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OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

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A STUDY ON APPLICATION OF BALANCED SCORE CARD TO THE DEPARTMENT OF COMMUNITY MEDICINE IN MEDICAL COLLEGE & HOSPITAL

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ABSTRACT

Background: Kaplan and Norton's balanced scorecard (BSC) has become a widely used framework for performance measurement. A balanced set of integrated performance measures reduces the map into a series of objectives, targets, measurements and initiatives.² The four generic perspectives are financial, customer, internal and learning & growth are considered. Hence, this study was conducted keeping these aims & objectives in mind to identify possibilities of application of Balanced Score Card to the Department of Community Medicine in a Medical college & General Municipal Hospital for the first time. Methodology: This descriptive study was carried out from June - Sept 2013. All students of IIIrd / Ist MBBS were selected for satisfaction survey. Patient's feedback was obtained with the help of satisfaction survey at OPDs run by the department. Results: Customer Satisfaction: Medical students and Patients satisfaction level of 78% and 84% which can be increased to target 95% by teaching- learning methods, enhanced quality care. Internal Processes: attendance rate from 77% can be increased to 100% by giving timely and regular feedback to students. Maximising skill development clinically and public relations, ensuring staff empowerment and accountability. Learning and Growth: Maximum utilisation of teacher's skill, knowledge, experience and provision of innovative teaching learning aids and methods. Conclusion: Drawing balanced score card would help to translate departmental strategic objectives into coherent set of performance measures. With a boom in the healthcare industry, it's a high time for the Indian Healthcare industry to adopt the best global Practices like Balance Score Card.

KEYWORDS

Balance score card, Community Medicine.

INTRODUCTION

World Health Organisation defines health systems as a key element of sustainable economic development and effective governance. World Health Report 2000 stated that governments should ensure that their country's health care system provides the optimal health services for its population. To achieve the real and main aims of health systems, emphasis should be on the development of monitoring, measuring and regulating the health care providers' performance. In this regard, Balanced Score Card is known as one of the most powerful approaches in performance measurement and strategic management.¹ Kaplan and Norton's (1992) balanced scorecard (BSC) has become a widely used framework for performance measurement. The generation of BSC was a set of indicators arranged by perspectives derived from mission and vision of organisation.¹ The balanced scorecard, in its simplest terms, is a system that allows an organisation to measure its performance in critical areas that are key to its success. The balanced scorecard makes use of both qualitative and quantitative measures, in conjunction with traditional measurement instruments to give management and employees a snapshot of the health and future prognosis of the company.

REVIEW OF LITERATURE

Balanced scorecard is a strategic measurement and management system. It translates an organisation's mission and strategy into a balanced set of integrated performance measures.²

The concept of the balanced scorecard recognises that no single measure can provide a clear target or focus attention on the critical areas of the business.

The balanced scorecard gives leaders a set of measures that provides a fast but comprehensive view of the company. It provides a snapshot of overall performance that focuses attention on those things critical to success. The balanced scorecard helps a company organise and communicate its strategies to employees and shareholders. It aligns work at all levels of the company to ensure day-to-day tasks line up with critical success factors. It reinforces behaviours of employees and helps eliminate unwanted behaviour by having very clear and precise measurements that are all ultimately based on how employees perform.³

The balanced scorecard is an approach that helps organisations create sustained value and focus on creating a stronger future. The Balanced scorecard is an approach first introduced by David P. Norton and Robert S. Kaplan in the early 1990's. David Norton explains that the balanced scorecard provides a framework to describe an organisation's strategy in a simplified way that creates shared meaning. This approach to strategic management puts everyone on the same page and identifies how every employee in the organisation contributes to organisational success.⁴

THE BASICS OF THE BALANCED SCORECARD

The primary goal of an organisation is to create sustained value over the long term. The Balanced scorecard focuses on creating a balance between short-term activities and long-term goals that sustained value. For organisations with a high level of regulatory involvement, such as healthcare, the activities of the scorecard can be divided into four basic categories:

1. Building the business – focusing on the creation of new business opportunities;
2. Increasing customer value – restructuring relationships with customers to expand the current value proposition;
3. Increasing operational excellence – focusing on productivity management, quality, and asset utilisation and operating performance;
4. Practicing good citizenship – focusing on external and indirect constituents as a result of regulatory relationships.⁴

David Norton points out that creating a set of strategic themes that will bridge the gap between the existing state of operations and the desired state into a simplified, one page picture.⁴ The balanced scorecard reduces the strategy communicated in the Strategic Map into "manageable objectives, measures in the form of lead and lag indicators, stretch targets, and "double-looped" learning opportunities.⁴

APPLICATION OF BALANCED SCORECARD TO HEALTH CARE SECTOR

The healthcare providers need to drive better business practices into what they do as the one who provides the best services gets the business.⁴ Balanced scorecard can be used by hospitals to do the following:

- Clarify and gain consequences about strategy,

- Communicate strategy throughout the organisation,
- Align departmental and personal goals to the strategy,
- Link strategic objectives to long – term targets and annual budgets,
- Identify and align a strategic initiatives,
- Perform periodic and systematic a strategic reviews,
- Obtain continual feed back to learn about and improve strategy²

A true balanced scorecard can have at least six benefits to Healthcare providers:

It can add customer insights, refocus internal operations, energise internal stakeholders, strengthen customer acquisition efforts, and strengthen customer relations and increase loyalty and returns of value.²

GETTING FOCUSED

It is extremely important to clearly and objectively understand the organisation's current performance curve and to be very realistic about the strategic gap between what is and what is and what is desired.^[4]

Development of a strategic map reduces the organization's strategy to a simplified tool that communicates and demonstrates the critical features and integrations of the plan. It helps everyone to understand their roles and to visualize the cause-and-effect relationships that can make the strategy a reality.^[4]

Once a strategic map is built, a team of key players can build the scorecard. The scorecard reduces the map into a series of objectives, targets, measurements and initiatives that can then be divided up amongst a wide range of people in the organization to facilitate timely and innovative actions.^[4]

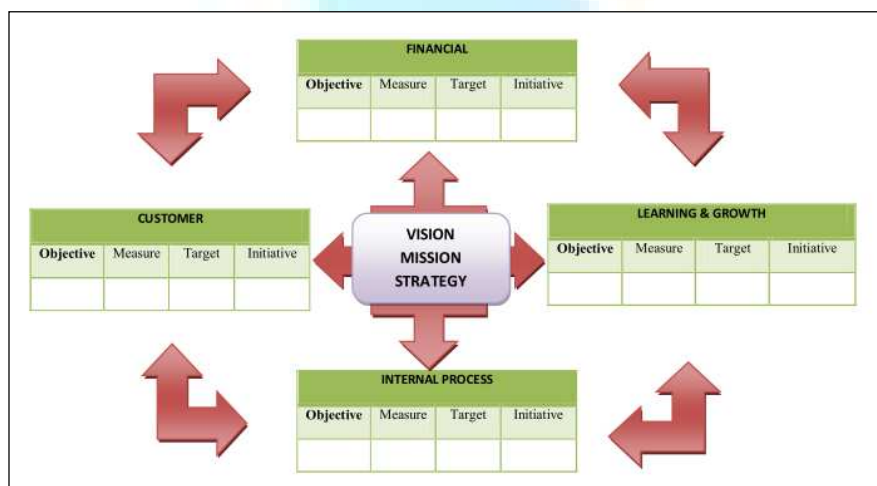
Template for balance score card is as follows,

Objectives	Measurements	Targets	Initiatives

The Scorecard Perspective:

The Balanced Scorecard provides a framework to manage strategies used to create value from different perspectives. The four generic perspectives are:

- **The financial perspective** – These measures support the strategy for growth, profitability, and risk viewed from the perspective of an owner or shareholder.
- **The customer perspective** - supports the strategy for creating value and differentiation from the perspective of the customer.
- **The internal process perspective** – establishes the priorities for various business or operational processes that are critical in creating customer and shareholder satisfaction.
- **The learning and growth perspective** – measure activities that create a climate that supports change, innovation and growth^[5]



The Financial Perspective: The financial perspective should have the proper mix of measures that give an accurate overview of the company's health. Traditional historic measures must be mixed with current and future data.

- 1) Current data might be cash flow, orders in the Pipeline, accounts receivable, liquidity measures and daily sales figures.
- 2) Future oriented data might include percentage of sales from new products, dollars invested in R & D as a ratio to sales or profit, and sales growth in a new region or market segment.^[3]

The Customer Perspective: A customer-focused organization requires segmenting customers and determining the needs and desires of each group of customers. Customer satisfaction measures have a mix of hard and soft measures. Soft measures are used to predict customer behavior and include such things as customer opinions, perceptions and feelings. Perceived value is a strong predictor of customer buying behavior; soft measures should include at least one measure about the customer's perception of value. Hard measures contain data of what customers do, not what they say. These measures may include gains and losses of customers, market share relative to competitors and repeat business. Price verses competition is also a hard measure of value.^[3]

The Internal Process Perspective : Achieving good performance levels on operational measure leads to high – quality products and services which is the first of a chain reaction that causes satisfied customers, which leads to repeat business, which supports long – term survival and success. Process measures can easily be confused with output measures.^[3]

The Learning & Growth Perspective: This perspective recognizes that the ability to execute internal business processes, the company must have an infrastructure that develops the skills, capabilities and knowledge of employees. Additional measures may indicate the employee's view of the work climate and satisfaction they receive from their work.^[3]

NEED OF THE STUDY

Balanced scorecard allows an organisation to recognise the strengths and weaknesses of multiple performance improvement options and to utilise the right technique for the organisation's needs while assuring continuity in outcomes through one common strategic management approach. The Balanced scorecard approach encourages an organisation to look at the 70%-80% of critical components for success that are frequently overlooked. In services and information industries, the products that the providers are selling are the skills and knowledge of their staff. All the tangible assets of an organisation such as equipment and buildings have little value in creating future success without the people skills and strong processes.^[4]

Very few studies are conducted on preparing and applying balanced scorecard in health industry and that very less in medical college attached with tertiary care hospital which is administered by Municipal Corporation. Hence, the need to conduct the study for persistent improvement of the department.

OBJECTIVES

1. To identify possibilities of application of Balance Score Card to the Department of Community Medicine in a Public Hospital.

2. To draw scope for the Balance Scorecard.
3. To identify Challenges / Limitations in application of the Balanced Score Card.

DEPARTMENT OF COMMUNITY MEDICINE

The key function areas for Department of Community Medicine include teaching, training, service and research. It is important to know the mission, vision, goals, quality policy of the department or the sector for whom BSC is to be prepared. Hence, they are described for the department of Community Medicine as follows:

MISSION: To provide quality health care to the community, impart the best medical education and innovate through continual improvement.

Vision : 1) To become " Centre of Excellence" in medical education

2) To provide " Service through Excellence"

Short Term Goals To achieve high standard of

1. Quality Medical services
2. Medical education & training
3. Research & Development

Long Term Goals: 1) To adopt best global practices to enhance customer satisfaction.

2) ISO Compliance (9001:2000)

This standard provides a guide to achieve the goals of quality and customer satisfaction.^[6]

Quality Policy: We at the department of Community Medicine are committed to provide excellent quality care to the patients & best medical education to the students by continuously improving on quality of our services innovatively.

METHODOLOGY

This descriptive study was carried out at Department of Community Medicine in Municipal Medical College and General Hospital, in Mumbai from June 2013 to Sept 2013. Primary data was collected with the help of questionnaire from patients and students. **Sampling design:** Patients attending OPDs runned by the Dept in Urban Health Centre, Dharavi were selected randomly. Their valid informed consent was taken. They were asked to rate the services (on a scale of 1 to 5 where 1 is poor and 5 is excellent.) rendered by the Department on the parameters like attitude of staff, treatment by doctors, diagnosis, communication, cleanliness, availability of medicines, adequacy of facilities, registration process, waiting time etc. Total Score of all parameters together gives satisfaction rate. All IIIrd MBBS Part I students posted for Community Medicine were selected & asked to give rating (on a scale of 1 to 5 where 1 is poor and 5 is excellent.) on the parameters like knowledge of the teacher about the subject taught, method of teaching, quality of content, preparedness of the teacher, quality of communication etc. **Sample size:** Patient feedback was collected from 384 patients by using Lwanga's Principle^[7] Student feedback was collected from the complete (exam going) batch of 100 students posted to the department.

Balanced score card was designed under basic perspectives as mentioned before. Each of them were described in terms of objective to be achieved, measurements used, targets to be achieved & initiatives undertaken to accomplish them. Those perspectives were mapped on one sheet so as to measure performance of the Department at a glance.

RESULTS

Result of current study is drawing the balanced score card as shown in **Diagram: 1**.

All perspectives are described in terms of current measurement, targets to be achieved & initiatives to be undertaken are mapped out in the same diagramme.

***CUSTOMER SATISFACTION:** Medical students and Patients are customers for the Department of Community Medicine. Increased Patient Satisfaction by delivering quality care is measured by patient satisfaction rate.^[4]

Measurement & targets of Customer Satisfaction Perspective The measured value reflected patient satisfaction level of 78% which can be increased to target 95% by enhanced quality care. **(Chart:1).** Student Satisfaction Survey was the measure to evaluate Students Satisfaction. The current score of 84% can be increased to target 95% by introducing learner based teaching-learning method and use of computer based aids. **(Chart: 2)**

Initiatives to be undertaken: Quality, Image and Reputation can be measured by reducing quality care issues through quality care management. This can be obtained by developing guidelines for patient satisfaction, formulating a patient complaints procedure in the OPDs, benchmarking with regard to patient loyalty, training on communication skills to all.^[8,9] **(Diagram: 1)**

*** INTERNAL PROCESSES:** The strategic theme of internal process includes improved teaching methodology, good communication and quality content can be measured by –total number of learner controlled methods used for teaching, total no. of small group teachings^[10] etc.

Measurement & targets of Internal Process Perspective: Current average attendance rate of 77% (practical 83% and theory 71%) can be increased to target of 100%.^[11] The current percentage of students passing is 98% can be targeted to 100%.

The objective of improving quality care services can be achieved by the availability of necessary medicines and availability of necessary facilities. This can be measured through delay in service time, patient waiting time, patient complaints, patient complements and follow up care.^[4] The target of less than 5% wait time of greater than 20 minutes⁴ and 90% incidence of availability of medicines, more than 95% timeliness of follow-up care.

Initiatives to be undertaken: This can be gained by giving timely and regular feedback to each student and their parent regarding their attendance orally/through letters..Also, students getting distinction in the subject can be studied.^[11] The target of achieving equal number of teacher-learner controlled methods and curriculum planning needs skill set improvement for teachers and change in the evaluation methods.

Initiatives for reduction of waiting period can be achieved through responsiveness of staff, quality management and continuous effective administration.^[4] The set up of patient help desk and increasing the service counters (that holds more delay) can help to improve the situation^[9] Maximising skill development clinically and public relations, ensuring staff empowerment and accountability

***LEARNING AND GROWTH:** The learning and Growth Strategic theme is maximum utilisation of teacher's skills, knowledge, experience and provision of innovative teaching learning aids and methods.

Measurement & targets of Learning & Growth Perspective: This can be measured by evaluation of teachers by students and externals. Currently Teacher's satisfaction is 70%. To achieve 90% satisfaction in teachers' evaluation, their training, availability of knowledge base and aids are important.

Initiatives to be undertaken: Complete Staff satisfaction accomplished by on job training in various fields^[8,12] delegation, empowerment of work, holding accountable, supportive supervision and making responsible for their portfolio. Personal growth and development targeted as conducting minimum one CME per year, one publication of research paper, projects, developing health model per teaching faculty.

DISCUSSION

Graham Woodward from Institute for Clinical Evaluative Sciences (ICES), Toronto had applied the Scorecard Framework to Public Health in four main quadrants- Health Determinants and Status, Community Engagement, Resources and Services, Integration and Responsiveness. The outcomes of public health activities fall into three categories: health status, social functioning, and consumer satisfaction^[13] Ahmed et al had compared various perspectives & types of performance measurement system to the health care industry.^[14] Erica Weir et al, Canada uses 'Report of Institute for Clinical Evaluative Science (ICES), Ontario, Canada, 2004' to develop a BSC for Public Health. Erica explains BSC with four quadrants such as health status determination, resources & services, community engagements, integration & responsiveness. They had given the examples of indicators for all these quadrants such as Teen Pregnancy Rate, Per capita spending on safe water programme, proportion of current programme that have completed formal evaluation, proportion of staff that have received emergency

preparedness training, no. of publications respectively. While in the current study for customer satisfaction student & patient satisfaction rate was studied. In internal process, attendance rate of students, patient waiting time, no. of complaints were considered for learning & growth, teachers evaluation, no. of publications were considered.^[15]

William Zelman reviewed use of BSC in various healthcare organisations such as health system, hospitals, university departments, long term care, psychiatric centres, insurance companies, national health care organisation, local government etc. Accordingly there will be diversity of missions, services, products & clinical settings. The method used for a health care organisation differs from health care sector. The former wants their BSC to be comparable across time & compares with own benchmark while later compares across the organisation. They can choose their indicators according to their specific mission, services, programmes, operating environment^[16] Tian Gao and Bruce Gurd explains customer perspective with indicators such as patient retention, acquisition and satisfaction. Internal Business process with indicators such as length of stay waiting time, mortality index, cost per patient day, staff training, and employee turnover. Indicators under Learning and growth discussed by Gao & Gurd are training time of staff, publications, research projects, absenteeism, staff turnover^[18]

SUGGESTIONS

Customer satisfaction:

- ❖ patient satisfaction level can be increased to target of 95% by enhanced quality care while Student Satisfaction Survey can be increased to target of 95% by introducing learner based teaching-learning method and use of computer based aids.
- ❖ Quality care management is the need of an hour.
- ❖ Developing guidelines for patient satisfaction, formulating a patient complaints procedure in the OPDs
- ❖ Benchmarking with regard to patient loyalty
- ❖ Training on communication skills to all.^[8,9]

Internal Processes:

- ❖ Overall attendance rate can be enhanced by giving timely and regular feedback to each student and their parents regarding their attendance either orally or through letters.
- ❖ The target of achieving equal number of teacher-learner controlled methods and curriculum planning needs skill set improvement for teachers and change in the evaluation methods.
- ❖ No. of small group teachings can be increased
- ❖ Responsiveness of staff, quality management and continuous effective administration.^[4]
- ❖ The set up of patient help desk and increasing the service counters that holds more delay can help to improve the situation.⁹
- ❖ Maximising skill development clinically and public relations, ensuring staff empowerment and accountability

Learning and Growth:

- ❖ Complete Staff satisfaction accomplished by on job training in various fields,^[8,12] delegation, empowerment, accountability, supervision of their work.
- ❖ Personal growth and development targeted as conducting minimum one CME per year, one publication of research paper, projects, developing health model by each faculty member.

CONCLUSIONS

Balance Score Card is the modern management tool and customized approach that brings out Strengths, Weaknesses, Opportunities and Threats for the Organization for continual improvements. This approach was applied to Dept. of Community Medicine with all four perspectives viz. financial, customer, internal processes & learning and development. Since this department is the part of Municipal Medical College and Hospital where funds are allocated centrally, the financial perspective was not the part of the study. Drawing balanced score card would help to translate departmental strategic objectives into coherent set of performance measures² as discussed. BSC approach can be applied to healthcare industry. This would give comprehensive framework that would help managers in the healthcare industry to define strategies, track performance and provide information about organised performance towards its mission.

The administrators must be ready to provide the leadership, commit the resources and train their staff for the implementation to enhance its contribution to organisation and be successful.^[2] The measures drawn can be aligned with organisation's strategic objectives which will allow organisation to track student learning while simultaneously monitoring their progress.^[11] With a boom in the healthcare industry in India and Government efforts to promote the industry on a global scale, it's a high time for the Indian Healthcare industry to adopt the best global Practices like Balance Score Card

CHALLENGES & LIMITATION

The present study was carried out in general public hospital.

- Public hospital gets grant from local regulatory bodies to operate and hence revenue growth could not form a part of the study, as an initiative under financial strategic theme.
- Developing BSC is a team work with total involvement from top, middle and junior level management. Without involvement of unionised staff, the change process is a great challenge.
- Ideally, maximum number of measurements should not be more than 25 and hence some restrictions had to be imposed while identifying the measures and targets.
- BSC is widely used in the business organizations. An attempt was made to apply this practice in the teaching medical municipal hospital, largely dominated by public/general hospitals in India.
- This is small attempt to comprehend how best BSC can be fitted in existing systems.

SCOPE FOR FURTHER RESEARCH

This study itself is performance measurement tool which is an ongoing process.

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APPENDIX

DIAGRAM NO-1

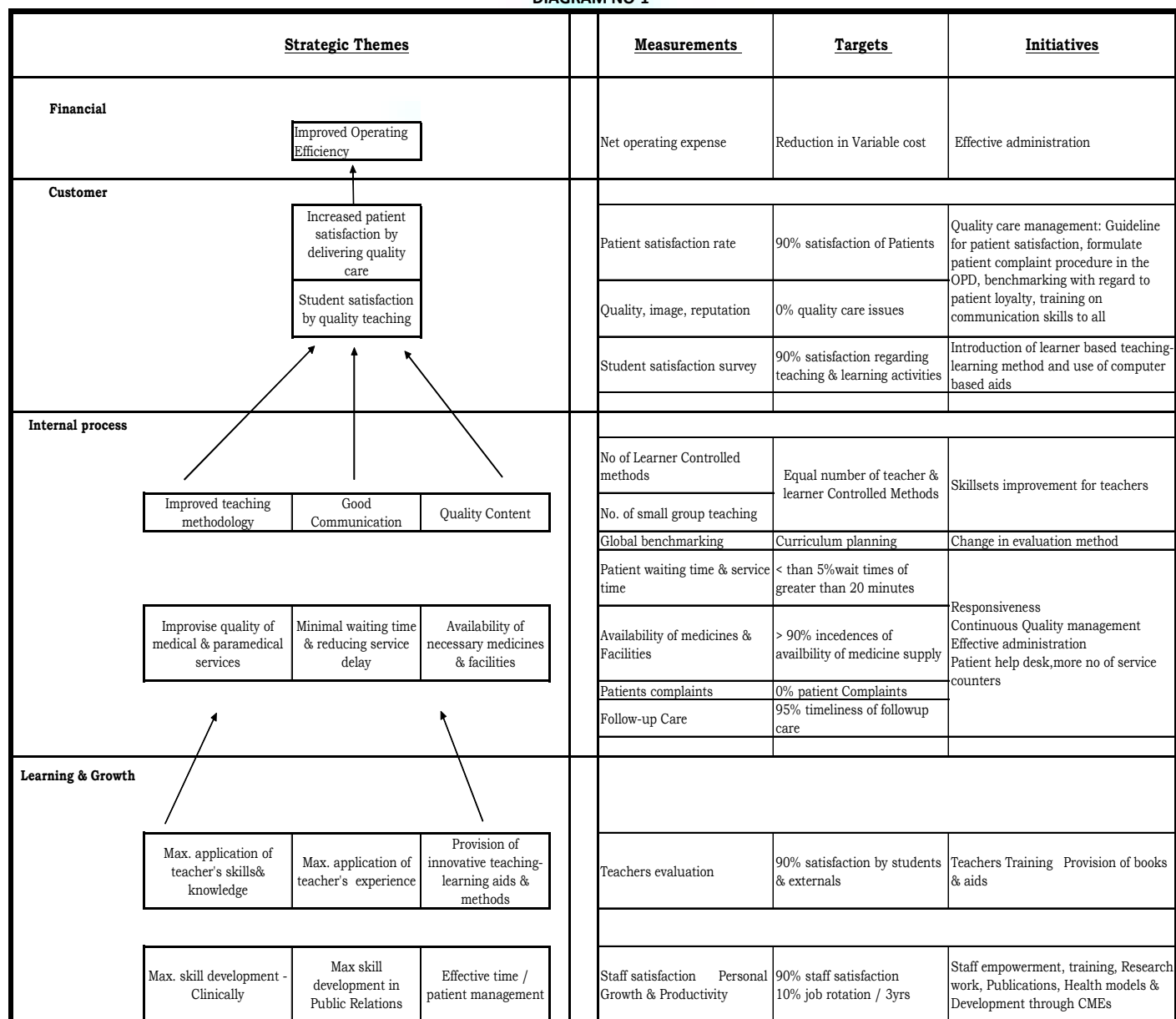


CHART NO. 1: DISTRIBUTION OF STUDENT SATISFACTION SURVEY

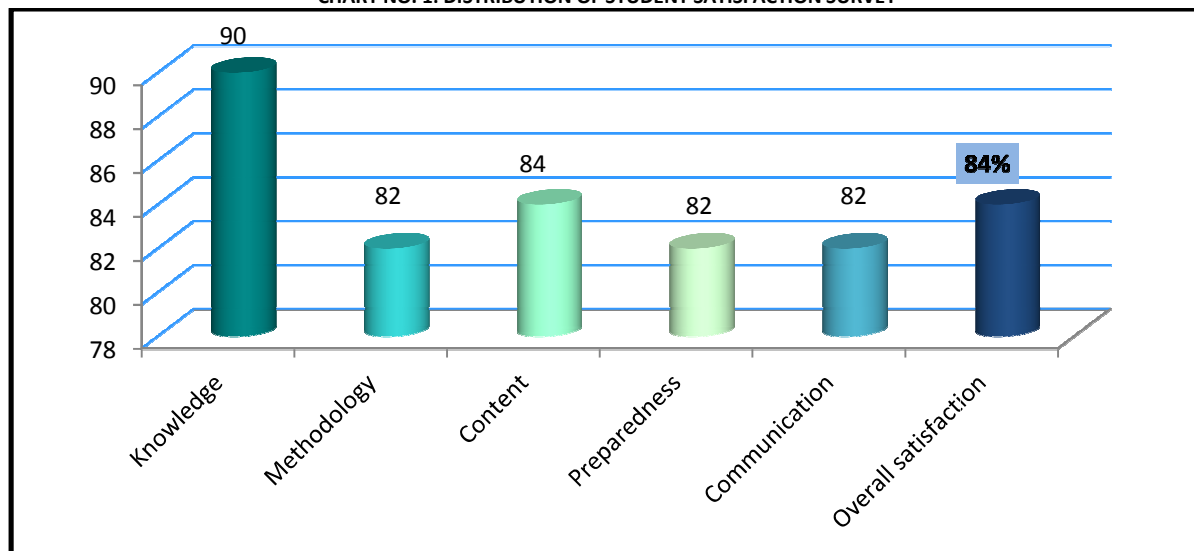
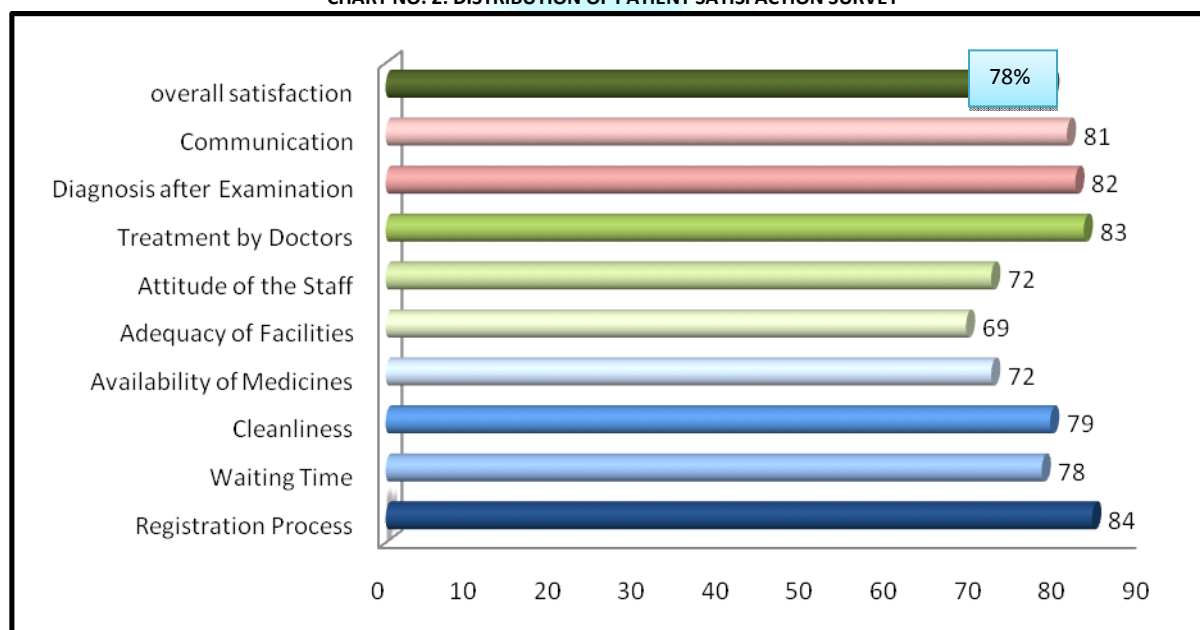


CHART NO. 2: DISTRIBUTION OF PATIENT SATISFACTION SURVEY

**ANNEXURE 1****Student Satisfaction Survey**

Please note your unbiased feedback. Please tick () in the appropriate box as per your perception.

Please give your rating on a scale of 1 to 5 where **1 is poor and 5 is excellent**.

Knowledge	1	2	3	4	5
Knowledge of the subject taught					
Methodology	1	2	3	4	5
Methodology adopted by the teacher					
Content	1	2	3	4	5
Quality of Content for the lecture					
Preparedness	1	2	3	4	5
Preparedness of the teacher for the lecture					
Communication	1	2	3	4	5
Quality of communication of the teacher					
Rating	1	2	3	4	5
No of answers under each rating					
Total=(No of answers under each rating) x (Rating)					

Max Possible Score	Score as per Rating	%

ANNEXURE 2

Patient Satisfaction Survey:

Please note your unbiased feedback. Please tick () in the appropriate box as per your perception.

Please give your rating on a scale of 1 to 5 where **1 is poor and 5 is excellent**.

Registration Process	1	2	3	4	5
Waiting Time	1	2	3	4	5
Cleanliness	1	2	3	4	5
Availability of Medicines	1	2	3	4	5
Adequacy of Facilities	1	2	3	4	5
Attitude of the staff	1	2	3	4	5
Treatment by doctors	1	2	3	4	5
Diagnosis after examination	1	2	3	4	5
Communication	1	2	3	4	5
Overall satisfaction	1	2	3	4	5
Rating	1	2	3	4	5
No of answers under each rating					
Total=(No of answers under each rating) x (Rating)					

Max Possible Score	Score as per Rating	%

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