

Adopting total quality management to enhance service delivery in medical records

Exploring the case of the Korle-Bu Teaching Hospital in Ghana

Emmanuel Adjei

Department of Information Studies, University of Ghana, Accra, Ghana, and

Monica Mensah

The Balme Library, University of Ghana, Accra, Ghana

Abstract

Purpose – The purpose of this study is to determine the extent to which total quality management (TQM) initiatives can improve the quality of services delivery at the medical records unit of the Korle-Bu Teaching Hospital (KBTH) to help meet the expectations and aspirations of patients and customers of the hospital.

Design/methodology/approach – This research adopted the survey strategy as its research design. The total study population consisted of 114 medical records staff of the KBTH. Questionnaires and personal observations were employed as the data collection instruments. The study recorded a response rate of 98 per cent. Data gathered from respondents were analysed in qualitative terms.

Findings – The overall finding of this study was that, although the medical records department of the KBTH had a fair degree of understanding on the benefits of TQM to records management service delivery, the exiting values for TQM did not meet the framework of good TQM practice, principles and standards.

Research limitations/implications – Even though the subjects for the study were from the biggest hospital in Ghana, the findings of this study may not be generalised to the whole country.

Practical implications – The study has demonstrated the need for the medical records department of the KBTH to have and develop good TQM standards to improve the quality of services to patients and varied customers of the hospital.

Originality/value – The literature reviewed indicated that this study is a maiden attempt to examine how TQM initiatives including sensitivity, customer satisfaction, commitment of top management, team work, effective leadership and participatory management, people development and effective and open communication can improve the quality of medical records service delivery at the KBTH in Ghana.

Keywords Ghana, Hospitals, Korle-Bu Teaching Hospital, Medical records, Service delivery, Total quality management

Paper type Research paper



Introduction

To function effectively as an instrument of patient care, all medical records departments must be well organised to meet the standards required of the medical staff, and the hospital's patient administration services. Paramount, of course, is patient care, for which hospital medical records – indeed, hospitals – exist. It is not overstating the case

to say that the medical record and its contents play an important role in the delivery and quality of service the patient receives in a hospital, clinic or some other type of medical institution or health facility. The accuracy of information contained in the patient's medical record, its speedy retrieval and the availability of this information for utilisation by medical, nursing and other hospital staff are essential. This not only underlies the importance of the role of the medical records staff but also highlights the responsibility they shoulder for locating and delivering the records as well as the necessity to create and maintain efficient and effective medical records.

In general medical records departments exist "to collect, process, maintain, retrieve, and distribute patient records to [those staff or personnel] with legitimate reason to have [access]". In addition, medical records staff have a responsibility to "maintain and review the records for completeness" before and after each episode of care and before the record is returned to the filing area (Huffman, 1994). Medical records are a source of statistical information for the administrative apparatus of the health service, medical research and educational and public information planning. They are also a reliable source of reference in the event of litigation and to insurance companies (Pegano, 1992) in which connection the compilation of diagnostic information for legal and insurance purposes is another of the tasks that is often performed by medical records staff. In response to these developments, the mandate of the contemporary medical record department far exceeds the traditional conception of the record-keeper's brief (Adjei, 2000).

The reliance of all manner of government agencies, as well as a wide range of healthcare schemes and projects, on data obtainable only from medical records, continually intensifies the burden of pressure on medical records departments in all kinds of ways. Standards of efficiency and effectiveness within medical records department inevitably vary from hospital to hospital. The quality of performance is, however, dependent on factors such as the availability of both physical and financial resources and the calibre of personnel providing the many medical records services. Equally important is the priority which hospital administrators attach to their medical record services; their recognition of the importance of the medical records service and their support for the service. This, in particular, refers to recognising that if the medical records department is well equipped, staffed and well organised, then the completeness, accuracy and availability of the patient file are likely to be assured, and the hospital and its constituent departments as a whole will be in a better position to organise and manage the patient's care and general well-being through the curative process to which the hospital is committed (Adjei, 2000).

The Ghana Health Service has undergone many intensive changes in recent years. The strong focus on improvement of the quality of service available to patients has been among these important changes (Adjei, 2003). In the past, poor quality of service delivery has been partly blamed on the absence of institutional quality assurance programmes, lack of a formal system of peer and medical audit and poorly developed performance monitoring systems. As part of the many policies and reforms have come new quality assurance programmes, new techniques of resource management, formal systems of medical audit and peer review programmes, the introduction of a national health insurance scheme and the monitoring and evaluation of health programmes with clear processes and output indicators to assist in decision making (Ministry of Health, 2013).

Studies on medical records in Ghana conducted by Adjei (2000, 2004); Tijani (2006); Mensah and Adams (2014) have noted that in spite of the important role medical records departments play in the healthcare delivery system, indications are that this function suffers from lack of adequate attention in the health services hierarchy. Furthermore, these studies have raised concerns about the role of medical records departments in ensuring that quality service is provided to support healthcare programmes. These concerns highlight the numerous challenges facing the medical records function in Ghana. With respect to the Korle-Bu Teaching Hospital (KBTH) which is the focus of this study, it is reported that the medical records function is beset with endemic difficulties (Adjei, 2004). The picture which emerges from the studies cited above is a generally low standard of record keeping as characterised by a high incidence of missing case notes, overcrowded records department, uncontrolled records retirement and destruction procedures and poor quality of recorded information. This situation is the result of a lack of coordinated comprehensive policies, guidelines and procedures for managing medical records. Probing further into the root causes led to the inescapable conclusion by Adjei (2000) that [...] “the obstacles to efficiency in the medical records service have their origins in managerial marginalisation of the function throughout the health care system”. These studies have questioned whether medical records departments in Ghana (including KBTH) are doing things the right way (service efficiency), and more importantly whether they are doing the right things (service effectiveness). Furthermore, are customers (patients, doctors, nurses and other health professionals, organisations and other stakeholders) satisfied with the type of service delivery provided by records departments (service excellence). These and other questions that underlie the total quality management (TQM) concept cannot be adequately answered without the records department first becoming quality-focused.

TQM processes are implemented in health services organisations to review, monitor and perfect the performance (services) of the organisation (structure and processes) along a never-ending cycle. All activities within the system take place for the purpose of providing high-quality service (care) to consumers (patients). Health care facilities exist for this purpose and its cumulative activities, including data collection, process monitoring, outcome measurement and performance evaluation, are points where the medical record system enter the TQM equation. The KBTH medical records department should support quality patient care by aiming to achieve excellence in the quality and accessibility of patient and clinical information for the delivery of high-quality patient care whilst minimising costs and protecting the confidentiality of patient data. It is against this background that this study is undertaken.

This research focuses on TQM initiatives at the KBTH medical records department. The study seeks to determine what quality improvement initiatives govern records management practices and service delivery at KBTH, and the extent to which TQM initiatives could improve the quality of records service delivery of the hospital so that it would meet the expectations and aspirations of the patients and other customers.

Literature review

Total quality management

Today, TQM has become a part of corporate management on a global scale. Quality today is studied under the overall umbrella of “Total Quality Management”. Quality as a concept has moved from being an attribute of the product or service to encompass all

the activities of an organisation (Kumar, 2005). TQM is a quality philosophy that evolved over decades, and has been described as a holistic, comprehensive and structured approach to organisational management that seeks to improve the quality of products and services through ongoing refinements in response to continuous feedback (Ooi *et al.*, 2008).

The core philosophy of TQM as it is understood today is that each step in a production process is seen as a relationship between a customer and a supplier (whether internal or external to the organisation). The suppliers will have to meet the customer's requirements, both stated and implied, at the lowest cost. Waste elimination and continuous improvement are ongoing activities. TQM embodies the belief that the management process must focus on integrating the customer-driven quality throughout an organisation (Kumar, 2005). It is also considered a powerful tool for creating a quality culture since it focuses on leadership, communications, training and continuous improvements (Abdallah, 2014). TQM describes a management approach to long-term success through customer satisfaction and the collective effort of all members of an organisation in improving processes, products, services and the culture in which they work (Mosadeghrad, 2014b).

The philosophy underlying the implementation of a TQM strategy is to see organisational customers and clients as the vital key to organisational success. Organisations with TQM strategy see their business through the eyes of their customers and clients and then measure their organisation's performance against customer/client expectations (Fran, 2002). It therefore follows that organisations that want to be successful with the implementation of TQM strategy must evaluate their operations through the eyes of their customers by strengthening and exploring all avenues including the people (employees) that make up the organisational structure (Stah, 2002). As a powerful tool for improving organisational performance, TQM principles and practices have been embraced by many organisations and have earned the attention of many researchers from diverse areas Talib *et al.* (2013).

Perspectives of the quality gurus

Literature on quality is dominated by authors commonly called "quality gurus". There have been three groups of quality gurus since the 1940s (UK Department of Trade and Industry, 2006a, 2006b, 2006c). The first group consisted the early Americans (W. Edward Deming, Joseph M. Juran and Armand V. Feigenbaum) who essentially were the founding fathers of Quality Management. A vast majority of their work was undertaken in Japan (UK Department of Trade and Industry, 2006a, 2006b, 2006c). The second group of gurus consisted the Japanese (Kaoru Ishikawa, Genichi Taguchi, Shigeo Shingo) who adopted and developed the methodologies that the Americans brought. Following in the wake of the first Americans, the third group of quality gurus are moving the processes forward and developing still further the notion of quality. Notable amongst them are Philip Crosby, Tom Peters and Clans Moller (UK Department of Trade and Industry, 2006a, 2006b, 2006c).

Building on the work of Walter Sherwhart, the original pioneer of quality improvement and statistical control (Kiritharan, 2008), Deming centred his philosophy on reduction of variation in products and introduced what became known as Statistical Process Control. The main thesis of Deming is that by improving quality, it is possible to increase productivity which results in improved competitiveness of a business

enterprise. According to Deming, low-quality results in high cost which will lead to loss of competitive position in the market. Deming's approach is summed up in his famous 14-point programme from which he later developed what he called the "system of profound knowledge" (Kumar, 2005). This means appreciation of a system, knowledge about variation, theory of knowledge and psychology. Deming explained that only if the top management is able to understand the company as a complex system, are they able to successfully improve the structures of the system.

Juran, as with Deming, did much of his founding work in Japan. Unlike Deming whose approach was more process oriented, the ideas of Juran had a managerial flavour. His main contribution was that quality control must be an integral part of the management function. This broadened the understanding of quality. Visible leadership and personal involvement of top management are important in inspiring quality across the organisation. Again, unlike Deming, his focus was far more heavily towards the responsibility of management. He is well known for originating the idea of quality trilogy: quality planning, quality control and quality improvement. Juran developed the improvement spiral showing that quality improvement is a continuous process and not just a programme with start and end point. Later these very concepts were incorporated in the ISO 9000:2000 standard (Kumar, 2005).

Feigenbaum is the originator of Total Quality Control. His principal concern was that quality should be an integral part to all aspects of an organisation, not just a select few. Taking a total system approach to quality Feigenbaum promoted the idea of a work environment where quality development is integrated through the entire organisation, where management and employees have total commitment to improve quality and learn from each other's success. Thus the emphasis of Feigenbaum is not so much to create managerial awareness about quality as to assist an organisation to design its own quality system which involves every employee (Kumar, 2005).

Alongside the early Americans, Japanese quality management professionals such as Taguchi, Ishikawa and Shingo made important contributions in areas such as variability reduction, problem solving, teamwork and defining and satisfying customers. Ishikawa was responsible for many of the tools and techniques so vital to the successful TQM, not least by the use of the Ishikawa diagram (fishbone diagram). He recognised that for TQM to be successful, the tools and techniques of using data to make decisions must be understood by the workers and first-line supervisors/managers. For him, the ultimate purpose of data is to take action based on the data. Thus data can be used for understanding the actual situation, analysis, process control and regulation as well as for the traditional acceptance and rejection of decisions. Other notable Japanese contributors to the quality movement were Taguchi who is known for his work on product design, and Shingo who created the poka yoke to ensure zero defects in production by preventive measures (Kiritharan, 2008; UK Department of Trade and Industry, 2006a, 2006b, 2006c).

While Deming and Juran described the TQM philosophy and Ishikawa provided the tools and techniques, Crosby offered a detailed guide to implementation (Kumar, 2005). He proposed a quality management grid that described the stages of TQM implementation relative to management's understanding and problem-solving techniques, the organisational approach and the results achieved. Crosby believes that quality should be defined as conforming to requirements, and that, organisations should

expect “zero defects”. Crosby is best known in relation to the concepts of “zero defects and “Do it Right the First Time” (Kiritharan, 2008).

Today, the new generation of quality gurus such as Tom Peters and Claus Moller, among others, are moving the process forward and developing still further the notion of quality in a world in which people and organisations are becoming increasingly focused on quality. The philosophies and teachings of these gurus have not only shaped the evolution of TQM but have also contributed to our knowledge and understanding of “quality” today. These early proponents of TQM see the concept from different perspectives but central to their ideas and philosophies, beliefs and working methods, is providing quality delivery through people.

TQM in healthcare

Globally, the focus of the healthcare industry has moved from research to access to healthcare, to cost of healthcare, and in recent times to quality of healthcare (Abdallah, 2014). As such, increasing importance and reliance have been placed on TQM in healthcare systems especially in the developed world (Mosadeghrad, 2014a). Health sector stakeholders, government agencies, institutions and consumers are now emphasising TQM mechanisms (Lapsley, 2000; Smith *et al.*, 2006) as service quality delivery tools to avoid adverse treatment outcomes and to meet consumer demand and value for money (Atinga, 2012). In today’s competitive business world, Yapa (2012) has observed that it is very important for healthcare institutions to adopt TQM principles not only for making profits but also for survival. According to Patel (2009), hospitals and healthcare organisations across the globe have been progressively implementing TQM to reduce cost, improve efficiency and provide high-quality patient care.

However, the adoption and application of TQM in the health sector is still new and an ongoing exercise especially in developing countries like Ghana (Mosadeghrad, 2013; Atinga *et al.*, 2011, Atinga, 2012). Mosadeghrad (2013) attributed the abysmal interest of health sectors to widely apply TQM initiatives among other factors to the fact that the baseline principles of TQM initiatives are still anecdotal, and as such health providers are somehow sceptical as to whether the investment in training staff and other resources required for TQM is justifiable in respect of the supposed benefits. Currently, healthcare consumers in developing countries are increasingly becoming aware of their right to quality healthcare (Aaron and Atinga, 2013). As such, efforts are being made to determine the possibility of applying TQM initiatives towards improving health institutions in terms of service delivery, clinical efficacy and administrative support (Nketiah-Amponsah and Hiemenz, 2009). The adoption of TQM initiatives into health sectors is simply to ensure that things are done right in virtually all departments within the institution (Talib *et al.*, 2011b).

In the view of Rogers (1996), the healthcare centre is viewed in terms of TQM implementation as a complex integrated production unit with a multitude of processes. The “customers” are the patients and the purchasers of care (the product). Laboratories, surgeons and nurses are the “supplier”. This indicates that the success of TQM depends on the co-ordination of departments and employees. More than 20 years ago, Sahney and Warden (1991), Sommer and Merritt (1994) and Øvretveit (2000), among others, revealed a direct relationship between TQM and health service productivity. These earlier researchers proposed that TQM is an essential tool that enables effectiveness and efficiency in healthcare service delivery. This contention has been reinforced and

affirmed by contemporary research (Abdallah, 2014; Mosadeghrad, 2013, 2014a, 2014b; Talib *et al.*, 2013; Yapa, 2012; Talib *et al.*, 2011a; 2011b, 2011c) on TQM and service delivery in health organisations who have emphatically indicated that the implementation and use of TQM mechanisms improve all healthcare operations. Nevertheless, Carman *et al.* (2010) have outlined several challenges facing TQM adoption in healthcare institutions. These included: poor appreciation of TQM concepts, principles and practices, lack of structure for TQM activities, healthcare professionals' mind-sets; perceptions about physicians as leaders; poorly educated medical records staff; physicians treated as customers not as employees; strategy does not include quality deployment and does not include physicians' efforts; high turnover among senior managers; and strong resistance to quality changes.

ISO 9001 quality management system

A quality management system:

[...] is a set of interrelated or interacting elements that organisations use to formulate quality policies and quality objectives and to establish the processes that are needed to ensure that these policies are followed and these objectives are achieved. (Praxiom Research Group Limited, 2015).

Of all quality management regimes, the ISO 9000 family of standards, intended to increase business efficiency and customer satisfaction, is probably the most widely implemented world-wide. The philosophy behind the ISO 9000 series is that quality should be built into systems and procedures of the organisation, where the emphasis is on prevention rather than cure. To be able to meet the demands of ISO 9000, an organisation has to build in quality at each stage of the process to ensure conformity of the product or service to its specification (Sallis, 2005).

ISO 9001, first published in 1987, is based on a number of quality management principles including a strong customer focus, the motivation and implication of top management, the process approach and continuous improvement (Praxiom Research Group Limited, 2015). The 2015 edition features important changes, which have been described as “evolutionary” rather than “revolutionary” (Lazarte, 2015).

In Ghana, improvement in the quality healthcare is key objective of the on-going health sector reforms. It is fully appreciated that effective information management is vital to underpin these initiatives. This brings into the spotlight medical records departments which are expected to provide effective and efficient records services to patients and healthcare personnel. Among the specific transactions which make the medical records departments a functional centre of traffic are seeing to the timely completion of records, the filing and retrieval of records and extracting statistical information for various purposes. This calls for an order of efficiency from medical records departments. At the KBTH records department, evidence from studies demonstrates that the department is consistently making efforts to improve service delivery to patients and to medical staff (Adjei, 2000; Mensah and Adjei, 2014). What the records department lacks at the moment is a formalised quality management standard that meets ISO 9001 requirement. What ISO 9001 can achieve for the KBTH records department is to assure that there are systems in place to deliver efficient and effective records service to patients and the medical staff. However, putting a system in place will not be easy and straight forward. It would involve a large amount of resources and staff

time. Everybody in the department needs to understand its implications and follow procedures that would be put in place.

Legal and regulatory framework

Ghana has no national policy or legislation on medical records (Adjei, 2000, 2004; Mensah and Adams, 2014). Lack of relevant legislation has implication for records retention and disposal, access to and security of records and confidentiality of patient information. A study conducted by Adjei (2000) on government hospitals including KBTH revealed that “there is no centrally determined criteria for the retention, disposal and ultimate fate of records” noting further that “existing policies guiding the management of medical records are essentially nothing more than inchoate bits of instructions which are in most cases not even comprehensively documented”. Regarding the preservation of records Adjei (2000) noted that [...]:

[...] records destruction takes place without reference to requirements for longer term planning, research and so forth. This situation has evolved because of lack of statutory or regulatory retention requirements applying specifically to medical records.

Recent studies conducted by Tijani (2006) and Mensah and Adams (2014) confirm these findings.

The public records and archive administration act

While there is no legislation specific to the management of medical records in Ghana, the frame of existing legislation does allow for the institutionalisation of such arrangements. Hospitals by virtue of being government controlled, and by extension public agencies, fall under the Public Records and Archives Administration Act (PRAA Act, 535, 1997). While the Act makes no direct mention of medical records, it does provide the basic parameters within which institutional policies and procedures could be developed to provide guidance for the management of medical records.

Under Section 8 of the Act, the Director of public records is charged with the development and implementation of record-keeping policies and with the promotion of records management principles, standards and guidelines in all government-run institutions. The Director is also empowered to monitor record keeping in all public sector agencies for general competence, adequacy and compliance with policies, standards and guidelines as set by the Act. Reciprocally under Section 9 of the Act, public institutions are expected to co-operate with Public Records and Archive Administration Department (PRAAD) in promoting efficient records management programmes, and to ensure, among other things, that retention schedules are developed and implemented. Thus Act 535 (1997) provides the essential legal groundwork for collaborative action between PRAAD and public institutions for the management of public sector records. For some inexplicable reasons the KBTH has not exploited this opportunity. This inertia appears to be the crucial factor in the crisis which is affecting records management in public sector organisations. Since the KBTH is government-controlled, it can take advantage of the possibilities opened by the Public Records Act (535, 1997) by consulting PRAAD on how to regulate their medical and administrative records. Once cooperation has been set in motion, much of the needed regulations, policies and procedures (within PRAAD's parameters) for all aspects of hospital records management should follow.

Methodology

The study was largely quantitative and employed a survey research strategy. The total population was 114 comprising all members of staff of the KBTH medical records department, the head of the records department and the deputy. They were all asked to participate in the study. Questionnaires were the main data collection instrument complemented with personal observations to augment the information obtained using the questionnaire.

Out of the questionnaires administered to 114 respondents, 112 were completed and returned, yielding a response rate of 98 per cent. The high response rate recorded was partly due to the rapport which the researchers established with the leadership and staff of the records department, constant follow up with occasional visits to the records department, occasional text messaging to remind and encourage respondents and also familiarity with the records department where the researchers had previously had conducted studies. The statistical package for social sciences (SPSS) was used to analyse the data obtained from the questionnaires. Thematic analysis was also used to analyse the data obtained from the observations.

Ethical clearance was obtained from the Ghana Health Service and the medical superintendent of the KBTH where the study was conducted. Respondents were also informed about the purpose of the study and were also assured of the confidentiality and anonymity of their responses.

Study setting

Formally established in 1923, the KBTH is the largest hospital in Ghana. The hospital currently has over 2,000 beds (Mensah and Adams, 2014). The hospital delivers not only general healthcare services, but specialised care in the broad areas of medicine and surgery at a high level of sophistication. For this reason the hospital occupies a leading-edge position as a referral centre for all health facilities in the country. Serving large numbers of people has implications for the number of patient records generated, and how these are managed. Furthermore, as the KBTH also functions as a research and training establishment, its medical records are in regular use for education and research. On this account, KBTH has well-established (though not professionally managed and organised) medical records department (Adjei, 2004).

The genesis of the KBTH medical records department seems to be shrouded in darkness. What could possibly be done at best is to link the history of the records department to that of the hospital, because it is assumed that one form of record or the other must have been generated and kept since the first patient visited the hospital from its very first day of operation. The medical records department occupies just a minute fraction of a complex structure of the hospital and is made up of five rooms, namely, main issue room, where patients' cards are retrieved; and a library where records are kept. The other rooms are occupied by the head of the records department, his assistants and secretaries.

The functions of the medical records department includes: safe keeping and preservation of patients' folders, sorting out and rearrangement of patients' folders, retrieval of missing files and replacement of misplaced files, registration of patients on first visit to the hospital, statistical compilation of data relating to admission, diagnosis and special cases, statistical compilations of returns on morbidity and mortality rate connected to specific diagnosis, general data management and presentation of report.

The total number of staff directly engaged in the management of medical records in each of the 28 clinical departments at the KBTH as on August 2014 was 114 (Informal discussion with head of records department).

Findings

The findings of the study are presented under the following headings:

- (1) Background of respondents:
- (2) TQM mechanisms governing records management (RM) practices and service delivery including:
 - sensitivity customer satisfaction;
 - commitment of top management;
 - team work;
 - effective leadership and participatory management;
 - people development; and
 - effective and open communication.

Background of respondents

The study revealed that the academic qualification of the respondents differed across board. This was also the case with the number of years they had worked in the medical records department. Apart from 8 (7 per cent) respondents who indicated that they had worked with the medical records department for barely seven months, 27 (24 per cent) respondents had served between 10 and 20 years, whilst 22 (20 per cent) respondents had worked between 20 and 30 years. Majority of the respondents, i.e. 55 (49 per cent), indicated that they had been working in the records unit for the past 30-43 years.

With regard to educational qualifications, 29 (26 per cent) had diploma, 18 (16 per cent) held General Certificate of Education, 6 (5 per cent) had the Basic Education Certificate Examination, 17 (15 per cent) had Senior Secondary School Certificate Education, 15 (13 per cent) had Middle School Leavers Certificate, 12 (11 per cent) had degrees and 15 (13 per cent) had other qualifications. It was relevant to find out the level of education of respondents because this has implication for career advancement and development. The level of education determines whether a staff needs further training or education and the nature of training that he or she would require. It emerged from the study that respondents with low level of education are in the majority. This category of staff is designated "support staff" who have no formal training in medical records. It emerged from the study that all diploma and degree holders have formal training in medical records and related disciplines. The career progression of medical records staff ranges from technical officer grade I and II to principal biostatics officer. It was established that the title "medical records officer" is a generic term used to designate the head of the department and that this title has more to do with the level of educational qualification rather than the duration of service (See [Figure 1](#)).

TQM mechanisms governing records management practices and service delivery

Responses to the range of questions which addressed TQM practices are presented under the following themes: sensitivity to customer satisfaction; commitment of top

Sensitivity to customer satisfaction

The concept of TQM can be expressed as achieving success through delighting the customers. Sensitivity to customer satisfaction was one of the quality themes explored by this study. The researchers first sought to find out who benefitted from the services provided by the records unit, and whether those beneficiaries were satisfied with the services provided. Questions were also asked to find out if there was any well written policy to guide records management and TQM practices at the records unit.

As shown in Figure 2, the major beneficiaries of the services of the medical records department include patients, medical practitioners and other healthcare providers, hospital management, staff of the Ministry of Health and the Ghana Health Service, researchers and public and private sector organisations. Respondents were asked whether they thought their beneficiaries/stakeholders were satisfied with the services they rendered to them or not. Forty-one (37 per cent) respondents answered “Yes” but 62 (55 per cent) thought otherwise. The remaining nine (8 per cent) indicated that they did not know whether stakeholders were satisfied or not with their services.

Of the 41 (37 per cent) respondents who claimed customers were satisfied, 16 (39 per cent) supported their claim by referring to the findings of a client satisfaction survey conducted by the records department. According to them the findings of the survey

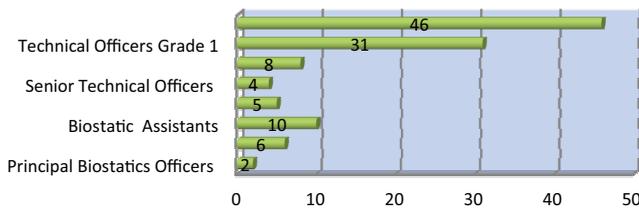


Figure 1.
Positions/ranks of
medical records staff
at KBTH (N = 112)

Source: Filed data (2014)

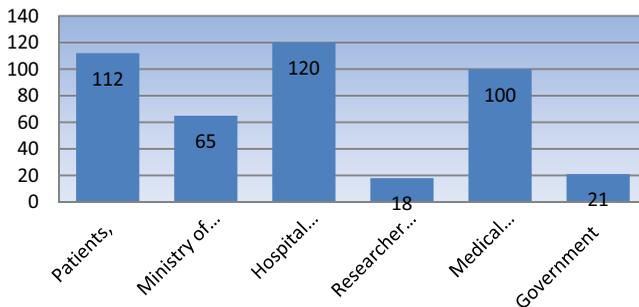


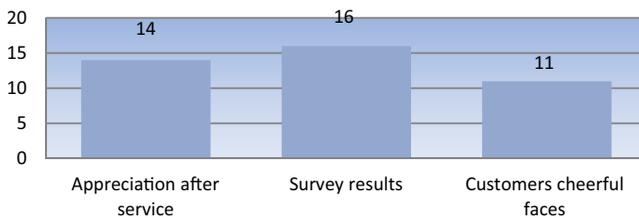
Figure 2.
Beneficiaries of the
services provided by
the medical records
unit at the KBTH
(N = 112)

Source: Filed data (2014)

indicated that the beneficiaries of the department were somehow satisfied with the services provided by the medical records unit. Some of the reasons provided by these respondents were quite subjective such as the “smiles written on face [sic] of customers” 11 (29 per cent) and the “appreciation they “render after being attended to” 14 (34 per cent). The 62 (55 per cent) respondents who said “No” were consistent with regard to the complaints often registered by customers, mostly the patients. Majority of them, i.e. 41 (66 per cent), indicated that patients complained about the length of time it takes to retrieve records from storage on request; 10 (16 per cent) also indicated that some customers show they are not satisfied by insulting the staff, whilst 3 (5 per cent) noted that some customers reported them to management. Eight (13 per cent) of the respondents also indicated that most customers who were not satisfied with the services rendered usually took their medical files home to avoid going through such poor services any time they visited the hospital (see Figures 3 and 4). Questions were also asked to find out from respondents if the medical records department had any written policies on service quality. Questions were meant to determine the extent to which records staff were informed about quality issues at the records department. Responses from the 102 (91 per cent) respondents indicated that there was no such policy. When asked whether they thought having such a policy would make a difference in terms of improving service delivery, almost all respondents, 99 (88 per cent), were convinced that a good TQM policy would improve the level of services in the records department much to the delight of its beneficiaries.

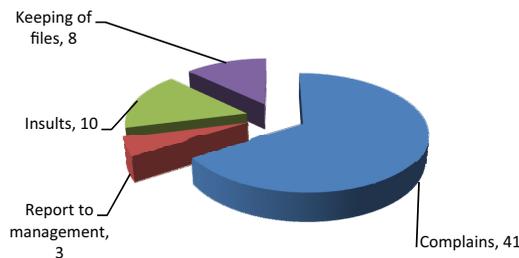
Commitment of top management

Top management commitment plays a vital role for implementing a quality management system. Perhaps the most obvious similarity among the various quality



Source: Filed data (2014)

Figure 3. Indicators of customer satisfaction in the medical records unit at the KBTH (N = 41)



Source: Filed data (2014)

Figure 4. Indicators of customer dissatisfaction in the medical records unit at KBTH (N = 62)

advocates and their programmes is the consistent insistence that management be actively involved with and committed to improving quality within the corporation. Merely stating that quality is important is not sufficient. One thing common to all the philosophies is that top management commitment is required.

The study explored the extent to which top management was committed to quality issues. Respondents were asked whether they were convinced that top management of the hospital had over the years demonstrated adequate concerns about the well-being of the medical records department. In answer to this question, 46 (41 per cent) respondents indicated "Yes" while 66 (59 per cent) of them indicated "No". Some of the reasons assigned by those who answered in the affirmative were that, top management sometimes visited the department to find out about the needs of the department. Respondents indicated that management provided the needs of the records department regularly, adding that members of staff benefitted from various training programmes and workshops arranged by management from time to time.

On the contrary, those who answered "No" seemed to agree that top management simply did not seem to appreciate the role that the department plays in the hospital. Hence the records department as an entity and, the role the staff play receive no recognition from top management. The only people on whom management place a premium, according to the respondents, are the doctors and nurses whose basic functions they clearly identify with theirs. Interestingly, 62 (94 per cent) of the respondents who indicated that management was not supporting records management activities seem to be strongly inclined towards this lingering perception that management is more interested in the income-generating departments of the hospital. Nonetheless, the remaining 4 (6 per cent) of the 66 respondents admitted that part of the blame is attributable to records staff's general attitude to work. In an informal interview with the head of the medical records department, he lamented that the low level of recognition from management had to do with the low level of education and by extension the low status of most of the staff of the records unit.

When asked what could be done to attract respect and recognition from management, majority of the respondents, 104 (93 per cent), seemed to agree that there is the need to organise workshops to educate top management about the essence of records management practices, and the fact that there is more to medical records management and administration than just keeping patients' folders. Some respondents, 28 (25 per cent), also thought that the staff of the department need to be more committed to their duties and must begin to aim at improving their work to attain the optimum goals required from them. Others, 36 (32 per cent), also felt that improving staff skills and competence through further education and training would result in considerable changes in this regard.

With respect to whether management will be willing to embrace TQM to improve records services, 34 (30 per cent) respondents were convinced that top management will be 100 per cent willing to embrace quality as a means of improving the quality of performance of the records department, whilst 38 (34 per cent) held the view that top management will be 25 per cent willing to do that.

Furthermore, on the question of whether top management had the necessary authority to change the organisational culture of the department to ensure that it is

ripe to embrace TQM, only 18 (16 per cent) respondents indicated that top management can do exactly that, whilst the remaining 94 (84 per cent) seemed to have a contrary opinion. It was gathered from the responses of those respondents who indicated “Yes” that management are the very individuals who formulate and execute every single policy of the hospital, and as a result have some level of control over everything that happens in the hospital. Thus they have the final say in all issues. Those who disagreed 94 (84 per cent) were of the view that top management of the hospital did have the capacity, but they believed that they would not change the culture with a view to embracing TQM because of their lack of interest and respect for the records unit.

Finally, respondents were asked to rate their convictions on the improvement that TQM is likely to result in, if top management happens to endorse it. Almost all of the respondents 98 (87 per cent) indicated that it would result in a 100 per cent improvement in the records management activities and service delivery of the medical records department.

Teamwork

In a TQM culture, employees are encouraged to challenge ineffective company policies and bring quality concerns directly to top management. Individual participation and team approaches involve transforming the culture of the entire organisation to tap the creative energies of all employees and improve their motivation.

Respondents were asked whether there was a healthy teamwork spirit and cooperation among the staff of the department: 93 (83 per cent) respondents indicated teamwork existed among the staff, whilst the remaining 19 (17 per cent) respondents felt otherwise. The 93 (83 per cent) respondents who indicated “Yes” also indicated some of the ways in which teamwork manifests itself among the staff of the department as well as some of the benefits that the healthy teamwork spirit had brought to bear on the activities of the medical records department (see [Tables I and II](#)). Those respondents, 19 (17 per cent), who indicated that there was lack of teamwork among the medical records staff held that lack of a healthy teamwork spirit at the records units was evident in some

Indicators of teamwork	Responses	(%)
Perfect understanding among the staff	15	16
Covering up technically for each other	17	18
Deep sense of belongingness	21	23
Cordial relation among staff	9	10
Sharing ideas in the course of work	12	13
Constructive criticism	1	1
Peaceful co-existence	12	13
Mutual respect and recognition	2	2
Collective decision making	4	4
Total	93	100

Table I.
Ways in which
teamwork is
manifested among
medical records staff
at the KBTH
(N = 93)

Source: Field data (2014)

behaviours exhibited by staff of the unit (see Figure 5). It is quite obvious that the views raised by the 19 (17 per cent) respondents as shown in Figure 5 are not peculiar to the Korle-Bu medical records department.

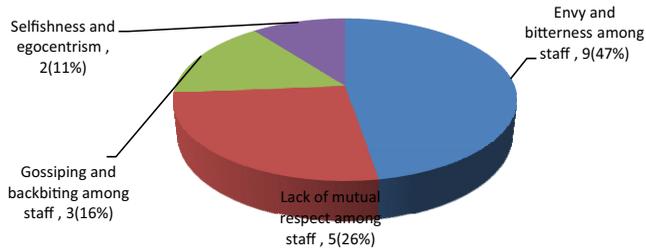
Furthermore, even though 83 per cent of the respondents indicated that some level of teamwork existed among the records staff, 11 (10 per cent) of the 112 (100 per cent) felt that the teamwork spirit was 100 per cent, whilst 52 (46 per cent) felt the team spirit was 5 per cent effective in terms of yielding its desired impacts on the department (see Figure 6). Finally, views of respondents were sought to find out the extent to which they thought a

Table II.
Benefits of teamwork to the medical records staff at the KBTH (N = 93)

Benefits of teamwork	Responses	(%)
Effective and efficient service delivery	12	13
Quick resolution of conflict and misunderstanding	2	2
Role and task interchange	13	14
Higher achievement of results	7	8
Serious minded and highly disciplined staff	14	15
Enhancement of the departments image	6	6
Identification of diverse ways of managing recurring problems	8	9
Reaching consensus on decision making	11	12
Promptness in group work such as writing up reports	20	22
Total	93	100

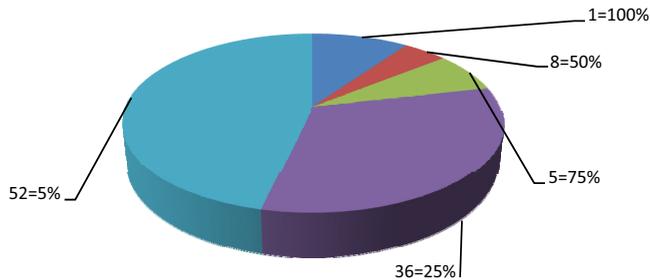
Source: Field data (2014)

Figure 5.
Indicators of lack of teamwork among medical records staff at KBTH (N = 19)



Source: Filed data (2014)

Figure 6.
Staff assessment of current team spirit in the medical records unit at KBTH (N = 112)



Source: Filed data (2014)

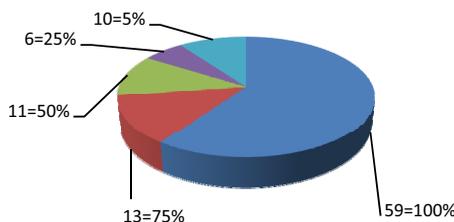
well-consolidated teamwork spirit and cooperation could aid in enhancing work performance and the image of the records department as a whole. The medical records staff believed that teamwork would go a long way to help achieve the stated goals and objectives of the unit.

Leadership and participatory management

Leadership is one of the important concepts of TQM. The principles and practices of TQM can differ among various industries and enterprises, but there is a universal agreement about the importance of leadership for its achievement. It is commonly believed that good management is a precondition for the success of strategies and plans and that those enterprises that succeeded to achieve total quality control are managed by good leaders.

When asked whether they thought the current leadership of the records department conducts itself in a manner that promoted the well-being of the records department in its general business and in customer services in particular, all the 112 (100 per cent) respondents answered in the affirmative. Respondents outlined some reasons that informed their position. Similarly, when asked whether they believed that over the years, the leadership of the records department had provided adequate guidance and focus to steer forward the general business and service delivery of the department, almost all the respondents, 99 (88 per cent), agreed that the leadership had done exactly that. However, 4 (4 per cent) of the respondents felt the leadership had not been up and coming in that sense. The remaining 9 (8 per cent) indicated that they did not know. The 99 (88 per cent) respondents, who agreed that the leadership of the medical records unit had given the department guidance, assessed the effectiveness of the efforts of the leadership as demonstrated in Figure 7.

Furthermore, on a scale of 1-4, respondents were asked to indicate how often they were made to feel part of the leadership and management of the medical records units. As shown in Figure 8, more than half of medical records staff at the KBTH claimed that they were often made to feel as if they were part of management of the unit. Questions were also asked to find out whether the medical records staff were permitted to take their own initiatives and bring these initiatives to fruition; and how often they assumed responsibility for their own actions. On the question of being allowed to take their own initiatives and seeing to it that they were executed, only 28 (25 per cent) indicated “agreed”, whilst 84 (75 per cent) disagreed. The 28 (25 per cent) respondents who agreed with the question are believed to be the sectional heads in the 28 clinical departments of the KBTH. Their responses are thus expected because they are heads in their various units and as a result will be allowed to make some decisions on their own.



Source: Filed data (2014)

Figure 7. Staff assessment of the leadership's provision of adequate guidance (N = 99)

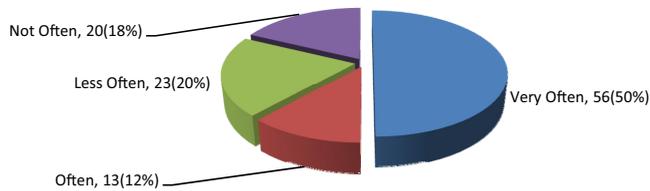
Finally, the researchers sought to establish the opinion of the medical records staff on whether TQM could change or improve records management practices and service delivery of the department. Responses from the records staff revealed that majority of the respondents believed that TQM initiative could improve the lot of the records management practices and service delivery of the medical records department (see Figure 9).

Respondents were asked to indicate how leadership reacted or responded to initiatives they took with a view to bringing improvements. As many as 89 (%) respondents indicated that leadership was 100 per cent, in support. Again, as many as 96 (86 per cent) of respondents felt that leadership addressed the frustrations they experienced adequately. Finally, respondents were very much convinced that TQM initiatives had the propensity to transform work processes, thereby enhancing efficiency and effectiveness in service delivery.

People development

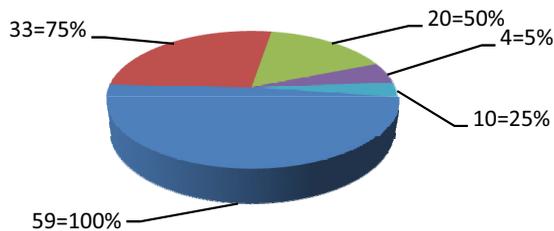
Training personnel for quality management requires the development of specific skills that support quality practices. Such training is important not only to ensure the successful adoption of quality practice but also the achievement of the broader quality mission of improved competitiveness. Respondents were asked whether they believed the department had over the years demonstrated an appreciable concern towards their personal development. Fifteen (13 per cent) agreed that the department had done that, whilst 97 (87 per cent) disagreed. Some reasons given by those who agreed were that they were encouraged to take courses to upgrade themselves through in-service training, seminars and workshops, and refresher courses. These respondents were all supervisors who are diploma degree holders. Of the 97 respondents who said “No”, 45 (46 per cent) indicated that top management of the hospital were not so keen in improving the skills of the staff. These respondents felt management must make

Figure 8.
Staff assessment of
the existence of
participatory
management
(*N* = 122)



Source: Filed data (2014)

Figure 9.
Assessment of
medical records staff
conviction on the
potency of leadership
as a TQM tool
(*N* = 112)



Source: Filed data (2014)

provision for intensive and relevant in-service training. The remaining 52 (51 per cent) did not indicate any reason for their responses. When asked whether the records staff had had any training that was relevant to their jobs and assigned responsibilities, majority of the respondents (95; 85 per cent) indicated they had never had such training facility. Some of the training needs of the records staff have been represented in Figure 10.

Effective and open communication

To accomplish tasks and achieve organisational goals, every individual of an organisation communicates with others about the various types of work in their organisation. Supervisors deliver tasks to subordinates; subordinates report results or make proposals to supervisors; members of a group discuss how to achieve group goals and so forth. Effective communication amongst staff members in an organisation is an inevitable aspect of the proper functioning of an organisation.

On the question of whether there existed what may be described as effective and open communication among the staff of the medical records department, majority of the respondents (86; 78 per cent) indicated that effective and open communication existed among the medical records staff. They outlined some of the ways in which this is manifest in the department (Tables III-IV). Those who responded “No” suggested that circulars did not flow as it should be. They also suggested that the leadership were mostly occupied with so much work to the extent that they had limited time to manage

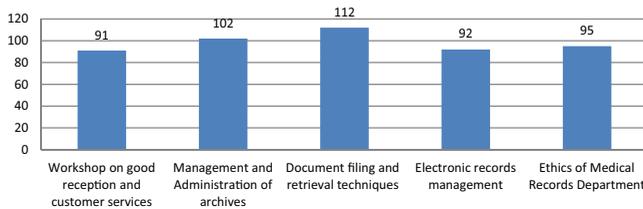


Figure 10. Training needs of medical records staff at KBTH (N = 112)

Source: Filed data (2014)

Comments	Responses	(%)
The leaders are quite friendly and accessible	11	10
Firmness in terms of taking major and critical decisions	12	11
Supportive and ever ready to help	20	18
Insistence on having the right things done right	14	13
Highly disciplined	9	8
Timely dissemination of information	18	16
Adequate supervision and inspection of jobs	15	13
Diligent and hardworking	6	5
Recognition of good work done and motivating of staff	4	4
Making training available where possible and available	3	3
Total	112	100

Table III. Ways in which leaders promote the well-being of medical records staff at KBTH (N = 112)

Source: Field data (2014)

information flow quite well. They also claimed that part of the problem had to do with lack of regular meetings among the staff. In response to the question of how to ensure free flow of information amongst staff respondents thought that there was the need for the leadership to be freed of some ordinary functions so that they could have ample time to work towards improving information flow. Finally, a large proportion of respondents were optimistic that effective and open communication amongst staff of the department would enhance service delivery (see Table V).

Discussion

The findings on the application of TQM initiatives at the KBTH to improve records service delivery supports a number of related research whose conclusions point to the fact that TQM impacts positively on organisational performance. Abdallah (2014), Mosadeghrad (2013), Sila (2007), Taylor and Wright (2006), Karia and Asaari (2006); and Yoo *et al.* (2006) have maintained that organisations that direct their efforts toward successful implementation of TQM stand to gain in terms of improving production and service; eliminating errors and waste; reducing operational cost; increasing motivation and commitment of employees; increasing profitability and competitiveness; reducing cost; building up competitive edge; and maximising profits by satisfying both internal and external customers.

In today’s competitive business environment what is constantly changing is the challenge in being sensitive to customer needs with a view to meeting expectations. As reported by this study, majority of respondents were not satisfied with the service they received from the records department. This finding corroborates the studies of researchers who report that most healthcare consumers seem not to be satisfied with the services provided by healthcare institutions (Deshwal *et al.* 2014; Choi and Kim, 2013,

Table IV.
Ways in which effective and open communication is manifested in the records unit at the KBTH (N = 112)

Comments	Responses	(%)
Easy and timely access to information	21	24
Regular meetings	42	49
Pasting notices on regular basis	12	14
Distribution of letter	5	9
Timely dissemination of information	2	2
High understanding and cooperation among staff	4	5
Total	86	100

Source: Field data (2014)

Table V.
Assessing the staff conviction on the patency of open communication as a TQM tool

Responses (%)	Frequency	(%)
100	101	90
75	7	6
50	3	3
25	1	1
Total	112	100

Source: Field data (2014)

Chodzaza and Gombachika, 2013; Fonseca, 2013; Amin and Nasharuddin, 2013; Talib and Rahman 2010).

TQM is pivoted around customer satisfaction or delight. As such a successful organisation recognises the need to put customer first in the decision making process (Suradi *et al.*, 2007). According to Atinga *et al.* (2011) the customer should be closely involved in the product design and development process providing inputs at every stage of the process, so that there is less likelihood of quality problems. This is why Atinga (2012) argued that the implicit assumption that is attempted by organisations to improve quality, reflect their sensitivities to customers' needs. This underpins Oakland's (1999) model on TQM that organisations who seek to embark on the long journey of quality must necessarily design a workable quality policy.

Commitment of top management is more of a requirement to the success of TQM implementation in organisations than a core theme of TQM (Zakuan *et al.*, 2010). Arawati (2005) observed that TQM is a reformative exercise and ultimately requires a thorough change of organisational culture. The culture in an organisation as stipulated by Oakland (1999) is determined by the behaviours based on people interactions and norms resulting from working groups, dominant values adopted by the organisations and climate considerations. Consequently, to embark on a quality journey, there is the need for organisations to have not only the agreement but also active commitment of top management to design sound quality policy to lay the right foundation for its implementation and monitoring (Rohini and Mahadevappa, 2006; Suradi *et al.*, 2007; Yusuf *et al.*, 2007). These imply that top management constitutes the pivot around which all activities and functions revolve in organisations. Consequently, the success of implementing TQM at a department such as the medical records unit of the KBTH would require management commitment and endorsement; and also a demonstration of their unflinching support throughout the entire stages from designing quality measures, all the way to their implementation and monitoring process. As the study revealed, top management commitment in the activities of the records department certainly is unsatisfactory. However, one cannot ignore the view of some respondents that there was some level of commitment on the part of management, citing approval of staff training to boost the skills and competence of low-calibre staff at the department. All things being equal, the staff were convinced that top management did have both the capacity and capability to ensure that the right culture for the implementation of TQM prevailed in the department. They equally believed if top management was willing to do that, per chance, this would result in significant quality changes both in records management practices and, in service delivery.

The success of TQM depends on a very solid and warm team spirit usually referred to as teamwork. Vanichchinchai (2014) contends that staff need to be given the cause to feel that they have not been sidelined or that their views and opinions on quality do not matter much, else there will be hitches along the production line and this could be detrimental to the quality front. Sabella *et al.* (2014) outlined the attribute of effective team work as follows: clear objectives and agreed goals, openness and confrontation, support and trust, co-operation and conflicts, good decision-making, appropriate leadership, review of team processes, sound inter-group relationships and individual development opportunities.

It became clear that there was a substantial level of a healthy teamwork spirit among the staff at all levels. The only problem was that this teamwork spirit was greatly

underutilised at the medical records department. This stemmed from the fact that the teamwork was born naturally out of the cohesion and bonding that existed among staff as a working force. In other words, the teams were not specifically instituted for any particular objective. All the same the teamwork spirit yielded magnificent results as noted in the relevant responses. The staff firmly held that a well constituted teamwork as an initiative of TQM would take the records management practices and service delivery to greater heights.

One of the most instrumental functions of an effective leader, [Psychogios \(2007\)](#) submits, is to provide a regular sense of focus and direction to the working force, as far as meeting the overall goal of the organisation is concerned. [Yong and Pheng \(2008\)](#) concurred that leaders of organisations have demanding roles to play as far as the achievement of the success and benefits of TQM is concerned. It is for this reason that the [UK's Department of Trade and Industry \(2006a, 2006b, 2006c\)](#) highlights the need for participatory management, whereby, leaders create an atmosphere which makes their subordinates feel that they are part of management. This according to the [UK's Department of Trade and Industry \(2006a, 2006b, 2006c\)](#) would result in breeding a deep sense of confidence within staff, and render them highly innovative, and prepared to assume responsibility in their capacity to brighten their own corner and the organisation as a whole.

It was discovered that not only did the medical records department leadership believe that it had over the years provided the department with the right kind of vision, direction and focus; the staff of the department also share the same thoughts about them. If this is anything to go by, then it points to a mutual understanding and perfect relationship among the staff and the leadership. To this effect, the staff naturally feel that they are part of the leadership of the department and make significant contribution towards improving the condition of the department. The leadership indicates that their commitment and capacity to promote participatory management in the department are limited by stiff administrative control and lack of commitment of the top management. The staff equally believe strongly that effective leadership and participatory management when strengthened as a tool of TQM will result in great improvements in records management activities and service delivery of the department.

The staff of the KBTH strongly believe that the records department cares about their well-being since it has allowed them to receive various levels of training in records management. However, they lack training in issues relating to quality. Leadership of the records department themselves have had training in computer applications, medical records management and leadership skills. These training programmes, according to both the staff and the leadership, have enriched their skills and competency tremendously. They also believe strongly that training on quality as a TQM initiative would place them in a position to work towards improving the lot of the records department.

People development in organisations is a central issue of staff training and education, because employees of an organisation acquire new knowledge and skills to participate personally in TQM ([Josie, 2005](#)). [Mensah and Adams \(2014\)](#) and [Mensah \(2016\)](#) have argued that in a professionally related work such as records management, it is necessary to provide staff with two constant forms of training: professionally oriented training which would endow them with the required skill to enable them analyse and improve

work; and quality-oriented training which would make them quality-conscious in every single detail of their work. Training of records staff on these grounds according to Mensah (2016) would not only make them highly efficient and productive, but would also serve as a morale booster which would give staff the impression that the organisation is not solely interested in their output and contribution but also in their social well-being and personal development. On training in reference to quality, the UK Department of Trade and Industry (2006a, 2006b, 2006c) suggests that training has to be continuous so as to reflect not only the changes in technology, but also changes in the environment wherein the organisation functions, its structure, and more significantly its people.

Effective and open communication has always been key requirement of good management, and even more importantly in the implementation of TQM (Abusa and Gibson, 2013). Open communication in the organisation empowers staffs to express their thoughts and frustrations (Nicholas *et al.*, 2014). Effective communication is not only a channel for dissemination of information within the organisation, but also an effective medium through which related and diverse functions of the organisation are coordinated as a composite unit. It is also through such communications that conflicts are managed and resolved within organisations. Communication is described as open when there is a mutual directional information flow between management and subordinate staff. From the quality perspective, Saravanan and Rao (2007) pithily stress the rationale for effective communication as follows:

[...] the essence of changing attitudes to quality is to gain acceptance for the need to change, and for this to happen, it is essential to provide relevant information, convey good practices, and generate interest, ideas and awareness through excellent communication process.

The researchers discovered that there is a reasonable degree of information flow among the staff of the medical records departments, particularly in relation to duty rosters and job scheduling. It became clear that staff who run on shift and who interchanged duties were informed in advance by the leadership. The atmosphere of the records department was such that staff could freely seek clarification on any information that related to their work or personal well-being. The response of the leadership to the positive contributions of the staff and also towards the concerns and frustration raised by the staff seemed to be very high. This certainly is a big plus to the department, except that the researchers are convinced that the kind of effective and open communication at the department could be used in a more productive sense such as sensitising the staff to the need to observe high-quality standards not only in their service-related jobs, but on every single job which relates to records management practices at the department. Both the leadership of the department and their supporting staff maintain strongly that effective and open communication as a TQM initiative when enforced in the department would help flourish the general business of records management and service rendering at the department.

Recommendations

What follows are recommendations based on the findings of the study.

Policy development

The cornerstone of efficient and effective records management is an infrastructural framework of policies and procedures. At the KBTH a comprehensive policy

formulation is urgently needed in all aspects of medical records management, particularly quality of recorded information, records retention and destruction, patients and third party access, proper cataloguing of records and the movements and circulation of records within and outside the facility. Two issues that need urgent attention are, first, the retention and destruction of medical records and, second, security and confidentiality of patient information. In consultation with PRAAD, the KBTH should proceed to develop comprehensive policies and guidelines on these issues. As we have stated, the legal framework for this is provided under Sections 8 and 9 of the Public Records and Archives Administration Act (Act 535), 1997. Health authorities should consult the Public Records and Archives Administration and work out, under the umbrella of Act 535, a working partnership aimed to develop records management policies and procedures tailored to the specific needs of the KBTH.

Setting standards

Setting standards in essence amounts to selecting and implementing the best possible and feasible operational systems and procedures to perform records services efficiently. Some areas of records activity can barely be managed and organised properly at all if there are no set standards to act as a yardstick. The only way to ensure that the records department at KBTH performs well and raise the standard of the department is to establish and conform to standards and monitoring mechanisms, which at present do not exist. This situation needs urgent correction. The process of identifying and setting standards will in itself identify where improvement is needed.

There are numerous published records management standards which should be of interest to KBTH records department, in particular [ISO 15489 – 1 \(2001\)](#). The adoption of ISO 15489 by KBTH would facilitate the establishment and implementation of an effective medical records management programme whose ultimate goal is the creation and management of authentic, reliable complete and useable records capable of supporting patient care. Alternatively KBTH could proceed to develop their own standards for measuring performance. This should be done with a view to preparing for the adoption of a recognised standard in the future.

It must be pointed out that while the development and implementation of medical records policy and standards are necessary, these are not sufficient in themselves to guarantee sustained improvement in the performance of the medical records department at the KBTH. It is suggested that the adoption of the TQM principles (as discussed in this study) by the hospital's records department is also critical to the delivery of quality service.

For instance senior management commitment and support are required for TQM implementation programmes. This study reveals that there is at least some level of commitment from management, which manifests in their approval of staff training to boost the skills and competence of low calibre of the staff at the records department. There is certainly no way a department can implement TQM without the full support and cooperation of the top management at the helm of affairs. For this reason, it is essential for the leadership of the medical records unit to ensure that the structure of the hospital is designed such that the leadership of the records department are substantially represented at the decision making level of the hospital. Additionally, the leadership of the medical records department no doubt should be given some degree of autonomy to lead and develop the department to its full potential. They must be in a position to decide

and take firm decisions on issues that concern the welfare of the department. To this end, some of the staff administrative rules and bureaucracies that restrict the leadership of the department on many grounds should be relaxed so that they can be in a position to embark on a programme such as the integration of TQM into the department core business. This surely will enliven and endear the department not only to the top management, but also to the general public who patronise the department's services frequently.

Also, the high spirit of teamwork among the staff as it is currently, requires a clear sense of direction, or for want of a better term a strategic reorientation altogether. First, the formation of the teams must be designed along the diverse core functions that the department undertakes. The team must be highly represented by all levels of the department. Each team must be assigned specific targets to meet within a stipulated timeline. Each team must necessarily be assigned a leader who would move the team to its target destination and also preside over the team's meetings and deliberations. Designing a team in such a fashion will motivate all staff to contribute effectively towards the well-being of the department. The teamwork could be used in many ways, particularly in problem solving and strategic decisions and more importantly on inducting quality improvements in the department's activities. [Abdallah \(2014\)](#) noted that teamwork devoted to quality improvement changes independence to interdependence, through improved communication, trust and the exchange of ideas, knowledge, data and information.

Additionally, there is an urgent need for the medical records department to explore all avenues to find appropriate means of maximising the benefits of effective and open communication that it has at its disposal. One way to do this is to systematise the flow of information. In other words, the department must be certain about the types of information that is circulated in the department at any given time, the appropriate media of circulating this information, the appropriate means of verifying whether the information yields the intended effect and whether adequate feedbacks are received. The researchers believe that it is the failure to do this on the part of the department that gave room for the degeneration of gossips and rumour as indicted by some of the respondents. More so, the communication networks in the department needs to be given a deep and serious sense of focus. This is of great essence as far as the implementation of TQM is concerned. The department could take advantage of its strong communication network to engage the staff in a fruitful discussion on TQM by way of educating them on what their roles should be and what they could do in their own way to add quality to their own portion of the whole department's work.

Furthermore, the success of TQM implementation as it has been stressed in the literature depends on the quality of training given to the personnel of the department. Given the low calibre of staff, there is a dire need for the department to commit itself to spending more in order to train and upgrade the skills of the staff. The training must be very comprehensive both in terms of consolidating the records management background of the staff and also in terms of quality assurance and improvement skills. The training must start from the leadership to the lowest rank of employees of the department. Another point that is worth hammering upon is that the top management must endeavour to employ a reasonable number of graduates and individuals with the

requisite skills and knowledge in medical records management who will introduce new ideas on records management practices and also boost the image of the department.

Also, in today's superhighway information society and advanced technology, it is certainly not out of place at all, to recommend that the medical records department of the KBTH be automated. The researchers are convinced that the KBTH, as part of ensuring that quality services are offered to its customers, can embark upon automation as a stand-alone application or project at the medical records department. When this is done, the department will gain immensely as demonstrated by [Altayeb and Alhasanat \(2014\)](#) in terms of increased cost-effectiveness, enhancement in skills by the department staff, improved consistency of data, better control and flexibility over the records, improved response time, increased productivity through effective use of staff, better management tools and skills, expanded reporting capabilities and integrated data for access and reporting. The hospital, in doing so, needs to pay attention to some pertinent issues bothering on how to run an effective and efficient system. These include: the need to safeguard the accuracy and reliability of the information contained in the record, the need to guarantee the confidentiality and security of the record, the need to create adequate security measures to prevent manipulation of the systems, and the need to sustain the system for a long time in terms of provision of adequate maintenance.

Finally, due to time constraints the study was limited mainly to the integration of TQM from the perspective of the staff of the records department. What this means is that there is still more to be considered by future researchers in relation to TQM implementation in the medical records departments. This could be done from the perspective of the customers who constitute the focal points of TQM theories and also from the perspective of medical practitioners and specialists through whose significant inputs the records are created in the first place. A study could also be undertaken on the effects of TQM on the core functions of the medical records.

Conclusion

Organisations still cling to TQM not only to remain in business but also to boost their competitive edge and stamp their authority in today's highly unpredictable business world ([Mosadeghrad, 2014a](#)). This study aimed to discover the extent to which TQM initiatives can improve the quality of records service delivery to help meet the expectations and aspirations of the patients and other customers of the KBTH. Findings from the study revealed that the medical records unit of the KBTH makes a fairly good use of some of TQM initiatives, namely, teamwork, effective and participatory leadership, people development and open and effective communication. What seems to be lacking with respects to these initiatives is a clear sense of direction and focus in terms of quality policy. Successful implementation of TQM at the KBTH records department will ultimately depend on the endorsement and support of top hospital management. Top management must take the responsibility for introducing TQM and supporting and enhancing total quality culture in the records department. It must be pointed out, however, that initiatives from above are not always greeted with enthusiasm. We would, therefore, propose that the impetus for reform should in the first instance originate from the leadership of the medical records department.

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Corresponding author

Monica Mensah can be contacted at: monimamens@gmail.com

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