EFQM (European Foundation for Quality Management) and Libraries: an organisational challenge for improving the provided services

Ivana Truccolo[*], Katia Bianchet[*], Laura Ciolfi[*], Nancy Michilin[*], Elena Giacomello[*], Andrea Parro[*], Roberto Ricci[*^] Andrea Flego[%], Paolo De Paoli[**],

[*] Biblioteca – Direzione Scientifica, Centro di Riferimento Oncologico, IRCCS, Aviano (PN)
[**] Direttore Scientifico, Centro di Riferimento Oncologico, IRCCS, Aviano (PN)
[*^] Servizio Informatico, Centro di Riferimento Oncologico, IRCCS, Aviano (PN)
[%] Azienda per i Servizi Sanitari n. 6, Dipartimento Dipendenze, Pordenone

Correspondent author:
Ivana Truccolo
Biblioteca – Direzione Scientifica CRO Aviano
E-mail itruccolo@cro.it
Tel +39 0434 659248   Fax +39 0434 659358
www.cro.it

Abstract

One way to meet the challenges in creating a high performance organization in health care is the approach of the European Foundation for Quality Management (EFQM). This model - initiated, in the tradition of the American Malcolm Baldrige Award, by the European Commission (EU) in 1988, 14 European multi-national organizations, 664 European Organizations at present - is one of the four models used by the health organisations of Western Europe to guarantee the quality of care rendered by their services. The others are: International Standards Organisation (ISO), Accreditation of healthcare services and Peer Review. The main feature of EFQM approach is in output of services instead of procedures and in self evaluation. Many tools have been developed in order to implement the EFQM Model which can be used as a self-assessment instrument of a health care organization or of a part of it. So, on the basis of empirical and theoretical considerations, we decided to use this approach for assessing and improving the services provided by our organization – a specialised library of a National Cancer Institute located in the North East of Italy, Centro di Riferimento Oncologico Aviano, IRCCS. Our library has a special section for patients called "Biblioteca per i pazienti" and is deeply involved in a Italianmulticentric collaborative project of information for cancer patients "Azalea" (siteweb: www.azaleaweb.it). The project is granted by "Alleanza contro il Cancro", the network of Italian oncologic Institutes. Starting from a general survey about the "Activities and Resources of the Scientific Library: usefulness and limits", using the " Common Assseement Framework" (CAF), a tool specifically developed for public services, to assess the 10 points emerged from the survey. Taking advantage from the Work Laboratories locally organised by the Italian EFQM agency of FORMEZ, we aim to audit our services and participate to the Quality Award of Italian Public Administration.

Introduction
1. **Our initial questions**
2. **Quality in the library world**
3. **Favourable factors for our library's route to quality**
4. **The context: Our Institute. Our Library's profile**
5. **Some concepts about quality**
6. **A feasible "Route to Quality"**

Conclusions

Introduction

Our communication aims at giving some hints about a feasible "library's route to quality".
Our experience is ongoing but we think that it can be of some interest for those "growing'organisms", like every library is(1), really wishing to improve some part of themselves, being actually alone, without a specific support - internal or external-to their "Quality adventure"
Our needs for quality are:

- To think over the state of our library after seven years full of innovative projects, awards, administrative troubles, new user requests, etc…

- To improve our daily routine through these projects, awards, etc...i.e.,to transforme the energy of the "statu nascenti" – typical of creative phases - into a "daily routine energy" necessary to work everyday in a satisfactory way for staff, financers and users.

1) Our initial questions

Our initial questions were:
✓Since our library seems to have some "pieces of quality", how can we **check the health of the whole organization**?
✓What **tool** can we use?
✓Are there any **experts** available **not very expensive?**
✓Could we find a way for **benchmarking** but also compatible with **our feature**?
✓A way **compatible with daily routine** ?
✓At last, could we find a way **useful for continuing** the path towards quality not only for getting a certification?

2) Quality in the library world

✓We knew, reading the large literature about quality in hospital/medical libraries(2-9) that, starting from the 1990's, also the medical library world began to deal with the organizational culture of quality
✓Many studies and applications, referring to different approaches, started to be implemented
✓Among them, also the self-assessment models (the most important applications are in Spanish and South American libraries, as we can read in the interesting paper written by G. Di Domenico(10)).
But we weren't able to find an"easy-to-use" tool for really starting a route to quality

The libraries of the Italian SSN

Futhermore, it's not easy starting a quality process in the sector of the Italian National Health
Service's libraries (SSN, i.e. Servizio Sanitario Nazionale), where the rule is:
✓   *Poor recognition of the libraries (about 260, according a survey conducted by the BDS association (Bibliotecari Documentalisti Sanita, 2000)*
✓   *No formal recognition of the profession and skillness of biomedical librarians (about 510, only 7% skilled, above cited survey)*
Starting something new is usually very difficult as

- ✓ library staff is very "light"
- ✓ routine daily work is very heavy...

3) **Favourable factors for our library's route to quality**

Some factors made possible a specific quality project for our Library and its start up (January 2005):

- ✓ A previous personal interest in topics and experiences related to "quality of health services(11)" An intensive, even if late, investment in education about quality carried out by the Continuous Medical Education (CME) Service of our Institute - ISO oriented - starting from 2004 and devoted to all staff…
- ✓ Some lucky and useful meetings with quality experts(10;12;13)not only of the library world.

4) **The context: Our Institute**

- ✓ The CENTRO DI RIFERIMENTO ONCOLOGICO, Aviano (PN) (CRO) is one of the seven Italian Cancer Comprehensive Centers for Care and Research - namely IRCCS – recently joined in a network named "Alleanza Contro il Cancro (ACC)", Alliance Against Cancer
- ✓ CRO is located in the North East of Italy: 150 in beds, 600 staff workers including clinicians, researchers, nurses, technicians and administrative staff

   a) **The context: our Library's profile**

- ✓ The CRO Scientific Library is a Unit of the Scientific Direction of the Institute, specialized in oncology and related fields
- ✓ It's a **medium-small size** library:
   - ✓ Staff: 3 fte employees, 2 of them professionals, 3 people granted for 3 specific current projects
   - ✓ Some figures: about 3500 periodicals both print and online; 7000 books both for scientific and non-scientific community; about 15 different current databases not free; budget of 250.000,00€ (2004)
   - ✓ Services: Document Delivery – about 2.000 articles sent and 1500 requested; many educational activities, ECM-oriented and not-; deeply involved in the management of the scientific production of our Institute staff (i.e. articles/Impact Factor, one of the key factor for the research's financing; Grey Literature archive…)
   - ✓ Standards are respected in OPAC, DD, ILL, Website, Open Access Archive etc...
   - ✓ Many current collaborations with important Institutions

   b) **Some features of CRO library**

- ✓ A special section for patients called "Biblioteca per i pazienti", Library for Patients (1998), pilot project in Italy in this field
   - ✓ A deeply involvement, as co-coordinator, in an Italian multicentric collaborative project of information for cancer patients "Azalea" www.azaleaweb.it (2003), granted by "Alleanza contro il Cancro", where CRO is the main actor in the "evaluation of quality information" of the indexed materials (according to International Guidelines), above all in Italian language, for patients, their relatives and citizens
   - ✓ A deeply involvement,as co-coordinator, in an Italian multicentric collaborative project of information for cancer patients "Azalea" <www.azaleaweb.it> (2003), granted by "Alleanza contro il Cancro"(14)
   - ✓ Many participations to collaborative projects, e.g. the "GIDIF RBM collective catalogue and DD" (since 1987), the BIBLIOSAN project, the network of Biomedical Care and Research Institutes Libraries (about 45) for sharing traditional and electronic resources

✓A "natural" disposition to surveys and statistics about offered services, etc: a set of "core" data are published in the Library section of the CRO Annual Scientific Report, downloadable from the CRO website <http://www.cro.it/>

The above data - related to the traditional and no-tarditional resources and services of the library - turned out to be very useful for filling the Results section of our "Self-Assessement Report")

✓**User satisfaction surveys**

    Mission: since its beginning (**1984**) our Library was devoted to every category of the Institute staff, open to the public and careful to the needs of patients and users satisfaction

    ✓ On **1986** the first survey, distributing a questionnaire to all Institute users, about "Needs of the users of the CRO Scientific Library"

    ✓ On **1996** another survey, in a very difficult period, to verify the core services…

    ✓ On **2003** we realized a **general survey** among all staff of the Institute (print + e-mail questionnaire

    ✓ Nearly **every year** we check the use and perceived usefulness of the current periodicals

On **1998, 2002** and **2004** specific surveys related to **"Library for Patients" topics**

5) Some concepts about quality

Browsing the large literature reflecting the history of quality, some concepts have been giving us particular suggestions. Among these:

a) **QUALITY is free**…

    "Quality is free" is the title of a famous book written by Philip B. Crosby (16)(known for the motto "zero defects" as well). The explanation of this statement is that succeeding in bettering the production quality improves efficiency, because rejects and waste material are eliminated.

     This, together with other factors, can better the efficacy, that is, achieving the aim for which a product or service was born.

    b) Furthermore the quality concept suggests the ideas of:

- ✓ doing something better
- ✓ doing something at the best
- ✓ doing something better than before
- ✓ doing something better than other people
- ✓ **benchmarking**
- ✓ acceptability threshold

    c) "Excellence is obtained when all the people who participate in the productive process are involved and motivated to pursue it". Therefore, **excellence** is achieved when, in a coordinated activity that is oriented towards the aims of the organisation, each person is able to do his/her work in a creative manner that is "his personal" manner.

This concept, like that of Continuous Quality Improvement(9), comes from the "Total Quality" concept (13;17): they merge then into the more recent model of EFQM.

Many of the previous concepts have been often implemented in our daily library practice: we have been used to find the best solutions to every problem in a chronic, even if changing, situation of poor resources and increasing user needs.

But, along with some good practices in some fields, we usually keep on working in a slower way (steam-engine like) in other ones**!**

6) A feasible "Route to Quality"

Our "library's route to quality" started thanks to the "nearly by chance" discovery of the CAF model and its application in Italy, the project "Percorsi di Qualità" i.e. "Routes to Quality"

CAF[1] stands for Common Assessment Framework and is a **Self-Assessment Tool**, built by European Institute of Public Administration (EIPA) just for helping Public Administrations of Europe to improve themselves throug self-assessment . CAF is deeply inspired by the EFQM-model.

"Routes to Quality" is a project managed by the Italian Education Agency of FORMEZ and promoted by the Italian Pubblic Administration Department through Worshops and other initiatives[2]

Background:
The ExPeRT Project by EU
Some years ago the European Commission started a research project called "The ExPeRT Project"(6) to study the models most used by the health organisations of Western Europe together with a critical review in order to guarantee the quality of care rendered by these services. From this, it emerged that Europe has established four main models:

The four main models emerged from this research where:

- *The ISO approach (International Standards Organization)*

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[1] All shareware documentation on CAF can be found at the internet site <http://www.eipa.nl/CAF/CAFmenu.htm> Last verified in August 2005

[2] All shareware documentation on CAF in Italy and "Routes to Quality" can be found at the internet site http://lavoropubblico.formez.it/extranet_percorsi_di_qualita_.html. Last verified in August 2005

- *The Accreditation of the health services*
- *The "Peer Rewiev"*
- *The EFQM (European Foundation for Quality Management)*

7) The EFQM Model[3]

A few words about the EFQM Model: initiated in the tradition of the American Malcolm Baldrige Award, by the European Commission (EU) in 1988 - 14 European multi-national organizations, 664 European organizations at present - this model undoubtedly represents a novel approach to the quality of organisations.

*The novelty is not only in terms of time, that is, its rather recent formulation, but also in terms of content, because **it contains innovative concepts** when compared to previous models. Innovative concepts which perhaps fit better with the more traditional models, and which **can be applied to many different fields and organisations.***

*This model resumes **Deming's concepts of Continuous Quality Improvement** through the continuous **"plan – do – check – act" cycle**, which process is exactly that of continuous quality improvement.*

***The EFQM Model of Excellence** was introduced in 1992 as a reference model to assign a prize for quality, the **European Quality Award**. It is the most frequently used model for the evaluation of organisations in Europe. While Quality Awards regard only few users, the true measurement of efficacy of the EFQM model is its extensive use as a management system and the associated increase in managerial capacities in the **key discipline of management**, that is, **organisational self-evaluation**.*

"Self-evaluation is a comprehensive, systematic and standard revision of the activities and the results of an organisation as compared to that of the EFQM Model of Excellence. This process allows the organisation to discern in a clear manner which are its strong points and which areas could be bettered, and culminates in planned amelioration actions that are then constantly monitored during the process of change".

*The attention, therefore, is **not obsessively concentrated on "conformity" or "compliance" to specifications**, which are continually redefined and reproposed: the way in which a single organisation pursues and reaches its quality objectives may vary, and the assessment of the procedures and of the approaches chosen is no longer a matter of "conforming" to standards, but rather "the efficiency" in reaching the results . This model in fact, recognises a number of efficacious approaches, fixing only certain **fundamental Concepts** which can be applied in different ways.*

Fundamental Concepts of EFQM
0.

1. *Orientation towards the result*
2. *Focalisation on the client*
3. *Leadership and constancy of the objectives (interdependency and correlation)*
4. *The effect of management through its processes and actions*
5. *The growth and participation of the staff*
6. *Learning, innovation and continuous improvement*
7. *Development of partnership*

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[3] All shareware documentation on EFQM can be found at the internet site: www.efqm.org. Last verified in August 2005.
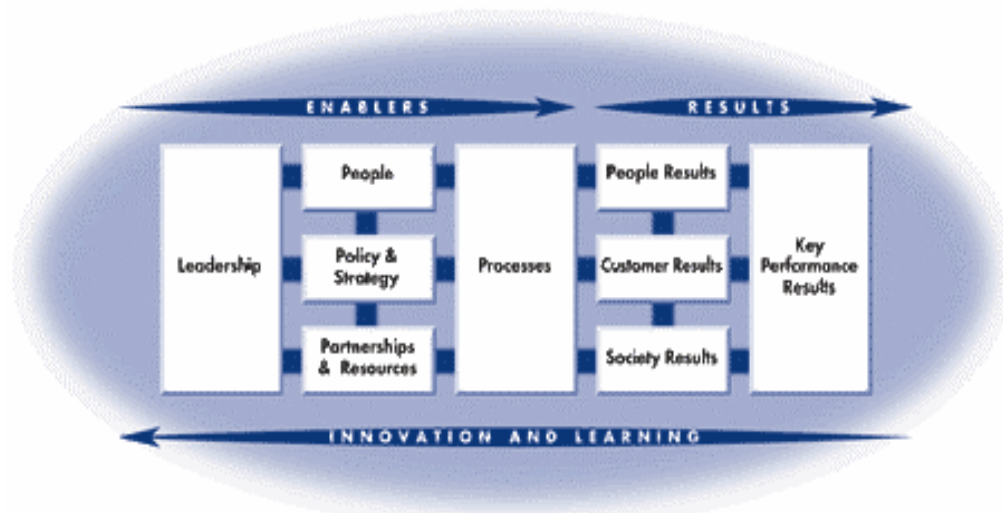
8. *The responsibility of the organisation towards society*

*The nine Criteria (or Dimensions) of the EFQM. The arrows indicate the dynamic nature of the model.*

They show how Innovation and Learning substain the improvement of the Enablers, which in turn improve the Results.
The nine boxes in the design represent the Criteria on which to base the progress towards Excellence of the organisation.
Each of the nine Criteria has a definiton that explains what it means to reach a high level in that particular Criterion.

8) The CAF simplified model inspired by the EFQM-model: 9 criteria and 27 sub-criteria for checking the health status of a Public Organization
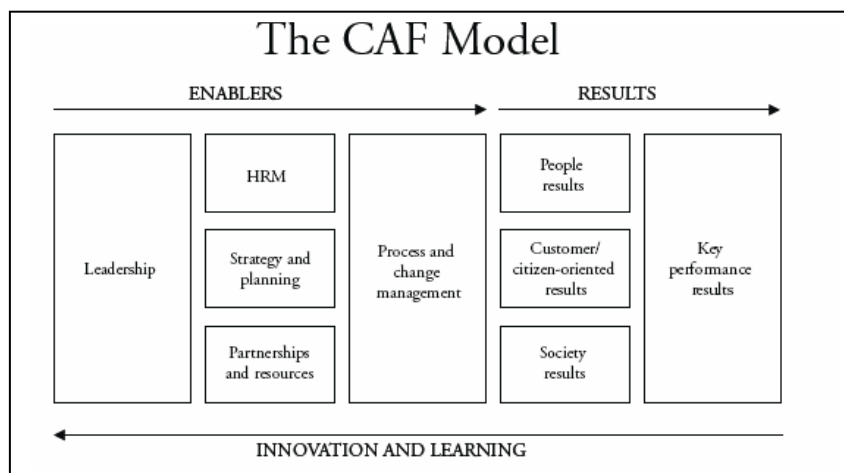
As we can see, both in the CAF model and in the EFQM model, there are **nine criteria**: five of these – **Leadership, Human Resources management, Strategy and planning, Partnerships and resources, Process and change management** – are called **"Enablers"**, that is, they aim at "putting an organisation in condition" to implement its "mission" and pursue its objectives. The other four –, **People results, Customers/citizen-oriented results, Society results, Key**

Performance results – are called **"Results"**, that is, they are the real objective of the assessment of quality in an organisation. **The Results Criteria** indicate exactly what an organisation has been able to attain.

Their quality is determined by the results of the **Enablers,** which in turn, through a mechanism of feedback, improve the latter on the basis of what is indicated by the former. the model, which recognises the use of different approaches to reach a sustainable level of excellence in all the aspects of the service, is based on the following premise:

"Excellent results with regard to Performances, Customers/citizens, People and Society are attained through Leadership, which guides the Strategies and Planning of an organisation. Results are achieved through People, Partnerships, Human Resources and Processes".

The CAF is a "light", free of charge model. Its main purposes:

1. To capture the **unique features** of public sector organisations
2. To serve as a **tool for public administrators** who want to improve the performance of their organisation
3. To act as a "bridge" across the **various models** used in quality management
4. To facilitate **benchmarking** between public sector organisations

This project started after the European CAF Event, organized by the Italian Presidency in Rome on November, 2003, which aim was to promote the knowledge of the CAF among European public administrations

"Routes to Quality" involves the diffusion of the CAF at national level as well as the assistance to its implementation and the launch of a Quality Prize for Public Administrations by using the CAF both as self and external assessment tool

There are 5 Laboratories of "Routes to Quality" for each sector/level of the Public Administration in Italy: Schools, Universities, Local municipalities, counties, regions, State, Health Services and Hospitals.

We are participating to this last Laboratory as we are part of an health organizations.

9) CAF is a TOOL also for libraries/CAF can be a TOOL also for our library

✓ Criteria 1-5 deal with the Enabler features of our Library: these determine how it performs

✓ Criteria 6-9 deal with the Results of it

An example of Criteria and Sub-Criteria 1: Leadership

Criterion 1: Leadership

How leaders and managers develop and facilitate the achievement of the mission and vision of the library? Etc…

1.1: Give a direction to the organisation

1.2: Develop and implement a system for managing the organisation

1.3 Motivate and support the people in the organisation and act as a role model

1.4 Manage the relations with politicians and other stakeholders (Sub-Criteria)

And so on for each Criterion…

10) The Self-Assessment process in our Library

In our libray the Self Evaluation process started on 2004 October (Formez Workshop in Venice) but the real start up was on February 2005, after the first meeting in Rome. In this period we made
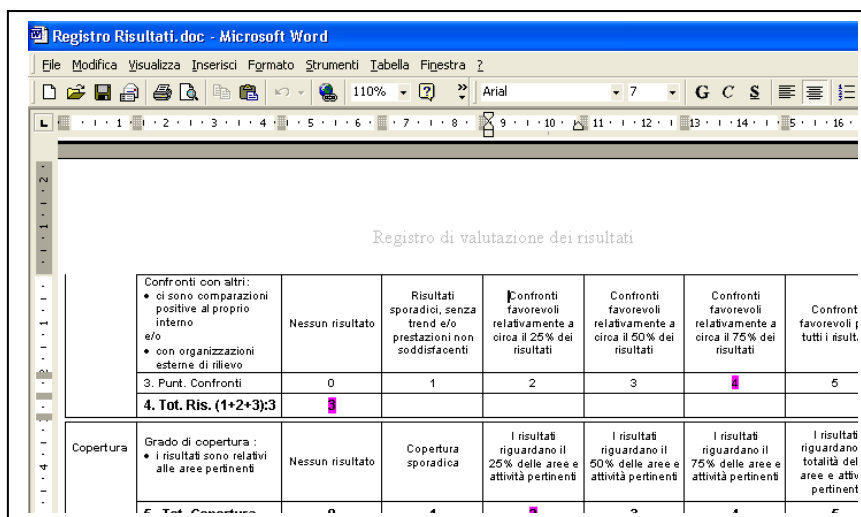
a "quality project for the library" (January 2005) wich turned out to be very useful as a guide for the whole process.
 Between February and May, we carried out some important initiatives:
1. Some meetings for making aware to all staff the Self Evaluation process
2. A formal act by the Institute stating our involvement in the process
3. A Self-Assessment Committe - composed of three people – and a Support Group were established
4. A personal interview to the most important stakeholders - financers, users and staff (about 35 interviews) – conducted by an external interviewer trained to library topics
5. An anonymous questionnaire distributed to the library staff (up to 8 people, including temporary staff) to test the "good working conditions" throughout the library
6. An anonymous questionnaire to the staff about the Enablers factors

Using the Enablers and Results Panel, going from right to left - i.e. from the Results to the Enablers Factors - the Self-Assessment Committe elaborated the data awarding a score to each criterion and sub-criterion as well. As we have already told, we used the set of data related to the key factors of the library for filling the Results Panel, taking advantage of the deadline of the Institute Annual Report (on March).

Our Self-Assessment Report – Results Report + Enablers Factors Table - is ongoing. Here is an example

The following step is to identify the main findings of the self-assessment, i.e. the areas in which action is most needed, and the kind of requested action.
The Formez experts are supporting the entire process giving feedback, making corrections, suggestions etc.
This process really allowed us to discern in a clear - less empirical, more scientific manner - which are the strong points of our library and, instead, which areas could be bettered.

Actually, after the Self-Diagnostic phase, the first step **is planning amelioration actions** that will be then constantly monitored and so on...This means being involved in a process of change...
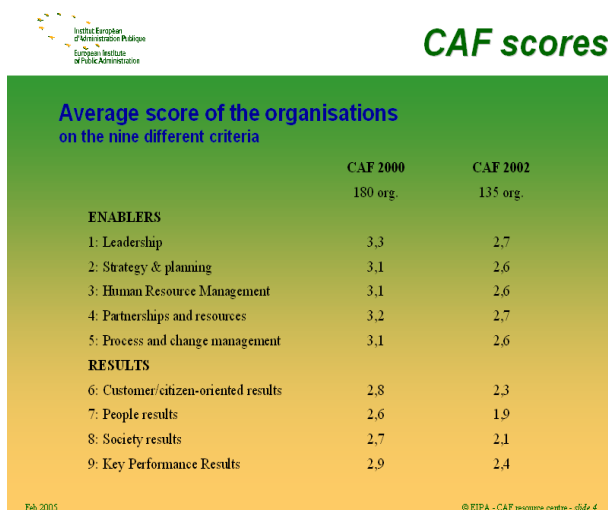
From the first self-assessment results**, it's becoming evident, that "Supporting the Continuous Medical Education of healthcare workers (nurses, technicians, students in nursing and allied fields etc...)"** with adequate material and services – i.e. an effective OPAC - must be one of the improvement projects of our Library.

Conclusions

1. At the beginning of its self-assessment, every organization locates itself in a low or intermediate position in each criterion *(as we can see in the next figure by EIPA)*
2. According to the PDCA cycle, the process of self-assessment has to lead to the implementation of an improvement project focused on the critical points
3. In the further self-assessments, and improving actions implementation, the score in every criterion may improve.

<div align="center">And so on…**towards the excellence**</div>

CAF scores

Average score of the organisations on the nine different criteria

	CAF 2000 180 org.	CAF 2002 135 org.
ENABLERS		
1: Leadership	3,3	2,7
2: Strategy & planning	3,1	2,6
3: Human Resource Management	3,1	2,6
4: Partnerships and resources	3,2	2,7
5: Process and change management	3,1	2,6
RESULTS		
6: Customer/citizen-oriented results	2,8	2,3
7: People results	2,6	1,9
8: Society results	2,7	2,1
9: Key Performance Results	2,9	2,4

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Reference List

(1) Ranganathan SR. Documentation and its facets. London: Asia Publishing House, 1963.

(2) Hewlett J. Performance indicators in NHS libraries. Health Libr Rev 1998; 15(4):245-253.

(3) Buchanan HS, Marshall JG. Benchmarking reference services: step by step. Med Ref Serv Q 1996; 15(1):1-13.

(4) Lingle VA. Selecting processes to bench-mark; a key step in quality improvement--a case study in an academic medical library setting. Health Libr Rev 1995; 12(3):218-221.

(5) Leishman J. Improving interlibrary loan quality through bench-marking: a case study from the Health Science Information Consortium of Toronto. Health Libr Rev 1995; 12(3):215-218.

(6) Lansdale MT. The medical librarian and accountability. NLN Publ 1976;(16-1621):47-50.

(7) Kirchner E. Quality assurance at work: improving library services. Dimens Health Serv 1985; 62(1):26-27.

(8) Jones CJ. Charting a path for health sciences librarians in an integrated information environment. Bull Med Libr Assoc 1993; 81(4):421-424.

(9) Henry BJ. Continuous quality improvement in the hospital library. Bull Med Libr Assoc 1993; 81(4):437-439.

(10) Di Domenico G. Self-assessment, skill, excellence: the EFQM model in the library. Bollettino AIB 2005; 44(4):429-444.

(11) Flego A, Truccolo I, Diodato S, Francescutti C. Peer Review and Validation of a rating scale for testing effectiveness of addicts treatments in a follow up study. Control de Calidad Assistencial 1988; 3(1):26.

(12) Agenzia regionale sanitaria - regione Marche, Gardini A. Centro Documentazione Qualitá " Avedis Donabedian". www ars marche it/cdq/html/chi_siamo html 2005.

(13) Conti T. Come costruire la qualitá totale. Milano: Sperling & Kupfer, 1993.

(14) Truccolo I, Merighi R, Ciolfi L, Capello F, Carbone A. An Italian Oncology Data Bank for patients and common people. EAHIL Newsletter 2002; 2002(61):21.

(15) Truccolo I.Oncology patients and information in the Internet era: a survey on patient satisfaction of the 'Oncology Information Point', a service for patients in the Scientific Library of a Cancer Research Institute. Ann Oncol 2004; 15(suppl 2): D26, ii55.

(16) Crosby PB. Quality is free. New York: McGraw-Hill, 1978.

(17) Collard R. Total Quality. Success through People. London: Institute of Personnel Management, 1989.