



MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA



NATIONAL GUIDELINES FOR

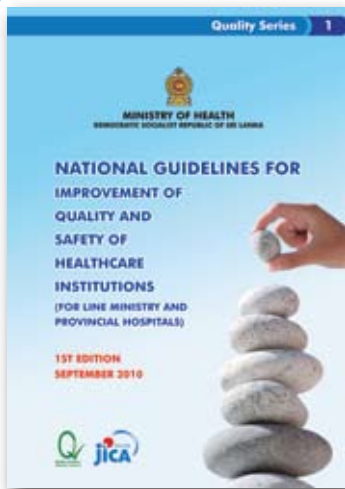
**IMPROVEMENT OF QUALITY AND
SAFETY OF HEALTHCARE INSTITUTIONS**

(FOR OFFICES OF MEDICAL OFFICER OF HEALTH)

1ST EDITION OCTOBER 2010



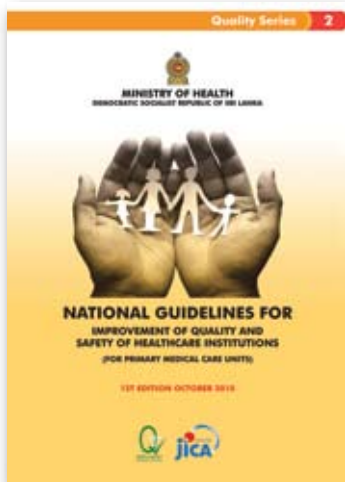
Quality Series Documents



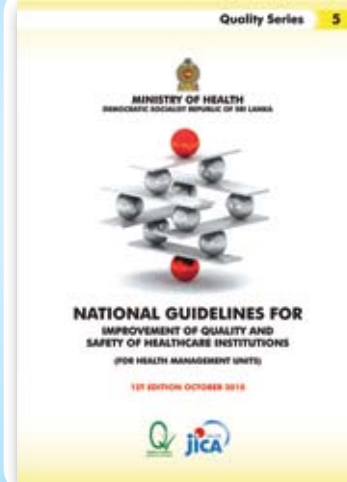
Quality Series 1
National Guidelines
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Quality and Safety of
Healthcare Institutions
(For Line Ministry and
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September 2010



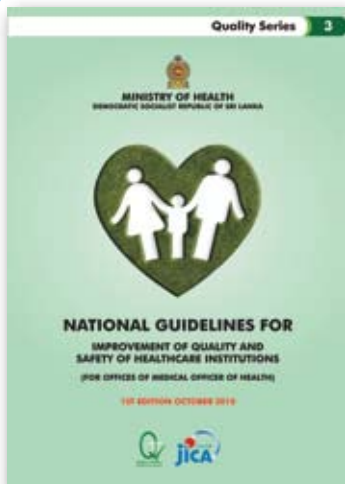
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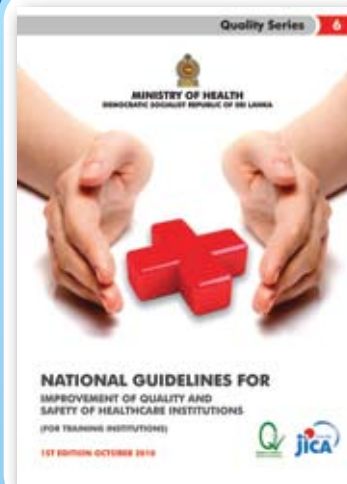
Quality Series 2
National Guidelines
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(For Primary Medical
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October 2010



Quality Series 5
National Guidelines
for Improvement of
Quality and Safety of
Healthcare Institutions
(For Health
Management Units)
October 2010



Quality Series 3
National Guidelines
for Improvement of
Quality and Safety of
Healthcare Institutions
(For Offices of Medical
Officer of Health)
October 2010



Quality Series 6
National Guidelines
for Improvement of
Quality and Safety of
Healthcare Institutions
(For Training
Institutions)
October 2010



Quality Series No.3

National Guidelines for

**Improvement of Quality and Safety of Healthcare Institutions
(For Offices of Medical Officer of Health)**

First Edition

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October 2010

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Preface

Sri Lanka has reached a high level of health status amongst its population in comparison with the countries in the neighbourhood. The preventive care service network which has evolved since 1920s in Sri Lanka is known to be one of the leading contributors to the country's achievement in improvement of the health outcomes. Nevertheless, there is still room for further improvement of the quality of the current preventive care services.

The *National Guidelines for Improvement of Quality and Safety of Healthcare Institutions* provide a comprehensive set of quality and safety standards and affordable measures to improve the preventive care services. All the offices of Medical Officer of Health in Sri Lanka are therefore expected to be fully oriented on these Guidelines and prepared to improve their service delivery structure and process. Needless to say, the strong commitment of heads of institutions, PDHSs and RDHSs is critical in achieving the goals aimed by these Guidelines.

I wish to thank all the stakeholders involved in the development of this document as well as Japan International Cooperation Agency (JICA) for its technical assistance. In particular, I am grateful to Dr. Wimal Jayantha, DDG/Planning, who supervised the whole developmental process, Dr. S. Sridharan, Director OD, who led and facilitated the drafting work, and Mr. Shogo Kanamori, JICA Expert on Medical Services Administration, who provided coordinative and technical assistance.



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Secretary

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1 October 2010

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1. Introduction

These Guidelines will provide guidance to those working at offices of Medical Officer of Health (MOH) in strengthening the organisational and individual preparedness for improvement of the quality and safety of preventive care services. It is assumed that these Guidelines will be used for the following purposes.

- As a handbook for the MOH staff in implementing quality improvement programmes and related activities
- As a guiding document for orientation programmes to the MOH staff conducted by the National Quality Secretariat of the Ministry of Health and the Provincial Quality Secretariats

1.1. Target institutions of the Guidelines

The target institutions of these Guidelines include all the MOH Offices in Sri Lanka. The PDHS/RDHS offices supervising activities of the MOH offices will also be potential users of this document.

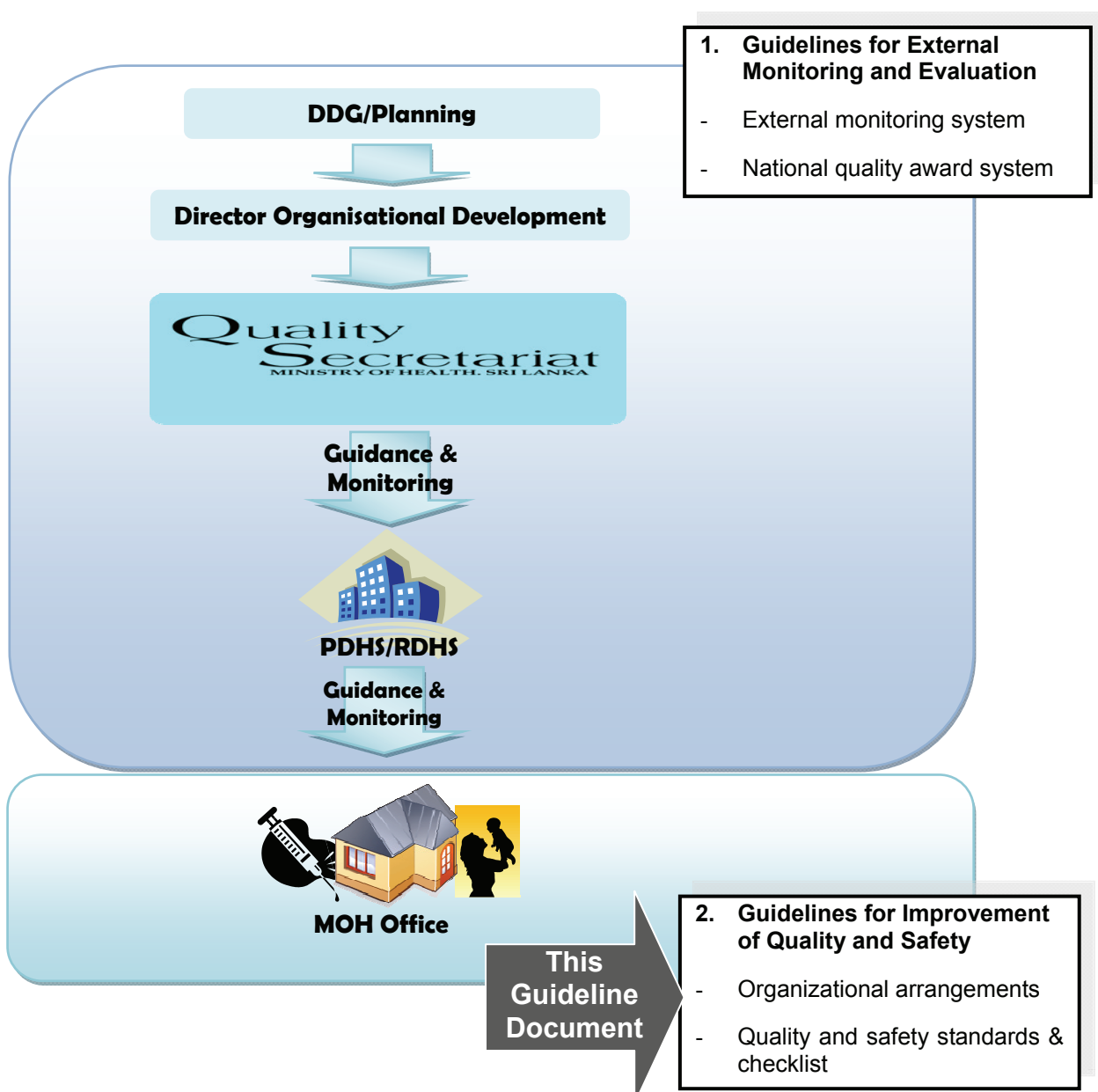
Province	District		MOH Offices
Western Province	1	Colombo	12
	2	Gampaha	13
	3	Kalutara	10
Central Province	4	Kandy	22
	5	Nuwaraeliya	13
	6	Matale	12
Southern Province	7	Galle	17
	8	Matara	17
	9	Hambantota	20
Northern Province	10	Jaffna	12
	11	Kilinochchi	4
	12	Mannar	5
	13	Mullativu	2
Eastern Province	14	Vavuniya	4
	15	Batticaloa	13
	16	Ampara	7
	17	Kalmunai	13
North Western Province	18	Trincomalee	10
	19	Kurunegala	20
North Central Province	20	Puttalam	9
	21	Anuradhapura	19
Uva Province	22	Polonnaruwa	7
	23	Badulla	15
Sabaragamuwa	24	Monaragala	11
	25	Kegalle	11
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1.2. The Guidelines in the Context of Quality Assurance Programme

Two separate guidelines will be used to implement the National Quality Assurance Programme for preventive care services. One serves to provide guidance to MOH Offices in quality and safety improvement, and the other to provide protocols for external monitoring and evaluation of the preventive care services provided by them.

- (1) Guideline for External Monitoring and Evaluation of Preventive Healthcare Services
- (2) Guideline for Improvement of Quality and Safety of Preventive Healthcare Services

The present Guidelines mainly focus on the improvement of the quality and safety at the MOH Offices.



1.3. Institutional Arrangements for Improvement of Quality and Safety of Preventive Healthcare Services

All MOH Offices are expected to plan and implement the Quality Management Programme under the guidance of the Quality Management Unit of RDHS, according to the “General Circular No.01-29/2009” of the Ministry of Healthcare & Nutrition dated 22 September 2009 (attached as APPENDIX).

2. Quality and Safety Standards of Preventive Healthcare Services

This chapter provides the quality and safety standards of preventive care services to which all the MOH Offices shall adhere. They are divided into three aspects and 16 areas.

- I. Internal and External Customer Environment (5S)
 1. Seiri (Sorting)
 2. Seiton (Organisation)
 3. Seiso (Cleaning with Meaning and for Beautifying)
 4. Seiketsu (Standardisation)
 5. Shitsuke (Training & Self-Discipline)
- II. Preventive Service Provision
 6. Work performance
 7. Healthcare and education service provision
 8. Medical/pharmaceutical supplies management
 9. Health information
 10. Management of outbreaks and disasters
 11. Responsiveness
 12. Waste management
- III. Overall Management of the Institution
 13. Leadership and performance review
 14. Human resource management
 15. Productivity and quality improvement programme
 16. Inter-sectoral coordination, public relations and community mobilisation

These standards will be referred to whenever an MOH Office conducts quality and safety improvement activities as well as internal audit. They are also in line with the criteria for external audits and for selection of the National Health Excellency Award recipients.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
1 Seiri (Sorting) <i>Eliminating unnecessary items from the workplace that are not needed for current process at work</i>		
1.1 Outside and inside premises	1.1.1 Unwanted items removed from the workplace	<ul style="list-style-type: none"> - An established process in sorting wanted and unwanted items is present. - A proper process for condemning items is present. - Unwanted items are not left in the workplace or marked with tags. <ul style="list-style-type: none"> ➤ Red tags for those items to be disposed ➤ Orange tags for those items under consideration. - Tops and insides of all cupboards, shelves, tables and drawers are free of unwanted /irrelevant items.
	1.1.2 The floors and passageways in the public areas equipped with garbage bins for general waste and kept free of litters	<ul style="list-style-type: none"> - Garbage bins for general waste are in place and colour coded. - The time for removing litters from the garbage bins are indicated. - The place is free of litter.
1.2 Walls and notice boards	1.1.3 Unwanted trees and branches removed	<ul style="list-style-type: none"> - Trees which are obstructing the drainage are removed. - Tree branches above the roof and over the electric and telephone wires are trimmed.
	1.2.1 Walls being free of old posters, pictures or calendars.	<ul style="list-style-type: none"> - Posters/pictures are not fading or torn. - Information on posters/pictures is not obsolete. - Calendars are updated.
	1.2.2 Notice boards being free of obsolete notices	<ul style="list-style-type: none"> - Removal instructions are in place. - The removal instruction is complied. - Notice boards are categorized according to the needs. - Responsible persons for each notice board are identified. - The alignment and an X-Y axis tool are maintained in the notice board.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
2 Seiton (Organisation) <i>Ensuring all the items that have been sorted are arranged and placed in pre-assigned positions in order to facilitate efficiency at work.</i>		
2.1 Office identification	2.1.1 An office name board and a site map available	<ul style="list-style-type: none"> - An office name board is displayed outside in all three languages. - A site map is displayed at the entrance / reception area in all three languages.
2.2 Directional indications	2.2.1 Directional boards available at every junction	<ul style="list-style-type: none"> - Directional boards are displayed at every junction outside and inside of the office to all facilities from the entrance in all three languages.
	2.2.2 Corridors clearly marked with entrances and exit lines, curved door openings, and direction of travel	<ul style="list-style-type: none"> - Curved door openings are marked at entrance doors to rooms. - The direction of travel is indicated on the corridors. - The sliding doors are provided with directional arrows.
2.3 Labelling and marking	2.3.1 Rooms and toilets clearly identified with labels	<ul style="list-style-type: none"> - All rooms and toilets are identified with labels, name boards or numbers.
	2.3.2 Stores and storage areas properly organised	<ul style="list-style-type: none"> - Items in stores and storage areas are kept in shelves, racks or bins and clearly marked. - Shelf grids are marked with reference numbers/names for easy retrieval of items. - All stationeries in the cupboard are kept in places identified with symbols and marks (visual control of stationeries). - Items are stored in an alphabetical order and in a logical manner (left to right / top to bottom). - A mechanism to replenish items is organized with colour codes: <ul style="list-style-type: none"> ➤ Maximum stock level: Green ➤ Reorder stock level: Orange ➤ Minimum stock level: Red
	2.3.3 Switches and fans easily identified	<ul style="list-style-type: none"> - All switches and fan regulators are labelled accordingly. - A separate electrical point plan is in place for each room at entrance.

I. Internal and External Customer Environment (5S)

		Measurable Elements
Area of Concern	Standards	
2.4 Placing and parking rules	2.4.1 Equipment and tools being kept in original places after use	<ul style="list-style-type: none"> - 'Isles' are identified for each equipment and tool to be kept after use with the straight line method and shadow drawings displayed. - A mechanism to identify persons removing items from 'Isles' items is in place. <p>An example of 'Isles' is shown in "ANNEX 1: Isles for Stationeries".</p>
	2.4.2 Files and folders arranged using the mistake proofing concept	<ul style="list-style-type: none"> - Files and box folders are arranged using the mistake proofing concept to facilitate identification of particular files (within 30 seconds) and storing in original places.
	2.4.3 Parking areas for vehicles specified and marked	<ul style="list-style-type: none"> - Parking areas for vehicles are specified and marked. - Vehicle flows are identified and marked. - Sign boards for vehicles of disabled persons are in place.
	<p>3 Seiso (Cleaning with Meaning and for Beautifying)</p> <p><i>Cleaning up one's workplace completely to eliminate dust on floors, machines or equipment.</i></p>	
3.1 General appearance of cleanliness	3.1.1 Office premises maintained with healthy and safe environment	<ul style="list-style-type: none"> - The garden is properly maintained and landscaping is done by a gardener. - Drains are not leaking or overflowing. - Stagnation of water is avoided in all drains. - Unpleasant odour is not produced from the hospital waste site or other places. - The visible parts of the roof are free of unwanted items.
	3.1.2 Floors, walls, windows and curtain & other fittings being kept clean	<ul style="list-style-type: none"> - The cleanliness is maintained at: <ul style="list-style-type: none"> ➢ Floors ➢ Walls ➢ Windows ➢ Curtains ➢ Other fittings ➢ Gutters - A cleaning checklist is available and updated.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
	3.1.3 Toilets are clean and in working order	<ul style="list-style-type: none"> - Unpleasant odour is not experienced in toilets. - Toilet facilities are kept ready for use. - A cleaning checklist is available and updated. - Adequate ventilation is provided in all the toilets.
3.2 Cleaning of machines, equipment, tools and furniture	3.2.1 The cleanliness of buildings, machines, equipment, tools and furniture maintained	<ul style="list-style-type: none"> - The high level of cleanliness is maintained with no visible dirt: <ul style="list-style-type: none"> ➤ Buildings ➤ Office vehicles ➤ Office equipment ➤ Furniture (tables, desks, chairs, etc.)
3.3 Cleaning practice	3.3.1 An organised cleaning system in place	<ul style="list-style-type: none"> - The following tools and documents are displayed/available: <ul style="list-style-type: none"> ➤ Cleaning responsibility chart ➤ Cleaning schedules ➤ Cleaning guidelines - The above tools and documents are updated monthly.
	3.3.2 Cleaning tools and detergents properly stored	<ul style="list-style-type: none"> - Proper storage facilities for cleaning tools and detergents are available. - Cleaning tools for outside areas/toilets and inside areas are separated.
	3.3.3 An updated cleaning checklist available	<ul style="list-style-type: none"> - A cleaning checklist is displayed and made visible to the staff members. - Responsible personnel for cleaning is identified and mentioned in the cleaning checklist. - The cleaning checklist is updated weekly. <p>A sample cleaning checklist is provided in “ANNEX 2: Cleaning Checklist (Sample)” .</p>

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
4 Seiketsu (Standardization) <i>Generating mechanisms to maintain the three Ss (Seiri, Seiton and Seiso) by developing procedures, schedules and tools for continuous assessment and regular audit.</i>		
4.1 Standardized visuals	4.1.1 Sign boards and directional boards standardised	- All sign boards and directional boards are standardised with proper alignment and consistent fonts, and by colour codes.
	4.1.2 Identification labels placed on all machines and equipment	- All machines and equipment have identification labels with the following information: <ul style="list-style-type: none"> ➤ Name of the items ➤ Identification and batch numbers ➤ Date of acquisition ➤ Contact details of maintenance company ➤ Responsible person for maintenance ➤ Cost of equipment
	4.1.3 Caution signs displayed at appropriate places	- "Danger" signs are displayed at electric switchboards and transformers. - "Slopes" signs are displayed at wherever there is a slope. - "Slippery" signs with zebra code are placed at wet floor after cleaning.
	4.1.4 Open and shut directional labels available on doors	- The directional labels are put on door handles of cupboards.
	4.1.5 Waste bins separated, labelled and colour-coded	- All the waste bins are separated, labelled and colour-coded. The colour-codes are elaborated in "ANNEX 3: Standardised Colour Codes"
4.2 Maintenance of vehicles, machines and equipment	4.2.1 Vehicles, machines and equipment properly maintained	- Maintenance schedules and records are available and updated for the following items: <ul style="list-style-type: none"> ➤ Vehicles ➤ Machines ➤ Office equipment - Operational instructions are made available for machines and equipment.

I. Internal and External Customer Environment (5S)

Area of Concern	Standards	Measurable Elements
4.3 Safety and security measures	4.3.1 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.
<p>5 Shitsuke (Training & Self-Discipline)</p> <p><i>Working on 5S as daily routines and ensuring that it becomes an integral part of the workplace fabric.</i></p>		
5.1 Internal audit	5.1.1 Internal audits on the quality and safety improvement conducted with the checklist	<ul style="list-style-type: none"> - An internal audit sheet on the hospital quality improvement is available. - A team has been appointed to conduct the internal audit. - The internal audit is conducted at least once in three months.
5.2 Training and raising awareness	5.2.1 The staff trained on 5S, productivity and quality 5.2.2 A system to give awards to well-performed staff and units available	<ul style="list-style-type: none"> - All the staff are trained on 5S, productivity and quality. - A programme to train new staff on 5S, productivity and quality is available. - An event to appreciate best performing employees is carried out annually.

II. Preventive Service Provision		Standards	Measurable Elements
6 Work performance			
6.1 Work performance	6.1.1	Pregnant mothers registered before 8 weeks	- More than 80% of the pregnant mothers are registered before 8 weeks.
	6.1.2	Postpartum visits conducted 4 times after the delivery	- The postpartum visits are conducted 4 times by PHM for all the delivery cases.
	6.1.3	The immunization coverage under 1 year old satisfactory	- The coverage of measles vaccine under 1 year old (usually taken at 9 month)*
			- The coverage of the triple vaccine (usually taken at 2,4 & 6 months)*
	6.1.4	Contraceptive prevalence rate satisfactory	* <i>Ratings for assessment: 0 (0-80%), 1 (80-85%), 2 (85-90%), 3 (90-95%), 4 (95-100%)</i> - The contraceptive prevalence among eligible couples is between 70% and 72%. - The IUCD prevalence among eligible couples is 13%.
6.1.5	The school health activities conducted	- The medical inspection visits covered all the schools and all the children at the Year 1, 4 and 7 according to the previous year's record. - The dental inspection visits covered all the schools and all the children at the Year 1, 4 and 7 according to the previous year's record. - The health promotion activities are conducted at all the schools and recorded.	
7 Healthcare and educational service provision			
7.1	Waiting area	7.1.1 A spacious and ventilated waiting area available with adequate seating facilities	- A spacious and ventilated waiting area is available. - A sufficient number of seating facilities is available at the waiting area.

II. Preventive Service Provision

Areas of Concern	Standards	Measurable Elements
7.2 Clinic service provision	7.2.1 Functional ante-natal clinics available	<ul style="list-style-type: none"> - Ante-natal clinics are available once in two weeks at the MOH premises and other locations and operated from 7:30 in the morning. - Duty rosters are prepared at the beginning of the year and available for the ante-natal clinic services. - The following equipment are available and functioning. <ul style="list-style-type: none"> ➤ BP apparatus ➤ Height measure ➤ Weighing scale - The following investigations are conducted. <ul style="list-style-type: none"> ➤ Urine glucose ➤ Urine protein - A list of health education topics for the ante-natal clinics is available. - Post-natal clinics are available once in two weeks at the MOH premises and other locations.
	7.2.2 Functional post-natal clinics available	<ul style="list-style-type: none"> - Family planning clinics are available once in two weeks at the MOH premises and other locations.
	7.2.3 Functional family planning clinics available	<ul style="list-style-type: none"> - Well-women clinics are available once in two weeks at the MOH premises and other locations. - The following investigations are conducted with essential facilities. <ul style="list-style-type: none"> ➤ Blood pressure ➤ Diabetes ➤ Breast cancer ➤ Cervical cancer (pap smear)
	7.2.4 A functional well-women clinic available	<ul style="list-style-type: none"> - Well-baby clinics are available once in two weeks at the MOH premises and other locations. - The following equipment are available and functioning. <ul style="list-style-type: none"> ➤ Weighing scale ➤ Height measure
	7.2.5 A functional well-baby clinic available	<ul style="list-style-type: none"> - A resource centre which provides brochures, leaflets and other health education materials is available. - A TV and a video player are available and used to provide health education to visitors. - Health education posters are put on the wall in the following manners: <ul style="list-style-type: none"> ➤ Posters are framed. ➤ All the posters are consistent in size. ➤ Areas to put posters are categorised by subjects.
	7.2.6 A resource centre available and functioning	

II. Preventive Service Provision

Areas of Concern	Standards	Measurable Elements
7.3 Emergency care services	7.3.1 An emergency tray available and functioning	<ul style="list-style-type: none"> - An emergency tray is available with essential supplies, solutions and drugs. - A checklist for the emergency tray items is available and checked at least once a week. - A responsible officer is indicated for the maintenance of the emergency tray. <p>A list of the emergency tray items are provided in “ANNEX 4: Emergency Tray Items for MOH (Sample)”</p>
7.4 Behavioural change activities	7.4.1 Behavioural change activities conducted	<ul style="list-style-type: none"> - A behavioural change plan for the general population is developed based on health issues identified in the covering area. - The behavioural change plan is implemented and recorded.
8 Medical/pharmaceutical supplies management		
8.1 Medical/pharmaceutical supplies	8.1.1 Essential medical/pharmaceutical supplies available	<ul style="list-style-type: none"> - Essential medical and pharmaceutical supplies (drugs, vaccines, contraceptive devices) are available. - Records on medical and pharmaceutical supplies are kept properly. - Availability of drugs/vaccines is informed to relevant staff.
	8.1.2 Annual estimates of medical and pharmaceutical supplies prepared	<ul style="list-style-type: none"> - An annual estimate of medical and pharmaceutical supplies is prepared and sent to RDHS by October every year.
8.2 Storage and stock maintenance of medical supplies	8.2.1 Pharmaceutical items stored according to the manufacturer's standards	<ul style="list-style-type: none"> - Pharmaceutical items are stored at optimum temperatures according to the manufacturer's standards. - A refrigerator to keep pharmaceutical items is available and functioning. - Temperatures of the refrigerator are measured and recorded in a register twice a day. - A power backup is available to keep the refrigerator functioning.
	8.2.2 Stock items of pharmaceutical supplies appropriately managed	<ul style="list-style-type: none"> - Information on daily stock items is available. - A vaccine movement register is available and updated. - 'First expiry first out system' is maintained. - Information is updated on SURPLUS items.
	8.2.3 Expiring items appropriately managed	<ul style="list-style-type: none"> - Periodic checks are done for expiring items regularly. - A register book of periodic checks for expiring items is available and updated. - A mechanism to prevent mix-up of expired and non-expired drugs and to dispose the expired items on time is in place.

II. Preventive Service Provision

Areas of Concern	Standards	Measurable Elements
9 Health information		
9.1 Health information management	9.1.1 Complete returns prepared and dispatched in time	<ul style="list-style-type: none"> - Complete returns are prepared and dispatched to RDHS, FHB and Epidemiology Unit in time (before 10th day of the month), including: <ul style="list-style-type: none"> ➤ Quarterly MCH Return (H509) ➤ Quarterly EPI Return ➤ Quarterly School Health Inspection Return (H797) ➤ Quarterly Supervisory Formats (Form C) ➤ Monthly Family Planning Return (H1200b) ➤ AEFI Monthly Returns ➤ Quarterly Health Education and Promotion Returns
	9.1.2 Records kept at a record room in an organised manner	<ul style="list-style-type: none"> - Records are kept at a record room and piled according to the year and categories.
	9.1.3 Computer-based database available	<ul style="list-style-type: none"> - Computer-based database is available and functioning. - An data operator to enter data is assigned. - An e-reporting system for sending returns is available.
	9.2.1 Investigations of notifiable diseases done in a timely manner	<ul style="list-style-type: none"> - The percentage of the investigations for notifiable diseases done within 7 days* <ul style="list-style-type: none"> * <i>Ratings for assessment: 0 (0-80%), 1 (80-85%), 2 (85-90%), 3 (90-95%), 4 (95-100%)</i>
9.2 Disease surveillance	9.2.2 Infectious diseases properly recorded and reported	<ul style="list-style-type: none"> - A Notification register is updated. - Infectious disease register is properly maintained. - Weekly Epidemiology Reports are dispatched to Epidemiology Unit at the latest by the following Monday of the week.
	9.3.1 Community-based behaviour surveys conducted	<ul style="list-style-type: none"> - Community-based behaviour surveys are conducted regularly and results are compiled into reports.
9.3 Community survey		

II. Preventive Service Provision

Areas of Concern	Standards	Measurable Elements
10 Management of outbreaks and disasters		
10.1 Management of outbreaks and disasters	10.1.1 A disaster management plan available	<ul style="list-style-type: none"> - A disaster management plan is available at MOH. - MOH staff are oriented on the disaster management plan.
	10.1.2 Outbreaks properly managed	<ul style="list-style-type: none"> - Outbreaks are investigated in a timely manner. - Reports on outbreaks are properly maintained. - A protocol for coordination and communication with higher authorities in outbreak events is available.
11 Responsiveness		
11.1 Responsiveness to visitors	11.1.1 Information available for visitors	<ul style="list-style-type: none"> - A reception desk is available at the clinic with a relevant person in charge. - Essential information is provided for visitors to the clinics.
	11.1.2 Basic facilities available	<ul style="list-style-type: none"> - Sufficient seating facilities are available for patients and visitors. - Basic facilities including drinking water and a clean usable toilet are available.
11.2 Responsiveness in healthcare service provision	11.2.1 Privacy and confidentiality maintained	<ul style="list-style-type: none"> - Privacy and confidentiality is maintained during clinic consultations.
	11.2.2 Health education conducted	<ul style="list-style-type: none"> - Health education activities are conducted with relevant materials.
	11.2.3 Clinics available for working mothers	<ul style="list-style-type: none"> - MCH, family planning and immunization clinics are open on at least every other Saturday particularly for working mothers.

II. Preventive Service Provision

Areas of Concern	Standards	Measurable Elements
12 Waste management		
12.1 Waste management	12.1.1 Wastes adequately disposed	<ul style="list-style-type: none"> - Five types of wastes are segregated by the colour codes: <ul style="list-style-type: none"> ➤ General wastes ➤ Sharps ➤ Infected wastes ➤ Plastics ➤ Glasses - A colour coding chart for the waste segregation is displayed. - The waste segregation is organised at the waste disposal area according to the colour codes. - An incinerator or a proper mechanism for the final disposal of wastes is available and functioning.
	12.1.2 Hazardous wastes disposed properly	<ul style="list-style-type: none"> - Disposal bins for sharps including needles are in place accordingly. - A protocol for disposal of waste body fluid and blood components are available and adhered to.

III. Overall Management of the Institution		Standards	Measurable Elements
13 Leadership and performance review			
13.1 Leadership quality	13.1.1 Vision, Mission and values of the organisation available		<ul style="list-style-type: none"> - The Vision, Mission and values of the organisation are displayed in a visible place. - Office staff are aware of the Vision, Mission and values, and understand them.
	13.1.2 Senior managers involved in quality improvement, community mobilisation and welfare activities		<ul style="list-style-type: none"> - Senior managers including MOH, SPHM, PHNS and SPHI initiate meetings to implement quality management, community mobilization and welfare activities. - Records indicating the participation of the senior managers in the above activities are available.
	13.1.3 The management of the institution based on plans		<ul style="list-style-type: none"> - The following plans are developed and available. <ul style="list-style-type: none"> ➢ Advance programmes for all the key staff ➢ Annual plan of the institution ➢ Medium-term plan of the institution
13.2 Performance review	13.2.1 A functional supervisory system in place		<ul style="list-style-type: none"> - A supervisory staff chart is available. - Regular inspections of the field staff performance are conducted by supervising staff (e.g. MOH, PHNS, SPHI, SPHM at MOH Offices) at least once in three months. - Reports on supervisory visits are available and updated.
	13.2.2 Performance compiled and reviewed		<ul style="list-style-type: none"> - The monthly meeting is conducted and minutes are kept. - Quarterly MCH and EPI reviews are conducted. - Quarterly work performance reviews are conducted. - Records on the performance reviews are kept. - Performance results are displayed. - Annual reports are compiled and distributed.
14 Human resource management			
14.1 Human resource management	14.1.1 Staff training conducted regularly		<ul style="list-style-type: none"> - A staff training annual plan is available. - A staff training record book is available and updated. - A coordinator for staff training is assigned.

III. Overall Management of the Institution

Areas of Concern	Standards	Measurable Elements
	14.1.2 Staff deployment adequately managed	<ul style="list-style-type: none"> - The cadre and the current status of the staff are displayed and updated. - Staff deployment record books are available for all categories of staff and updated. - Personal files are available for each staff and updated.
	14.1.3 Job descriptions for all categories of staff available	<ul style="list-style-type: none"> - Job descriptions for all categories of staff are available.
15 Productivity and quality improvement programme		
15.1 Productivity and quality improvement programme	15.1.1 Quality improvement system in place	<ul style="list-style-type: none"> - Quality circles or work improvement teams are established and functional. - Productivity and quality improvement programmes such as staff training and 5S implementation are conducted regularly.
	15.1.2 A mechanism to identify and minimize errors and risks in place	<ul style="list-style-type: none"> - Accidents and adverse events such as staff injuries, falls of customers and accidental needle pricks are recorded. - Meetings to review those events are organized and measures are taken to prevent them.
	15.1.3 Customer satisfaction surveys conducted	<ul style="list-style-type: none"> - Customer satisfaction surveys are conducted and disseminated to relevant staff. <p>A sample patient satisfaction survey form is provided in “ANNEX 5: Customer Satisfaction Survey Form (Sample)”.</p>
	15.1.4 Public complaints handled properly	<ul style="list-style-type: none"> - A register for public complaints and actions taken is available and maintained.
16 Inter-sectoral coordination, public relations and community mobilisation		
16.1 Community participation	16.1.1 Community participation mechanism in place	<ul style="list-style-type: none"> - A mechanism to handle donations and other assistance from the community is organised. - Health promotion settings are in place at the community level.
	16.1.2 Commendation from the public adequately managed	<ul style="list-style-type: none"> - Commendations from the public are recorded. - A mechanism to disseminate commendations from the public to the staff members is in place.

III. Overall Management of the Institution

Areas of Concern	Standards	Measurable Elements
16.2 Inter-sectoral coordination	16.2.1 Inter/intra-sectoral meetings attended	- Records are available on the participation of the senior managers in the following meetings: <ul style="list-style-type: none"> ➤ Meeting with Divisional Secretariat officers ➤ Meeting with community leaders ➤ Monthly meeting at RDHS ➤ Meeting with hospitals and other healthcare institutions.

ANNEX 1: Isles for Stationeries



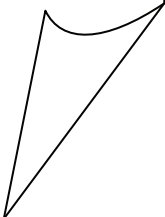
Shadow drawing



Cleaning Checklist (Sample)






Month/Year: September 2010


Item	Responsible Person	Time	Week			
			I	II	III	IV
<i>Wheel chair</i>	<i>Mr. Fernando</i>	<i>Sat. 3.00pm</i>	X			
<i>Trolley</i>	<i>Mrs. Perera</i>	<i>Sun. 10.00am</i>		X		



ANNEX 3: Standardised Colour Codes

Standardised Colour Codes

-  **Black: General**
-  **Red: Un-sterile Empty Negative**
-  **Blue: Sterile Full Positive**
-  **Green: Safe Quality & Safety**
-  **Yellow: Infection**

 <p>General Waste සාමාන්‍ය අපද්‍රව්‍ය</p>	 <p>Infected Waste ආසාදිත අපද්‍රව්‍ය</p>	 <p>SHARP විදුණු</p>
Dump / Incinerator	Incinerator	Incinerator
 <p>Discarded food ඉවතලන ආහාර</p>	 <p>Plastic ප්ලාස්ටික්</p>	 <p>Glass වීදුරු</p>
Composting	Recycle	Re-use / Recycle
 <p>Discarded papers ඉවතලන පිටපත් කඩදාසි</p>	<p>අපද්‍රව්‍ය වෙන්කරමු මුදල් පසයමු පරිසරය සුරකිමු</p>	 <p>Tin & Metal ටින් සහ ලෝහ</p>
Recycle		Recycle

WASTE DISPOSAL

(Information provided by courtesy of Castle Street Hospital for Women)

ANNEX 4: Emergency Tray Items for MOH (Sample)

Item	Quantity (of one set)
Disposable syringe 5cc	5
Disposable syringe 10cc	5
Disposable syringe 1cc	5
Disposable Needle 24G	10
Disposable I.V. Cannula 22G	5
Butterfly Cannula 23G	5
0.9% NaCl	1
Water for injection	1
Disposable IV sets	3
25% Glucose solution	1
Adrenaline (S/D) 1:1000	3
Atropine Sulphate injection	5
Hydrocortisone injection	10
Chlorpheniramine 10mg injection	3
Piriton 4mg tablets	13
Prednisolone 5mg tablets	50
Cotton wool 50g	1
Surgical tape 3" roll	1
Plastic carrier with lid	1

Customer Satisfaction Survey (MOH Clinics)

I. About you

1. Are you Male Female
2. How old are you? -18 19-34 35-54 54-74 74+
3. Is this your first visit to this clinic? Yes No
4. How did you select this clinic? Recommendation from a doctor From the previous visit According to my knowledge Close to house
5. How far are you living from the clinic? 1-10 kms 11-20 kms 21-30 kms 31-50 kms 50+ kms

II. How do you feel about the clinic?

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
6. Information given prior to arrival						
7. Easiness of coming to the clinic						
8. Clinic arrangement						
9. Your welcome by reception						
10. The registration process						

III. Patients' Care

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
11. The way we explained about Clinics						
12. Doctors attention						
13. Nurses' attention on you						

ANNEX 5: Customer Satisfaction Survey Form (Sample)

14.The consistency of your doctor’s care						
15.The consistency of your nurse’s care						
16.Support of other staff						
17.The way staff made you feel confident in them						
18.Were you given an opportunity to ask questions?						
19.Drug issuing procedure at the pharmacy						
20.Did they issue the medicine according to the doctor’s prescription?						
21.If you had questions to ask, did you get answers you could understand?						
22.Did your consultant explain about your condition?						
23.Instructions you received from the doctor						

IV. Time spent at Clinics

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
24.Time spent for registration						
25.Time waited to meet the doctor						
26.Time spent with the doctor						
27.Time spent to get the medicine						
28.Overall time you spent at the clinic						

ANNEX 5: Customer Satisfaction Survey Form (Sample)

V. Facilities provided from the clinic

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
29.Directions given to you						
30.Promptness of attention on you						
31.Seating facilities						
32.Waiting room privacy						
33.Waiting room comfort						
34.Waiting room décor						
35.Toilet facilities						
36.Support and caring of the clinic staff						
37.Overall cleanliness						
38.Overall amenities						

VI. Comments on Overall Quality of the Service

	Excellent	Very Good	Good	Fair	Poor	N/A or DK
39.Overall rating on quality of care						
40.Overall rating on quality of facilities						
41.Total time spent at the clinic						
42.Did you get the treatments and care as you expected?						

ANNEX 5: Customer Satisfaction Survey Form (Sample)

43. Would you recommend the clinic to others? Yes No

If not, Comments

.....
.....
.....
.....

(Information provided by courtesy of DGH Ampara)

APPENDIX

General Circular Letter No. 01-29/ 2009

My No. HPI/ OD/ 06/ 2009.
Ministry of Healthcare & Nutrition
“Suwasiripaya”,
385, Rev. Baddegama Wimalawansa Thero
Mawatha, Colombo 10.
22, September 2009.

To :
Addl. Secretaries
All Provincial Secretaries of Health,
Director General of Health Services,
All Deputy Director Generals and Directors,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
and All Heads of Health Institutions.

National Quality Assurance Programme in Health

We are pleased to note that some of our hospitals and other health institutions have initiated productivity and quality improvement programmes as per instruction given by the General Circular No 02-109/2003 and dated 08th October 2003.

The Ministry of Healthcare and Nutrition has decided to expand the Quality Assurance Programme to all health institutions in Sri Lanka, in order to improve the quality and safety of health care services. It aims at establishing a continuous quality improvement process by setting up organizational structures and mechanisms at all health care institutions.

1. Quality Secretariat (QS)

Ministry of Healthcare & Nutrition has established a Quality Secretariat (QS) to direct management of the Quality Assurance Programme.

2. Quality Management Units (QMU)

All health institutions should establish a Quality Management Unit (QMU) to create quality and safety culture towards improving Quality of Healthcare. This unit will undertake planning the implementation and monitoring of the National Quality Assurance Programme with the

guidance of the Quality Secretariat, Ministry of Healthcare & Nutrition. Please see the Organizational Structure in annexure.

3. Roles and Functions

I. Quality Secretariat

- i. To facilitate the implementation of national policies related to quality and safety.
- ii. Prepare and disseminate standards, guidelines and procedures.
- iii. Development of training packages in order to strengthen capacity building of staff.
- iv. Coordination with relevant health and health related sectors for quality assessment and improvement.
- v. Facilitate the development of a shared learning environment and continued achievement of best practices.
- vi. Develop and implement a continuous monitoring & evaluation system.
- vii. Mobilize resources for the continuous improvement of quality and safety in the health system.
- viii. To facilitate the development of the legal and regulatory framework for the implementation of quality and safety policy.

II. Quality Management Unit (QMU)

- i. Quality Management Units (QMU) will be established in National Hospital of Sri Lanka, Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base Hospitals and specialised hospitals.
- ii. All campaigns, decentralized units and special units under the Ministry of Healthcare & Nutrition are expected to establish Quality Management Unit.
- iii. Divisional Hospitals (District Hospitals, Peripheral Units and Rural Hospitals), and Primary Medical Care Units (Central Dispensary & Maternity Home and Central Dispensary) are expected to conduct their Quality Management Programme under a designated officer who will be guided by the Quality Management Unit of RDHS.
- iv. All MOOH are expected to plan and implement the Quality Management Programme, under the guidance of the Quality Management Unit of RDHS.

- v. To facilitate development of a shared learning environment and continued achievement of best practices.

III. Functions of QMU

QMU would coordinate the quality assurance and client safety program of the healthcare institutions through following functions.

- i. Promote employee participation in management of quality by establishing Work Improvement Teams (WIT) /Quality Circles (QC) in for the different departments/units within the health institution.
- ii. Conduct training of Work Improvement Teams (WIT).
- iii. Maintain a database in staff training and conduct a planned In-service Training Programme.
- iv. Conduct programs and workshops on quality improvement and patient safety focussing on problem solving approaches and measurements.
- v. Initiate a quality culture in health institutions by introducing 5S concepts leading towards Total Quality Improvement (TQI).
- vi. Ensure management leadership and involvement of medical consultants in the quality improvement process.
- vii. Assist in preparing strategic plans for the institutions with focus on reduction of waiting times, instituting a smooth patient flow, infection control and waste disposal.
- viii. Implementation of standards, guidelines and protocols relevant to customer/ patient care including clinical pathways.
- ix. Maintain a computer based data system by collecting and analysing data related to quality improvement of services (eg. Patient accidents and adverse events, near misses re-admissions, case fatality rates, complication arising from medical and surgical procedures, referrals, adverse events following immunization and transfers, etc).
- x. Prepare and distribute half yearly / quarterly bulletins and annual performance reports with the assistance of Medical Record Unit (MRU) and other relevant units.
- xi. Promote an environment friendly healthcare institution.
- xii. Conduct customer satisfaction surveys, and employee satisfaction surveys, maintain and take corrective action for public complaints. Encourage suggestion scheme in healthcare institutions.

APPENDIX: General Circular on National Quality Assurance Programme in Health

- xiii. Ensure quality of supplies by encouraging maintenance contract agreements for support services in order to implement Total Productivity Maintenance of the supplies.
- xiv. Develop Annual Procurement plans for different variety of purchases.
- xv. Organize and update supplier and maintenance information system and disseminate to the relevant Units.
- xvi. Facilitate assessment and improvement of performance through regular monitoring of the programme using quality measurement indicators (Guidelines will be sent).
- xvii. Assist and conduct performance reviews and maintain records of such reviews.
- xviii. Promote studies, research and medical audits in the institutions.
- xix. Assist Non Health Sectors to implement Productivity and Quality Assurance Programmes.

Contact Details

Quality Secretariat is located at;

Castle Street Hospital Complex, Colombo 08.

Tele: 011 2678598, 011 2678599, Fax 011 - 2695244

e- mail: Quality Secretariat" <qualitysecretariat@yahoo.com>.



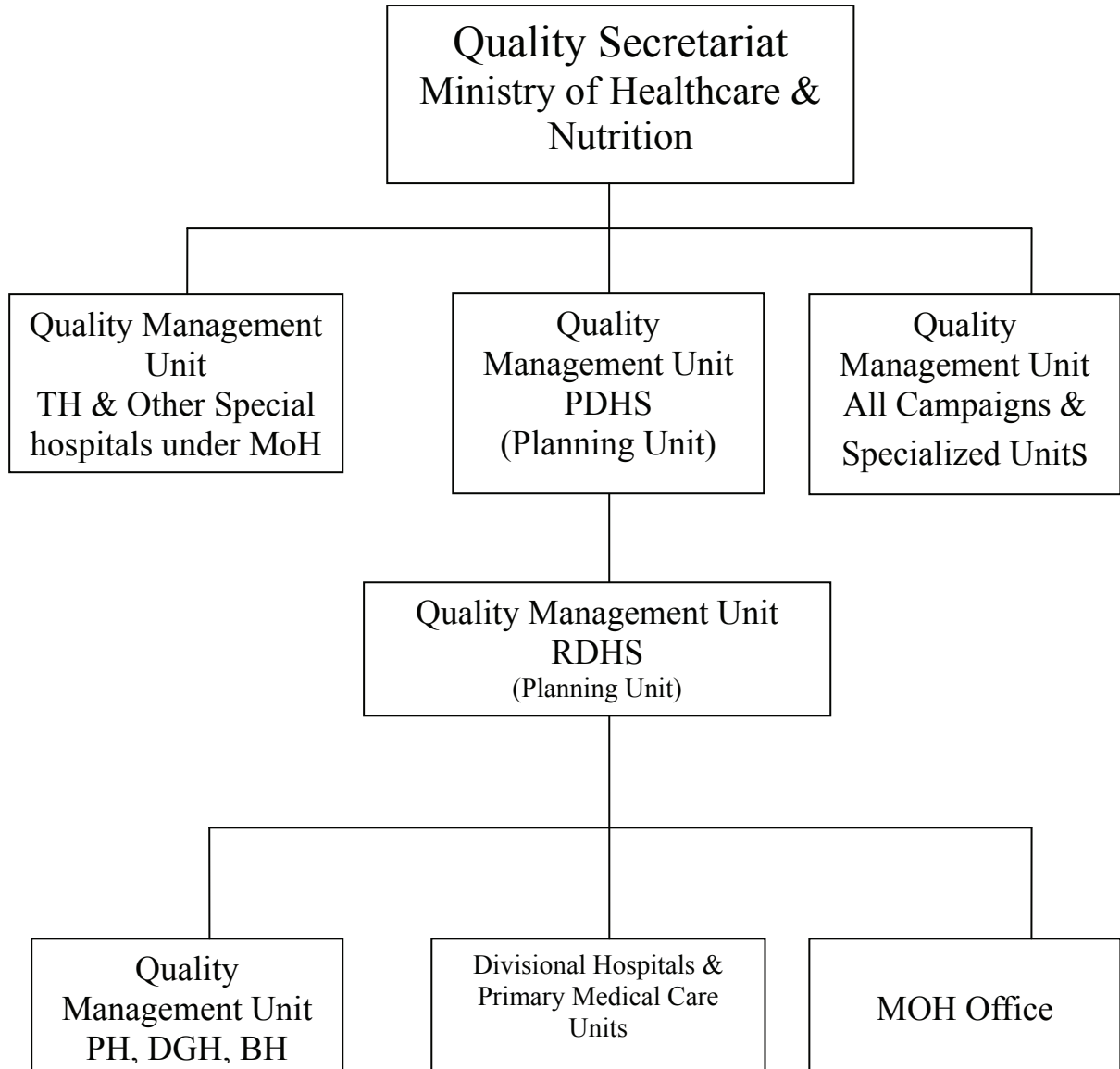
Dr. Athula Kahadaliyanage
Secretary
Ministry of Healthcare & Nutrition



Dr. Ajith Mendis
Director General of Health Service

Annexure

Organizational Structure



Feedback Form

**National Guidelines for Improvement of Quality and Safety of Healthcare Institutions
(For Offices of Medical Officer of Health)**

Kindly provide feedback for improvement of this document. We will try our best to incorporate your views and opinions into the next edition of these Guidelines.

Name: _____ **Title:** _____

Institution: _____

Address: _____

Tel: _____ **E-mail:** _____

Please write your suggestions for improvement of these Guidelines below:

Kindly mail this form to:

*Director Organization Development, Ministry of Health, 385 Baddegama Wimalawansa Thero Mw.,
Colombo 10, Sri Lanka*



MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

