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"Navigating Global Quality in a New Era"



June 22, 2011 (Wednesday) 55th EOQ Congress

CONCURRENT SESSIONS
KEMPINSKI HOTEL CORVINUS

Wednesday 8:30 – 12:30
Erzsébet tér 7-8, Budapest V.

SALON CORVINUS

Wednesday 11:00 – 12:30

23.2. PEOPLE INVOLVEMENT AND MOTIVATION II.

Session Chair: *Jose C. Gatchalian, Quality Partners Company Ltd, Philippines*

11.20 Study and Practice on the Elderly and Disabled Care Service Quality Management

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Professor; President, Shanghai Association for Quality; President, Shanghai Academy of Quality Management. With 30 years of working experience in quality she has been quality manager in large enterprises, chief of quality organization and quality research institution, and head of government quality administration. She organized and established Shanghai Audit Center of Quality System (SAC) in 1993, the first certification body in China. In January, 1999, she organized and established Shanghai Academy of Quality Management (SAQM), the first and comprehensive scientific research institute in China, which is engaged in theoretical and empirical study of quality science, and provides high-level quality training and management consulting to enterprises. She organized and published 8 books and successfully organized five sessions of Shanghai International Symposium on Quality, the 13th Asia Pacific Quality Organization International Conference, and three sessions of Forum on Six Sigma and two sessions of Forum on Quality Innovation during China International Industry Fair from 2002 to 2008.

Study and Practice on the Elderly and Disabled Care Service

Quality Management

Tang Xiaofen

President , Shanghai Association for Quality Management

With 30 years' reform and opening up, China has undergone a great change and development. In 2010, its GDP rose to the second place of the world. Shanghai, the largest city in China is revitalized and tremendous changes have taken place in economy, social services and city appearance. In 2010, Shanghai population exceeded 23 million and GDP per capita was over 10,000 US dollars, actual utilization of foreign capital was over 100 billion US dollars, 284 multi-national companies have set up their regional headquarters at Shanghai and inhabitant population of foreigners reached several hundred thousand.

In such a metropolis, it is imperative to realize “inclusive growth” of people, economy and society. “Inclusive growth” means to let more people enjoy the benefit of globalization and make the vulnerable group get protected and keep balanced in the process of economic development”. To pay close attention to build a system of the vulnerable group care service including the aged and disabled is an important road towards the realization of “inclusive growth”.

1. In quality century, people want to share quality life

21st century is a century of quality. Global economy and social development relies on quality to drive. People involved in quality creation want to share a quality life, which has folds emphasized by the “inclusive growth”, that is “involvement” and “sharing”. It means the growth of economy and society will have no active significance unless the whole social members can “involve” and “share”.

1.1 International society pays high solicitude over the vulnerable group including the elderly and disabled

At present, international society pays more attention on the life quality improvement of the vulnerable group including the elderly and disabled. Firstly, to pay solicitude over the vulnerable group is the indication of social civilization and also the basic requirement for social justice. The “International Year of the Disabled” in 1981 advocated that a society, if excludes the sick, weakling and disabled, will be a most fragile society and this statement has been recognized by most of the civilized countries in the world.

Secondly, to enhance the life quality of the vulnerable group is also an important driving force of social development. A survey by the American Society for Quality (ASQ) shows that “aging” is one of the important driving forces of world economy and development in the future and it is ranked the fourth position, above “health care” and “environmental impact”.

Because of this, the recently issued international standard, ISO26000 “Guidance on Social Responsibility”, which takes the vulnerable group as one of the core issue in organizational social responsibilities to address. ISO 26000 points out that to protect and respect the civil rights of the vulnerable group should be the organization’s focus of special attention and meanwhile organizations can also be benefited in their practice.

1.2 Continuous improvement of the elderly and disabled life quality in China

The sixth national population census in 2010 shows that the total population in China had reached 1.339 billion, and people over and at the age of 60 accounted for 8.87% of the total population. China was ranked the world first in total, mobile population and pace of aging. In 2006, the second national sampling survey of the disabled in China showed that up to April 1, 2006, the total population of the disabled in China had reached 82.96 million, which took 6.34% of the total population.

For a long while, Chinese government has been making consistent efforts to enhance the elderly and disabled life quality, and accelerating its investment in legal protection, financial support, social service etc. “Outline of China Twelfth Five-year Plan in National Economic and Social Development” puts forward that Chinese

government will actively respond to aging and will build an elderly care service system based on home care, relying on community and supported by service agencies. Chinese government will accelerate the development of disabled care service, improve social security and service system for the disabled. Meanwhile, the establishment of the documents “the twelfth Five-year Plan of Building Social Elderly Care Service System” and “The Outline of Twelfth Five-Year Plan in China Disabled Care Service” has further detailed the requirements on building the elderly care service system and improving the system of disabled care service.

According to the incomplete statistics, up to year 2010, there were 40,000 nursing homes for the elderly, equipped with 2.89 million beds, which was nearly doubled as compared with that in 1999. At the same time, the facilities of community elderly care service also got further improvement. Chinese government established 10,000 comprehensive community elderly care service centers, including day care service. 10.38 million disabled people in China got recuperated in different extents, 58.61 million people time of the disabled in the city or county got social assistance. We have constantly explored new creations in service mode, service contents, operation specifications and cumulated useful experiences.

Under the guidance of the government, our quality organizations are actively implementing their social responsibilities, working hard in exploring new and innovative service methods and playing important roles in promoting these services.

2. Building of elderly and disabled care service system is the key in life quality improvement

To build elderly care service system, improve disabled care service system and improve service quality is the sacred mission of us, the quality organization with the purpose of “service economy and social development”. In order to play the role in the process of building the elderly care service system and improving the disabled care service system, Shanghai Association for Quality (SAQ) with social responsibility in

mind, while promoting quality management, is working vigorously for social management services and harmonious social development. For this purpose, SAQ carries out related investigations and researches.

2.1 The trend of aging and development of elderly care service

Shanghai Association for Quality has implemented a series of surveys on elderly life quality in Shanghai for three consecutive years. The survey of 2010 shows the following development trends of aging in Shanghai.

2.1.1 Rapid aging progress and great demand for care service

It is predicted that the total population and the proportion of the aged in Shanghai during 2010 to 2030 will continue to increase. As shown in Table 1, the green area represents the actual data in 2010 and the yellow area represents the predicted data. By 2030, the volume and percentage of the aged population registered in Shanghai will remain increasing. The year of 2020 will be the rapid increase period, and the population over the age of 60 will reach 4.95 million accounting for 34.1% of the total population. In 2030, the population over the age of 60 will reach 5.25 million, accounting for 38% of the total population.

Table 1 The aging trend of Shanghai registered population (in million)

Year	Number of people over and at the age of 60	Number of people over and at the age of 65	Number of people over and at the age of 70	Number of people over and at the age of 75	Number of people over and at the age of 80	Ratio of people over and at the age of 60 in the registered population (%)	Ratio of people over and at the age of 80 in the registered population (%)
2010	3.25	2.24	1.58	1.05	0.57	23.0	4.0
2011	3.39	2.29	1.59	1.07	0.59	23.8	4.2
2012	3.55	2.36	1.59	1.07	0.60	24.8	4.2
2013	3.70	2.44	1.59	1.07	0.62	25.8	4.3
2014	3.90	2.53	1.61	1.06	0.65	27.0	4.5
2015	4.08	2.61	1.62	1.04	0.67	28.1	4.6
2020	4.95	3.36	1.95	1.05	0.65	34.1	4.5
2025	5.10	3.80	2.47	1.26	0.66	36.6	4.7
2030	5.25	3.95	3.15	1.81	0.76	38.0	5.6

Note: data from the table is provided by Shanghai Municipal Bureau of Civil Affairs

Meanwhile, the demand for the aged care service increased rapidly. The survey

reveals that in 2010, there were 81,500 registered elderly people who completely lost the ability to take care of themselves and 13,710 registered elderly people who partial lost the ability to take care of themselves. These people accounted for 2.51% and 4.22% of the total registered population respectively, which means that nearly 220,000 registered elderly people needed care service in 2010. Based on this sampling test, we can predict that in the year of 2015, the registered elderly people who need care service will reach the number of 270,000.

2.1.2 The “9073” pattern in elderly care service

With the aggravation of aging process, a pattern of “9073” in elderly care service is gradually formed in Shanghai, that is, 90% of the elderly prefer to stay at their homes and are taken care of by their families, 7% prefer to stay at their homes and supported by community home care service and 3% prefer to relocate and stay at homes for the elderly.

Because of the Chinese traditional family ties, plus the improvement of life quality and living conditions, 90% of the elderly people who have steady income by working or from old age pension prefer the pattern of staying at home and being taken care of by their families. For those lower-income elderly people who are unable to look after themselves, the municipal government of Shanghai city would entrust professional social service agencies in the neighborhood by providing home care service or running day care nursery to provide fast and convenient community elderly care services, including life care, recuperative care, and spiritual comfort. Up to 2010, the elderly people covered by community home care service rose to 250,000, which was 7% of the registered aged population. 3% of the registered elderly people chose the pattern of being supported by homes for the elderly. .

2.2 The trend of the disabled care service development

According to the second national disabled survey in China, there were 942,000 disabled people in Shanghai, accounting for 5.29% of the registered population. In 2003, the number of disabled people in Shanghai was 521,700, accounting for 4% of

the registered population and the growth is obvious.

2.2.1 The disabled need daily life care by the community or their families

Among the 942,000 disabled people, 100,000 people were psychiatrically disabled and 65,000 people were intellectually disabled. They account for 17.4% of the total disabled population. Except for a few people who meet the relevant conditions can stay at full time nursing homes, most of the psychiatrically and intellectually disabled people have to be taken care of by the community or their families in their daily life.

2.2.2 Families of severely disabled people bear heavy burden and pressure

There are approximately 30,000 severely disabled people who can't look after themselves and in the past they relied on their families for daily life care, which was a great burden and pressure on the families and also a great challenge to the disabled individuals and their families in their daily life. A few families with severely disabled people finally sank into dilemma and could hardly maintain.

To sum up, the aggravated aging and the living status of the disabled calls upon building of elderly care service and disabled care system, and improvement of the service quality. It needs quality organization like us, to promote these activities, strengthen theoretical research and explore way of practice.

3. Quality management is the effective way towards the quality improvement of the elderly and disabled care service

While actively promoting quality management, Shanghai Association for Quality with social responsibilities in mind, commits to quality promotion of economic and social development and has extended the theory of quality management into the areas of social management. The World Special Olympics World Summer Games held at Shanghai China in 2007 was a largest event in the history with the largest member of participating countries and regions. China, acting as the organizer, paid special attention to the management of the games. The Games Organizing Committee decided to introduce quality management in the process and implement regularized

management in the games based on learning successful experience of previous organizers and embody the philosophy of “involvement” and “sharing”. In this endeavor, Shanghai Association for Quality provided theoretical support and made exploration on practice.

3.1 Management specifications in World Special Olympic Games: a successful exploration on service quality management system

The regularized management of World Special Olympic Games (hereinafter called regularized management) is a regularized management system, which is built on the requirements of Special Olympics International. Basing on the participation of volunteers and relevant interested parties, it takes the athletes of World Special Olympic Games as the focus, the process as the center, and planning, control and improvement as means.

3.1.1 Focus on the Special Olympics athletes

To focus on the customers is the main characteristics of modern management and also the basic management principle. The main customers in the Special Olympic Games are the athletes, and we made focus on the athletes from beginning to the end. Through detailed enquiry and serious analysis on athletes’ requirements, we put emphasis on meeting their requirements and established detailed working plan and management methods. Through quality and considerable management and service, continuous improvement, the games finally realized its purpose of “displaying talents, exchanging skills and sharing happiness”.

3.1.2 Focus on systematic planning and strengthen building of specifications and standards

It is imperative to do a good job in planning management system if we want to build a regularized management system. Planning should start from the preparation and implementation of the main activities and processes in the Games, including opening and closing ceremonies, competing events arrangement, Host Town Program

and Healthy Athletes Program. After identifying and analyzing customers' requirements by means of effective quality management tools and methods, we determined critical control points based on the analysis of the activities and processes in the Games. Contingency plans were put in place after analysis of possible risks in the processes. To guide the management of the Games, we established an overall plan, over 80 special working plans, over 200 implementation procedures and 19 regularized management procedures.

The management practice of 2007 World Special Olympic Games tells us that the regularized management is an effective management model, which ensured quality and efficiency in the management and service of the Special Olympic Games, satisfied the customers and relevant interested parties, and is an innovation in service management, which could serve as a useful reference for others. As a result, management and service in the Games was highly evaluated by the Council of Special Olympics International and China Disabled Persons' Federation and warmly appreciated by the broad athletes of the Games.

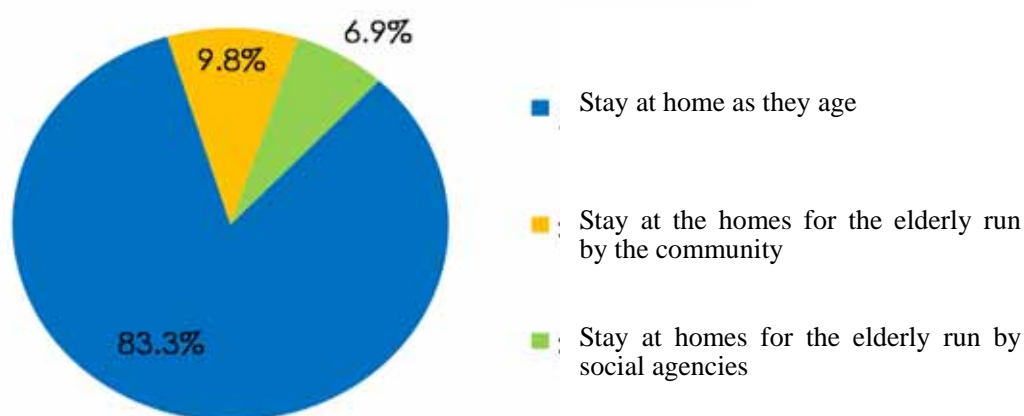
Based on the successful experience gained in the quality management of World Special Olympic Games, we employed the principle of starting from the analysis of requirements and focusing on building of standardization and took an active step towards the exploration and practice of studying the quality management in elderly and disabled care service systems.

3.2 Analysis of the requirements in elderly care service

3.2.1 To stay at home as they age is the main pattern in the elderly care service

The survey shows that 86.1% of Shanghai elderly people recognize the pattern of staying at home as they age and hope improve community elderly care service system. Among these people, 83.3% hope to enjoy their lives in retirement at home, 88.0% consider that the conditions of care service at home are comparatively better, 87.0% consider that their living ability can ensure their living quality at home. It is clear that staying at home as they age is the principal pattern of elderly care service, which

matches the current elderly conditions in Shanghai. 16.7% of the elderly people are inclined to choose the patterns of staying at the homes for the elderly, which are run by the community as well as the social agencies. Shanghai elderly people can rationally make self-adjustment, and select the most suitable locations to stay at as they age, according to their own physical conditions and self-care abilities (shown as figure 1).



Locations of elderly care service	Stay at their own homes	Stay at homes for the elderly run by the community	Stay at homes for the elderly run by social agencies
at the age of 60-70	82.2%	10.4%	7.4%
at the age of 71-80	86.1%	7.7%	6.2%
at the age of 81-90	86.3%	9.4	4.3%
at the age of 91-100	80.0%	13.3%	6.7%

Figure 1 Homes for the elderly to stay as they age

3.2.2 Medical security is the most basic requirement

The survey shows that among the different categories in elderly care services of “dining assist, bathing assist, cleaning assist, walking assist, medication assist and emergency assist” provided by the community, the requirement of “medication assist” takes 58.8% and following “dining assist” and “emergency assist” takes 50.0% and 47.5% respectively (as shown in figure 2). Moreover, the focus of elderly care service is medical service, thus community medical service becomes the core requirement of community elderly care service. 72.6% of elderly people think that neighborhood and

convenience is extremely important in medical service.

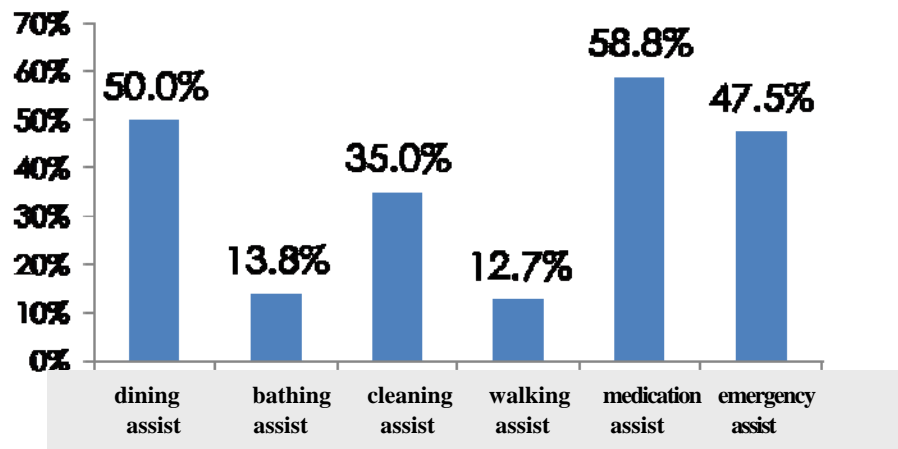


Figure 2 Services required by the aged people

3.2.3 Spiritual comfort is indispensable

There are 44.4%, 40.3% and 35.8% of the elderly people in the survey hope to obtain spiritual comfort from the community cultural center, the elderly activity room and through community activities. They want to have a family environment (as shown in figure 3).

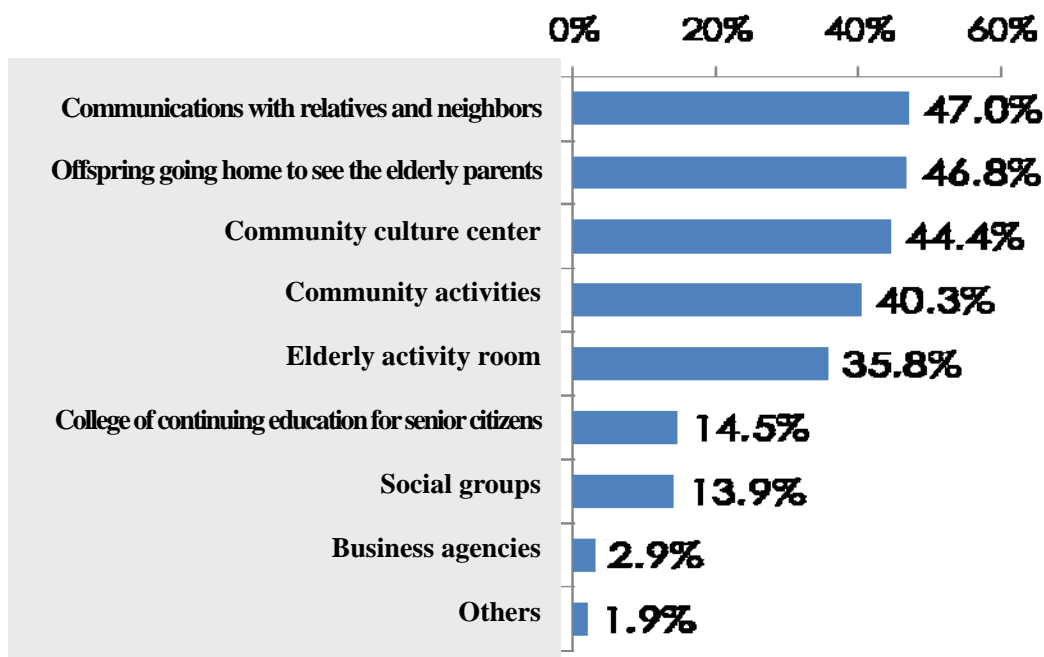


Figure 3 Sources of spiritual comfort expected by the elderly

In addition to daily life satisfaction, the spiritual life of the elderly should not be

neglected. Nowadays, there has been weakening of the sense of bringing up children to support parents in their old age, and elderly spiritual reliance on their children is fading. Instead, they want to enrich their material and spiritual life by relating well with relatives, neighbors and communities. This transition reminds the whole society of the responsibility in elderly care service. The survey shows that quite a few elderly people have a strong sense of social involvement. By taking part in various activities, they hope not only to make devotion to the society and win social respect, but also meet their spiritual needs by engaging in group activities. Among the elderly people interviewed, 22.7% is willing to participate in charity and public welfare activities, 20.5% willing to be engaged in community volunteer services, and 4.6% want reemployment or to have a part-time job.

3.2.4 Strongly desire for further education

With the improvement of living conditions, the elderly in Shanghai want to expand their knowledge, enrich their life experience, cultivate their taste and improve their health. They look forward to old-age education to enhance personal qualities, further develop their potentials, improve their well-being, perfect their life, and make themselves a new aged generation who are progressive, successful and adaptable to social development. The survey shows that 45% of the elderly people think that continuous education is necessary for them. 93% elderly people indicate their learning attitude and direction of development.

3.2.5 Expect to obtain at-the-door care service

43.2% of the elderly people hope the community to provide at-the-door care service to look after their daily life. Over 50.0% elderly people, who are beyond the age of 90 strongly desire for at-the-door care service. We can conclude that to stay at home as they age and supported by community home care service is the choice of majority elderly people (as shown in figure 4).

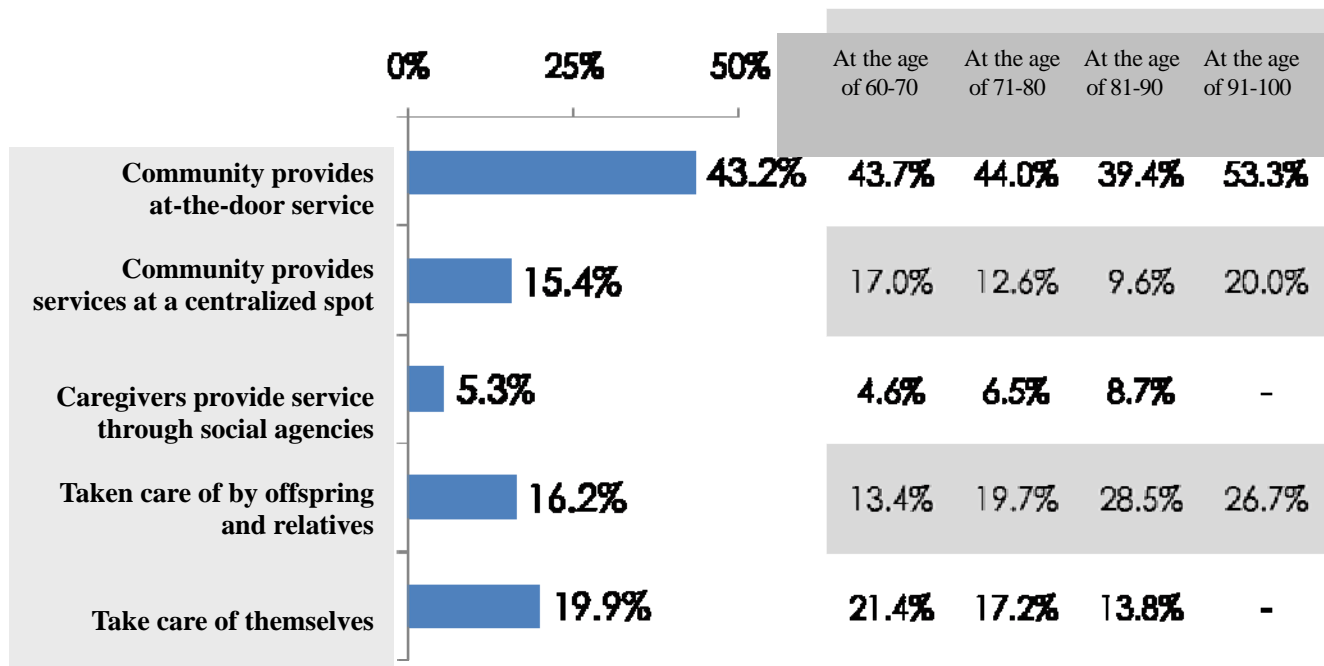


Figure 4 Patterns of care services preferred by the elderly

3.3 Analysis of the requirements of the disabled

From the survey we conducted in Shanghai Disabled Persons' Federation (hereinafter called Federation), we understand that there were 98,212 disabled people got “at-the-door recuperative care service” and 3,873 medical staff were involved in maintaining care service for 5,960 disabled people. There were 10 maintaining care service stations for the disabled in Shanghai and 5,960 disabled people got maintaining care services.

In 2008, 365,000 people time of the disabled got recuperative care service, 45,000 disabled people had medical examination, 90,000 disabled people got “at-the-door recuperative care service”, 1,219 severely disabled people who were out of job got “home maintaining care service” and 6,542 disabled people were hospitalized in nursing homes.

In 2009, 397,000 people time of the disabled got recuperative care service, 55,000 disabled people had free medical examination, 14,794 disabled got home maintaining care service and 6,742 disabled people were hospitalized in nursing homes.

At present, disabled care service is confronted with the following difficulties: 1) large demand on care service agencies; 2) small sized nursing homes for the severely disabled people; 3) poor service capability and management of the care service agencies. Consequently, the service quality in the disabled care service is not stable and nursing accidents and complaints occurs sometimes. So it is urgent for us to improve the service and management quality of the disabled care service agencies. We need unified service specifications for social care service agencies to guide the establishment, qualification and supervision of the care service agencies.

3.4 Build a regularized social quality system in Shanghai elderly care service

Through the analysis on requirements, we may come to the conclusion that there are three critical aspects in elderly care service: 1) “three sentiments”, which is “affection, friendship and solicitude”; 2) safety; 3) harmonious atmosphere. SAQ by working closely with the governmental organizations, strives hard in the research on quality management of the elderly care service and hope to build an elderly care service system in the following aspects and enhance the quality of elderly care service.

3.4.1 Promote building of the community elderly care service agencies and service network

In the future, majority of Shanghai elderly will rely on the community elderly home care service. Therefore, the community should possess corresponding service capabilities. In community planning, we should put population size and service radius in mind, build service facilities such as elderly day care center, community health care center, elderly activity room and dining center for the elderly, so as to offer cheap care services and provide places for cultural and recreational activities in the neighborhood for the elderly. Furthermore, community should expand the scope and pattern of elderly care service, and offer all kinds of at-the-door care and nursing services, which can be realized through providing at-the-door service by the community and creating more public welfare jobs and providing subsidy by the government to the more senior

people or the elderly who are in economic difficulties.

3.4.2 Improve the information platform of elderly care service

At present, there is social security payment and settlement software system (social security IC card of registered residents) for the elderly care service. Some communities have set up database of service requirements and evaluation for the registered elderly people, and database of nurses, caregivers and volunteers directory. However, there is no software system available for information on elderly care service items, service status and service quality management. It is necessary to build an information platform for elderly care service, make the care and service more convenient, effective and ecological.

3.4.3 Strengthen building of quality specifications for elderly care service

We should make researches on the quality of elderly care service, identify and analyze the characteristics of requirements on elderly care service (including individualization, real-time and interactiveness), determine correlated processes and their relationships in the service, adopt supervision mechanism to guarantee whole process continuously under control, starting from the source of service evaluation and process management, and establish quality specifications (standards) of elderly care service. Based on the standards, we could set up “the Quality Management System for Elderly Care Service” which could serve as a standard mode to normalize the behaviors of the service training organizations, service requirement evaluation organizations and service agencies in elderly care service industry, and implement the service standards. This regularized general model could facilitate each of the service agencies to work out more suitable, conformed and effective quality management system in accordance with its specific conditions (organizational structure, human resources, infrastructures, working environment and service functions).

To sum up, we should set up a social management system for the elderly care service in Shanghai with an elderly care service platform as its core and based upon the quality standards for elderly service, which includes the guidelines and

supervision, quality management, financing and payment, regulations and policies, risk assessment and documentation, informationization and intellectualization of the elderly care service etc., so as to create a good social atmosphere for elderly care service (as shown in figure 5).

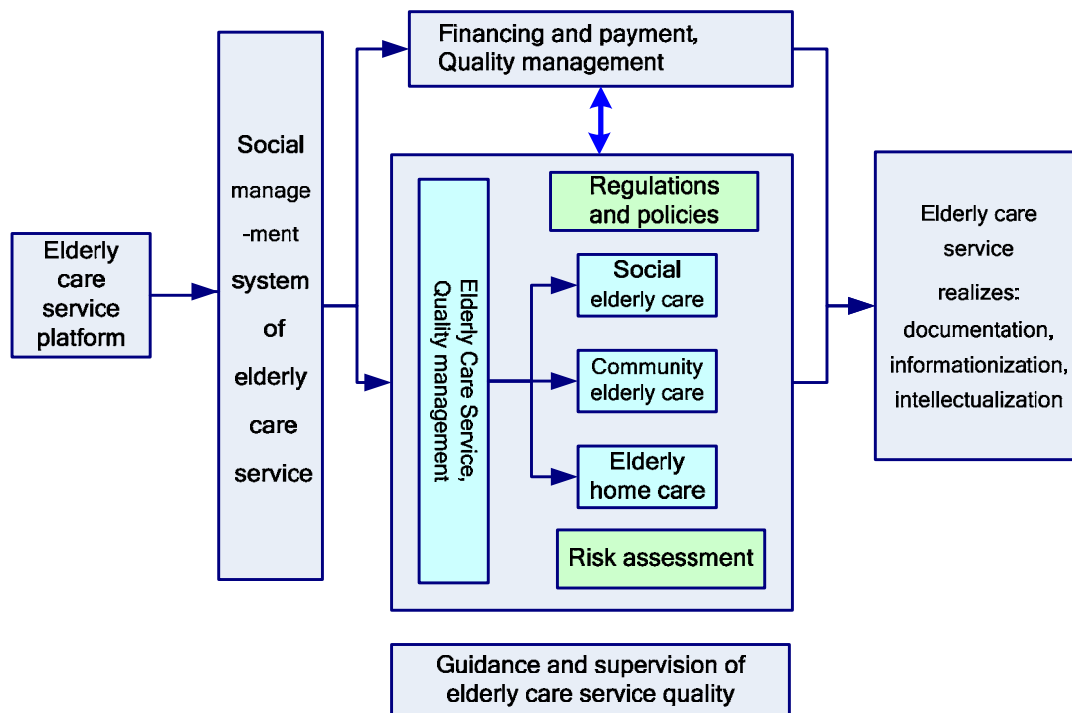


Figure 5 Social management system for the aged care service in Shanghai

3.5 The practice of regularized quality management in Shanghai disabled care service

To build socialized maintaining and day care service facilities for the disabled is a project of people’s livelihood, in which government buys service. So it is necessary to establish relevant service specifications and evaluation rules for the concerning agencies so that social and governmental solicitude for the vulnerable group could be materialized. .

3.5.1 Publication and implementation of service specifications for the disabled maintaining service agencies

Shanghai Academy of Quality Management (SAQM) by worked in coordination with Shanghai Disabled People’s Federation, carried out a project on the research and

establishment of the specifications and standards for the disabled maintaining service agencies, which is the first project initiated ever in China.

During the process, we used the service encounter theory in combination with the models of 5GAP on service quality and SERVQUAL, went through empirical study and clearly identified encounter points of the service agencies and the critical service quality characteristics cared by the service objects and their families. Besides, we established in trial a quantified service quality evaluation model. We worked out an indicator system for evaluating the service quality of the disabled care service agencies, explored to establish service quality evaluation model and initially designed the evaluation methods.

“Specifications for the Disabled Maintaining Care Services” as a local standard was published in Oct. 2010, which takes the “humanistic care” , “equal treatment” and “safety specification” as the basic principles of service and specifies service contents, requirements, and requirements of service management and quality evaluation of service agencies.

3.5.2 Carry out the research on service specifications for day care service agencies

In the latter half of 2010, entrusted by Shanghai Disabled People’s Federation, Shanghai Academy for Quality Management worked together with Shanghai Labor Service Center of the Disabled and Shanghai Guiding Center for Recuperative Service of the Disabled made an investigation on the status of service provision and service management of the disabled service agencies, which provide day care services for the disabled in various districts and counties in the city in order to summarize and streamline service contents and processes. Besides, SAQM also retrieved the relating domestic and international information on socialized care and recuperative services of the disabled and made a focused study on the advanced service philosophy and good practice relating to the disabled care and service in the world.

Through study, investigation and analysis on the socialized care and service for the disabled in China and abroad, we identified and determined the basic service content and critical service requirements of disabled day care service for the service

agencies. Based on the results, we worked out a framework and main specifications for the “Day Care Service Specifications of Disabled Service agencies”, which is to be published in the third quarter of the year.

Above is all the work we have done which involves the research and practice on system building and quality management, relating to the care and service of the vulnerable group including the elderly and disabled, and is an important exploration on the concept of people focus. We firmly believe that if consistent efforts can be made, the care service quality of the vulnerable group including the elderly and disabled will continue to improve, which will eventually contribute to the realization of shared economy and social development.