a Sustainability Plan for positive outcomes.
- Lack of alignment with the Hospital's Strategy for Zero Harm.
- Lack of KPIs in order to support project progress.
- Lack of knowledge related to Robust Process Improvement Tools.
- Lack of realistic timeframes.

### Objectives

The overall goal of this project is to increase the safety and reliability of the Organization by implementing a Robust Process Improvement (RPI) Program that enhances patient safety and reliability by:

- Increase the number of projects per quality domain.
- Increase the number of projects per benefit.

### Intervention

The Performance Improvement Team at both sites, Riyadh and Jeddah, collaborated with Press Ganey Consultancy and developed KFSHRC's Model for Robust Process Improvement (RPI) called I.A.C.T Model. Moreover, it is considered a novel and creative idea that became one of the transformational tools used for all performance improvement projects.

- The team developed a project charter to include all stakeholders and get executives' sponsorship.
- The I.A.C.T model is a combined tool for all scientific PI methodologies. The model is a combination of lean, six Sigmas, FOCUS PDCA, and the IHI model. The model is trademarked and registered. I.A.C.T form has 4 main phases which are (Figure 1)
- **Identify:** Identify the problem you want to fix or opportunity to improve, create a team and obtain baseline data and baseline flow.
- **Analyze:** Brainstorm with your team on possible causes (not solutions) of the problem.
- **Change:** Implement each identified intervention with a measurable and realistic timeframe
- **Transform:** Create a sustainability plan that includes well-defined KPIs to measure performance over time.



- Established a training program on a regular basis to train all hospital staff at all levels starting with executives, middle management & front liners.

### Outcome

By implementing the RPI Training Program, the project resulted in an increase in the number of strategically aligned Performance Improvement projects that had great outcomes related to quality domains and benefits such as improving patient safety, containing cost, decreasing cycle time, and improving efficiency. (Figure 2&3).

Method	2019	2021
RGI	39.7	65.9

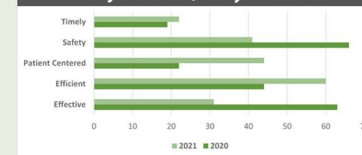
#### 2020 to 2021

Total Number of RPI Sessions: 34

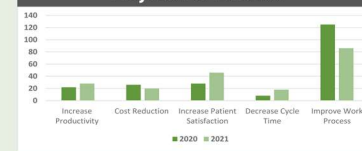
Total Number of certified staff: 797

% Satisfaction: 90%

#### Number of Performance Improvement Projects Per Quality Domain



#### Number of Performance Improvement Projects Per Benefits



### Team Members

- 1- **Abier Hamami**  
(HRO Project Leader- Corporate)
- 2- **Arwa Ezzat**  
(HRO Project Coordinator - Riyadh)
- 3- **Alanood Abdulfattah**  
(HRO Project Coordinator - Jeddah)
- 4- **Nour Mohammed Al-Attas**  
(PI Coordinator)
- 5- **Ahmad Al Muhanna**  
(PI specialist),
- 6- **Samer Dardas**  
(PI Specialist),
- 7- **Ghiwa Elnajjar**  
(PI Coordinator) ,
- 8- **Al Johara Al Ayesh**  
(PI Analyst),
- 9- **Hadeel Ghurab**  
(PI Analyst)
- 10- **Wgoud Ramdan**  
(PI Analyst)

