

## Department of Health Management and Policy

### HMPD 315 PERFORMANCE IMPROVEMENT [3 credits]

#### Course Syllabus Spring Semester, Academic Year 2023-2024

#### Class time and Venue:

Date: Tuesdays  
Times: 3:30-6:00pm  
Venue: Van Dyck Rm 201

#### Course Instructors and Contact Details:

Name: Dr. Kassem Kassak  
Email: [kkassak@aub.edu.lb](mailto:kkassak@aub.edu.lb)  
Extension: 4680  
Office: Van Dyck, Room 121  
Office Hours: by appointment

#### Course Description:

HMPD 315 is a service-learning course that blends the theory and practice of performance improvement in health care settings. Special attention will be dedicated to discussing organizational culture for quality improvement, and the application of quality improvement tools to healthcare from a global perspective.

#### Course format:

The instructor will deliver the content of the course offering a blend of theory and practice and using examples from professional settings. Performance Improvement experts will be invited as appropriate to discuss their firsthand experience in class, with an emphasis on the local and regional contexts. To simulate real life situations, students will engage as teams applying PI tools in healthcare settings during a period of three weeks and communicating their experience with the class.

## Course learning Objectives

**By the end of the course, students will be able to:**

- LO1. Identify the historical evolution of quality improvement in health care
- LO2. Describe the centrality of creating a culture of quality for the success of any performance improvement initiative
- LO3. Identify and analyze the appropriate indicators for quality improvement
- LO4. Appreciate the relationship between planning, measuring, evaluating, monitoring and sustaining performance improvement
- LO5. Identify the appropriate quality improvement tools needed for performance improvement in health care organizations
- LO6. Design a quality improvement plan to address quality problems in health care organizations
- LO7. Reflect critically on the interaction between theory and real life situations (challenges faced in the application of scientific tools and methods to real life situations)

## Council on Education for Public Health (CEPH) Core/Concentration Competencies mapped to HMPD 315

- **CC#1:** Assess how the structure, organization, delivery, and financing of health care systems affect system performance in terms of efficiency, quality, equity, and effectiveness
- **CC#3:** Apply quality tools and concepts to evaluate and improve performance in health care organizations
- **CC#7:** Utilize health information systems and data analytics to support evidence-based decision making at the organizational and system levels

## Essential Skills

- **Essential Skill 1: Critical thinking/analysis**
- **Essential Skill 2: Problem Solving**

**Course Learning Objectives mapped to CEPH competencies**

Table 1. Mapping of course LO to CEPH competencies

	L01	L02	L03	L04	L05	L06	L07
CC#1: Assess how the structure, organization, delivery, and financing of health care systems affect system performance in terms of efficiency, quality, equity, and effectiveness	X	X				X	X
CC#3: Apply quality tools and concepts to evaluate and improve performance in health care organizations			X		X	X	X
CC#7: Utilize health information systems and data analytics to support evidence-based decision making at the organizational and system levels			X	X			X

**Assigned Text Book and Readings**

HMPD 315 relies on an assortment of readings posted on Moodle and a recommended text book:

Johnson, J. K., & Sollecito, W. A. (2018). McLaughlin & Kaluzny's Continuous Quality Improvement in Health Care. Jones & Bartlett Learning.

In addition, HMPD 315 uses a variety of educational resources including: publications, reports, white papers and case studies. Those readings will be published on Moodle as appropriate. It is the responsibility of students to access the Moodle and download/ print the course readings as per the weekly schedule.

**Pedagogy**

The course is delivered through interactive lectures, group discussions, case studies, presentations, videos, assignments and invited experts on performance improvement in the health care field.

Furthermore, the class will also rely on a flipped class approach where course material such as handouts, reading assignments and videos, will be provided in advance for the learners to acquaint themselves with the necessary concepts and applications. Class time is then saved for elaboration and clarification before being engaged in demonstrating knowledge, mastering the material, and critically appraising applications and practices.

This course includes a Service-Learning component. “Service learning is a method of teaching which combines academic instruction, meaningful service to the community and critical reflective thinking to enhance student learning and social responsibility”. Service Learning differs from volunteerism and internship through its use of “structured, critical inquiry” and the importance placed on establishing partnerships with communities and generating mutual benefit. The service-learning component of this course is intended to allow students to experience non-traditional classroom teaching. This opportunity allows to “share” and “receive” knowledge and expertise leading to enhanced learning for students and benefit to the community.

**Course requirements and Student evaluation:**

**Pre-requisites:** Successful completion of HMPD 300 – Health Care Systems.

**Student Evaluation:**

Table-2 Summary of students' assessments mapped to course learning objectives.

	Learning Objectives						
	LO1	LO2	LO3	LO4	LO5	LO6	LO7
<b>Participation</b>							
<b>Case Analysis</b>	X	X		X			
<b>Mid-term Assessment</b>		X	X	X	X		
<b>Service-Learning Assignment</b>					X	X	
<b>Reflection</b>						X	X
<b>PCH Assessment</b>						X	

Table -3 Description of Assessment methods, Due Dates and Corresponding Learning Objectives

Assessment method	Date (tentative)	Essential Skills (if applicable)	Grade percentage
<b>Participation</b>	<i>NA</i>	<b>Communication Skills</b>	<i>10%</i>
<p>Students are expected to do all prerequisite assignments and come ready to discuss in class</p> <p>Group discussions require collegiality and assume a shared conceptual base. In other words, students have to complete the readings on each topic before that topic's class session occurs, and be prepared to engage in discussions. Students will be provided with the opportunity to draw from their own experience and from what has been learned in other courses.</p>			
<b>Case Analysis</b>	<i>27 Feb</i>	<b>Critical thinking/analysis</b>	<i>20%</i>
<p>As a group of 4-5, you will analyze a case study by preparing a presentation (6-10 slides) which showcases the issue presented in the case, how it was handled and what framework was followed, and talk about the success factors in the case. It is imperative that each member in the group reads the case, contributes to the analysis, and helps with the preparation of the presentation.</p>			
<b>Mid-term exam</b>	<i>12 March</i>	<b>Critical thinking/analysis</b>	<i>25%</i>
<p>The midterm assessment will be an individual assignment based on the material covered in class and will draw on the knowledge gained throughout the course by applying critical thinking with practical examples from the field or the literature.</p>			
<b>Service-Learning Assignment</b>	<i>30 May</i>	<b>Problem solving</b>	<i>25%</i>
			<ul style="list-style-type: none"> <li>● Group Report 20%</li> <li>● Site Evaluation 5%</li> </ul>

Assessment method	Date (tentative)	Essential Skills (if applicable)	Grade percentage
<p>In the interest of this Course, you will be working on group assignments in a hospital or primary care setting. The groups will work on issues of interest to both the students and the host organization. Tools we discuss in class will be used in the field to assist in a Performance Improvement Plan. In addition to the <b>instructor's evaluation</b> of the Service Learning Assignment (20%) towards the end of the assignment, <b>the site leadership shall evaluate</b> the teamwork, performance and professionalism of the respected group members using a structured survey (5%).</p> <p>The field work will be during the 1st, and 4th weeks in April, during which, there will be no classes in session, but the instructor will be available for Q&amp;A.</p> <p>Students will be divided into four groups. Each will be working in a PHC setting during the month of April</p>			
<i>Reflection</i>	<i>TBA</i>	<i>Critical thinking/analysis</i>	<i>20%</i>
<p>Students will write individually, a reflection to document their fieldwork learning experience.</p>			

### Course Requirements:

#### A. Group Work:

This course relies on group work as a learning tool to understand and practice the use of quality improvement tools. Students will work in groups of four/five on class assignments. In fairness to all students, each team member **MUST** contribute effectively both in time and efforts in preparing and presenting the reports. Free riders are not tolerated.

Working in groups might be new to some. The guiding principles are positive interdependence, individual accountability, and equitable participation. For that and once your groups have been formed, we advise of the following:

1. Take the time to get to know each other in your group.
2. Go over the assignment and briefly discuss it to appreciate its boundaries and deliverables.
3. Clearly define roles and responsibilities for each member in the group so that work is fairly distributed.
4. Make sure you have a rapporteur who will take notes and be the central person for communication within the group and with the instructor.
5. Communicate, communicate, and then communicate paying attention to your group objectives and performance.
6. Be flexible and responsive in scheduling time for group discussions outside of class.
7. Make sure you all engage in discussions and be good listeners.
8. Ensure turn taking in discussions so all get the chance to share their opinions.
9. Let your group work inspire you and provoke in-depth thoughts and creativity.
10. Think how you as a group can make a difference and be a success.
11. Make sure that on each assignment your drafts and final output are shared and /or discussed by all before submission for grading.

12. This is an opportunity for learning through enjoyment, so make it happen and be happy.

Grading of the assignments and the presentations will be 60% dependent on your group work and 40% on your individual contribution and presentation. As a group, you will be asked to report on the group dynamics and evaluate the contribution of other members in the group.

***B. Presentations:***

Assignments will require group presentations in class. Depending on the assignment, the presentation scoring rubrics will be shared in due time. As mentioned earlier, make sure tasks are fairly distributed among team members and that you will be graded as a group, and also individually.

***C. Mid-term Exam/Assessment:***

The exam will be based on material covered in class (readings, lectures, and discussions) and will draw on the knowledge gained throughout the course (25%). Alternatively, we might have an individual assignment. The decision will be made in due course allowing ample time.

***D. Service Learning Activities:***

In the interest of this Course, you will be working on group assignments in a hospital or primary care setting. The groups will work on the issue of interest to both the students and the host organization. Tools we discuss in class will be used in the field to assist in a Performance Improvement Plan. In addition to the instructor's evaluation of the Service Learning Assignment (20%) and the individual reflection assignment (20%), and towards the end of the assignment, the site leadership shall evaluate the teamwork, performance and professionalism of the respected group members using a structured survey (5%).

The field work will be initiated around the end of Feb then the SLA during the April weeks as outlined below, during which, there will be no classes in session, but the instructor will be available for Q&A.

**Description of the Service Learning activities**

This course has partnered with organizations that serve disadvantaged or vulnerable populations in Beirut.

- A list of the partners with the specific assignment and contact information will be provided to the students during the third week of the semester.
- Students will form groups of 4 (exceptionally 5) and each group will select one organization to be placed in.
- Time commitment: Students will spend a total of 8 hours from the total class hours at the partner site between the period of April 2 and April 23. The final schedule of visits will be agreed upon between the students, the course instructor and the partner.
- Students should submit an activity log that documents each visit to the site; the site focal point should sign the sheet to confirm that the information is correct upon the end of every visit.
- *The output of the task will be graded for structure and quality of content. The format of the output will be determined in agreement with the partner and instructor. The*

*output has to be approved for content by the partner before submission to the instructor.*

All administrative/logistics issues or concerns related to SL should be coordinated with Ms. Reem Abou Harb from the Center for Public Health Practice

Email: [ra431@aub.edu.lb](mailto:ra431@aub.edu.lb)  
Room: 115 Van Dyck  
Extension: 4622

### ***E. Attendance***

Attendance of all HMPD 315 classes is mandatory and will be regularly checked. Students are advised to read AUB's policy on Attendance and on missing classes <http://staff.aub.edu.lb/~webregist/catalogue-graduate/generaluniversity.pdf>.

### ***F. Participation***

Group discussions require collegiality and assume a shared conceptual base. In other words, students have to complete the readings on each topic before that topic's class session occurs, and be prepared to engage in discussions. Students will be provided with the opportunity to draw from their own experience and from what has been learned in other courses (10%).

Expectations of students:

- 1- Complete assigned session resources (handouts, articles, videos, etc) prior to each session
- 2- Attend and participate thoughtfully in the class conversations and discussions
- 3- Work in teams to critically analyze and synthesize literature and submit group assignments and present group work.
- 4- Collaborate actively with peers on group assignments.
- 5- Complete a midterm exam/assignment

## **Policies and other General Notes:**

### **Academic integrity:**

Education is demanding and you need to properly manage your time. Do not hesitate to use the resources around you but do not cut corners. Cheating and plagiarism will not be tolerated. Review the Student Code of Conduct and familiarize yourself with definitions and penalties. Cheating might earn you a failing mark on the assignment, at the very least. You might fail the course in which you cheated, be warned, suspended or expelled from University and a permanent mention of the disciplinary action might be made in your student records. If you're in doubt about what constitutes plagiarism, ask your instructor because it is *your* responsibility to know. Remember that the American University of Beirut has a strict anti-cheating and anti-plagiarism policy. Do not become a lesson to others. For further information, kindly visit AUB's Policies and Procedures or <http://pnp.aub.edu.lb/general/conductcode>.

### **Students with Disabilities:**

If you have a disability, for which you may request accommodation in AUB classes, consult the website for more information and make arrangements with the Coordinator



([http://www.aub.edu.lb/sao/Pages/Students\\_20with\\_20Special\\_20Needs.aspx](http://www.aub.edu.lb/sao/Pages/Students_20with_20Special_20Needs.aspx)). Also, please see the instructor of this course privately in regard to possible support services that can be provided to you.

### **Non-Discrimination- Title IX- AUB**

AUB is committed to facilitating a campus free of all forms of discrimination including sex/gender-based harassment prohibited by Title IX. The University's non-discrimination policy applies to, and protects, all students, faculty, and staff. If you think you have experienced discrimination or harassment, including sexual misconduct, we encourage you to tell someone promptly. If you speak to a faculty or staff member about an issue such as harassment, sexual violence, or discrimination, the information will be kept as private as possible, however, faculty and designated staff are required to bring it to the attention of the University's Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at [www.aub.edu.lb/titleix](http://www.aub.edu.lb/titleix). To report an incident, contact the University's Title IX Coordinator Trudi Hodges at 01-350000 ext. 2514, or [titleix@aub.edu.lb](mailto:titleix@aub.edu.lb). An anonymous report may be submitted online via EthicsPoint at [www.aub.ethicspoint.com](http://www.aub.ethicspoint.com).

### **Accessible Education Office (AEO):**

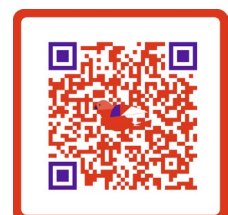
The Accessible Education Office (AEO) coordinates academic accommodations and services for all eligible AUB students with disabilities (such as ADHD, learning difficulties, mental health conditions, chronic or temporary medical conditions, and others). If you have a disability for which you wish to request accommodations at the department, faculty or university level, please contact AEO as soon as possible. Once you register with our office, we will assist you in receiving appropriate accommodations and will liaise with your instructors and any related entity to best support your needs. AEO is located in West Hall room 314, and can be reached by phone at 1-350000 ext. 3246 or by email: [accessibility@aub.edu.lb](mailto:accessibility@aub.edu.lb). Information about our services can be found at: <https://www.aub.edu.lb/SAO/Pages/Accessible-Education.aspx>

### **Writing:**

Written communication is essential for communication, health education and behavioral science. You are expected to proofread and spell-check any written documents before submission. Points will be deducted from the grades for low quality writings. You are encouraged to contact AUB's Writing Center, located in Ada Dodge Hall, 2nd floor or West Hall, 3rd floor. Appointments can be booked online: [aub.mywconline.com](http://aub.mywconline.com), over the phone (Ext. 4077) or by walking in.

### **Public Health Education Office**

Please refer to the Public Health Education Office Student Portal:  
<https://sites.aub.edu.lb/fhsphstudent/>





**Detailed course outline:**

Date	Topic	Reading	Course learning objective	Concentration competency	Specific assessment opportunity for each competency including percentage from the total grade
23-Jan	Course organization, structure, and objectives	Ch1 Johnson/Sollecito	1	1	
30-Jan	Understanding Performance Improvement	Chapter 2 + Berwick DM	1 & 2	1	Assignment I: 10% out of 20%
6-Feb	Preparing the Culture for Performance Improvement	Singla et al. (2006)	2 & 7	1	
13-Feb	Monitoring and Evaluation	Chapter 4 + Smith et al	3 & 4	7	Assignment I: 5% out of 20% Midterm: 5% out of 25%
20-Feb	Performance Indicators	Chapter 4	3 & 4	7	Assignment I: 5% out of 20% Midterm: 5% out of 25%
27-Feb	Group Presentations-Assignment I				Presentation- (10+5+5=20%)
5-Mar	Applying Continuous Quality Improvement- FOCUS PDCA	Videos on Moodle	5 & 6	3	Midterm: 15% out of 25% Service Learning Assignment: 4% out of 20%
12-Mar	Midterm Assessment				Exam: 5%+5%+15%=25%
19-Mar	The Balanced Score Card	Trota et al. on BSC	5 & 6	3	Service Learning Assignment: 4% out of 20%
26-Mar	Six Sigma + Briefing on the Service Learning Component	Chapter 5 RPIW videos on Moodle	5 & 6	3	Service Learning Assignment: 4% out of 20%
2-Apr	Group Work (No Class)				



9- Apr	Accreditation and Practical Considerations	El Jardali et al	2 & 4	1	Service Learning Assignment: 4% out of 20%
16- Apr	Lean Management	Ch11_ Kros, & Brown	5 & 6	3	Service Learning Assignment: 4% out of 20%
23- Apr	Group Work (No Class)				
7- May	Group Presentations				

## **Course readings:**

Link for access to medical terminology: <https://www.aimseducation.edu/blog/all-essential-medical-terms/>

### **Understanding performance improvement:**

- Baker R. et al. (2008) High Performing Health Care Systems: Delivering Quality by Design. Longwoods Publications. Toronto, Ontario, Canada.
- Berwick, D. M. (2002) A User's Manual for the IOM's 'Crossing the Quality Chasm' Report. *Health Affairs* 21(3): 80-90
- Johnson, J. K., & Sollecito, W. A. (2018). *McLaughlin & Kaluzny's Continuous Quality Improvement in Health Care*. Jones & Bartlett Learning (chapter 1&2).
- Golden, B. (2006) Change: Transforming Healthcare Organizations. *Healthcare Quarterly* (10): 10- 19.
- Institute of Medicine (2001) *Crossing the Quality Chasm*. Washington, DC: National Academy of Sciences.
- Kohn L. and Corrigan, J. (2000) *To Err is Human: Building a Safer Health Care System*. Washington, DC: National Academy of Sciences.
- Saleh, S., Alameddine, M., Mourad, Y., & Natafqi, N. (2015). Quality of care in primary health care settings in the Eastern Mediterranean region: a systematic review of the literature. *International Journal for Quality in Health Care*, 27(2), 79-88

### **Preparing the Culture for Performance Improvement:**

- Alameddine, M., Dainty, K., Deber, R. & Sibbald, W. (2009). The ICU Work Environment, Current Challenges & Recommendation for the Future. *Journal of Critical Care* 24(2):243-8.
- Alsalem, G., Bowie, P., & Morrison, J. (2018). Assessing safety climate in acute hospital settings: a systematic review of the adequacy of the psychometric properties of survey measurement tools. *BMC health services research*, 18(1), 353.  
Available at: [www.qaproject.org/pubs/pubsmonographs.html](http://www.qaproject.org/pubs/pubsmonographs.html).
- Denham, C. et al. (2008) Are you Listening...Are you really listening? *Journal of Patient Safety* 4 (3): 148-161.
- Singla et al. (2006) Assessing Patient Safety Culture: A Review and Synthesis of the Measurement Tools. *Journal of Patient Safety* 2 (3):105-115.

### **Performance Indicators:**

- Denham, C. (2006) Leader Need Dash Boards: Dash Boards Need Leaders. *Journal of Patient Safety* 2 (1): 45-53.
- Johnson, J. K., & Sollecito, W. A. (2018). *McLaughlin & Kaluzny's Continuous Quality Improvement in Health Care*. Jones & Bartlett Learning (Chapter 4).
- Lloyd, Robert (2004) *Quality Health Care: A Guide to Developing and Using Indicators*. Jones and Bartlett Publishers. MA, USA (On reserve\_HMPD).

### **Monitoring and evaluation:**

- Gill, E. C. (2015). Reducing hospital acquired pressure ulcers in intensive care. *BMJ Open Quality*, 4(1), u205599-w3015.

Smith, P. C., Mossialos, E., & Papanicolas, I. (2008). Performance measurement for health system improvement: experiences, challenges and prospects. WHO Regional Office for Europe.

Jeffrey L. et al. (2006) The Hospital Discharge: A Review of a High Risk Care Transition With Highlights of a Reengineered Discharge Process. *Journal of Patient Safety* 3(2): 97-106.

Johnson, J. K., & Sollecito, W. A. (2018). *McLaughlin & Kaluzny's Continuous Quality Improvement in Health Care*. Jones & Bartlett Learning (Chapter 4).

Walston, S. L., Al-Omar, B. A., & Al-Mutari, F. A. (2010). Factors affecting the climate of hospital patient safety: A study of hospitals in Saudi Arabia. *International journal of health care quality assurance*, 23(1), 35-50.

### **FOCUS PDCA:**

European Foundation for Quality Management (2003) *The Fundamental Concepts of Excellence*. Brussels.

Franco, L. M. et al. (2002) *Sustaining Quality of Healthcare : Institutionalization of Quality Assurance*. Bethesda, MD: Quality Assurance Project.

### **Six Sigma:**

Doğan, N. Ö., & Unutulmaz, O. (2016). Lean production in healthcare: a simulation-based value stream mapping in the physical therapy and rehabilitation department of a public hospital. *Total Quality Management & Business Excellence*, 27(1-2), 64-80.

Johnson, J. K., & Sollecito, W. A. (2018). *McLaughlin & Kaluzny's Continuous Quality Improvement in Health Care*. Jones & Bartlett Learning (Chapter 5).

Mandahawi, N., Al-Araidah, O., Boran, A., & Khasawneh, M. (2011). Application of Lean Six Sigma tools to minimise length of stay for ophthalmology day case surgery. *International Journal of Six Sigma and Competitive Advantage*, 6(3), 156-172.

### **The Balanced Score Card:**

Trotta, A., Cardamone, E., Cavallaro, G., & Mauro, M. (2013). Applying the balanced scorecard approach in teaching hospitals: a literature review and conceptual framework. *The International journal of health planning and management*, 28(2), 181-201.

### **Accreditation and Practical Considerations:**

Devkaran, S., & O'Farrell, P. N. (2015). The impact of hospital accreditation on quality measures: an interrupted time series analysis. *BMC health services research*, 15(1), 137.

El-Jardali, F., Hamandi, M. and Al-Rabba, S.(2008) *Quality Management and Accreditation*. Syndicate of Private Hospitals in Lebanon. First Edition

### **Lean Management:**

Kros, J. F., & Brown, E. C. (2013). *Health care operations and supply chain management: operations, planning, and control*. John Wiley & Sons (Ch11\_ Lean concepts in HealthCare)

Reid, R. D., & Sanders, N. R. (2019). *Operations management: an integrated approach*. John Wiley & Sons (Ch7\_ Just-in-Time and Lean Systems).

McLaughlin, D. B. (2008). Healthcare operations management. AUPHA  
(Ch9\_ The Lean Enterprise)

**Appendix I. Reinforced – Introduced CEPH competencies**

Introduced competencies: the competency is introduced at a basic level. Instruction and learning activities focus on basic knowledge, skills and entry-level complexity. The competency is **not assessed**.

Reinforced competency: The competency is reinforced with feedback; students demonstrate the outcome at an increasing level of proficiency (above the introductory stage). Instruction and learning activities concentrate on enhancing and strengthening existing knowledge and skills, as well as expanding complexity. The competency is **not assessed**.

<b>Core Competencies</b>	<b>Introduced</b>	<b>Reinforced</b>
CC5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		X
CC9. Design a population-based policy, program, project or intervention	X	

<b>HMPD competencies</b>	<b>Introduced</b>	<b>Reinforced</b>
HMPCC1: Assess how the structure, organization, delivery, and financing of health care systems affect system performance in terms of efficiency, quality, equity, and effectiveness	X	
HMPCC2: Apply systems thinking approaches to improve healthcare organizations' performance and responsiveness		X
HMPCC3: Apply quality tools and concepts to evaluate and improve performance in health care organizations	X	
HMPCC6: Utilize health information systems and data analytics to support evidence-based decision making at the organizational and system levels	X	