

QUALITY MANAGEMENT



OUR TEAM



ORHAN TUNÇ
Secretary General

orhan.tunc@okan.edu.tr



FATMA PALACI
Assistant Secretary General

fatma.palaci@okan.edu.tr



BANU AÇIKGÖZ
Quality Manager

banu.acikgoz@okan.edu.tr

CONTENT

- **Quality**
- **Quality Management**
- **Total Quality Management**
- **Quality Assurance System**
- **Quality Management at OKAN**
- **Continuous Improvement**
- **PDCA Cycle**
- **Case Study**



QUALITY

Quality is the totality of features of a service based on its ability to meet specified or potential needs within the desired timeframe.



Traditional View



Contemporary View

DETECTING ERROR
Approach to Error Detection
(Detective)



PREVENT ERRORS
Approach to Error Prevention
(Proactive)

TOTAL QUALITY MANAGEMENT

It is a management philosophy and institution practices that aim to use human and material resources in the most effective way to achieve the goals of an organization.

Determining the quality policy, objectives and responsibilities of the overall management function; and all activities that put them into practice within the quality system through tools such as quality planning, quality control, quality assurance and quality improvement.



QUALITY ASSURANCE SYSTEM

The University's Quality Commission continues its work based on the "Quality Commission Working Procedures and Principles Directive" that we have established in accordance with the "Higher Education Quality Assurance and Higher Education Quality Board Regulation".



QUALITY POLICY

İstanbul Okan University Quality Policy is available on our website and in the common area U folder.

2024



STANDARDS

ISO 9001:2015 Quality Management System

ISO 27001:2013 Information Security Management System

ISO 20000:2018 Information Technologies Services Management System

ISO 22301 Business Continuity Management System

ISO 27701:2013 Personal Data Management

ISO 50001:2018 Energy Management Systems



QUALITY HANDBOOK

Quality Handbook; It is the most important document in the quality of a user guide, in which the document structure is described in the ISO 9001 Quality Management System.

You can reach our Quality Handbook at the address below in the common area U folder.



PROCESS HANDBOOK

The Process Handbook has been prepared to implement the processes and management model effectively and efficiently by putting the definitions and flows of the processes in writing, taking into account the current developments, and ensuring that they are shared and disseminated with all relevant stakeholders.



FORMS, PLANS, DOCUMENTS, PROCEDURES

Only the "Quality Management" has the authority to make changes on the forms. Change information is followed by the revision numbers at the end of the form numbers.

Important Note!

Do not download the forms in the common area U folder to your desktop on your computer screen.



CONTINUOUS IMPROVEMENT

To make continuous efforts at home, at work and in social life to make each day better than the previous day.

KAIZEN

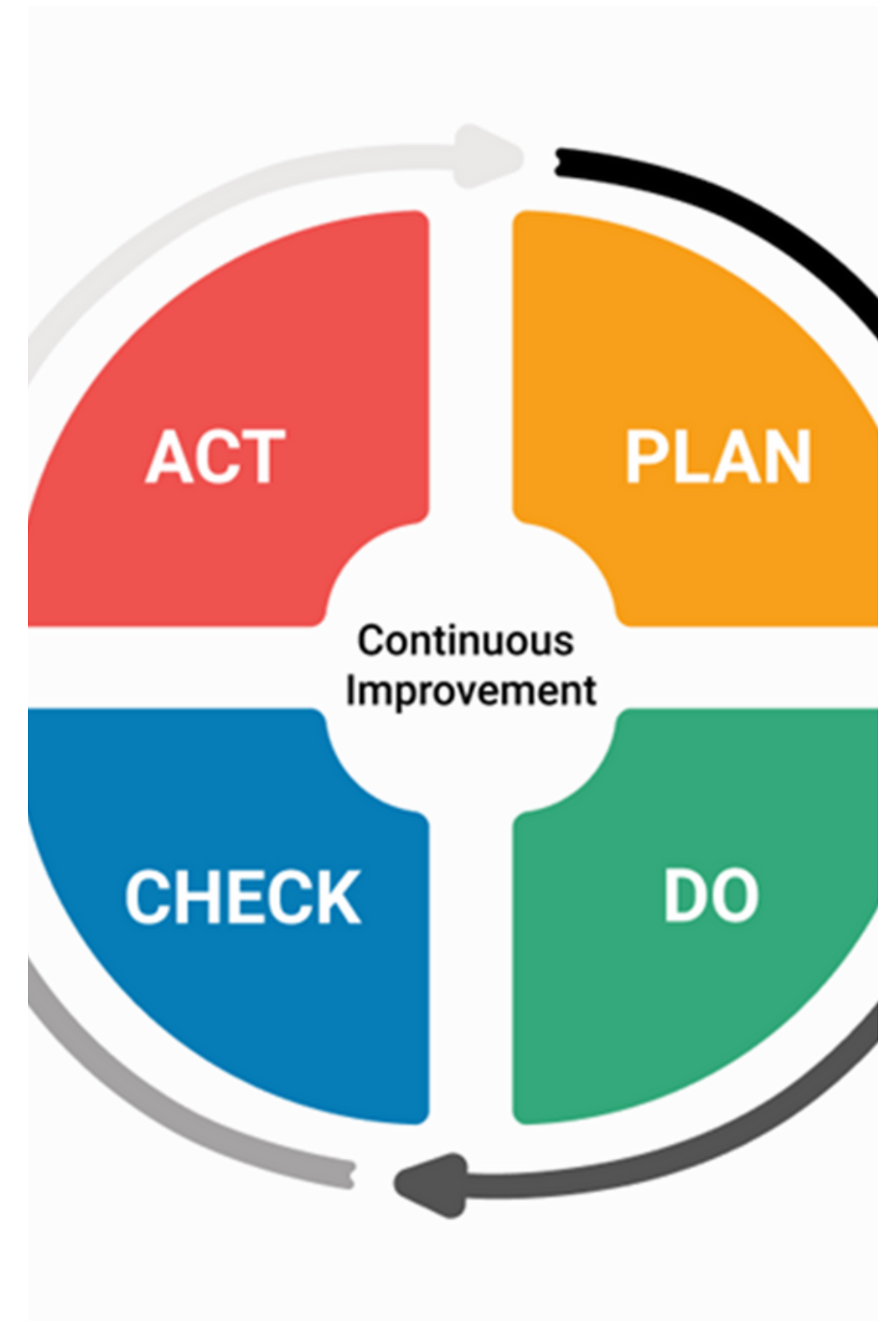


WHAT IS PDCA?

A cycle aimed at continuous improvement.

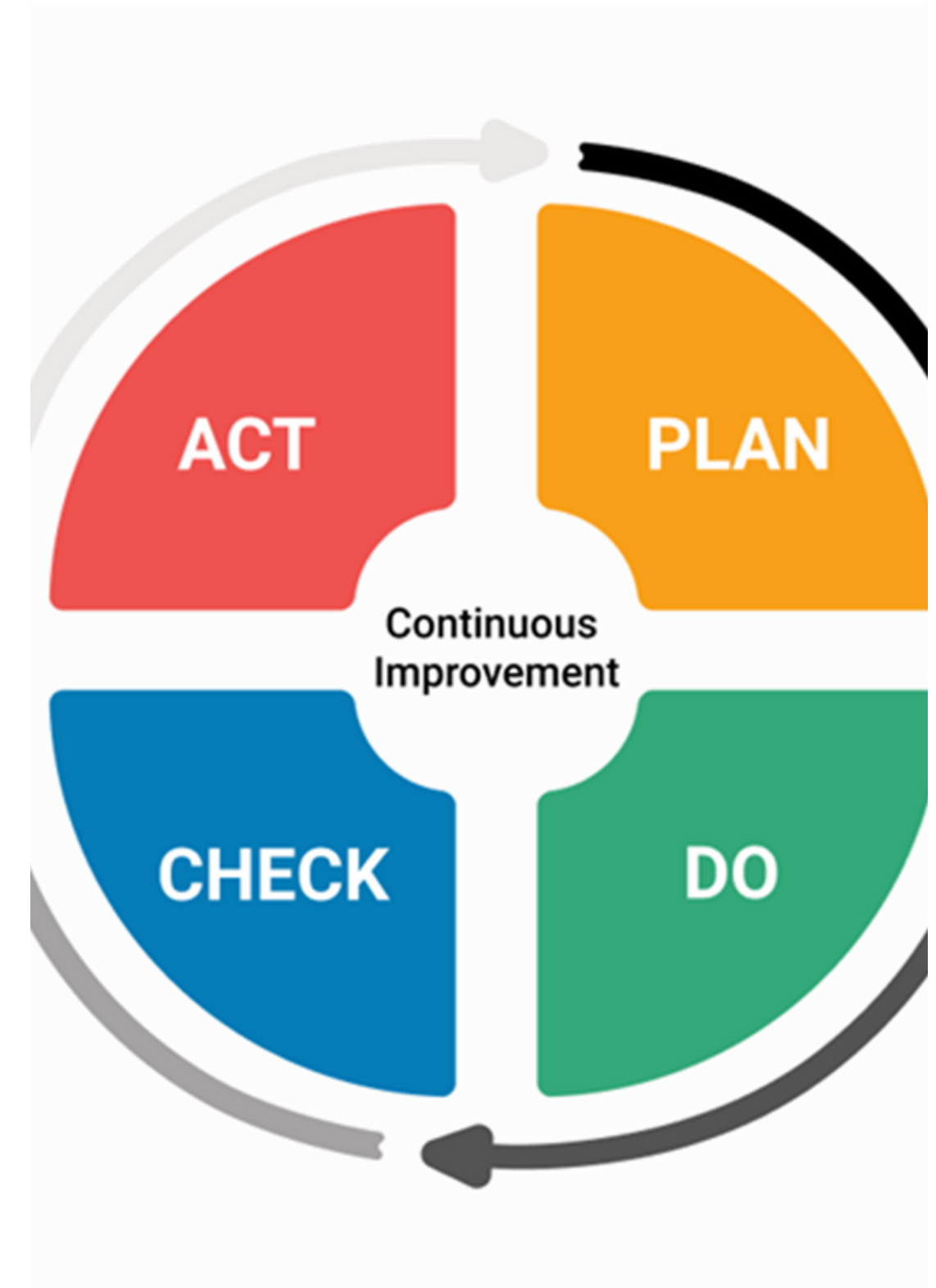
- The activities must be strategically **Planned**.
- Care must be taken to **Do** to achieve goals and objectives.
- Monitoring and evaluation should be done to **Check** the results.
- It should take an **Action** to ensure improvement and sustainability.

2024



WHY DO WE USE PDCA?

- It shows how to work more efficiently and effectively.
- Supports teamwork with clear communication and roles.
- It is a method of ensuring the continuity of the work.



CASE STUDY

1. A City State Hospital was established in 1995. Since the city is a touristic place, the hospital is especially busy during the summer months.
2. A Hospital was built next to the airport, which was built on one of the rare flat areas due to the mountainous surroundings, although it is a coastal city.
3. Hospital staff and patients experience anxiety, and sometimes fear, due to the noise and vibration produced by planes during takeoff and landing.
4. In addition, conflicts occur between hospital staff and patients as a result of the increase in depressive behavior of employees due to noise.
5. Since the hospital is outside the city and housing support cannot be provided, the working staff can only come to the hospital by shuttles. This unintentionally causes delays and disruption of planned work.



DEFINE

Unit	Quality Management
Date	
Subject	Preventing noise in the hospital and negative situations in personel operations
Relevant Control Activity and Stakeholder Participation	Hospital Management
Improvement Period	Twice in a year

PLAN

Action	Making and analyzing sound measurements regarding insulation deficiencies in the hospital building, checking service hours to monitor delays in services, determining which service is delayed at which hours, and planning changes in hours or number of services, planning staff training.
Responsible	Hospital Management
Objectice Evidence	Sound measurement documents, personal entry and exit time changes, complaint forms and training presentations.
Planning Period	Twice in a year

DO

Action	Obtaining a price for the insulation work in the hospital building, starting the work by signing a contract and monitoring the process, implementing the new service vehicle numbers and hours and providing training to the staff.
Responsible	Hospital Management
Objectice Evidence	Price agreement, contract, new service hour plans, training signature documents
Planning Period	Twice in a year

CONTROL

Action	Receiving information from the insulation company that the work has been completed, observing the changes with the measurements by making sound measurements, comparing the entry and exit times to see whether the delays in the services continue, and measuring the satisfaction of the staff by conducting a satisfaction survey to the patients.
Responsible	Hospital Management
Objectice Evidence	Certificate of completion, sound measurement analysis reports, staff entry and exit hours schedule, satisfaction survey results
Planning Period	Twice in a year

ACT

Action	It was observed that the insulation process reduced the noise, with the rescheduling of service hours, there was no delay in the entrance and exit times of the staff, and the results of the patient satisfaction surveys showed that the number of false complaints decreased. A meeting was held to check and update all work.
Responsible	Hospital Management
Objectice Evidence	Meeting Report
Planning Period	Twice in a year

CASE STUDY-YOUR TURN

1. Chief Physician Yusuf Yavaş, who was newly appointed at the hospital, has no previous experience as a chief physician.
2. It can easily be seen that he is inadequate in management. New staff, including the Chief Physician, were not given written documents regarding the hospital's structure, procedures and Job Descriptions.
3. The chief physician asked for the documents; However, he learned that the documents, along with all past records, were unusable because the archive was flooded a month ago.



Nothing and no situation is too

perfect to improve.

KAIZEN

