



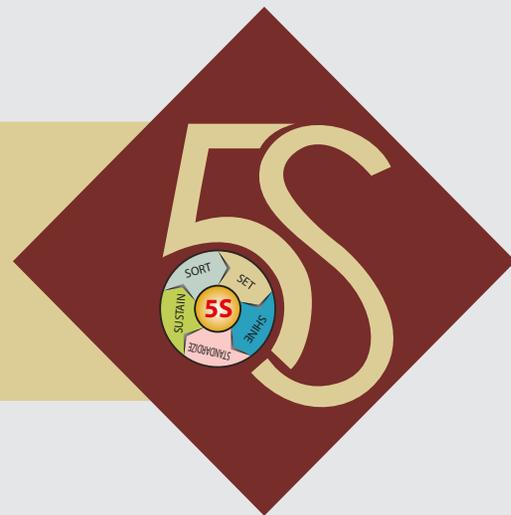
Manual for Implementation of 5S in Hospital Setting



**Directorate General of Health Services
Ministry of Health and Family Welfare**



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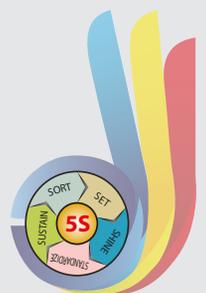
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Minister

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মোহাম্মদ নাসিম, এমপি
মন্ত্রী
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

Message

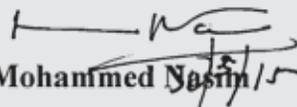


Quality healthcare delivery remains as the biggest challenge for the public hospitals in Bangladesh like many other developing countries where inadequate resources and increasing population overburden the health structure. Poor governance and managerial weakness are the most important inhibiting factors in overcoming the challenges. The Government has already initiated a number of interventions to improve the quality of health care services. The latest approach is the improvement of hospital service delivery through 5S-CQI-TQM approach, a management technique which has emerged as a new culture in the health sector. 5S-CQI-TQM works as a framework for all quality improvement approaches, while 5-S is the initial step towards establishing Total Quality Management.

The 5S approach is a simple but effective way of bringing quick improvement in the working environment and service quality by involving all the hospital staffs including efficient use of resources and waste reduction. 5S also brings a practice of quality culture, morale, motivation and job satisfaction among the staff which leads them to solve minor problems through leadership and personal initiatives. After introducing this technique in some of our hospitals, we have found encouraging improvements within a short period of time. This technique has also proven itself as a low cost and easy to implement.

This manual has been developed considering the experiences gathered over the past few years and describes both the 5S operational framework and implementation methods in a simple way. As planned, Bangladesh Government has started scaling up of 5S –CQI –TQM implementation at the public hospitals. At this stage, this manual will serve as guidance on the practices of 5S by the managers and staff working at the hospitals. Particularly, it will be helpful at the beginning of TQM journey. I hope, through application of this Japanese management technique we would be able to improve the quality of hospital services at our desired level.

Joy Bangla, Joy Bangabandhu
Long live Bangladesh.


Mohammed Nasim



Message

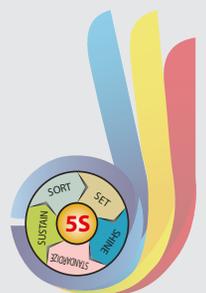


The 5S- CQI-TQM approach was initiated as a pilot program in four hospitals in 2011 by the Hospitals and Clinics section of DGHS with the technical assistance from JICA. Now, at the end of 2014, this approach has been scaled up in 52 hospitals and has created a demand in about a hundred hospitals where we are planning to expand the program within a short time. This approach is a low cost program which can bring visible changes in the quality of services in the hospitals within a reasonable short period of time and also brings satisfaction to the service providers along with the clients. It has always been a pleasure to work for such a program where success is noticeable at the outset of the program. Though we have scarce resources and abilities, we cannot compromise with the quality in the service delivery while dealing with the life of a human being. This program has shown a light by which we can achieve our target of Quality Healthcare.

To achieve the goal of quality healthcare we need to follow the pathway of 5S- CQI-TQM to make our journey shorter, less problematic and easy to implement with visible achievements. This manual is designed in such a way that anybody can understand the concept and can replicate in his/her working area to bring noticeable positive changes within a short time.

I hope that the TQM managers and the members of the Work Improvement Teams will be directly benefited from this manual and will be able to provide quality healthcare services. At the same time, this will indirectly bring satisfaction to the service providers and the clients as well.

Prof. Dr. Deen Mohd. Noorul Huq
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Foreword



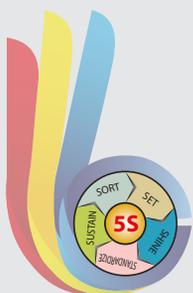
The manual, Implementation of 5S in Hospital Setting, is designed for the program managers and facilitators working in quality improvement of hospital services. Section 1 of this manual provides basic understanding on 5S, while the second section focuses on operational issues, and provides guideline how to implement the process at hospital setting.

5S-CQI-TQM is a management technique that was used intestinally in Japan in industrial sector. This technique was then applied in hospital setting to improve quality of services. In South-East-Asia, Sri Lanka has successfully applied this methodology at the public hospitals for improvement of quality of services. This technique is currently being practiced in several African and Asian countries including Bangladesh.

5S-CQI-TQM is a participatory management approach where everybody participates. The 5S (Sort, Set, Shine, Standardize and Sustain) is aimed at bringing satisfaction of staff as well as the patients through improvement of working environment. The next step of the process is CQI or continuous quality improvement, directed to improve the management system/process. TQM (total quality management) is achieved through achievement of 5S and incremental but continuous improvement of service delivery process.

This manual provides basic understanding of the management technique and guidance to implement 5S at hospitals in Bangladesh. This manual is user friendly with useful illustrations, making it attractive to users and practitioners of 5S.

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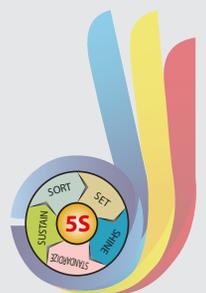
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Acronyms

ANC	Antenatal Care
CQI	Continuous Quality Improvement
DGHS	Directorate General of Health Services
DSF	Demand -Side Financing
FWC	Family Welfare Centre
EOC	Emergency Obstetric Care
FEFO	First Expiry First Out
IEC	Information Education Communication
IMCI	Integrated Management of Childhood Illness
JICA	Japan International Cooperation Agency
MCWC	Mother and Child Welfare Centre
OPD	Outdoor Patient Department
PNC	Post Natal Care
PPH	Postpartum haemorrhage
QIT	Quality Improvement Team
RMO	Resident Medical Officer
SOP	Standard Operating Procedure
TOR	Terms of Reference
TQM	Total Quality Management
UHFPO	Upazila Health and Family Planning Officer
UNICEF	United Nations Children's Fund
WIT	Work Improvement Team



Chapter 1 Introduction

1.1 Introduction

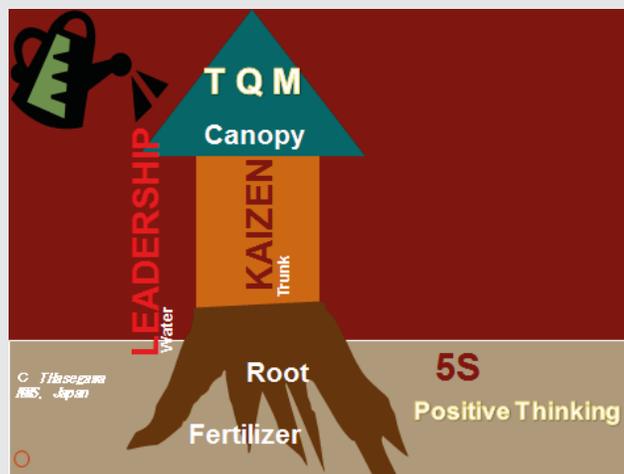
The 5S-Kaizen-Total Quality Management (TQM) is the three-step approach to improve hospital management under limited resources. The steps are: a) Application of 5S (Sort, Set, Shine, Standardize and Sustain) for improvement of working environment; b) Continuous Quality Improvement (CQI) or KAIZEN activities for evidence-based participatory problem solving at the workplace for continuous quality improvement; and c) TQM (total quality management) as an approach to make maximal use of capacity of the entire organization.

This approach is based on the Japanese management tool originally used in the industrial sector like Toyota and other companies. In the year 2000, Dr. Wimal Karandagoda, Director of Castle Street Hospital, Sri Lanka, first applied this industrial tool to his hospital. Although he experienced some resistance from staff at the beginning, he could successfully implement the approach to the whole hospital. The “5S” is directed to improve the working environment. KAIZEN is a Japanese word meaning Continuous Quality Improvement (CQI). This is a problem-solving approach that can be spread to the whole organization under the leadership of top management. The TQM stage comes once the CQI stage is over.

In 2007, the 5S activities were applied to 8 African countries (Eritrea, Kenya, Tanzania, Madagascar, Malawi, Nigeria, Senegal and Uganda) with technical assistance of Japan International Cooperation Agency (JICA). Subsequently, the concept was introduced in seven more African countries (Benin, Burkina Faso, Burundi, Niger, Democratic Republic of Congo, Mali, and Morocco). This new stepwise approach is also successfully applied to many other developing countries suffering from chronic shortage of health resources. Confidence and positive mind-set of top management and workforce is the basis of active participation and success for the process. The key to success for ensuring active participation of staff is the leadership, both middle and top management.

1.2 Why do we need 5S-CQI-TQM?

Inadequate resources are one of the major problems for hospital management. This is true not only for the developing countries, but for developed countries as well. What is truly





lacking for effective hospital management is “**Positive mind-set**” and “**Leadership**”. We also need innovative ideas to better manage the hospitals.

The question is how to develop “Positive Mindset” and “Leadership” among the hospital staff under the limited resources. The secret for maximum utilization of available resources is to apply the participatory stepwise approach of “5S-CQI-TQM”. 5S-CQI-TQM is a tool for change management, being used in many developing and developed countries.

Everybody is aware of the importance of safety and quality of care. No health worker wants to provide bad care and commits medical accident. All these things can be minimized by the application of the 3-step approach. But the staff need to know how to initiate and implement this approach at the workplace.

Because of the disorganized working environment, health workers may make mistakes or even may deal patients badly, though unintentionally. The interests of staff for taking care of patients are often lost due to disorganized work environment. The “change management” is, thus, needed as a breakthrough to meet the staff satisfaction and patients’ demand with code of ethics. Such a change is also essential, if the authorities intend to retain the precious and talented health care providers at the workplace. Initiation of the process with 5S and CQI towards TQM brings the necessary changes in the hospital to enhance staff morale and client satisfaction. This can be done by the top and middle managers with special care to strengthen capacities of all staff. Careful and meticulous tuning is needed for cultivating positive and upward spiral in quality improvement. However, for successful implementation of the process, it requires commitment from the top level managers and leaders.

1.3 Goal of the 5S-CQI-TQM

Goal of the “three-step-approach, “5S-CQI-TQM”, is not just to introduce 5S or CQI at the hospitals, but to bring changes in organizational (hospital) culture and management style. Healthcare delivery should be outcome-oriented and patient-centered. Safety and Quality are the essential features of the outcome. Responsiveness and equity are the core components of patient-centeredness. To achieve those goals participatory approach is essential. Regardless of the categories and ranks of the hospital staff, full participation of the employees should be encouraged through accumulation of small successes in the routine work. Team-building should be vigorously done to strengthen continued team work in every work unit of the hospital.

1.4 Introduction of 5S-CQI-TQM in Bangladesh

5S-CQI-TQM activity for improvement of hospital services is under the Hospital Section of Directorate General of Health Services. This activity is technically and financially supported by





technical agencies including JICA, GIZ, UNICEF and WHO. Primary objective of this activity is to improve the quality of services to be measured by better patient outcome and client satisfaction. Fifty two hospitals are currently implementing the process. All these hospitals are at different stages of the long process, and have made some progress in improvement of working environment. It has been planned to scale up the concept throughout the country.

This is a comprehensive document incorporating all the components needed to implement 5S at hospital. This document is primarily divided into six chapters: a) Introduction; b) 5S principles and implementation structure; c) 5S activities and its sequences; d) 5S tools; e) steps of 5S implementation; and f) orientation and training on 5S. While chapter two describes the 5S principles and implementation structure, chapter five is designed to describe the stepwise activities needed to implement the process at hospital setting. The document also contains all the tools (such as assessment checklist, hospital visit and action plan development format, monitoring checklist etc.) needed to implement the process and monitor the activities.



Chapter 2

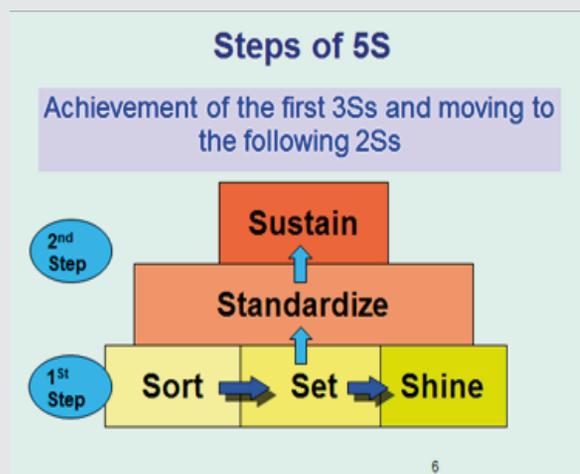
5S principles and implementation structure

2.1 What is 5S?

Five S (5S) is the principle directed to improve work environment and is derived from the Japanese words Seiri, Seiton, Seiso, Seiketsu, and Shitsuke. In English, the 5S means **Sort, Set, Shine, Standardize**, and **Sustain**.

-
- | | |
|-------------------------|--|
| 1 - Sort: | Identify and remove unwanted/unused items from the workplace; and reduce clutter (<i>Removal / organization</i>) |
| 2 - Set: | Organize everything needed in proper order for easy operation (<i>Orderliness</i>) |
| 3 - Shine: | Maintain high standard of cleanness (<i>Cleanness</i>) |
| 4 - Standardize: | Set up the above 3S as norms in every section of the workplace (<i>Standardize</i>) |
| 5 - Sustain: | Train and maintain discipline of the personnel engaged (<i>Self-Discipline</i>) |
-

The application of 5S helps organize the workplace starting from physical environment and gradually to functional aspects. The application of 5S simplifies the activities through reduction of waste and unproductive/unnecessary activities. It is also helpful in improving the quality, efficiency and safety. 5S is, therefore, the key activity in the way to Kaizen and achieve TQM.



5S is applied to make a break-through to improve work environment and motivation of staff working in the hospital. 5S includes a set of actions that needs to be conducted systematically with full participation of staff serving the hospital. 5S activities should be practiced in a real participatory manner to improve the quality of both work environment and service components delivered to the clients.



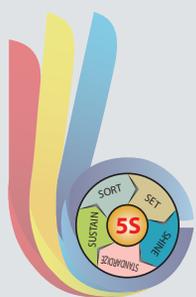


5S is a sequence of activities to make the work environment convenient and comfortable. 5S can be divided into two steps: achievement of initial 3S (Sort, Set and Shine) and subsequent practices of remaining 2S (Standardize and Sustain). As the diagram illustrates, the 2nd step prevents fallback of the first 3S practice and leads to the long-term implementation of 5S.

In order to facilitate 5S practice, the use of tools is recommended such as color coding, numbering, and X-axis and Y-axis arrangement. The 5S tools are further discussed in chapter 4.

2.2 5S implementation structure

A hospital needs to establish 5S implementation structure, primarily formation of Quality Improvement Team (QIT) and Work Improvement Team (WIT). The first step is to develop a WIT at each work unit or section. The WIT is a group of staff working together to identify problems and to plan, implement and monitor the 5S-CQI-TQM activities in the units. The QIT consists of hospital managers and representatives of WITs. The QIT takes a leadership role of the entire process of 5S-CQI-TQM and monitor and support the performance of WITs. Details can be seen in chapter 5.



Chapter 3 **5S activities and its sequences**

3.1 Sort

Sort means separation (sorting) and removing/discarding unwanted and unnecessary items from the workplace. It is the first step of the 5S-CQI -TQM process. Sequential activities to achieve sort are described below. Without “Sorting,” it is not possible to have the next step of putting things in an appropriate order (Setting) in the workplace. There are several steps to implement sorting. The first step is to identify and discard unwanted items in work places.

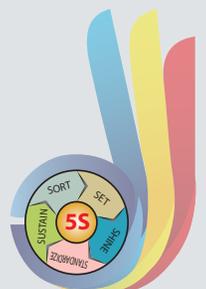
3.1.1 Identification and segregation of unwanted items

The “Sort” activity starts with identification of unwanted items in the workplace. During the sorting stage, lots of unwanted items would be identified at different sections. Color codes should be used to mark the unwanted items, identified during the sorting process and routine work. Green, yellow or red color tags (labels) with explanation of the problems may be used for easy identification of the unwanted items in the store.

As all unwanted items are government properties, it is not possible simply to discard/destroy them. It would require a place to keep all these items (called Unwanted Item Store) before condemnation board decides their disposal. In the store, all the items should be classified (and marked with colored tags) into several subgroups, such as functioning items (may be tagged with green color), broken but reparable items (may be tagged with yellow color), irreparable items, and clutter (may be tagged with red color).



The Quality Improvement Team (QIT), which is the upper level team than WIT and is led by the hospital manager (such as superintendent), will announce the sorting activity and provide the unwanted item store.





3.1.2. Sorting from indoor to outdoor

Sorting may start from any section (or any part) of the hospital. It may be good to start sorting from inside the hospital building. It should then be extended to the outer space (hospital premises) of the hospital building. The indoor space, frontline (OPD, emergency, lab, pharmacy etc.) and backyard (kitchen, laundry services etc.) service sections are the primary targets of this activity at the beginning. No part of the hospital should be excluded from this activity. However, hospital management may prioritize the sections based on seriousness of disorganization, visibility and urgent needs in functional betterment.

During the activity, decisions may need to be taken to modify the physical structure of the room, wall, door etc. This activity would require some fund, which the top management should support. In case, gardening and re-arrangement of the trees and fences appear as the targets of “Sort”, step-by-step approach should be taken to do the job with consideration of the expenditure.

3.1.3 Initiation of “Reduce, Reuse, Recycle Concept” with “Sort” activities

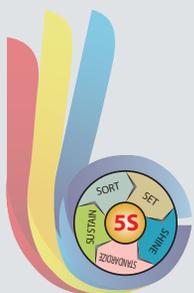
Waste management is helpful in changing the mind-set of the staff. Reducing clutter and unnecessary documents make available additional space and cleaner environment. The moment when a WIT leader and/or unit head detects a small change in physical environment is the time for introducing the new waste management trial such as:

a. Simple separation of solid wastes into:

- Medical wastes including infected items, and
- Normal wastes without possibility of infection

b. Further separation of the wastes into:

- Items, which can be reused (safe recycling process) by the hospital, such as inner wrapping paper of disposable surgical gloves, glass bottles of drugs etc.; and
- Items, which can be collected for selling to outside recycling companies, for instance, saline bags and other plastic materials





The above-mentioned challenge is an example of the activities, which connects the “Sort” process to the later “Standardize” process. In addition to that, “Sort” can be a useful initiation opportunity in refinement of the existing waste disposal management system.

3.1.4 Improvement of Waste Management System: the first step

A solid waste management system for the entire hospital should be, at this stage, discussed among the QIT members and the hospital top management. It is not necessary to take large scale activity at this stage with radical change of the existing practice. Promotion of segregation of the solid waste at each work unit can be proposed and put into practice utilizing the existing resources.

3.1.5 Organize “Big sorting day”

To initiate the sorting activity a specific half day in a month may be used for sorting and hospital-wide cleaning. The QIT has to announce the time and date of this activity, in advance, to all WITs and units/departments. The Main activity of this half-day is to remove all the unnecessary things from all corners of the hospital.

“Unwanted Items Store” will be the busiest area on that day as it has to receive all the unwanted items from all the units. The unnecessary items may be burned on that day at the final garbage collection site in the hospital premises. At the same time, it will be a good opportunity to make the garbage collection site clean and re-organized to avoid risks related to infected materials.

3.1.6 Decision-making and leadership

Decision-making and leadership is important at this stage. The WIT team leader along with the unit in-charge and staff will identify the unwanted items and take decision in removing them from the unit. All the staff in the unit needs to participate in this process. Each staff should be encouraged to check their own work station (such as desk and cupboard etc.) to identify and remove the unwanted items.

3.2 Set

“Set” is the second step of 5S and is mainly a process to put orderliness in every workplace for better work efficiency. It requires team work for achieving a specific target. The process should start once all the clutters and unnecessary items are removed from the workplace during the sorting stage. Neat and function-oriented arrangement of necessary items for all hospital jobs can be achieved with future standardization in mind. The stepwise activities for this stage are:

3.2.1 Select target places for setting

It is recommended to pre-select some specific places/units for this activity to initiate setting. The hospital authority may prioritize sections which are related to important services for emergency,





indoor and outdoor patients. For example, emergency room (or pharmacy, lab etc.) may be selected to set the “Emergency Cupboards/tray” containing drugs and other essential items. If this is “set” with perfection in orderliness and recognized by the team members, the work process itself can be further improved over time.

3.2.2 Expansion to other sections

Once setting is done at some important places/units and staff recognize them, it is highly recommended to expand the “set” activity to all other areas of the hospital. It is vital for the staff to begin “set” activities making maximal use of existing resources and system (e.g., use of cartoon boxes and hand-made containers). It is not necessary to achieve a drastic change. Consider staff convenience and time for this activity.

Reduction of unnecessary workload due to organized workstation is an encouraging factor to gear up the teams to continue set up activities in all the work venues. Once the basic “set” condition is achieved, small ideas to maintain “set” condition and prevent so-called “Set-Back” should be considered among WIT members. The QIT has an active role to guide WITs and encourage the front-line staff to maintain “set” activities within the routine works.

3.2.3 Use of visualized information

Name tag, board and symbols development and installation are the activities of the “Set” process. Identify names of all the rooms and install a simple board for easy recognition by the staff and visitors. At the beginning of this activity, it is recommended to avoid making permanent boards. Printed papers may be used for this purpose at this stage before things are standardized. During this test run period, the hospital managers can re-consider the use of rooms and names for efficient and effective use of the spaces.



Guidance maps and direction boards can be installed throughout the hospital premises for the convenience of visitors and staffs. After testing temporary maps and direction boards in the “Set” stage, the hospital authority can develop a standardized style of those items. In addition, it is also possible to apply “set” strategy to classify patients and visitors coming to the hospital. Various zoning and classification methods can be used to avoid confusion, congestion and conflict.





For example, the waiting patients at OPD can be classified into two to three categories, such as patients with urgent attendance, on the first visit, and the patients seeking re-examination. The waiting space can be segregated according to such classification of the patients.

3.2.4 Centralization of sterilization and supply system

Sterilization and laundry services are the two vital activities of a hospital. At this stage the staff may think of establishing a central sterilization and laundry system. Often these jobs are conducted at a scattered manner at different sections of the hospital. Such a situation negatively affects the work efficiency. If it is so, the hospital managers and QIT should discuss with relevant WITs to assess the existing problems related to sterilization of the equipment and linen supply system. After achieving “Sort” and “Set” activities, centralization of these services should be discussed step by step.

3.2.5 Improvement of inventory system

Inventory systems of various equipment, instruments and devices should be reviewed during the “Set” period. Tagging and labeling of all the instruments and devices should be nicely done with consideration on standardization. Specific locations for the items, arranging workable instrument sets, storage of these sets, and color coding system for easy handling are all useful topics, which can be handled during the “Set” activity. In addition, the management can also review and improve the existing inventory system.

Tools used to enhance “Set” activity

- Red Tag
- Alignment
- X-axis Y-axis
- Theory
- Numbering
- Alphabetical order
- Ascending order
- Left to Right order
- Top to Bottom order
- Zones
- Symbols
- Street lines
- Name boards
- Directions
- Safety signs
- Check lists
- Instructions sheets
- Color code





3.3 Shine

3.3.1 Everyone should participate

“Shine” is the participatory activity for maintaining cleanliness at every workplace regardless of the category and location. All staff in the hospital are allocated a specific territory as his/her working area. Regardless of the category, rank and gender of the staff, everyone is expected to join in the “Shine” activity and control the work environment on cleanliness.

Territories requiring professional attendance (such as equipment, lab etc.), in particular, cannot be cleaned up only by the cleaners. Also desk-top (working table) of executives’ office cannot be touched casually by other people. The executive should take care of his or her territory by his / her own efforts. Functionally improving and beautifying the work venue will be a reflection of the mind-set.

3.3.2 Periodical implementation of cleaning

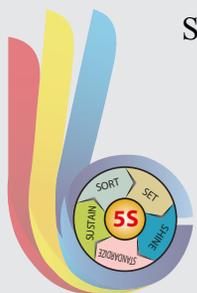
Periodical implementation of “Shine” is important. Daily, weekly, monthly and quarterly “Shine” time schedule can be set by the QIT for promoting a cleaner hospital. Daily 10 minutes morning “Shine” practice before starting routine work can be an example. If the periodical activity has become a routine work, “Sort” and “Set” will also be further achieved.



A cleaning checklist should be systematically used in every work venue. Once the checklist is introduced, regular supervision should be done by the QIT under no blame policy but in encouraging atmosphere. For sustaining the use of checklist, the format should be simple.

3.3.3 Cleaning staff and their work environment

For “Shine” activities, the cleaning staff are the core human resources. The cleaning staff of hospitals are, sometimes, treated in a wrong way by other hospital staff due to the nature of their job, which is often misunderstood as disrespectful. The cleaning staff should rather be given more attention by other staff. Similarly, cleaning tools are also important particularly for the cleaners. Interventions, such as cleaning tool renewal, tool storage, space arrangement and provision of small office and better uniform for cleaning staff are important for motivation and achieving the Shine.





3.3.4 Equipment maintenance

All the equipment should be protected from dust and dirt by periodical and timely cleaning. They should be appropriately covered during resting time. If the “Shine” is systematically carried out by full participation of staff, WIT members will be able to create feasible ideas for sustaining sound operation of the equipment. The QIT and WITs should also discuss how to protect the equipment from dysfunction caused by unfavorable work environment and system failure, especially lack of preventive maintenance.

3.3.5 Hospital waste management

Cleanliness issues can be discussed during “Sorting” activities. Waste disposal, both infectious and non-infectious, is an important issue for environmental and functional betterment of hospitals. Prevention of nosocomial infection is firstly achieved by reliable and safe waste management practices. “Shine” should be applied at waste separation, collection, storage, transport and final treatment system. The emphasis should be given to dumping sites of the waste within the hospital premises.

It is not always easy to achieve perfection in waste management due to uncontrollable external conditions and limitations of the civil service. “Shine” activity is, however, extremely vital for the betterment of waste management. Cleaner dumping site creates better hospital safety.

3.4 Standardize

3.4.1 Make 3S as a part of routine work

The “Standardize” stage of 5S is for development of standards for the initial 3S activities, i.e., sort, set and shine. The other objective of this step is to make “Sort”, “Set”, and “Shine” as part of all staff’s routine work in all the sections of the hospital. The QIT should take the leadership to set the standards of key procedures of S1-S3 activities based on experiences of successful WITs. Once standards are set, those should be disseminated to all the staff through visualization and sensitization activities.

3.4.2 Visualization of slogans

IEC (information, education and communication) materials (posters, leaflets, stickers etc.) should be developed to disseminate information related to 5S. The materials should be eye-catching with highlighting slogans on key messages and hanged at all the work stations concerned with quality of services to be visible to staff and visitors. The hospital patients and visitors are gradually guided to respect the work environment as a result of positive changes caused by “Sort”, “Set” and “Shine” activities.





3.4.3 Standardization of color coding system

The color code system is a good example of standardization. Color codes used by various WITs during the “Set” stage can be compared, reviewed and discussed among the QIT and WIT leaders for making a standard. Once the standard is formulated, it should be disseminated through IEC materials and various meetings. Short but effective training can be organized by the QIT for the WIT leaders to apply newly developed standards throughout the hospital units. For example, one hospital in Benin uses “blue” to indicate sterile materials, while “red” is used for unsterile items.

3.4.4 Standardization of M&E checklists

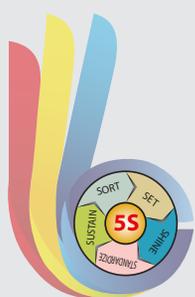
Monitoring and evaluation (M&E) is another issue that should be highlighted in this "Standardize" activity of 5S. Regular supervisory visits are essential to ensure 5S activities toward perfection. The QIT should take the responsibility of formal monitoring visits at all the work units and data collection for M&E. The QIT should closely work with WIT leaders to simplify and standardize the checklists, such as the checklists for stock management, environment management, cleanliness and patient administration etc.

Existing management information system (MIS) should then be reviewed to synchronize the changes made by 5S activities particularly for resources and financial management. Improvement of checklists during this stage of 5S would contribute to strengthen the 5S process as well as the data collection system of the hospital.

3.4.5 Recognition and appreciation by supervisors

Informal site visits to supervise the ongoing 3S activities are essential for standardization. The supervision should not be an activity to identify shortcomings and mistakes or punish incorrect performance of WITs. The supervision should be directed to encourage the WITs to continuously improve the work environment.

In this regard, the supervisors (QIT members and top management) should have the eyes to identify the good practices and positive changes at work units to praise the staff. It is important that the supervisors during their formal and informal visits would recognize the good aspects and praise the team leader and other members. The shortcomings can be pointed out in a constructive manner after discussing the positive indications with WIT members on site.





3.5 Sustain

3.5.1 Self-discipline improvement with positive attitude

All the changes made by the staff applying 4S activities need to be sustained. This requires further improvement of staff's self-discipline together with change in mind-set and attitude from negative to positive. Then, it would be possible to realize quality of services under the policy of optimum use of existing resources. Practicing 5S is not the final goal of hospital services improvement. Principles of 5S are the starting point of the long process of achieving quality of services as indicated by high employee satisfaction, customer satisfaction and better patient outcome.

3.5.2 Staff orientation starting with nursing officers

Introductory training is important both for starting and disseminating 5S activities. It should contain the topics such as leadership and team work. A one-hour lecture session may be organized for different categories of staff separately. It may be useful to start with the group with high numbers. For instance, the orientation may start with the nursing staff. The nurses in a hospital are well organized, educated both on managerial and technical issues, and close to the patients and visitors. For all these reasons, this group may successfully obtain the idea for making a breakthrough. The orientation session should be conducted in local language and by highly motivated hospital Director or QIT Chairperson to touch their spirits to serve the people.



3.5.3 Orientation for doctors

Doctors except for the persons related to hospital management should be the last group to receive orientation on 5S. Doctors should be oriented once all other hospital staff are oriented and some visible changes are observed at the workplace.

Doctors normally concentrate on technical areas related to diagnosis and treatment of patients. They seldom pay attention to support services needed for smooth functioning of hospital. When positive changes in work environment are visible, doctors should be invited to join in 5S activities as leaders. They usually become good leaders and provide innovative ideas, and guide the WITs for better quality of services.





3.5.4 Short but practical training at WIT meetings

Proper training programme should be in place for creating positive attitudes toward work environment improvement. The primary target group for this training should be the front-line staff, particularly the WIT members, regardless of the category and rank.

Periodical short time meetings, e.g., weekly (or bi-weekly) briefing of WITs on the progress of 5S activities should be conducted. The meeting should be done within the working hours to avoid feeling of enforcement and additional tasks. The duration of the meeting should not be long (30-45 minutes). After quick review of ongoing 5S activities, constraints related to the work process, timeliness and workplace safety should be informally discussed for exchange of ideas and experiences. Enabling atmosphere should be created to provoke free discussion and suggestions. Through these meetings, the WIT leaders and QIT members receive valuable suggestions from the front line workers.

"One-topic training" should be introduced at the regular WIT meetings. One of the QIT members may be invited to discuss a single topic (or message) related to quality of services. The discussion should focus on practical suggestions with minimal theory and technical issues.

3.5.5 Stimulation to WITs

To avoid staff feel boring once they are familiar with the process, stimulation is often necessary to wake them up for tackling higher targets. Monthly or bi-monthly short lectures can be planned as a part of "Sustain" activity for all the staff categorically. Top management and/or QIT chairperson can organize such a lecture. External speakers may also be invited to expose the hospital staff on different views of work environment improvement and problem solving processes that would be addressed during the CQI stage. Inviting visitors can be another way of elevating the staff motivation by creating the opportunities to demonstrate their good practices and performance externally.

3.5.6 Create positive competition

Positive competition is a useful way to stimulate the WITs, whether active or inactive. Such a competition on 5S outcomes may be organized at six months after initiation of the process. The QIT should organize the competition and assess the WIT performances using appropriate assessment tool. The QIT should select neutral external and internal judges to assess the performance of WITs.

It is important to organize a ceremony with all the hospital staff to stimulate positive competition. In the ceremony the winning teams should be openly praised and awarded with prizes. The prizes should not go to individuals, but to the teams. Monetary incentives are discouraged to use in this context.





3.5.7 Safety issues and 5S activities

Without implementation of 5S activities, you cannot guarantee hospital safety. Hospital safety should cover issues related to the medical service package as well as physical facility-related safety. Patients, visitors and staff, all should be safe when they are in hospital premises. Any kinds of accidents, medical and non-medical, should be avoided. For that purpose, structural and systematic enforcement, based on the improved work environment, should be a pre-condition for any safety promotions within the hospital.

Various pro-safety ideas should be included in the 5S activities. During Sort and Set, in particular, physical structures, which might cause inconveniences for staff mobility and lines of work flow, should be meticulously checked in a participatory manner.

Safety promotion is then automatically realized if the staff are sensitive to work environment and its influence on patients and workforces. Slippery corridors, slopes without safety signs, car parks without demarcation and control etc. are some of the examples of unsafe hospital issues. In addition, there are other hospital issues that may need to be improved, such as physical facilities, hospital equipment safety, electric wiring etc. Electric wiring should be regularly checked. If any risk is detected, it should be repaired on a priority basis. Likewise, fire extinguishers should be checked periodically for expiry date and devices' function. The safety issues related to clinical services, which are also very important, will be addressed later on.

During the "Standardize" step, the QIT can introduce a simple but effective hospital accident or incident (to hospital staff, visitors or patients) reporting system. If the system is in place and functioning, the work unit managers will automatically be aware of safety issues. The collected reports should be discussed in the QIT to plan for countermeasures. This is a typical progressive managerial activity, which encourages the "Sustain" process and prepare for the CQI phase.



Chapter 4 5S tools

All the items needed at the workplace should be arranged orderly based on the objective-oriented way of thinking. For instance, items may be arranged according to alphabetical order or numerical order. All the items should be kept in a specific place following a system, so that anybody in need of these items can find them easily. The following photos are examples of orderliness.

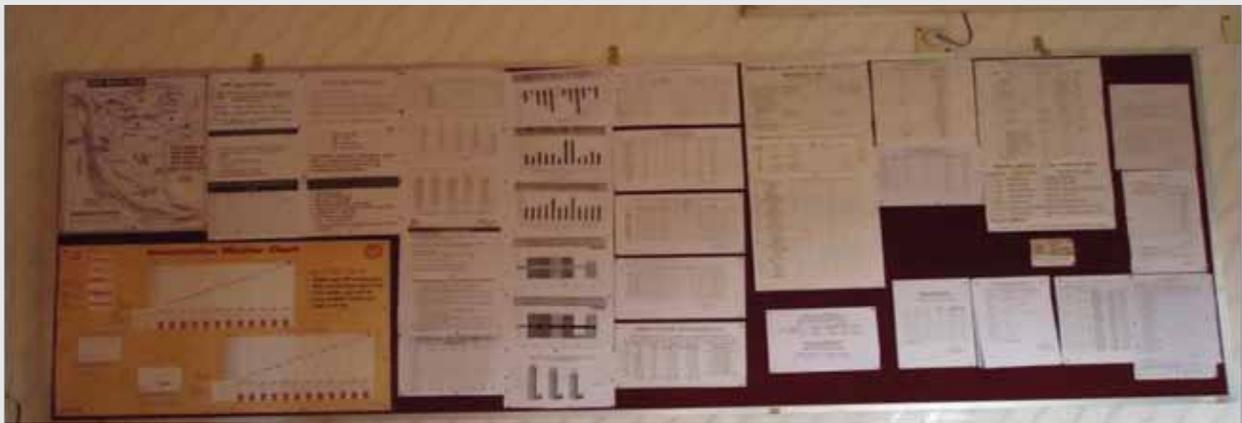


There are tools useful to enhance the 5S activities. Some of them are explained in this manual to provide ideas for practical application in the workplace.





a) **X-axis and Y-axis arrangement:** Posters and notices on the notice board, for instance, should be arranged based on this concept avoiding messy situation and unintended oblique angles of hanging up.



b) **Color codes:** Color codes (different colors for different purpose, meaning etc.) can be one of the effective visual tools for 5S. This is helpful for easy identification of items and preventing mistakes. For example, red wooden boxes may be used to keep the empty oxygen or nitrous oxide cylinders in the OT, while green boxes can be used for the filled-up cylinders.





- c) **Tagging:** Unnecessary items should be tagged in red when it is not usable and not repairable, tagged in blue or yellow or orange when it is repairable and in green when it is readily usable by others who need it.



- d) **Alignment:**



- e) **Labelling:** Arranging the necessary items at the appropriate place with proper numbering, labelling and colour code makes it easy to find out quickly.





f) Numbering:



g) Directions:





h) Symbols:



i) Safety Signs:



j) Zoning:





k) Signboard:

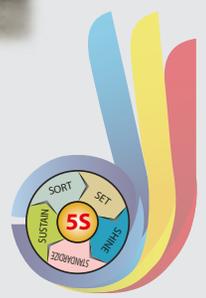


Examples of 5S tool application

5S in OPD



Digital token, separate queue at ticket counter and separate waiting space at OPD





5S in Pharmacy



Pre-packaging of frequently used drug



Separate queues for male and Female clients at pharmacy



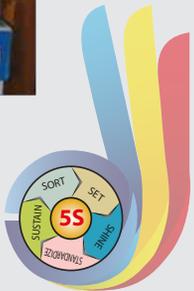


Good practices of 5S activities (Changes after application of 5S)

Before



After





Before

After





Before

After



Chapter 5 Steps of 5S implementation

5S is a stepwise process. To implement 5S, following steps are followed.

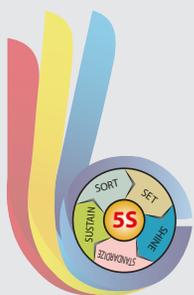
- Step 1: Advocacy with hospital managers
- Step 2: Facility assessment
- Step 3: Staff orientation on 5S
- Step 4: Implementation
- Step 5: Refresher training
- Step 6: Annual review workshop/meeting (local level)
- Step 7: Annual review workshop at national level
- Step 8: Monitoring

Step1: Advocacy with hospital managers

The first step for implementation of 5S at a hospital is advocacy with the hospital managers and key persons. Bangladesh government has already included at its policy to implement 5S to improve the quality of services. National level managers and decision makers are already sensitized and oriented about the process. DGHS has already planned to scale up the process at a number of hospitals supported by JICA, UNICEF, WHO and GIZ. The local managers can be advocated either through:



- Organizing a one-day orientation workshop in Dhaka involving the managers from all the targeted hospitals, or
- Organizing a meeting at the targeted hospitals, separately.





The objective of advocacy meeting/workshop is to orient the hospital managers on:

- Basic principles and understanding of 5S
- Process of implementation of 3S activities
- Develop tentative Quality Improvement and Work Improvement Teams
- Discuss and finalize a tentative date for facility assessment

Whatever strategy is used (orientation workshop in Dhaka or local level meeting) for orientation, we need to prepare power point presentations (provided in the annex 2) focusing on basic understanding of 5S, its application and experiences in different countries including Bangladesh (TQM_PP_1). This would be the main presentation for the workshop/meeting. This presentation should be supported by another presentation (TQM_PP_2) to describe the process of implementation at the hospital so that the managers can understand the process as well. During orientation workshop/meeting, discuss with the managers to: a) tentatively develop the Quality Improvement Team (QIT) and section-wise Work Improvement Teams (WIT) that would be finalized during staff orientation; and b) fix a tentative date for initiation (facility assessment) of the process. Note that the orientation workshop/meeting should be held under the banner and directive of DGHS including the presence of some responsible officer.

The participants for the orientation workshop, if organized in Dhaka, would be the Superintendent/Civil Surgeon/UHFPO and RMO from each targeted hospitals. On the other hand, if orientation meeting is organized at the facility level, the participants should include the facility manager (Superintendent/Civil Surgeon), RMO, a couple of consultants, nursing supervisor, and one or two staff nurses. The workshop/meeting should be facilitated by the TQM manager at DGHS or other senior government official at DGHS who have good understanding about 5S-CQI TQM.

Step 2: Facility assessment

All the targeted health facilities should be assessed before initiation of 5S activities to understand the situation at the baseline and for planning purpose. The facility assessment is done using a checklist, already developed by the Hospital Section of the DGHS (annex 1). The targeted hospital manager should be informed earlier (may require a directive from Director Hospital or any other responsible person of DGHS), before conducting the facility assessment.

For facility assessment, an experienced two-member team is needed. The team should be equipped with an assessment checklist and a camera. The team will first meet with the Hospital Manager (Civil Surgeon/Superintendent/UHFPO) and request to provide two staff (may be the RMO and





Nursing Supervisor or other senior staff members) to work with the team. This team along with the two hospital staff will carry out the assessment using the checklist. This would help develop ownership of the hospital, and avoid any dispute over assessment findings. The assessment can be completed in a half day. Note that, during assessment plenty of pictures from different sections should be taken to visualize the current situation where 5S can be applied for rapid improvement. These photographs will also be used during staff orientation workshop and subsequent impact evaluation (before and after pictures) of the process.

Once the assessment is completed, the facility manager should be briefed about the gross findings. Finally, the team would summarize the findings and develop a power point presentation (TQM_PP_3_Sample of assessment finding). The presentation should have the photographs taken during assessment and be used during staff orientation workshop.

Step 3: Staff orientation on 5S

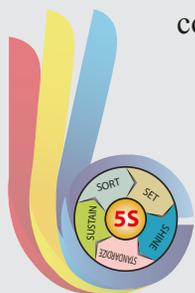
Before going for staff orientation on 5S, decide with local manager how many sections will be brought under the 5S activities at the beginning. For a big hospital, such as a 250-bedded hospital or medical college hospital, it may be better to select some (3-5) sections where staff are positive and changes can be made easily. These sections can be used as a showcase for demonstration to staff of other sections of the hospital before planning for scaling up of the 5S activities within the hospital. Details are provided in chapter 6.

Step 4: Implementation of 5S

The QIT and WITs will give all out efforts to implement the action plan developed during the staff orientation. The first thing needed at this stage is to find an unwanted item store to keep the things not necessary at different sections of the hospital. The QIT, in consultation with the hospital manager, should arrange it. At the initial stage of implementation, additional resources are usually not needed. The teams should utilize the resources already available to start implementing the action plan.

Step 5: Refresher training/workshop

Refresher training for the staff may be organized 6 months after the initial orientation of staff on 5S. During the refresher training, the staff are reoriented on 5S to refresh their knowledge. This is also an opportunity to orient the new staff of the hospital. Review of progress of the action plan, constraints etc. are also discussed in the workshop.





Step 6: Annual review workshop/meeting (local level)

This workshop is organized at the hospitals by the QIT. The overall objective of this review workshop is to review the progress of implementation of action plans developed by individual WITs and to give award to the best performing WIT(s) as well as individual for encouragement.

Step 7: Annual review workshop at national level

All the 5S implementing hospitals are invited at this workshop at the national level. The hospitals present their achievements on 5S, and based on their achievements best hospitals are selected and provided awards. This workshop is organized at the national level annually in the presence of high government officials from the Ministry, DGHS and development partners.

Step 8: Monitoring

All the targeted hospitals need to be monitored periodically to assess progress and for mentoring the teams. This will be done from three levels: a) by the local QIT; b) by the divisional team and c) from the national level.

Monitoring would be done by using checklist already developed by the program (annex 3-4). There are two types of monitoring checklist – one for internal monitoring by the QIT and WITs (annex 3) and the other is for external monitors (annex 4). Frequency of monitoring would vary, depending on the level of monitoring. For instance, the local QIT may monitor the WITs monthly or during the routine visit of hospital by the managers, while the divisional and national team may plan to monitor the activities bimonthly or quarterly. The monitoring findings, if done by the external teams (divisional or national level), should be shared with the hospital manager and the QIT. They will also submit a report (filled up checklist) to the facility manager/QIT, as well as the hospital section (TQM unit) of DGHS.

The QIT and WITs will also meet together periodically (monthly or bimonthly meeting as decided by the teams) to discuss the progress of 5S activities, identification of constraints and find solutions. The teams should keep records (may be on a register) of all the meeting minutes for reference.





Chapter 6 Orientation and training on 5S

In the previous chapter we explained orientation and training program required at the different stages of 5S implementation. This chapter intends to provide the detail of such training programs organized by the hospital management.

6.1 Staff orientation on 5S

Objective:

The ultimate goal of the 5S orientation workshop is to develop an action plan by the hospital staff for quality improvement taking the 5S principles and concept into consideration. The specific objectives are to:

- Orient staff on 5S
- Share the assessment findings (conducted earlier) with the hospital staff
- Come into consensus about the structure and TOR of Quality Improvement Team (QIT) and Work Improvement Teams (WIT)
- Develop action plan for the selected sections of hospital by the section WITs

Workshop outputs:

At the end of the workshop, it is expected to have the following outputs:

- QIT and WITs are developed including their TOR
- Action plan developed for the selected sections for implementation of 5S activities

Participants and duration:

The participants for the workshop would be the members of QIT and WITs of selected sections of the hospital. The midlevel hospital staff from all the sections can also be involved to introduce 5S. In total, depending on the number of sections to implement 5S, there may have 25-30 participants in the workshop. While selecting the participants, we need to keep in mind that the hospital services are not interrupted anyway.

The duration of the workshop would be **two days**. The first day of the workshop would cover the theoretical sessions, especially on 5S, video presentation on 5S, facility assessment findings and development of QIT, WITs and their TOR. The second day of the workshop will be dedicated for hospital visit and development of an action plan by the WITs for implementation.





Workshop schedule:

Following is the proposed tentative schedule.

Time	Session	Facilitator
Day 1		
1000-1030	Registration	
1030-1100	<ul style="list-style-type: none"> – Objectives of the workshop – Self introduction of participants and resource persons (name, designation) – Personal best (2-3 participants) 	
1100-1115	Tea	
1115-1200	Application of 5S/Kaizen in hospital management	
1200-1215	Hospital assessment findings (hospital pictures)	
1215-1230	Hospital assessment findings contd. (presentation of findings)	
1230-1300	Staffs' vision for the hospital	
1300-1400	Lunch and prayer	
1400-1430	Video on "Application of 5S/Kaizen in Sri Lanka: Success stories"	
1430-1445	Milestone of 5S/Kaizen implementation	
1445-1545	<ul style="list-style-type: none"> – Formation of QIT and WITs (as per guidelines of DGHS) – Sharing and finalization of TOR 	
1545-1600	Tea	
Day 2		
1030-1115	Hospital visit and preparation of observations/findings	
1115-1130	Tea	
1130-1300	<ul style="list-style-type: none"> – Development of action plan by the participants – Presentation of action plan and finalization 	
1300-1400	Closing and Lunch	





Preparations for the workshop:

Detail preparation is needed for organizing the workshop, especially the administrative and logistic preparations. Following is the guideline:

- Ensure call up notice for the workshop to all the participants and resource persons. This may require directive from the DG health (Hospital Section).
- Brief the District Manager (Civil Surgeon) and Hospital Superintendent (if there is any) on the program before the workshop. Encourage them to attend the workshop sessions as much as possible.
- Prepare the venue with banner, required number of chairs, tables, training materials etc. including the stage
- Organize the sitting arrangements for the resource persons and participants (preferably a U-shaped arrangement)
- Fix a facilitator to anchor the workshop.
- Fix a person to take notes from all the sessions to prepare the workshop report

It is suggested to make the workshop informal and participatory as much as possible. Whenever the district manager (Civil Surgeon) and/or the hospital superintendent (if there is any) come to the workshop venue, allow them to say a few words for the participants (if it is for the first time).

Materials required:

The materials that would require for organizing the workshop include: banner, laptop, multimedia projector, screen, flip stand and paper, markers, VIP cards of different colors, board pins, hospital visit formats, action plan formats, pens and pads for the participants

Session plans for staff orientation on 5S:

Session 1: Workshop objective and introduction of participants

Time: 50 minutes

Session objective:

At the end of the session the participants will be able to:

- Describe the purpose and output of the workshop
- Know each other and their success stories
- Identify their personal values and strengths





Materials/Training aids required:

- Multimedia projector, laptop with Power Point (PP), projector screen, Flip paper stand, flip paper and markers

Preparations:

- Prepare Power Point (PP) slides with the workshop objectives and outputs (PP4)
- Prepare a flip chart with (i.e., write down the following points):
 - Please tell us one of the most successful story in your life, for which you feel proud of
 - What are the factors that influenced you to do so/made it happen?

Lesson plan

Content/objective	Method	Materials	Time
Session introduction	Presentation		5 min
Workshop objectives and outputs	Presentation and discussion	Multimedia projector, laptop & screen	5 min
Introduction of the participants	Self introduction	Flip paper and marker	40 min

Session presentation:

	Time
<p>Step 1 The facilitator will start the session greeting and welcoming the guests, resource persons and participants, and give a little background information of Safe Motherhood Promotion Project and quality of services (see introduction).</p>	5 min
<p>Step 2 Show the PP slide with the objectives and outputs of the workshop. Ask one of the participants to read out the prepared PP slide on the screen. Explain one or two important points of the objectives, especially the expected outputs of the workshop to the participants. Finally, ask the participants if they have any questions or need further explanation. Respond to their questions and conclude the session.</p>	5 min





		Time
Step 3	<p>Give the following introduction before self introduction of the participants:</p> <p>“In our personal or working life, there are probably many successful achievements for which we personally feel proud and are inspiring to others. It is important that each hospital staff is supported and encouraged to do their best. We want each and every member of the hospital to be inspired and passionate in serving the patients.”</p>	5 min
Step 4	<p>Once the above introduction is given, request all the participants to introduce themselves (giving name and designation) one by one and tell one of their most successful stories for which they feel proud of and the factors for success (why did he do that). Show the prepared flip chart to the participants.</p> <p>For easy understanding of the participants, the facilitator will first introduce himself and share one of his success stories and the factors for success with the participants.</p> <p>Assign one of the facilitators to write down the factors for success on a flip paper.</p> <p>Finally, the facilitator will discuss the factors for success that have been identified collectively with the participants and make a link with the success of 5S/Kaizen process (e.g., we have learned from you the key factors that influenced successful achievements. All these factors are also important for successful implementation of 5S/Kaizen to improve quality of services at this hospital) and conclude the session.</p>	35 min

Session 2: Application of 5S in hospital management

Time: 40 minutes

Session objective:

At the end of the session the participants will be able to:

- Describe what is 5S
- What are the purposes of 5S
- How to implement 5S concept in hospital management
- Identify some of the tools that are used in 5S/Kaizen process





Materials/Training aids required:

- Multimedia projector, laptop with Power Point (PP), projector screen

Preparations:

- Prepare a PP presentation on the topic (PP1)

Lesson plan

Content/objective	Method	Materials	Time
Session objectives	PP Presentation	Multimedia & laptop	2 min
Application of 5S in hospital management	PP Presentation	Multimedia & laptop	28 min
Session review	Question and answer		10 min

Session presentation:

		Time
Step 1	Greet the participants. Describe the session objectives looking at the PP presentation.	2 min
Step 2	Present the session with PP presentation and explain the 5S principles and how to implement them in the hospital setting for work environment improvement for staff satisfaction. Also focus on some of the tools that can be used while implementing the 5S/Kaizen concept.	28 min
Step 3	At the end of the presentation ask the following questions to the participants: <ul style="list-style-type: none"> - What does 5S indicate? - How can we implement the principle in your hospital? - What kind of tool can we use for implementation of 5S? Finally, conclude the session thanking the participants.	10 min





Session 3: Hospital assessment findings

Time: 55 minutes

Session objective:

At the end of the session the participants will be able to:

- Understand the current situation of quality of services
- Identify 3-4 areas/issues to apply 5S for improvement

Materials/Training aids required:

- Multimedia projector, laptop with Power Point (PP), projector screen, photographs of hospital, flip paper and stand, markers

Preparations:

- Prepare PP slides with 8-10 pictures of the hospital showing disorganized working place of some of the sections (PP3)
- Prepare a PP presentation on assessment findings, mostly with pictures from different sections (PP3 – a sample of assessment findings of a hospital)

Lesson plan

Content/objective	Method	Materials	Time
Session introduction	Presentation		1 min
Hospital picture presentation	PP presentation	Multimedia & laptop	10 min
Assessment findings	PP Presentation	Multimedia & laptop	29 min

Session presentation:

	Time
<p>Step 1 Greet the participants. Tell the participants that several days ago (specify the date) we have conducted an assessment of your hospital to understand the quality of services using a checklist. We have visited all the sections and collected relevant information and pictures. I am going to share the assessment findings with you in this session and hope that at the end of the session you would be able to identify some of the sections/issues that need to be changed for better quality of services.</p>	3 min





		Time
Step 2	<p>Present the PP presentation only with the pictures and explain (focus on unnecessary items, arrangements and cleanliness) the pictures to the participants (PP3).</p> <p>At the end of the presentation, ask the participants about their feeling on the situation (what do they think about the situation). Also ask them if they feel that the hospital environment needs to be changed for better services.</p>	10 min
Step 3	<p>Present the assessment findings showing the PP slides. Explain the important issues and pictures especially related to 5S (PP4).</p>	30 min
Step 4	<p>Ask the participants to suggest 3-4 sections/areas for initial implementation of 5S. Tell them “it may be better to select the sections which would be easier to change (or section that needs immediate attention).” Note down the suggestions on the flip paper.</p>	10 min
Step 5	<p>Finally, ask the participants if they have any question. Respond to the questions and conclude the session thanking everybody.</p>	2 min

Session 4: Basic concepts of productivity and quality

Time: 40 minutes

Session objective:

At the end of the session the participants will be able to:

- Describe productivity and quality
- Apply the concept of 5S/Kaizen for improvement of quality and productivity

Materials/Training aids required:

- Multimedia projector, laptop with Power Point (PP), projector screen

Preparations:

- Prepare a PP presentation on the topic (PP5)





Lesson plan

Content/objective	Method	Materials	Time
Session objectives	PP Presentation		1 min
Productivity and quality	PP Presentation	Multimedia & laptop	29 min
Session review	Question and answer		

Session presentation:

		Time
Step 1	Greet the participants. Project the PP presentation on the screen and ask one of the participants to read out the session objectives. Explain the objectives to participants, if necessary.	3 min
Step 2	Present the session with PP presentation and explain the relevant issues in detail for better understanding of the participants. Link the concept of quality and productivity with 5S/Kaizen (i.e., how 5S/Kaizen would help the staff to achieve the quality and productivity)	50 min
Step 3	At the end of the presentation ask the participants if they have any question or issues for further explanation. Respond to the questions, if there is any. Ask following questions to the participants: <ul style="list-style-type: none"> – What do you understand by quality? – What is productivity in health services? – How application of 5S/Kaizen helps us in achieving the quality and productivity? Conclude the session thanking everybody for their attention.	7 min





Session 5: 5S/Kaizen implementation milestone

Time: 15 minutes

Session objective:

At the end of the session the participants will be able to:

- Understand the timeline for implementation of 5S/Kaizen/TQM at the hospital for improvement of quality of services

Preparations:

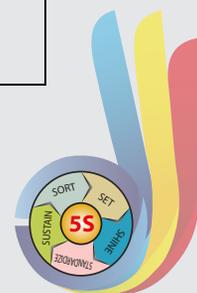
- Prepare a PP presentation with the key points of 5S/Kaizen implementation timeline (PP6)

Lesson plan

Content/objective	Method	Materials	Time
Timeline for implementation of 5S at the hospital for improvement of quality of services	PP Presentation and discussion		10 min
Session review	Question and answer		5 min

Session presentation:

	Time
<p>Step 1 Present the session objectives using PP presentation.</p> <p>Describe the timeline of implementation of 5S/Kaizen at the hospital for improvement of quality of services using the PP presentation (see also the facilitator' note at the bottom).</p>	10 min
<p>Step 2 Once the presentation is over, ask the participants if they need any further explanation or have any question.</p> <p>Respond to the concerns or questions, if there is any and thank the participants for their participation</p>	5 min





Facilitator's note:

Working process on TQM

By the time you may be interested to know how this new initiative would continue at this hospital. The initiative has started with the assessment of current situation of the hospital that we have conducted last month (specify the date). In this workshop, we are discussing TQM and how to improve the hospital services using the principles of TQM. Our goal of today's workshop is to develop a participatory action plan for making necessary changes at the hospital for client satisfaction and better clinical outcome. We shall do it in step-by-step process. We shall not jump into the clinical quality at the beginning. We shall address the staff satisfaction first through improvement of working environment (through application of 5S). We shall then gradually address the clinical and non-clinical (e.g., basic human needs) issues related to quality of services (Kaizen). It is not our job to decide what to change in this hospital. It is you who will decide about it, and we shall give you all out support to achieve the goal within the limited resources that we have.

In the action plans you will identify some activities/tasks that can be achieved within 6-12 months. During this period you will give your full efforts to achieve some results in terms of quality and quantity. The local QIT will give necessary support and closely monitor the activities of each WIT regularly. DGHS personnel will visit you time to time to review and follow-up the activities.

Show the PP presentation and explain the timeline of 5S/Kaizen implementation.

Session 6: Staffs' vision for the hospital

Time: 30 minutes

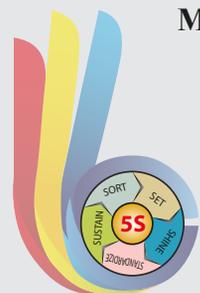
Session objective:

At the end of the session the participants will be able to:

- Identify their own vision for the hospital
- Describe the collective vision for the hospital

Materials/Training aids required:

- VIP board, VIP cards (different colors), board pins, and markers



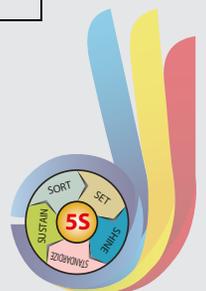


Lesson plan

Content/objective	Method	Materials	Time
Session introduction	Presentation		5 min
Identification of staff vision	VIPP method	VIP card, marker	5 min
Clustering and review of vision	Clustering of VIP cards on VIP board and discussion	Flip paper	20 min

Session presentation:

		Time
Step 1	<p>Explain the participants “what is vision or dream and why it is important.” The facilitator can use the following information for this:</p> <p>“We have past events in our life, which are kept in the brain. Those past events are called memory. We have future events in our mind as well. These are also kept in our brain like memory. Future thinking is called vision or dream. The future events in mind actually influence our activities and actions to bring the changes.</p>	5 min
Step 2	<p>Now we shall go for an exercise to identify vision for the hospital. Through this exercise we shall identify your ideas and future thinking about the hospital and its activities.</p> <p>Distribute VIP card (one card to each participant) to all the participants with a marker and tell them to write their vision/dream for the hospital on the card. Suggest them to write only one vision on one card. Give them 5 minutes to do this job.</p>	5 min
Step 3	<p>Once finished, collect all the cards from the participants. Once all the cards are collected, read them out loudly and hang them on the VIP board according to the theme/ideas. Finally, discuss with the participants that if we really want to achieve the dreams for the hospital, 5S/Kaizen is the gateway.</p>	20 min





Session 7: Video presentation on application of 5S/Kaizen in hospital setting

Time: 35 minutes

Session objective:

The objective of the video presentation is to:

- Demonstrate the changes in hospital before and after the application of 5S
- Inspire the participants to implement 5S/Kaizen at their hospital setting

Materials/Training aids required:

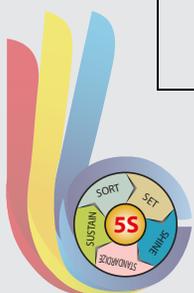
- CD (or copy the video file onto the laptop) with the video from Sri Lanka, multimedia projector, laptop, projector screen, sound system

Lesson plan

Content/objective	Method	Materials	Time
Introduction	Presentation		2 min
Success stories on application of 5S/Kaizen in hospital setting in Sri Lanka	Video show	Multimedia, laptop & sound system	25 min
Session review	Question and answer		

Session presentation:

		Time
Step 1	Tell the participants that Sri Lanka has introduced 5S/Kaizen at their hospital settings to improve quality of services without much investment. We are going to show you a video that demonstrates visible changes of the hospitals after application of 5S.	1 min
Step 2	Show the video. At the end, once again explain the 5S/Kaizen principles and how to implement them in the hospital setting for work environment improvement.	25 min
Step 3	At the end of the video show, ask the participants to express their feeling. Also ask them if it is possible to introduce 5S in this hospital to improve the situation that we have seen in the assessment findings.	9 min





Session 8: Formation of Quality Improvement Team (QIT) and Work Improvement Teams (WITs)

Time: 1 hour

Session objective:

At the end of the session the participants will be able to:

- Understand the purpose and guidelines for development of QIT and WITs and their TORs
- Develop the QIT and WITs for implementation of 5S/Kaizen

Materials/Training aids required:

- Multimedia projector, laptop with Power Point (PP), projector screen, flip papers and markers

Preparations:

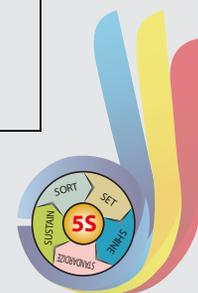
- Prepare a PP presentation on the topic (PP7)
- Prepare a flip paper with the section names to introduce 5S/Kaizen on pilot basis

Lesson plan

Content/objective	Method	Materials	Time
Session objectives	PP Presentation	Multimedia & laptop	2 min
Guidelines for development of QIT and WITs and their TOR	PP Presentation	Multimedia & laptop	18 min
Develop QIT and WITs for the hospital	Open discussion	Flip papers	40 min

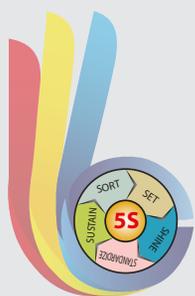
Session presentation:

	Time
<p>Step 1 Show the PP presentation. Tell the participants that we are going to present the guidelines for development of QIT and WITs and their TOR as developed by the DGHS. After that we shall discuss with you to develop the QIT and WITs for the hospital for application and monitoring of the 5S/Kaizen process.</p> <p>Note: CS & RMO's presence should be ensured in the session.</p>	2 min





		Time
Step 2	<p>Present the guideline for development of QIT and WITs before the participants using the PP presentation. Explain their TOR and discuss with the participants if they have any suggestion. Note down their suggestions on the flip paper for further discussion and finalization.</p> <p>Emphasize that these are the guidelines and flexibility is there for formation of the teams. The team composition can be changed based on the local situation and needs of the hospital.</p>	18 min
Step 3	<p>After the presentation, ask the participants who else could be the members (different from the guideline) of the QIT. Write down the names and designations of the QI team members. Take the opinion of other participants and finalize the QIT.</p> <p>Similarly, tell the participants “it has been decided with the management that 5S/Kaizen activities will be initially implemented in 3/4 sections. The sections that you have suggested are (name the sections). Let us now develop WITs for these selected sections based on the guideline.”</p> <p>Ask the participants to give their suggestions for development of the WITs section by section. Write down the names (or position) of the team members on the flip paper separately team by team. Finally, ask for the Civil Surgeon’s opinion and approval.</p> <p>Note: Before going through the process, the facilitation team and senior hospital management (e.g., Civil Surgeon, RMO and consultants) need to discuss and finalize about the sections to implement 5S/Kaizen.</p>	40 min





Session 9: Hospital visit and development of action plan

Time: 2 hours

Session objective:

At the end of the session the participants will be able to:

- Identify the work environment problems of the selected sections
- Develop and present action plan (for the selected sections) for application of 5S/Kaizen

Materials/Training aids required:

- Flip papers, markers, assessment guideline, action plan format

Preparations:

- Prepare assessment format in adequate numbers (4)
- Prepare a number of flip papers with action plan format (5)
- Find some space for group work including sitting arrangements

Lesson plan

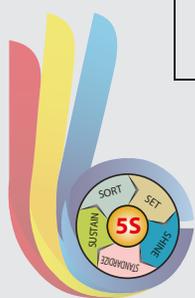
Content/objective	Method	Materials	Time
Session objectives	Presentation		5 min
Development of groups for assessment and action plan development	Purposive selection through discussion with participants	Flip papers	10 min
Hospital visit (selected sections)	Group work	Assessment format	30 min
Development of action plan	Group work	Flip papers	45 min
Presentation of action plan for discussion and finalization	Presentation and open discussion		30 min





Session presentation:

		Time
Step 1	<p>Tell the participants that we are going to divide you into 3 or 4 (same as the no. of sections to introduce 5S/Kaizen) groups to visit some of the hospital sections (mention the name of selected sections). Your job will be to identify the working environment problems in the sections that can be improved using 5S/Kaizen principles. Please use the given format to note down your observations. Subsequently, you will have to develop an action plan to improve the relevant sections using the principles of 5S/Kaizen. The action plan will be for a period of 6 months to one year.</p>	5 min
Step 2	<p>To organize the groups, first identify the WIT members for the selected sections. Then include other participants of the workshop into the groups for assessment and development of an action plan. Provide them with the assessment format and explain them how to fill it up. Time allocated for this activity is 30 minutes. After that we shall reunite in this room for further discussion.</p> <p>Note: the facilitators should accompany the teams to observe their activities and help them if necessary.</p>	30 min
Step 3	<p>All the teams will sit separately to discuss amongst themselves and to propose an action plan based on their findings and knowledge gained on the 5S/Kaizen process. Tell them to select one facilitator and one reporter to write down the action plan on the flip paper provided with action plan format. Once the action plan is developed, please come back to the plenary session for presentation of your action plan for discussion and finalization. Time allocated for this activity is 45 minutes.</p> <p>Note: the facilitators should monitor the group activities and guide them (if necessary) to develop the action plan.</p>	8 min
Step 4	<p>Ask the facilitator of each group, one by one, to present their action plan before the participants and facilitators. On completion of presentations, allow the participants to give their comments/suggestions. Tell one of the facilitators to note down the suggestions to finalize the action plan.</p> <p>Finally, conclude the session thanking all the participants.</p>	





Session 10: Closing session

The Civil Surgeon will close the workshop formally. One or two facilitators from DGHS may give concluding remarks to encourage the participants for implementing the action plan. Similarly, one or two participants may be allowed to say a few words to express their feelings.

6.2 Refresher training/workshop

Refresher training for the staff may be organized 6 months after the initial orientation of staff on 5S. During the refresher training, the staff are reoriented on 5S to refresh their knowledge. This is also an opportunity to orient the new staff of the hospital. Review of progress of action plan, constraints etc. are also discussed in the workshop.

Objective:

The overall objective of the refresher training is to step-up the activities to complete the 5S cycle from the current stage and prepare the WITs to move towards the Kaizen stage. The specific objectives are to:

- Review the activities and achievements of 5S since introduction of QIT and WITs
- Discuss the experiences of 5S implementation including positive and negative aspects
- Orient the concepts, practices and tools of 4S and 5S (Standardize and Sustain) and Kaizen
- Renew and revise the action plan for stepping-up of completion of 5S and moving to Kaizen stage

Workshop outputs:

Following outputs are expected to achieve at the end of the workshop:

- Revised action plan developed for the WITs and QIT for implementation of 5S/Kaizen
- Workshop report encompassing the achievements and lessons learnt of the hospital

Participants and duration:

The participants for the workshop would include all the members of QIT and selected members (facilitator, team leader and member secretary) of WITs of the hospital. In total, there would have 20-25 participants (depending on the number of WITs) in the workshop without interrupting the hospital services and activities.





The duration of the workshop would be **one day**. The workshop would cover theoretical aspects of 5S-Kaizen-TQM, such as basic concept of 5S, super 5S and Kaizen in the morning session (up to lunch). The afternoon session of the workshop will be for development of revised action plan by the QIT and WITs for step up.

Workshop schedule:

Time	Session	Facilitator
0900-0930	Registration	
0930-1000	– Opening remark & Objectives of the workshop – Introduction of participants	
1000-1030	Tea	
1030-1200	Review of 5S activities and achievements (group presentations by WITs)* [including discussion on experience on 5S]	
1200-1230	Super 5S: concept, practice and how to step up?	
1230-1300	Exercise of Kaizen: problem solving through the process change	
1300-1400	Lunch	
1400-1530	Action plan review and update with new activities Presentation and open discussion	
1530-1600	Wrap up and closing	
1600	Tea	

Guideline for presentations:

***Review of 5S activities and achievements**

- All the WITs will sit in their teams separately and decide about the presentation
- They will take pictures to demonstrate changes (before and after) in their respective sections
- They will also identify the problems in their own sections and present the future plan
- Make a power point presentation with the pictures, problems and future plan

All these activities should have to be completed before coming to the workshop.





6.3 Annual review workshop/meeting (local level)

This workshop is organized at the hospitals implementing 5S activities. The overall objective of this review workshop is to review the progress of implementation of action plans developed by individual WITs and to give award to the best performing WIT(s) as well as individual for encouragement. The specific objectives are to:

- Review the achievements of WITs
- Reward the best WIT and staff committed for 5S
- Discuss the constraints for implementation of 5S
- Have recommendations to bust up the 5S activities

Participants and duration:

The participants for the workshop would include all the members of QIT and selected members of WITs (facilitator, team leader, member secretary and one to two members) of the hospital. In total, there may have 25-30 participants (depending on the number of WITs) in the workshop. Care should be taken not to interrupt the hospital services and activities.

The duration of the workshop would be one day. In this workshop all the WITs will make presentations focusing on their achievements in innovative ways. Therefore, all the preparations for presentation will have to be completed before the workshop day. The tentative schedule for the workshop is provided below.

Time	Session	Facilitator
0900-0930	Registration	
0930-1000	– Opening remark & Objectives of the workshop – Introduction of participants	
1000-1030	Tea	
1030-1200	Presentation on achievements of 5S activities by the WITs	
1200-1230	Selection of best WIT for award Selection of best staff for reward Handover of crest to the winning WIT and staff	
1230-1300	Open discussion on: – Constraints of implementation of 5S activities – Recommendations	
1300-1330	Closing remarks	
1330	Lunch	





6.4 Annual review workshop at national level

All the 5S implementing hospitals are invited at this workshop at the national level. The hospitals present their achievements on 5S, and based on their achievements best hospitals are selected and provided with awards. This workshop is organized at the national level annually in the presence of high government officials from the Ministry, DGHS and development partners.

Objectives:

The overall objective is to encourage the TQM hospital staff for implementation of the TQM activities through awarding the best performing hospitals. The objectives of the workshop are to:

- Assess progress of implementation of 5S at targeted hospitals
- Share experiences/good practices on 5S activity implementation
- Recognize and reward good performing hospitals
- Discuss and identify solutions for 5S implementation
- Have recommendations from the participants about future plan and strategy

Participants and duration:

The participants for the workshop would include the hospital managers (Hospital Superintendent/Civil Surgeon/ UHFPO, QIT team leader), and representative from good performing WITs. Depending on the number of hospitals, 5-10 participants from each hospital may be invited to attend the workshop. The duration of the workshop is **one day**.

The participating hospitals should develop their presentations and/or posters before coming to the workshop. Following is the guideline for development of presentation and poster.

Guideline for presentation:

- Total time for presentation would be **10 minutes**.
- Prepare a Power Point presentation
- The **first slide** will have the name of the hospital
- **Second slide** would show the date of initiation of 5S activities (i.e., date of staff orientation workshop) and number of WITs developed (only mention the name of WITs not the name of the team members)
- Subsequent slides would have the pictures to demonstrate the changes after initiation of the process by **“before” and “after” pictures** (maximum 15 slides)
- One slide to justify why your hospital is the best in terms of TQM activities and
- The last slide would indicate the future plan





Guideline for display:

Display boards with allocation of specific space for each of the hospitals will be there for displaying the hospital achievements. Hospitals can bring the best pictures (printed out) to demonstrate their achievements through pictures. They can also bring a hard copy of their presentations and action plans for display on the board.

Workshop schedule:

Time	Session	Facilitator
0900-0930	Registration	
0930-0935	Recitation from Holy Quran	
0935-0950	<ul style="list-style-type: none"> – Welcome Address – Group introduction of participant by hospital – Instruction to judges 	
0950-1320	Presentation on individual hospital achievements	
1320-1420	Lunch	
1420-1500	Open discussion: Challenges and ways forward	
1500-1600	Closing Ceremony: <ul style="list-style-type: none"> – Overview of the TQM program – Best hospital presentations (2 hospitals) – Award giving – Speeches of the guests 	
1600	Tea	



Annex 1: Baseline Assessment checklist

Directorate General of Health Services
Mohakhali, Dhaka-1212

Base Line Assessment for 5S-Kaizen-TQM Application/Intervention

Objectives of the Assessment:

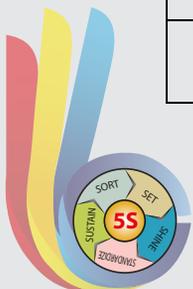
- To prepare a base line document of the hospital before the intervention of 5S-Kaizen-TQM and also to determine the change/improvement after the intervention
- To use the collected base line information for the identification of areas where the intervention is needed for the transformation of hospital into 5S-Kaizen-TQM concept
- To sensitize the service providers on the basis of collected data /findings
- To formulate a development plan for the hospital on the basis of collected data/findings with an aim to introduce the concept of 5S-Kaizen-TQM
- To help the authority for the performance appraisal by the comparison of base line document as a routine work after a stipulated time frame
- To compare the performance with the past after the completion of planned activities
- To acknowledge the hospital authority and the service providers for the improvement of their responsiveness towards the clients needs and also for the improvement of quality service delivery

Name of Hospital/Institution: _____

Date of Assessment: _____

Assessment Team members:

Sl.	Name	Designation	Place of Posting





DISTRICT & HOSPITAL AT A GLANCE:

- ❖ Area.....
- ❖ Total population.....
- ❖ Male.....
- ❖ Female.....
- ❖ Child <1 Yr.....
- ❖ Child (0-59 month)
- ❖ Child(12-59 month)
- ❖ 15-49 Yrs. Female
- ❖ Total no of upazilla
- ❖ Sadar Hospital
- ❖ No of total bed -----
- ❖ Bed Distribution : Total Male -----Total Female-----Total Children-----
- ❖ Bed Distribution according to discipline : Surgery-----Medicine-----Gynae and Obs-----
Pediatrics-----Eye-----ENT-----Orthopedics-----Cardiology-----
- ❖ No of Upazilla Health Complex hospital -----
- ❖ Yearly Budget of the hospital -----
- ❖ Major Department/Service areas/Infrastructure a) Emergency-----b)Outdoor----- c)Indoor -----
d)Pathology-----e)Labour room-----f) OT-----g) Store-----
i)Office-----j)LMC-----k)Blood bank-----l)Radiology and imaging-----
Bed Occupancy rate ----- (Last one year)
Total no of outdoor patients----- (Last one year)
- ❖ Union sub.centre.....
- ❖ MCWC
- ❖ No of FWC.....
- ❖ Total Upazilla.....



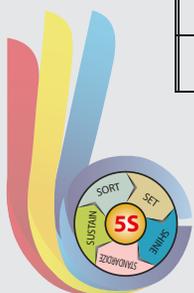
Inventory of personnel

Sl. No.	Type of post	Posts					
		Sanctioned		Filled		Vacant	
		Rev	Dev	Rev	Dev	Rev	Dev
1.	Sr. Consultant (Medicine)						
2.	Sr. Consultant (Ortho surgery)						
3.	Sr. Consultant (Orthopedics)						
4.	Sr. Consultant (surgery)						
5.	Sr. Consultant (Eye)						
6.	Sr.consultant (cardiology)						
7.	Sr.consultant (ENT)						
8.	Sr.consultant (Gynae and obs)						
9.	Jr. consultant (Pediatrics)						
10.	Jr. Consultant (Surgery)						
11.	Jr. Consultant (Medicine)						
12.	Jr. Consultant (orthosurgery)						
13.	Jr. Consultant (eye)						
14.	Jr. Consultant (Anaesthesia)						
15.	Jr. Consultant (Gynae and obs.)						
16.	Jr. Consultant (Skin & VD)						
17.	Jr. Consultant (Pathology)						
18.	Jr. Consultant (Radiology)						
19.	Jr. Consultant (Endocrinology)						
20.	RP						
21.	RS						
22.	RMO						
23.	Anesthetist						
24.	Dental Surgeon						
25.	Pathologist						



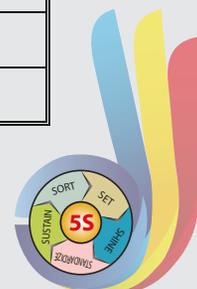


Sl. No.	Type of post	Posts					
		Sanctioned		Filled		Vacant	
		Rev	Dev	Rev	Dev	Rev	Dev
26.	cardiologist						
27.	Radiologist						
28.	MO						
29.	EMO						
30.	MO(Ayurvedic)						
31.	Assistant registrar (Gynae)						
32.	Assistant registrar (surgery)						
33.	Assistant registrar (Medicine)						
34.	Assistant surgeon						
35.	Senior matron						
36.	Nursing superintendent						
37.	Nursing supervisor						
38.	Administrative officer						
39.	Head Assistant cum accountant						
40.	Accountant						
41.	Office Assistant						
42.	Health Educator						
43.	Cashier						
44.	Store keeper						
45.	Lineal keeper						
46.	Steward						
47.	Assistant accountant						
48.	Ward Master						
49.	Medical Technologist (Lab)						
50.	Medical Technologist (Pharmacy)						
51.	Medical Technologist (Blood Bank)						
52.	Medical Technologist (Radiology)						





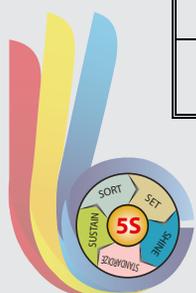
Sl. No.	Type of post	Posts					
		Sanctioned		Filled		Vacant	
		Rev	Dev	Rev	Dev	Rev	Dev
53.	Medical Technologist (Physiotherapy)						
54.	Medical Technologist (Dental)						
55.	Sn. Staff Nurse						
56.	Staff Nurse						
57.	Asstt. nurse						
58.	Computer operator						
59.	Driver						
60.	Electrician						
61.	Tailor						
62.	Cash sarkar						
63.	Sterilizer/machine man						
64.	Ticket clerk						
65.	Record Keeper						
66.	Ward boy						
67.	Jn Mechanics						
68.	Lab Attendant						
69.	Instrument cartetaker						
70.	Support personnel compounder(Ayrbedic)						
71.	Aya						
72.	Stretcher Bearer						
73.	MLSS						
74.	Cook / Moshalchee						
75.	Sweeper/cleaner						
76.	Gardener(Ayurbedic)						
77.	Night guard						
78.	Dome						





Out look and Basic facilities of the hospital

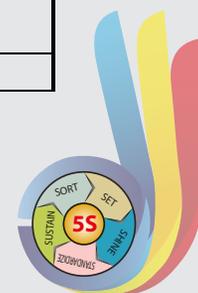
Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Entrance of the hospital is clean and not crowded with rickshaw and other means (Free of Garbage, Free of banner & poster, Unwanted items are not visible)			
2. Sign board of the hospital is visible from the outside			
3. Availability of clean toilets and also separate toilet for female (in outdoor with water facility and clean)			
4. Free of unwanted items in the outdoor, indoor and other part of the hospital			
5. Inside and outside decoration of the hospital (Old inappropriate poster, calendar , wall painting, notice board are not visible)			
6. Overall cleanliness of the facilities and environment (within and outside the close proximity of the boundary of the facility)			
7. Outlook of the hospital as a whole			
8. Specific waiting area marking in the outdoor with sitting arrangement for the patients			
9. Availability of well organized registration desk for the patients registration			
10. Availability of well organized dispensing counter for patients (Pharmacy)			
11. Availability of safe drinking water for patients (outdoor ,Indoor and Emergency)			
12. Display board showing location and availability of services (near main entrance)			
13. Adequate light and ventilation in the examination rooms of outdoor			
14. Maintenance of good sewerage system (Closed/ covered, Properly maintained, Manhole / pit covered with lid)			
15. Flower garden within the campus			
16. Adequate light available in the night for providing services			
17. Stand by light/electricity source during electricity failure			
18. Adequate space for emergency, outdoor, pathology and indoor services			





Provision of Responsive Health Services

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness of the toilets are maintained			
2. Waiting area is equipped with adequate sitting arrangement			
3. Hospitals linen are clean and is changed at a regular interval			
4. Availability of complain/suggestion box in the outdoor and indoor			
5. Privacy is maintained during consultation			
6. Patients are informed before treatment/procedure			
7. Prompt attention at the outdoor (patients are seen within 30 minutes of registration)			
8. Reception of the patients at OPD, Emergency and Indoor			
9. Prompt referral to higher level hospital (if needed)			
10. Proper information and advice given to the referred patients			
11. Adequate information given to the relatives and patients before surgery			
12. Patient trolley is available for the transportation of patients			
13. Structured health education session for the patients and attendants			
14. Investigation facility are adequate/according to client expectation			
15. Medicines are available according to client expectation			
16. Action on the basis of public complains			
17. Conduction of client satisfaction survey at a regular interval			
18. Communication between doctor and patients during consultation			
19. Communication between staff nurse and indoor patients for providing different instruction/ advice during admission, discharge and also stay in the indoor			
20. Maintenance of privacy of patient's at outdoor examination rooms (room with curtains for windows and doors with additional use of screen and examination done one by one – outdoor)			
21. Availability of ambulance service 24 hours			





Infection Control and Waste management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Placement of different color bins			
2. Carrying and temporary storage of waste			
3. Final disposal of waste			
4. Cleanliness of the waste bins			
5. Incidence register in relation to needle prick is maintained			
6. Infection identification register is maintained in each ward			
7. Function of Organized infection control unit			
8. Capacity of the service providers on medical waste management (MWM) and infection control measures			
9. Identification and segregation of medical waste according to classification			
10. Practice of hand washing (according to Standard) of the service providers			
11. Use of chlorine solution			
12. Use of autoclave/sterilizer for sterilization			
13. Existence of organized central supply system for sterile supplies			
14. Notification of communicable diseases by infection control nurse			
15. Supply of antiseptics, detergent and cleaning agents			
16. Preventive measures for infection control on the basis of route cause analysis			
17. Infection control measures of the OT and post operative ward			





Out-patient Department

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Doctor consultation rooms are equipped with necessary furniture but not any unwanted items			
2. The existing furniture arranged orderly manner in the room			
3. No unwanted items present on the table of doctor chamber			
4. Supplied linen in the doctor room are clean			
5. Placement of waste bins and cleanliness			
6. The instruments for patients examination arranged orderly manner and sterilized			
7. The walls are clean and free from unwanted old poster and painting			
8. Unserviceable instrument and equipment/ inappropriate items (record, register, returns) are not occupying the doctor room			
9. The contents of Almirah / shelves are organized			
10. The files are maintained properly and organized according to subject or alphabetical way in the Almirah / shelves			
11. The instruments and other logistic arranged in orderly manner in the shelves/Almirah or in any other place			
12. Supplied linen in the room are clean and changed at a regular interval			
13. Hand washing facility			
14. Adequacy of stationary for record keeping			
15. Maintenance of patients register			
16. Preparation of disease profile and submission			





Pharmacy Management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness status of the pharmacy			
2. The existing furniture arranged properly in the room			
3. No unwanted items present in the room			
4. Supplied linen in the room are clean			
5. Placement of waste bins and cleanliness			
6. The walls are clean and free from unwanted old poster and painting			
7. Unserviceable instrument and equipment/ inappropriate items (record, register, returns) are not occupying the room			
8. Maintenance of file and registers (maintains in orderly manner)			
9. No date expiry drugs in the sub store			
10. The medicines and other logistic arranged in orderly manner in the shelves/Almirah or in any other place			
11. The marking of the different medicine and other logistic in the shelves/cupboard/Almirah			
12. Daily dispensing drugs are arranged orderly manner in the tray/other means			
13. Drugs are dispensed in envelop with proper marking			
14. Condemned items are placed in the yearly condemnation board			
15. Hand washing facility			
16. System of preparing drug packet previously for dispensing			
17. Advice to patients about the drug dose and other related thing			
18. FEFO maintained for sub store management			





Emergency Management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness status of the Emergency			
2. The existing furniture arranged orderly in the room			
3. No unwanted items present in the room			
4. Supplied linen in the room are clean			
5. Waste bins are placed rightly and clean			
6. Identification and segregation of waste			
7. The walls are clean and free from unwanted old poster and painting			
8. Unserviceable instrument and equipment/ inappropriate items (record, register, returns) are not occupying the room			
9. Maintenance of file and registers			
10. The medicines and other logistic arranged in orderly manner in the shelves/Almirah or in any other place			
11. The emergency drugs are arranged in orderly manner in the emergency drug tray and available in full range			
12. Maintenance of Instrument tray			
13. Sterilized Gauze, cotton and suturing material are packed and supplied for use			
14. Drugs and other supporting logistic in the disaster management corner are arranged orderly manner			
15. Condemned items are placed in the yearly condemnation board			
16. Reception of the clients			
17. Providing prompt treatment to emergency patients			
18. Examination, observation and referral of patients			
19. Hand washing facility and practice of hand washing			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
20. Emergency equipment/instruments are available and functioning properly (Oxygen cylinder with flow meter and mask, Suction apparatus, Nebulizers, Sterilizer, emergency light)			
21. Sterilization facility and practice			
22. Use of chlorine solution			
23. Supply of Antiseptic, detergent and washing material			
24. Privacy maintained in the emergency especially for the female			
25. Functioning of disaster management corner			
26. Availability of drugs for 50 emergency patients			
27. Incident command system is in place			
28. Monitoring and supervision by the concern supervisor			
29. System of performance appraisal in place			

Indoor Service Management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness status of the indoor			
2. Arrangement of iron cot, bedside locker and other furniture in orderly manner			
3. No unwanted items present in the ward			
4. Bed sheet and other linen in the ward are clean and changed regularly			
5. Dirty and contaminated bed sheet and other linen disposed properly			
6. Waste bins are placed rightly and clean			
7. Identification and segregation of waste			
8. The walls are clean and free from unwanted old poster and painting			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
9. Unserviceable instrument and equipment/ inappropriate items (Iron cot, Bedside locker, Mattress, record, register, returns) are not occupying the ward			
10. Maintenance of file and registers			
11. The medicines and other logistic(surgical gloves, disposable syringes, I/V cannula, etc) arranged in orderly manner in the shelves/Almirah or in any other place of the nursing room			
12. The emergency drugs are arranged in orderly manner in the emergency drug tray and available in full range			
13. Maintenance of Instrument tray			
14. Cleanliness of the nursing duty room			
15. Files are arranged orderly in the shelves/Almirah			
16. The labeling of the files are proper			
17. Sterilized Gauze ,cotton and suturing material are packed and supplied for use in the ward			
18. The tables, file cabinet, shelves and almirah of the nursing room are free from unwanted items			
19. Condemned items are placed in the yearly condemnation board			
20. Reception of the clients			
21. Hand washing facility and practice of hand washing			
22. Emergency equipment/instruments are available and functioning properly (Oxygen cylinder with flow meter and mask, Suction apparatus, Nebulizers, Sterilizer, emergency light)			
23. Sterilization facility and practice			
24. Use of chlorine solution			
25. Supply of Antiseptic, detergent and washing material			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
26. Privacy maintained in the indoor especially for the female during examination			
27. Medical supplies are adequate			
28. Maintenance of treatment sheet, bed head ticket, temperature chart etc			
29. Supervision and monitoring by competent authority			
30. System of performance appraisal in place			

Pathological Lab

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness status of the Pathological lab			
2. Arrangement of furniture is orderly manner			
3. No unwanted items in the pathological lab			
4. The top of the tables, file cabinet, shelves and almirah are free from unwanted items			
5. Waste bins are placed rightly and clean			
6. Identification and segregation of pathological waste			
7. The walls are clean and free from unwanted old poster, calendar and painting			
8. Unserviceable instrument and equipment/ inappropriate items are not occupying the lab			
9. The pathological lab equipment/instruments, reagent and other logistic arranged in orderly manner in the shelves/Almirah or in any other place of the nursing room			
10. Files are arranged orderly in the shelves/Almirah			
11. The labeling of the files are proper			
12. The tables, file cabinet, shelves and almirah of the nursing room are free from unwanted items			
13. Condemned items are placed in the yearly condemnation board			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
14. Supply of Antiseptic, detergent and washing material			
15. Hand washing facility and practice of hand washing			
16. Maintenance of file and registers			
17. Pathological lab equipment/instruments are available and functioning properly			
18. Sterilization/autoclaving facility and practice			
19. Supply of Antiseptic, detergent and washing material			
20. Supply of reagents and other logistic			

Office Management

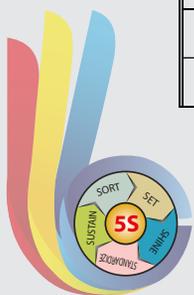
Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness of the office room			
2. Arrangement of furniture is orderly manner			
3. No unwanted items in the office room			
4. The top of the tables, file cabinet, shelves and almirah are free from unwanted ite			
5. Waste bins are placed rightly and clean			
6. Identification and segregation of waste			
7. Materials, files, registers ,forms, stationary materials and documents are not pile up in the room			
8. The walls are clean and free from unwanted old poster, calendar and painting			
9. Unserviceable office equipment/ inappropriate items, broken material, old (not in use) office documents are not occupying the office room			
10. Maintenance of file and registers (File/register index, file labeling, orderly arrangement, proper keeping of file/register in the file cabinet/shelves/Almirah)			
11. The stationary materials and office equipments are arranged in orderly manner (Individual and office)			
12. Condemned items are placed in the yearly condemnation board			
13. Supply of stationary materials and other logistic			





Store Management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness of the store room			
2. Arrangement of furniture's in the store (Almirah, shelves, Rack, File cabinet) are in orderly manner			
3. No unwanted items in the store room			
4. The top of the tables, file cabinet, shelves Rack and almirah are free from unwanted items			
5. Waste bins are placed rightly and clean			
6. Identification and segregation of waste			
7. Medicine, Instruments/equipments, files, registers, forms, stationary materials, broken materials, and other documents are not pile up in the room			
8. The walls are clean and free from unwanted old poster, calendar and painting			
9. The medicines/Instruments are arranged in group/identical way in the file cabinet, shelves, rack and almirah			
10. There is no medicine, instruments lying in the floor or pile up in the room			
11. Unserviceable office equipment/ instruments/inappropriate items, motor cycle, Bicycles, broken material, condemned materials, old (not in use) office documents are not occupying the store room			
12. Maintenance of file and registers (File/register index, file labeling, orderly arrangement, proper keeping in the file cabinet/shelves/Almirah)			
13. Condemned items are placed in the yearly condemnation board			
14. Space of the store			
15. Ventilation of the store and free from direct sun light			
16. Inventory management			
17. Supervision and monitoring by the supervisors			



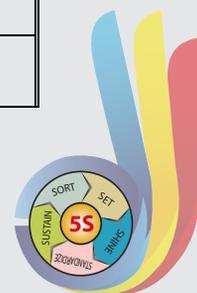


Patient's diet and Kitchen management

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Cleanliness of the Kitchen			
2. Arrangement of furniture's and utensils are in the Kitchen (Almirah, shelves, Rack,) is orderly manner			
3. No unwanted items in the Kitchen			
4. Waste bins are placed rightly and clean			
5. Identification and segregation of waste			
6. The walls are clean and free from unwanted old poster, calendar and painting			
7. Proper cleanliness of the food handler			
8. Space of the Kitchen			
9. Maintenance of Food tray, Saucepans, bowl, spoon and other utensil			
10. The preservation of food			
11. Food is covered and served to patients			
12. Quality of food			
13. Diet scale and other records maintained			
14. Availability of hand washing material and practice of hand washing			

Human resource management and Leadership

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Formation of Work Improvement Team (WIT) and performance			
2. Formation of different committee (service delivery area wise) with specific TOR and their activities			
3. Development of training plan and conduction of training for the staff			
4. Rewarding of staff			





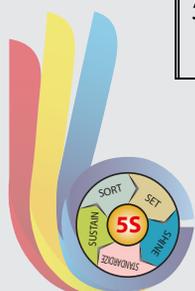
Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
5. Holding monthly staff coordination meeting			
6. Public support to the management/Involvement of the community in the management process			
7. Use of checklist for supervision and monitoring			
8. Periodical Performance review			
9. Deployment of staff is documented			
10. Availability of job description and job performance according to job description			
11. Individual performance management system			
12. Regular visit to the different section by the concern manager			

Productive maintenance of equipment

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Maintenance unit for equipment and others established			
2. Record keeping (maintain register) of each equipment			
3. Maintenance of equipment			
4. Update of inventories			

Record Keeping

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. Maintenance of asset register, guard file, attendance register, leave register, file register, bill register, allotment register, stamp register, visit book, stationary register, advance deduction register, issue and dispatch register			
2. Maintenance of outdoor patient register, disease profile			
3. Indoor registers and forms maintenance			
4. Pharmacy registers maintenance			
5. Pathological and blood banks registers and forms maintenance			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
6. Radiological and imaging department register maintenance			
7. Health education register maintenance			
8. Condemnation board register maintenance			
9. OT registers maintenance			
10. Antenatal/Postnatal, delivery and other EOC related register maintenance			
11. Emergency patients and medico legal register maintenance			
12. Incidence register maintenance			
13. System of information analysis			
14. Collection of quality related data			

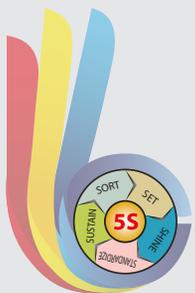
QA activities

Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
1. The patients are treated with respect and dignity			
2. Privacy and confidentiality are maintained for the patients			
3. Waiting time is reasonable for the patients			
4. The service providers commitment level for providing quality service			
5. Infection prevention practices			
6. QA committee activities			
7. Emergency SOP practice and monitoring			
8. Outdoor SOP practice and monitoring			
9. Indoor SOP practice and monitoring			
10. Housekeeping SOP practice and monitoring			
11. Addressing equity in respect of resource mobilization and service delivery			





Areas/Conditions/Status need to examine to ascertain the status	Satisfactory	Average	Unsatisfactory
12. Medical waste management practices			
13. Investigation facility			
14. Labour room management			
15. OT management			
16. Death review for hospital death			
17. Conduction of client satisfaction survey and action on the basis of clients opinion			
18. Collection of quality related data			





Performance review (Last one year: Jan to December)

Performance area	Number/Rate	Remarks
1. Bed occupancy rate		
2. Total no of patient treated in the indoor		
3. Total number of patients treated in the outdoor.		
4. Total number of patients treated in the emergency		
5. Total no. patient referred to higher level or lower level hospital		
6. Total no. of death		
7. Hospital death rate		
8. Average number of attending ANC per month.		
9. Average number of attending PNC per month.		
10. Case fatality rate for obstetric complication in the facility (less than 1%)		
11. No. of stillbirths in the facility		
12. % of newborn breastfeed on discharge		
13. Infection rate after postpartum and post operative		
14. No of female victim managed and provided support		
15. No of C-sections done in a year		
16. No of incomplete abortion treated in a year		
17. No of obstructed labor treated in a year		
18. No of PPH patient treated in a year		
19. No of Eclampsia patient treated in a year		
20. No of perineal tear patient treated in a year		
21. No of retained placenta patient treated in a year		
22. No of general surgery conducted		
23. No of Eye surgery conducted		
24. No of orthopedics surgery conducted		
25. No of ENT surgery conducted		
26. Hospital infection rate		



Annex 2 : Power point presentations

TQM_PP_1: Application of 5S/Kaizen in hospital management

**Introduction to
5S/Kaizen/TQM**

1

- This is the future generation and nation builder
- We need to protect them with good quality preventive, curative and promotive medical care services



- Inaccurate test results
- Test result is lost
- Long waiting for consultation
- Doctor cannot be contacted for emergencies
- Hospital acquired infection
- Wrong administration of drug/infusion
- Failing supply system

**disorganized
hospital....**

3

Many Hospitals do not look at patients as human being

- Dignity
- Basic human needs
- Prompt attention in care and treatment
- Confidentiality
- Communication

- Health service is not focused on customers' expectations and
- Service is not attractively presented to people
- Medical technology saves lives. Management is also helpful in saving lives

4

Back yard service function
Kitchen, Linen, Warehouse, Water supply, Electricity, Pharmaceutical storage, Clinical record storage, etc.....

Central services and logistics
Laboratories, Imaging Diag. services, Blood bank, Health INFO, ICU, Op Theatre system, Pharmacy, Hosp. Adm. Section etc....

Front-line Services: Diagnosis, Treatments, Follow-up, Individual health promotion
OPD, Wards, Emergency, Rehabilitation, Social Work, Health education service etc.....

5

- Weakness in the backyard and central services causes weakness in the frontline services
- This results in low staff satisfaction as well as low client satisfaction
- One of the ways to improve staff satisfaction is to improve the work environment, through application of 5S

6





5S: Definitions

- 1. Sort:**
Identify and remove unnecessary and unused items from the workplace & reduce clutter
- 2. Set:**
Arrange necessary items in order to reduce time for searching and retrieving and for easy operation
- 3. Shine:**
Keep the workplace clean so that there is no dust on floor, machines or equipment (maintain daily cleaning schedule)
- 4. Standardize:**
Set up the above 3Ss as norms in all the places
- 5. Sustain:**
Training people to follow good work habits and strict observation of workplace rules

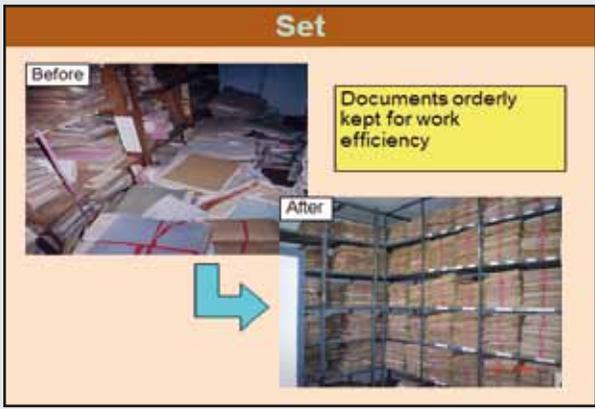
Sort

- Unwanted item store
- Use of **red tag** to identify the unwanted items, all the items should be labeled with **explanation of problems**
- From **indoor to outdoor**, no area should be spared
- Segregation of solid waste and introduction of the concept of **reducing and reusing** of waste
- Organize big **sorting day** once in a month



Set

- Target and prioritize places for easy application
- Use **5S tools** to set the work stations, such as color coding, X-axis Y-axis principles, etc.
- Label the rooms based on their functions
- Place name tag and board (e.g., direction board)
- Set the inventory system with **tagging and labeling** the equipment and other items, including fixation of their location



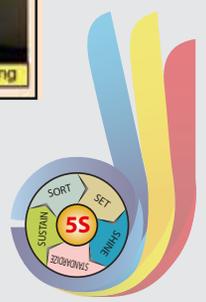
Set

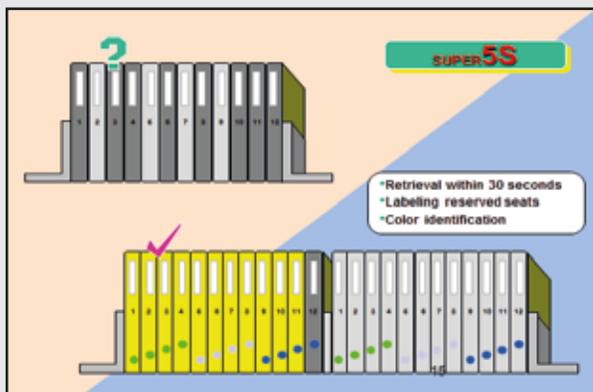
<Example of tools for Set activities>

Disposal Segregation

Colour Coding

Labeling

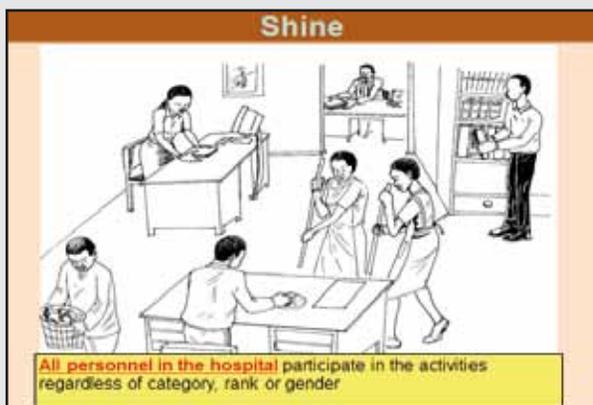




Shine

- All staff should participate
- Periodical implementation of shining activity – e.g., 10 minutes daily, 20 minutes weekly and 30 minutes monthly etc.
- Improve cleaning staff's work environment
- Equipment maintenance (regular cleaning and covering them when not used)

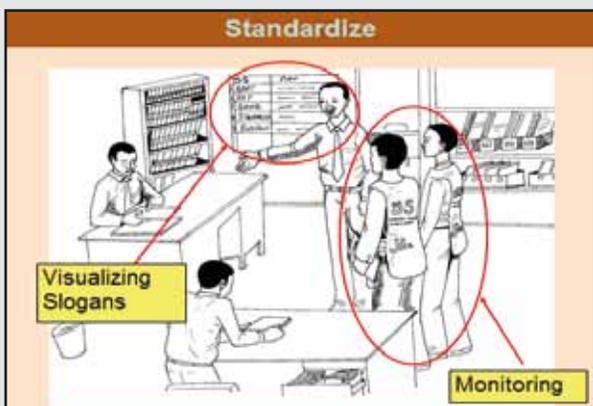
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Standardize

- Make 3S activities as a part of routine work for the staff
- Visualize the slogans
- Standardize the color coding system
- Monitoring and evaluation

15



Sustain

- Improvement of self discipline through training to all staff starting from nurses, doctors and other staff
- Orientation during the WIT meetings
- Stimulation to WITs through positive competition

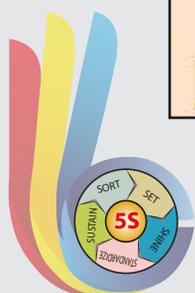
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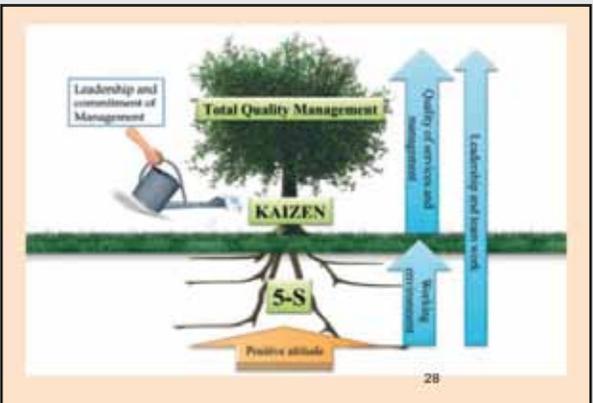
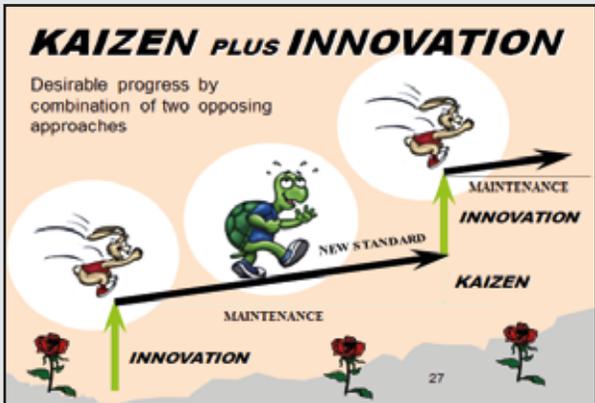
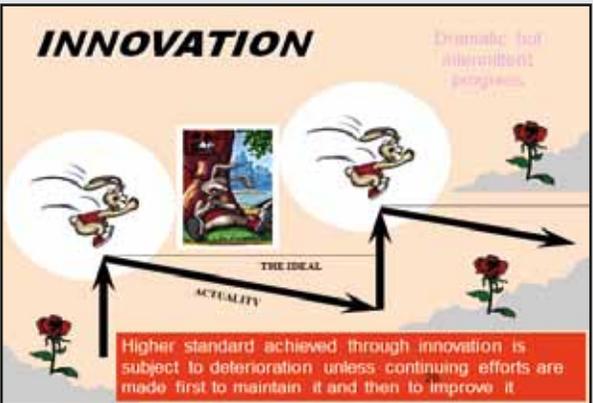
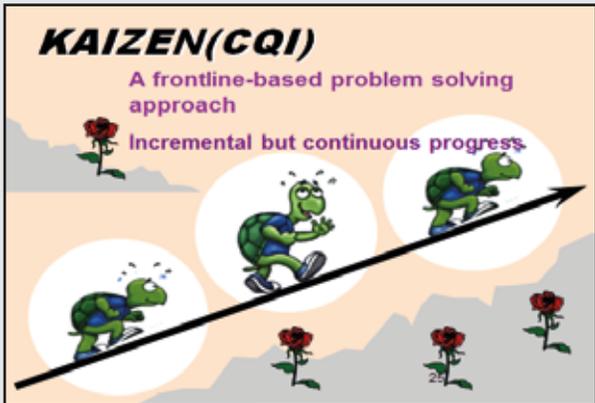
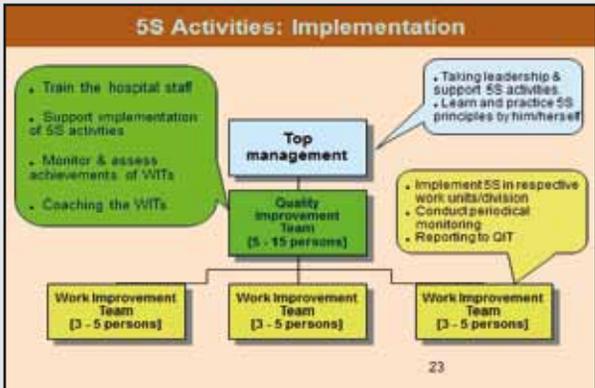


5S TOOLS

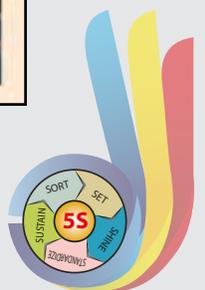
• Red Tag	• Labeling
• Alignment	• Symbols
• X-axis Y-axis Theory	• Street lines
• Numbering	• Name boards
• Alphabetical order	• Directions
• Ascending order	• Safety signs
• Left to Right order	• Check lists
• Top to Bottom order	• Instructions sheets
• Zones	• Color code

22









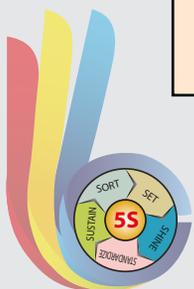




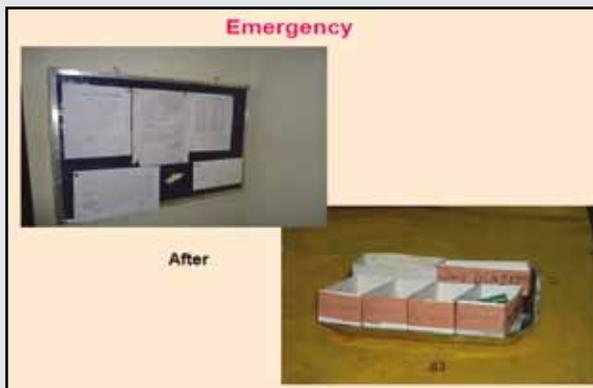


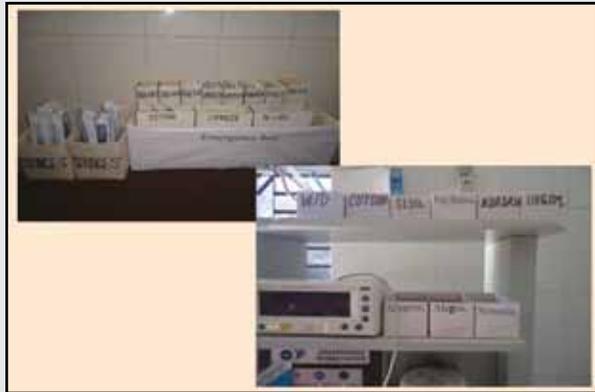
Bangladesh Experience

- DGHS initiated 5S/Kaizen/TQM in Bangladesh in 2011 in collaboration with JICA
- In total, 5S-Kaizen-TQM has been introduced at 52 Hospitals
- Staff received orientation on 5S at all hospitals
- WITs and QITs have been formed with development of action plan for implementation
- The focus is on application of 5S
- There are some changes in some of the areas, but much more needs to be done



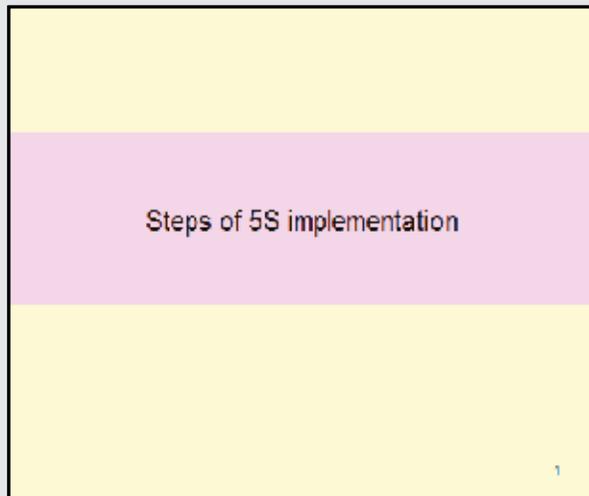








TQM_PP_2: Steps of 5S implementation



Steps of 5S Implementation

- Step 1: Advocacy with the facility manager and other key staff
- Step 2: Participatory facility assessment
 - To be done by the trained trainers with one/ two staff of the UIIC
 - Use the designated checklist
 - Collect information visiting all the targeted sections
 - Take pictures as much as possible
 - Develop a power point presentation on findings with the pictures taken
 - Use the power point presentation for staff orientation on 5S

Steps of 5S Implementation

- Step 3: Development of QIT and WITs including the TOR
 - Develop the QIT and WITs before staff orientation on 5S (Can also be done during staff orientation)
 - Develop the teams involving the UHFPO and other key staff
 - Restructure the FmOC team (if already present) to transform into QIT
 - Share the TOR of QIT and WIT
 - Develop power point presentation on QIT and WITs' structure/composition and TOR for staff orientation workshop

Steps of 5S Implementation

- Step 4: Staff orientation on 5S
 - Complete necessary administrative formalities
 - Finalize list of participants
 - Prepare all the logistics, such as presentations, schedule, facility visit and action plan format, venue etc.
- Step 5: Monitoring and mentoring.
 - Use 5S checklist
 - Provide necessary support to the WITs
 - Organize regular QIT and WIT meetings and keep records

Steps of 5S Implementation

- Step 6: Refresher training for the staff
 - Review progress
 - Refresh knowledge and understanding including orientation to new staff
 - Revise action plan
- Step 7: Annual review workshop
 - Review progress
 - Reward WIT and individual
 - Revise action plan





TQM_PP_3: Sample of assessment finding

5S-Kaizen-TQM Assessment Findings: Hobiganj District Hospital

24 February 2011

General information: Hobiganj DH

- Total area of district: 2439.44 sq. km.
- Total population: 1925734
 - Male: 979531
 - Female: 946203
- Total nos. of upazila: 08
- Total unions: //
- Nos. of Hospitals
 - District Hospital: 01
 - MCWC: 01
 - Upazila Health Complex: 07
 - UH&FWC: 61 (SC – 18 + FWC – 43)
 - Community clinic: 173

Inventory of personnel: Hobiganj DH

Sl. No.	Designation	Sanctioned	Filled	Vacant
01.	Consultant	10	09	01
02.	Anesthesiologist	01	01	00
03.	RMO	01	01	00
04.	Pathologist	01	01	00
05.	Radiologist	01	01	00
06.	Medical Officer	05	05	00
07.	FMO	05	03	02
08.	Total doctors	23	20	03
09.	Nursing supervisor	02	02	00
10.	Nurses	32	32	00
11.	Total employee -III	72	71	01

Hospital outlook

- Entrance of the hospital is not identifiable from outside
- Cleanliness is not satisfactory
- Overcrowded due to shops, vendors & rickshaws
- Parking space is adequate but not properly organized



Health Care Services

- Hospital toilets are not clean/maintained
- Poor sitting arrangement in the waiting area
- Patients are not briefed on treatment and management by the doctors/nurses
- Reception at the emergency, outdoor and indoor is unsatisfactory
- Privacy of the patients is poorly maintained



Infection Control/ Waste Management

- Placement of different color bins in suitable places – unsatisfactory
- Cleanliness, Segregation, transportation and final disposal of waste – unsatisfactory
- Use of chlorine solution: not seen
- Central sterile supply system: not available
- Supply of antiseptic, detergents etc. - satisfactory





Pharmacy

- Cleanliness: average
- Unwanted items are scattered here and there
- Walls are clean
- No drugs passed expiry date
- Medicine and other logistics are not organized
- Daily dispensing drugs are not arranged
- Condemned items are not disposed



Office management

- Cleanliness of the office room: average
- Arrangement of the furniture: average
- Many unwanted items were in the room
- Files and registers are not organized & table tops not clean
- Waste bins are not clean and not properly placed
- Supply of stationeries: not satisfactory



Pathology Laboratory

- Cleanliness of the lab is average
- Waste bins are not placed and used properly
- Lab instruments are not arranged properly
- Files are not organized properly
- Supply of instruments and reagents are good
- Sterilization and autoclaving is not good
- Hand washing facility is acceptable



Emergency department

- Cleanliness of the emergency is average
- Many unwanted items in the emergency room
- Linen supplied in emergency room are not clean
- Maintenance of files and registers are good
- Emergency tray for drugs and instruments are not organized
- No toilet for female patients



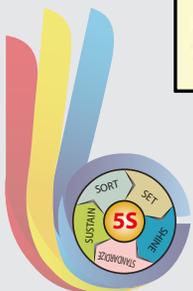
Hospital outdoor

- Outdoor of the hospital is not clean
- Registration desk is not organized
- No safe drinking water and toilet for patients
- Drug dispensary is not well organized
- No flower garden in the compound



Indoor Service Management

- Status of Cleanliness is unsatisfactory
- Arrangement of iron cot, bedside locker and other furniture is unsatisfactory
- Bed sheet and linens supplied are dirty
- Waste bins are not properly place and used
- Emergency drugs/ instrument tray not found
- Cleanliness of nurses station is unsatisfactory





Store management

- Arrangement of materials in the store is not organized
- Many unwanted items in the store
- Medicines/ instruments are not arranged in groups
- Many items are kept in the floor or table top
- Many unserviceable items are not disposed
- Many stores in many places



12

Patients' diet and Kitchen

- Cleanliness of the kitchen: average
- Many unwanted items in the kitchen
- Waste bins are not clean and placed properly
- Identification & segregation of waste is very poor
- Cleanliness of the food handlers is average
- Preservation of food is average
- Hand washing facility is poor



14

Leadership and HR Management

- Formation of Work Improvement Team and Quality Improvement Team will be after conduction of TQM workshop
- No HR Training plan and conduction of training did not happen
- Holding monthly staff meetings: occasionally
- Involvement of community for development of the hospital: never considered
- Periodic performance review: not planned
- Use of checklist for supervision and monitoring: poor
- Documentation of deployment of staff: poor
- Regular visit to different areas by the concerned manager: poor

15

Maintenance and record keeping

Maintenance of equipment:

- Maintenance unit for equipments: not available
- SOP and record keeping of maintenance is very poor
- Maintenance of equipments: poor

Record keeping:

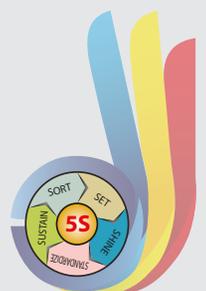
- Maintenance of Asset registers, attendance registers, leave registers, file and other documents: average
- Maintenance of OPD registers and disease profile: average
- Maintenance of Indoor registers and forms: average
- Maintenance of Pharmacy registers: average
- Maintenance of Pathology lab registers: average
- Collection of quality related data: unsatisfactory

16

Data on performance: 2010

- Bed occupancy rate: 200%
- No. of patients in outdoor: 141,271
- No. of patients in indoor: 10,206
- No. of patients attended emergency:
- No. of deliveries conducted:
- No. of C-sections performed: 503
- No. of pregnancy complications referred:
- No. of maternal deaths:
- No. of neonatal deaths:

17





TQM_PP_4: Workshop objectives and outputs

TQM WS Objective and Output

1

Outputs

- Quality Improvement Team (QIT) and Work Improvement Teams (WITs) for selected sections/areas are developed with the TOR
- Action plan developed for the selected sections for implementation of 5S/Kaizen

2

WS Objective

The ultimate objective of the workshop is to develop an action plan for the hospital for quality improvement applying 5S/Kaizen principles. The specific objectives are to:

- Orient staff on 5S/Kaizen/TQM
- Share the assessment findings with the hospital staff
- Come into consensus about the structure and TOR of Quality Improvement Team (QIT) and Work Improvement Teams (WIT)
- Develop action plan for the selected sections of hospital by the WITs

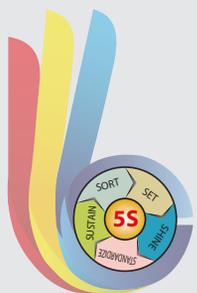
3

Self Introduction

Please tell us:

- Your name and designation
- One of the most successful story in your life for which you feel proud of
- Factors that influenced you to do it/made it happen

4





TQM_PP_5: Basic concepts of productivity and quality



Quality Assurance

Gateway to improve Quality of Hospital Services

Basic Concept of Quality and Productivity

Session objective

- Describe what is productivity and quality
- Apply the concept of 5S/Kaizen to improve quality and productivity

Hazardous Industries

HOSPITAL	INDUSTRIES
- Many employees of different categories	- Few employees of few categories
- Involve in risky procedures to save patients (already at risk)	- Involve in risky procedures to make a product/serve people
More conflicts	- Less conflicts
More mistakes	- Less mistakes

Hospital Accidents

Active failures
Errors and procedures are violated at the site of treatment or action

Latent failures
Created as design failure, building failure and regulatory or policy failures

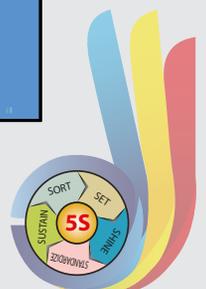
Many Hospitals do not look at patients as human beings

Namely,

- Dignity
- Basic human needs
- Prompt attention in care and treatment
- Confidentiality
- Communication
- Autonomy



- Health service is not much concerned about customers expectations
- Service is not attractively presented to people





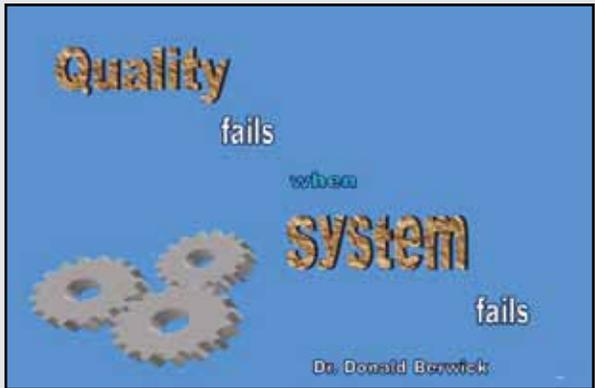
- Because,**
- Services are not customer focused
 - Services are not attractively presented
 - We ignore the basic human needs of people while we serve the people
 - We do not make aware the public of the services given to them (NO PUBLICITY)

Staff disputes **Dirty Environment**

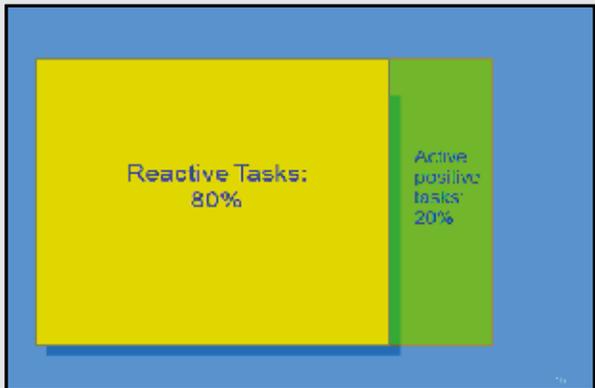
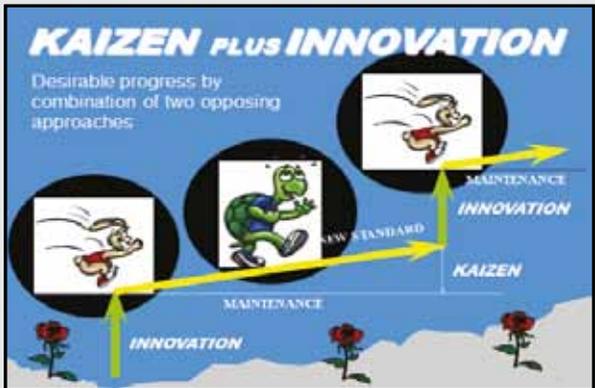
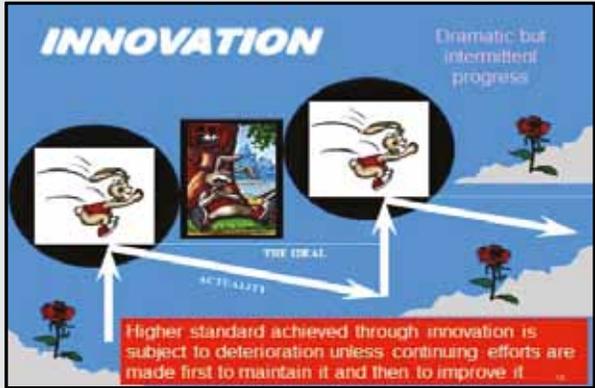
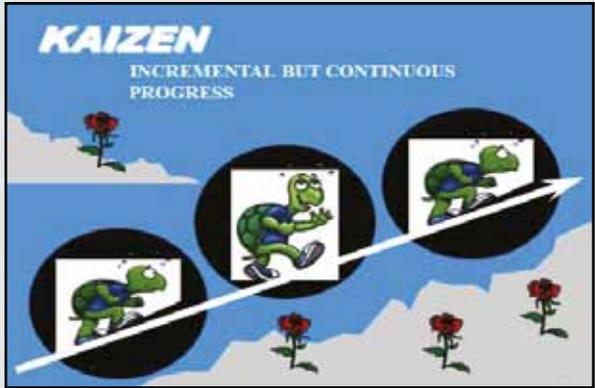
Inventory burden

Piling of unwanted items **Complicated procedures**

Disorganized work place



- Improvements**
- **Kaizen:**
Continuous small improvements
 - **Innovations:**
Dramatic improvement as a result of large investment





What are these resources

- Staff
- Building
- Work Environment
- Drugs
- Equipment
- Furniture
- Stationary, books.....

Active positive tasks: 80%

Reactive Tasks: 20%

Productivity

Optimize production/service using the given resources.

(ensure the product or service is what the people wants to purchase/like)

What is Quality?

Quality; the totality of features of a product or service that bears on its ability to satisfy the given needs

PRODUCTIVITY

$$\frac{\text{OUTPUT (Accepted)}}{\text{INPUT}}$$

PRODUCTIVITY

Productivity is an attitude of mind that strives for and achieves the habit for improvement

(Singapore Productivity Board)

PRODUCTIVITY

Productivity as a concept of mind for a march to perfection

We believe that productivity is the single most important factor and determinant for business survival, prosperity of nations and standard of living.

(Japanese Productivity Control JIPIC)

Continuous Quality Improvement

from Quality Assurance → active efforts to quality improvement

close Quality Circles → open Quality spirals

Blame for failures → System Improvement → Emphasis on Customers





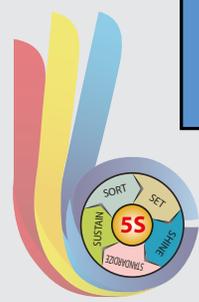
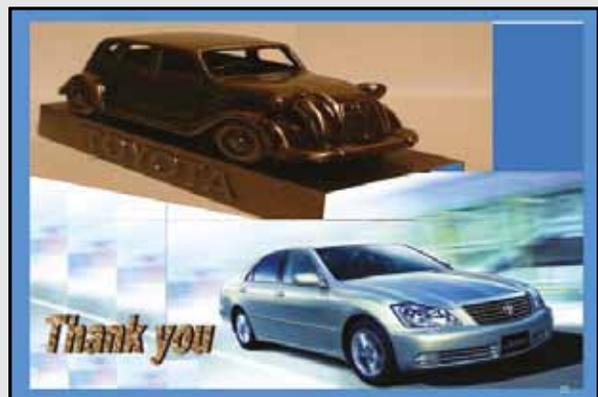
Quality Health care
 through
 Productivity



There are no shortcuts for Quality

START WITH NOTHING,
 then
 Build up

Quality is an Intelligent effort by a dedicated team





TQM_PP_6: Timeline for implementation of 5S/Kaizen/TQM

Timeline for implementation of 5S/Kaizen/TQM

1

Timeframe

- Facility assessment (done: 25 Apr '13)
- Staff orientation on 5S (9-10 Feb '14)
- Action plan implementation
- Refresher training: after six months
- Annual review: at hospital and in Dhaka
- Monitoring and evaluation

2

Session objective

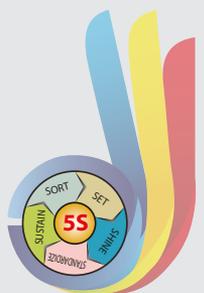
- Understand the timeline for implementation of 5S/Kaizen/TQM at the hospital for improvement of quality of services

3

Jhenaidah DH: Tentative timeline for 5S/Kaizen cycle

Sl	Activity	2014												2015			
		Apr	Jun	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
1	Facility assessment																
2	Staff orientation on 5S																
3	5S implementation																
4	Review and refresher training																
5	Annual review																
6	Annual Review Dhaka																
7	Monitoring																

4





TQM_PP_7: Composition and TOR of Quality Improvement Team (QIT) and Work Improvement Teams (WITs)

QIT & WITs: Composition and TOR

Session objectives

- Understand the purpose and guidelines for development of QIT and WITs and their TORs
- Develop the QIT and WITs for implementation of 5S/Kaizen

Proposed Quality Improvement Team (QIT)

1	Superintendent/MBBICO	Chairman
2	Resident medical officer	Member Secretary
3	Consultant (Surgery)	Member
4	Consultant (Gynaec & Obs.)	Member
5	Consultant (Medicine)	Member
6	Consultant (Anaesthesiology)	Member
7	Emergency medical officer (In charge of emergency)	Member
8	Medical officer (Blood transfusion)	Member
9	Consultant/MO (In charge of Pathology)	Member
10	Consultant/MO (In charge of Radiology and Imaging)	Member
11	ONS/Senior Nursing Supervisor	Member
12	SRN (In charge of OT)	Member
13	Ward Master	Member
14	Pharmacist	Member
15	Head Assistant	Member

TOR for QIT

- Will work according to guidance of Line Director/Improved Hospital Service Management, DGHS
- Appoint a 5S manager for direct supervision of WIT activities
- Will arrange monthly meeting for situation analysis and provide support to the WITs
- Ensure objective identification, measurement and evaluation of 5S/KAIZEN/TQM
- Develop local level plan for successful implementation of 5S/KAIZEN/TQM with available resources
- Use monitoring tool developed by DGHS to monitor the 5S activities
- Identify the opportunities for continuous improvement and ensure that actions are implemented to improve care

TOR for QIT contd....

- Develop coordination mechanism among the Work Improvement Teams (WIT)
- Creating environment so that WITs can work independently
- Acknowledge/reward the best performing WITs arranging annual award
- Generate information, prescribe and help individuals for proper documentation of 5S/KAIZEN/TQM process
- The team can co-opt any member for fostering their activities
- Identify areas to intervene, according to the priority, for improvement of services
- Invite administrative support from the higher authority

How many WITs do we need?

WIT #	Locations to cover

Composition: WIT-1 (e.g., OT and delivery room)

Sl	Designation or name	Team position
1		Facilitator
2		Team Leader
3		M. Secretary
4		Member
5		Member
6		Member

TOR for WIT

- Will work according to guidance of QIT & 5S manager
- Arrange a weekly review meeting for situation analysis and provide direction for team members
- Develop 5S/KAIZEN action plan for on the basis of available resources
- Will dedicate first 10 minutes in the morning for 5S activity (called Daily 10 Minutes 5S time)
- Primarily responsible for 1st 5S (sort, set and shine), specially waste management, removal of unwashed item, arrangement of furniture & equipment with labeling, & cleaning etc.
- Will select their activities according to their priority
- Team leader will arrange training on 5S for his/her team members

TOR for WIT contd....

- Declare 5S activities to all staff on the first 5S day or festival
- Provide continued education on 5S to all staff to **sustain** improvement
- Use DGHS monitoring tool for monitoring of 5S activities
- Acknowledge the best performer among the WIT members
- Generate information, prescribe and help individual for proper documentation of 5S/KAIZEN/TQM activities
- Can co-opt any member for fostering their activities
- Can identify priority areas for intervention
- Can invite administrative support from higher authority for program management



Annex 3: Monitoring checklist (for internal monitoring by QIT and WITs)

5S Monitoring Checklist

Name of hospital: _____

Date of monitoring visit: _____

Name and designation of monitor(s):

1. _____

2. _____

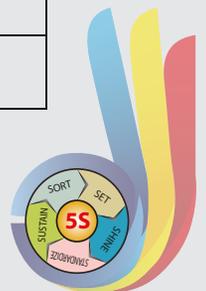
3. _____

Status Code: _____

0 = No initiative taken; 1 = Initiative taken but not completed; 2 = Completed; NA = Not applicable

1. General/Administrative issues

Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
1.1	Staff	Quality Improvement Team (QIT) and Work Improvement Teams (WIT) formulated Orientation of QIT & WITs on 5S-Kaizen-TQM done	<ul style="list-style-type: none"> - QIT is formulated with its terms of reference (TOR) - TQM Focal Person appointed with TOR - WITs formulated covering all sections with the TOR - All the members of QIT and WITs received orientation on 5S 		





Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
		WIT action plan on 5S activities formulated	<ul style="list-style-type: none"> - QIT developed action plan on 5S - All the WITs developed action plans on 5S 		
1.2	Unwanted items	Unwanted item store arranged	<ul style="list-style-type: none"> - Store/place for unwanted items available with sufficient space - Unwanted items are arranged according to 5S principles (items to discard <red>; repairable items <orange> and good items <green>) and used color codes 		
		Developed policies and process for sorting unwanted items including their disposal	<ul style="list-style-type: none"> - Decided about periodical sorting activities (sorting day) for the whole hospital - Decided to observe periodical shining day for the whole hospital - Tagging system for unwanted items developed (e.g., use of color code and labeling information etc.) - Policies (e.g., how frequently condemnation to be done) and process of condemning items in place 		



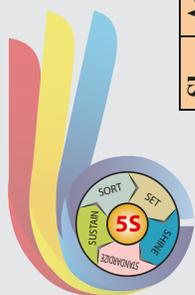
2. Hospital Gate and Premises (Sort, Set and Shine)

Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
2.1	Premises (outside the hospital building)	Main gate	<ul style="list-style-type: none"> - Hospital main gate is not obstructed by rickshaw, vans or other vehicles - Hospital name board is displayed outside in two languages (Bengali and English) - Hospital name board is not faded (clearly visible) - Hospital name board is not obstructed by tree branches or other things - Unwanted items are not left in the premises - Direction boards (with arrow marks) are placed to locate the service areas (e.g., emergency, OPD, parking place etc.) - The place is free from litters (garbage, rubbish etc.) - Garbage bins for general waste (black) are in place - The time for removing litters from the garbage bins are indicated - No tree branches over the electric and telephone lines 		
		Premises (outside the hospital building – hospital campus)			





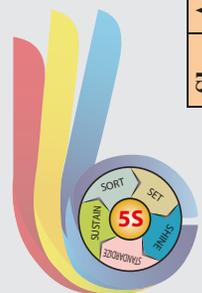
Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
			<ul style="list-style-type: none"> - Hospital garden is maintained properly with landscaping by gardener - Weeds not obstructing the free flow of drains - Drains are not over flowing - Drains are not stagnant (there is free flow of drain water) - Unpleasant odors are not emitting from the drains - Unpleasant odors are not emitting from hospital waste sites 		
		Parking area for vehicles	<ul style="list-style-type: none"> - Parking area for vehicles is demarcated and labeled - Parking area is specified for ambulances - Vehicle flow (in and out) in the hospital area are marked 		
2.2	Premises (inside the hospital building)	Hospital entrance (entrance of the main hospital building)	<ul style="list-style-type: none"> - Free of unwanted items or unwanted items are marked with tags (e.g., red tags for items to be disposed and orange tag for items under consideration) - Reception/information desk present with a staff 		





Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
			<ul style="list-style-type: none"> - Reception desk clearly marked/labeled - Floor wise site map present at the reception area in Bengali - Direction boards (with arrow marks) are placed at all the junctions of the hospital - Citizen charter is available and clearly visible (not faded) at the entrance - Hospital services information board is available and clearly visible (not faded) - Garbage bins for general waste (black) in place - Time for removing litters from the garbage bins are indicated - Free of unnecessary stickers, posters, pictures, calendars and banners - Necessary posters and pictures are not faded or torn - Alignment and X&Y axis are maintained for the necessary posters and pictures - Fixed a person to manage the notice board 		
2.3	Walls and notice board	Walls at hospital entrance			
		General notice board at			





Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
		hospital entrance	<ul style="list-style-type: none"> - Removal instructions developed - Notice board is free from outdated notices - Alignment and X-Y axis is maintained on the notice board 		

3. Section: _____ (e.g., OPD, Ward, Laboratory, Pharmacy etc. specify) [Sort, Set and Shine]

Sl no.	Activities	Measurable elements	Status code	Remarks
3.1	Labeling of working stations and service areas etc.	<ul style="list-style-type: none"> - All the rooms are clearly labeled including toilets (e.g., nursing station, wards, store, doctor's rooms, pharmacy etc. as relevant to the section) - Sliding doors are provided with direction arrow - Entrance and exits are demarcated - Direction of travel is indicated (with arrow mark) on the corridor 		

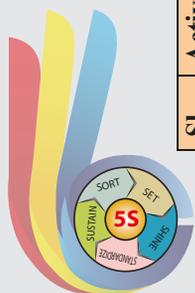


Sl no.	Activities	Measurable elements	Status code	Remarks
3.2	Workplace free from unwanted items and garbage	<ul style="list-style-type: none"> - Unwanted items are not left in the section or marked with tags (e.g., red tags for items to be disposed and orange tag for items under consideration) - Top and inside of the all cupboards, shelves, tables and drawers are free of unwanted items - The place is free from garbage, rubbish etc. - Colored garbage bins, as appropriate, are in place - The time for removing waste from the garbage bins are indicated - Free from unnecessary stickers, posters, pictures, calendars or banners - Information on posters are not outdated - Necessary posters and pictures are not torn or faded - Alignment and X-Y axis of posters, pictures, beds are maintained - Electric wares are concealed or bundled to prevent accidental contacts with staff, visitor or patients - All switches and fan regulators are labeled accordingly 		
3.3	Maintains healthy and safe environment			





SI no.	Activities	Measurable elements	Status code	Remarks
		<ul style="list-style-type: none"> - All the switches are properly fixed without any conductive parts exposed - Unpleasant odors not emitting from the section - The cleanliness maintained at: <ul style="list-style-type: none"> ➤ Floors ➤ Walls ➤ Windows ➤ Curtains ➤ Doors - A cleaning checklist is available and updated - Appropriate and necessary chemicals are used for management of body fluid spills 		
3.4	Toilets are clean and maintained	<ul style="list-style-type: none"> - Toilets are clean and unpleasant odors are not emitting from the toilets - Toilet facilities are kept ready for use - Adequate ventilation is provided in all the toilets - Proper storage facilities for cleaning tools and detergents are available 		





Sl no.	Activities	Measurable elements	Status code	Remarks
		<ul style="list-style-type: none"> - Cleaning tools for toilets and outside areas are separated - A cleaning checklist is available and updated for the toilet 		
3.5	Information/notice board well managed	<ul style="list-style-type: none"> - Information/notice board is free from outdated information/notices - Removal instructions developed - Alignment and X-Y axis is maintained on the notice board - Fixed a person to manage the Information/notice board - Updated staff duty schedule available with contact numbers 		
3.6	Equipment cleaning and parking	<ul style="list-style-type: none"> - Equipment (tray, trolley, wheel chair, sucker machine bins etc.) parking area are identified and demarcated with labels - The high level of cleanliness is maintained with no visible dirt/dust on Medical Equipment and Furniture (tables, desks, chairs etc.) 		





Sl no.	Activities	Measurable elements	Status code	Remarks
		<ul style="list-style-type: none"> All machines and equipment have identification labels with necessary information, such as name of equipment, batch no., date of acquisition, name of supplier, contact detail of maintenance company etc. 		
3.7	Storage and setting of necessary things	<ul style="list-style-type: none"> Items in stores and storage areas (local) are kept on shelves, racks or boxes and are clearly marked Files and box folders are arranged using the mistake proofing concept to facilitate identification of particular file (within 30 seconds) and storing in original place All stationeries in the cupboard are kept in places and identified with labels Items are stored in an alphabetical order and in a logical manner (left to right, top to bottom etc.) A mechanism to replenish items (e.g., investigation forms, discharge certificate, clinical record sheet etc.) is organized with color codes, such as: <ul style="list-style-type: none"> Maximum stock level <green> Reorder stock level <orange> 		



SI no.	Activities	Measurable elements	Status code	Remarks
		<ul style="list-style-type: none"> ➤ Minimum stock level <red> – Proper storage facilities for cleaning tools and detergents are available – Cleaning tools for toilets and outside areas are separated 		

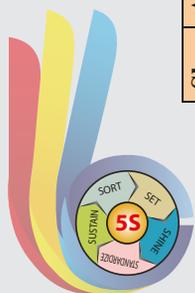
4. Standardize: General mechanisms to maintain the three S (Sort, Set and Shine) by developing procedures, schedules and tools for continuous assessment and regular audit

SI no.	Areas	Activities	Measurable elements	Status code	Remarks
4.1	Visuals standardized	Sign boards and directional boards standardized Drugs cupboard standardized in all units	<ul style="list-style-type: none"> – All sign boards and directional boards are standardized with a) alignment; b) consistent fonts; and c) color codes – Drugs are stored in a logical manner: <ul style="list-style-type: none"> ➤ By categorically (e.g., antibiotics, analgesics etc.) or ➤ By vital, essential and normal ➤ General (e.g., regular hospital drugs) and special (e.g., EOC, DSF, IMCI etc.) 		



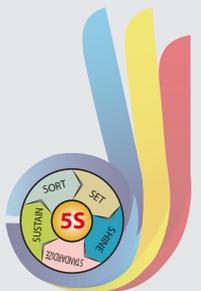


SI no.	Areas	Activities	Measurable elements	Status code	Remarks
		Arrangement of surgical supplies standardized in all units	<ul style="list-style-type: none"> - Drugs are arranged in alphabetical order and left to right in all units - Surgical supplies are arranged logically (e.g. gloves according to sizes and left to right order) - The sterilization status of equipments and supplies are indicated 		
		Identification labels placed on all machines and equipment	<ul style="list-style-type: none"> - All machines and equipment have identification labels with following information: <ul style="list-style-type: none"> ➤ Name of the item ➤ Identification and batch numbers ➤ Date of acquisition ➤ Contact details (address and tel. no.) of maintenance company and the person responsible 		
		Caution signs are displayed at appropriate places	<ul style="list-style-type: none"> - Danger signs are displayed at: <ul style="list-style-type: none"> ➤ Electric switchboards and transformers ➤ Radiology/X-ray ➤ Liquid oxygen tanks (if there is any) 		





Sl no.	Areas	Activities	Measurable elements	Status code	Remarks
			<ul style="list-style-type: none"> - Biohazard signs are displayed at laboratories handling contagious items - "Slope" sign are displayed, wherever there is a slope 		
		Open and shut directional labels available on valves and doors	<ul style="list-style-type: none"> - The directional labels are put on: <ul style="list-style-type: none"> ➤ Door handles of cupboards ➤ All other door handles 		
		Waste bins are separated, labeled and color coded	<ul style="list-style-type: none"> - All the waste bins are separated, labeled and color coded with standard colors. 		
		Pipes and oxygen/gas tanks identified by standardized visuals	<ul style="list-style-type: none"> - Types of pipes can be identified by different colors: <ul style="list-style-type: none"> ➤ Oxygen <white> ➤ Nitrous oxide <blue> ➤ Vacuum <green> - Types of tanks can be identified by color: <ul style="list-style-type: none"> ➤ Oxygen (white) ➤ Nitrous oxide (blue) - The status of cylinders (empty or full) can be identified by colors or tags: 		





SI no.	Areas	Activities	Measurable elements	Status code	Remarks
			<ul style="list-style-type: none"> ➤ Empty: Red ➤ Full: Blue 		
4.2	Maintenance of vehicles, machines and equipment	Vehicles, machines and equipment properly maintained	<ul style="list-style-type: none"> – Maintenance schedules and records are available and updated for the following items: <ul style="list-style-type: none"> ➤ Vehicles ➤ Machines ➤ Hospital equipment – Operational manual/instructions are available for all the machines and equipment 		
4.3	Safety and security measures	Safety measures are in place for electrical cable and devices	<ul style="list-style-type: none"> – Electrical wires are sealed or banded to prevent accidental contacts with human beings all over the hospital – All switches are properly fixed without any electricity conductive parts exposed all over the hospital 		
		Security measures in place for a fire event	<ul style="list-style-type: none"> – Functional fire extinguishers or sand buckets are available – The guidelines or a protocol for the fire event is available 		



5. Sustain: Working on 5S as daily routine and ensuring that it becomes an integral part of the workplace fabric

SI no.	Areas	Activities	Measurable elements	Status code	Remarks
5.1	Internal audit	Internal audits on the hospital quality improvement conducted with the checklist	- A team has been appointed to conduct the internal review/audit using TQM checklist		
			- The internal review is conducted at least once in three months using checklist		
5.2	Training and raising awareness	The hospital staff trained on 5S	- All the hospital staff are trained on 5S		
			- Plan to train new staff on 5S is in place		
		A resource centre on hospital quality improvement available	- A resource center on 5S, kaizen/CQI and TQM related materials are available for the hospital staff		
			- Assessment criteria to measure the performance is prepared to select best WITs		
5S competitions among employees organized	- An event to reward/appreciate best performing WITs is carried out annually				
	- Assessment criteria for 5S competitions are prepared and practiced				
			- An event to appreciate best staff is carried out annually		



Annex 4 : Monitoring checklist (for external monitors)

Monitoring and evaluation checklist for 5S-Kaizen-TQM

Name of hospital:

Department:

Name of evaluator:

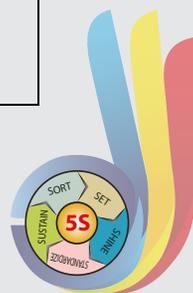
Date: _____

	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
1	LEADERSHIP: Role and commitment of management, sustainability of 5S activity, training program for middle management, setting up of WIT and QIT, 5S campaigns						
1.1	Commitment, knowledge, awareness on 5S among managers and health workers	1	2	3	4	5	
1.2	5S progress meeting, monitoring and evaluation conducted by WIT and minutes are recorded	1	2	3	4	5	
1.3	Evidence of training conducted for managers and health workers	1	2	3	4	5	
1.4	Evidence of team work	1	2	3	4	5	
	Total:	Full marks: 20					
	Marks obtained (%): [(Marks awarded X 100) ÷ 20]						
Remarks:							



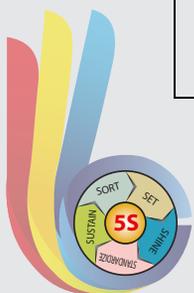


	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
2	SORTING (SEIRI): Clutter free environment (premises, inside offices, work place, etc.). Removal of unwanted items evident all around						
2.1	Unwanted items removed from premises, offices, work places including drawers, cabinets and shelves etc.	1	2	3	4	5	
2.2	Walls are free of old posters, calendars, pictures etc.	1	2	3	4	5	
2.3	Notice Boards: Current notices with removal instructions	1	2	3	4	5	
2.4	Color coding for waste disposal maintained and standards followed	1	2	3	4	5	
Total:		Full marks: 20					
Marks obtained (%): [(Marks awarded X 100) ÷ 20]							
Remarks:							
	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
3	SETTING (SEITON): Ability to find whatever is required with least possible time, evidence of eliminating waste of time throughout the organization						
3.1	Photographic evidence of Pre 5S implementation and afterwards	1	2	3	4	5	
3.2	Visual control methods adopted to prevent mix-up of items (files, equipment, tools etc.)	1	2	3	4	5	
3.3	Directional boards from hospital entrance to all sections/facilities under your section/departments (office, wards, laboratory etc.) and corridors are clearly marked	1	2	3	4	5	
3.4	All machines/rooms/toilets/switches/fans regulators etc. have identification labels	1	2	3	4	5	
3.5	All items are arranged according to 'Can See', 'Can Take Out' & 'Can Return' principle	1	2	3	4	5	
3.6	X-axis, Y-axis alignment is evident everywhere	1	2	3	4	5	
Total:		Full marks: 30					
Marks obtained (%): [(Marks awarded X 100) ÷ 30]							
Remarks:							



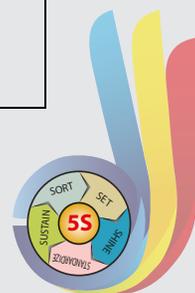


	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
4	SHINING (SEISO): The Cleanliness all round the Institution should have been carried out according to the 5-S Concepts.						
4.1	Floors, walls, windows, toilets, change rooms in working order & clean	1	2	3	4	5	
4.2	Cleaning responsibility and schedules displayed	1	2	3	4	5	
4.3	Waste bin strategy is implemented	1	2	3	4	5	
4.4	Use of adequate cleaning tools is evident	1	2	3	4	5	
4.5	Storage of cleaning tools – Broom/Maps/Other equipment	1	2	3	4	5	
4.6	Machines/Equipment/Tools/Furniture at a high level of cleanliness, and maintenance schedules displayed	1	2	3	4	5	
	Total:	Full marks: 30					
	Marks obtained (%): [(Marks awarded X 100) ÷ 30]						
Remarks:							
	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
5	STANDARDIZATION (SEIKETSU): High level of standardization in all activities carried out in SEIRI, SEITON and SEISO and the evidence of such standards being practiced all around						
5.1	Adopted 5S procedures & standardized on checklist, labels corridors/ isles and walkway	1	2	3	4	5	
5.2	Standardization of maintenance (storage of files, records, orderliness) in keeping furniture/equipment in offices/ workplaces, etc.	1	2	3	4	5	
5.3	Standardized checklists for common administrative procedures in hospital and department	1	2	3	4	5	
	Total:	Full marks: 15					
	Marks obtained (%): [(Marks awarded X 100) ÷ 15]						
Remarks:							





	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
6	SUSTAIN or SELF DISCIPLINE (SHITSUKE): Evidence of disciplined approach to all 5S activities through proper training & development, showing sustainability in the long run						
6.1	Evidence of regular training program for all categories of staff in the section	1	2	3	4	5	
6.2	Evidence of WIT activities & promotion of Kaizen schemes	1	2	3	4	5	
6.3	Evidence in carrying out internal audits by WIT	1	2	3	4	5	
6.4	Evidence of self-discipline among visitors to the institution	1	2	3	4	5	
6.5	Evidence of self-discipline in the overall institution	1	2	3	4	5	
	Total:	Full marks: 25					
	Marks obtained (%): [(Marks awarded X 100) ÷ 25]						
Remarks:							
	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
7	Productivity/Services: How efficiently inputs are used to provide services (outputs) with better management techniques and working methods						
7.1	Evidence of methods & systems adopted to improve productivity by the staff	1	2	3	4	5	
7.2	Efficiency and effectiveness, use of innovative method to increase and sustain productivity	1	2	3	4	5	
7.3	Evidence of use of 5S process to increase productivity	1	2	3	4	5	
	Total:	Full marks: 15					
	Marks obtained (%): [(Marks awarded X 100) ÷ 15]						
Remarks:							



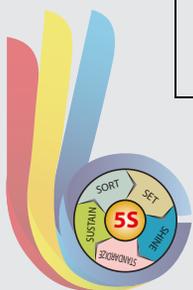


	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
8	Quality: Goal is to satisfy customers by doing 100% right work, responding rapidly to requirements every time and thus, gaining trust & confidence of customers						
8.1	Communication plans are evident for implementation of quality improvement	1	2	3	4	5	
8.2	Evidence of fewer rejects, less wastage, less rework through 5S process	1	2	3	4	5	
8.3	The quality in the process of service by 5S implementation	1	2	3	4	5	
Total:		Full marks: 15					
		Marks obtained (%): [(Marks awarded X 100) ÷ 15]					

Remarks:

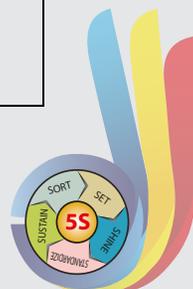
	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
9	Cost: The intrinsic cost of providing services at declared standards with specified process first time and every time						
9.1	Evidence in reduction in cost of materials, labor, energy, overheads, lowering of defects etc. by introducing 5S concept	1	2	3	4	5	
9.2	Tangible cost advantages through 5S methods in waste control	1	2	3	4	5	
9.3	Evidence of lowering inventory cost by the use of 5S methods	1	2	3	4	5	
Total:		Full marks: 15					
		Marks obtained (%): [(Marks awarded X 100) ÷ 15]					

Remarks:





	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
10	Safety: The overall safety is evidently displayed by the use of 5S process to employees, visitors and property						
10.1	Evidence of effect of safety measures by less accidents occurred in the year	1	2	3	4	5	
10.2	Methods applied in machinery & equipment on safety measures	1	2	3	4	5	
10.3	Methods applied to protect the staff /visitors on accident	1	2	3	4	5	
10.4	Evidence of safety measures applied in providing an excellent health service	1	2	3	4	5	
10.5	Evidence knowledge and skills of employee on safety	1	2	3	4	5	
	Total:	Full marks: 25					
Marks obtained (%): [(Marks awarded X 100) ÷ 25]							
Remarks:							
	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
11	Delivery: Evidence in reduction of delivery time of services through implementation of 5S process						
11.1	Evidence of timely delivery of services	1	2	3	4	5	
11.2	Overall effect to health facility by reducing delivery time	1	2	3	4	5	
11.3	Evidence of employee participation to reduce delivery time	1	2	3	4	5	
11.4	Evidence of just in time at the hospital	1	2	3	4	5	
	Total:	Full marks: 20					
Marks obtained (%): [(Marks awarded X 100) ÷ 20]							
Remarks:							



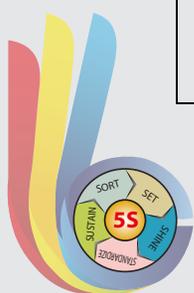


	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
12	Morale: Evidence of improving morale through implementation of 5S process throughout the organization						
12.1	Level of morale displayed by managers & workers						
12.2	Evidence of projects carried out by the staff to display high level of morale	1	2	3	4	5	
12.3	Evidence of 5S - KAIZEN mindset or TQM culture	1	2	3	4	5	
	Total:	Full marks: 15					
	Marks obtained (%): [(Marks awarded X 100) ÷ 15]						

Remarks:

	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
13	5S Organization, Work Improvement Team (WIT): Roles and activities of WIT						
13.1	Members of WIT are actively working	1	2	3	4	5	
13.2	WIT' activities are carried out according to schedule	1	2	3	4	5	
13.3	Evidence of regular WIT and QIT meetings	1	2	3	4	5	
	Total:	Full marks: 15					
	Marks obtained (%): [(Marks awarded X 100) ÷ 15]						

Remarks:





	Description	Very poor	Poor	Fair	Well	Very well	Marks awarded
14	Empowerment of hospital staff through 5S-KAIZEN-TQM: Opportunity and environment for empowerment of hospital staff by themselves						
14.1	Evidence of learning opportunity for 5S-KAIZEN-TQM						
14.2	Seminar and training on 5S-KAIZEN-TQM are conducted for WIT members	1	2	3	4	5	
	Total:	Full marks: 10					
	Marks obtained (%): [(Marks awarded X 100) ÷ 10]						

Remarks:





Annex 5 : Hospital visit observation format

TQM Workshop

Hospital visit: Observation findings

Date of visit: _____

Name of section: _____

Note: please note down your observations especially on presence of unwanted items, arrangement of equipments, logistics & furniture, labeling, cleanliness, waste disposal, infection prevention, privacy of patients etc. in the section visited.

Observations (problems identified):

Suggestions:



Annex 6: Action plan format

Total Quality Management

Name of Hospital:

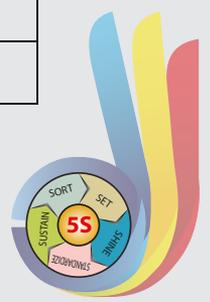
Action plan for:

Section:

Team members:

1. _____
2. _____
3. _____
4. _____
5. _____

SI	Activity	Person responsible	Time frame (Date: From To)	Remarks





Annex 7 : Good practices of 5S activities (Before and After picture)

Entrance and Premises

Before



After



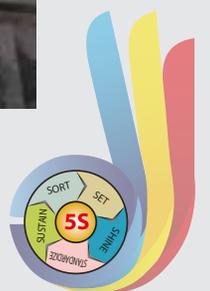


Entrance and Premises

Before



After





Unwanted Item room

Before



After





Store room

Before



After





OPD

Before



After





Pharmacy and Drug store

Before



After



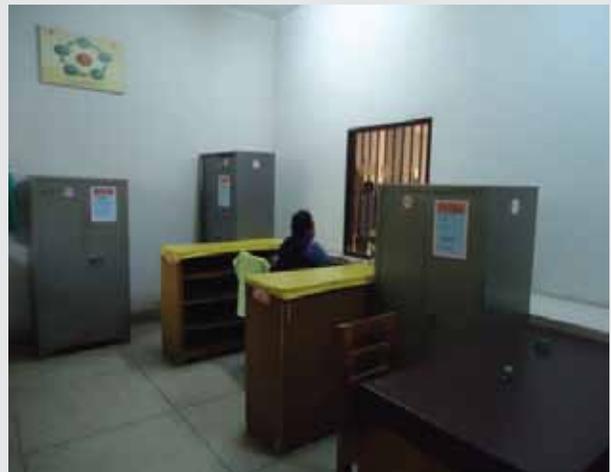


Pharmacy and Drug store

Before



After





Pharmacy and Drug store

Before



After





Pharmacy and Drug store

Before



After





Operation Theatre

Before



After





Operation Theatre

Before



After





Ward

Before



After





Ward

Before



After





Ward

Before



After





Ward

Before



After





Ward

Before



After



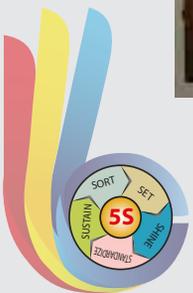


Office

Before



After





Office

Before



After



Laboratory

Before



After



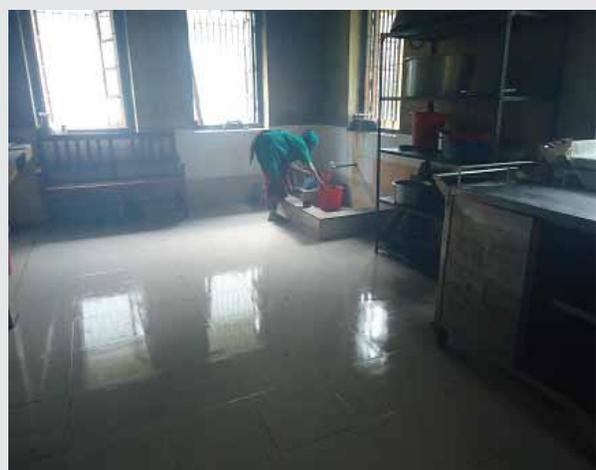


Kitchen

Before



After



Annex 8 : Experiences of 5S implementation

5S has made workflow smooth and safe by eliminating unnecessary items from the work place. It prevents items or documents from being lost or damaged and prevents waste of time for finding any things. It helped to maintain the equipment, tools properly. It has improved staff morale. Staff has started looking for improving service quality and patient safety and satisfaction. Though initially we felt that 5S overburdened our work but over a period of time we realized that it is continually reducing our workload.

– **Dr. A.N.M Mizanur Rahman, RMO Narsingdi**

5S led the staff to apply innovative approaches for widening the service provision, to improve the basic amenities, maintain the cleanliness, prevention of infection, reducing patient waiting time. In effect, the hospital is gradually becoming patient- centered. It has changed the staff's customary attitude and made them a committed staff.

– **Dr. A.S.M Maruf Hasan, RMO Satkhira**

5S has created a conducive environment where every staff participates for improving service quality. Though, initially some staff exhibited a negative attitude but over a short period, visible positive results drew their attention and they began to collaborate with other staff. 5S teaches to own the hospital

– **Dr. Amin Ahmed Khan, UH&FPO-Iswardi**

5S has increased the participation by the staff and improved teamwork. Staff are doing their work in an organized way. Due to functioning of different WITs, tasks are distributed properly among the staff while QIT insures proper supervision of the activities. 5S implementation made the hospital more patients friendly.

– **Dr. Shayamal Krishna Saha, Assistant Director, Jessore District Hospital**

Changes are observed at every section of the hospital after implementation of 5S. Functioning of WITs and QIT brought together managers and staff and enhanced communication and functional coordination among them.

– **Dr. A. H.M Monwar-UI- Azeez, Assistant Director, Pabna District Hospital.**





In addition to improve the work environment, 5S is minimizing some common challenges (viz. visitor problem, patient overload, store management, providers' behavior etc). We did not need to invest extra money to improve these factors. Only staff's commitment and ownership has helped to create the positive changes. It is important to implement 5S in our mind before practicing 5S activities for things.

– **Dr. Md.Sadiqul Azam, Assistant Professor, Mymensingh Medical College Hospital**

For improving a hospital, the sense of responsibility, punctuality, and accomplishment of the delegated task properly is important. If one thinks that the hospital is his/her own and is also a property of the state, then the quality of service will be improved. 5S brings these criteria among the hospital personnel.

– **Dr. Rashid Ahmed, Superintendent, Naril District Hospital**

5S practices develop the creativity among the staff. Some staff are so motivated and enthusiastic that their work also inspired the top management. For successful implementation of 5S, sincere willingness, punctuality, mutual respect, cross functional coordination and strong leadership are required.

– **Dr. Abul Kalam Azad, UH&FPO, Kaliganj, Satkhira**

5S practice has developed a positive attitude of hospital staff toward their responsibilities. It helps to develop culture to prevent waste of time and money, working in a clean and safe environment.

– **Dr. SK Aksedur Rahman, UH&FPO, Debhata, Satkhira**

Earlier we did not have any team leader or any committee. After forming the WITs and QIT, everybody has started changing their own areas for their own convenience.

– **Dr. Purnendu Biswas, Ex-TQM Manager- Habiganj District Hospital**



