

THE APPLICATION OF THE EXCELLENCE MODEL TO ENHANCE HEALTH SERVICE DELIVERY AND PERFORMANCE EXCELLENCE IN A STATE DEPARTMENT

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ABSTRACT

This article examines the appropriateness of applying the South African Excellence Model for public service performance excellence in developing a strategy to enhance health service delivery and performance excellence in a state department. The results achieved by the application of the South African Excellence Model for Public Service Performance Excellence Self-assessment Questionnaire provide potential benefits for the state department to enhance health service delivery and performance excellence. The Excellence Model identifies the department's strengths and areas for improvement based upon well-established internationally accepted theoretical frameworks and recognised criteria for performance excellence. From this study it is inferred that determining health service performance excellence continues to be a challenge in the department.

OPSOMMING

Hierdie artikel ondersoek die geskiktheid van die toepassing van die Suid-Afrikaanse uitnemendheidsmodel vir openbare sektor prestasieuitnemendheid as die ontwikkeling van 'n strategie vir die bevordering van gesondheidsdienslewering en prestasieuitnemendheid in 'n staatsdepartement. Die resultate behaal met die toepassing van die Suid-Afrikaanse uitnemendheidsmodel vir openbare sektor prestasieuitnemendheidsbeoordelingsvraelys bied potensieële voordeel vir die staatsdepartement om gesondheidsdienslewering en prestasieuitnemendheid te bevorder. Die uitnemendheidsmodel identifiseer die departement se sterkpunte en ontwikkelingsareas gebaseer op internasionaal-gevestigde, teoretiese raamwerke en erkende kriteria vir prestasieuitnemendheid. Van hierdie studie kan dit afgelei word dat gesondheidsdiensprestasieuitnemendheid steeds 'n uitdaging in die departement bly. gevolg deur 'n iteratiewe itemontleding. Die voorlopige bevindinge dui daarop dat die vraelys toegepas kan word vir die beoordeling van 'n kliëntintimiteitskultuur.

The need for a strategy to improve Health Service delivery and performance excellence was highlighted by the production of the White Paper on the Transformation of the Public Service by the South African Department of Public Service and Administration during 1995. It serves as a practical implementation strategy for the Transformation of Public Service Delivery. The White Paper is primarily about how public services should be provided, and specifically about improving the efficiency and effectiveness of the way in which services should be rendered. The White Paper also provides a framework to enable public services to develop performance excellence strategies. These strategies will need to promote continuous performance improvements in quantity, quality and equity of service provision.

This study is contextualised in a public service health care organisation. The decision on this topic and its relevance and importance was theoretically, empirically and practically informed by strategic imperatives induced by the transformation of the particular state department, the constitution of the Republic of South Africa, corporate governance in South Africa, the South African Department of Health Strategic Framework 1999 - 2004, the department's business strategy, global optimisation plans for health systems and performance measurements in the public sector.

ORGANISATIONAL PERFORMANCE EXCELLENCE

Organisational performance excellence means different things to different organisations (Scholtz, 1997; Prescott, 1998; Prinsloo et al., 1999; Peters & Waterman, 1992b). According to Robson (1988), the absence of a comprehensive and integrated practical model has caused the demise of many efforts to introduce organisational performance excellence. Therefore constructing a

definition of organisational performance excellence seems to be quite a challenging task (Knauff et al., 1991).

Samson and Challis (1999, p. xvi) state that the world's truly excellent companies illustrate definite observable patterns. These patterns include: a single, integrated improvement strategy, a conscious focus on using a set of fundamental principles of management to guide behaviour in their organisation, active management of performance, linking rewards for all employees to organisational performance, benchmarking themselves against other leading companies and setting corresponding stretch goals and most importantly, linking together the elements of strategy, actions and operations, performance and rewards in powerful, sensible ways.

Veldsman (1994, p. 21; 2002, p. 34) postulates that world class organisations need be characterised by: convergence around specific foci and divergence towards new foci, extrapolation from the present and future creation, maintenance of the existing and creation of the new, alignment around vision/philosophy and flexibility in the ways to achieve the vision, control over the context of action (for example, direction, outcomes) and autonomy regarding the freedom to act at the point of action, differentiation around areas of specialised competence and integration around measurable, customer-focused whole pieces of work (or core competencies/capabilities), proficiency with respect to what needs to be done in the present and potential creation with respect to future demands, exploitation to the fullest extent of what is available now and enhancing what exists for future application, being-results driven and using a style that will retain buy-in and commitment and allowing for the survival of the fittest through constructive competition and ensuring support through caring.

Based on the successful corporate turnarounds of several South African companies despite a high degree of environmental

turbulence, research by Nasser and Viviers (1995) outlines the processes inherent in developing mindsets and strategies for the new generation and counter-trend organisations. According to Nasser and Viviers (1995) there are 10 key principles, which encompass the purposeful and success-driven behaviour of new generation organisations. These are:

- *Engaging the market.* There are *four* key principles which are critical in the process of engaging the market. These are: understand the market, create value for customers, call the tune and calculate the risk – then pre-empt.
- *Mobilising Capacity.* The project research has identified *three* principles in mobilising capacity. These are: defy the old paradigms, focus on speed, simplicity and self-confidence and create an obsession with perpetual renewal.
- *Energising the Organisation.* There are *three* fundamental principles underlying the energising of the organisation. These are: nurture competitive angst, inspire with pack leadership and manage through creative tension.

Rhinesmith (1996) is of the opinion that no business can excel and succeed without a proper business strategy, which must be translated into appropriate policies, processes, structures, procedures and plans of action. This implies that the integration of these elements into an efficient and effective management system is a prerequisite for corporate success and also the foundation of a global strategy.

Marquardt (1999, p. 85) identifies the elements of business success and refers to what he calls "global competencies", which he defines as "a strategic mastery of identified global business skills, an ability to operationalise key global concepts, and a mastery of global competitive and organisational dynamics." These have been further defined as follows: describing the forces behind the globalisation of business, recognising and connecting global market trends, technological innovation and business strategy, identifying issues essential to effective strategic alliances, framing day-to-day management issues, problems and goals in a global context, thinking and planning beyond historical, cultural and political boundaries, structures, systems and processes; creating and effectively leading worldwide business teams, and establishing a functional global organisational structure.

Prinsloo et al. (1999) developed a model of a world-class organisation. This model depicts direction, delivery system and business results as key elements and concepts of corporate excellence. Prinsloo et al. (1999) also regard the concept of joint governing ("partnering") as an essential component in the management of world-class organisations. As stated above, joint governance refers to the inter-relationships between the various stakeholders (customers, suppliers, employees, organised labour, government and community).

Most world-class organisations practise what has been called the "lean management" concept of business (Aurik et al., 2003). Steen (2002) summarises this concept as follows: defining customer value, adding value at every step along the way, creating a value chain, tailoring product to customer needs and pursuing perfection (i.e. seek continuous improvement).

Against the background of premises formulated by different scholarships, and for the purpose of this study, *organisational performance excellence*, therefore, can be conceptualised as a goal, based on corporate culture, values and belief systems (mindsets), underlined by an *integrated framework* and fundamental strategic determinants. These *strategic determinants* provide the foundation stones on which an organisation committed to excellence can build its strategic competitiveness (Hamel & Prahalad, 1994; Scholtz, 1997; Denton & Campbell, 1999; Doug, 2000).

STRATEGIC DETERMINANTS FOR ORGANISATIONAL PERFORMANCE EXCELLENCE

Strategic determinants for organisational performance excellence are key areas of the organisation, which, if properly managed, will improve the organisation's global competitiveness and performance excellence (Doug, 2000; Ali et al., 2001; Stiglitz, 2002).

A comprehensive literature study indicates many approaches to achieving sustainable organisational performance excellence. However, within these approaches there are some basic (generic) strategic determinants, which underpin organisational performance excellence. A condensed list of strategic determinants for organisational performance excellence is introduced based on an assessment of different studies and international organisational performance excellence models (Shergold & Reed, 1996). However, strategic determinants are dynamic concepts and will change as excellent organisations develop and improve.

The following strategic determinants for organisational performance excellence are identified. These strategic determinants for organisational excellence are theoretically defined.

- *Leadership* relates to the behaviour of all managers in respect of how the executive team and all other managers inspire, drive and reflect a culture of performance excellence as the organisation's fundamental process for continuous improvement (Peters & Waterman, 1992a); Abell, 1995; Dahlgaard, 1997; Dahlgaard, 1999; Hall & Maritz, 1997; Kedia & Harveston, 1998; Zairi, 1999a; Hough & Neuland, 2000; Cardona, 2000; Veldsman, 2002).
- *Policy and strategy* reviews the organisation's mission, vision and strategic direction (Birkin, 1997; John et al., 1997; Taylor, 1997; Zairi, 1999b; Fredericks, 2000; Willet et al., 2002; Pearce & Robinson, 2003).
- *Customer Satisfaction* examines what the organisation is achieving in relation to the satisfaction of its external customers (Heskett et al., 1994; Koopman, 1994; Kellas, 1997; Darling, 1999; Schmidt, 1999; Smith, 2000; Becker et al., 2001; Crawford & Matthews, 2001; Hirvonen & Helander, 2001; Walters & Jones, 2001; Amderson & Kerr, 2002; Cant et al., 2002; Cook, 2002; Eisler, 2002; Galbreath, 2002; Handfield & Nichols, 2002; Seybold et al., 2002; Smith & Wheeler, 2002; Veldsman, 2002; Faulkner, 2003; Knox et al., 2003).
- *People management* studies the management of the organisation's people and how the organisation releases the full potential of its people to improve its business and/or service continuously (Hall, 1980; Stroh & Caligiuri, 1998; Eastgate, 2000; Gratton, 2000; Luoma, 2000; Blanchard et al., 2001; Aldisert, 2002; Glanz, 2002; McKeown, 2002; Rostron, 2002; Veldsman, 2002; Erasmus & Van Dyk, 2003).
- *Resources and information management* refers to the management, utilisation and preservation of resources and how the organisation's resources are effectively deployed in support of policy and strategy (Hamel & Prahalad, 1996; Thorp, 1998; April & Cradock, 2000; Marchand et al., 2000; Willcocks, 2000; Lessing, 2001; Spar, 2001; Cairncross, 2002; Champy, 2002; Veldsman, 2002; Drucker, 2003; Glen, 2003).
- *Processes* analyse the management of all value adding activities within the organisation, and address how processes are identified, reviewed and revised to ensure continuous improvement of the organisation's business and/or service (Schonberger & Knod, 1994; Champy, 1995; Hammer & Champy, 1995; Saunders, 1997; Veldsman, 1997; Hall, 2002; Lowson, 2002; Veldsman, 2002).
- *Impact on society* probes what the organisation is achieving in satisfying the needs and expectations of the community at large (Schmidt, 1999; Edgeman, 2000; Tinsley, 2001; Prusak & Cohen, 2001; Post et al., 2002; Rockey, 2002).

- *People satisfaction* investigates what the organisation is achieving in relation to the satisfaction of its people (John et al., 1997; Schmidt, 1999).
- *Organisation results* review what the organisation is achieving in relation to its planned business and/or service objectives and in satisfying the needs and expectations of everyone with an interest in the organisation (Schonberger & Knod, 1994; Champy, 1995; Becker et al., 2001; Bossidy et al., 2002).

EXCELLENCE MODEL THEORETICAL FRAMEWORKS

It is internationally accepted that excellence models provide potential benefits for organisations to enhance service delivery and performance excellence. Excellence models identify organisational strengths and areas for improvement based upon well-established internationally accepted theoretical frameworks and recognised criteria (strategic determinants) for performance excellence. They provide an organisation-wide assessment and create a conceptual framework for the way organisations can strategically position themselves. Excellence models involve employees at all levels in performance excellence improvement. They allow organisations to measure improvements and progress over time through regular self-assessment processes. Excellence models facilitate comparisons with other similar organisations and identify critical areas for improvement. One of the most important potential benefits of applying excellence models is that it improves the development of an organisation business plan and strategy.

In broad terms, the major excellence model frameworks stress the importance of management process, customer satisfaction, people and total quality to the attainment of superior competitive position (Ghobadian & Woo, 1994; Motwani, 2001; Lee, 2002; Tan, 2002). The major business excellence awards, e.g. ISO9000, Deming Application Prize, the EQA and the Malcolm Baldrige Quality Award, are based on a perceived model of business excellence (TQM). The models underpinning the frameworks implicitly recognise that the excellence of the final results is the outcome of a complex of integrated processes and employees' efforts.

At a first glance, the major excellence model frameworks appear to be significantly different in terms of the assessment categories (criteria) they use to establish the performance excellence profile of an organisation. However, a closer examination of categories and criteria (items) within each category reveals a number of common areas. These include: formulation of quality policies; assigning responsibility for quality to the top management; constant improvement in the level of understanding of the quality policies within and outside the organisation; managing quality procedures and control; reviewing the progress of the improvement process; and delegation of authority, recognition of quality behaviour and empowerment of the workforce.

Each self-assessment framework also has its unique categories and emphasis. The Deming Prize addresses factors concerned with the management of facilities, vendors, procurement and service. The EQA considers the management and provision of resources. The Baldrige Award incorporates projection of the competitive environment, management of data and information and consideration of human resources.

The self-assessment frameworks place a different emphasis on the importance of results. The EQA places significant importance on the results and has four examination categories for this purpose. Moreover, it is the only reward that unquestionably addresses the financial results. The EQA and

the Baldrige Award also consider the impact on society. In general, the Deming Prize criteria place greater emphasis on the quality assurance of products and services, whereas the Baldrige Award and the EQA criteria have a broader scope and less depth.

The Baldrige Award, and to a lesser extent, the EQA are criticised because of their weak focus on business results. Detractors also argue that the reviewed excellence model frameworks are too process-orientated and place too much emphasis on TQM as a "check the box activity" and not as a path to sustainable results. They argue that more emphasis should be placed on results over time and that these frameworks should not simply reinforce the culture of "just do it". The EQA, by including and examining financial results, has to some extent addressed this criticism. The other criticisms directed at the major reviewed excellence model frameworks include (Leonard & McAdam, 2002): award criteria are static and not dynamic; applicants nominate themselves and are not nominated by customers; the EQA, Baldrige Award and Deming Prize fail to define quality clearly; awards encourage a home-grown approach to quality and this will not help them to achieve world-class performance; companies may focus on winning the award rather than opportunities for self-examination, learning and improvement; and pursuing the award distracts the attention of key executives from running the business.

Each of the reviewed excellence model frameworks has its unique characteristics. However, they all attempt to propagate organisational performance excellence practices. They share a set of fundamental philosophies. These include: acceptance of responsibility for quality by the top management, customer orientation, high level of employee participation, open and effective communication, fact-based management and strategic quality planning.

There is no doubt that excellence model frameworks have helped to focus attention on organisational performance excellence and facilitated a better understanding of the underlying issues. The full impact of these excellence model frameworks on improving the global competitiveness of national and international industry and commerce (as well as non-profit public service organisations) must still be ascertained.

The Excellence Model conceptual framework used in this study consists of the South African Excellence Model for Public Service Performance Excellence (South African Excellence Model, 2000). In applying the Excellence Model, a strategy was developed for service delivery and performance excellence for the department's health service.

The South African Excellence Model for Public Service Performance Excellence is based on the following premise as depicted in Figure 1 (South African Excellence Model, 2000):

- Customer and stakeholder satisfaction, people satisfaction, impact on society, and supplier and partnership performance
are achieved through
- Leadership
driving
- Policy and strategy, customer and stakeholder focus, people management, resources and information management, and processes
leading ultimately to excellence in
- Organisation results.

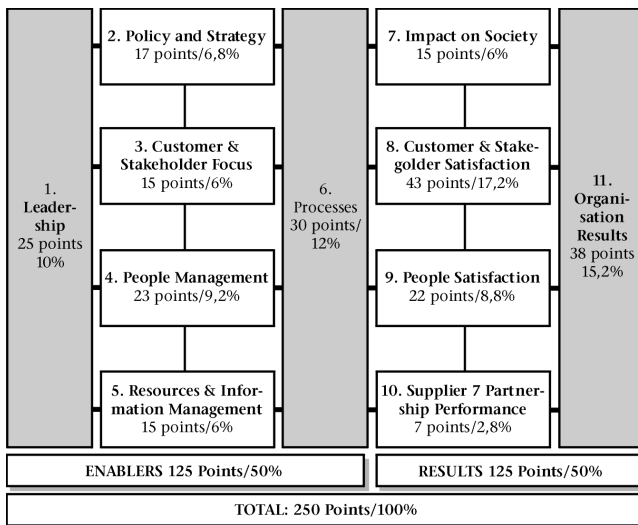


Figure 1: South African excellence model for public service performance excellence (South African Excellence Model, 2000)

APPLICATIONS OF PERFORMANCE EXCELLENCE IMPROVEMENT FRAMEWORKS IN HEALTH CARE ORGANISATIONS

Many different approaches to improving performance excellence have been developed and deployed in health care over the last 20 years (Ovretveit, 2002). The variety of approaches include educational programmes, team projects using different quality (excellence) methodologies, medical audit (Walshe, 1995), hospital quality programmes, the Malcolm Baldrige Quality Award (NIST, 1999), comparative measurement systems such as the Maryland Hospital Indicators System (Kazandjian et al., 1995), collaborative rapid improvement methods (Kilo, 1998), as well as national quality strategies (Norwegian Ministry of Health, 1995; DOH, 1998).

Some of the performance excellence improvement frameworks focus on professional competence through clinical guidelines (Woolf et al., 1999), continuing medical education (Accreditation Council for Continuing Medical Education, 1997) and clinical peer review (Van Weert, 2000). Others focus on external control through public performance reporting (Department of Health, 1998).

An extensive literature review by Zimmerer et al. (1999) examined the extent to which philosophies, techniques and tools related to systematic performance excellence improvement were being utilised in an operational health care environment. It is evident from the literature review by Zimmerer et al. (1999) that some hospitals and other segments of the health care industry have attempted to implement business philosophies, techniques and tools such as TQM, benchmarking, business process reengineering and time-based competition.

Different to the findings by Zimmerer et al. (1999), Yasin et al. (2002) reason that in most cases, such new managerial philosophies, techniques and tools, which have been proven to be effective in the business and manufacturing sector, are not being systematically implemented in health care organisations. Yasin et al. (2002, p. 2) concluded their empirical investigation of the effectiveness of contemporary managerial philosophies in a hospital operational setting by stating: "The lack of complete utilization and full integration of these philosophies is, to a large extent, attributed to historic internal barriers to change and the lack of overall strategy to integrate the implementation of such philosophies." Blumenthal and Kilo

(cited by Yasin et al., 2002, p. 7) strongly reinforce this notion when they conclude that: "The quality improvement in health care has not had the impact that many advocates and observers hoped for. In other industries the theory and methods of continuous improvement have contributed to dramatic improvements in product quality that enabled US manufacturers to triumph in the face of fierce international competition ... In the health care field none of the national quality experts could identify a health care organization that has fundamentally improved its performance through continuous quality improvement or any other means."

With this discussion in mind, the objective of this study is to explore the appropriateness of the application of the Excellence Model in developing a strategy for a health service organisation (HSO) to enhance health service delivery and performance excellence.

RESEARCH QUESTION

Given the background about and challenge for applying the Excellence Model to develop a strategy for a state department's health service organisation, the following research question emerges: How does the South African Excellence Model for Public Service Performance Excellence enable the health service organisation to develop a strategy for enhancing service delivery and performance excellence?

RESEARCH GOALS

Aim of the Research

The aim of this research is to identify critical areas for enhancing service delivery and performance excellence associated with the application of the Excellence Model to develop a strategy for a health service organisation.

Objectives of the Research

To arrive at such an aim, the following research objectives will be met:

- A theoretical framework will be established for assessing organisational performance excellence based on a conceptual framework of the Excellence Model principles.
- A qualitative and quantitative study of a health service organisation will be carried out to establish the critical areas for enhancing service delivery and performance excellence in developing a military health service strategy.

METHOD

Sample

The research data are located within the public service health care organisation within a state department.

The sample recorded in the study represents a broad and heterogeneous sample of units of the health service organisation across the Republic of South Africa. Seventeen units are included in the study, representing approximately 85% of all units. The units represented in the sample range from hospitals, area health care service units, corporate headquarters and directorates within the department. Different levels of management are represented in the sample, ranging from strategic and operational to tactical levels.

The Measuring Instrument

The South African Excellence Model for Public Service Performance Excellence Self-assessment Questionnaire selected and adopted as an integrated approach to self-assessment, because it best meets the needs, requirements and circumstances of the health service organisation. The culture and structure of

the organisation as well as the benefits it desires influenced the selection of the South African Excellence Model for Public Service Performance Excellence Self-assessment Questionnaire approach to enhance service delivery and performance excellence in health service organisations.

Reliability in this study refers to the degree to which different operations of the same concept yield the same result (Ghiselli et al., 1981; Bohrnstadt & Knoke, 1985; Neale & Liebert, 1986). In this study the reliability factors are addressed in the following ways: The Excellence Model consists of internationally recognised (benchmarked) criteria for performance excellence, the organisation-wide assessment is based on facts and not individual perception, a structured approach is followed, participants taking part in the action research approach are members of the same organisation, people taking part in the research are trained in applying principles and practices of performance excellence, the method is applied at all organisation levels, from independent units up to the organisation as a whole and consensus is gained to achieve consistency of direction on what needs to be done.

Validity in this study refers to the degree to which a study results in a measure that accurately reflects the concept it is intended to measure (Ghiselli et al., 1981; Bohrnstadt & Knoke, 1985; Neale & Liebert, 1986). This study could be said to be *valid* if its results as recorded and interpreted enhance service delivery and performance excellence in the health service organisation.

The overall *generalisation* of participatory/action research are often affected by the small number of cases and low degree of control (Mouton, 2001). In this study internal generalisation applies to the extent to which conclusions are generalisable to the military health service context in which the study is conducted. Given the fairly high percentage (85%) of the representative sample of participants involving employees at all levels in process improvement within the health care organisation, the external generalisation could be regarded as fairly high.

Data Collection Procedure

In order to meet the objectives of the study, the author gathered information via the administration of the South African Excellence Model for Public Service Performance Excellence Self-assessment Questionnaire. Textual (qualitative) and numeric (quantitative) data were generated and made available in the format of structured interviews and questionnaire responses. New data were gathered through the research. The research design can be classified as primary data.

Participatory/action research has been considered as research design for the study.

According to Mouton (2001) participatory/action research involves the subjects of research (research participants) as an integral part of the design. A combination of qualitative and quantitative methods are used in this study in order to gain understanding and insight into the life-worlds of research participants. The conceptualisation and mode of reasoning during the study were more inductive than deductive. The selection of cases and sampling were conducted on the basis of non-probability selection principles.

The strength of the participatory/action research design is the participation and involvement on the part of research subjects, which enhances chances of high construct validity, low refusal rates and ownership of findings (Mouton, 2001; Cornwall, 1995; Elden & Chisholm, 1993).

The application of the South African Excellence Model for Public Service Performance Excellence Self-assessment forms part of a four-step workshop approach which helps

management teams to become involved and take ownership of the planning and implementation of continuous improvement within their units.

Statistical and data processing is done by means of the Microsoft Excel computer package.

PROCEDURE

The designed integrated Excellence Model assessment framework applied in this study is depicted in Figure 2.

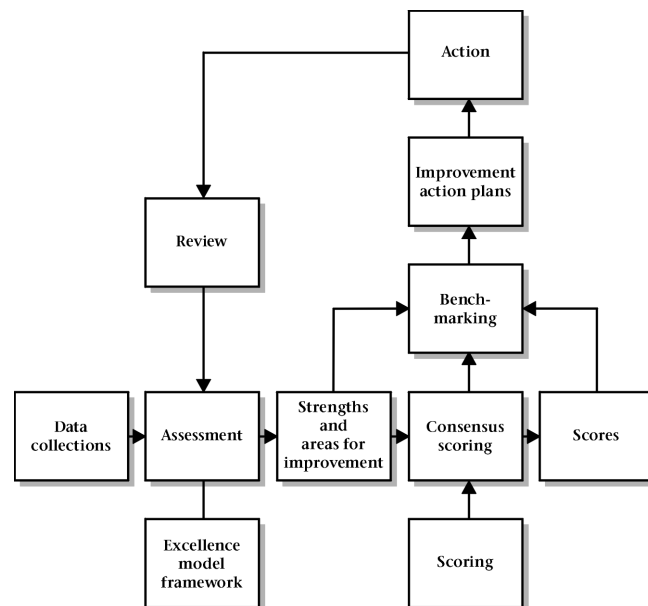


Figure 2: Integrated excellence model assessment framework (Porter & Tanner, 1996; South African Excellence Model, 2000)

The four main steps in the research structure and data collection techniques are (South African Excellence Model, 2001):

- *Briefing*. A briefing is held to introduce team members to the South African Excellence Model for Public Service Performance Excellence.
- *Individual Rating*. At the briefing each team member receives a copy of the South African Excellence Model for Public Service Performance Excellence Self-assessment Questionnaire, included in a workbook, in which they mark their own rating of the unit being assessed.
- *Consensus Meeting*. After the individual completion of the Self-assessment Questionnaire the team meets for a consensus workshop assisted by a trained facilitator. Although the facilitator is a fully trained assessor, his/her role is not to decide the rating but to use questioning techniques and facilitation skills to help the team agree on their rating.
- *Action Planning*. The final step is the action-planning meeting in which the assessment team uses consensus rating and discussion notes as a basis for producing and implementing an action plan for improvement.

RESULTS

Health service corporate enablers and results criteria performance excellence levels

The results reported in the study include the different health service organisational enablers and results criteria based on the South African Excellence Model for Public Service Performance Excellence assessment framework. The results reflect the health service organisational performance excellence levels.

TABLE 1
HSO CORPORATE ENABLERS AND RESULTS
PERFORMANCE EXCELLENCE LEVELS

SCORE	Total % Achievement	Average % Achievement	Total Points	Average Points
CRITERION				
Leadership	618	36.35	154.50	9.09
Policy and Strategy	509	29.94	86.53	5.09
Customer and Stakeholder Focus	532	31.29	79.80	4.69
People Management	593	34.88	136.39	8.02
Resource and Information Management	588	34.59	88.20	5.19
Processes	606	35.64	181.80	10.69
TOTAL ENABLERS CRITERIA	3444	33.78	727.22	7.13
CRITERION				
Impact on Society	559	32.88	83.85	4.93
Customer and Stakeholder Satisfaction	346	20.35	148.78	8.75
People Satisfaction	399	23.47	87.78	5.16
Supplier and Partnership	347	20.41	24.29	1.43
Organisation Results	493	29.00	187.34	11.02
TOTAL RESULTS CRITERIA	2144	25.22	532.06	6.26
TOTAL HSO CRITERIA	5588	29.50	1259.28	6.70

The enablers performance excellence level of 34% as assessed by the South African Excellence Model for Public Service Performance Excellence indicate how the health service organisation approaches each of the criterion parts.

- The leadership performance excellence level of 36% indicates how the behaviour and actions of the leaders inspire, support and promote a culture of performance excellence.
- The *policy and strategy* Performance Excellence level of 29% indicates how the organisation formulates, deploys, reviews and turns policy and strategy into plans and actions.
- The *customer and stakeholder* focus Performance Excellence level of 31% indicates how the organisation determines needs, requirements and expectations, enhances relationships and determines the satisfaction of customers and stakeholders.
- The *people management* performance excellence level of 34% indicates how the organisation releases the full potential of its people.
- The *resources and information management* performance excellence level of 36% indicates how the organisation manages and uses resources and information effectively and efficiently.
- The *processes* performance excellence level of 36% indicates how the organisation identifies, manages, reviews and improves its processes.

The results performance excellence level of 25% as assessed by the South African Excellence Model for Public Service Performance Excellence indicates what the health service organisation has achieved.

- The *impact on society* performance excellence level of 33% indicates what the organisation is achieving in satisfying the needs and the expectations of the local, national and international community at large.
- The *customer and stakeholder satisfaction* performance excellence level of 20% indicates what the organisation is achieving in relation to the satisfaction of its external customers.
- The *people satisfaction* Performance Excellence level of 23% indicates what the organisation is achieving in relation to the satisfaction of its people.
- The *supplier and partnership* performance excellence level of 20% indicates what the organisation is achieving in relation to the management of supplier and partnering processes.

- The *organisation results* performance excellence level of 29% indicates what the organisation is achieving in relation to its planned objectives and satisfying the needs and expectations of everyone with a financial interest or other stake in the organisation.

Strategic areas for health service delivery and performance excellence improvement

The health service organisation’s corporate scoring summary sheet is reflected in Table 2. The extent of the differences in column D indicates where the organisation should focus its continuous performance excellence efforts (highest figures).

TABLE 2
HSO ORGANISATIONAL SCORING SUMMARY SHEET

HSO CORPORATE SCORING SUMMARY SHEET					
Criteria	Total Points Scored	Criteria Weighted Points Difference			
		A	B	C	D
Enablers Criteria:					
1. Leadership		25	9	16	
2. Policy and Strategy		17	5	12	
3. Customer and Stakeholder Focus		15	5	10	
4. People Management		23	8	15	
5. Resources and Information Management		15	5	10	
6. Processes		30	11	19	
TOTAL: ENABLERS CRITERIA		125	43	82	
Results Criteria:					
7. Impact on Society		15	5	10	
8. Customer and Stakeholder Satisfaction		43	9	34	
9. People Satisfaction		22	5	17	
10. Supplier and Partnership Performance		7	1	6	
11. Organisation Results		38	11	27	
TOTAL: RESULTS CRITERIA		125	31	94	
TOTAL: HSO		250	74	176	

The health service organisation’s current/target scoring chart is depicted in Figure 3. The current assessment points indicated in column C of the organisational summary sheet (Table 2) are recorded in the current/target scoring sheet (Figure 3). The criteria weighted points indicate the “target points” for the organisation for its next revision in relation to the public service performance excellence levels benchmarked against international best practice figures.

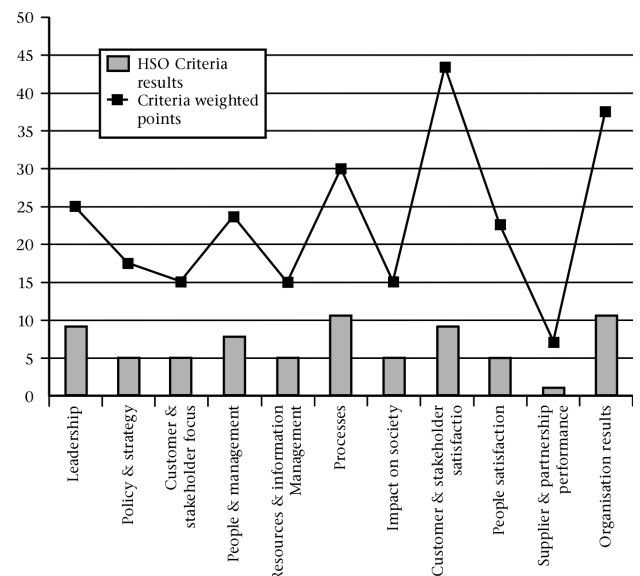


Figure 3: HSO current/target scoring chart

In comparison with the public sector user's data (South African Excellence Model, 2001), the health service organisation on average scored worse in all criteria during this research project. From such a comparison it is clear that the organisation scored best in the criteria supplier and partnership performance, impact on society, resources and information management and customer and stakeholder focus. The areas where the organisation is well behind its counterparts in the public sector are in the criteria customer and stakeholder satisfaction, processes, organisation results, leadership and people management.

Such relative low scores in the health service organisation offer scope for significant improvements in enhancing health service delivery and performance excellence.

Giving an indication of the improvement required to enhance health service delivery and performance excellence, the following criteria are identified and prioritised as strategic areas for improvement (Table 2 and Figure 3):

- Priority 1: Customer and Stakeholder Satisfaction – The degree to which the organisation satisfies the needs, requirements and expectations of its external customers and stakeholders and enhances relationships.
- Priority 2: Processes – The degree to which the organisation identifies, manages, reviews and improves its processes.
- Priority 3: Organisation Results – The degree to which the organisation achieves its planned organisational objectives and satisfies the needs and expectations of everyone with a financial interest or other stake in the organisation.
- Priority 4: People Satisfaction – The degree to which the organisation satisfies the needs of its people.
- Priority 5: Leadership – The degree to which the behaviour and actions of the organisation executive team and all other leaders inspire, support and promote a culture of performance excellence.
- Priority 6: People Management – The degree to which the organisation develops and releases the full potential of its people.
- Priority 7: Policy and Strategy – The degree to which the organisation formulates, deploys, reviews and turns policy and strategy into plans and actions.
- Priority 8.1: Customer and Stakeholder Focus – The degree to which the organisation determines the needs, requirements and expectations of customers and stakeholders, determines the satisfaction of customers and stakeholders and enhances the relationships with them.
- Priority 8.2: Resources and Information Management – The degree to which the organisation manages and uses resources and information effectively and efficiently.
- Priority 8.3: Impact on Society – The degree to which the organisation satisfies the needs and expectations of the local community.
- Priority 9: Supplier and Partnership Performance – The degree to which the organisation manages supplier and partnership processes effectively.

DISCUSSION

This research focuses on the application of the Excellence Model to enhance service delivery and performance excellence in a health service organisation. It examines the appropriateness of the South African Excellence Model for Public Service Performance Excellence in developing a strategy for the organisation to enhance health service delivery and performance excellence.

The aim of this research was to identify critical areas for enhancing service delivery and performance excellence associated with the application of the Excellence Model to develop a strategy for a health service organisation.

Excellence models were conceptualised in this study as internationally accepted self-assessment frameworks that

provide potential benefits to organisations in enhancing service delivery and performance excellence. They identify organisation' strengths and areas for improvement based upon a set of internationally recognised strategic determinants (criteria) for organisations' performance excellence. They provide an organisation-wide assessment and create a conceptual framework for the way organisations can improve themselves. It has been stated that excellence models provide a method to measure the organisation's progress over time and facilitate comparisons with other organisations. Excellence models also allow the organisation to integrate various improvement initiatives into normal organisational operations, plans and strategies.

A vital research question that was raised during the study was: Whether excellence models are appropriate for developing health service strategies. Linked to this research question was the question of how the South African Excellence Model for Public Service Performance Excellence enables health service organisations to develop a strategy for enhancing service delivery and performance excellence.

The results and data obtained through the application of the South African Excellence Model for Public Service Performance Excellence within the organisation support the notion that excellence models provide potential benefits for health service organisations to develop a health care strategy in enhancing service delivery and performance excellence. An interpretation of the main findings and results of this study highlight the different benefits.

The application of the South African Excellence Model for Public Service Performance Excellence within the organisation enables it to determine its corporate performance excellence profile. The corporate performance excellence profile enables the organisation to assess its organisational performance objectively against a number of internationally recognised criteria, identify the strengths of the organisation, single out areas for improvement and set improvement plans in action. The 30% performance excellence level of the organisation accounted for the identification of areas of improvement within the organisation.

The application of the South African Excellence Model for Public Service Performance Excellence within the organisation enabled it to identify areas for improving service delivery and performance excellence.

The identified and prioritised areas for improvement can assist the organisation to set targets and identify priority opportunities in developing a health care strategy to enhance service delivery and performance excellence.

The main results of the empirical study indicated that the application of the Excellence Model in a health service organisation could assist the organisation to develop a strategy in enhancing health service delivery and performance excellence.

CONCLUSION

This study was conducted with a fairly large representative group of the health service organisation as a public service organisation within a South African state department. The generalisation of the findings is thus quite extensive. However, it would be advisable to conduct further comparative studies to optimise the application of the Excellence Model in the context of health service systems.

The construction of a definition of organisational performance excellence, the different variables contained in it and its relevance for health service organisations will often be

determined by the unique corporate culture of the health service institution. The way in which the corporate culture of the health service institution supports or disrupts the corporate performance and strategic objectives of the organisation must still be determined by further research projects.

Studies to examine the qualitative and quantitative nature of the strategic determinants for assessing health service organisational performance excellence introduced in this study must be encouraged. It is therefore recommended that the content and construct validity of the strategic determinants for health service organisational performance excellence be ensured by means of qualitative and quantitative research designs and methodologies.

This was a first study of its kind in the health service organisation and could be considered as a baseline study determining the current organisational performance excellence levels of the organisation. In the light of the results of this study, it is recommended that follow-up studies should be conducted to establish tables of comparison and changes in the organisation's performance excellence levels.

Commitment must be gained from leaders in the organisation to use the South African Excellence Model for Public Service Performance Excellence as an integrated self-assessment framework for assessing organisational performance excellence in the organisation. The commitment of senior management in the organisation must be developed through understanding the rationale of the South African Excellence Model for Public Service Performance Excellence.

The whole process of assessing organisational performance excellence is completely wasted unless action is taken on the performance excellence data. Far too often, and in far too many organisations, management fails to do this. Charts and reports are produced, but they then fail to analyse the data and decide what they are going to do differently inside the organisation. The processes of designing assessment systems are well understood. The issues associated with the implementation of assessment systems are well recognised. The question that health service organisations need to address is how to extract the maximum value from performance assessment data?

Evidence of effectiveness of the application and implementation of excellence models in health service organisations is still lacking. More research on excellence models should be done to answer performance excellence practitioners' and managers' questions on which approaches are most effective, and on which "context conditions" are critical to allow transfer and replication or translation.

Research should be encouraged that uses a variety of theory-testing and theory-building research methods to describe excellence models, study outcomes, understand how excellence models work to produce outcomes and understand the assisting and hindering context factors.

The quality of research on excellence models would be improved with better descriptions of the excellence (quality) improvement process (i.e. the activities and what was actually done) and of the context of the process over time. Research needs to investigate the extent to which the programme was implemented: how "broadly" across all areas of the organisation and how "deeply" in each area.

An electronic database of reports of excellence improvement processes should be created to give practitioners easy access to this evidence.

Terminology relating to excellence models criteria for health service organisations must be clarified to prohibit any form of misunderstanding or misinterpretation.

Scientific benchmarked weights for criteria and their application in health service organisations must be researched. Studies to examine this could contribute to customise the design of an organisational performance excellence model for health service institutions that will enhance performance excellence in service delivery.

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